

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

The revised State Performance Plan (SPP) includes information for the new child and family indicators (3 and 4) as well as updated information for indicator 1 “timely receipt of early intervention services” to address concerns and deficiencies identified in the Office of Special Education Programs (OSEP) SPP response letter to Ohio. The Ohio Department of Health, the lead agency for Early Intervention (EI) in Ohio gathered and analyzed the data for the development of the revised SPP. The Evaluation Committee of the Ohio Help Me Grow (HMG) Advisory Council has assisted Bureau staff in the planning process for collecting information for the child and family outcomes. The HMG Advisory Council committee co-chairs provided input into the development of targets and activities for the family indicator. The committee co-chairs include a parent as co-chair of each committee, local providers and other state agency personnel.

Once OSEP approves the revised SPP, it will be sent to all HMG Project Directors and County Family and Children First Council Coordinators and the Ohio Help Me Grow Advisory Council members. It will also be posted on the ohiohelpmegrow.org website.

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

*(The following items are to be completed for each monitoring priority/indicator.)***Monitoring Priority: Early Intervention Services In Natural Environments**

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

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

Measurement:

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

Account for untimely receipt of services.

Overview of Issue/Description of System or Process:

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

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

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

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

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

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

Baseline Data for FFY 2004 (2004-2005):

This indicator is included in Ohio’s Compliance Agreement. The Compliance Agreement requires revision of the monitoring process. The revised monitoring process will be piloted in at least four (4) counties. Data for the 4 pilot counties will be submitted by 12/31/2007. Statewide data for this indicator will be submitted with the FFY 2006 APR due February 1, 2008.

Discussion of Baseline Data:

| 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:

OSEP raised concerns about the process Ohio used to capture data for this indicator in the response to Ohio’s SPP. Previously, the data for this indicator was captured through a variety of processes. An indicator, approved by OSEP was added to the monitoring process. Before a county Help Me Grow System Review (HMGRS), the BEIS staff randomly selected child records via the ET data collection system. The ET identification numbers for these records were sent to the HMG Project Director (HMG PD) in order for the BEIS staff to review the full client record including the most up-to-date copy of the Individualized Family Service Plan (IFSP). Staff reviewed the IFSP, contacted the family by phone to determine if they were receiving the services as listed on their IFSP at the documented frequency, intensity and duration. The previous effort did not reflect the definition of “timely”, as this was not determined until development of the SPP.

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

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

*(The following items are to be completed for each monitoring priority/indicator.)***Monitoring Priority: Early Intervention Services In Natural Environments****Indicator 3:** Percent of infants and toddlers with IFSPs who demonstrate improved:

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

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

Measurement:

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

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

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

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

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

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

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

C. Use of appropriate behaviors to meet their needs:

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

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

Overview of Issue/Description of System or Process:

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

Description of the outcome measurement system for the state

The outcome measurement system for Ohio includes:

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

Policies and procedures to guide outcome assessment and measurement practices

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

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

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

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

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

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

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

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

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

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

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

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

Baseline Data for FFY 2004 (2004-2005):

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

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

| Adjustments | Mathematical Action | Running Total |
|--|---------------------|---------------|
| Children had an Initial Part C Eligibility Date between April 1, 2006 – September 30, 2006 in the 17 Phase 1 counties. | | 1,167 |
| Children who exited before receiving 6 months of Part C Services. | subtract | -74 |
| Children who entered Part C within 6 months of their 3 rd Birthday. | subtract | -98 |

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

Results of Analyses of Child Outcome Data

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

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

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

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

3. Use of appropriate behaviors to meet their needs.

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

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

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

Measurement Strategies

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

The population for Phase 1 was all children with IFSPs,

- who are younger than 30 months of age when the first evaluation/assessment is completed
- Children younger than 6 months olds will not have COSF data collected until their first IFSP after they are 6 months old
- Children must have been in Part C for at least 6 months before Exiting for additional follow up ratings

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

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

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

| Evaluation/Assessment Tool | Number of COSFs |
|---|------------------------|
| Hawaii Early Learning Profile (HELP) birth to three checklist/Strands, | 396 |
| Early Learning Accomplishment Profile (ELAP), | 100 |
| Bayley Scales of Infant Development | 10 |
| Battelle Developmental Inventory | 2 |
| Assessment, Evaluation, & Programming System (AEPS), | 0 |
| Other | 139 |
| Total | 647 ^{1,2} |
| ¹ 19 children’s COSFs had no Evaluation/Assessment tool listed – this section was either blank or only had screenings &/or diagnosed medical conditions listed. ² Service Coordinators were instructed to indicate all appropriate tools used to help determine a child’s COSF Rating. Therefore more than 1 Tool could have been selected and was for 86 COSFs. | |

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

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

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

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

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

Who will conduct the evaluations/assessment?

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

When will the measurement occur?

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

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

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

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

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

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

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

Profile of the Sample

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

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

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

The Child Outcome data will be disaggregated, summarized by county and sent to all HMG Project Directors and County Family and Children First Council Coordinators and posted on the Ohio Help Me Grow website. Counties with small “Ns” will have their data suppressed.

Number of Child Outcomes Summary Forms by County

| COUNTY | # of COSFs | COUNTY | # of COSFs | COUNTY | # of COSFs |
|----------|------------|---------|------------|----------|------------|
| Greene | 44 | Lake | 12 | Scioto | 11 |
| Guernsey | 9 | Licking | 26 | Shelby | 17 |
| Hamilton | 214 | Logan | 12 | Summit | 77 |
| Hocking | 7 | Madison | 15 | Trumbull | 18 |
| Jackson | 2 | Medina | 61 | Wood | 13 |

| | | | | | |
|------|---|--------|---|--------------|------------|
| Knox | 7 | Morgan | 6 | Total | 551 |
|------|---|--------|---|--------------|------------|

Demographic Description of Part C Population in Phase 1 Counties

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

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

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

| County Type | Statewide (in counties) | | Phase 1 Counties | |
|------------------------|-------------------------|-----------|------------------|-----------|
| | Percentage | Number | Percentage | Number |
| Metropolitan | 14% | 12 | 12% | 2 |
| Suburban | 19% | 17 | 41% | 7 |
| Rural, Non-Appalachian | 34% | 30 | 18% | 3 |
| Rural, Appalachian | 33% | 29 | 29% | 5 |
| TOTAL | 100% | 88 | 100% | 17 |

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

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

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

| Table 7 | | | | | | |
|--|-------------------------------------|--------|-------------------------------------|--------|---|--------|
| Comparison of Phase 1 Counties to State by Reason for Part C Eligibility | | | | | | |
| Reason for Part C Eligibility | Statewide Using SFY2005 Part C Data | | Phase 1 Counties Using SFY2005 Data | | Phase 1 Counties Using Actual Children from Data Collection | |
| | Percentage | Number | Percentage | Number | Percentage | Number |
| Developmental delay only | 57% | 4896 | 56% | 1116 | 70% | 383 |
| Diagnosed physical or mental condition only | 25% | 2119 | 30% | 603 | 21% | 117 |
| Developmental delay & | 16% | 1359 | 12% | 229 | 8% | 44 |

| | | | | | | |
|--|------|------|------|------|------|-----|
| Diagnosed physical or mental condition | | | | | | |
| Not Reported | 2% | 154 | 2% | 31 | 1% | 7 |
| TOTAL | 100% | 8528 | 100% | 1979 | 100% | 551 |

Analysis of Representativeness of Sample

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

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

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

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

Improvement Activities/Timelines/Resources:

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

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

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

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

Sampling Plan

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

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

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

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

Monitoring Priority: Early Intervention Services In Natural Environments

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

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

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

Measurement:

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

Overview of Issue/Description of System or Process:

Baseline Data for FFY 2004 (2004-2005):

New Indicator – target was not established for 2005

Discussion of Baseline Data:

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

Calculations:

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

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

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

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

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

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

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

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

Tool Used to Gather Family Outcomes Data

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

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

Administration of the Questionnaire

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

- Complete the hard copy questionnaire and return it to The Ohio Department of Health.
- Complete the questionnaire on the Helpline website. They had to enter their child's Early Track Identification (ETID) number and then could answer the questionnaire.
- Call the HMG Helpline and respond to the questions via phone interview.

Families who did not respond to the questionnaire within 10 business days were called by the Helpline staff. This includes families who returned a written questionnaire that did not have an ETID. The script read by the Helpline staff stated that the family may have already responded to the questionnaire but were asked to take a few minutes to respond over the phone. Families whose ETID was printed on the questionnaire and who returned the questionnaire were not contacted via phone by the Helpline staff.

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

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

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

Of the 6,482 questionnaires, responses were received for 1,543 families for a response rate of 24%. All 88 counties were represented in the responses to the Family Outcomes questionnaire. This data will be disaggregated, summarized by county and sent to all HMG Project Directors and County Family and Children First Council Coordinators and posted on the Ohio Help Me Grow website. Counties with small "Ns" will have their data suppressed.

Breakdown of Method Used to Respond

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

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

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

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

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

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

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

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

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

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

Table 5
Comparison of Population (of Children), Sample & Respondents by County Size

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

Analysis of Representativeness of Sample

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

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

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

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

| FFY | Measurable and Rigorous Target |
|---------------------|--|
| 2005 (2005-2006) | New indicator; targets will be established once baseline data are available. |
| 2006 (2006-2007) | A. 91% of families participating in Part C who report that early intervention services have helped families know their rights . |

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

Improvement Activities/Timelines/Resources:

Sampling Plan

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

Future Administration of the Family Outcomes Questionnaire

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

that included the Family Outcome Questionnaire and a fact Finding Questionnaire. The intent of the fact Finding Questionnaire was to understand families' opinions regarding the ECO Family Outcomes Questionnaire. The responses of this inquiry were presented to the HMG Evaluation Committee in October 2006.

Among other questions, families were asked:

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

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

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

Additional Improvement Activities

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

SAMPLE OF FAMILY OUTCOMES QUESTIONNAIRE



Help Me Grow Family Questionnaire

November 2006

Dear Parent / Caregiver (First name, Last name),

Ohio's Help Me Grow Program is interested in your opinion regarding Help Me Grow services. Your family was one selected to help us determine what works with Help Me Grow as well as what improvements you feel could be made through a short questionnaire. Our intent is to assist with program and service improvement efforts at the federal, state, and local levels. Please take a few minutes and respond to the following 12 questions. After you are done, choose any one (1) of the following methods to let us know your responses.

1. Send Help Me Grow the completed questionnaire in the enclosed self-addressed stamped envelope.
2. Call Help Me Grow directly at 1-800-755-GROW (4769) and provide your responses. Use the ID# at bottom of page to identify yourself.
3. Go online to www.callogistix.com/hmgfs06 and complete the questionnaire. Use the ID# at bottom of page to identify yourself.

We have indicated a unique ID# on each page of this mailing to assist us in looking at responses at both a state and county level. Also, you will need to refer to this number, <ET#XXXXXX>, when using option 2. or 3. for letting Help Me Grow know your responses.

All responses are completely confidential. Be assured that at no time will your individual responses be shared with others. All responses will be reported in groupings so that individual responses can not be identified. The report generated by all responses to this questionnaire will be sent to the Office of Special Education Programs at the U.S. Department of Education, other Help Me Grow stakeholders, and at some point in 2007 will be available to view on Ohio's Help Me Grow website:
<http://www.ohiohelpmegrow.org>.

If Help Me Grow does not receive a response from you by December 4th, we will make an effort to call you to see if you would like any assistance in completing the questionnaire. Please remember that your participation is voluntary, and your response is greatly appreciated as you will be helping to improve Ohio's Help Me Grow system. If you have any questions about this questionnaire please feel free to contact Jonathan Thomas at (614) 728-9622.



INSTRUCTION ON HOW TO COMPLETE THE HELP ME GROW FAMILY QUESTIONNAIRE

- This questionnaire should be filled out by the person in your family who has the most interaction with Help Me Grow.
- All of the responses include the word “we” or “our.” This refers to your family. Usually this means parents and others who support and care for your child. But every family is different, so think of what “family” means to you when answering.
- On every page, you will be asked to answer questions like to example below:

#. How much does your family know about dinosaurs?

| 1 | 2 | 3 | 4 | 5 | 6 | 7 |
|---|---|-------------------------------------|---|--|---|---|
| We know a little about dinosaurs | | We know some about dinosaurs | | We know a good amount about dinosaurs | | We know a great deal about dinosaurs |

- Read each question and circle the number that best describes your family right now.
- If a statement almost describes your family, but not quite, circle the number to the left or the right. For example, if you feel that the statement “5” “We know a **good amount** about dinosaurs” almost describes your family, but not quite, circle the “4.”
- If you do not know how to answer a question, or if you are not comfortable answering the question, skip it and go to the next question.

YOUR FEELINGS ABOUT HELP ME GROW

1. To what extent has Help Me Grow helped your family know and understand your rights?

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

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

| 1 | 2 | 3 | 4 | 5 | 6 | 7 |
|---|---|---|---|---|---|---|
| Help Me Grow has done a poor job of helping us communicate our child's needs | | Help Me Grow has done a fair job of helping us communicate our child's needs | | Help Me Grow has done a good job of helping us communicate our child's needs | | Help Me Grow has done an excellent job of helping us communicate our child's needs |

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

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

UNDERSTANDING YOUR CHILD'S STRENGTHS, ABILITIES, AND SPECIAL NEEDS

4. Your child is growing and learning. How much does your family understand your child's development?

| 1 | 2 | 3 | 4 | 5 | 6 | 7 |
|--|---|---|---|--|---|---|
| We are just beginning to understand our child's development | | We understand some about our child's development | | We understand a good amount about our child's development | | We understand a great deal about our child's development |

5. Some children have special health needs, a disability, or are delayed in their development. These are often referred to as "special needs." How familiar is your family with your child's special needs?

| 1 | 2 | 3 | 4 | 5 | 6 | 7 |
|--|---|---|---|--|---|---|
| We are just beginning to understand our child's special needs | | We understand some about our child's special needs | | We understand a good amount about our child's special needs | | We understand a great deal about our child's special needs |

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

| 1 | 2 | 3 | 4 | 5 | 6 | 7 |
|---|---|--|---|--|---|--|
| We seldom can tell if our child is making progress | | We sometimes can tell if our child is making progress | | We usually can tell if our child is making progress | | We almost always can tell if our child is making progress |

KNOWING YOUR RIGHTS AND ADVOCATING FOR YOUR CHILD

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

| 1 | 2 | 3 | 4 | 5 | 6 | 7 |
|--|---|--|---|---|---|--|
| We are just beginning to feel comfortable participating in meetings | | We are somewhat to feel comfortable participating in meetings | | We are generally comfortable participating in meetings | | We are very comfortable participating in meetings |

8. Families of children with special needs have rights, including what to do if you are not satisfied. How familiar is your family with your rights?

| 1 | 2 | 3 | 4 | 5 | 6 | 7 |
|---|---|--|---|---|---|--|
| We are just beginning to understand our rights | | We understand some about our rights | | We understand a good amount about our rights | | We understand a great deal about our rights |

HELPING YOUR CHILD DEVELOP AND LEARN

9. Families help their children develop and learn. How often is your family able to help your child develop and learn?

| 1 | 2 | 3 | 4 | 5 | 6 | 7 |
|--|---|--|---|--|---|--|
| We are just beginning to help our child develop and learn | | We sometimes are able to help our child develop and learn | | We usually are able to help our child develop and learn | | We routinely are able to help our child develop and learn |

10. Families try to help their children learn to behave the way they would like. How often is your family able to help your child learn to behave the way you would like?

| 1 | 2 | 3 | 4 | 5 | 6 | 7 |
|---|---|---|---|---|---|---|
| We are just beginning to help our child behave the way we want | | We sometimes are able to help our child behave the way we want | | We usually are able to help our child behave the way we want | | We routinely are able to help our child behave the way we want |

11. Families work with professionals to help your child learn and practice new skills at home or in their communities. How often is your family able to help your child learn and practice these new skills?

| 1 | 2 | 3 | 4 | 5 | 6 | 7 |
|--|---|--|---|--|---|--|
| We are just beginning to help our child learn and practice these skills | | We sometimes are able to help our child learn and practice these skills | | We usually are able to help our child learn and practice these skills | | We routinely are able to help our child learn and practice these skills |



ACCESSING YOUR COMMUNITY

12. All children need medical care. How well does your family's medical care meet your child's special needs?

| 1 | 2 | 3 | 4 | 5 | 6 | 7 |
|--|---|---|---|---|---|---|
| Our medical care meets few of our child's needs | | Our medical care meets some of our child's needs | | Our medical care meets many of our child's needs | | Our medical care meets almost all of our child's needs |

Thank you for completing this questionnaire.

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

1. Send Help Me Grow the completed questionnaire in the enclosed self-addressed stamped envelope or send to:
 Ohio Department of Health
 Help Me Grow
 Attn: Survey Results
 246 North High Street
 Columbus, OH 43215
2. Call Help Me Grow directly at 1-800-755-GROW (4769) and provide your responses.
3. Go online to www.callogistix.com/hmgfs06 and complete the questionnaire.

Adapted from questionnaire Developed by the Early Childhood Outcomes Center with support from the Office of Special Education Programs, U.S. Department of Education. © 2005 SRI International. Version: 12-16-05.