

# OHIO's PART C Annual Performance Report (APR)

FFY 2007 (July 1, 2007 – June 30, 2008)



February 2009

**Part C State Annual Performance Report (APR) for 2007****Overview of the Annual Performance Report Development:**

The Annual Performance Report (APR) was developed by the Ohio Department of Health, Bureau of Early Intervention Services, the lead agency for Early Intervention (EI) in Ohio. Much of the data for the APR were captured and extracted from the electronic web-based data collection system, Early Track (ET), as well as self-assessment reporting by the county programs. The Bureau data team staff analyzed the data for the APR and created the data tables and summary of the data.

The various committees of the Ohio Help Me Grow (HMG) Advisory Council assisted Bureau staff in carrying out various activities and reporting on the progress of completion of those activities. Each committee provided a verbal report to the Ohio HMG Advisory Council and a written report to the Bureau, including progress or slippage and recommended additional activities for next fiscal year. The committees are co-chaired by Council members and include parents as co-chairs of some of the committees, local providers and other state agency personnel.

The APR will be sent to all HMG Project Directors and County Family and Children First Council Coordinators and the Ohio Help Me Grow Advisory Council members. The APR and any updated SPP activities will also be posted on the [ohiohelpmegrow.org](http://ohiohelpmegrow.org) website in the spring of 2009.

The performance of each county Help Me Grow program in meeting the state targets will be sent to all HMG Project Directors and County Family and Children First Council Coordinators and shared with the Ohio Help Me Grow Advisory Council members. The county listing will also be posted on the [ohiohelpmegrow.org](http://ohiohelpmegrow.org) website in 2009 to align with the release of the state and county determination process.

Ohio's APR includes information from the Compliance Agreement quarterly reports submitted to OSEP for the months of March, June, October and December 2008. Quarterly reports for calendar year 2007 were included in the FFY 2006 APR.

Part C State Annual Performance Report (APR) for 2007

**Monitoring Priority: Early Intervention Services In Natural Environments**

**Indicator 1:** Percent of infants and toddlers with IFSPs who receive the early intervention services on their IFSPs in a timely manner.

(20 U.S.C. 1416(a)(3)(A) and 1442)

**Measurement:** Percent = [(# of infants and toddlers with IFSPs who receive the early intervention services on their IFSPs in a timely manner) divided by the (total # of infants and toddlers with IFSPs)] times 100.

Account for untimely receipt of services.

FFY	Measurable and Rigorous Target
2007	100% of infants and toddlers with IFSPs will receive the early intervention services on their IFSPs in a timely manner.

**Actual Target Data for 2007:**

97 percent - Based on 1,118 records out of 1,155 having all new services listed on IFSPs from March 2, 2008 to May 31, 2008 were delivered in a timely manner. The 1,118 records counted as being timely includes 27 that were late due to documented extraordinary family circumstances. These 27 records are included in the numerator and denominator.

The 37 noncompliant records are deemed as such for the following reasons:

- 55 percent are considered noncompliant due data/documentation error
- 30 percent for specialized service provider availability
- 16 percent for program staff oversight/error/scheduling issues

**Discussion of Improvement Activities Completed and Explanation of Progress or Slippage that occurred for 2007:**

**97 percent indicates progress from 72 percent compliance reported for FFY2006. This progress is attributed to several factors:**

- Counties have a better understanding of the documentation standards necessary to meet the verification standards.
- Counties have acquired a better understanding of the timely receipts of services requirement as a result of the revamped general supervision system implemented by ODH in early 2007.

Activities for Indicator 1	Timeline	Resource
<p>1. Develop and implement a plan to remove barriers identified by counties on surveys, including:</p> <p style="padding-left: 40px;">a. Barriers that require a moderate level of intervention</p> <p><b>Progress</b> One of themes from the barriers identified in the survey was “Limited resources, providers and funding and changes in MRDD services.” ODH in conjunction with the Department of Administrative Services issued a Request for Proposals for a vendor to conduct a cost study for the delivery of Help Me Grow services in the state. A vendor was selected in SFY 2008 and will begin implementing the study in SFY 2009. The Advisory Council began reviewing and discussing national evidence based early intervention service delivery models in SFY 2008. The Service Delivery Committee recommended that ODH encourage more consistency of procedures throughout the state, to include standardization of forms and requiring counties to utilize the state forms. The committee developed a Service Coordinator (SC) checklist to assist SC with meeting timelines and completing requirements timely.</p>	<p>SFY 2008</p>	<ul style="list-style-type: none"> <li>▪ ODH</li> <li>▪ North Central Regional Resource Center</li> <li>▪ County Project Directors and Family and Children First Coordinators/Councils</li> <li>▪ HMG Advisory Council</li> <li>▪ Service Delivery Committee</li> </ul>
<p>2. Continue to monitor this indicator via ODH’s web-based data system, Early Track, and on site focused monitoring visits.</p>	<p>ongoing</p>	<ul style="list-style-type: none"> <li>▪ ODH data and monitoring teams and state partners</li> </ul>

**Revisions, with Justification, to Proposed Targets / Improvement Activities / Timelines / Resources for 2007:**

The Compliance Agreement work plan includes the following improvement activities, timelines and resources for this report.

<p>EIS. 1D.</p>	<p>ODH will report on the:</p> <p>(1) Percent (including numbers used in calculation) of infants and toddlers with IFSPs whose Part C IFSP services are initiated in a timely manner.</p> <p>(2) Type(s) of early intervention service(s) (including services to families as well as to infants and toddlers with disabilities) not initiated in a timely manner as well as the reasons why the services were delayed.</p>	<p>ODH submitted its plan for focused monitoring to OSEP in July 2007. In that plan, ODH indicated that we have moved towards a more focused monitoring process and revised self-assessment process. ODH is using its data system, Early Track, to assess county compliance for various federal indicators.</p> <p>The June 2008 Compliance Agreement quarterly report included the following information: Based on this data, counties who do not demonstrate substantial compliance are required to enter into a Corrective Action Plan (CAP) with ODH. In addition to creating strategies to get the county into substantial compliance, counties must also report data to ODH regarding their compliance percentage. ODH analyzes this data on an ongoing basis. Counties who achieve substantial compliance prior to the 1 year are notified of this accomplishment and released from their CAP.</p>
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	<p>Counties who do not achieve substantial compliance are notified of their compliance percentage, receive additional TA and continue to submit data to ODH. It is the expectation of ODH that all counties achieve substantial compliance within 1 year of their notification of substantial noncompliance.</p> <p>Also in June 2008, ODH notified OSEP that we planned to conduct additional on-site visits in SFY'08 for the 45 day requirements and Timely Receipt of Services (TRS) based on their Early Track data and the self-assessment data. Delaware County did receive an on-site visit in June 2008. However, Butler County did not receive an on-site visit based on substantial improvement in their compliance as demonstrated via their Corrective Action Plans (CAPs) data logs submitted to ODH, their Early Track data and further discussion with county personnel.</p> <p>Included in the October 2008 report, we reported that forty-eight (48) counties had demonstrated improvement in meeting the timely receipt of services requirement. The remaining fifteen (15) counties remained on CAPs and were issued revised benchmarks and timelines for coming into compliance. ODH continued to monitor these counties, as well as provided targeted technical assistance.</p> <p>The December 2008 quarterly report included data for SFY 2008 (July 1, 2007 – June 30, 2008). ODH, using its web-based data system, examined Timely Receipt of Services data for this time period. Based on 1,118 records out of 1,155 having all new services listed on IFSPs from March 2, 2008 to May 31, 2008 were delivered in a timely manner (97% compliance). The 1,118 records counted as being timely includes 27 that were late due to documented extraordinary family circumstances.</p> <p>Submitted with the December 2008 report was a list of counties for whom findings are issued regarding this indicator (Table B). The analysis includes information on the number of compliant child records, primary area of noncompliance &amp; primary reason for noncompliance.</p> <p>In the October 2008, Quarterly Compliance Agreement report, there were fifteen (15) counties that had not corrected their non-compliance with the TRS requirement during the past year. Three (3) of the counties received on-site visits and are in a Corrective Action Plan (Delaware, Richland and Stark). One county will be scheduled to receive an on-site visit before June 30, 2009 (Fairfield).</p> <p>The following 10 counties have demonstrated</p>
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		<p>correction since the last report: (Allen, Brown, Jefferson, Monroe, Morgan, Paulding, Richland, Stark, Summit and Williams.</p> <p>In contrast, the following 5 counties did not correct their noncompliance: Delaware, Fairfield, Lucas, Muskingum, &amp; Vinton.</p> <p>The root causes were examined for the continued non-compliance and the counties will be required to do the following:</p> <ol style="list-style-type: none"> <li>1. Re-examine the Corrective Action Plan originally submitted to ODH with the updated root cause data. Revise the CAP to align strategies with the updated root cause information;</li> <li>2. Continue to submit monthly CAP log data to ODH so that we can monitor progress;</li> <li>3. ODH will re-examine CAP log data in May 2009. If the finding is not corrected at that time, ODH will special condition the county’s SFY 2010 (beginning July 1, 2009) grant and direct the use of the funds to address this area of noncompliance.</li> </ol> <p>Issue General Supervision CAP to an additional county, Delaware, due to this continued noncompliance and noncompliance in additional areas.</p>
EIS. 1E.	ODH will work with ODMRDD and any other state partners to align ODMRDD policies and any rules on 45-day timeline and EI service provision with ODH policies and procedures related to completion of developmental evaluations and assessments within the 45-day timeline.	In October 2008, ODH reported that the Ohio Department of Mental Retardation and Developmental Disabilities (ODMRDD) waived their current rules that were in conflict with ODH policies in October of 2007. ODMRDD is still awaiting final regulations for Part C before making any changes in their rules.

Data Submitted by ODH with its October 2008 Compliance Agreement Quarterly Report  
Timely Receipt of Services Compliance Update  
October 2008 OSEP Quarterly Report

Counties that have Completed Their Corrective Action Plan	
Ashland	Knox
Athens	Lake
Auglaize	Lawrence
Butler	Licking
Carroll	Lorain
Clark	Madison
Clinton	Mahoning
Columbiana	Marion
Coshocton	Medina
Cuyahoga	Meigs
Darke	Miami
Defiance	Montgomery
Fayette	Morrow
Franklin	Noble
Gallia	Ottawa
Geauga	Perry
Greene	Pickaway
Guernsey	Pike
Hamilton	Preble
Hancock	Seneca
Harrison	Trumbull
Highland	Van Wert
Hocking	Warren
Huron	Wyandot

Counties Continuing on Their Corrective Action Plan	
Allen	Morgan
Brown	Muskingum
Delaware	Paulding
Fairfield	Richland
Jefferson	Stark
Lucas	Summit
Monroe	Vinton
	Williams

Data Submitted in December 08 Compliance Agreement Quarterly Report

FINDING	County	Percent Compliant	Numerator/Denominator <sup>1</sup> (Includes Acceptable Reasons in Numerator)	Numerator/Denominator <sup>1</sup> (Excludes Acceptable Reasons)	Primary <sup>2</sup> Area Noncompliance	Primary <sup>2</sup> Reason for Noncompliance
YES	Clark	94%	15 / 16	15 / 16	Special Instruction	County staff scheduling issues
YES	Delaware	72%	51 / 71	47 / 71	Speech/Language Pathology	Data/documentation error
YES	Fairfield	67%	8 / 12	8 / 12	Speech/Language Pathology	Data/documentation error
YES	Holmes	93%	13 / 14	13 / 14	Special Instruction	County staff scheduling issues
YES	Lucas	89%	33 / 37	31 / 37	Physical Therapy	Data/documentation error
YES	Muskingum	40%	2 / 5	2 / 5	Special Instruction	Data/documentation error
YES	Washington	93%	13 / 14	8 / 14	Special Instruction	County staff oversight/error
	Statewide <sup>3</sup>	97%	1118 / 1155	1089 / 1155	Speech/Language Pathology	Data/documentation error

<sup>1</sup>Denominator = Total Records included in Analyses

<sup>4</sup>Primary = Greatest incidence

<sup>3</sup>Statewide percent includes compliant & noncompliant records from all counties [w/ and w/o findings]

\*NOTE\* = If multiple services were noncompliant with equal (greatest) incidence, selection indicates largest Statewide incidence of such require

**Part C State Annual Performance Report (APR) for 2007**

**Monitoring Priority Early Intervention Services In Natural Environments**

**Indicator 2:** Percent of infants and toddlers with IFSPs who primarily receive early intervention services in the home or programs for typically developing children.

(20 U.S.C. 1416(a)(3)(A) and 1442)

**Measurement:** Percent = [(# of infants and toddlers with IFSPs who primarily receive early intervention services in the home or programs for typically developing children) divided by the (total # of infants and toddlers with IFSPs)] times 100.

FFY	Measurable and Rigorous Target
2007	79% of infants and toddlers with IFSPs will primarily receive early intervention services in the home or in programs for typically developing children.

**Actual Target Data for 2007:**

88 percent of infants and toddlers with IFSPs primarily received early intervention services in the home or programs for typically developing children. The source data for this indicator are from the December 1, 2007 Table 2 (Report of Program Setting where Early Intervention Services Are Provided) reported to Westat by the Ohio Department of Health (ODH). ODH reported that 11,586 children of the total 13,118 received early intervention services in home or in programs for typically developing children.

As the data indicates, for FFY2007, Ohio exceeded its target by 9.32 percent.

The data for this indicator was captured via ODH's data system for Part C (ET) data collection system per the 618 settings data report. Data for this area is reported as the primary location where the child receives the majority of his/her services. The Service Coordinators determine the primary location by reviewing what is documented on the IFSP as the location for each EI service.

The percentages were calculated by (1) adding all the primary settings categorized as inclusive (i.e., programs for typically developing children) or home and then (2) dividing the sum of one (1) by the total number children with primary settings in all locations.

**Discussion of Improvement Activities Completed and Explanation of Progress or Slippage that occurred for 2007:**

88 percent indicates progress from the 86 percent performance reported for FFY2006.

**Improvement Activities**

ODH's web-based system has the ability to calculate the primary service location based on service level data indicating frequency/intensity/service location. It is expected that these more detailed data will be used for next year's APR.

Activities for Indicator 2	Timeline	Resource
<p>1. Collect, compile, and analyze information on barriers to Everyday Routines, Activities, and Places (ERAP) and successes to implementing ERAP.</p> <p><b>Progress</b> The survey noted problems with specialized service providers having limited ability to provide services in natural environments. The Ohio Department of Job and Family Services(ODJFS), Office of Medicaid passed new rules allowing developmental therapy services to be provided in conjunction (i.e. OT, PT, and ST) and in natural environments for children birth – 6 years of age. In addition, county board of mental retardation and developmental disabilities (CBMRDD) staff have had discussions and trainings about family directed and supportive service models and ways in which to provide the services.</p>	<p>SFY 2007</p>	<ul style="list-style-type: none"> <li>▪ State survey data and other state information</li> </ul>
<p>2. Identify providers of specialized and related services and utilize them for ERAP services.</p> <p><b>Progress</b> ODH is contracting with providers of specialized services. The Ohio Department of Mental Retardation and Developmental Disabilities conducted a survey of CBMRDD in SFY 2007 one of the questions was about "primary service delivery" location for each specialized service provider. This survey data also provided additional information on service location.</p> <p><b>Slippage</b> More emphasis is needed on delivering services in the natural locations. A few of the specialized service providers will offer services in the home.</p>	<p>SFY 2007</p>	<ul style="list-style-type: none"> <li>▪ ODH, County Boards of MRDD, Bureau for Children with Medical Handicaps (BCMh), ODE, private providers</li> </ul>
<p>3. Utilize information to develop an implementation plan to embed and integrate the development of functional skills through a transdisciplinary approach within home, child care and other settings.</p>	<p>SFY 2008</p>	<ul style="list-style-type: none"> <li>▪ Data from state survey and other state information</li> </ul>

Activities for Indicator 2	Timeline	Resource
<p><b>Progress</b> Ohio is in the preliminary stages of moving towards an evidenced-based model of early intervention service delivery. A few counties in the state have implemented the use of the Routines Based Interview and use of a transdisciplinary team with a primary service provider. ODH and ODMRDD are working with the Ohio Association of Services for Children on recommendations for moving forward with an evidenced-based model of early intervention service delivery by joint development of a series of trainings for Ohio's service providers.</p>		
<p>4. Change Medicaid state plan to help finance early intervention services in non-Medicaid settings (e.g., home, daycare, community settings).</p> <p><b>Progress</b> The Ohio Department of Job and Family Services (ODJFS), Office of Medicaid passed new rules allowing developmental therapy services to be provided in conjunction (i.e. OT, PT, and ST) and in natural environments for children birth – 6 years of age. ODH is working more closely with ODJFS Medicaid office, areas of discussion include the use of Medicaid for developmental evaluation and assessment and service coordination.</p>	SFY 2008	<ul style="list-style-type: none"> <li>▪ ODJFS, ODH, Governor's Office, State System of Payment Task Force</li> </ul>
<p>5. Capture and report justification data of the percent of children not receiving services in ERAP.</p> <p><b>Slippage</b> ODH has not implemented activities to address children not receiving services in ERAP. This activity will need to be revised as Ohio moves forward with an evidenced based model of early intervention service delivery.</p>	SFY 2008	<ul style="list-style-type: none"> <li>▪ Early Track version 3.0, monitoring activities</li> </ul>

**Revisions, with Justification, to Proposed Targets / Improvement Activities / Timelines / Resources for 2007:**

**Improvement Activities:**

ODH is working with the Ohio Help Me Grow Advisory Council in exploring an evidenced-based service delivery model for Early Intervention services. The Council will be developing recommendations in 2009 for moving forward with implementing a model.

## Part C State Annual Performance Report (APR) for 2007

## Monitoring Priority: Early Intervention Services In Natural Environments

**Indicator 3:** Percent of infants and toddlers with IFSPs who demonstrate improved:

- A. Positive social-emotional skills (including social relationships);
- B. Acquisition and use of knowledge and skills (including early language/ communication); and
- C. Use of appropriate behaviors to meet their needs.

(20 U.S.C. 1416(a)(3)(A) and 1442)

**Measurement:**

A. Positive social-emotional skills (including social relationships):

- a. Percent of infants and toddlers who did not improve functioning =  $[(\# \text{ of infants and toddlers who did not improve functioning}) \div (\# \text{ of infants and toddlers with IFSPs assessed})] \times 100$ .
- b. Percent of infants and toddlers who improved functioning but not sufficient to move nearer to functioning comparable to same-aged peers =  $[(\# \text{ of infants and toddlers who improved functioning but not sufficient to move nearer to functioning comparable to same-aged peers}) \div (\# \text{ of infants and toddlers with IFSPs assessed})] \times 100$ .
- c. Percent of infants and toddlers who improved functioning to a level nearer to same-aged peers but did not reach it =  $[(\# \text{ of infants and toddlers who improved functioning to a level nearer to same-aged peers but did not reach it}) \div (\# \text{ of infants and toddlers with IFSPs assessed})] \times 100$ .
- d. Percent of infants and toddlers who improved functioning to reach a level comparable to same-aged peers =  $[(\# \text{ of infants and toddlers who improved functioning to reach a level comparable to same-aged peers}) \div (\# \text{ of infants and toddlers with IFSPs assessed})] \times 100$ .
- e. Percent of infants and toddlers who maintained functioning at a level comparable to same-aged peers =  $[(\# \text{ of infants and toddlers who maintained functioning at a level comparable to same-aged peers}) \div (\# \text{ of infants and toddlers with IFSPs assessed})] \times 100$ .

If a + b + c + d + e does not sum to 100%, explain the difference.

B. Acquisition and use of knowledge and skills (including early language/communication and early literacy):

- a. Percent of infants and toddlers who did not improve functioning =  $[(\# \text{ of infants and toddlers who did not improve functioning}) \div (\# \text{ of infants and toddlers with IFSPs assessed})] \times 100$ .
- b. Percent of infants and toddlers who improved functioning but not sufficient to move nearer to functioning comparable to same-aged peers =  $[(\# \text{ of infants and toddlers who improved functioning but not sufficient to move nearer to functioning comparable to same-aged peers}) \div (\# \text{ of infants and toddlers with IFSPs assessed})] \times 100$ .
- c. Percent of infants and toddlers who improved functioning to a level nearer to same-aged peers but did not reach it =  $[(\# \text{ of infants and toddlers who improved functioning to a level nearer to same-aged peers but did not reach it}) \div (\# \text{ of infants and toddlers with IFSPs assessed})] \times 100$ .
- d. Percent of infants and toddlers who improved functioning to reach a level comparable to

same-aged peers = [(# of infants and toddlers who improved functioning to reach a level comparable to same-aged peers) divided by (# of infants and toddlers with IFSPs assessed)] times 100.

e. Percent of infants and toddlers who maintained functioning at a level comparable to same-aged peers = [(# of infants and toddlers who maintained functioning at a level comparable to same-aged peers) divided by (# of infants and toddlers with IFSPs assessed)] times 100.

If a + b + c + d + e does not sum to 100%, explain the difference.

C. Use of appropriate behaviors to meet their needs:

a. Percent of infants and toddlers who did not improve functioning = [(# of infants and toddlers who did not improve functioning) divided by (# of infants and toddlers with IFSPs assessed)] times 100.

b. Percent of infants and toddlers who improved functioning but not sufficient to move nearer to functioning comparable to same-aged peers = [(# of infants and toddlers who improved functioning but not sufficient to move nearer to functioning comparable to same-aged peers) divided by the (# of infants and toddlers with IFSPs assessed)] times 100.

c. Percent of infants and toddlers who improved functioning to a level nearer to same-aged peers but did not reach it = [(# of infants and toddlers who improved functioning to a level nearer to same-aged peers but did not reach it) divided by the (# of infants and toddlers with IFSPs assessed)] times 100.

d. Percent of infants and toddlers who improved functioning to reach a level comparable to same-aged peers = [(# of infants and toddlers who improved functioning to reach a level comparable to same-aged peers) divided by the (# of infants and toddlers with IFSPs assessed)] times 100.

e. Percent of infants and toddlers who maintained functioning at a level comparable to same-aged peers = [(# of infants and toddlers who maintained functioning at a level comparable to same-aged peers) divided by the (# of infants and toddlers with IFSPs assessed)] times 100.

If a + b + c + d + e does not sum to 100%, explain the difference.

FFY	Measurable and Rigorous Target
2007	New indicator; targets will be established once baseline data are available.

**Overview of Issue/Description of System or Process:**

Entry data are collected based on information gathered through the evaluation/assessment process, including screenings, and through parent feedback and observations of the child in various settings. Entry data may only be collected for children whom have an IFSP dated on/after six (6) months of age. All programs collecting data for Indicator 3 reporting do so by completing a Child Outcome Summary Form (COSF) which was adapted for use by Ohio’s Part C programs from the Early Child Outcome Center’s form. The COSF uses a seven (7)-point scale with ratings of six (6) and seven (7) being “comparable to same-aged peers.”

Provision of training and technical assistance supports to administrators and service providers in outcome data collection, reporting, and use

- In FFY2007 ODH completed its training of the eighty-eight (88) county Part C programs.
- In FFY2008 ODH will transition its Indicator 3-related data collection to its larger web-based early intervention data system.
- IN FFY2008 ODH will provide web-based training resources allowing county Part C programs to refresh employees and/or train new employees to the COSF processes.

Measurement strategies to collect data

- Who are included in the measurement? All infants and toddlers who enter the early intervention system with an IFSP that qualifies for Entry COSF Ratings\* after the county has been trained on how to use the COSF to gather child outcomes [date ranges from 4/1/2006 to 9/1/2008].  
\*Children must have an IFSP in place in Ohio's Part C program on/after six (6) months of age, and prior to thirty (30) months of age.
- What assessment / measurement tool(s) and/or other data sources will be used? The child's IFSP team including the child's family will use a variety of data sources to make a determination of the child's performance level. The child's performance will be scored using a seven (7)-point scale included on the adapted COSF originally developed by the Early Childhood Outcome Center.
- What data will be reported to the state, and how will the data be transmitted? Currently, on an ongoing basis, at entry (or IFSP review for children entering under six (6) months of age), each annual IFSP, and exit, local programs complete hardcopy COSFs and submit those to the state. In FFY2008, the Ohio Department of Health will complete the transition to its web-based data collection system, Early Track.
- What data analysis methods will be used to determine the progress categories? ODH uses the recommended COSF to OSEP Categories Calculator provided by the Early Childhood Outcome Center.
- What criteria will be used to determine whether a child's functioning was "comparable to same aged peers"? ODH has adapted the Early Childhood Outcome Center's definition for "comparable to same-aged peers", a child who has been scored as a six (6) or seven (7) on the seven (7)-point scale included on the COSF.

Quality assurance and monitoring procedures to ensure the accuracy and completeness of the outcome data

- Currently all submitted COSFs to the state are checked for accuracy and completeness, including:
  - Correct child identification information,
  - Appropriate rating dates (i.e., on/after date of IFSP or exit from Part C program),
  - All Outcomes completed, and
  - Progress reported appropriately (i.e., "Yes" or "No" with justification)
- Several procedures are planned to continue to ensure the accuracy and completeness of the child outcome data, including:
  - The electronic version of the COSF on Early Track will not allow incomplete or inappropriate (i.e., no IFSP or Exit) ratings to be saved to a child's record,
  - ODH will support county administrators in reviewing random samples of COSFs for quality and completeness (i.e., comparing ratings to supportive evidence), and
  - ODH will analyze data summaries to look for discrepancies by county program, service agency, and service coordinator

**Baseline Data for FFY 2007:**

The data below are NOT baseline data. Progress data reported for FFY2010 will be considered baseline data, and will be the point from which rigorous targets are set for Ohio’s State Performance Plan covering FFY2011 – FFY2016. The first year of progress data available for Ohio’s Part C program consist of children exiting in FFY2007 and are presented in the tables below.

<b>A. Positive social-emotional skills (including social relationships):</b>	<b>Number of children</b>	<b>Percent of children</b>
a. Percent of infants & toddlers who did not improve functioning	20	3
b. Percent of infants & toddlers who improved functioning but not sufficient to move nearer to functioning comparable to same-aged peers	140	20
c. Percent of infants & toddlers who improved functioning to a level nearer to same-aged peers but did not reach	86	12
d. Percent of infants & toddlers who improved functioning to reach a level comparable to same-aged peers	141	20
e. Percent of infants & toddlers who maintained functioning at a level comparable to same-aged peers	303	44
<b>TOTAL</b>	<b>690</b>	<b>100</b>

<b>B. Acquisition &amp; use of knowledge &amp; skills (including early language/communication)</b>	<b>Number of children</b>	<b>Percent of children</b>
a. Percent of infants & toddlers who did not improve functioning	22	3
b. Percent of infants & toddlers who improved functioning but not sufficient to move nearer to functioning comparable to same-aged peers	176	26
c. Percent of infants & toddlers who improved functioning to a level nearer to same-aged peers but did not reach	108	16
d. Percent of infants & toddlers who improved functioning to reach a level comparable to same-aged peers	167	24
e. Percent of infants & toddlers who maintained functioning at a level comparable to same-aged peers	217	31
<b>TOTAL</b>	<b>690</b>	<b>100</b>

C. Use of appropriate behaviors to meet their needs	Number of children	Percent of children
a. Percent of infants & toddlers who did not improve functioning	19	3
b. Percent of infants & toddlers who improved functioning but not sufficient to move nearer to functioning comparable to same-aged peers	175	25
c. Percent of infants & toddlers who improved functioning to a level nearer to same-aged peers but did not reach	79	11
d. Percent of infants & toddlers who improved functioning to reach a level comparable to same-aged peers	185	27
e. Percent of infants & toddlers who maintained functioning at a level comparable to same-aged peers	232	34
TOTAL	690	100

**Discussion of Baseline Data:**

The data above are NOT baseline data. Progress data reported for FFY2010 will be considered baseline data, and will be the point from which rigorous targets are set for Ohio's State Performance Plan covering FFY2011 – FFY2016. The first year of progress data available for Ohio's Part C program consist of children exiting in FFY2007 and are presented in the tables below.

For the February 1<sup>st</sup>, 2009 APR submission Ohio has data for children whom received Entry ratings on/after six (6) months of age and Exit ratings following exits during FFY2007 after receiving at least six (6) months of services in the Part C program on/after six (6) months of age. Exit ratings were gathered by programs completing a COSF which was adapted for use of Ohio's Part C programs from the Early Child Outcome Center's form. The COSF uses a seven (7)-point scale with ratings of six (6) and seven (7) being considered "comparable to same-aged peers."

**Improvement Activities/Timelines/Resources:**

**TIMELINES**

- All counties have been trained in the COSF processes.
- All children entering Ohio's Part C program between ages six (6) months and thirty (30) months should have Entry ratings beginning September 2008.
- All children exiting Ohio's Part C program after receiving at least six (6) months of services on/after an IFSP dated on/after six (6) months of age should have Exit ratings beginning February 2011.

**IMPROVEMENT ACTIVITIES**

<u>Activities for Indicator 3</u>	<u>Timeline</u>	<u>Resource</u>
1. Train rest of counties	completed	ODH staff
2. Develop DVD or on-line training for new staff & refresher for staff already trained	completed	ODH staff

# APR Template – Part C (4)

<u>Activities for Indicator 3</u>	<u>Timeline</u>	<u>Resource</u>
3. Move COSF to web-based data system	In process during FFY08	ODH staff, including IT staff
4. QA on data to ensure accuracy & completeness. Support county administrators in reviewing random samples of COSFs for quality & completeness.	ongoing	ODH staff, county administrators, HMG Advisory Council Evaluation subcommittee
5. Analyze data summaries to look for discrepancies by county, service agency, service coordinator	ongoing	ODH staff, county administrators

Part C State Annual Performance Report (APR) for 2007

**Monitoring Priority: Early Intervention Services In Natural Environments**

**Indicator 4:** Percent of families participating in Part C who report that early intervention services have helped the family:

- A. Know their rights;
- B. Effectively communicate their children's needs; and
- C. Help their children develop and learn.

(20 U.S.C. 1416(a)(3)(A) and 1442)

**Measurement:**

- A. Percent = [(# of respondent families participating in Part C who report that early intervention services have helped the family know their rights) divided by the (# of respondent families participating in Part C)] times 100.
- B. Percent = [(# of respondent families participating in Part C who report that early intervention services have helped the family effectively communicate their children's needs) divided by the (# of respondent families participating in Part C)] times 100.
- C. Percent = [(# of respondent families participating in Part C who report that early intervention services have helped the family help their children develop and learn) divided by the (# of respondent families participating in Part C)] times 100.

FFY	Measurable and Rigorous Target
2007	A. 92 percent of families participating in Part C who report that early intervention services have helped families <b>know their rights</b> . B. 92 percent of families participating in Part C who report that early intervention services have helped families <b>effectively communicate their children's needs</b> . C. 92 percent of families participating in Part C who report that early intervention services have helped families <b>help their children develop and learn</b> .

**Actual Target Data for 2007:**

- A. **96 percent Know their rights:** 2,192 respondent families participating in Part C report that early intervention services helped them know their rights divided by 2,289 respondent families participating in Part C times 100. Thirteen non-responses removed from denominator. We received a total of 2,302 questionnaires; 2,289 responded to question referencing Indicator 4A.
- B. **96 percent Effectively communicate their children's needs:** 2,200 respondent families participating in Part C report that early intervention services helped them effectively communicate their children's needs divided by 2,290 respondent families participating in Part C times 100. Twelve non-responses removed from denominator. We received a total of 2,302 questionnaires; 2,290 responded to question referencing Indicator 4B.
- C. **95 percent Help their children develop and learn:** 2,171 respondent families participating in Part C report that early intervention services helped family help their children develop and learn divided by 2,289 respondent families participating in Part C times 100. Thirteen non-responses

removed from denominator. We received a total of 2,302 questionnaires; 2,289 responded to question referencing Indicator 4C.

Discussion of how Ohio gathered data which produced results listed above:

Ohio used the three questions from the ECO Family Questionnaire to gather the data for the 3 measurements for this indicator.

1. To what extent has Help Me Grow helped your family know and understand your rights?
2. To what extent has Help Me Grow helped your family effectively communicate your child's needs?
3. To what extent has Help Me Grow helped your family be able to help your child develop and learn?

Each question had a scale of 1 to 7 with the following anchors:

- 1 – Help Me Grow has done a **poor** job of helping us . . .
- 3 – Help Me Grow has done a **fair** job of helping us . . .
- 5 – Help Me Grow has done a **good** job of helping us . . .
- 7 – Help Me Grow has done an **excellent** job of helping us . . .

Based on technical assistance from ECO, Ohio used responses of 5, 6, and 7 for each question to determine what families were helped by Help Me Grow in the three areas of this indicator.

**Tool Used to Gather Family Outcomes Data**

The Ohio Department of Health used a modified version of the Early Childhood Center's Family Outcome Questionnaire. The following modifications were made:

- Help Me Grow was substituted for Part C throughout the questionnaire as that is how families "know" Part C in Ohio.
- The OSEP questions (i.e., to what extent has Help Me Grow helped your family know and understand your rights?; to what extent has Help Me Grow helped your family effectively communicate your child's needs?; and to what extent has Help Me Grow helped your family be able to help your child develop and learn?) were the first questions on the questionnaire rather than the last questions.
- ODH used most of the other questions on the questionnaire to answer HMG Family Outcomes, but some questions were deleted (see attached HMG Family Outcomes Questionnaire).

**Administration of the Questionnaire**

In an effort to continue to improve response rate, Ohio replicated steps taken the previous year, which yielded higher response rates, which included:

- Asking local programs to instruct their service coordinators to hand-deliver printed versions of the questionnaire and accompanying cover letter.
- Tracking local progress in delivering the questionnaires to highlight accountability.
- Making "encouragement calls" to a subset of the response pool.
- Making follow-up calls to families who received a survey but had not yet responded.

ODH extended the window of time during which Service Coordinators can distribute questionnaires from one month to three as an additional step not taken last year.

In order to improve the response rate from traditionally underrepresented populations, Ohio took the following steps:

- Translated the paper survey into Spanish and distributed the translated version to the local programs in cases where the family was identified as being a primarily Spanish-speaking household in Ohio's Part C program's data system.
- In cases where Spanish-speaking families were incorrectly identified as English-speaking in the data system, Spanish surveys were re-distributed to the local programs.
- Ohio identified other demographic groups that are traditionally under-represented in survey respondents and made pre-emptive "encouragement calls" beginning six weeks after the initial distribution of the questionnaires to families. These calls provided families the opportunity to respond to the survey upon receiving these calls. For families identified as primarily Spanish-speaking in the data system, "encouragement calls" were administered in Spanish.

Service Coordinators were given the pre-addressed (including their unique identifier) questionnaires, along with instructions on how to distribute and explain the questionnaire to families. Local program staff (most often the County Project Director) were asked to track the distribution of the questionnaire distribution and periodically report back to the Ohio Department of Health on the progress. Service Coordinators were instructed not to administer the questionnaires in person. Service Coordinators were additionally provided talking points to share with the families. Service coordinators were encouraged to study the questionnaire and prepare themselves for questions from the family. Additionally, Service Coordinators were instructed to discuss the following features of the family questionnaire:

- Voluntary – completion of the survey is not required.
- Anonymous – individual responses will not be shared with the service coordinator who is distributing the survey.
- Methods for completing the survey – as outlined in the cover letter, the survey can be returned by mail, over the phone, or completed online (please do not re-collect the survey yourself once it is completed).
- Remind the family that their feedback is valued.
- Timeline for responses – please deliver all surveys to your families by October 1 and encourage the respondents to return the surveys within one week of receipt.

### **Response**

With the survey, families were provided a cover letter that gave brief instructions on different methods for submitting the completed questionnaire. They were:

- Complete the hard copy questionnaire and return it to The Ohio Department of Health by mail using an enclosed addressed, stamped envelope.
- Complete the questionnaire on the Helpline website. Upon logging into the online survey site, families were prompted to enter their child's Early Track Identification (ETID) number and then could answer the questionnaire.
- Call the HMG Helpline and respond to the questions via phone interview.

Families who did not respond to the questionnaire one month after distribution began were called by the Helpline staff. Families were given the option of taking the questionnaire over the phone at the time of call if contacted by the Helpline. Table 7 presents the distribution of each response type across all respondents.

Table 7: Distribution of Questionnaire Respondents' Response Type

Response Method		
Inbound Calls	22	0.96%
Outbound Calls (Includes follow-up and encouragement calls)	82	3.56%
Mailed (Written Questionnaire)	2023	87.88%
Web	175	7.60%
Total	2302	100.00%

5,233 total questionnaires were distributed to families still enrolled in the program from the December 1, 2007 child count. The Ohio Department of Health received 2,302 surveys for a response rate of 44 percent. All 88 counties were represented in the responses to the Family Outcomes questionnaire.

This data will be disaggregated, summarized by county and sent to all HMG Project Directors and County Family and Children First Council Coordinators and posted on the Ohio Help Me Grow website.

How representative is the sample of families being reported above?:

**Demographic description of families who responded by race, age and sex:**

Table 1: Race and Ethnic Distribution of Children Represented by Questionnaire Respondents

Race/Ethnicity	Questionnaire Respondents	
American Indian or Alaska Native	30	1%
Asian or Pacific Islander	49	2%
Black or African American	341	15%
Hispanic	102	4%
White	1780	77%
Total	2302	100%

Note: Twenty-eight respondents were identified in the data system as “other” or “unknown” race. These respondents were proportionally distributed among the other categories.

Table 2: Sex Distribution of Children Represented by Questionnaire Respondents

Sex	Questionnaire Respondents	
Female	1002	44%
Male	1300	56%
Total	2302	100%

Table 3: Age Distribution of Children Represented by Questionnaire Respondents

Age Range	Questionnaire Respondents	
0-1	676	29%
1-2	1373	60%
2-3	253	11%
Total	2302	100%

**Analysis of Representativeness of Response**

For FFY2007, Ohio used a census approach for questionnaire distribution. Families were eligible to be part of the questionnaire process if their family was represented in the December 1, 2007 child count and were still in the program during the distribution process. In using Ohio’s most recent 618 data for comparison, Tables Four, Five and Six display representativeness in race/ethnicity, sex and age.

Table 4: Race and Ethnicity Distribution of Questionnaire Respondents and 618 Data

Race/Ethnicity	Questionnaire Respondents		618	
American Indian or Alaska Native	30	1.30%	104	0.80%
Asian or Pacific Islander	49	2.13%	316	2.43%
Black or African American	341	14.83%	2457	18.92%
Hispanic	102	4.43%	704	5.42%
White	1780	77.30%	9404	72.42%
Total	2302	100.00%	12985	100.00%

Table 5: Sex Distribution of Questionnaire Respondents and 618 Data

Sex	Questionnaire Respondents		618	
Female	1002	43.53%	5421	41.75%
Male	1300	56.47%	7564	58.25%
Total	2302	100.00%	12985	100.00%

Table 6: Child Age Distribution of Questionnaire Respondents and 618 Data

Age Range	Questionnaire Respondents		618	
0-1	676	29.37%	2426	18.68%
1-2	1373	59.64%	4529	34.88%
2-3	253	10.99%	6161	47.45%
Total	2302	100.00%	12985	100.00%

In general, steps taken to assure representativeness across race and sex categories were successful. One demographic area in which the results are skewed is age. Specifically, those falling into the 0-1 and 1-2 age categories appear to be over-represented in our survey results compared to the general Part C population in Ohio, per Ohio's 618 tables. Consequently, survey respondents with children in the 2-3 age category appear to be under-represented, using the same population standard. The reasons for this disparity are due to the lag in time between when Ohio pulled the survey respondent pool from the data system and when families received the questionnaire. By virtue of using a response universe that included all families in Ohio's Part C program ten months before the questionnaire response period ended, the eldest category of children represented by families in the response pool decreased in size. Because ODH chose to administer the questionnaire via hand-delivery from Service Coordinators in order to increase the response rate, families who had exited from the program at the time of questionnaire distribution were deemed ineligible for participation in the survey. As a result, families who had exited from the program between December 1, 2007 and October 1, 2008 were removed from the list of families eligible to participate in the survey. When families of children who had exited the program between December 1, 2007 and October 1, 2008, the proportion of families in the response population whose children fell into the eldest age category decreased from 47 percent to 11 percent, which accounts for the under representation of 2 to 3 year olds in age for our responses.

**Discussion of Improvement Activities Completed and Explanation of Progress or Slippage that occurred for 2007:**

- A. 96 percent indicates progress from 95 percent performance reported for FFY2006
- B. 96 percent indicates progress from 95 percent performance reported for FFY2006
- C. 95 percent indicates progress from 93 percent performance reported for FFY2006

**Revisions, with Justification, to Proposed Targets / Improvement Activities / Timelines / Resources for 2008:**

*[If applicable]*

**Part C State Annual Performance Report (APR) for 2007:**

**Monitoring Priority: Effective General Supervision Part C / Child Find**

**Indicator 5:** Percent of infants and toddlers birth to 1 with IFSPs compared to:

- A. Other States with similar eligibility definitions; and
- B. National data.

(20 U.S.C. 1416(a)(3)(B) and 1442)

**Measurement:**

- A. Percent = [(# of infants and toddlers birth to 1 with IFSPs) divided by the (population of infants and toddlers birth to 1)] times 100 compared to the same percent calculated for other States with similar (narrow, moderate or broad) eligibility definitions.
- B. Percent = [(# of infants and toddlers birth to 1 with IFSPs) divided by the (population of infants and toddlers birth to 1)] times 100 compared to National data.

FFY	Measurable and Rigorous Target
<b>2007</b>	1.2% of infants and toddlers birth to age one year will have IFSPs.

**Actual Target Data for 2007:**

1.7 percent of infants and toddlers birth to age one year had IFSPs for 2007. This percentage is calculated by dividing the 0 to 1 child count reported to Westat by the Ohio Department of Health (ODH) on February 1, 2008 of 2,428 and the 2007 population estimate of 146,341.

(Puzzanchera, C., Finnegan, T. and Kang, W. (2008). "Easy Access to Juvenile Populations" Online. Available: <http://www.ojjdp.ncjrs.gov/ojstatbb/ezapop/>)

The data for this indicator was captured via the Early Track (ET) data collection system per the 618 child count data report.

**Comparing Ohio to Other States**

Ohio ranks 5<sup>th</sup> among programs with broad eligibility definitions and 8<sup>th</sup> nationally.

These rankings indicate progress from 9<sup>th</sup> and 12<sup>th</sup> respectively, as previously reported in the FFY06 APR submission.

(Sources: U.S. Department of Education, Office of Special Education Programs, Data Analysis System (DANS), "Report of infants and toddlers receiving early intervention services in accordance with Part C," 2007. Data updated as of July 15, 2008.)

The 618 child count data reports will be disaggregated, summarized by county and sent to all HMG Project Directors and County Family and Children First Council Coordinators, Help Me Grow Advisory Council members and posted on the Help Me Grow website.

**Discussion of Improvement Activities Completed and Explanation of Progress or Slippage that occurred for 2007:**

1.7 percent indicates progress from the 1.43 percent performance reported for FFY2006.

Improvement Activities/Timelines/Resources:

Activities for Indicators 5 and 6	Timeline	Resource
<p>1. Develop a statewide marketing plan in order to increase referrals to Help Me Grow, targeting but not limited to:</p> <ul style="list-style-type: none"> <li>a. Parents and the general public;</li> <li>b. Birthing hospitals;</li> <li>c. Hospitals with NICU and/or PICU, level III hospitals;</li> <li>d. Physicians, clinics, WIC;</li> <li>e. Job and Family Services (JFS), Child Welfare agencies;</li> <li>f. The Hospital-Based Child-Find Program;</li> <li>g. Childcare providers;</li> <li>h. Childcare resource and referral agencies; and</li> <li>i. Agencies representing homeless families.</li> </ul> <p><b>Progress</b> The Public Awareness committee arranged for and coordinated a “Show and Share” at the HMG Leadership conference in May 2008. The event gave county programs an opportunity to share their public awareness materials.</p> <p><b>Slippage</b> A statewide marketing campaign did not occur due to budget issues. There has been a recommendation to explore a statewide marketing campaign from the HMG Mapping Work group.</p>	<p>By SFY 2007</p>	<ul style="list-style-type: none"> <li>▪ Help Me Grow 800-number</li> <li>▪ BEIS Data and Training Staff</li> <li>▪ ODH Public Relations</li> <li>▪ County Help Me Grow Outreach</li> <li>▪ Public Policy Committee</li> </ul>
<p>2. Develop a policy utilizing the hospital-to-home plan.</p> <ul style="list-style-type: none"> <li>a. Provide training on the policy; and</li> <li>b. Monitor compliance with the policy.</li> </ul> <p><b>Progress</b> The Child Find/Eligibility committee of the Ohio Help Me Grow Advisory Council developed a policy on Transition from Hospital to Home but the policy is on hold at this time due to the possible changes with the program.</p>	<p>SFY 2007</p> <p>SFY 2007 - 2010</p>	<ul style="list-style-type: none"> <li>▪ HMG Advisory Council</li> <li>▪ Child Find Committee</li> <li>▪ Hospital-Based Child-Find Program</li> <li>▪ BEIS Training Staff</li> <li>▪ BEIS HMG Monitoring Team</li> </ul>
<p>3. Implement specific training on typical and atypical development of infants and toddlers to Help Me Grow staff to increase the referral of infants less than one year of age.</p> <p><b>Progress</b> Training on typical versus atypical child</p>	<p>SFY 2008</p>	<ul style="list-style-type: none"> <li>▪ HMG Advisory Council</li> <li>▪ BEIS Education/Training Staff</li> </ul>

# APR Template – Part C (4)

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OHIO  
State

Activities for Indicators 5 and 6	Timeline	Resource
development is a part of the Infant Growth and Development course. The course is offered regional and was offered regionally seven (7) times during this period.		

**Revisions, with Justification, to Proposed Targets / Improvement Activities / Timelines / Resources for 2007:**

*[If applicable]*

Part C State Annual Performance Report (APR) for 2007

**Monitoring Priority: Effective General Supervision Part C / Child Find**

**Indicator 6:** Percent of infants and toddlers birth to 3 with IFSPs compared to:

- A. Other States with similar eligibility definitions; and
- B. National data.

(20 U.S.C. 1416(a)(3)(B) and 1442)

**Measurement:**

A. Percent = [(# of infants and toddlers birth to 3 with IFSPs) divided by the (population of infants and toddlers birth to 3)] times 100 compared to the same percent calculated for other States with similar (narrow, moderate or broad) eligibility definitions.

B. Percent = [(# of infants and toddlers birth to 3 with IFSPs) divided by the (population of infants and toddlers birth to 3)] times 100 compared to National data.

FFY	Measurable and Rigorous Target
2007	2.6% of infants and toddlers birth to age three years will have IFSPs.

**Actual Target Data for 2007:**

3.0 percent of infants and toddlers birth to age three year had IFSPs for 2007. This percentage is calculated by dividing the 0 to 3 child count reported to Westat by the Ohio Department of Health (ODH) on February 1, 2008 of 13,118 and the 2007 population estimate of 442,233.

(Puzzanchera, C., Finnegan, T. and Kang, W. (2008). "Easy Access to Juvenile Populations" Online. Available: <http://www.ojjdp.ncjrs.gov/ojstatbb/ezapop/>)

The data for this indicator was captured via the Early Track (ET) data collection system per the 618 child count data report.

**Comparing Ohio to Other States**

Ohio ranks 9<sup>th</sup> among programs with broad eligibility definitions and 17<sup>th</sup> nationally.

These rankings indicate progress from 12<sup>th</sup> and 22<sup>nd</sup> respectively, as previously reported in the FFY06 APR submission.

(Sources: U.S. Department of Education, Office of Special Education Programs, Data Analysis System (DANS), "Report of infants and toddlers receiving early intervention services in accordance with Part C," 2007. Data updated as of July 15, 2008.)

The 618 child count data reports will be disaggregated, summarized by county and sent to all HMG Project Directors and County Family and Children First Council Coordinators, Help Me Grow Advisory Council members and posted on the Help Me Grow website.

**Discussion of Improvement Activities Completed and Explanation of Progress or Slippage that occurred for 2007:**

3.0 percent indicates progress from the 2.64 percent performance reported for FFY2006.

Improvement Activities/Timelines/Resources:

Activities for Indicators 5 and 6	Timeline	Resource
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- See Activities table for Indicator 5 for report on Progress or Slippage.

**Revisions, with Justification, to Proposed Targets / Improvement Activities / Timelines / Resources for 2007:**

*[If applicable]*

Part C State Annual Performance Report (APR) for 2007

**Monitoring Priority: Effective General Supervision Part C / Child Find**

**Indicator 7:** Percent of eligible infants and toddlers with IFSPs for whom an evaluation and assessment and an initial IFSP meeting were conducted within Part C’s 45-day timeline.

(20 U.S.C. 1416(a)(3)(B) and 1442)

**Measurement:**

Percent = [(# of eligible infants and toddlers with IFSPs for whom an evaluation and assessment and an initial IFSP meeting was conducted within Part C’s 45-day timeline) divided by the (# of eligible infants and toddlers evaluated and assessed)] times 100.

Account for untimely evaluations.

FFY	Measurable and Rigorous Target
2007	100% of eligible infants and toddlers with IFSPs will receive an evaluation and assessment and an initial IFSP meeting within Part C’s 45-day timeline.

**Actual Target Data for 2007:**

Ohio used monitoring data from its web-based data system to determine its percent compliance for this indicator. All children who became Part C eligible after being referred during the February 16, 2008 to May 16, 2008 timeframe were examined electronically. A sample of records was then verified to ensure accurate reporting. Initial evaluations and IFSPs for 2,403 of the 2,545 children examined, or 94 percent, were held within 45 days of referral.

The 2,403 records counted as being within 45 days includes 444 that were late due to documented extraordinary family circumstances. These 444 records are included in the numerator and denominator.

The 142 noncompliant records are deemed as such for the following reasons:

- 73 percent for program staff oversight/error/scheduling issues
- 23 percent for insufficient evaluation slots
- 4 percent are considered noncompliant due data/documentation error

**Discussion of Improvement Activities Completed and Explanation of Progress or Slippage that occurred for 2007:**

94 percent indicates progress from the 74 percent compliance reported for FFY2006. **This progress is attributed to several factors:**

- Counties have a better understanding of the documentation standards necessary to meet the verification standards.
- Counties have acquired a better understanding of the 45 days requirement as a result of the revamped general supervision system implemented by ODH in early 2007.
- The implementation of the hearing & vision screening tools allowed county staff to get these requirements completed in a timely manner.

Improvement Activities/Timelines/Resources:

Activities for Indicator 7	Timeline	Resource
<p>1. Expand and standardize developmental evaluations across Ohio.</p> <p>a. Collaborate with ODE to create a state system to coordinate evaluations for Part C and Part B.</p> <p>b. Create Developmental Evaluation Teams across the state to conduct developmental evaluations.</p> <p><b>Slippage</b> ODH and ODE had preliminary conversations about creating a state system to coordinate evaluations for Part C and Part B through collaboration with the Education Service Centers (ESCs). However, due to changes in operations for the ESCs progress was not made on this activity.</p> <p><b>Progress</b> Developmental Evaluation and Assessment teams were put in place in eleven (11) counties through a Provider Agreement with the Department and began conducting evaluations in February 2008. Training was held in January to explain procedures and requirements.</p>	<p>SFY 2007</p> <p>SFY 2008</p>	<ul style="list-style-type: none"> <li>▪ Ohio Department of Health and partnering state agencies (ODE, ODMRDD, OFCF)</li> <li>▪ County Developmental Evaluation providers</li> <li>▪ Educational Service Centers - Ohio</li> <li>▪ NECTAC</li> <li>▪ North Central Regional Resource Center</li> </ul>
<p>2. Develop and implement a plan to remove barriers identified by counties on surveys, including:</p> <p>a. Barriers that require a moderate level of intervention; and</p> <p><b>Progress</b> The Service Delivery Committee developed and recommended statewide use of a developmental evaluation and assessment form containing all required components, and developed a guidance document that explained all components. The committee also developed a Service Coordinator (SC) checklist to assist SC with meeting timelines (45-day timelines) and completing requirements timely. The list of tools that could be used for evaluation and assessment was narrowed to the use of the Bayley III and the Battelle II Developmental Scales for Part C eligibility determination and statewide training was provided on the tools.</p>	<p>SFY 2007</p> <p>SFY 2008</p>	<ul style="list-style-type: none"> <li>▪ Ohio Department of Health</li> <li>▪ North Central Regional Resource Center</li> <li>▪ County Project Directors and Family and Children’s First Coordinators/ Councils</li> <li>▪ Help Me Grow Advisory Council</li> <li>▪ Service Delivery Committee</li> </ul>
<p>3. Continue to monitor this indicator via ODH’s web-based data system, Early</p>	<p>ongoing</p>	<ul style="list-style-type: none"> <li>▪ ODH data and monitoring teams and state partners</li> </ul>

Activities for Indicator 7	Timeline	Resource
Track, and on site focused monitoring visits.		

**Revisions, with Justification, to Proposed Targets / Improvement Activities / Timelines / Resources for 2007**

*[If applicable]*

The Compliance Agreement work plan includes the following improvement activities, timelines and resources for this report.

EIS. 1C.	<p>ODH will report on the:</p> <ol style="list-style-type: none"> <li>(1) Percent of infants and toddlers (including numbers used in calculation) with IFSPs for whom an evaluation and assessment and an initial IFSP meeting were conducted within Part C’s 45-day timeline.</li> <li>(2) Extent of the delay for infants and toddlers not included in the percentage under (1) above to include, by county, the total number of children who exceeded 45-days, the average number of days exceeded, and the maximum number of days exceeded.</li> <li>(3) Reasons for delay in meeting the 45-day timeline requirement for (2) above, including lack of evaluation personnel in either a specific discipline or county, family reasons e.g., family cancelled/rescheduled, child ill/hospitalized, unable to locate family, unable to obtain consent, waiting for medical/provider reports, service coordinator or evaluator unavailability or other reasons.</li> </ol>	<p>In June, ODH reported that data was submitted for all counties in its December 2007 quarterly report.</p> <p>ODH issued findings and required Corrective Action Plans (CAPs) for counties whose data indicated that they were not meeting the required level of compliance.</p> <p>Counties have submitted CAP data logs to ODH. Based on that data, 45 counties have corrected their non-compliance and 20 remain on CAPs and will continue to submit CAP data logs to ODH until substantial compliance has been achieved. ODH continues to monitor county progress toward compliance and will submit updated data to OSEP in the fall of 2008.</p> <p>ODH has received no feedback from OSEP on the benchmark data submitted with the December 2007 quarterly report.</p> <p>In June 2008, ODH notified OSEP that we planned to conduct additional on-site visits in SFY’08 for the 45 day requirements and Timely Receipt of Services (TRS) based on their Early Track data and the self-assessment data. Delaware County did receive an on-site visit in June 2008. However, Butler County did not receive an on-site visit based on substantial improvement in their compliance as demonstrated via their Corrective Action Plans (CAPs) data logs submitted to ODH, their Early Track data and further discussion with county personnel.</p> <p>The October 2008 report, included a summary of the counties that remained on CAPs for non-compliance with meeting the 45-day times, and timely receipt of services. In June 2008, ODH reported that twenty (20) of the 65 counties remained on CAPs for non-compliance with meeting the 45-day timelines We are happy to report that fourteen (14) counties have demonstrated substantial improvement in meeting the 45 day timeline requirements and have completed their CAPs. The remaining six (6) counties will remain</p>
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	<p>on CAPs and will be issued revised benchmarks and timelines for coming into compliance.</p> <p>The December 2008 report included data for SFY 2008 (July 1, 2007 – June 30, 2008). ODH, using its web-based data system, examined 45 day timeline data for this time period. We electronically examined all children who became Part C eligible after being referred during the February 16, 2008 to May 16, 2008 timeframe. A sample of records was then verified to ensure accurate reporting. Initial evaluations and IFSPs for 2,403 of the 2,545 children examined, or 94 percent, were held within 45 days of referral. Attached is a list of counties for whom findings are issued regarding this indicator (Table A).</p> <p>Analysis of the data for items #1, #2 and #3 are included with this report in Table A. The analysis includes information on the number of compliant child records, median number of days non-compliant, maximum number of days beyond the 45 day timeline; family reasons (e.g. child ill/hospitalized, family schedule problem and family cancelled/missed appointments.)</p> <p>We also included foster care/surrogate parent issues due to the number of CAPTA referrals that have caused challenges with obtaining consents for evaluation and assessment. Non-compliant reasons include data error, documentation errors, HMG county staff oversight/error, and HMG staff scheduling issues, insufficient evaluation and hearing slots.</p> <p>Also in the December 2008 report, ODH reported that in the October 2008 report submitted to OSEP, six (6) counties at that point had not corrected their noncompliance in the 45 days timeline indicator. Summit County has demonstrated correction since that report was submitted. Five counties did not correct their noncompliance in this area from 2007. Since the initial identification of noncompliance, three of the counties have received on-site monitoring visits and are in a Corrective Action Plan (Ashtabula, Delaware, and Lorain). Two of these counties were issued General Supervision CAPs because of non-compliance in multiple areas (Ashtabula and Lorain). Two more, will be scheduled to receive an on-site visit before June 30, 2009 (Fairfield and Coshocton). The root causes were examined for the continued non-compliance and the counties will be required to do the following:</p>
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		<ol style="list-style-type: none"> <li>1. Re-examine the Corrective Action Plan originally submitted to ODH with the updated root cause data. Revise the CAP to align strategies with the updated root cause information;</li> <li>2. Continue to submit monthly CAP log data to ODH so that we can monitor progress;</li> <li>3. ODH will re-examine CAP log data in May 2009. If the finding is not corrected at that time, ODH will special condition the county's SFY 2010 (beginning July 1, 2009) grant and direct the use of the funds to address this area of noncompliance.</li> </ol> <p>Issue General Supervision CAP to an additional county, Delaware, due to this continued noncompliance and noncompliance in additional areas.</p>
<p>EIS. 2C.</p>	<p>ODH will collect and analyze data related to completion of vision and hearing status as part of the developmental evaluation and assessment process for children referred to Part C.</p>	<p>In the June 2008 quarterly report, ODH reported that it submitted data for all counties in its December 2007 quarterly report.</p> <p>ODH issued findings and required Corrective Action Plans for counties whose data indicated that they were not meeting required level of compliance.</p> <p>Counties have submitted CAP data logs to ODH. Based on that data, 45 counties have corrected their non-compliance and 20 remain on CAPs and will continue to submit CAP data logs to ODH until substantial compliance has been achieved. ODH continues to monitor county progress toward compliance and will submit updated data to OSEP in the fall of 2008.</p> <p>ODH has received no feedback from OSEP on the data submitted with the December 2007 report.</p> <p>The December 2008 report included, data analysis for the 45 day timeline (Table A) requirements includes information by county, of the root cause for noncompliance. As the data indicate, only 1 county had Hearing Screening as its primary cause of noncompliance and no counties had Vision Screening as its primary area of noncompliance. This compares with the data submitted last year in which 42 counties had a primary area of noncompliance as hearing and 6 counties had a primary area of noncompliance as vision.</p> <p>This significant change is attributed to the development of a Vision Screening tool in 2006 that is in use. This tool has helped correct the noncompliance related to completion of the vision status as a part of the developmental evaluation and</p>

		<p>assessment process. Additionally, the Hearing Status Questionnaire was piloted and then issued for use by all counties in the Spring of 2007. It is also a significant factor in reducing the amount of noncompliance in the 45 day timeline area.</p> <p>It should be noted that ODH looks at all components of 45 day timelines (i.e., vision screening, hearing screening, IFSP, evaluation/assessment) for each child record simultaneously. If any of those components was offered beyond the 45 day timeline, then the entire record is considered noncompliant. Consequently, when ODH reports that local programs were issued a finding in 45 day timeline in EIS 1C, it is also reporting on the vision &amp; hearing component. ODH does not separate vision &amp; hearing screening; therefore, does not provide a separate analysis in EIS 2C.</p>
<p>EIS. 3F.</p>	<p>ODH will analyze compliance data identified in EIS. 1C. above in the 10 - 15 additional counties monitored with new revised process to identify root causes of non-compliance and to determine if revised process clearly identifies and helps correct noncompliance.</p>	<p>In June 2008, ODH reported that it submitted its plan for focused monitoring to OSEP in July 2007. In that plan, ODH indicated that we are moving towards a more focused monitoring process and revised self-assessment process. ODH is using its data system, Early Track, to assess county compliance for various federal indicators.</p> <p>Based on this data, counties who do not demonstrate substantial compliance are required to enter into a Corrective Action Plan (CAP) with ODH. In addition to creating strategies to get the county into substantial compliance, counties must also report data to ODH regarding their compliance percentage. ODH analyzes this data on an ongoing basis. Counties who achieve substantial compliance prior to the 1 year are notified of this accomplishment and released from their CAP. Counties who do not achieve substantial compliance are notified of their compliance percentage, receive additional TA and continue to submit data to ODH. It is the expectation of ODH that all counties achieve substantial compliance within 1 year of their notification of substantial noncompliance.</p> <p>Based on the Early Track data and the self-assessment data, counties are selected for on-site focused monitoring visits. ODH has conducted three (3) on site visits since January 2008 and has an additional four (4) more planned in SFY'08 for the 45 day requirements and Timely Receipt of Services (TRS). A revised list of counties to receive on-site visits is attached. Counties were selected based on the data submitted to OSEP in December 2007. ODH decided to change some counties selected for on-site visits based on their</p>

**APR Template – Part C (4)**

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OHIO  
State

		Corrective Action Plans (CAPs) data logs submitted to ODH. Findings, if applicable, are issued to counties who receive on-site visits. Counties are then required to revise their CAPs to take into account these findings.
EIS. 3G.	ODH will stratify counties by critical indicators to identify what counties need technical assistance related to 45-day timelines and timely receipt of services.	In June 2008, ODH reported that it was providing targeted technical assistance to those counties who remain in CAPs.

Data Submitted by ODH with its October 2008 Compliance Agreement Quarterly Report  
 45 Day Compliance Update  
 October 2008 OSEP Quarterly Report

Counties that have Completed Their Corrective Action Plan
Allen
Darke
Erie
Gallia
Geauga
Jackson
Licking
Lucas
Morgan
Muskingum
Paulding
Pickaway
Ross
Trumbull

Counties Continuing on Their Corrective Action Plan
Ashtabula
Coshocton
Delaware
Fairfield
Lorain
Summit



**Part C State Annual Performance Report (APR) for 2007**

**Monitoring Priority: Effective General Supervision Part C / Effective Transition**

**Indicator 8:** Percent of all children exiting Part C who received timely transition planning to support the child’s transition to preschool and other appropriate community services by their third birthday including:

- A. IFSPs with transition steps and services;
- B. Notification to LEA, if child potentially eligible for Part B; and
- C. Transition conference, if child potentially eligible for Part B.

(20 U.S.C. 1416(a)(3)(B) and 1442)

**Measurement:**

- A. Percent = [(# of children exiting Part C who have an IFSP with transition steps and services) divided by the (# of children exiting Part C)] times 100.
- B. Percent = [(# of children exiting Part C and potentially eligible for Part B where notification to the LEA occurred) divided by the (# of children exiting Part C who were potentially eligible for Part B)] times 100.
- C. Percent = [(# of children exiting Part C and potentially eligible for Part B where the transition conference occurred) divided by the (# of children exiting Part C who were potentially eligible for Part B)] times 100.

FFY	Measurable and Rigorous Target
<b>2007</b>	<ul style="list-style-type: none"> <li>A. 100% of children exiting Part C have an IFSP with transition steps and services</li> <li>B. 100% of children exiting Part C and potentially eligible for Part B in which notification to the LEA occurred</li> <li>C. 100% of children exiting Part C and potentially eligible for Part B in which the transition conference occurred</li> </ul>

**Actual Target Data for 2007:**

A. IFSPs with transition steps and services	Number of children	percent of children
b. Children exiting Part C whom have an IFSP with transition steps and services	719	99
c. Children exiting Part C whom do not have an IFSP with transition steps and services	7	1
TOTAL	728	100

Ohio used monitoring data from its 2008 self assessment to determine its compliance percentage for this indicator. Children who had a Transition Planning Conference between July 1, 2007 and June 30, 2008 according to Ohio's Part C data system were examined for this indicator. The Ohio Department of Health specified which children local programs had to report on whether or not the child's IFSP included transition steps and services. In order to assure accurate data ODH compared child records to the data reported by counties on the self-assessment for selected children.. Eighty-seven of Ohio's 88 county programs were represented in the analysis. The data system did not indicate that Jefferson County had any applicable data for this indicator. Transition steps and services were included on IFSPs for 719 of the 728 or 99 percent child records examined.

Of the seven noncompliant cases:

- Five were initially noncompliant per local programs' self-report
- Two were determined to be noncompliant due to data/documentation error, as identified during ODH's verification process

<b>B. Notification to the LEA, if child potentially eligible for Part B</b>	<b>Number of children</b>	<b>percent of children</b>
a. Children exiting Part C and potentially eligible for Part B for whom notification to the LEA occurred	5782	90
b. Children exiting Part C and potentially eligible for Part B for whom notification to the LEA did not occur	627	10
<b>TOTAL</b>	<b>6409</b>	<b>100</b>

Ohio used monitoring data from its 2008 self assessment to determine its percent compliant for this indicator. A list of all Part C children who would be turning three between February 1, 2007 and January 31, 2008 and are therefore potentially eligible for Part B is generated through Help Me Grow's data system. Local programs were instructed to run the report that creates this list and submit to their LEAs by February 1, 2008. Local programs reported back to ODH whether all reports were submitted in a timely manner. Documentation to verify that all reports were sent in a timely manner was subsequently requested. Of 6,409 children who fit the criteria of being potentially eligible for Part B services, LEAs were notified of 5,782 (90 percent).

Of the 627 noncompliant cases:

- Three percent (or twenty records) were documented as being submitted by local Part C programs to LEAs past the February 1 deadline
- Local programs were unable to provide documentation to support timely submission for the remaining 97 percent (or 607 records) of noncompliant cases

<b>C. Transition conference, if child potentially eligible for Part B</b>	<b>Number of children</b>	<b>percent of children</b>
b. Children exiting Part C and potentially eligible for Part B where the transition conference occurred	1464	89
c. Children exiting Part C and potentially eligible for Part B where the transition conference did not occur	175	11
<b>TOTAL</b>	<b>1639</b>	<b>100</b>

Ohio used monitoring data from its web-based data system to determine its percent compliance for this indicator. All children receiving services and Part C eligible who were due to turn three (3) years of age during the December 30, 2007 to March 30, 2008 timeframe were examined electronically. Records were then verified to ensure accurate reporting. Transition conferences for 1,464 of the 1,639 children examined, or 89 percent, occurred at least ninety (90) days before the child’s third (3<sup>rd</sup>) birthday.

The 1,464 records counted as being at least ninety (90) days before the child’s third (3<sup>rd</sup>) birthday includes 191 that were late due to documented extraordinary family circumstances. These 191 records are included in the numerator and denominator. The 175 noncompliant records are deemed as such for the following reasons:

- 45 percent are considered noncompliant due to data/documentation error
- 38 percent for scheduling problems with the local education agency(ies)
- 18 percent for program staff oversight/error/scheduling issues

**Discussion of Improvement Activities Completed and Explanation of Progress or Slippage that occurred for 2006:**

- A. 99 percent indicates progress from 94 percent compliance reported for FFY2006.
- B. 90 percent indicates slippage from 97 percent compliance reported for FFY2006.
- C. Indicator 8C has not been reported in previous APRs because it is in the Compliance Agreement

**Slippage**

The decrease in compliance for indicator 8B is primarily due to one county not retaining the necessary documentation to support that the EIS did submit the report to the LEA in a timely manner. ODH will be issuing a memorandum that reminds EISs to submit this report to all LEAs and will specify documentation must be submitted to ODH.

Activities for Indicator 8	Timeline	Resource
<p>1. Establish a mechanism to develop a shared database that documents the transition process across Part C and Part B systems.</p> <p><b>Progress</b> ODE and ODH continue to work on a plan for implementation of the State School Identifier (SSID). The Information Technology staff of both agencies met with external contractor for ODE that assigns the SSID to determine the required data fields and a plan on how to move forward.</p>	<p>SFY 2007</p>	<ul style="list-style-type: none"> <li>▪ ODH, ODE, possible contract with external entity</li> <li>▪ GSEIG grant, if awarded</li> </ul>
<p>2. Provide additional information for families that support transition activities. Explore idea of obtaining consent from parents to share information with schools at the time of entry into HMG.</p> <p><b>Progress</b> ODH has revised the Transition at Age 3 policy which includes operational procedures for the Opt-out option. The policy went out for public comment and is being revised based on the public comments. The final</p>	<p>SFY 2007</p>	<ul style="list-style-type: none"> <li>▪ ODH, ODE, HMG Advisory Council Transition Committee</li> </ul>

draft policy will be submitted to OSEP in January 2009.		
3. Establish a web-based tutorial for all HMG service coordinators, and LEA transition representatives as identified by ODE, specific to the IDEA regulations for Part C and Part B, HMG policy, process, and protocols in transitioning children exiting HMG at age three years to Special Ed preschool and other community programs.	SFY 2009 and on-going	<ul style="list-style-type: none"> <li>• ODH, ODE, contract with NCRRC</li> <li>• HMG Advisory Council Transition Committee</li> </ul>
4. Continue to monitor this indicator via ODH's web-based data system, Early Track, and on site focused monitoring visits.	ongoing	<ul style="list-style-type: none"> <li>▪ ODH data and monitoring teams and state partners</li> </ul>

**Revisions, with Justification, to Proposed Targets / Improvement Activities / Timelines / Resources for 2007:**

*[If applicable]*

The Compliance Agreement work plan includes the following improvement activities, timelines and resources for this report.

Item	Activity	Progress to Date
TP. 1D.	ODH will revise the monitoring process based on the pilot and roll out the implementation of its revised monitoring process with county programs.	<p>ODH will be issuing corrective action plans upon completion of data validation and identifying counties who will receive on-site focused monitoring visits in the fall of 2008.</p> <p>In June 2008, ODH notified OSEP that we had issued findings of non-compliance to 26 counties, based on analysis of transition data. Two counties (Lorain and Ashtabula) were selected for on-site visits. The other 24 counties have submitted corrective action plans (CAPs) to ODH. ODH staff is reviewing the CAPs, are providing technical assistance and will continue to monitor the counties compliance. The counties are required to submit CAP logs with their data towards meeting the benchmarks and required levels of compliance.</p>
TP. 1E.	<p>ODH will collect and analyze the following data from its monitoring system and ET 3.0 for compliance with transition plans on the IFSP and transition planning conferences.</p> <p>Data on children receiving services under Part C and exiting Part C at age three who received timely transition planning to support the child's transition to preschool and other appropriate community services by</p>	<p>In June 2008, ODH reported that it had completed analysis of the TPC data of all 88 counties which indicates that on a statewide basis, Ohio Part C is 89% compliant. This analysis used data from our data system, Early Track, for all potentially Part B eligible children who were due a Transition Planning Conference from 10/1/2007 to 12/31/2007. Ohio validated the data to confirm TPC dates and family reasons for noncompliance.</p> <p>The report provided more detailed information regarding counties for whom ODH issued findings and are required to write Corrective Action Plans, county data indicated that they were not meeting the required level of compliance for</p>

	<p>their third birthday including:</p> <ol style="list-style-type: none"> <li>1. The number and percentage with IFSPs with transition steps and services; and</li> <li>2. The number and percentage of children potentially eligible for Part B for whom the transition conference was conducted, with the approval of the family, at least ninety days prior to the child’s third birthday.</li> </ol> <p>Explanations as to why the percentages in 1 and 2 above are less than 100%.</p>	<p>meeting timelines for transition planning conferences. Attached is:</p> <ol style="list-style-type: none"> <li>1) A list of counties for whom ODH issued findings and are required to write Corrective Action Plans because their data indicated that they were not meeting the required level of compliance for TPC:             <ol style="list-style-type: none"> <li>a. Number and percentage of children potentially Part B eligible for whom a transition conference was conducted, with the approval of the family, at least 90 days prior to the child’s 3rd birthday.</li> <li>b. Reasons of noncompliance for the counties discussed above.</li> </ol> </li> </ol> <p>As reported in the February 2008 APR, Ohio is 94% compliant regarding transition steps and services on IFSPs for children receiving services under Part C. Included with this report is a list of counties for which ODH is issuing findings and their compliance percentages. These counties will be required to submit Corrective Action Plans because their data indicated that they were not meeting the required level of compliance for transition steps on IFSPs. County CAPs will address both transition issues. Additional counties will be identified for focused monitoring on-site visits and reported to OSEP in the fall of 2008.</p> <p>In October 2008 report, ODH reported that staff were reviewing Corrective Action Plans submitted by counties. Counties will be reporting Transition data on their transition CAP logs later this fall.</p> <p>In the December 2008, Transition CAPs have been reviewed, revised if necessary, and approved by ODH. ODH has just received 2 months of CAP log data for the 2 Transition indicators and is analyzing the data currently. The next quarterly report to OSEP will include a summary of our analysis.</p>
<p>TP. 1F.</p>	<p>ODH will stratify counties by critical indicators to identify what counties need technical assistance related to transition.</p>	<p>ODH will provide targeted technical assistance to those counties who are in CAPs related to transition.</p> <p>In October and December 2008, ODH reported that it was providing targeted technical assistance to the twenty-six (26) counties who are in CAPs related to transition. – The list of counties was submitted in the October 2008 Quarterly Report.</p>
<p>TP. 1G.</p>	<p>ODH will provide technical assistance to identified counties based on priorities and critical indicators as demonstrated</p>	<p>See attached Table C for the report on TA to the 26 counties.</p>

# APR Template – Part C (4)

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OHIO  
State

	by the data collected.	
TP. 2C.	ODH will analyze data related to transition process to ensure compliance.	See response to TP. 1E.
TP. 3D.	Obtain signatures of both ODH and ODE on Interagency Agreement, disseminate, and implement Agreement.	The final signed agreement was sent to OSEP in March 2008 and is being implemented.

**Data Submitted by ODH with its June 2008 Compliance Agreement Quarterly Report  
Transition Planning Conference Substantial Noncompliance  
June 2008 OSEP Quarterly Report**

<b>County</b>	<b>TPC Records</b>	<b>compliant TPCs</b>	<b>TPC Compliance Percentage</b>	<b>Primary Reason for Noncompliance [TPC]</b>
Ashtabula	12	4	33%	LEA - other schedule problem
Carroll	4	2	50%	ODH/BEIS - Data/Documentation Error
Coshocton	7	5	71%	LEA - other schedule problem
Delaware	42	24	57%	County Reported - Data/Documentation Error
Erie	8	6	75%	LEA - other schedule problem
Fairfield	22	19	86%	ODH/BEIS - Data/Documentation Error
Hamilton	117	103	88%	LEA - other schedule problem
Knox	11	7	64%	HMG/county staff oversight/error
Licking	18	15	83%	LEA - other schedule problem
Lorain	55	32	58%	LEA - other schedule problem
Lucas	67	54	81%	ODH/BEIS - Data/Documentation Error
Madison	8	7	88%	LEA - other schedule problem
Medina	25	22	88%	LEA - other schedule problem
Mercer	7	6	86%	HMG/county staff oversight/error
Monroe	2	1	50%	LEA - other schedule problem
Montgomery	91	70	77%	ODH/BEIS - Data/Documentation Error
Perry	9	8	89%	LEA - other schedule problem
Richland	22	19	86%	HMG/county staff oversight/error
Stark	31	28	90%	LEA - other schedule problem
Trumbull	14	12	86%	HMG/county staff oversight/error
Tuscarawas	11	8	73%	County Reported - Data/Documentation Error
Van Wert	7	5	71%	LEA - other schedule problem
Vinton	5	3	60%	County Reported - Data/Documentation Error

**Data Submitted by ODH with its June 2008 Compliance Agreement Quarterly Report  
IFSPs with Transition Steps Substantial Noncompliance  
June 2008 OSEP Quarterly Report**

<b>County</b>	<b>IFSP Records</b>	<b>compliant IFSPs</b>	<b>IFSP Compliance Percentage</b>
<b>Columbiana</b>	15	12	<b>80%</b>
<b>Cuyahoga</b>	20	18	<b>90%</b>
<b>Richland</b>	14	12	<b>86%</b>
<b>Wayne</b>	15	12	<b>80%</b>

**Part C State Annual Performance Report (APR) for 2007**

**Monitoring Priority: Effective General Supervision Part C / General Supervision**

**Indicator 9:** General supervision system (including monitoring, complaints, hearings, etc.) identifies and corrects noncompliance as soon as possible but in no case later than one year from identification.

(20 U.S.C. 1416(a)(3)(B) and 1442)

**Measurement:**

Percent of noncompliance corrected within one year of identification:

- a. # of findings of noncompliance.
- b. # of corrections completed as soon as possible but in no case later than one year from identification.

Percent = [(b) divided by (a)] times 100.

For any noncompliance not corrected within one year of identification, describe what actions, including technical assistance and/or enforcement that the State has taken.

FFY	Measurable and Rigorous Target
<b>2007</b>	<ul style="list-style-type: none"> <li>A. 100% of noncompliance related to monitoring priority areas and indicators corrected within one year of identification</li> <li>B. 100% of noncompliance related to areas not included in the above monitoring priority areas and indicators corrected within one year of identification</li> <li>C. 100% of noncompliance identified through other mechanisms (complaints, due process hearings, mediations, etc) corrected within one year of identification</li> </ul>

**Actual Target Data for 2007:**

Indicator/Indicator Clusters	General Supervision System Components	# of EIS programs issued findings in FFY2006 (7/1/06 – 6/30/07)	(a) # of EIS findings of noncompliance identified in FFY2006 (7/1/06 – 6/30/07)	# of findings of noncompliance from (a) for which correction was verified no later than 1 year from identification

ODH did not report on findings issued in FFY2006 (7/1/06 – 6/30/07) due to the Compliance Agreement we have with OSEP.

9A – N/A

9B – N/A

9C – N/A

# APR Template – Part C (4)

OHIO  
State

At the request of OSEP, ODH is reporting the following information regarding findings that were issued in FFY07 and FFY08.

Indicator/Indicator Clusters	General Supervision System Components	# of EIS programs issued findings in FFY2007 (7/1/07 – 6/30/08)	(a) # of EIS findings of noncompliance identified in FFY2007 (7/1/07 – 6/30/08)	# of findings of noncompliance from (a) for which correction was verified no later than 1 year from identification
1. % of infants & toddlers with IFSPs who receive EI services on their IFSPs in a timely manner	Monitoring activities: self-assessment/Local APR, data review, desk audit, on site visits or other	63	63	59
	Dispute resolution: complaints, hearings	3	3	3
2. % of infants & toddlers with IFSPs who primarily receive early intervention services in the home or community-based settings	Monitoring activities: self-assessment/Local APR, data review, desk audit, on site visits or other	0	0	0
	Dispute resolution: complaints, hearings	0	0	0
3. % of infants & toddlers with IFSPs who demonstrate improved outcomes	Monitoring activities: self-assessment/Local APR, data review, desk audit, on site visits or other	0	0	0
	Dispute resolution: complaints, hearings			
4. Percent of families participating in Part C who report that early intervention services have helped the family	Monitoring activities: self-assessment/Local APR, data review, desk audit, on site visits or other	0	0	0
	Dispute resolution: complaints, hearings	0	0	0
5. Percent of infants & toddlers birth to 1 with IFSPs	Monitoring activities: self-assessment/Local APR, data review, desk audit, on site visits or other	0	0	0
6. Percent of infants & toddlers birth to 3 with IFSPs	Dispute resolution: complaints, hearings	0	0	0
7. Percent of eligible infants & toddlers with IFSPs	Monitoring activities: self-assessment/Local APR, data review, desk audit,	65	65	60

# APR Template – Part C (4)

OHIO  
State

for whom an evaluation & assessment and an initial IFSP meeting were conducted within part C's 45 day timeline	on site visits or other			
	Dispute resolution: complaints, hearings	2	2	2
8. percent of children exiting Part C who received timely transition planning to support the child's transition to preschool & other appropriate community services by their 3 <sup>rd</sup> birthday including  A. IFSPs with transition steps & services	Monitoring activities: self-assessment/Local APR, data review, desk audit, on site visits or other	0	0	0
	Dispute resolution: complaints, hearings	0	0	0
8. percent of children exiting Part C who received timely transition planning to support the child's transition to preschool & other appropriate community services by their 3 <sup>rd</sup> birthday including  B. Notification to LEA, if child potentially eligible for Part B	Monitoring activities: self-assessment/Local APR, data review, desk audit, on site visits or other	0	0	0
	Dispute resolution: complaints, hearings	0	0	0
8. percent of children exiting Part C who received timely transition planning to support the child's transition to preschool & other appropriate community services by their 3 <sup>rd</sup> birthday including	Monitoring activities: self-assessment/Local APR, data review, desk audit, on site visits or other	1	1	1
	Dispute resolution: complaints, hearings	0	0	0

# APR Template – Part C (4)

OHIO

State

C. Transition Conference, if child potentially eligible for Part B				
Others areas of Noncompliance	Monitoring activities: self-assessment/Local APR, data review, desk audit, on site visits or other	2	3	n/a – time not yet expired
	Dispute resolution: complaints, hearings	0	0	0

Indicator/Indicator Clusters	General Supervision System Components.	# of EIS programs issued findings in FFY2008 (7/1/08 – 6/30/09)	(a) # of EIS findings of noncompliance identified in FFY2008 (7/1/08 – 6/30/09)	# of findings of noncompliance from (a) for which correction was verified no later than 1 year from identification
8. percent of children exiting Part C who received timely transition planning to support the child’s transition to preschool & other appropriate community services by their 3 <sup>rd</sup> birthday including  A. IFSPs with transition steps & services	Monitoring activities: self-assessment/Local APR, data review, desk audit, on site visits or other	4	4	n/a – time not yet expired
	Dispute resolution: complaints, hearings			
8. percent of children exiting Part C who received timely transition planning to support the child’s transition to preschool & other appropriate community services by their 3 <sup>rd</sup> birthday including  B. Notification to LEA, if child potentially eligible	Monitoring activities: self-assessment/Local APR, data review, desk audit, on site visits or other			
	Dispute resolution: complaints, hearings			

# APR Template – Part C (4)

OHIO  
State

for Part B				
8.percent of children exiting Part C who received timely transition planning to support the child’s transition to preschool & other appropriate community services by their 3 <sup>rd</sup> birthday including  C. Transition Conference, if child potentially eligible for Part B infants & toddlers with IFSPs who receive EI services on their IFSPs in a timely manner	Monitoring activities: self-assessment/Local APR, data review, desk audit, on site visits or other	24	24	n/a – time not yet expired
	Dispute resolution: complaints, hearings	0	0	0
	Dispute resolution: complaints, hearings	0	0	0
Others areas of Noncompliance	Monitoring activities: self-assessment/Local APR, data review, desk audit, on site visits or other	3	8	n/a – time not yet expired
	Dispute resolution: complaints, hearings	0	0	0

**Discussion of Improvement Activities Completed and Explanation of Progress or Slippage that occurred for 2007:**

Activities for Indicator 9A	Timeline	Resource
<p>1. Continue onsite monitoring process (HMGSR) - monitoring 3-4 counties per month/total of 44 per year.</p> <p><b>Progress</b> The General Supervision System was totally revamped in 2007. ODH now utilizes data from its web-based data system and self-assessment to indentify areas of noncompliance. On site focused monitoring visits are used to work with programs that are deemed most difficult to correct.</p>	Yearly	<ul style="list-style-type: none"> <li>▪ BEIS staff</li> <li>▪ HMG state team</li> </ul>

# APR Template – Part C (4)

<p>2. Determine factors that would be used to implement a performance-based funding formula. <b>Progress</b> ODH incorporates compliance with the 45 day timelines and transition planning conferences as incentive based funding in its funding formula too counties.</p>	<p>SFY 2007 &amp; ongoing</p>	<ul style="list-style-type: none"> <li>▪ HMG Advisory Council Funding Workgroup</li> <li>▪ ODH staff</li> </ul>
<p>3. Develop process for progressive sanctioning and/or incentives. <b>Progress</b> Counties with continued noncompliance will face various forms of sanctioning such as ODH placing a special condition on the county's Help Me Grow grant which will specify how the grant will be spent in order to address the continuing area of noncompliance</p>	<p>SFY 2008</p>	<ul style="list-style-type: none"> <li>▪ HMG Advisory Council Funding Workgroup</li> <li>▪ ODH staff</li> </ul>
Activities for Indicator 9B	Timeline	Resource
<p>1. ODH uses various sources of information to determine if noncompliance has occurred in other areas outside Indicators 1 – 8. The other sources are on-site focused monitoring visits and audits.</p>	<p>SFY 2007</p>	<ul style="list-style-type: none"> <li>▪ ODH staff</li> </ul>
<p>2. Technical assistance is provided to counties who have these areas of noncompliance identified.</p>	<p>SFY 2008</p>	<ul style="list-style-type: none"> <li>▪ ODH staff</li> <li>▪ HMG State Partners</li> </ul>
<p>3. Counties with continued noncompliance will face various forms of sanctioning such as ODH placing a special condition on the county's Help Me Grow grant which will specify how the grant will be spent in order to address the continuing area of noncompliance.</p>	<p>SFY 2008</p>	<ul style="list-style-type: none"> <li>▪ ODH staff</li> </ul>
Activities for Indicator 9C	Timeline	Resource
<p>1. Review complaint information (e.g., mediations, due process hearing, investigations) to determine areas of non-compliance and identify trends.</p>	<p>Yearly</p>	<ul style="list-style-type: none"> <li>▪ ODH staff</li> </ul>
<p>2. Review and monitor county corrective action plans to assure correction of non-compliance areas within one year of identification of complaints.</p>	<p>Within one year of complaint</p>	<ul style="list-style-type: none"> <li>▪ ODH staff</li> </ul>
<p>3. Provide technical assistance or training as needed to assure correction of non-compliance.</p>	<p>As outlined in corrective action plan</p>	<ul style="list-style-type: none"> <li>▪ ODH staff</li> <li>▪ HMG State Partners</li> </ul>
<p>4. Notify Director of continued non-compliance, in order to impose sanctions as appropriate.</p>	<p>As needed for any complaints with non-compliance</p>	<ul style="list-style-type: none"> <li>▪ ODH staff</li> </ul>

**Revisions, with Justification, to Proposed Targets / Improvement Activities / Timelines / Resources for 2007:**  
*[If applicable]*

**Activities for 9A, B and C were revised based on the Compliance Agreement work plan activities (see below).**

The Compliance Agreement work plan includes the following improvement activities, timelines and resources for this report.

Item	Activity	Progress to Date
GS. 1B.	Convene the interagency group that shall include a representative from ODE, ODMRDD, and any other Part C State participating agency that will be a party to an Interagency Agreement with ODH.	<p>In March 2008, ODH reported that the Governor established a new Early Childhood (EC) Cabinet, which includes the agency Directors of the child serving programs. The EC Cabinet decided to review the Help Me Grow program and will be making recommendations for changes in the program e.g. administration, structure, function and purpose. Recommendations are to be completed before the next fiscal year (July 1, 2008). Based on the Cabinet recommendations, Ohio may need to make changes to work plan activities. A copy of the letter sent to HMG Stakeholders from the EC Cabinet is enclosed.</p> <p>In June 2008, ODH reported that this task remains on hold. The Early Childhood Cabinet, comprised of the Directors of all the child serving agencies, is reviewing the Help Me Grow program and gathering input from various stakeholder groups across the state. The Cabinet will be making recommendations for changes in the program e.g. administration, structure, function and purpose. Recommendations are to be completed in the next fiscal year (beginning July 1, 2008). ODH will re-evaluate the appropriateness of this activity after the recommendations and decisions have been made.</p> <p>In October 2008, ODH reported that the Governor’s Office has convened a planning committee to review the Help Me Grow program and make recommendations to the Early Childhood Cabinet. The Cabinet will review the recommendations and determine the future direction, governance, function and administration of the program. Recommendations are to be completed in November 2008 to prepare for the SFY 2010-2011 budget cycle. This activity and activities GS. 1C., 1D, and 1E are not appropriate at this time.</p> <p>In December 2008, ODH reported that the Governor’s Office, the Early Childhood Cabinet and the Ohio Family and Children First Cabinet Directors are meeting regularly to review the recommendations and determine the future</p>

**APR Template – Part C (4)**

OHIO  
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		direction, governance, function and administration of the program. The Deputy Directors of the Ohio Family and Children First Council will be reviewing policy issues on a regular basis. This activity and activities GS. 1C., 1D, and 1E are not appropriate at this time.
GS. 1C.	Submit draft Interagency Agreement(s) to OSEP for review and comments.	See above progress on this activity.
GS. 1D.	Revise draft Interagency Agreement(s) to incorporate comments from OSEP.	See above progress on this activity.
GS. 2D.	ODH will review related state statutes and administrative rules to identify the issues and changes needed.	<p>In June 2008, ODH reported that in October 2007, the Ohio Department of Mental Retardation and Developmental Disabilities (ODMRDD) waived their current rules that were in conflict with ODH policies and inserted the following language:</p> <p>The ODMRDD Early Intervention Program rule (5123:2-1-04) is written to align with Part C of IDEA (34 C.F.R. Part 303) and the Ohio Department of Health (ODH) rule and policies. As lead agency for “early intervention” in Ohio, ODH has recently released new policies. Some of these policies conflict with current ODMRDD EI rule. Therefore, in keeping with the ODH/ODMRDD interagency agreement, sections of rule 5123:2-1-04 need to be waived to ensure a single, coordinated early intervention system for infants and toddlers with delays and disabilities and their families at both state and county levels. The changes to ODH policy are technical in nature, affecting service delivery processes rather than the quality of early intervention service delivery. The changes are meant to ensure, rather than impede, quality by ensuring that children are evaluated and offered an array of services in a more timely way statewide.</p> <p>ODMRDD is still awaiting final Part C regulations to complete its rule revisions.</p> <p>The Ohio Department of Education (ODE) began its rule revision in June 2007 and they were completed in April 2008. Rule 3301-51-11: Preschool Special Education Requirements was aligned with the Interagency Agreement between ODH and ODE to include requirements for transition at age 3; this rule will become final July 1, 2008.</p> <p>In October 2008, ODH reported that the Ohio Department of Mental Retardation and Developmental Disabilities (ODMRDD) waived their current rules that were in conflict with ODH policies in October of 2007. ODMRDD is still awaiting final Part C regulations to complete its rule revisions.</p> <p>The Ohio Department of Education (ODE) revised their rules (3301-51-11: Preschool Special Education Requirements) to align with the Interagency Agreement between ODH and ODE the rule became final in July, 2008. ODE is providing training on their revised rules.</p>

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GS. 2E.	ODH will submit recommendations for state statute and administrative rule changes.	See above progress on this activity.  In December 2008, ODH reported that there were no changes to report in this Quarterly Report.
GS. 3D.	<ul style="list-style-type: none"> <li>• ODH will pilot the revised new monitoring process with at least (four) 4 counties, to include 45-day timeline, transition and timely receipt of Part C services as well as other areas.</li> <li>• ODH will finalize its FCFC application based on comments from OSEP.</li> </ul>	In March 2008, ODH reported that it had piloted the revised focused monitoring process in four (4) counties; Trumbull, Lawrence, Stark and Madison. Copies of the monitoring report letters are attached. Corrective Action Plans (CAPs) have been issued for the counties and the counties have until November 30, 2007 to submit a completed CAP to ODH. Corrective Action Plans for the four counties will be submitted to OSEP in the December 2007 quarterly report. ODH has not received comments from OSEP on the grant application for the Family and Children First Council's FY2009 Help Me Grow grant application.
GS. 3F.	ODH will analyze compliance data on 10 - 15 additional counties monitored with revised process to identify root causes of non-compliance and to determine if revised process clearly identifies and helps correct noncompliance.	<p>The March 2008 report included a list of counties scheduled to receive focused monitoring on-site visits for the remainder of SFY 08. ODH will be selecting counties to received focused monitoring visits for transition once data validation is completed.</p> <p>Also in March 2008, ODH provided further clarification on Changes in Work Plan Activities in response to OSEP's memo of December 28, 2007 raising concerns about Ohio's revised General Supervision Focused Monitoring Process. In our letter to OSEP in October we described how Ohio's revised General Supervision system was redesigned as a focused monitoring process. The General Supervision system also includes data verification/ validation and a self-assessment process. The revised process means that ODH will review all eighty-eight counties through the data validation/verification process and self-assessment process annually. After compiling the data validation/verification, ODH will issue findings and require corrective action plans (CAPs) for counties with systemic non-compliance with meeting the 45-day timeline for developmental evaluation and assessment and development of the initial Individualized Family Service Plan (IFSP); timely provision of services; and, early childhood transition as required in the Compliance Agreement. The data is also used to determine what counties will receive on-site focused monitoring visits in the upcoming year.</p>
GS. 3G.	Develop and/or revise the process for technical assistance, progressive sanctioning and/or incentives.	In the June 2008 report ODH reported the following: In July 2007, ODH submitted its revised General Supervision/Monitoring plan with OSEPs comments/changes included. The plan included information on Puzzle Piece #4 Targeted Technical

		<p>Assistance and Professional Development as well as Puzzle Piece #7: Improvement, Correction, Incentives and Sanctions.</p> <p>ODH is providing targeted technical assistance to counties who are in CAPs, based on the data as well as results of a dispute resolution process.</p> <p>The HMG Funding Formula rewards counties who serve their target number of children and achieve high compliance percentages. More specifically, counties who achieve 85% of their target numbers and 92% of their compliance with meeting 45 day timelines and transition requirements receive 100% of the possible funds set aside for these areas. Additionally, counties who achieve these percentages also share in the redistribution of the set aside funds not earned by the other counties. Counties who achieve less than the above-mentioned percentages only earn that percentage of the funds set aside.</p> <p>ODH has only implemented the Corrective Action Plan process as a part of progressive sanctioning/enforcement plan as outlined in the General/Supervision plan. Counties who are in CAPs are submitting data as required.</p> <p>In October 2008, ODH has only implemented the Corrective Action Plan process as a part of progressive sanctioning/enforcement plan as outlined in the General/Supervision plan. Counties who are in CAPs are submitting data as required. Data is being reviewed by the research staff. Targeted technical assistance is being provided</p>
GS. 3H.	Begin implementation of progressive sanctioning and/or incentive process.	<p>See above description of implementation.</p> <p>In October 2008, ODH reported that counties who remain in a Corrective Action Plan beyond the one year period will be required to submit a technical assistance plan or ODH will impose a TA plan for the county as the first step in the progressive sanctioning process.</p> <p>In December 2008, ODH reported that Counties that did not correct their noncompliance identified last fall will be required to submit a technical assistance plan or ODH will impose a TA plan for the county as the first step in the progressive sanctioning process. Additionally, these counties will be required to:</p> <ol style="list-style-type: none"> <li>1. Re-examine the Corrective Action Plan originally submitted to ODH with the updated root cause data. Revise the CAP to align strategies with the updated root cause information</li> </ol>

		<p>2. Continue to submit monthly CAP log data to ODH so that we can monitor progress</p> <p>3. ODH will re-examine CAP log data in May 2009. If the finding is not corrected at that time, ODH will special condition the county's 2010 grant and direct the use of the funds to address this area of noncompliance.</p> <p>Issue General Supervision CAP to an additional county, Delaware, due to this continued noncompliance and noncompliance in additional areas.</p>
GS. 3I.	ODH will monitor 20-30 additional counties with the revised process.	See GS 3F for progress on this activity.
EIS. 3F.	ODH will analyze compliance data identified in EIS. 1C. above in the 10 - 15 additional counties monitored with new revised process to identify root causes of non-compliance and to determine if revised process clearly identifies and helps correct noncompliance.	See GS 3F for progress on this activity..
EIS. 3G.	ODH will stratify counties by critical indicators to identify what counties need technical assistance related to 45-day timelines and timely receipt of services.	ODH along with the other state partners (i.e. ODMRDD, OFCF, FIN consultants) is providing targeted technical assistance to those counties who remain in CAPs.
EIS. 3H.	ODH will provide technical assistance to identified counties based on priorities and critical indicators as demonstrated by the data collected.	In December 2008, ODH reported that it was providing targeted technical assistance to those counties who remain in CAPs. Attached in Table C is a summary of the types of technical assistance provided to the counties and the primary focus of the TA.
EIS. 4A.	ODH will conduct a needs assessment to identify available services and gaps in services.	<p>In June 2008, ODH reported that it was working with the Ohio Department of Administrative Services (DAS) to develop a proposal for a cost study analysis. This cost study analysis is the first step of the needs assessment. The Funding Committee of the Ohio Help Me Grow Advisory Council has assisted in the development/review of the cost study proposal. The cost study proposal will be posted by DAS for responses and review prior to awarding a contract to a vendor.</p> <p>In October 2008, ODH reported that applications were reviewed and a vendor had been selected. Members of the Funding Committee of the Ohio Help Me Grow Advisory Council assisted with the review of the cost study proposals and selection of the vendor. The vendor will begin work in October</p>

		<p>2008. This cost study analysis is the first step of the needs assessment.</p> <p>In December 2008, ODH reported the vendor conducted a site visit to Ohio in November 2008 and met with staff and the co-chairs of the Funding Committee of the Ohio Help Me Grow Advisory Council to review the activities in the cost study proposals and activities plan for implementation. The cost study analysis is the first step of the needs assessment.</p>
EIS. 4B.	As part of the needs assessment, ODH will obtain and analyze data from its Part C system and ODMRDD on the impact of its system of payments on the availability of EI services in a timely manner and the 45-day timeline.	This will be included in the proposed cost study.
EIS. 4C.	As part of the needs assessment, ODH will explore its ability to maximize use of all funding sources, including Medicaid, Title V and other potential State sources by coordinating with ODMRDD and Ohio’s Medicaid agency	This is included in the proposed cost study.
EIS. 4D.	ODH will submit draft plan to OSEP for review.	ODH will submit the final results of the cost study when completed, to OSEP in the fall of 2009, with recommendations for next steps.
EIS. 4F.	ODH will continue to recruit new EI service providers.	<p>In March 2008, ODH reported that it continues to try to recruit new providers into the EI system of Payment. ODH sent out over 900 applications and letters to recruit current Title V providers to become EISOP providers. Currently, there are over 300 approved providers. ODH continues to encourage the counties to recruit providers in their areas as well. ODH currently uses the approved Medicaid reimbursement rates for providers. There is a perception that this may be a deterrent to many providers. ODH plans to explore what other states are using for reimbursement rates and how they were achieved for EI services.</p> <p>In June 2008, ODH reported it continues to refine the process of recruiting providers and continues to encourage the counties to assist with the recruitment of providers. ODH conducted two workshops on the EI System of Payment at the HMG Leadership conference held in May 2008. Based on that workshop, ODH is developing a packet and fact sheet that can be given to potential providers.</p> <p>ODH is specifically trying to recruit more hospital outpatient</p>

		<p>centers and specialty providers as well as more Medicaid providers in the state to be a part of the EI System. The Governor has developed an Executive Medicaid Management Administration (EMMA) to examine and improve Medicaid administration and policy. ODH has several staff involved in various committees, including provider recruitment. EMMA is exploring unified provider recruitment, processing and payment.</p> <p>Also, the Funding Committee of the Ohio Help Me Grow Advisory Council has begun to take a closer look at the EI System of Payment and will make recommendations through the Council to the Department for changes for improvement in the process.</p> <p>In December 2008, ODH reported that it is specifically trying to recruit more hospital outpatient centers and specialty providers as well as more Medicaid providers in the state to be a part of the EI System.</p>
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**Part C State Annual Performance Report (APR) for 2007:**

**Monitoring Priority: Effective General Supervision Part C / General Supervision**

**Indicator 10:** Percent of signed written complaints with reports issued that were resolved within 60-day timeline or a timeline extended for exceptional circumstances with respect to a particular complaint.

(20 U.S.C. 1416(a)(3)(B) and 1442)

**Measurement:** Percent = [(1.1(b) + 1.1(c)) divided by 1.1] times 100.

FFY	Measurable and Rigorous Target
2007	100% of signed written complaints with reports issued are resolved within 60-day timeline or a timeline extended for exceptional circumstances with respect to a particular complaint.

**Actual Target Data for 2007:**

20% of signed written complaints were issued reports and were resolved within the 60-day timeline.

During this period, ODH received five (5) signed written complaints. None of the 5 complaints were withdrawn. All 5 complaints resulted in a written report with findings. One of the five complaints was resolved within the 60-day required timeline.

**Discussion of Improvement Activities Completed and Explanation of Progress or Slippage that occurred for 2007:**

Activities for Indicator 10	Timeline	Resource
1. Initiate complaint resolution procedure as outlined in the Procedural Safeguards Policy.	Ongoing - as complaints occur	▪ ODH staff and/or local Family and Children First Council
2. Monitor resolution of complaint within required timelines.	As outlined in report	▪ ODH staff and/or local Family and Children First Council
3. Monitor activities within complaint report.	As outlined in report	▪ ODH staff and/or local Family and Children First Council

**Revisions, with Justification, to Proposed Targets / Improvement Activities / Timelines / Resources for 2007:**

**Slippage** is a result of the need to reschedule one of the dates for interviews in conducting the investigation with parents and service providers due to inclement weather in northwest Ohio in January 2008. A second findings report was late due to the schedule conflict of county staff to be interviewed for the investigation process. The report findings of three complaints were late due to the internal lead agency protocol that required additional time to obtain department Director's signature. The director assigned additional staff for review of the reports which has added additional days to the process for sign

off by the director. The protocol timeline has subsequently been adjusted to meet the timeline for report to the family within 60 days of the complaint received in writing.

**Improvement Activity: The revised protocol and procedures for an investigation report includes allowing three (3) weeks for approval through ODH approval process.**

**Part C State Annual Performance Report (APR) for 2007:**

**Monitoring Priority: Effective General Supervision Part C / General Supervision**

**Indicator 11:** Percent of fully adjudicated due process hearing requests that were fully adjudicated within the applicable timeline.

(20 U.S.C. 1416(a)(3)(B) and 1442)

**Measurement:** Percent = [(3.2(a) + 3.2(b)) divided by 3.2] times 100.

FFY	Measurable and Rigorous Target
2007	100% of fully adjudicated due process hearing requests are fully adjudicated within the applicable timeline.

**Actual Target Data for 2007:**

ODH received no requests for hearings during this time period.

**Discussion of Improvement Activities Completed and Explanation of Progress or Slippage that occurred for 2007:**

Activities for Indicator 11	Timeline	Resource
1. Initiate administrative hearing procedure as outlined in the Procedural Safeguards Policy.	Within 30 days of receipt of request for administrative hearing (for activities 1-4).	▪ ODH staff
2. Assign Hearing Officer and conduct administrative hearing at date, time and location based on reasonable convenience of the family.	Within 30 days of receipt of request for administrative hearing (for activities 1-4).	▪ ODH staff
3. Assure that family is notified of their rights in the administrative hearing process. The decision of the hearing officer is binding.	Within 30 days of receipt of request for administrative hearing (for activities 1-4).	▪ ODH staff

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4. Monitor for resolution within required timelines.	Within 30 days of receipt of request for administrative hearing (for activities 1-4).	▪ ODH staff
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**Revisions, with Justification, to Proposed Targets / Improvement Activities / Timelines / Resources for 2007:**  
*[If applicable]*

**Part C State Annual Performance Report (APR) for 2007**

**Monitoring Priority: Effective General Supervision Part C / General Supervision**

**Indicator 12:** Percent of hearing requests that went to resolution sessions that were resolved through resolution session settlement agreements (applicable if Part B due process procedures are adopted).

(20 U.S.C. 1416(a)(3)(B) and 1442)

**Measurement:** Percent = (3.1(a) divided by 3.1) times 100.

FFY	Measurable and Rigorous Target
2007	Not applicable - Ohio Part C does not use Part B due process procedures.

**Actual Target Data for 2007: N/A**

**Discussion of Improvement Activities Completed and Explanation of Progress or Slippage that occurred for 2007: N/A**

**Revisions, with Justification, to Proposed Targets / Improvement Activities / Timelines / Resources for 2007: N/A**

*[If applicable]*

Part C State Annual Performance Report (APR) for 2007:

**Monitoring Priority: Effective General Supervision Part C / General Supervision**

**Indicator 13:** Percent of mediations held that resulted in mediation agreements.

(20 U.S.C. 1416(a)(3)(B) and 1442)

**Measurement:** Percent = [(2.1(a)(i) + 2.1(b)(i)) divided by 2.1] times 100.

FFY	Measurable and Rigorous Target
2007	84% of mediations held will result in mediation agreements.

**Actual Target Data for 2007:**

100% of mediations held resulted in mediation agreements. During this period, ODH received two (2) requests for mediation. The mediations resulted in agreements. Both mediations were associated with a due process.

**Discussion of Improvement Activities Completed and Explanation of Progress or Slippage that occurred for 2007:**

Activities for Indicator 13	Timeline	Resource
1. Continue use of protocol for dispute resolution process specific to mediation activities and timelines.	Within 30 days of receipt of request for administrative hearing (for activities 1-3).	▪ ODH staff
2. Assign Mediation Officer and conduct mediation at date, time and location based on reasonable convenience of the family.	Within 30 days of receipt of request for administrative hearing (for activities 1-3).	▪ ODH staff
3. Assure that mediation process and agreement is kept confidential.	Within 30 days of receipt of request for administrative hearing (for activities 1-3).	▪ ODH staff /family/other participants
4. Monitor for implementation of mediation agreement within required timelines.	Within 60 - 90 days following mediation agreement	▪ ODH staff/other participants

**Revisions, with Justification, to Proposed Targets / Improvement Activities / Timelines / Resources for 2007:**

*[If applicable]*

Target of 84% was exceeded. All mediations were held within the 30 day timeline due to the coordination by state and local staff and availability of identified mediator.

**Part C State Annual Performance Report (APR) for 2007:**

**Monitoring Priority: Effective General Supervision Part C / General Supervision**

**Indicator 14:** State reported data (618 and State Performance Plan and Annual Performance Report) are timely and accurate.

(20 U.S.C. 1416(a)(3)(B) and 1442)

**Measurement:** State reported data, including 618 data, State performance plan, and annual performance reports, are:

- a. Submitted on or before due dates (February 1 for child count, including race and ethnicity, settings and November 1 for exiting, personnel, dispute resolution); and
- b. Accurate (describe mechanisms for ensuring error free, consistent, valid and reliable data and evidence that these standards are met).

FFY	Measurable and Rigorous Target
<b>2007</b>	100% of State reported data, including 618 data, State performance plan, and annual performance reports, are: <ul style="list-style-type: none"> <li>a. Submitted on or before due dates (February 1 for child count, including race and ethnicity, settings and November 1 for exiting, personnel, dispute resolution); and</li> <li>b. Accurate (describe mechanisms for ensuring accuracy)</li> </ul>

**Actual Target Data for 2007:**

100 percent - All state reported data were submitted on time and accurately by ODH using the Data Rubric for data applicable to the APR time period (7/1/07 – 6/30/08).

**Discussion of Improvement Activities Completed and Explanation of Progress or Slippage that occurred for 2007:**

Activities for Indicator 14	Timeline	Resource
1. Revise Web Based data system (Early Track). Progress ODH Data and IT staff implemented changes in Early Track to capture compliance data for several indicators	SFY 2006 & ongoing	<ul style="list-style-type: none"> <li>▪ BEIS staff, OMIS staff and vendor</li> <li>▪</li> </ul>
2. Revise Early Track reports. Progress Reports have been developed in ET 3.0 with additional reports continuing to be developed	ongoing	<ul style="list-style-type: none"> <li>▪ BEIS staff, OMIS staff and county input</li> </ul>

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<p>3. Report data to Westat/OSEP by required timelines.</p> <p><b>Progress</b> All reports were submitted timely with accurate data for this time period.</p>	<p>Ongoing</p>	<ul style="list-style-type: none"> <li>▪ BEIS staff, Early Track</li> </ul>
<p>4. Conduct trainings for county staff who manage data in ET 3.0 to focus on various reporting functions that can be used to help local staff monitor their data entry into our system (i.e., accuracy and timeliness).</p> <p><b>Progress</b> Training has been developed &amp; offered to county staff.</p>	<p>Ongoing</p>	<ul style="list-style-type: none"> <li>▪ BEIS staff, Early Track</li> </ul>
<p>5. Implement various data verification strategies with counties</p> <p><b>Progress</b> Verified data related to compliance (i.e., transition, 45 days, Timely receipt of services as well as some demographic data)</p>	<p>Ongoing</p>	<ul style="list-style-type: none"> <li>▪ BEIS staff</li> </ul>

**Revisions, with Justification, to Proposed Targets / Improvement Activities / Timelines / Resources for 2007:**  
*[If applicable]*

## Help Me Grow Family Questionnaire

July 2008

Dear Parent/Caregiver:

Ohio's Help Me Grow Program is interested in your opinion regarding Help Me Grow services. Your family was one selected to help us determine what works with Help Me Grow as well as what improvements you feel could be made through a short questionnaire. Our intent is to assist with program and service improvement efforts at the federal, state, and local levels.

Please take a few minutes and respond to the following questions. After you are done, choose any one (1) of the following methods to let us know your responses.

1. Send Help Me Grow the completed questionnaire in the enclosed self-addressed stamped envelope.
2. Call Help Me Grow directly at 1-800-755-GROW (4769), press zero (0) to request the survey from the operator and provide your responses. Use the ID# at top of the page to identify yourself.
3. Go online to <http://hmg.cmrinc.com/hmgfs08> and complete the questionnaire. Use the ID# found on the questionnaire to identify yourself.

We have indicated a unique ID# on the survey to assist us in looking at responses at both a state and county level. Also, you will need to refer to this number when using option 2 or 3.

This questionnaire should be filled out by the person in your family who has the most interaction with Help Me Grow. All of the responses include the word "we" or "our." This refers to your family. Usually this means parents and others who support and care for your child. But every family is different, so think of what "family" means to you when answering.

All responses are completely confidential. Be assured that at no time will your individual responses be shared with others. All responses will be reported in groupings so that individual responses can not be identified. The report generated by the responses to this questionnaire will be sent to the Office of Special Education Programs at the U.S. Department of Education, other Help Me Grow stakeholders, and at some point in 2008 will be available to view on Ohio's Help Me Grow website: <http://www.ohiohelpmegrow.org>.

If Help Me Grow does not receive a response from you in a few weeks, we will make an effort to call you to see if you would like any assistance in completing the questionnaire. Please remember that your participation is voluntary, and your response is greatly appreciated as you will be helping to improve Ohio's Help Me Grow system. If you have any questions, please feel free to contact Mary Alice Hamnett at (614) 644-8389.

1. To what extent has Help Me Grow helped your family know and understand your rights? For example, your rights include the right to complain if you are dissatisfied with your services or the right to accept some services and decline others.

1	2	3	4	5	6	7
Help Me Grow has done a <b>poor</b> job of helping us know our rights		Help Me Grow has done a <b>fair</b> job of helping us know our rights		Help Me Grow has done a <b>good</b> job of helping us know our rights		Help Me Grow has done an <b>excellent</b> job of helping us know our rights

2. To what extent has Help Me Grow helped your family effectively communicate your child’s needs?

1	2	3	4	5	6	7
Help Me Grow has done a <b>poor</b> job of helping us communicate our child’s needs		Help Me Grow has done a <b>fair</b> job of helping us communicate our child’s needs		Help Me Grow has done a <b>good</b> job of helping us communicate our child’s needs		Help Me Grow has done an <b>excellent</b> job of helping us communicate our child’s needs

3. To what extent has Help Me Grow helped your family be able to help your child develop and learn?

1	2	3	4	5	6	7
Help Me Grow has done a <b>poor</b> job of helping us help our child develop and learn		Help Me Grow has done a <b>fair</b> job of helping us help our child develop and learn		Help Me Grow has done a <b>good</b> job of helping us help our child develop and learn		Help Me Grow has done an <b>excellent</b> job of helping us help our child develop and learn

**4. Families help their children develop and learn. To what extent has Help Me Grow helped you provide an environment in which your child can develop and learn?**

1	2	3	4	5	6	7
Help Me grow has done a <b>poor</b> job in helping us to provide an environment in which our child can develop and learn.		Help Me grow has done a <b>fair</b> job in helping us to provide an environment in which our child can develop and learn.		Help Me grow has done a <b>good</b> job in helping us to provide an environment in which our child can develop and learn.		Help Me grow has done a <b>excellent</b> job in helping us to provide an environment in which our child can develop and learn.

**5. Some children have special health needs, a disability, or are delayed in their development. These are often referred to as “special needs.” How knowledgeable is your family with your child’s special needs?**

1	2	3	4	5	6	7
We understand a <b>little</b> about our child’s special needs		We understand <b>some</b> about our child’s special needs		We understand a <b>good amount</b> about our child’s special needs		We understand a <b>great deal</b> about our child’s special needs

**6. Help Me Grow professionals who work with you and your child want to know if the things they do are working. How often is your family able to tell if your child is making progress?**

1	2	3	4	5	6	7
We <b>seldom</b> can tell if our child is making progress		We <b>sometimes</b> can tell if our child is making progress		We <b>usually</b> can tell if our child is making progress		We <b>almost always</b> can tell if our child is making progress

7. Families of children with special needs have rights. For example, the right to complain if you are dissatisfied with your services or the right to accept some services and decline others. How familiar is your family with your rights?

1	2	3	4	5	6	7
We are <b>a little</b> familiar with our rights.		We are <b>somewhat</b> familiar with our rights		We are <b>generally</b> familiar with our rights		We are <b>very</b> familiar with our rights

8. Help Me Grow provides families procedures that should be taken should the family want to file a complaint. Are you aware of these procedures?

1. Yes
2. No
3. I don't understand this question.
4. I don't remember.

9. Families meet with Help Me Grow professionals to plan services or activities. How comfortable is your family participating in these meetings?

1	2	3	4	5	6	7
We are <b>not very</b> comfortable participating in meetings		We are <b>somewhat</b> comfortable participating in meetings		We are <b>generally</b> comfortable participating in meetings		We are <b>very</b> comfortable participating in meetings

10. Have you participated in the development of a plan for your family while participating in the Help Me Grow Program, known within the program as an IFSP?

5. Yes
6. No
7. I don't understand this question.
8. I don't remember.

11. Part of the purpose of Help Me Grow is to connect your family with the variety of programs and services available in your community that may be suited to your family’s needs. How effective has Help Me Grow been in making your family aware of programs and services that are available?

1	2	3	4	5	6	7
Help Me grow has done a <b>poor</b> job in making our family aware of programs and services that are available.		Help Me grow has done a <b>fair</b> job in making our family aware of programs and services that are available.		Help Me grow has done a <b>good</b> job in making our family aware of programs and services that are available.		Help Me grow has done an <b>excellent</b> job in making our family aware of programs and services that are available.

12. Families of children with special needs often find it helpful to connect with other families in similar situations. To what extent has Help Me Grow helped you find opportunities to meet and interact with families who have had experiences and concerns similar to yours?

1	2	3	4	5	6	7
Help Me grow has done a <b>poor</b> job of connecting our family with other families in similar situations.		Help Me grow has done a <b>fair</b> job of connecting our family with other families in similar situations.		Help Me grow has done a <b>good</b> job of connecting our family with other families in similar situations.		Help Me grow has done an <b>excellent</b> job of connecting our family with other families in similar situations.

**13. All children need medical care. How would you describe the medical care you have for your child right now?**

1	2	3	4	5	6	7
We <b>do not</b> have the medical care we want for our child		We have <b>some</b> medical care, but still have a long way to go before it is what we want		We have <b>good</b> medical care for our child		We have <b>excellent</b> medical care for our child

**14. Many families have a need for quality childcare. By this, we do not mean occasional babysitting, but regular childcare, either part-day or full-day. How would you describe the childcare you have for your child right now?**

Check here if this question does not apply because your family is not interested in child care at this time

1	2	3	4	5	6	7
We <b>do not</b> have the childcare we want		We have <b>some</b> childcare, but still have a long way to go before it is what we want		We have <b>good</b> childcare for our child		We have <b>excellent</b> childcare for our child

15. Families sometimes must rely on other people for help when they need it, for example to provide a ride, run an errand, or watch their child for a short period of time. How often does your family have someone you can rely on for help when your family needs it?

1	2	3	4	5	6	7
We <b>seldom</b> have someone we can rely on for help when we need it		We <b>sometimes</b> have someone we can rely on for help when we need it		We <b>usually</b> have someone we can rely on for help when we need it		We <b>almost always</b> have someone we can rely on for help when we need it

16. Many people feel that talking with another person helps them deal with problems or celebrate when good things happen. How often does your family have someone your family trusts to listen and talk with when they need it?

1	2	3	4	5	6	7
We <b>seldom</b> have someone to talk with about things when we need it		We <b>sometimes</b> have someone to talk with about things when we need it		We <b>usually</b> have someone to talk with about things when we need it		We <b>almost always</b> have someone to talk with about things when we need it

17. To what extent do Help Me Grow professionals who worked with your family to plan services or activities treat you with respect?

1	2	3	4	5	6	7
We are generally treated with <b>little or no</b> respect		We are generally treated with <b>some</b> respect		We are generally treated with a <b>good amount of</b> respect		We are generally treated with a <b>great deal of</b> respect

**18. Since your family first entered the program, about how often have you received visits from Help Me Grow professionals in your home?**

1. Never or almost never
2. Two or three times a year
3. Once every couple of months
4. Once a month
5. Two or three times a month
6. About once a week
7. More than once a week
8. I don't understand this question.
9. I don't remember

**19. Over all, how satisfied are you with the Help Me Grow Program?**

1	2	3	4	5
Very unsatisfied	Unsatisfied	Both Satisfied and Unsatisfied	Satisfied	Very Satisfied

**Thank you for completing this questionnaire.**

Please send questionnaire to Help Me Grow by one (1) of the following methods:

1. Send the Help Me Grow completed questionnaire in the enclosed self-addressed stamped envelope to:  
Ohio Department of Health  
Help Me Grow  
Attn: Survey Results  
246 North High Street  
Columbus, OH 43215
2. Call Help Me Grow directly at 1-800-755-GROW (4769), press zero (0) to request the survey from the operator and provide your responses.
3. Go online to [www.callogistix.com/hmgfs07](http://www.callogistix.com/hmgfs07) and complete the questionnaire.

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