

OHIO's PART C

Revised State Performance Plan (SPP)

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



February 2009

Part C State Performance Plan (SPP) for 2005-2010

Overview of the State Performance Plan Development:

In 2005, the Ohio Department of Health, the lead agency for Early Intervention (EI) in Ohio gathered and analyzed all available data for the development of the six (6) year State Performance Plan (SPP). The Bureau of Early Intervention Services staff, led by the data team gathered the following data for inclusion in the SPP: monitoring data, complaint data and 618 data for the Early Tack data collection system. The data team took the lead on analyzing and presenting the data to the SPP Workgroup. The SPP Workgroup included the co-chairs from the Help Me Grow (HMG) Advisory Council, committee co-chairs which includes a parent as co-chair of each committee, local providers and other state agency personnel. The SPP Workgroup met on three occasions to review and discuss the data; assist the Department in examining the baseline data, setting targets for certain indicators; and developing improvement activities/strategies. The draft SPP was sent electronically to the full HMG Advisory Council. A meeting was held for the full HMG Advisory Council to review the document and make any suggestions for changes. The final SPP includes the suggested changes.

In 2007, ODH entered into a Compliance Agreement with the Office of Special Education Programs (OSEP) regarding indicators 1, 7, 8A, 8C & 9. OSEP has requested that ODH revise its baseline data in the SPP to reflect new baseline data reported by ODH to OSEP during the course of the Compliance Agreement. Those changes, plus changes made over the past two years, are now incorporated into one revised SPP.

Once OSEP approves the revised SPP, it will be sent to the Help Me Grow Advisory Council members. It will also be posted on the ohiohelpmegrow.org website so that our local partners, stakeholders, families and other interested parties can review our updated SPP on line.

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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.

Overview of Issue/Description of System or Process:

This indicator is supported by the following policy statements and procedures:

The revised **Individualized Family Service Plan (IFSP)** policy states: “The review of the IFSP for the child and family shall be conducted at least every 180 calendar days, or sooner, upon request of the family or IFSP team member. All IFSP reviews shall utilize progress and/or ongoing assessment information from the child’s parents and service providers to determine what services are needed, what services will be provided, and whether modification is needed. If the measurable outcomes identified are not achieved, then the strategies or service may need to be modified.”

The **Service Coordination policy** was not revised. The current policy states “In partnership with families, the Service Coordinator is responsible for the following duties...Facilitate and participate in the development, implementation, review and monitoring of the IFSP and its timelines;...identify specialized services and other providers; provide choices to families by identifying all service provider options”;...and, to “coordinate and monitor the delivery of services”; including “coordinate transition to other programs and services.”

Ohio’s system of early intervention services depends on the Service Coordinator to assure that children/families are receiving the services as listed on their IFSP. The revised IFSP policy now contains the definition of timely services.

The Service Coordinator credentialing process began in November 2004. To date, ODH has certified over 1,000 Service Coordinators in the state. The Comprehensive System of Personnel Development (CSPD) committee plans to pilot the credentialing of HMG program clinical supervisors in FFY 2006.

Ohio implemented a new EI System of Payment in July 2006, the process includes the recruitment of EI specialized service providers. Providers are required to complete an application process, fulfill criteria developed by the Department and sign an agreement. A new EI System of Payment policy was developed. A list of approved EI providers has been published and updated periodically and distributed statewide. The Department continues to recruit new providers and is exploring ways to streamline the provider recruitment process with the Bureau of Children with Medical Handicaps (BCMh), Ohio’s Title V program.

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Baseline Data for FFY 2004 (2004-2005): (revised per OSEP with Compliance Agreement data)

This indicator is included in the Compliance Agreement.

72% - Based on 728 records out of 1006, all new services listed on the IFSPs for all children with a Part C eligibility in 2006 were delivered in a timely manner. The 728 records counted as being timely includes 68 that were late due to documented extraordinary family circumstances.

Noncompliant services are deemed as such for the following reasons:

- 7% for program staff oversight/error
- 8% for program staff scheduling issues
- 13% for service unavailable within 30 days due to a waitlist
- 10% for specialized service unavailable
- 63% are considered noncompliant due to insufficient documentation to support a service start date or an acceptable reason for noncompliance.

Discussion of Baseline Data:

ODH acquired its baseline data by using its web-based data system, Early Track, and counties inquiries to ascertain what IFSP had new services and then determine if those services began in a timely manner.

FFY	Measurable and Rigorous Target
2005 (2005-2006)	100% of infants and toddlers with IFSPs will receive the early intervention services on their IFSPs in a timely manner.
2006 (2006-2007)	100% of infants and toddlers with IFSPs will receive the early intervention services on their IFSPs in a timely manner.
2007 (2007-2008)	100% of infants and toddlers with IFSPs will receive the early intervention services on their IFSPs in a timely manner.
2008 (2008-2009)	100% of infants and toddlers with IFSPs will receive the early intervention services on their IFSPs in a timely manner.
2009 (2009-2010)	100% of infants and toddlers with IFSPs will receive the early intervention services on their IFSPs in a timely manner.
2010 (2010-2011)	100% of infants and toddlers with IFSPs will receive the early intervention services on their IFSPs in a timely manner.

Improvement Activities/Timelines/Resources:

The work plan in the Compliance Agreement includes activities to address this indicator. Below is a description of additional activities Ohio plans to complete to fulfill the data reporting requirement for this indicator.

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.

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.

Overview of Issue/Description of System or Process:

Early Intervention services in natural environments are supported through the **IFSP policy** by the following procedure statements: "Identification of services in everyday routines, activities and places (natural environments) in which each service will be provided; and ...Justification for HMG services that cannot be achieved in everyday routines, activities and places section must be completed for each service type that will not be provided in a natural environment."

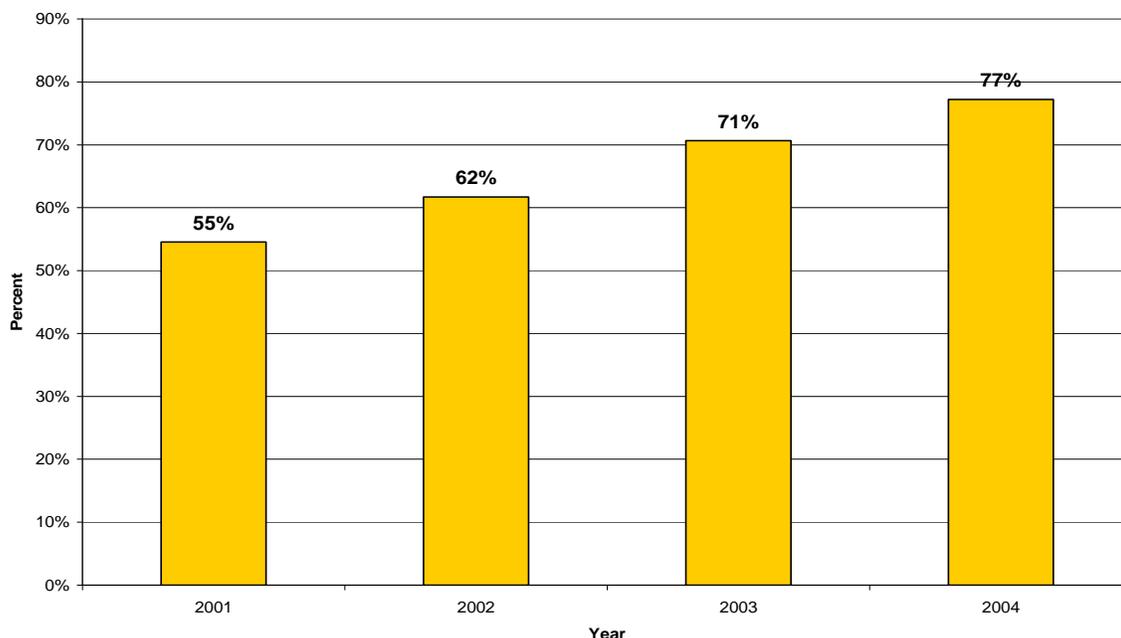
The major service provider of EI services in Ohio are the county boards of mental retardation and developmental disabilities. Many county boards have developed early childhood centers where services are provided for typically developing children, childcare, Head Start, and children with developmental delays and disabilities. Through Help Me Grow, many services are offered in the home and through the county board early childhood centers. Guidance has been provided to county programs on how to code the setting in the ET data collection system.

The guidance OSEP provided at the data managers meeting regarding what constitutes a natural environment will be integrated into the data definitions for the Early Track data collection system.

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

Baseline Data for FFY 2004 (2004-2005):

Percent of Children with IFSPs who primarily receive services in Home / Inclusive Settings



Discussion of Baseline Data:

The data for this indicator was captured via the Early Track (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 their services. The Service Coordinators determine the primary location by reviewing what is documented on the IFSP as the location for each EI service. It should be noted the data reported here was run on August 29, 2005 and may differ from original 618 data submissions because Early Track is a “live” data system.

The percentages were calculated by (1) adding all the 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 of services located in all locations.

Beginning in 2006, the data will be captured via the updated Early Track system in which Service Coordinators will record the frequency, intensity, and setting of each Early Intervention Service. Early Track will calculate the primary service location based on that data.

FFY	Measurable and Rigorous Target
2005 (2005-2006)	77% of infants and toddlers with IFSPs will primarily receive early intervention services in the home or in programs for typically developing children.
2006 (2006-2007)	78% of infants and toddlers with IFSPs will primarily receive early intervention services in the home or in programs for typically developing children.

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2007 (2007-2008)	79% of infants and toddlers with IFSPs will primarily receive early intervention services in the home or in programs for typically developing children.
2008 (2008-2009)	80% of infants and toddlers with IFSPs will primarily receive early intervention services in the home or in programs for typically developing children.
2009 (2009-2010)	81% of infants and toddlers with IFSPs will primarily receive early intervention services in the home or in programs for typically developing children.
2010 (2010-2011)	82% of infants and toddlers with IFSPs will primarily receive early intervention services in the home or in programs for typically developing children.

Improvement Activities/Timelines/Resources:

Activities for Indicator 2	Timeline	Resource
1. Collect, compile, and analyze information on barriers to Everyday Routines, Activities, and Places (ERAP) and successes to implementing ERAP.	SFY 2007	<ul style="list-style-type: none"> ▪ State survey data and other state information
2. 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.	SFY 2008	<ul style="list-style-type: none"> ▪ Data from state survey and other state information
3. The Ohio Department of Health (ODH), Ohio Department of Mental Retardation and Developmental Disabilities (ODMRDD), Ohio Department of Job and Family Services (ODJFS), and Ohio Department of Education (ODE) will develop a plan of action for Part C specialized services in ERAP for the state of Ohio utilizing all available funding.	SFY 2010	<ul style="list-style-type: none"> ▪ All providers of specialized and related services, Ohio Childcare Initiatives, ODE Professional Development System
4. Change Medicaid state plan to help finance early intervention services in non-Medicaid settings (e.g., home, daycare, community settings).	SFY 2008	<ul style="list-style-type: none"> ▪ ODJFS, ODH, Governor's Office, State System of Payment Task Force
5. Identify providers of specialized and related services and utilize them for ERAP services	SFY 2007	<ul style="list-style-type: none"> ▪ ODH, County Boards of MRDD, Bureau for Children with Medical Handicaps (BCMh), ODE, private providers
6. Capture and report justification data of the percent of children not receiving services in ERAP.	SFY 2008	<ul style="list-style-type: none"> ▪ Early Track version 3.0, monitoring activities

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Activities for Indicator 2	Timeline	Resource
7. Work with licensing boards to explore ways to promote ERAP and transdisciplinary approach for specialized services.	SFY 2009	▪ ODH, Professional Licensing Boards

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

<p>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.</p> <p>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.</p> <p>If a + b + c + d + e does not sum to 100%, explain the difference.</p> <p>C. Use of appropriate behaviors to meet their needs:</p> <p>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.</p> <p>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.</p> <p>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.</p> <p>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.</p> <p>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.</p> <p>If a + b + c + d + e does not sum to 100%, explain the difference.</p>
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Overview of Issue/Description of System or Process:

The plan to capture child outcomes submitted in last year’s State Performance Plan (SPP) was revised in 2006 after further consideration of the initial plan. The major change was to use a modified version of the Early Childhood Outcomes (ECO) Center’s Child Outcome Summary Form (COSF) rather than capturing individual data points from the various assessment tools by the Part C providers in Ohio.

Description of the outcome measurement system for the state

The outcome measurement system for Ohio includes:

- Policies and procedures to guide outcome assessment and measurement practices;
- Provisions of training and technical assistance supports regarding outcome data collection, reporting, and use;
- Quality assurance and monitoring procedures to ensure the accuracy and completeness of the outcome data; and
- Data system elements for outcome data input and maintenance and outcome data analysis functions.

Policies and procedures to guide outcome assessment and measurement practices

The Developmental Evaluation and Assessment to Determine Eligibility for Part C Services policy for the time period of the data collected for the 2005 APR did not change. However, the policy was

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changed December 1, 2006 with an effective date of July 1, 2007 to specify that the following tools must be used to determine eligibility: Assessment, Evaluation, & Programming System (AEPS), Hawaii Early Learning Profile (HELP) birth to three checklist/Strands, Early Learning Accomplishment Profile (ELAP), Battelle Developmental Inventory, and the Bayley Scales of Infant Development.

The Data Collection, Data Management and Reporting policy was changed in a variety of ways including the provision that data must be entered into Early Track within 30 days of the occurrence.

Provisions of training and technical assistance supports regarding outcome data collection, reporting, and use

The Ohio Department of Health (ODH) contracted with Indiana University (IU) to assist ODH with the development of a modified COSF and the implementation of the Child Outcomes data gathering process. ODH staff and IU staff trained service coordinators in the 17 counties of Phase 1 of the Child Outcomes data gathering process. Also in attendance at these trainings were early intervention specialists, clinical supervisors and project directors. Staff was trained on how to use the ECO's COSF in gathering child outcome data. The training materials supplied by ECO were modified for Ohio's purposes and used at each training. After the trainings, ODH staff responded to questions posed by county staff regarding the use of the COSF.

ODH has also been training county staff (i.e., service coordinators, clinical supervisors) on the developmental evaluation process. In CY 2006, 10 trainings were conducted.

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

ODH staff, on a biweekly to monthly basis, sent to county project directors a list of children for whom a COSF was due. Upon receiving completed COSFs, ODH staff reviewed the form for completeness. ODH staff communicated with counties regarding incomplete and needed corrections.

Data system elements for outcome data input and maintenance and outcome data analysis functions

ODH anticipates adding the COSF to Early Track sometime towards the end of CY 2007. This addition will allow county personnel to enter the data directly into the ODH data system. They will then be able to print out the COSF for the child's records as well as to distribute to other members of the child's team.

Another added benefit is that ODH will be able to build in various data validation parameters (e.g., date of COSF cannot be before child's date of birth, the page will not save unless all required items are completed).

Another advantage of adding the COSF to our web-based system is that ODH will produce canned reports in the data system that county staff will be able to use to track the completion of COSFs as well as plan for when the next COSFs are due.

Baseline Data for FFY 2004 (2004-2005):

Ohio collected data for this reporting period from the Phase 1 counties for children who entered Part C between April 1, 2006 through September 30, 2006 as instructed on page 9 of the *Part C State Performance Plan (SPP) Questions and Answers revised 11/16/05* from OSEP.

Calculation of Number of Children for Whom COSFs Were Due & Analyzed

Adjustments	Mathematical Action	Running Total
Children had an Initial Part C Eligibility Date between April 1, 2006 – September 30, 2006 in the 17 Phase 1 counties.		1,167
Children who exited before receiving 6 months of Part C Services.	subtract	-74

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Children who entered Part C within 6 months of their 3 rd Birthday.	subtract	-98
Subtotal: Children for whom entry ratings should be collected.	Subtotal	995
Children who entered Part C prior to being 6 months old and had not yet had an IFSP Review on/after being at least 6 months of age.	subtract	-257
COSFs received that were duplicates or for At Risk children	Add	+22
Subtotal: Children for whom COSFs were received.	Subtotal	760
COSF rejected due to missing data fields	subtract	-68
COSFs rejected because they were un-identifiable due to incorrect data fields.	subtract	-98
Subtotal: Children for whom 594 COSFs were received, identified, and analyzed.	Subtotal	594
COSFs not included due to completion prior to a child being 6 months of age, or completed without the development of an IFSP.	subtract	-43
TOTAL COSFS ANALYZED		551

Results of Analyses of Child Outcome Data

1. Positive social-emotional skills (including social relationships)

Item	Percentage	Number
The percent of children functioning at a level comparable to same aged peers	39%	215
The percent of children functioning at a level below same aged peers	61%	336
TOTAL	100%	551

2. Acquisition and use of knowledge and skills (including early language/ communication)

Item	Percentage	Number
The percent of children functioning at a level comparable to same aged peers	27%	151
The percent of children functioning at a level below same aged peers	73%	400
TOTAL	100%	551

3. Use of appropriate behaviors to meet their needs.

Item	Percentage	Number
The percent of children functioning at a level comparable to same aged peers	29%	159
The percent of children functioning at a level below same aged peers	71%	392
TOTAL	100%	551

Describe criteria used to determine whether a child's functioning was comparable

Ohio is using an adapted ECO Child Outcome Summary Form which means that the criteria for defining "comparable to same-aged peers" is defined as a child who scores a 6 or 7 on the COSF.

Measurement Strategies

Who will be included in the measurement, i.e., what population of children?

The population for Phase 1 was all children with IFSPs,

- who are younger than 30 months of age when the first evaluation/assessment is completed
- Children younger than 6 months olds will not have COSF data collected until their first IFSP after they are 6 months old

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- Children must have been in Part C for at least 6 months before Exiting for additional follow up ratings

What assessments/evaluation tools and/or other data sources will be used?

As was mentioned earlier, the ODH, in revising its Developmental Evaluation and Assessment to Determine Eligibility for Part C Services policy, specified that the following tools must be used for eligibility determination: Assessment, Evaluation, & Programming System (AEPS), Hawaii Early Learning Profile (HELP) birth to three checklist/Strands, Early Learning Accomplishment Profile (ELAP), Battelle Developmental Inventory, and the Bayley Scales of Infant Development.

In the data gathered for this reporting period, the following tools were reported by county staff:

Evaluation/Assessment Tool	Number of COSFs
Hawaii Early Learning Profile (HELP) birth to three checklist/Strands,	396
Early Learning Accomplishment Profile (ELAP),	100
Bayley Scales of Infant Development	10
Battelle Developmental Inventory	2
Assessment, Evaluation, & Programming System (AEPS),	0
Other	139
Total	647 ^{1,2}

¹ 19 children's COSFs had no Evaluation/Assessment tool listed – this section was either blank or only had screenings &/or diagnosed medical conditions listed.
² Service Coordinators were instructed to indicate all appropriate tools used to help determine a child's COSF Rating. Therefore more than 1 Tool could have been selected and was for 86 COSFs.

Service coordinators are the staff responsible for completing the COSF. They have been trained to gather information from staff who performs the evaluation / assessment, clinicians and early intervention specialists who work with the children, and family members. The rationale for gathering data from these other members of the IFSP team is that these individuals work with the child and can provide invaluable input as to the functioning of the child.

If multiple data sources are used, what method will be used to summarize the data for each child?

The adapted ECO Child Outcome Summary form will be used to summarize the data.

If multiple data sources are used, how will the summary process be carried out?

The service coordinator is responsible for gathering this data and then recording it on the COSF. The Service Coordinator should consult the IFSP team members when determining what rating to give to the child for each outcome area.

Who will conduct the evaluations/assessment?

The evaluations/assessments will be completed by early intervention specialists, service coordinators and other clinicians.

When will the measurement occur?

The first Child Outcome Summary form will be completed within 30 days of the child's initial IFSP, if the child is older than 6 months at the time of IFSP development. If the child is younger than 6 months, the first COSF will be completed within 30 days of the child's first IFSP on/after 6 months of age.

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Subsequent COSFs will be completed within 30 days of each annual IFSP as well as when the child exits Help Me Grow.

Who will report data to whom, in what form, and how often?

Service Coordinators are responsible for gathering and recording the data on the COSF. They are to consult with other members of the IFSP team as well as provide parent input on the progress of the child's functioning. Currently a paper form is used. After the paper COSF is completed, the form is sent to ODH for data entry into SPSS. ODH intends to add the COSF to its web-based data system, Early Track in 2007 so that county staff can input the data electronically. This enhancement eliminates the need for the hard copy form at the local level and allows ODH to access the data electronically, thereby eliminating ODH data entry.

How will the data from the assessments or a summary method be analyzed to determine the numbers of children in each of the 5 reporting categories?

ODH will use the method recommended by ECO. See below:

Reporting Category	Using ECO's COSF
1. % of children who do not improve functioning	Children who are scored lower at exit than entry (or are scored a 1 at both entry and exit) and received a "no" on question b at exit
2. % of children who improved functioning but not sufficient to move nearer to functioning comparable to same-aged peers	Children who are scored a 5 or lower at entry, scored the same or lower at exit, and received a "yes" on question b at exit
3. % of children who improved functioning to a level nearer to same aged peers but did not reach it	Children who are scored higher at exit than entry but did not reach 6 or 7
4. % of children who improved functioning to reach a level comparable to same-aged peers	Children who are scored 5 or lower at entry and a 6 or 7 at exit
5. % of children who maintained functioning at a level comparable to same-aged peers	Children who are scored a 6 or 7 at both entry and exit

Profile of the Sample

Table 1 lists the counties included in Phase 1. The counties chosen for Phase 1 make up a representative sample of the Part C population in Ohio. The tables below examine how the Part C population of the 17 counties and demographic characteristics of the respondents compare to the demographic characteristics of the Part C population in Ohio.

The 17 counties chosen for Phase 1 of the Child Outcomes data gathering process represent 25% of Ohio's population (statewide population is 11,353,140 and the 17 counties in phase 1 is 2,790,760 per the 2000 US Census)

The 17 counties chosen for Phase 1 of the Child Outcomes data gathering process represent 24% of Ohio's zero to three population (statewide zero to three population is 440,192 and the 17 counties in phase 1 is 105,013 per the 2005 estimate found at [Office of Juvenile Justice and Delinquency Prevention](http://www.ojjdp.ncjrs.gov/ojstatbb/ezapop/), Easy Access to Juvenile Populations Puzzanhera, C., Finnegan, T. and Kang, W. (2006). "Easy Access to Juvenile Populations" Online. Available: <http://www.ojjdp.ncjrs.gov/ojstatbb/ezapop/> .

The Child Outcome 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. Counties with small "Ns" will have their data suppressed.

Number of Child Outcomes Summary Forms by County

COUNTY	# of COSFs	COUNTY	# of COSFs	COUNTY	# of COSFs
Greene	44	Lake	12	Scioto	11

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Guernsey	9	Licking	26	Shelby	17
Hamilton	214	Logan	12	Summit	77
Hocking	7	Madison	15	Trumbull	18
Jackson	2	Medina	61	Wood	13
Knox	7	Morgan	6	Total	551

Demographic Description of Part C Population in Phase 1 Counties

The following tables compare the Phase 1 counties to the rest of the Ohio's Part C Population

County	County Type	Population (using 2000 US Census)	Zero to Three Population (using 2005 Easy Access to Juvenile Populations)	Population Category
Greene	Suburban	147,886	5,290	B. 100,00 – 250,000
Guernsey	Rural, Appalachian	40,792	1,538	D. 10,000 – 50,000
Hamilton	Metropolitan	845,303	34,735	A. 250,000 +
Hocking	Rural, Appalachian	28,241	1,049	D. 10,000 – 50,000
Jackson	Rural, Appalachian	32,641	1,226	D. 10,000 – 50,000
Knox	Rural, Non-Appalachian	54,500	2,069	C. 50,000 – 100,000
Lake	Suburban	227,511	7,546	B. 100,00 – 250,000
Licking	Suburban	145,491	5,995	B. 100,00 – 250,000
Logan	Rural, Non-Appalachian	46,005	1,842	D. 10,000 – 50,000
Madison	Suburban	40,213	1,435	D. 10,000 – 50,000
Medina	Suburban	151,095	5,915	B. 100,00 – 250,000
Morgan	Rural, Appalachian	14,897	544	D. 10,000 – 50,000
Scioto	Rural, Appalachian	79,195	544	C. 50,000 – 100,000
Shelby	Rural, Non-Appalachian	47,910	2,888	D. 10,000 – 50,000
Summit	Metropolitan	542,899	2,211	A. 250,000 +
Trumbull	Suburban	225,116	19,642	B. 100,00 – 250,000
Wood	Suburban	121,065	7,236	B. 100,00 – 250,000

Comparison of Phase 1 Counties to State by Population Size				
Population	Statewide (in counties)		Phase 1 Counties	
	Percentage	Number	Number	Percentage
250,000 +	11%	10	12%	2
100,000 – 250,000	19%	17	35%	6
50,000 – 100,000	24%	21	12%	2
10,000 – 50,000	46%	40	41%	7
TOTAL	100%	88	100%	17

Comparison of Phase 1 Counties to State by County Type				
County Type	Statewide (in counties)		Phase 1 Counties	
	Percentage	Number	Percentage	Number
Metropolitan	14%	12	12%	2

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Suburban	19%	17	41%	7
Rural, Non-Appalachian	34%	30	18%	3
Rural, Appalachian	33%	29	29%	5
TOTAL	100%	88	100%	17

Table 4						
Comparison of Phase 1 Counties to State by Sex						
Sex	Statewide Using SFY2005 Part C Data		Phase 1 Counties Using SFY2005 Data		Phase 1 Counties Using Actual Children from Data Collection	
	Percentage	Number	Percentage	Number	Percentage	Number
Male	58%	4984	58%	1158	59%	327
Female	42%	3544	42%	821	41%	224
TOTAL	100%	8528	100%	1979	100%	551

Table 5						
Comparison of Phase 1 Counties to State by Age						
Age	Statewide Using SFY2005 Part C Data		Phase 1 Counties Using SFY2005 Data		Phase 1 Counties Using Actual Children from Data Collection	
	Percentage	Number	Percentage	Number	Percentage	Number
0 to 1 year	59%	5011	56%	1111	31%	168
1 to 2 years	29%	2499	33%	642	41%	227
2 to 3 years	12%	1018	11%	226	28%	156
TOTAL	100%	8528	100%	1979	100%	551

Table 6						
Comparison of Phase 1 Counties to State by Race						
Race	Statewide Using SFY2005 Part C Data		Phase 1 Counties Using SFY2005 Data		Phase 1 Counties Using Actual Children from Data Collection	
	Percentage	Number	Percentage	Number	Percentage	Number
American Indian or Alaska Native	0.4%	31	0.3%	6	0.9%	5
Asian or other Pacific Islander	1.5%	131	1.8%	35	3.1%	17
Black or African American	21.8%	1863	21.4%	424	23.0%	127
White	76.3%	6503	76.5%	1514	73.0%	402
Total	100.0%	8528	100.0%	1979	100.0%	551

Table 7			
Comparison of Phase 1 Counties to State by Reason for Part C Eligibility			
Reason for Part C Eligibility	Statewide Using SFY2005 Part C Data	Phase 1 Counties Using SFY2005 Data	Phase 1 Counties Using Actual Children from Data Collection

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	Percentage	Number	Percentage	Number	Percentage	Number
Developmental delay only	57%	4896	56%	1116	70%	383
Diagnosed physical or mental condition only	25%	2119	30%	603	21%	117
Developmental delay & Diagnosed physical or mental condition	16%	1359	12%	229	8%	44
Not Reported	2%	154	2%	31	1%	7
TOTAL	100%	8528	100%	1979	100%	551

Analysis of Representativeness of Sample

The sample and actual COSFs included in this document fairly represents the Ohio's Part C population in terms of sex and race. An examination of the age ranges indicates a discrepancy between the population and the actual respondents. This discrepancy is explained by the decision to not include children younger than 6 months old in the child outcome process. Eliminating these children, decreases the percentage of children in the 0 to 1 year category and increases the older age categories.

Tables 1 and 2 reflect population size of the counties. The sample included more suburban counties (and counties in the population range of 100,000 to 250,000) than is seen statewide. In addition to choosing counties based on the representativeness of their counties, other factors were taken into account such as counties abilities to perform the evaluation / assessment process effectively.

Further investigation needs to occur to explain why the type of Part C (Table 7) child differed between the profile of the county and the COSFs included in this analysis. One possible explanation is that the new data system forces counties to specify the types of delays and diagnosed medical conditions whereas the former system did not. This more specific data may be providing more accurate data.

2005 (2005-2006)	New indicator; targets will be established once baseline data are available.
2006 (2006-2007)	New indicator; targets will be established once baseline data are available.
2007 (2007-2008)	New indicator; targets will be established once baseline data are available.
2008 (2008-2009)	New indicator; targets will be established once baseline data are available.
2009 (2009-2010)	New indicator; targets will be established once baseline data are available.
2010 (2010-2011)	New indicator; targets will be established once baseline data are available.
2005 (2005-2006)	New indicator; targets will be established once baseline data are available.

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Improvement Activities/Timelines/Resources:

As Ohio rolls the Child Outcomes process to the rest of the state, staff from ODH will train the service coordinators, clinical supervisors, early intervention specialist, and project directors of each county. ODH will also provide an ongoing training on the Child Outcomes process for new staff and any staff who need a refresher. ODH is looking into making a DVD of the training and then distributing copies of the DVD to county staff as well as posting COSF training materials on the Help Me Grow website.

ODH has several plans for insuring the quality of the Child Outcomes data. One item is that ODH staff intends to randomly select names of children and then have county staff send in documentation to support the ratings on the COSF. ODH will continue to send counties the names of children for whom COSFs are due until such a report can be generated in Early Track. Once that report is generated, ODH will use that report to monitor the county submission of COSF data.

ODH plans to roll out the Child Outcomes process to the rest of Ohio beginning in March – April 2007. The plan is to train staff as was done in Phase 1 on collecting the Child Outcomes data by regions (i.e., central Ohio, northeast Ohio, northwest Ohio, southeast Ohio, and southwest Ohio). ODH would like to have this training completed by the end of 2007. This regional approach will reduce the amount of traveling ODH staff will need to incur. Once a county is trained, it is expected that all applicable children will have Child Outcome data gathered and reported to ODH. Counties in Phase 1 will continue to report on their children as additional counties are brought online and so on.

ODH is looking into a variety of methods to provide training to county staff after this initial training session. Some of the methods under consideration are distributing a DVD of the training, offering a live training once a month, training via the Help Me Grow website.

Sampling Plan

The Ohio Department of Health intends to roll out the Child Outcomes data collection to the rest of the counties in Ohio beginning in March / April 2007. ODH staff will train county staff using the COSF training developed for Phase 1. The training will occur regionally (i.e., ODH staff will train all applicable county staff in the northeast region, then train staff in the northwest region and so on). Each region has counties that compose a representative sample of the state (i.e., county size and type, race, reason for Part C eligibility, age at eligibility). The intention is to complete this training by December 2007.

After county staff is trained, they will begin reporting the Child Outcomes to ODH on all applicable children (i.e., Part C eligible, over 6 months old, less than 30 months old when become Part C eligible and for time 2, participated in Help Me Grow Part C at least 6 months.). After all counties are trained, Ohio will be gathering entry and exit (if applicable) Child Outcomes data on all Part C children in Ohio.

Activities for Indicator 3	Timeline	Resource
1. <u>Train rest of counties</u>	<u>CY2008</u>	<u>ODH staff</u>
2. <u>Develop DVD or on line training fro new staff & refresher for staff already trained</u>	<u>CY2008</u>	<u>ODH staff</u>
3. <u>Move COSF to web-based data system</u>	<u>CY2008</u>	<u>ODH staff, including IT staff</u>

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Activities for Indicator 3	Timeline	Resource
4. <u>QA on data to ensure accuracy & completeness. Support county administrators in reviewing random samples of COSFs for quality & completeness.</u>	<u>CY2008 & ongoing</u>	<u>ODH staff, county administrators, HMG Advisory Council Evaluation subcommittee</u>
5. <u>Analyze data summaries to look for discrepancies by county, service agency, service coordinator</u>	<u>CY2008 & ongoing</u>	<u>ODH staff, county administrators</u>

Part C State Performance Plan (SPP) for 2005-2010

(The following items are to be completed for each monitoring priority/indicator.)

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.

Overview of Issue/Description of System or Process:

Baseline Data for FFY 2004 (2004-2005):

New Indicator – target was not established for 2005

Discussion of Baseline Data:

Percentage	Indicator
91%	Percent of families participating in Part C who report that early intervention services have helped families know their rights .
91%	Percent of families participating in Part C who report that early intervention services have helped families effectively communicate their children's needs .
91%	Percent of families participating in Part C who report that early intervention services have helped families help their children develop and learn .

Calculations:

Know their rights: 1,397 respondent families participating in Part C report that early intervention services helped them know their rights divided by 1,543 respondent families participating in Part C times 100.

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Effectively communicate their children's needs: 1,410 respondent families participating in Part C report that early intervention services helped them effectively communicate their children's needs divided by 1,543 respondent families participating in Part C times 100.

Help their children develop and learn: 1,397 respondent families participating in Part C report that early intervention services helped family help their children develop and learn divided by 1,543 respondent families participating in Part C times 100.

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

The questionnaire and instructions were printed. In the instructions, families were given three options to respond to the questionnaire:

- Complete the hard copy questionnaire and return it to The Ohio Department of Health.
- Complete the questionnaire on the Helpline website. They had 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 within 10 business days were called by the Helpline staff. This includes families who returned a written questionnaire that did not have an ETID. The script read by the Helpline staff stated that the family may have already responded to the questionnaire but were asked to take a few minutes to respond over the phone. Families whose ETID was printed on the questionnaire and who returned the questionnaire were not contacted via phone by the Helpline staff.

6,482 Family Questionnaires were mailed to Parents/Caregivers who were randomly selected by county for all 88 counties. Families were randomly selected using the following sampling frame. Data was extracted from Early Track which listed primary parents/caregivers for children who were receiving Part C services during the month of June 2006. That is, they had a Part C eligibility date

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before June 30, 2006 and if they had an Exit Date it was after June 1, 2006. A total of 11,565 different parents/caregivers fit these criteria. (Note: There are 1,393 fewer parents/caregivers than the 12,598 children described below as there are multiple children with parents and caregivers)

The sample included Parents/Caregivers for children with lengths of stay in Part C ranging from less than 1 month to over 36 months. The sampling was done based on Random Samples selected by SPSS based on the requested sample size per county determined by calculating the appropriate sample size for a 95% confidence level with a +/- 5% confidence interval.

Of the 6,482 questionnaires, responses were received for 1,543 families for a response rate of 24%. 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. Counties with small "Ns" will have their data suppressed.

Breakdown of Method Used to Respond

Method of responding	Number	Percentage
Written Questionnaire ¹	313	20.3%
Phone Call (both In/Out)	1156	74.9%
Web Site	74	4.8%
Total	1543	100%

¹ All questionnaires were supposed to have an Early Track Identification (ETID) number printed at the bottom of each page of the questionnaire. The ETIDs are numbers uniquely assigned to each child in Help Me Grow and assisted ODH staff and others identify what families needed follow up phone calls as well to determine the demographic characteristics of the sample responding to the questionnaire. One issue that occurred was that not all questionnaires had an ETID printed on the questionnaires. This resulted in ODH receiving 1,004 questionnaires without an ETID returned. These questionnaires are not included in the analysis since there is no demographic information associated with the results of these returned questionnaires.

The questionnaires that were returned were entered into a database and then imported into SPSS for analysis.

Demographic description of families who received the questionnaire and those who responded

The sample was drawn from all 12,958 Part C eligible children who received HMG Part C services during June 2006 (denoted "entire population" in tables below). The following are the demographic characteristics of the sample:

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Table 1						
Comparison of Population (of Children), Sample & Respondents by Race						
Race	Entire population (Part C)	Entire population (Part C)	Sample	Sample	Respondent	Respondent
	Number	Percentage	Number	Percentage	Number	Percentage
American Indian or Alaska Native	42	0.33%	23	0.35%	9	0.56%
Asian or Other Pacific Islander	238	1.84%	99	1.53%	26	1.69%
Black or African American	2,712	20.93%	911	14.05%	161	10.45%
White	9,966	76.91%	5,435	83.84%	1,345	87.15%
Total	12,958	100.00%	6,482	100.00%	1,543	100.00%

Table 2						
Comparison of Population (of Children), Sample & Respondents by Sex						
Sex	Entire population (Part C)	Entire population (Part C)	Sample	Sample	Respondent	Respondent
	Number	Percentage	Number	Percentage	Number	Percentage
Male	7,690	59.35%	3,848	59.36%	917	59.43%
Female	5,266	40.64%	2,633	40.62%	626	40.57%
Total	12,958	100.00%	6,482	100.00%	1,543	100.00%

Table 3						
Comparison of Population (of Children), Sample & Respondents by Age at Eligibility						
Age at Eligibility	Entire population (Part C)	Entire population (Part C)	Sample	Sample	Respondent	Respondent
	Number	Percentage	Number	Percentage	Number	Percentage
< 1 years old	7,206	55.61%	3,553	54.81%	857	55.54%
1 to 2 years old	3,714	28.66%	1,853	28.59%	427	27.67%
2 to 3 years old	2,036	15.71%	1,076	16.60%	259	16.79%
Other	2	0.02%	0	0.00%	0	0.00%
Total	12,958	100.00%	6,482	100.00%	1,543	100.00%

Table 4						
Comparison of Population (of Children), Sample & Respondents by Reason for Part C Eligibility						
Reasons for Part C Eligibility	Entire population (Part C)	Entire population (Part C)	Sample	Sample	Respondent	Respondent
	Number	Percentage	Number	Percentage	Number	Percentage
Developmental Delay	7,260	56.0%	3,553	54.8%	834	54.1%
Diagnosed Physical or Mental Condition	3,608	27.8%	1,924	29.7%	468	30.3%
Both a developmental	1,732	13.4%	796	12.3%	199	12.9%

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delay & diagnosed Physical or Mental Condition						
Not Reported	358	2.8%	209	3.2%	42	2.7%
Total	12,958	100.0%	6,482	100.0%	1,543	100.0%

County Size	Entire population (Part C)		Sample		Respondent	
	Number	Percentage	Number	Percentage	Number	Percentage
250,000+	6,883	53.1%	2,133	32.9%	460	29.8%
100,000 – 250,000	2,709	20.9%	1,729	26.7%	449	29.1%
50,000 – 100,000	1,575	12.2%	1,185	18.3%	283	18.3%
10,000 – 50,000	1,791	13.8%	1,435	22.1%	351	22.8%
Total	12,958	100.0%	6,482	100.0%	1,543	100.0%

Analysis of Representativeness of Sample

The overall representativeness of the identified respondents correlates to the demographic profile of the sampled parents/caregivers to whom questionnaire responses were solicited. However, there was a noted discrepancy in the race breakdown of the entire population of children from which parents/caregivers were identified for the sampling frame, and the sample itself. It is believed that this discrepancy (most notably the decrease of representativeness of parents/caregivers to 'Black or African American' children, and the increase of representativeness of parents/caregivers to 'White' children) is a result of the sampling method.

An appropriate sample size was determined for each county based on the number of parents/caregivers which would yield results from the questionnaire that would meet a 95% confidence level (+/- 5%). Using this strategy, counties with smaller total populations of children had a higher percentage included in the sample, and intuitively counties with larger total populations of children had a lower percentage.

This led to over 90% of parents/caregivers being sampled in 25 of Ohio's smaller counties. In these 25 counties, the average percentage of non-White race children was 7%. In comparison, the sampling strategy led to less than 50% of parents/caregivers being sampled in 7 of Ohio's larger counties. In these 7 counties, the average percentage of non-White race children was 41%. Therefore there was a smaller proportion of parents/caregivers of non-White race children selected due to the difference of their residence in larger counties (which yielded smaller overall sample sizes).

Future samples will be drawn looking at the representativeness in each county in order to deal with the issue discussed above. ODH will ensure that the sample, per county, is proportional based on race by randomly selecting parents / caregivers proportionally to the racial profile of each county.

FFY	Measurable and Rigorous Target
2005 (2005-2006)	New indicator; targets will be established once baseline data are available.
2006	A. 91% of families participating in Part C who report that early intervention services have helped families know their rights .

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(2006-2007)	<p>B. 91% of families participating in Part C who report that early intervention services have helped families effectively communicate their children's needs.</p> <p>C. 91% of families participating in Part C who report that early intervention services have helped families help their children develop and learn.</p>
<p>2007 (2007-2008)</p>	<p>A. 92% of families participating in Part C who report that early intervention services have helped families know their rights.</p> <p>B. 92% of families participating in Part C who report that early intervention services have helped families effectively communicate their children's needs.</p> <p>C. 92% of families participating in Part C who report that early intervention services have helped families help their children develop and learn.</p>
<p>2008 (2008-2009)</p>	<p>A. 92% of families participating in Part C who report that early intervention services have helped families know their rights.</p> <p>B. 92% of families participating in Part C who report that early intervention services have helped families effectively communicate their children's needs.</p> <p>C. 92% of families participating in Part C who report that early intervention services have helped families help their children develop and learn.</p>
<p>2009 (2009-2010)</p>	<p>A. 93% of families participating in Part C who report that early intervention services have helped families know their rights.</p> <p>B. 93% of families participating in Part C who report that early intervention services have helped families effectively communicate their children's needs.</p> <p>C. 93% of families participating in Part C who report that early intervention services have helped families help their children develop and learn.</p>
<p>2010 (2010-2011)</p>	<p>A. 93% of families participating in Part C who report that early intervention services have helped families know their rights.</p> <p>B. 93% of families participating in Part C who report that early intervention services have helped families effectively communicate their children's needs.</p> <p>C. 93% of families participating in Part C who report that early intervention services have helped families help their children develop and learn.</p>

Improvement Activities/Timelines/Resources:

Sampling Plan

The Ohio Department of Health will gather data on the Family Outcomes from all 88 counties in Ohio. A random representative sample will be determined for each county. Families who received Part C services during a specified month will be asked to complete a survey. An appropriate sample size will be determined for each county based on the number of parents/caregivers which would yield results from the questionnaire that would meet a 95% confidence level (+/- 5%). An additional step will be taken to ensure that the sample for each county is representative of the county as well of the State of Ohio. All Part C children will be a part of the sample regardless of the length of stay so the Ohio can examine if differences exist between those with a longer length of stay from those with a shorter length of stay.

Future Administration of the Family Outcomes Questionnaire

In the Summer of 2006 information was gathered from HMG families (Part C and At Risk) regarding the best way to administer the Family Outcomes Questionnaire. This information gathering process was conducted by staff at Kent State University and the Family Child Learning Center in Tallmadge,

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Ohio. Families from three counties in Ohio (Columbiana, Summit and Trumbull) received a packet that included the Family Outcome Questionnaire and a fact Finding Questionnaire. The intent of the fact Finding Questionnaire was to understand families' opinions regarding the ECO Family Outcomes Questionnaire. The responses of this inquiry were presented to the HMG Evaluation Committee in October 2006.

Among other questions, families were asked:

- Whom would they like to receive the questionnaire from?
- How would they like to complete the questionnaire?
- How would they like to return the questionnaire in the future?
- To whom would they like to return the questionnaire in the future?

For future sampling of parents/caregivers to receive the Family Outcomes Questionnaire, Ohio intends to proportionally represent the race of children within each county after the appropriate sample size is determined (using the procedure currently in place).

The HMG Evaluation Committee will further discuss these findings to make recommendations on how this Family Outcomes Questionnaire should be disseminated for future data gathering.

Additional Improvement Activities

Improvement Activities for Indicator 4	Timeline	Resource
1. Re-examine the process for how the Family Survey is distributed.	SFY 2007	<ul style="list-style-type: none">• HMG Evaluation Committee of the HMG Advisory Council• BEIS staff
2. Revise the Parent's Rights brochure.	SFY 2008	
3. Revise the Family Support Policy.	SFY 2008	
4. Provide further guidance on the use of a birth to three curriculum.	SFY 2008	
5. Review survey data annually and process for distribution to determine areas for continuous improvement.	Annually & Ongoing	

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.**

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.

Overview of Issue/Description of System or Process:

The **Child Find** policy supports the identification of infants and toddlers birth to one year of age through the following statement: “Development and implementation of written procedures for transitioning infants and toddlers with suspected or identified developmental delay or disabilities from the hospital setting to community services”. Ohio’s Hospital-Based Child Find program funds nurses and social workers in Children’s Hospitals, level 3 nurseries and tertiary care centers across the state to help identify infants and toddlers early who may be eligible for Help Me Grow Early Intervention services.

The newborn home visiting component of HMG also helps identify infants earlier who may be in need of ongoing HMG services. The **Home Visiting** policy also helps support this effort, stating “Newborn home visits must be made by an RN within the first six weeks after birth or discharge from the hospital and the visit shall include the following components:

- a. Maternal health assessment;
- b. Newborn health assessment;
- c. Education about the care of the newborn;
- d. Promoting early literacy; and
- e. Referrals to service providers and/or ongoing HMG services, if appropriate.”

Ohio also implemented Universal Newborn Hearing Screening (UNHS) in July 2004. All newborns born in a hospital or freestanding birthing center receive a physiologic hearing screening prior to hospital discharge. If the infant does not pass the hearing screening they are referred to the Regional Infant Hearing Program (RIHP) to assist the family with obtaining follow-up diagnostic hearing testing. If the child is diagnosed with a hearing loss, the RIHP refers the family to Help Me Grow and offers specialized habilitative services for the infant or toddler with hearing loss as well as the family. The nine RIHP programs cover all 88 Ohio counties, and are partially funded by federal Part C dollars. The Infant Hearing Program (overseeing UNHS compliance in Ohio), the RIHP and the Help Me Grow program are all housed in the Bureau of Early Intervention Services and are under the supervision of the Part C Coordinator, assuring the connection between the programs.

Also during this period, a pilot was conducted with Ohio’s (Title V) children with special health care needs program, Bureau for Children with Medical Handicaps (BCMh) in order to increase the number of children served in both programs and to identify children who may be in need of Early Intervention Services.

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Ohio's birth to one year numbers have increased over the last few years because of these child find efforts. The 618 child count data reports will be disaggregated, summarized by county and will be sent to all HMG Project Directors and County Family and Children First Council Coordinators and the Help Me Grow Advisory Council members. It will also be posted on the ohiohelpmegrow.org website.

Baseline Data for FFY 2004 (2004-2005):

Year	2002	2003	2004
# <1 with IFSP	1,079	1,218	1,387
Percentage	0.74%	0.82%	0.94%

Discussion of Baseline Data:

The data for this indicator was captured via the Early Track (ET) data collection system per the 618 child count data report. It should be noted the 2002 – 2004 data reported here was run on August 29, 2005 and may differ from original 618 data submissions because Early Track is a “live” data system.

The percentages were calculated by dividing the number of infants and toddlers birth to one year with IFSPs for that year by the estimated population of infants and toddlers birth to one year (source: Table 8.3, Number, Percentage, and Difference National Baseline of Infants and Toddlers receiving Early Intervention Services, www.IDEAdata.org).

Comparing Ohio to States with Similar Eligibility Definitions:

Ohio's eligibility definition is considered broad. When comparing Ohio to other states in this category, Ohio ranks 15 out of 27 with the percent served at 0.94%.

Comparing Ohio to National Data:

When looking at all states and territories regardless of eligibility category, using the number published in Table 8.3a (7,991 or 1.83%), Ohio ranks 25th (out of 56). The Ohio ranking is above the national baseline of 0.92%.

Trend data reflect an increase in the number of children served birth to one with an IFSP.

FFY	Measurable and Rigorous Target
2005 (2005-2006)	1.0% of infants and toddlers birth to age one year will have IFSPs.
2006 (2006-2007)	1.1% of infants and toddlers birth to age one year will have IFSPs.
2007 (2007-2008)	1.2% of infants and toddlers birth to age one year will have IFSPs.
2008 (2008-2009)	1.3% of infants and toddlers birth to age one year will have IFSPs.
2009 (2009-2010)	1.4% of infants and toddlers birth to age one year will have IFSPs.
2010 (2010-2011)	1.5% of infants and toddlers birth to age one year will have IFSPs.

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Improvement Activities/Timelines/Resources:

Activities for Indicators 5 and 6	Timeline	Resource
1. Develop a statewide marketing plan in order to increase referrals to Help Me Grow, targeting but not limited to: <ol style="list-style-type: none"> Parents and the general public; Birthing hospitals; Hospitals with NICU and/or PICU, level III hospitals; Physicians, clinics, WIC; Job and Family Services (JFS), Child Welfare agencies; The Hospital-Based Child-Find Program; Childcare providers; Childcare resource and referral agencies; and Agencies representing homeless families. 	By SFY 2007	<ul style="list-style-type: none"> ▪ Help Me Grow 800-number ▪ BEIS Data and Training Staff ▪ ODH Public Relations ▪ County Help Me Grow Outreach ▪ Public Policy Committee
2. Coordinate BCMH and Help Me Grow resources and services to address under-reporting.	SFY 2006	<ul style="list-style-type: none"> ▪ BEIS Management
3. Develop a policy utilizing the hospital-to-home plan. <ol style="list-style-type: none"> Provide training on the policy; and Monitor compliance with the policy. 	SFY 2006 SFY 2007 SFY 2007 - 2010	<ul style="list-style-type: none"> ▪ HMG Advisory Council ▪ Child Find Committee ▪ Hospital-Based Child-Find Program ▪ BEIS Training Staff ▪ BEIS HMG Monitoring Team
4. 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.	SFY 2008	<ul style="list-style-type: none"> ▪ HMG Advisory Council ▪ BEIS Education/Training Staff
5. Increase collaboration and coordination of the child find initiative with Early Head Start, Head Start, ODE, LEAs, and other child find agencies.	SFY 2009	<ul style="list-style-type: none"> ▪ Child Find Committee ▪ BEIS Management ▪ County HMG Outreach ▪ ODE, Ohio Head Start Association
6. Develop a plan to address early intervention with higher education groups.	SFY 2010	<ul style="list-style-type: none"> ▪ BEIS Management ▪ County HMG Outreach ▪ CSPD Committee

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.**

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.

Overview of Issue/Description of System or Process:

Help Me Grow is known statewide as Ohio’s birth to three program. Our public awareness efforts through the Help Me Grow website and helpline (1-800-755-GROW) have increased awareness of the program and referrals for information and services.

The **Child Find** policy supports the identification of infants and toddlers birth to three years of age through the following statement: “The Family and Children First Council (FCFC) in each county assures the following: The coordination of developmental screenings with other programs (e.g. health departments, county boards of Mental Retardation and Developmental Disabilities, Head Start, Early Head Start, WIC programs, preschools, childcare centers, and medical community) as an outreach activity.”

Ohio also has an Interagency Agreement with the Ohio Departments of Education, Job and Family Services and Department of Mental Retardation and Developmental Disabilities for child find and other efforts such as CAPTA referrals.

The pilot with BCMH listed under indicator #5 has also assisted with identification of infants and toddlers who may need early intervention services.

Through Help Me Grow, infants and toddlers who are at-risk for developmental delays receive services, including periodic developmental screenings. If a child is identified with a suspected delay through the screening process, he is referred for an early intervention developmental evaluation and assessment to determine eligibility. The at-risk component of the Help Me Grow program has also assisted in the identification of infants and toddlers.

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

Baseline Data for FFY 2004 (2004-2005):

Year	2002	2003	2004
# <3 with IFSP Target	6,793	7,680	9,324
Percentage	1.46%	1.79%	2.14%

Discussion of Baseline Data:

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The data for this indicator were captured via the Early Track (ET) data collection system per the 618 child count data report. It should be noted the 2002 – 2004 data reported here was run on August 29, 2005 and may differ from original 618 data submissions because Early Track is a “live” data system.

The percentages were calculated by dividing the number of infants and toddlers birth to three with IFSPs for that year by the estimated population of infants and toddlers birth to one (source: Table 8.3, Number, Percentage, and Difference National Baseline of Infants and Toddlers receiving Early Intervention Services, www.IDEAdata.org).

Comparing Ohio to States with Similar Eligibility Definitions

Ohio’s eligibility definition is considered broad. When comparing Ohio to other states in this category, Ohio ranks 19 out of 27 using the number reported in Table 8.3a (7,991 or 1.83%). When using the updated number of infants and toddlers with an IFSP in 2004 of 9324, Ohio’s percent served increases to 2.14% which increases Ohio’s ranking to 16th.

Comparing Ohio to National Data

Using the number published in Table 8.3a (7,991 or 1.83%), Ohio ranks 34th (out of 56). When using the updated number for 2004 (9324 or 2.14%), Ohio’s ranking increases to 28th. The Ohio ranking is below the national baseline of 2.30%.

Trend data shows a steady increase in the number of children served. This increase can be attributed to a number of factors. One reason is that Ohio recently implemented a performance based funding allocation methodology in which counties earn a portion of their funds based on whether they met their target numbers which is set at 3% of their birth to three population. This change has increased the awareness of counties regarding the importance of serving an appropriate number of Part C eligible children. Another reason for the increase may be due to various child find/public awareness activities such as the BCMH pilot, distribution of the HMG Wellness Guide, HMG Child Development Wheels, and continued usage of the HMG Helpline.

Ohio’s revised Early Track 3.0 data collection system will include the ability to capture more child specific demographic data on diagnosed physical and mental conditions as well as the specific areas of delay. This information will inform various child-find and public awareness efforts throughout the state.

FFY	Measurable and Rigorous Target
2005 (2005-2006)	2.2% of infants and toddlers birth to age three years will have IFSPs.
2006 (2006-2007)	2.4% of infants and toddlers birth to age three years will have IFSPs.
2007 (2007-2008)	2.6% of infants and toddlers birth to age three years will have IFSPs.
2008 (2008-2009)	2.8% of infants and toddlers birth to age three years will have IFSPs.
2009 (2009-2010)	2.9% of infants and toddlers birth to age three years will have IFSPs.

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<p>2010 (2010-2011)</p>	<p>3.0% of infants and toddlers birth to age three years will have IFSPs.</p>
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Improvement Activities/Timelines/Resources:

See Activities/Timelines/Resources for Indicators 5 and 6 (above, p. 16).

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.

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 # of eligible infants and toddlers evaluated and assessed times 100. Account for untimely evaluations.

Overview of Issue/Description of System or Process:

The current policy for **Developmental Evaluation to Determine Eligibility for Part C Services** states that "All children birth to 3 years old suspected of having a developmental delay are entitled to a comprehensive developmental evaluation to determine eligibility at no cost to families within forty-five (45) calendar days of the initial referral for suspected delay and with parent consent. This includes the family-directed identification of their resources, concerns and priorities to assist in the development of their child (i.e. family assessment)."

The current procedure for determining eligibility requires that "A child who is suspected of having a developmental delay must receive a developmental evaluation using an age-appropriate, research-based developmental evaluation tool (i.e. Hawaii Early Learning Profile, Early Learning Accomplishment Profile, etc.) to determine eligibility for Part C. The following developmental domains must be measured: a. Cognitive development; b. Communication development; c. Social or emotional development; d. Adaptive development; and e. Physical development, including screening of vision, hearing and nutrition."

The developmental evaluation must be conducted by a team of at least two qualified personnel from two different disciplines. The personnel must hold the appropriate state license or certification. The policy also recommends that one member of the developmental evaluation team have specialized training or expertise with the child's suspected need or primary area of delay. Vision, hearing and nutrition screenings must also be completed for all children suspected of having a developmental delay as part of the developmental evaluation process and children who have a diagnosed physical or mental condition. Screenings must be completed by qualified personnel; and if a concern is noted during these screenings, with parental permission, the child must be referred to the medical home (child's primary health care provider) for a referral to the appropriate qualified professional for a vision, hearing or nutrition diagnostic evaluation that will be provided at no cost to the family. Personnel requirements for the evaluation team and the program planning process are areas of confusion and need further clarification in policy and procedure.

Informed clinical opinion can be used by the members of the team to deem the child eligible for Part C services, if a delay is not found using a developmental evaluation tool. Informed clinical opinion is an area that needs further clarification and technical assistance throughout the state. Policy revision will provide more clarity to this area.

The developmental evaluation must be completed within 45-days of referral and the results shared with the family at the initial Individualized Family Service Plan (IFSP) meeting. The IFSP must be developed and signed within that same 45-day period. Completion of the IFSP within 45 calendar days from the referral is another area of concern and non-compliance across the state. Ohio requested clarification from OSEP on whether documentation of the initial IFSP meeting in the 45-day timeline constitutes compliance or whether an IFSP must be completed within the 45-day timeline. Ohio has learned that documentation of the initial IFSP meeting in the 45-day timeline and completion

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on an initial IFSP determines compliance with this indicator. The IFSP policy will be revised to reflect this clarification and written guidance will be provided on what areas of the IFSP must be completed and signed with the 45-day timeline.

Baseline Data for FFY 2004 (2004-2005): (revised per OSEP with Compliance Agreement data)

This indicator is included in the Compliance Agreement.

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 during the July 1, 2006 to December 31, 2006 records were examined electronically. Initial evaluations and IFSP meetings were due to be held in FFY06 for 3736 children and of those 2757 or 74% were held within 45 days of referral.

Discussion of Baseline Data:

The 2757 records counted as being within 45 days includes 704 that were late due to documented extraordinary family circumstances.

The 979 records that were more than 45 days from referral were delayed for varying requirements (e.g., screenings, evaluations, IFSP) and reasons. A total of 1644 requirements were delayed for the 979 records for the following reasons:

- data errors = 30%
- insufficient documentation = 17%
- local staff oversight = 27%
- insufficient hearing screening slots = 11%
- insufficient evaluation slots = 4%
- no reason provided = 12%

The above calculations examined the total number of "non-compliant" requirements, and then calculated the proportion of each Non-Compliance Reason within the "non-compliant" Non-Compliance Reasons submitted by counties.

FFY	Measurable and Rigorous Target
2005 (2005-2006)	100% of eligible infants and toddlers with IFSPs will receive an evaluation and assessment and an initial IFSP meeting within the Part C 45-day timeline.
2006 (2006-2007)	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.
2007 (2007-2008)	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.
2008 (2008-2009)	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.
2009	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.

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(2009-2010)	
2010 (2010-2011)	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.

Improvement Activities/Timelines/Resources:

Activities for Indicator 7	Timeline	Resource
5. Expand and standardize developmental evaluations across Ohio. a. Pilot regional developmental clinics with Newsmonger and Cincinnati Center for DD. b. Collaborate with ODE to create a state system to coordinate evaluations for Part C and Part B. c. Create Developmental Evaluation Teams across the state to conduct developmental evaluations.	SFY 2006 SFY 2007 SFY 2008	<ul style="list-style-type: none"> ▪ Ohio Department of Health and partnering state agencies (ODE, ODMRDD, OFCF) ▪ County Developmental Evaluation providers ▪ Educational Service Centers - Ohio ▪ NECTAC ▪ North Central Regional Resource Center
6. Revise Early Track to add a drop down box to choose the reason if an IFSP was not done within 45 days.	SFY 2006	<ul style="list-style-type: none"> ▪ ODH Data Team ▪
7. Examine barriers identified by counties in not meeting developmental evaluations and/or not completing IFSPs within 45 days.	SFY 2007	<ul style="list-style-type: none"> ▪ HMG Advisory Council ▪ Service Delivery Committee surveys ▪ ODH staff ▪
8. Develop and implement a plan to remove barriers identified by counties on surveys, including: a. Barriers that can be removed easily; b. Barriers that require a moderate level of intervention; and c. Barriers that require systemic changes.	SFY 2007 SFY 2007 SFY 2008 SFY 2009	<ul style="list-style-type: none"> ▪ Ohio Department of Health ▪ North Central Regional Resource Center ▪ County Project Directors and Family and Children's First Coordinators/ Councils ▪ Help Me Grow Advisory Council ▪ Service Delivery Committee
9. ODH will provide technical assistance to counties who are identified with noncompliance in this area.	ongoing	<ul style="list-style-type: none"> • ODH HMG TA staff and state partners
10. Continue to monitor this indicator via ODH's web-based data system, Early Track, and on site focused monitoring visits.	SFY 2007 and ongoing	<ul style="list-style-type: none"> ▪ ODH data and monitoring teams and state partners

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.**

Measurement:

- A. Percent = # of children exiting Part C who have an IFSP with transition steps and services divided by # 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.

Overview of Issue/Description of System or Process:

The **Transition** policy states that "Every family with a child receiving ongoing Help Me Grow (HMG) services will experience support and information specific to the transition of their child at age 3 or upon exit from the HMG system."

The required procedures state that "Every child exiting the HMG system will have a written transition plan as part of the Individualized Family Service Plan (IFSP). This plan will include the sequence of activities, the individual responsible and the time line for each activity as documented in Sections IX: Transition Outcome/Goal and Section X: Transition Documentation Checklist of the IFSP form (HEA 7720)." A new IFSP form was developed in 2004 to include the sections as listed above to help correct non-compliance with documentation with the transition planning process.

"Each Family and Children First Council (FCFC) is required to provide a report to the local education agency (LEA) by February 1 of each year with the birth dates of children with developmental delays or disabilities receiving ongoing HMG services through an IFSP, and will be turning 3 years old the following school year. With written parental consent, the names of these children may be included on the report." The state has provided clarification on this procedure that if child find is accomplished jointly then parent consent is not required at transition.

The policy requires the following transition timelines:

- a. Preparation for the transition planning conference 180 calendar days prior to the child's 3rd birthday. This discussion may occur at a scheduled 120 calendar day IFSP review;
- b. The transition planning conference is held no less than 120 calendar days prior to the child's 3rd birthday. Each invited team member will receive written notification of the conference in sufficient time to assure attendance; and
- c. If the child is potentially eligible for Part B services at age 3 years, the LEA representative, with parent permission, must attend the transition planning conference.

The policy also requires the development of an Interagency Agreement between each Family and Children First Council, LEA in the county and each Head Start program in the county for the purpose

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of outlining responsibilities, processes, and protocols for transitioning children with delays and disabilities from HMG to the respective district or program.

The Ohio Department of Education (ODE) also has the same requirement for the LEAs. The Transition committee of the Help Me Grow Advisory council is co-chaired by staff from ODE Office of Early Learning and School Readiness, as well as a parent co-chair. This has allowed for better communication and collaboration across agencies and has led to many collaborative efforts (e.g. the development of a transition parent brochure) between ODE and ODH.

This indicator is included in the Compliance Agreement.

A. IFSPs with transition steps and services	Number of children	% of children
a. Children exiting Part C whom have an IFSP with transition steps and services	788	94%
b. Children exiting Part C whom do not have an IFSP with transition steps and services	50	6%
TOTAL	838	100%

B. Notification to the LEA, if child potentially eligible for Part B	Number of children	% of children
a. Children exiting Part C and potentially eligible for Part B for whom notification to the LEA occurred	4106	97%
b. Children exiting Part C and potentially eligible for Part B for whom notification to the LEA did not occur	106	3%
TOTAL	4212	100%

C. Transition conference, if child potentially eligible for Part B	Number of children	percent of children
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
TOTAL	1639	100

Discussion of Baseline Data:

The data listed above is updated Transition data per the request of OSEP for ODH to update its SPP with the baseline data reported in Compliance Agreement reports submitted to OSEP.

Data for Indicator 8A (IFSPs with transition steps and services) was gather via a self-assessment submitted by all 88 HMG county programs. Counties had to report children selected by OPDH as to whether or not the child's IFSP included transition steps and services for children who had a Transition Planning Conference between July 1, 2006 and June 30, 2007. ODH verified the data reported by the counties by comparing the child's record with the report by the county to ensure accurate data.

Data for Indicator 8B (Notification to the LEA, if child potentially eligible for Part B) was gather via a self-assessment submitted by all 88 HMG county programs. A list of all Part C children who would be turning three between February 1, 2006 and January 31, 2008 and are therefore potentially eligible for Part B is generated through a report on Early Track, the web-based data system. Local programs

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reported back to ODH whether all reports were submitted in a timely manner. Documentation to verify that reports were sent to LEAs in a timely manner was requested by ODH.

Data for Indicator 8C (Transition conference, if child potentially eligible for Part B) was gathered via ODH's web-based data system, Early Track to determine percent compliance for this indicator. All children receiving services and Part C eligible who were due to turn three years of age during the December 30, 2007 to March 30, 2008 timeframe were examined electronically. Records were then verified to ensure accurate reporting.

FFY	Measurable and Rigorous Target
<p>2005 (2005-2006)</p>	<p>A. 100% of children exiting Part C have an IFSP with transition steps and services</p> <p>B. 100% of children exiting Part C and potentially eligible for Part B in which notification to the LEA occurred</p> <p>C. 100% of children exiting Part C and potentially eligible for Part B in which the transition conference occurred</p>
<p>2006 (2006-2007)</p>	<p>A. 100% of children exiting Part C have an IFSP with transition steps and services</p> <p>B. 100% of children exiting Part C and potentially eligible for Part B in which notification to the LEA occurred</p> <p>C. 100% of children exiting Part C and potentially eligible for Part B in which the transition conference occurred</p>
<p>2007 (2007-2008)</p>	<p>A. 100% of children exiting Part C have an IFSP with transition steps and services</p> <p>B. 100% of children exiting Part C and potentially eligible for Part B in which notification to the LEA occurred</p> <p>C. 100% of children exiting Part C and potentially eligible for Part B in which the transition conference occurred</p>
<p>2008 (2008-2009)</p>	<p>A. 100% of children exiting Part C have an IFSP with transition steps and services</p> <p>B. 100% of children exiting Part C and potentially eligible for Part B in which notification to the LEA occurred</p> <p>C. 100% of children exiting Part C and potentially eligible for Part B in which the transition conference occurred</p>
<p>2009 (2009-2010)</p>	<p>A. 100% of children exiting Part C have an IFSP with transition steps and services</p> <p>B. 100% of children exiting Part C and potentially eligible for Part B in which notification to the LEA occurred</p> <p>C. 100% of children exiting Part C and potentially eligible for Part B in which the transition conference occurred</p>
<p>2010 (2010-2011)</p>	<p>A. 100% of children exiting Part C have an IFSP with transition steps and services</p> <p>B. 100% of children exiting Part C and potentially eligible for Part B in which notification to the LEA occurred</p> <p>C. 100% of children exiting Part C and potentially eligible for Part B in which the transition conference occurred</p>

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Activities for Indicator 8	Timeline	Resource
1. Develop a model framework and guidance for the creation of local and state interagency agreements that address the specifics needed to ensure smooth and timely transitions for eligible children and families moving from Part C to Part B services.	SFY 2005	<ul style="list-style-type: none"> ▪ ODH, ODE, HMG Advisory Council Transition Committee
2. Develop training to be presented at regional meetings to disseminate the “Framework” document and provide guidance to HMG and local school districts related to smooth and timely transitions.	SFY 2006	<ul style="list-style-type: none"> ▪ ODH, ODE, HMG Advisory Council Transition Committee
3. Develop and review a transition training using a CD/ROM format for personnel directly involved in helping all children and families in HMG.	SFY 2006	<ul style="list-style-type: none"> ▪ ODH
4. Establish a mechanism to develop a shared database that documents the transition process across Part C and Part B systems.	SFY 2007	<ul style="list-style-type: none"> ▪ ODH, ODE, possible contract with external entity ▪ GSEIG grant, if awarded
5. Work with ODE and a possible external entity in the development of a database to interface with Part C and Part B databases to identify the number of children transitioning from Part C services to Part B services.	SFY 2007	<ul style="list-style-type: none"> ▪ ODH, ODE, possible contract with external entity ▪ GSEIG grant, if awarded
6. 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.	SFY 2007	<ul style="list-style-type: none"> ▪ ODH, ODE, HMG Advisory Council Transition Committee
7. Analyze transition data for continuous improvement planning.	SFY 2010	<ul style="list-style-type: none"> ▪ Transition Committee ▪ Information Technology (IT) offices at ODH and ODE ▪ HMG Advisory Council ▪ State EPAC
8. ODH will provide technical assistance to counties who are identified with noncompliance in this area.	ongoing	<ul style="list-style-type: none"> • ODH HMG TA staff and state partners
9. Continue to monitor this indicator via ODH’s web-based data system, Early Track, and on site focused monitoring visits.	SFY 2007 and ongoing	<ul style="list-style-type: none"> ▪ ODH data and monitoring teams and state partners

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.

Measurement:

A. Percent of noncompliance related to monitoring priority areas and indicators corrected within one year of identification:

- a. # of findings of noncompliance made related to priority areas.
- 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.

B. Percent of noncompliance related to areas not included in the above monitoring priority areas and indicators corrected within one year of identification:

- a. # of findings of noncompliance made related to such areas.
- 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.

C. Percent of noncompliance identified through other mechanisms (complaints, due process hearings, mediations, etc.) corrected within one year of identification:

- a. # of EIS programs in which noncompliance was identified through other mechanisms.
- b. # of findings of noncompliance made.
- c. # of corrections completed as soon as possible but in no case later than one year from identification.

Percent = c divided by b 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.

Overview of Issue/Description of System or Process:

In 2007, ODH in conjunction with a group of stakeholders developed a revised model for its General Supervision system. With this revision, ODH developed a multi-pronged approach to its monitoring process which includes using

- our web-based data system, Early Track, to electronically monitor specific indicators,
- annual self-assessment with which counties report on other monitoring indicators for children specified by ODH,
- focused on site visits for counties who appear to be struggling the greatest with specified areas of concern,
- targeted technical assistance to counties in areas of concern as indicated by the data,
- sanctions that include
 - a. requiring counties to
 - o create corrective action plans that specify what strategies they will implement to make correction, monthly reporting of data until correction has been achieved

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b. placing of special conditions on grants for counties who fail to correct such that ODH will direct the use of funds to address the area of continued noncompliance.

Counties that consistently demonstrate non compliance may lose “flexibility” related to their grant funds. In the ODH grant process “flexibility” is granted to subgrantee agencies that have consistently followed federal, state and ODH rules and regulations. The Subgrantee Flexibility Policy reduces some of the administrative burdens associated with Project budget revisions. Internally, it is expected that the policy will allow program consultants to focus on providing technical assistance and increase monitoring. Special conditions may also be attached to a grant application if the subgrantee does not indicate an understanding of the expectations for the particular Request for Proposal (RFP). The subgrantee has thirty (30) days from receipt of their first payment in which to respond. If they do not respond, the second payment is held until the condition is removed by the program or grants consultant.

In the RFP for 2004, ODH tied the monitoring process to the grant application and required all counties to submit a Continuous Improvement Plan. The OAC rule 3701-8-07, states “(F) The director may withhold funds to a county if:

1. The county FCFC receives the director's finding of noncompliance and fails to submit a plan of continuous improvement or fails to come into compliance in accordance with the plan of continuous improvement; or
2. The county FCFC does not cooperate with the director or review team during a review. The director's finding of non-compliance and decision to withhold funds is final and is not subject to appeal.”

Noncompliance identified through other mechanisms (complaints, due process hearings, mediations, etc.)

Upon receipt of a written complaint, the process for resolution of the complaint begins as outlined in the Ohio Dispute Resolution Protocol. Complaint information is reviewed by assigned Investigative Team leader and ODH Legal counsel. Investigation, mediation or administrative hearing is held, determined by family's request. If non-compliance is substantiated, a report confirms the findings, and a Corrective Action Plan (CAP) is submitted by the county. Corrective action is supported by technical assistance from ODH staff with assurance of correction within one year of the complaint being identified.

Historically, all complaints received 7/1/02-6/30/03 and 7/1/03-6/30/04 were addressed through CAP and technical assistance within required timelines. Complaint data and findings are used to further identify training and technical assistance needs.

Baseline Data for FFY 2004 (2004-2005):

ODH will add Indicator 9 baseline data to the SPPS for next year's submission when we have correction data for all findings issued from 7/1/07 – 6/30/08 which will also be include in next year's APR.

Discussion of Baseline Data:

FFY	Measurable and Rigorous Target
2005 (2005-2006)	A. 100% of noncompliance related to monitoring priority areas and indicators corrected within one year of identification B. 100% of noncompliance related to areas not included in the above monitoring

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	<p>priority areas and indicators corrected within one year of identification</p> <p>C. 100%of noncompliance identified through other mechanisms (complaints, due process hearings, mediations, etc.) corrected within one year of identification</p>
<p>2006 (2006-2007)</p>	<p>A. 100% of noncompliance related to monitoring priority areas and indicators corrected within one year of identification</p> <p>B. 100% of noncompliance related to areas not included in the above monitoring priority areas and indicators corrected within one year of identification</p> <p>C. 100%of noncompliance identified through other mechanisms (complaints, due process hearings, mediations, etc.) corrected within one year of identification</p>
<p>2007 (2007-2008)</p>	<p>A. 100% of noncompliance related to monitoring priority areas and indicators corrected within one year of identification</p> <p>B. 100% of noncompliance related to areas not included in the above monitoring priority areas and indicators corrected within one year of identification</p> <p>C. 100%of noncompliance identified through other mechanisms (complaints, due process hearings, mediations, etc.) corrected within one year of identification</p>
<p>2008 (2008-2009)</p>	<p>A. 100% of noncompliance related to monitoring priority areas and indicators corrected within one year of identification</p> <p>B. 100% of noncompliance related to areas not included in the above monitoring priority areas and indicators corrected within one year of identification</p> <p>C. 100%of noncompliance identified through other mechanisms (complaints, due process hearings, mediations, etc.) corrected within one year of identification</p>
<p>2009 (2009-2010)</p>	<p>A. 100% of noncompliance related to monitoring priority areas and indicators corrected within one year of identification</p> <p>B. 100% of noncompliance related to areas not included in the above monitoring priority areas and indicators corrected within one year of identification</p> <p>C. 100%of noncompliance identified through other mechanisms (complaints, due process hearings, mediations, etc.) corrected within one year of identification</p>
<p>2010 (2010-2011)</p>	<p>A. 100% of noncompliance related to monitoring priority areas and indicators corrected within one year of identification</p> <p>B. 100% of noncompliance related to areas not included in the above monitoring priority areas and indicators corrected within one year of identification</p> <p>C. 100%of noncompliance identified through other mechanisms (complaints, due process hearings, mediations, etc.) corrected within one year of identification</p>

Improvement Activities/Timelines/Resources:

Activities for Indicator 9A	Timeline	Resource
1. Continue onsite monitoring process (HMGSR) - monitoring 3-4 counties per month/total of 44 per year.	Yearly	<ul style="list-style-type: none"> ▪ BEIS staff ▪ HMG state team
2. Examine monitoring data to re-evaluate scoring process and to determine focused TA.	SFY 2006	<ul style="list-style-type: none"> ▪ ODH staff ▪

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3. Determine factors that would be used to implement a performance-based funding formula.	SFY 2007	<ul style="list-style-type: none"> ▪ HMG Advisory Council Funding Workgroup ▪ ODH staff
4. Develop process for progressive sanctioning and/or incentives.	SFY 2008	<ul style="list-style-type: none"> ▪ HMG Advisory Council Funding Workgroup ▪ ODH staff

Activities for Indicator 9B	Timeline	Resource
1. Revise Virtual System Review (VSR) scoring process to more closely align with monitoring process.	SFY 2006	<ul style="list-style-type: none"> ▪ ODH staff
2. Identify monitoring priorities and critical indicators based on VSR and on-site monitoring visits data.	SFY 2007	<ul style="list-style-type: none"> ▪ ODH staff
3. Use VSR and on-site monitoring visit data to prioritize counties for focused monitoring visits.	SFY 2007	<ul style="list-style-type: none"> ▪ ODH staff
4. Stratify counties by critical indicators to identify what counties need immediate technical assistance.	SFY 2007	<ul style="list-style-type: none"> ▪ ODH staff
5. Provide technical assistance to identified counties based on priorities and critical indicators as demonstrated by the data collected.	SFY 2008	<ul style="list-style-type: none"> ▪ ODH staff ▪ HMG State Partners
6. Develop process for progressive sanctioning and/or incentives.	SFY 2008	<ul style="list-style-type: none"> ▪ ODH staff

Activities for Indicator 9C	Timeline	Resource
1. Review complaint information (e.g., mediations, due process hearing, investigations) to determine areas of non-compliance and identify trends.	Yearly	<ul style="list-style-type: none"> ▪ ODH staff
2. Review and monitor county corrective action plans to assure correction of non-compliance areas within one year of identification of complaints.	Within one year of complaint	<ul style="list-style-type: none"> ▪ ODH staff
3. Provide technical assistance or training as needed to assure correction of non-compliance.	As outlined in corrective action plan	<ul style="list-style-type: none"> ▪ ODH staff ▪ HMG State Partners
4. Notify Director of continued non-compliance, in order to impose sanctions as appropriate.	As needed for any complaints with non-compliance	<ul style="list-style-type: none"> ▪ ODH staff

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.

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

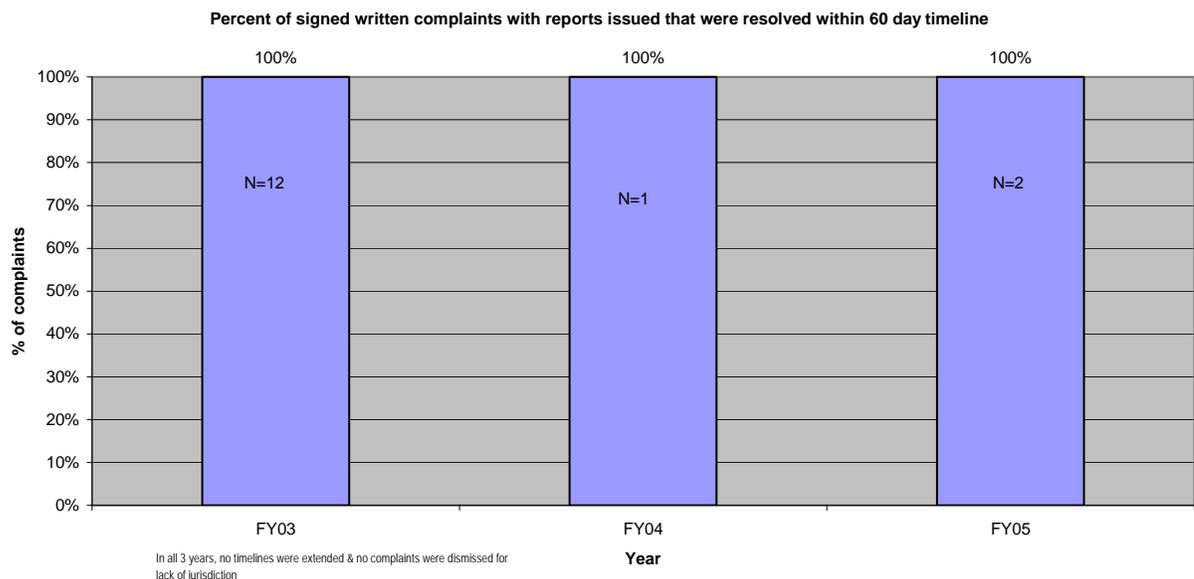
Overview of Issue/Description of System or Process:

Upon receipt of a written complaint, the process for resolution of the complaint begins as outlined in the Ohio Dispute Resolution Protocol. Complaint information is reviewed by assigned Investigative Team leader and ODH Legal counsel. Investigation, mediation or administrative hearing is held, determined by family's request. If non-compliance is substantiated, a report confirms the findings, and a Corrective Action Plan (CAP) is submitted by the county. Corrective action is supported by technical assistance from ODH staff with assurance of correction within one year of the complaint being identified.

ODH in partnership with state and local partners has developed a Parent's Rights brochure that is given to each family upon enrollment in the Help Me Grow program. Families are asked to sign and date the IFSP assurance statement that they have received and understand their rights. Training for parents on their rights is also provided from the Ohio Family Information Network consultants. ODH also developed model forms for use by the counties in 2004 on prior written notice, parent consents and other forms. The **Parents Policy** provides guidance to the counties on the procedures for assuring that parents are informed of their rights.

Historically, all complaints received 7/1/02-6/30/03 and 7/1/03-6/30/04 were addressed through CAP and technical assistance within required timelines.

Baseline Data for FFY 2004 (2004-2005):



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Discussion of Baseline Data:

Ohio's Part C program had two written complaints with reports issued that were resolved within the 60 day timeline. No written complaints with reports were resolved beyond the 60 day timeline.

FFY	Measurable and Rigorous Target
2005 (2005-2006)	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.
2006 (2006-2007)	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.
2007 (2007-2008)	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.
2008 (2008-2009)	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.
2009 (2009-2010)	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.
2010 (2010-2011)	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.

Improvement Activities/Timelines/Resources:

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

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.

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

Overview of Issue/Description of System or Process:

Upon receipt of complaint requesting an administrative hearing, ODH legal counsel is notified and procedures following Ohio Procedural Safeguards and Ohio Complaint Resolution Process are initiated. Date, time and location of hearing are chosen and hearing officer is identified.

Baseline Data for FFY 2004 (2004-2005):

	FY03	FY04	FY05
# of hearing requests	0	0	0
# withdrawn or settled	0	0	0
# within relevant timeline	0	0	0

FY03 = (7/1/02-6/30/03)

FY04 = (7/1/03-6/30/04)

FY05 = (7/1/04-6/30/05)

Discussion of Baseline Data:

Ohio has not received any requests for Administrative Hearings

FFY	Measurable and Rigorous Target
2005 (2005-2006)	100% of fully adjudicated due process hearing requests are fully adjudicated within the applicable timeline.
2006 (2006-2007)	100% of fully adjudicated due process hearing requests are fully adjudicated within the applicable timeline.
2007 (2007-2008)	100% of fully adjudicated due process hearing requests are fully adjudicated within the applicable timeline.
2008 (2008-2009)	100% of fully adjudicated due process hearing requests are fully adjudicated within the applicable timeline.
2009	100% of fully adjudicated due process hearing requests are fully adjudicated within the applicable timeline.

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(2009-2010)	applicable timeline.
2010 (2010-2011)	100% of fully adjudicated due process hearing requests are fully adjudicated within the applicable timeline.

Improvement Activities/Timelines/Resources:

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
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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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).

Measurement:

Percent = 3.1(a) divided by (3.1) times 100.

Overview of Issue/Description of System or Process:

Not applicable - Ohio Part C does not use Part B due process procedures.

Baseline Data for FFY 2004 (2004-2005):

N/A

Discussion of Baseline Data:

N/A

FFY	Measurable and Rigorous Target
2005 (2005-2006)	Not applicable - Ohio Part C does not use Part B due process procedures.
2006 (2006-2007)	Not applicable - Ohio Part C does not use Part B due process procedures.
2007 (2007-2008)	Not applicable - Ohio Part C does not use Part B due process procedures.
2008 (2008-2009)	Not applicable - Ohio Part C does not use Part B due process procedures.
2009 (2009-2010)	Not applicable - Ohio Part C does not use Part B due process procedures.
2010 (2010-2011)	Not applicable - Ohio Part C does not use Part B due process procedures.

Improvement Activities/Timelines/Resources: N/A

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Monitoring Priority: Effective General Supervision Part C / General Supervision

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

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

Overview of Issue/Description of System or Process:

Upon receipt of written complaint from a parent requesting mediation, a qualified, impartial mediator is assigned, and mediation meeting is held. If agreement is reached as a result of the mediation, an agreement is signed by parents and parties involved. Follow-up by Investigative Team Leader within 60-90 days confirms the agreed result of the mediation.

Baseline Data for FFY 2004 (2004-2005):

	FY03	FY04	FY05
# mediations	0	0	1
# mediations resulting in mediation agreement	0	0	1
% mediations resulting in mediation agreement	N/A	N/A	100%

FY03 = (7/1/02-6/30/03)

FY04 = (7/1/03-6/30/04)

FY05 = (7/1/04-6/30/05)

Discussion of Baseline Data:

Ohio's Part C program has only had one complaint that resulted in a mediation agreement with resolution within the required timelines and a resulting mediation agreement.

FFY	Measurable and Rigorous Target
2005 (2005-2006)	80% of mediations held will result in mediation agreements.
2006 (2006-2007)	82% of mediations held will result in mediation agreements.
2007 (2007-2008)	84% of mediations held will result in mediation agreements.
2008 (2008-2009)	86% of mediations held will result in mediation agreements.

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<p>2009 (2009-2010)</p>	<p>88% of mediations held will result in mediation agreements.</p>
<p>2010 (2010-2011)</p>	<p>90% of mediations held will result in mediation agreements.</p>

Improvement Activities/Timelines/Resources:

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

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.

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 accuracy).

Overview of Issue/Description of System or Process:

The source of the data for the Part C tables is the web-based Early Track data management system. All 88 counties enter data regarding the Help Me grow participants into this system. Early Track is a “live” data system. In other words, the data is constantly being updated. The Bureau of Early Intervention Services had used Oracle reports as the basis of the 618 data reported to Weststat. Several problems existed with those reports: (1) data verification was impossible as only aggregate numbers were generated and (2) program staff were unable to assure that the procedures written into the reports were accurate. During January 2005 to March 2005, the 618 reports were re-written by program and IT staff. These reports were written in SQL. Program staff provided in-depth specifications for the reports. Additionally, program staff tested and validated each report. This change has significantly increased the accuracy of the 618 data reported by the Bureau of Early Intervention Services.

The Six Year State Performance Plan and Annual Performance Report are developed with input from many ODH staff and assistance from the Help Me Grow Advisory Council and committees. Many of the activities in the SPP will be the responsibility of Council committees, in partnership with ODH staff. The activity reports are synthesized including analysis of data from the HMGSR monitoring process and 618 data, as well as other ET data. The report is developed and written by various BEIS staff, such as the Council Coordinator, Assistant Bureau Chief and Part C Coordinator. The report is then reviewed and revised by the Bureau Chief, before sending to the Division Chief, Assistant Director of Health and then on to the Director of Health for approval and sign-off before submission to OSEP.

Baseline Data for FFY 2004 (2004-2005):

	FY03	FY04	FY05
Part C Tables Feb. submission	1	1	0
Part C Tables Nov. submission	1	1	1
APR	1	1	1
Total	3	3	2
%	100%	100%	67%

FY03 = (7/1/02-6/30/03)

FY04 = (7/1/03-6/30/04)

FY05 = (7/1/04-6/30/05)

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Discussion of Baseline Data:

The February 2005 submission of the child count data was late because we were re-writing the 618 reports for the current version of Early Track (ET 2.1). Early Track 3.0 will be implemented beginning January 2006. New 618 reports will need to be written for this version. These reports will use the current 618 reports as the beginning point. Given that the re-written ET 2.1 618 reports are written in SQL and the new ET 3.0 618 reports will need to be written in SQL, the transition should be minimal. Consequently, there should be no issue with submitting the 618 tables in a timely fashion. The APRs have been submitted by the required timelines.

FFY	Measurable and Rigorous Target
<p>2005 (2005-2006)</p>	<p>100% of State reported data, including 618 data, State performance plan, and annual performance reports, are:</p> <ul style="list-style-type: none"> 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 accuracy).
<p>2006 (2006-2007)</p>	<p>100% of State reported data, including 618 data, State performance plan, and annual performance reports, are:</p> <ul style="list-style-type: none"> 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 accuracy).
<p>2007 (2007-2008)</p>	<p>100% of State reported data, including 618 data, State performance plan, and annual performance reports, are:</p> <ul style="list-style-type: none"> 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 accuracy).
<p>2008 (2008-2009)</p>	<p>100% of State reported data, including 618 data, State performance plan, and annual performance reports, are:</p> <ul style="list-style-type: none"> 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 accuracy).
<p>2009 (2009-2010)</p>	<p>100% of State reported data, including 618 data, State performance plan, and annual performance reports, are:</p> <ul style="list-style-type: none"> 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 accuracy).
<p>2010 (2010-2011)</p>	<p>100% of State reported data, including 618 data, State performance plan, and annual performance reports, are:</p> <ul style="list-style-type: none"> 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

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	b. Accurate (describe mechanisms for ensuring accuracy).
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Improvement Activities/Timelines/Resources:

Activities for Indicator 14	Timeline	Resource
1. Revise Web Based data system (Early Track).	SFY 2006 & ongoing	▪ BEIS staff, OMIS staff and vendor
2. Revise Early Track reports.	SFY 2006	▪ BEIS staff, OMIS staff and county input
3. Report data to Westat/OSEP by required timelines.	Ongoing	▪ BEIS staff, Early Track
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).	Ongoing	▪ BEIS staff, Early Track
5. Implement various data verification strategies with counties	Ongoing	▪ BEIS staff