

OHIO DEPARTMENT OF HEALTH

246 North High Street
Post Office Box 118
Columbus, Ohio 43216-0118

Telephone: (614) 466-3543
www.odh.ohio.gov



BOB TAFT
Governor

J. NICK BAIRD, M.D.
Director of Health

DEC 02 2005

U.S. Department of Education
ATTN: Gwendolyn A. Gage / Mail Stop 2600
7100 Old Landover Road
Landover, MD 20785-1506

Dear Ms. Gage,

I am pleased to submit the Six (6) Year State Performance Plan (SPP) for Ohio as required in the Individuals with Disabilities Education Improvement Act (IDEIA) 2004 from the Ohio Department of Health, the lead agency for Part C. The development of the Six Year Performance Plan included stakeholder input and endorsement from the Help Me Grow Advisory Council (State ICC).

Please contact Debbie Cheatham at debbie.cheatham@odh.ohio.gov or (614) 644-9164 with any questions.

Sincerely,

J. Nick Baird, MD
Director of Health

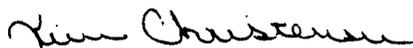
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**INTERAGENCY COORDINATING COUNCIL
CERTIFICATION OF ANNUAL REPORT**

On behalf of the Interagency Coordinating Council (ICC) of Ohio, I certify that the ICC X agrees/ disagrees (*) with the information in the State's Annual Performance Report for Federal Fiscal Year 2006 . The ICC understands that 34 CFR §80.40, of the Education Department General Administrative Regulations, requires that the lead agency prepare an Annual Performance Report containing information about the activities and accomplishments of the grant period, as well as how funds were spent. The ICC has reviewed the Report for completeness of its contents and accuracy.

We submit this Report in fulfillment of our obligation under Section 641(e) of the Individuals with Disabilities Education Act to submit an annual report to the Secretary and to the Governor on the status of the State's early intervention program for infants and toddlers with disabilities and their families.



Signature of ICC Chairperson

November 29, 2005

Date



Signature of ICC Chairperson

November 29, 2005

Date

(*) The Council may submit additional comments related to the Lead Agency's Annual Performance Report and append comments to the Report.

Part C State Performance Plan (SPP) for 2005-2010**Overview of the State Performance Plan Development:**

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.

Once OSEP approves the SPP, it 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.

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.

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 **Individualized Family Service Plan** policy states: "A review of the IFSP for the child and family must be conducted at least every 120 calendar days, or sooner, upon request of the family or IFSP team member. The review must include progress information from the child's parent(s) and service provider(s) identified by the family. The review includes rating progress of the meeting the outcome/goal with an explanation for outcome/goals "partially met" or "not met." Each review shall be conducted in the settings and at a time convenient for the family. Families may include additional participants at IFSP reviews; and that "A meeting must be conducted on at least an annual basis to evaluate the IFSP for a child and family, and to revise its provisions as needed. The results of any current developmental evaluations and other information available from ongoing assessment of the child and family must be used in determining what services are needed and will be provided."

The **Service Coordination** 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. There has not been a requirement in policy on the definition of timely services, nor clear guidance or instructions on what to do if services were not being delivered as required. The policy/procedure statements above were provided for guidance in this area. Policies will be revised to incorporate the definition of timely and to provide further guidance on assuring that EI services are provided as listed on the IFSP.

To help assure that service coordinators and others are knowledgeable and trained, ODH and state partners developed a credentialing process for service coordinators. The Service Coordinator credentialing process was piloted in May 2004 and full implementation of the credentialing process began in November 2004. To date, ODH has certified over 900 Service Coordinators in the state. The Comprehensive System of Personnel Development (CSPD) committee plans to explore credentialing of HMG program clinical supervisors in the upcoming year.

Ohio's planned new EI System of Payment to be implemented in July 2006, will involve the recruitment of EI specialized service providers. Providers will be required to complete an application process, fulfill criteria developed by the department and sign an agreement. A list of approved EI providers will be periodically published and distributed statewide. Interested providers may make application to the department to be an EI provider anytime during the year. This new process will assist Ohio in identifying gaps and needs for service providers.

Data for this indicator was first captured as a part of Ohio's monitoring process the Help Me Grow System Review (HMGSR) beginning in spring 2005. A new indicator, approved by OSEP was added

to the monitoring process to capture this data as part of the monitoring process. The data is captured through a variety of processes. Before a county Help Me Grow System Review (HMGRS), the Monitoring Team staff randomly selects child records via the ET data collection system. The EI identification numbers for these records are sent to the HMG Project Director in order for the Monitoring Team staff to review the full client record including the most up-to-date copy of the Individualized Family Service Plan (IFSP). Monitoring team staff reviews the IFSP, contacts the family by phone to determine if they are receiving the services as listed on their IFSP at the documented frequency, intensity and duration. The data collection process did not reflect the definition of “timely”, as this was not determined until development of the SPP.

THE SPP workgroup determined the definition of “timely” is that early intervention services must begin within **30 calendar days of the date the outcome is written on the IFSP**.

Each year forty-four (44) counties are monitored through an on-site visit by the HMG State Monitoring Team. Counties are selected for a visit based on the following criteria: 1) Child Count 0 – 3; 2) Child Count 0 – 1; 3) County Virtual System Review Scores; 4) Natural Environments (NE) / Settings Data; and 5) Transition Data.

Counties that have not received a monitoring visit in the past year are prioritized based on the criteria below:

Child Count: Counties that are below their target number for serving children 0-3 and 0-1.

Virtual System Review Score: Counties that scored below 85% on their virtual system review (VSR)

Settings Data: Counties that are not providing the majority of services in NE

Transition Data: Counties with VSR scores less than 85% in this program area

Monitoring data results will be sent to each county following a visit and summary data of programs monitored throughout the year will be sent to all HMG Project Directors, County Family and Children First Council Coordinators and the Help Me Grow Advisory Council members. Summary data will also be posted on the ohiohelpmegrow.org website.

The Bureau of Early Intervention Services is in the process of updating its web-based data management system, Early Track. The revision will include data elements for collecting the Early Intervention service, intensity, frequency, start date, as well as reasons why service begin date was not within 30 calendar days, if applicable.

Baseline Data for FFY 2004 (2004-2005):

In May 2005 as a part of the monitoring process, 46 families were interviewed regarding the receipt of services on their IFSPs. The following data reflects the type of service receipt reported by these families:

Service Receipt Type	Percentage
Received	89%
Didn't receive	6%
Don't remember	1%
Had received but discontinued ¹	1%
Parent choice to not receive ¹	3%
Received but not as frequently as listed on IFSP ¹	1%

¹ This category is probably underrepresented as it was not a formal option on the survey but emerged as the staff interviewed the families.

Discussion of Baseline Data:

An overwhelming percentage (94%) of the services listed on the IFSPs were reported as received by the families interviewed. As was discussed above, Early Track 3.0 will include data fields that will help the Bureau of Early Intervention Services monitor this indicator more closely. These fields are intensity, frequency, start date, as well as reasons why service begin date was not within 30 calendar days, if applicable.

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:

Activities for Indicator 1	Timeline	Resource
1. Define Timely Definition of Timely: Early Intervention Services begin within 30 calendar days of the date the outcome is written on the IFSP (Note: It is critical that services begin as soon as possible and is not based on the availability of services).	SFY 2006	<ul style="list-style-type: none"> ▪ State Performance Plan (SPP) workgroup ▪ Ohio Department of Health (ODH) staff ▪ Other states/NECTAC
2. Revise the IFSP policy to incorporate the definition of timely and capture the actual date(s) service(s) received.	SFY 2006	<ul style="list-style-type: none"> ▪ Help Me Grow (HMG) Advisory Committee IFSP Workgroup
3. Ohio will collect specific written information from parents about the initiation of services during the state monitoring process; focus groups with parents; phone calls to parents; and other methods which may be developed.	SFY 2007	<ul style="list-style-type: none"> ▪ Family Information Network (FIN) of Ohio ▪ HMG State Monitoring Team
4. Revise Early Track to enter date IFSP services begin with a drop down box to choose reason if service does not begin within 30 days.	SFY 2006	<ul style="list-style-type: none"> ▪ ODH data team

Activities for Indicator 1	Timeline	Resource
5. Analyze barriers of delivering timely services identified by counties on the county surveys.	SFY 2007	<ul style="list-style-type: none"> ▪ HMG Advisory Council ▪ Service Delivery Committee surveys ▪ ODH staff
6. Develop and implement a plan to remove barriers identified by counties on surveys, including:	SFY 2007	<ul style="list-style-type: none"> ▪ ODH ▪ North Central Regional Resource Center
a. Barriers that can be removed easily;	SFY 2007	<ul style="list-style-type: none"> ▪ County Project Directors and Family and Children First Coordinators/Councils
b. Barriers that require a moderate level of intervention; and	SFY 2008	<ul style="list-style-type: none"> ▪ HMG Advisory Council ▪ Service Delivery Committee
c. Barriers that require systemic changes	SFY 2009	

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.

<p>Measurement:</p> <p>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.</p>

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."

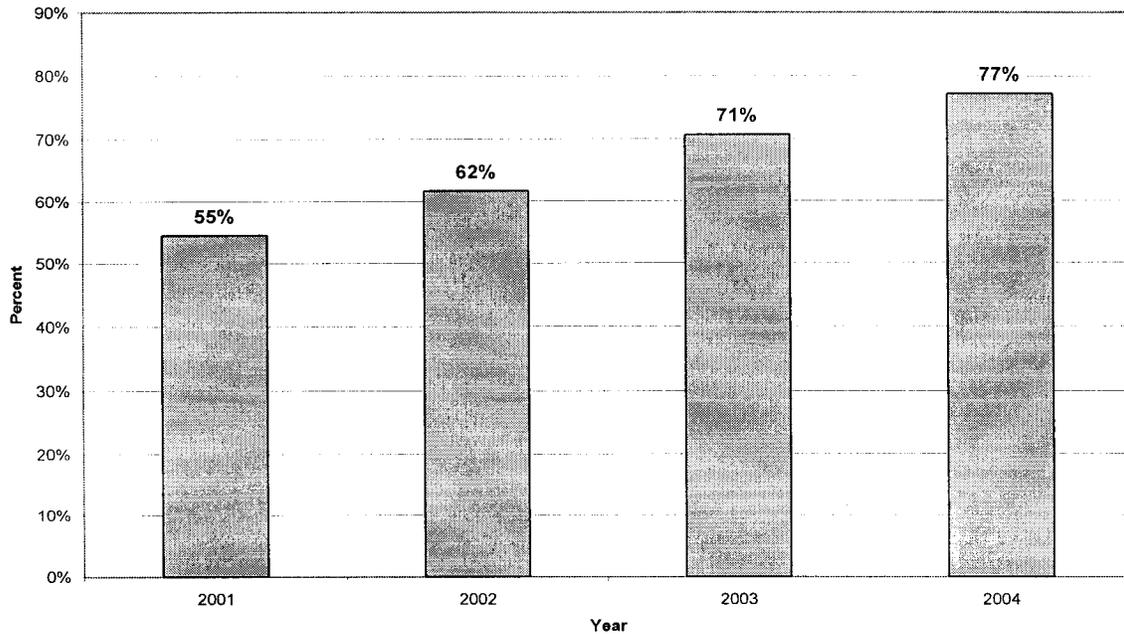
The major service provider of EI services in Ohio are the county boards of mental retardation and developmental disabilities. Many county boards have developed early childhood centers where services are provided for typically developing children, childcare, Head Start, and children with developmental 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.
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.

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

Improvement Activities/Timelines/Resources:

Activities for Indicator 2	Timeline	Resource
<p>1. Collect, compile, and analyze information on barriers to Everyday Routines, Activities, and Places (ERAP) and successes to implementing ERAP.</p>	<p>SFY 2007</p>	<ul style="list-style-type: none"> ▪ State survey data and other state information
<p>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.</p>	<p>SFY 2008</p>	<ul style="list-style-type: none"> ▪ Data from state survey and other state information
<p>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.</p>	<p>SFY 2010</p>	<ul style="list-style-type: none"> ▪ All providers of specialized and related services, Ohio Childcare Initiatives, ODE Professional Development System
<p>4. Change Medicaid state plan to help finance early intervention services in non-Medicaid settings (e.g., home, daycare, community settings).</p>	<p>SFY 2008</p>	<ul style="list-style-type: none"> ▪ ODJFS, ODH, Governor's Office, State System of Payment Task Force
<p>5. Identify providers of specialized and related services and utilize them for ERAP services</p>	<p>SFY 2007</p>	<ul style="list-style-type: none"> ▪ ODH, County Boards of MRDD, Bureau for Children with Medical Handicaps (BCMh), ODE, private providers
<p>6. Capture and report justification data of the percent of children not receiving services in ERAP.</p>	<p>SFY 2008</p>	<ul style="list-style-type: none"> ▪ Early Track version 3.0, monitoring activities
<p>7. Work with licensing boards to explore ways to promote ERAP and transdisciplinary approach for specialized services.</p>	<p>SFY 2009</p>	<ul style="list-style-type: none"> ▪ ODH, Professional Licensing Boards

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.**

Measurement:

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

- a. Percent of infants and toddlers who reach or maintain functioning at a level comparable to same-aged peers = # of infants and toddlers who reach or maintain functioning at a level comparable to same-aged peers divided by # of infants and toddlers with IFSPs assessed times 100.
- b. Percent of infants and toddlers who improve functioning = # of infants and toddlers who improved functioning divided by # of infants and toddlers with IFSPs assessed times 100.
- c. 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.

If children meet the criteria for a, report them in a. Do not include children reported in a in b or c. If a + b + c does not sum to 100%, explain the difference.

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

- a. Percent of infants and toddlers who reach or maintain functioning at a level comparable to same-aged peers = # of infants and toddlers who reach or maintain functioning at a level comparable to same-aged peers divided by # of infants and toddlers with IFSPs assessed times 100.
- b. Percent of infants and toddlers who improved functioning = # of infants and toddlers who improved functioning divided by # of infants and toddlers with IFSPs assessed times 100.
- c. 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.

If children meet the criteria for a, report them in a. Do not include children reported in a in b or c. If a + b + c does not sum to 100%, explain the difference.

C. Use of appropriate behaviors to meet their needs:

- a. Percent of infants and toddlers who reach or maintain functioning at a level comparable to same-aged peers = # of infants and toddlers who reach or maintain functioning at a level comparable to same-aged peers divided by # of infants and toddlers with IFSPs assessed times 100.
- b. Percent of infants and toddlers who improved functioning = # of infants and toddlers who improved functioning divided by # of infants and toddlers with IFSPs assessed times 100.
- c. 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.

If children meet the criteria for a, report them in a. Do not include children reported in a in b or c. If a + b + c does not sum to 100%, explain the difference.

Overview of Issue/Description of System or Process:

The Help Me Grow Evaluation work plan, which includes child and family outcomes, was approved by the Help Me Grow Advisory Council in October 2005. Below is a description of the plan to capture the child outcome information.

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 to Determine Eligibility for Part C Services policy specifies that all children birth to three years old suspected of having a developmental delay are entitled to a comprehensive developmental evaluation to determine eligibility at no cost to families within 45 days of the initial referral for suspected delay. The policy also states that a research based developmental evaluation tool must be used to determine eligibility for Part C services. At this point, Ohio does not specify what development evaluation tool must be used. The policy states that the tool must include the following developmental areas: cognition, physical, communication, social/emotional, and adaptive development.

Additionally, children whose eligibility is due to a diagnosed medical condition must receive an ongoing assessment for program planning within 45 days of initial referral. Currently, Ohio's policy on Ongoing Assessment and Child Assessment states that children who are eligible for Part C services shall receive ongoing assessment in the area of delay for the purpose of gathering additional information to identify strengths and needs and appropriate services to meet those needs. The Data Collection, Management, and Reporting policy states that county staff shall provide for the collection and reporting of data that facilitates the receipt of federal, state and local financial resources.

It is anticipated that these policies will be revised to mandate the use of one of the tools that will be piloted. Also, changes will need to be made that mandate follow up assessments at least annually or before the child exits the Help Me Grow program.

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

Pilot counties will receive training on the administration, scoring and utilization of the evaluation/assessment tool they will be using. When the pilot is completed, counties that are phased in will also receive training. Training will be available to new staff on at least an annual basis and ongoing TA will be available by the program consultants at ODH.

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

Reports from the web-based data system, Early Track, which identify what children have received an initial evaluation/assessment, will be compared to the evaluation/assessment data submitted by each county. Counties will be notified of children who appeared on the Early Track report for whom initial evaluation/assessment data is missing. Those counties with a low percentage of two complete sets of evaluation/assessment data will receive quality assurance communications from the Ohio Department of Health in order to determine the reason.

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

The pilot will determine efficacy, efficiency and effectiveness of establishing a data system outside of Early Track to capture this data. In the pilot, data collection will consist of evaluation/assessment

administrators completing a scantron sheet, submitting that to ODH, scanning the data into SPSS and analyzing the data.

Baseline Data for FFY 2004 (2004-2005):

No baseline data are available at this time. Ohio's Part C program is developing a piloting strategy to determine what evaluation/assessment tools should be used to gather this data, how scores will be calculated for Curriculum Based Assessment (CBA) tools, how the data will be reported to the state by the counties, and how the State will analyze and aggregate the data. In addition to several CBAs, the pilot will also include the use of two norm-referenced tools, the Battelle Developmental Inventory and the Bayley Scales of Infant Development.

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

The population for the pilot will be all children with IFSPs, who are younger than 30 months of age when the first evaluation/assessment is completed and who receive services for at least six months before the last assessment is completed.

What assessments/evaluation tools will be used?

The pilot will use five tools - 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.

Who will conduct the evaluations/assessment?

The evaluations/assessments will be completed by early intervention specialists and other clinicians. These staff will receive training on how to conduct the evaluation/assessment using one of the above tools as well as how to score the tool. The Bayley III will be administered by a team of two professionals, an advanced practice nurse, speech therapist or EI teacher in one of twelve developmental clinics across the state. These staff will also receive training on how to administer and score the tool. For children who have been in the Part C program of Help Me Grow for at least six months, a full assessment will be completed prior to the child's exit.

When will the measurement occur?

The evaluation/assessment will occur upon the child's entrance into Part C Help Me Grow. This administration will provide 'time 1' data as well as provide valuable information to the IFSP team as to the needs of the child and family. 'Time 2' data will be gathered one year after 'time 1' data or at exit from the program.

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

A significant part of the pilot is to test this question. The first issue is to align the items of each CBA, Battelle, and Bayley to the OSEP child outcomes. After this initial alignment is completed, data will be gathered from evaluation/assessment administrators who will complete a scantron sheet which will be submitted to the Ohio Department of Health. The data would be read into a statistical software package such as SPSS. Factor analyses should be performed to ensure that items fall within assigned outcome areas. This data will be gathered at the first IFSP and annually thereafter or when the child exits the program.

How will the data be analyzed?

Using SPSS, the Ohio Department of Health will translate the responses into raw scores for each outcome area for each child for 'time 1' and 'time 2.' With the assistance of the HMG Evaluation workgroup (developers/trainers of the tools), we will establish age level expectations for each outcome area in six month increments. For each child, we will calculate the number of objectives achieved at 'time 1' and at 'time 2' for each interval. If more than half of the items are achieved within the child's target age interval, the child is in line with typical development. If less than half of the items are achieved from within the child's target age interval, then the child's development is suspect. We will compare findings from 'time 1' to 'time 2' for each outcome area and determine if:

- a. Scores at ‘time 1’ and ‘time 2’ are both at age level expectations, the children will be counted in (a). If scores at entry are below age expectations, but at exit they are at age level expectations, then the children will also be counted in (a).
- b. Scores at ‘time 2’ are higher than scores at ‘time 1’ (but not at age level expectations), they will be counted in (b).
- c. Scores at ‘time 2’ are the same or lower than scores at ‘time 2,’ they will be counted in (c).

The pilot will begin the summer of 2006 (SFY 2007). A representative sample of children in Part C Help Me Grow will be chosen. This representative sample is based on race, sex, disability/delay, age, family income level, type of county (i.e., urban, rural, suburban). The pilot will last for five months. If the pilot confirms that the above protocol is workable, then the Ohio Department of Health will roll out this protocol to the rest of the counties incrementally. Each rollout will include counties that are representative of the Part C population.

Discussion of Baseline Data:

Baseline data are not available at this time.

FFY	Measurable and Rigorous Target
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.

Improvement Activities/Timelines/Resources:

To be determined when data are available.

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.**

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:

Ohio currently gathers information from parents regarding a variety of topics. As a part of the monitoring process, parents are invited to consumer focus groups. They are asked questions about the Help Me Grow process, their experience with Help Me Grow and the impact of Help Me Grow on their family and child. Additionally, Ohio conducts a telephone survey of Help Me Grow parents in which they are asked their satisfaction with Help Me Grow, whether they participated in the development of the IFSP and whether they would recommend Help Me Grow to others.

The Help Me Grow Evaluation work plan, which includes child and family outcomes, was approved by the Help Me Grow Advisory Council in October 2005. Below is a description of the plan to capture the family outcome information.

The Ohio Department of Health intends to use the Early Childhood Outcomes Center (ECO) Family Survey to gather the data for this indicator. A pilot will be conducted to test the best way to administer the survey looking at factors such as return rate, anonymity and ease of administration. A pilot will be conducted beginning in the spring of 2006 in which the survey will be administered in several ways:

- Phone survey using the Help Me Grow Helpline;
- Paper survey sent to parents by the Ohio Department of Health and returned to ODH;
- Paper survey distributed to parents by their service coordinator who asks the family to return the survey to the ODH; and
- Paper survey administered during the family focus groups held for the monitoring process.

The paper surveys will use scantron technology so that the forms can be scanned into a database, most likely SPSS. The data will be analyzed and reported in the aggregate back to the counties and various stakeholders.

The pilot will last for approximately six months. After the administration question is addressed through the pilot, the survey will be implemented statewide. All Part C families who have received services for at least six months will be asked to complete the survey during one month of the year.

This month is yet to be determined as feedback is needed from staff as to the best time of the year to administer such a survey.

Baseline Data for FFY 2004 (2004-2005):

Baseline data will be collected to report in the February 2007 APR.

Discussion of Baseline Data:

Baseline data are not available at this time.

FFY	Measurable and Rigorous Target
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.

Improvement Activities/Timelines/Resources:

To be determined when data are available.

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.

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.

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"> a. Parents and the general public; b. Birthing hospitals; c. Hospitals with NICU and/or PICU, level III hospitals; d. Physicians, clinics, WIC; e. Job and Family Services (JFS), Child Welfare agencies; f. The Hospital-Based Child-Find Program; g. Childcare providers; h. Childcare resource and referral agencies; and i. 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"> a. Provide training on the policy; and b. 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:

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.
2010 (2010-2011)	3.0% of infants and toddlers birth to age three years will have IFSPs.

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 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):

	Aug - Sept 04	¹ Oct - Dec 04	² Jan - Mar 05	³
Eligibility standard	69%	96%	88%	
Eligibility indicator (#18)	48%	89%	73%	
IFSP standard	62%	93%	81%	
IFSP indicator (#48)	55%	83%	67%	
Developmental Evaluation standard #1	67%	68%	79%	
Indicator #21	61%	54%	68%	
Indicator #22	16%	23%	48%	
¹ Used the 3 point scale, N = 88, VSR data ² Used the 5 point scale, N = 7, Monitoring visits data ³ Used the 5 point scale, N = 18, Monitoring visits data				

<p>Eligibility Standard Children are determined eligible for Part C services according to Federal Part C regulations and Ohio's Eligibility policy {Section 635 PL 105-17 Section 615, Title 34 CFR, Sections 303-12, 303.360, 303.361}.</p>
<p>Eligibility indicator (#18) Developmental evaluations for a suspected developmental delay are completed within 45 days of initial referral to the Help Me Grow system at no cost to the family.</p>
<p>IFSP Standard The IFSP contains all required components as listed in federal regulations & ODH IFSP & Transition policy {CFR 303.344}.</p>
<p>IFSP indicator (#48) The IFSP is developed and signed by the parent(s), service coordinator and those in attendance at the IFSP meeting within 45 days of the initial referral for ongoing HMG services.</p>
<p>Developmental Evaluation Standard #1 The county Help Me Grow system follows required developmental evaluation procedures to determine eligibility for Part C.</p>
<p>Indicator #21 Eligibility is determined through the use of a research based developmental evaluation tool for all five developmental domains and informed clinical opinion.</p>
<p>Indicator #22 Vision, hearing, and nutrition screenings are part of the evaluation process. When a concern is noticed during these screenings, and with parent consent, children are referred to appropriate qualified vision, hearing, and nutrition professionals for evaluation at no cost to the family.</p>

Discussion of Baseline Data:

Data for this indicator is captured as a part of Ohio’s monitoring process the Help Me Grow System Review (HMGSR). The Help Me Grow System Review process was modified in the fall of 2004. The old HMGSR was a two-day on-site process and included over 100 indicators rated on a three (3)point scale, where “3 - represents meets all the time”; “2 = some of the time”; “1 = never”.

The current Help Me Grow System Review (HMGSR) is a one-day on-site process and has 82 indicators that are scored on a five-point scale; where “5 = meets all the time”; and “1 = never”. The five-point scale was utilized to better demonstrate county progress toward achieving 100% compliance.

The monitoring data for this program area reflects that indicators:

#18 under Eligibility - Developmental evaluations for a suspected developmental delay are completed within 45 days of initial referral to the Help Me Grow system at no cost to the family;

48 under IFSP- The IFSP is developed and signed by the parent(s), service coordinator and those in attendance at the IFSP meeting within 45 days of the initial referral for ongoing HMG services;

#21 under Developmental Evaluation - Eligibility is determined through the use of a research based developmental evaluation tool for all five developmental domains and informed clinical opinion; and,

22 - Vision, hearing, and nutrition screenings are part of the evaluation process. When a concern is noticed during these screenings, and with parent consent, children are referred to appropriate qualified vision, hearing, and nutrition professionals for evaluation at no cost to the family; are the indicators with the lowest level of compliance.

The root causes for noncompliance are lack of documentation of informed clinical opinion; failure to complete and document the required vision, hearing and nutrition screenings; and lack of personnel or providers to conduct hearing and vision screenings. A survey conducted by the Service Delivery committee of the Help Me Grow Advisory Council had a 93% return rate and included the following causes for not meeting the 45-day timeline: obtaining reports from other providers; hearing and nutrition not available or not within timeline; completing hearing screening continues to be a problem; finding personnel with the certificates required to do the evaluations that are willing to do the evaluations; no physicians in our area that do testing on children less than 3 years old; lack of provider agencies in the county; often takes longer than 45 days to receive reports and records from service providers; incomplete evaluations; and families may have to travel out of county for hearing/vision screenings.

Ohio piloted and implemented the HMG vision screen "Take a Look" effective 07/01/05. The vision screening tool has assisted with meeting this indicator. However, completion of the hearing screening remains a systemic challenge. Ohio is currently piloting a hearing questionnaire to determine its effectiveness and reliability. A determination for statewide usage will occur upon completion of the pilot. Ohio will also pilot regional developmental evaluation to determine the value of eligibility clinics in areas with personnel shortages.

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.

<p>2007 (2007-2008)</p>	<p>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.</p>
<p>2008 (2008-2009)</p>	<p>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.</p>
<p>2009 (2009-2010)</p>	<p>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.</p>
<p>2010 (2010-2011)</p>	<p>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.</p>

Improvement Activities/Timelines/Resources:

Activities for Indicator 7	Timeline	Resource
<p>1. Expand and standardize developmental evaluations across Ohio.</p> <p>a. Pilot regional developmental clinics with Nisonger and Cincinnati Center for DD.</p> <p>b. Collaborate with ODE to create a state system to coordinate evaluations for Part C and Part B.</p> <p>c. Create Developmental Evaluation Teams across the state to conduct developmental evaluations.</p>	<p>SFY 2006</p> <p>SFY 2007</p> <p>SFY 2008</p>	<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
<p>2. Revise Early Track to add a drop down box to choose the reason if an IFSP was not done within 45 days.</p>	<p>SFY 2006</p>	<ul style="list-style-type: none"> ▪ ODH Data Team ▪
<p>3. Examine barriers identified by counties in not meeting developmental evaluations and/or not completing IFSPs within 45 days.</p>	<p>SFY 2007</p>	<ul style="list-style-type: none"> ▪ HMG Advisory Council ▪ Service Delivery Committee surveys ▪ ODH staff ▪
<p>4. Develop and implement a plan to remove barriers identified by counties on surveys, including:</p> <p>a. Barriers that can be removed easily;</p> <p>b. Barriers that require a moderate level of intervention; and</p> <p>c. Barriers that require systemic changes.</p>	<p>SFY 2007</p> <p>SFY 2007</p> <p>SFY 2008</p> <p>SFY 2009</p>	<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

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 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.

Baseline Data for FFY 2004 (2004-2005):

	Aug - Sept 04	¹ Oct - Dec 04	² Jan - Mar 05 ³
Transition standard	62%	93%	81%
Transition indicator (#52)	55%	74%	72%
Transition indicator (#53)	65%	73%	68%
Transition indicator (#54)	53%	52%	86%
Transition indicator (#55)	85%	90%	97%
¹ Used the 3 point scale, N = 88, VSR data ² Used the 5 point scale, N = 7, Monitoring visits data ³ Used the 5 point scale, N = 18, Monitoring visits data			

<p>Transition Standard Every child exiting the HMG System has a written transition plan as part of the IFSP. The county adheres to transition timelines for children with developmental delays & disabilities as outlined in the Interdepartmental Agreement Between ODE & ODH for coordination of Part C services within HMG for children birth to 3 years of age {Section 635, PL 105-17, Title 34 CFR, Sections 303.148, 303.344, ODE & ODH for coordination of Part C services within HMG for Children birth to three years of age. Transition policy}.</p>
<p>Transition Indicator (#52) Every child exiting the HMG system has a written transition outcome page as part of the IFSP that adheres to transition timelines as outlined in the interagency agreement between ODH and ODE and transition guidelines.</p>
<p>Transition Indicator (#53) The transition documentation checklist is used by the service coordinator for the transition process and is kept in the client record.</p>
<p>Transition indicator (#54) Documentation of transition information is entered into the Early Track data collection system.</p>
<p>Transition indicator (#55) The HMG system reports to the local education agency (LEA) by February 1 each year, with parents' consent, the name and birthdates of children with developmental delays and disabilities who have an IFSP and will be turning three the following school year.</p>

Discussion of Baseline Data:

Data for this indicator was first captured as a part of Ohio's monitoring process the Help Me Grow System Review (HMGSR).

The data reflects that indicator #52 – “Every child exiting the HMG system has a written transition outcome page as part of the IFSP that adheres to transition timelines as outlined in the interagency agreement between ODH and ODE and transition guidelines”; demonstrates the lowest level of compliance followed by indicators #54 – “The transition documentation checklist is used by the service coordinator for the transition process and is kept in the client record”; and indicator #53- “Documentation of transition information is entered into the Early Track data collection system”; are the indicators with the lowest level of compliance. The root cause of non-compliance continues to be the lack of documentation of a transition plan on the IFSP and data entry into Early Track.

The survey from the Service Delivery committee contained the following reasons for not meeting transition requirements: child enters HMG system to close to third birthday; schools do not meet over the summer which slows down the process; lack of availability of school district representative, especially in summer; cancellation of meetings by school or parents; parents stop the process due to confusion or fear; the limited number of preschool slots for children; and the timelines do not always work well with those of Head Start round-up or pre-school programs.

Ohio recognizes that the lack of documentation of a transition plan on the IFSP and data entry are systemic problems, and therefore requires state level changes in order to demonstrate improvement in this area. Ohio Part C staff meets quarterly with 619 and Part B staff to address cross-system issues. The 6-year State Performance Plan will include various activities to address this area (e.g. working with the Ohio Department of Education on a method to share data, developing training materials, developing model agreements, etc). Ohio implemented a revised IFSP in November 2004. The new IFSP includes a transition page and the transition checklist. The new IFSP has assisted with improving compliance in this area.

Ohio informed OSEP at the December 2004 verification visit that the transition data is reported on the exit page in Early Track. The revised version of Early Track will separate the transition data from the exit data. The scheduled statewide release date for Early Track 3.0 is January 2006. Ohio believes that these two efforts, along with the activities in the SPP will move Ohio closer to 100% compliance in the area of timely transitions.

The transition 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.

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</p>

	transition conference occurred
<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>

Activities for Indicator 8	Timeline	Resource
1. Develop a model framework and guidance for the creation of local and state interagency agreements that	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

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:

General Supervision, Monitoring and Compliance is supported through the Help Me Grow **Continuous Improvement** policy, which states "The Ohio Department of Health (ODH) will provide supervision to local Help Me Grow (HMG) systems through a continuous improvement process which includes monitoring and technical assistance" as well as Ohio Administrative Code (OAC) Rule 3701-8-07 which outlines the Departments procedure for monitoring and compliance.

The monitoring and compliance process is called the Help Me Grow System Review (HMGSR). The process is carried out by HMG staff as the lead as well as representatives from the Office of Family and Children First, Ohio Departments of Mental Retardation and Developmental Disabilities and Job and Family Services and Ohio Family Information Network staff. The monitoring team may include any or all of these representatives depending on the county need.

The monitoring process consists of four phases: 1) pre-site activities, which includes a customer call, data and record reviews; 2) one-day on-site monitoring visit, followed by a written report of findings; 3) development of a Continuous Improvement Plan; and 4) ongoing technical assistance from various state team members.

The HMG staff at ODH compiles and reviews the information obtained from the county monitoring visit. This includes information that is obtained pre-site, along with data collected through the Early Track data collection system. The information is compiled using a standard excel tool. Once the data are reviewed, the final report is scored, documented and sent to the county within twelve (12) business days. HMG staff review the results with the county to ensure an understanding of the areas of non-compliance. The county is required to submit a Continuous Improvement Plan (CIP) to ODH on each indicator scored below 100%. The plan must include activities that will ensure correction of non-compliance within one year or less. Documentation is submitted to ODH as CIP activities are completed. ODH staff also conduct virtual system reviews and updates the county's scores. This information is shared with counties through technical assistance on a periodic basis.

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):

See Part C Attachment 1

Discussion of Baseline Data:

Ohio received two complaints about the Help Me Grow Early Intervention program in two counties during FFY 2004-2005. One county had six substantiated findings and the other had one

substantiated finding. Both counties submitted corrective action plans and the findings were resolved within the year time frame. One of the complaints resulted in a request for mediation. The mediation was held in the required time frames and a mediation agreement was developed.

There were forty-one (41) counties that were monitored using the revised Help Me Grow System Review process during the period November 2004 – September 2005. All counties are required to and have submitted a continuous improvement plan (CIP) for any areas of non-compliance. Data on these counties was submitted with Ohio’s Special Condition response for FFY 2005.

FFY	Measurable and Rigorous Target
<p>2005 (2005-2006)</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>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>

2010 (2010-2011)	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 priority areas and indicators corrected within one year of identification C. 100% of noncompliance identified through other mechanisms (complaints, due process hearings, mediations, etc.) corrected within one year of identification
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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 ▪
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

Activities for Indicator 9C	Timeline	Resource
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.

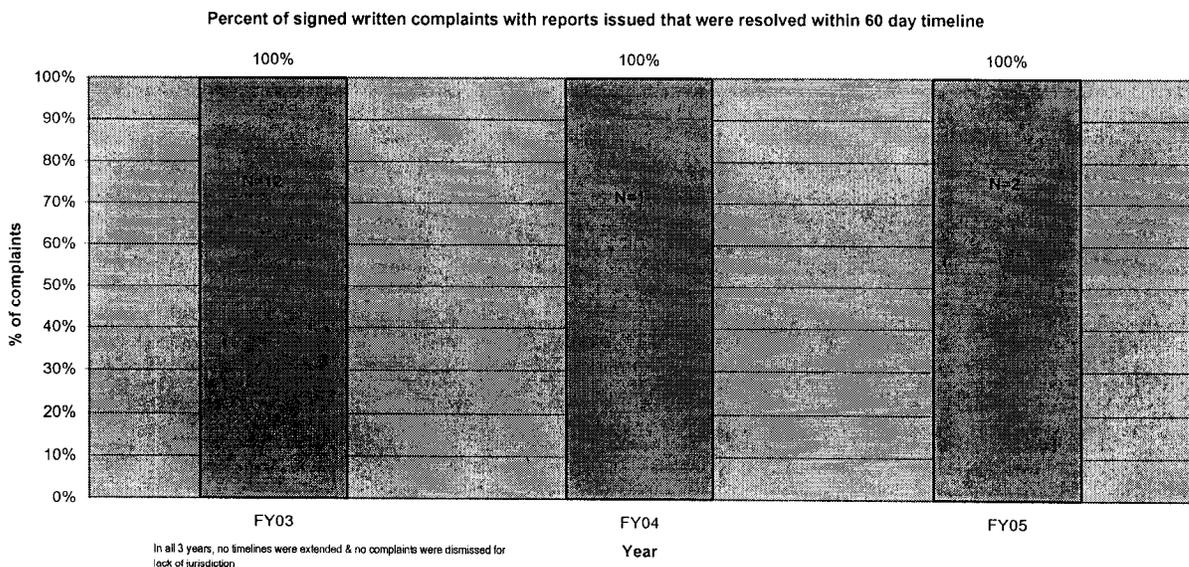
Overview of Issue/Description of System or Process:

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):



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	<ul style="list-style-type: none"> ▪ ODH staff and/or local Family and Children First Council
2. Monitor resolution of complaint within required timelines.	As outlined in report	<ul style="list-style-type: none"> ▪ ODH staff and/or local Family and Children First Council
3. Monitor activities within complaint report.	As outlined in report	<ul style="list-style-type: none"> ▪ 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 (2009-2010)	100% of fully adjudicated due process hearing requests are fully adjudicated within the applicable timeline.

<p>2010 (2010-2011)</p>	<p>100% of fully adjudicated due process hearing requests are fully adjudicated within the applicable timeline.</p>
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Improvement Activities/Timelines/Resources:

Activities for Indicator 11	Timeline	Resource
<p>1. Initiate administrative hearing procedure as outlined in the Procedural Safeguards Policy.</p>	<p>Within 30 days of receipt of request for administrative hearing (for activities 1-4).</p>	<ul style="list-style-type: none"> ▪ ODH staff
<p>2. Assign Hearing Officer and conduct administrative hearing 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 1-4).</p>	<ul style="list-style-type: none"> ▪ ODH staff
<p>3. Assure that family is notified of their rights in the administrative hearing process. The decision of the hearing officer is binding.</p>	<p>Within 30 days of receipt of request for administrative hearing (for activities 1-4).</p>	<ul style="list-style-type: none"> ▪ ODH staff
<p>4. Monitor for resolution within required timelines.</p>	<p>Within 30 days of receipt of request for administrative hearing (for activities 1-4).</p>	<ul style="list-style-type: none"> ▪ ODH staff

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

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.

<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 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)

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 b. Accurate (describe mechanisms for ensuring accuracy).

Improvement Activities/Timelines/Resources:

Activities for Indicator 14	Timeline	Resource
1. Revise Web Based data system (Early Track).	SFY 2006	▪ 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

**Report of Dispute Resolution Under Part C of the Individuals with Disabilities Education Act
Complaints, Mediations, Resolution Sessions, and Due Process Hearings**

SECTION A: Signed, written complaints	
(1) Signed, written complaints total	2
(1.1) Complaints with reports issued	2
(a) Reports with findings	2
(b) Reports within timeline	2
(c) Reports within extended timelines	0
(1.2) Complaints withdrawn or dismissed	0
(1.3) Complaints pending	0
(a) Complaints pending a due process hearing	0
SECTION B: Mediation requests	
(2) Mediation requests total	1
(2.1) Mediations	
(a) Mediations related to due process	1
(i) Mediation agreements	1
(b) Mediations not related to due process	0
(i) Mediation agreements	0
(2.2) Mediations not held (including pending)	0
SECTION C: Hearing requests	
(3) Hearing requests total	0
(3.1) Resolution sessions	0
(a) Settlement agreements	0
(3.2) Hearings (fully adjudicated)	0
(a) Decisions within timeline SELECT timeline used {30 day/Part C 45 day/Part B 45 day}	0
(b) Decisions within extended timeline	0
(3.3) Resolved without a hearing	0