

**Part C State Annual Performance Report (APR) for 2006**

**Overview of the Annual Performance Report Development:**

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

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

The APR will be sent to all HMG Project Directors and County Family and Children First Council Coordinators and the Ohio Help Me Grow Advisory Council members. The APR and updated SPP activities will also be posted on the [ohiohelpmegrow.org](http://ohiohelpmegrow.org) website in the spring of 2008.

The performance of each county Help Me Grow program in meeting the state targets will be sent to all HMG Project Directors and County Family and Children First Council Coordinators and shared with the Ohio Help Me Grow Advisory Council members. The county listing will also be posted on the [ohiohelpmegrow.org](http://ohiohelpmegrow.org) website in 2008 to align with the release of the state and county determination process.

Part C State Annual Performance Report (APR) for 2006

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

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

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

**Measurement:**

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

Account for untimely receipt of services.

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

**Actual Target Data for 2006:**

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

Noncompliant services are deemed as such for the following reasons:

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

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

This indicator is included in the Compliance Agreement. The Compliance Agreement requires revision of the monitoring process. ODH has been working with the National Center for State Accountability, Education and Monitoring (NCSEAM) in revising its monitoring process. The revised General Supervision and Monitoring Process was submitted to OSEP in April 2007. ODH provided an overview of the revised monitoring process to county HMG personnel on June 8, 2007. ODH piloted the revised focused monitoring process in four (4) counties; Trumbull, Lawrence, Stark and Madison. The Corrective Action Plans (CAPs) for the counties were submitted to OSEP.

ODH also piloted a self-assessment process to capture data/information on the indicators that are not included in the data system with four counties; Mahoning, Ashland, Lake and Monroe.

Activities for Indicator 1	Timeline	Resource
<p>1. 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.</p> <p><b>This activity was revised and replaced with new activities. (See under Revisions below).</b></p>	SFY 2007	<ul style="list-style-type: none"> <li>▪ Family Information Network (FIN) of Ohio</li> <li>▪ HMG State Monitoring Team</li> </ul>
<p>2. 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.</p> <p><b>Progress</b> Early Track 3.0 has been updated to include family reasons for not meeting the state timeline.</p>	SFY 2006	<ul style="list-style-type: none"> <li>▪ ODH data team</li> </ul>
<p>3. Analyze barriers of delivering timely services identified by counties on the county surveys.</p> <p><b>Progress</b> The Service Delivery Committee reviewed surveys and compiled a list of most common barriers identified in the survey and developed a plan of action to remove barriers.</p>	SFY 2007	<ul style="list-style-type: none"> <li>▪ HMG Advisory Council</li> <li>▪ Service Delivery Committee surveys</li> <li>▪ ODH staff</li> </ul>
<p>4. Develop and implement a plan to remove barriers identified by counties on surveys, including:</p> <p style="padding-left: 20px;">a. Barriers that can be removed easily;</p> <p><b>Progress</b> The Service Delivery Committee recommended that ODH encourage more consistency of procedures throughout the state by developing guidance documents for IFSP development, evaluation and assessment, and intake. The Committee made formal recommendations to ODH to present to the Ohio Family and Children First Council to align state requirements that enhance the implementation of Help Me Grow services to children in Foster Care.</p>	<p>SFY 2007</p> <p>SFY 2007</p>	<ul style="list-style-type: none"> <li>▪ ODH</li> <li>▪ North Central Regional Resource Center</li> <li>▪ County Project Directors and Family and Children First Coordinators/Councils</li> <li>▪ HMG Advisory Council</li> <li>▪ Service Delivery Committee</li> </ul>

**Revisions, with Justification, to Proposed Targets / Improvement Activities / Timelines / Resources for 2006:**

*[If applicable]*

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

EIS. 1C.	ODH will report on the: (1) Percent (including numbers used	ODH's revised focused monitoring process includes a data validation/verification process for meeting timely receipt of EI services. Based on the
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	<p>in calculation) of infants and toddlers with IFSPs whose Part C IFSP services are initiated in a timely manner.</p> <p>(2) Type(s) of early intervention service(s) (including services to families as well as to infants and toddlers with disabilities) not initiated in a timely manner as well as the reasons why the services were delayed.</p>	<p>data validation/verification process, ODH issued findings and required Corrective Action Plans for counties not meeting the requirements. Attached in Table B is a final list of the counties and their level of compliance with meeting the timely receipt of services requirements. The data in the October quarterly report was preliminary data for the counties. Compliance percentages did change after further analyses were completed. Table B included in this report is the final compliance percentages for TRS CAPs. CAPs have been received and are under review by ODH. Table B also includes an analysis of the data for items #1 and #2 including the primary reason for non-compliance for the county.</p>
<p>EIS. 2C.</p>	<p>ODH will collect and analyze data related to completion of vision and hearing status as part of the developmental evaluation and assessment process for children referred to Part C.</p>	<p>The attached data analysis for the 45 day timeline requirements includes information by county, of the root cause for noncompliance. ODH developed a Vision Screening tool in 2006 that is in use and has helped correct the noncompliance related to completion of the vision status as a part of the developmental evaluation and assessment process. Hearing Status Questionnaire that was piloted and then issued for use by all counties in the Spring of 2007. Corrective action plans have been submitted for all counties with noncompliance that includes strategies to address correction of the noncompliance. In many instances, use of the Hearing Status Questionnaire tool will correct the noncompliance. Hearing and vision status are identified on Table A as the primary reason for non-compliance for some counties. The CAP for the counties includes strategies to address the reasons for non-compliance.</p>

Part C State Annual Performance Report (APR) for 2006

**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.<sup>1</sup>

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

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

FFY	Measurable and Rigorous Target
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.

**Actual Target Data for 2006:**

86% of infants and toddlers with IFSPs primarily received early intervention services in the home or programs for typically developing children. The source data for this indicator are from the December 1, 2006 Table 2 (Report of Program Setting where Early Intervention Services Are Provided) reported to Westat by the Ohio Department of Health (ODH). ODH reported that 10,114 children of the total 11,696 received early intervention services in home.

As the data indicates for FFY2006, Ohio exceeded its target by 8%. Ohio intends to collect natural environment in a more precise fashion with its new data system. Due to this change in how this indicator will be measured, Ohio is not changing its targets for the original State Performance Plan submitted last year.

**Discussion of Improvement Activities Completed and Explanation of Progress or Slippage that occurred for (2005):**

Activities for Indicator 2	Timeline	Resource
1. Collect, compile, and analyze information on barriers to Everyday Routines, Activities, and Places (ERAP) and successes to implementing ERAP.	SFY 2007	▪ State survey data and other state information
2. Identify providers of specialized and related services and utilize them for ERAP services	SFY 2007	▪ ODH, County Boards of MRDD, Bureau for Children with Medical Handicaps (BCMH), ODE, private providers

<sup>1</sup> At the time of the release of this package, revised forms for collection of 618 State reported data had not yet been approved. Indicators will be revised as needed to align with language in the 2005-2006 State reported data collections.

**Revisions, with Justification, to Proposed Targets / Improvement Activities / Timelines / Resources for 2006:**

*[If applicable]*

**Improvement Activities**

In late SFY 2006 / beginning of SFY 2007, ODH revised the Early Track data collection system to record the frequency, intensity, and setting of each Early Intervention Service. The new data collection system Early Track 3.0 was implemented in SFY 2007; ET 3.0 now has the ability to calculate the primary service location based on that data. This new reporting will be used for next year's APR.

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 his/her services. The Service Coordinators determine the primary location by reviewing what is documented on the IFSP as the location for each EI service.

The percentages were calculated by (1) adding all the 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.

## Part C State Annual Performance Report (APR) for 2006

## Monitoring Priority: Early Intervention Services In Natural Environments

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

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

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

**Measurement:**

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

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

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

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

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

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

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

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

C. Use of appropriate behaviors to meet their needs:

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

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

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

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

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

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

FFY	Measurable and Rigorous Target
2006	n/a

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

In the February 1<sup>st</sup>, 2007, the state reported entry data based on a sample of eligible infants/toddlers entering Ohio’s Part C program April 1<sup>st</sup>, 2006 – September 30<sup>th</sup>, 2006. The sample consisted of all eligible infants and toddlers from seventeen (17) counties trained in Phase 1 of Ohio’s Implementation roll-out of the Child Outcome Summary Form (COSF). Entry data are collected based on information gathered through the evaluation/assessment process, including screenings, and through parent feedback and observations of the child in various settings. Entry data may only be collected for children whom have an IFSP dated on/after six (6) months of age. All programs collecting data for Indicator 3 reporting do so by completing a COSF which was adapted for use of Ohio’s Part C programs from the Early Child Outcome Center’s form. The COSF uses a seven (7)-point scale with ratings of six (6) and seven (7) being “comparable to same-aged peers.”

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

- In FFY2007 ODH will complete its training of the 88 county Part C programs.
- Conference calls will be scheduled with counties who have been using the paper COSF when the electronic version is released.
- Once all 88 counties have been trained, ODH will offer refresher and new employee trainings.
- ODH continues to explore using its website to post a PowerPoint version of the COSF training for use by county staff, as well as webinar capabilities to involve larger participant groups in presentations and discussions.

### Measurement strategies to collect data

- Who will be included in the measurement i.e., what population of children? All infants and toddlers who enter the early intervention system after the county has been trained on how to use the COSF to gather child outcomes. Children must have an IFSP in place in Ohio's Part C program on/after six (6) months of age, and prior to thirty (30) months of age.
- What assessment / measurement tool(s) and/or other data sources will be used? The child's IFSP team including the child's family will use a variety of data sources to make a determination of the child's performance level. The child's performance will be scored using a seven (7)-point scale included on the adapted COSF originally developed by the Early Childhood Outcome Center.
- What data will be reported to the state, and how will the data be transmitted? Currently, on an ongoing basis, at entry (or IFSP review for children entering under six (6) months of age), each annual IFSP, and exit, local programs complete hardcopy COSFs and submit those to the state. In early CY2008, the Ohio Department of Health plans to release an electronic version of the COSF on its web-based data collection system, Early Track.
- What data analysis methods will be used to determine the progress categories? ODH uses the recommended COSF to OSEP Categories Calculator provided by the Early Childhood Outcome Center.
- What criteria will be used to determine whether a child's functioning was "comparable to same aged peers"? ODH has adapted the Early Childhood Outcome Center's definition for "comparable to same-aged peers", a child who has been scored as a six (6) or seven (7) on the seven (7)-point scale included on the COSF.

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

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

### **Baseline Data for FFY 2006 (2006-2007):**

# APR Template – Part C (4)

OHIO  
State

The data below are NOT baseline data. Progress data reported for FFY2010 will be considered baseline data, and will be the point from which rigorous targets are set for Ohio's State Performance Plan covering FFY2011 – FFY2016. The first year of progress data available for Ohio's Part C program consist of children exiting in FFY2006 and are presented in the tables below.

<b>A. Positive social-emotional skills (including social relationships):</b>	<b>Number of children</b>	<b>% of children</b>
a. Percent of infants & toddlers who did not improve functioning	2	2%
b. Percent of infants & toddlers who improved functioning but not sufficient to move nearer to functioning comparable to same-aged peers	29	22%
c. Percent of infants & toddlers who improved functioning to a level nearer to same-aged peers but did not reach	19	14%
d. Percent of infants & toddlers who improved functioning to reach a level comparable to same-aged peers	23	17%
e. Percent of infants & toddlers who maintained functioning at a level comparable to same-aged peers	60	45%
<b>TOTAL</b>	<b>133</b>	<b>100%</b>

<b>B. Acquisition &amp; use of knowledge &amp; skills (including early language/communication &amp; early literacy)</b>	<b>Number of children</b>	<b>% of children</b>
a. Percent of infants & toddlers who did not improve functioning	3	2%
b. Percent of infants & toddlers who improved functioning but not sufficient to move nearer to functioning comparable to same-aged peers	37	28%
c. Percent of infants & toddlers who improved functioning to a level nearer to same-aged peers but did not reach	23	17%
d. Percent of infants & toddlers who improved functioning to reach a level comparable to same-aged peers	22	17%
e. Percent of infants & toddlers who maintained functioning at a level comparable to same-aged peers	48	36%
<b>TOTAL</b>	<b>133</b>	<b>100%</b>

<b>C. Acquisition &amp; use of knowledge &amp; skills (including early language/communication &amp; early literacy)</b>	<b>Number of children</b>	<b>% of children</b>
a. Percent of infants & toddlers who did not improve functioning	3	2%
b. Percent of infants & toddlers who improved functioning but not sufficient to move nearer to functioning comparable to same-aged peers	32	24%
c. Percent of infants & toddlers who improved functioning to a level nearer to same-aged peers but did not reach	22	17%
d. Percent of infants & toddlers who improved functioning to reach a level comparable to same-aged peers	30	23%
e. Percent of infants & toddlers who maintained functioning at a level comparable to same-aged peers	46	35%
<b>TOTAL</b>	<b>133</b>	<b>100%</b>

**Discussion of Baseline Data:**

The data above are NOT baseline data. Progress data reported for FFY2010 will be considered baseline data, and will be the point from which rigorous targets are set for Ohio's State Performance Plan covering FFY2011 – FFY2016. The first year of progress data available for Ohio's Part C program consist of children exiting in FFY2006 and are presented in the tables below.

For the February 1<sup>st</sup>, 2008 APR submission Ohio has data for children whom received Entry ratings on/after six (6) months of age and Exit ratings following exits during FFY2006 after receiving at least six (6) months of services in the Part C program on/after six (6) months of age. Exit ratings were gathered by programs completing a COSF which was adapted for use of Ohio's Part C programs from the Early Child Outcome Center's form. The COSF uses a seven (7)-point scale with ratings of six (6) and seven (7) being considered "comparable to same-aged peers."

- Number of children whom Ohio's Part C programs were required to complete Entry ratings during/before FFY2006: 2,703
- Number of above children who exited Ohio's Part C program: 933
- Number of above children who exited Ohio's Part C program during FFY2006: 403
- Number of above children whom received at least six (6) months of services in Ohio's Part C program on/after the date of the IFSP which provided information to complete Entry ratings: 141
- Number of children with Entry and Exit ratings received by state and accepted (i.e., accuracy and completeness was ensured): 133

All ratings were to be completed by the IFSP team within thirty (30) days of the appropriate IFSP/Exit date. Teams reviewed a variety of data sources to determine the child's status on the seven (7)-point scale. County staff completed a hardcopy of the COSF which was reviewed by state staff and then entered into a statewide database for analyses and reporting. Future data will be collected using the new approach previously described (Early Track).

**Improvement Activities/Timelines/Resources:**

Progress data was available for 133 children this year; however, the proportions of children on the progress categories may not be representative of children participating in the program. The length of time the children in the included data participated in services ranged from 6 months to 12 months, and the children in the data entered services from ages 8 months to 28 months. Of the children who had Entry ratings required during/before FFY2006, 1,770 are still participating in the program. The progress data presented above is less than 2 percent of the total number of children (approximately 8,550 - exiting the Ohio's Part C program each year.

- All children entering Ohio's Part C program between ages six (6) months and thirty (30) months will have Entry ratings beginning July 2008.
- All children exiting Ohio's Part C program after receiving at least six (6) months of services on/after an IFSP dated on/after six (6) months of age will have Exit ratings beginning February 2011.
- A total of 69 counties have been trained in the COSF process. The remaining 19 counties will be trained in CY2008.
- ODH has posted its COSF training materials on its website and is in the process of developing a DVD for training. ODH is also looking into posting a PowerPoint of COSF training on its website when ODH has the technology available.

# APR Template – Part C (4)

<u>Activities for Indicator 3</u>	<u>Timeline</u>	<u>Resource</u>
1. <u>Train rest of counties</u>	<u>CY2008</u>	<u>ODH staff</u>
2. <u>Develop DVD or on line training for new staff &amp; refresher for staff already trained</u>	<u>CY2008</u>	<u>ODH staff</u>
3. <u>Move COSF to web-based data system</u>	<u>CY2008</u>	<u>ODH staff, including IT staff</u>
4. <u>QA on data to ensure accuracy &amp; completeness. Support county administrators in reviewing random samples of COSFs for quality &amp; completeness.</u>	<u>CY2008 &amp; ongoing</u>	<u>ODH staff, county administrators, HMG Advisory Council Evaluation subcommittee</u>
5. <u>Analyze data summaries to look for discrepancies by county, service agency, service coordinator</u>	<u>CY2008 &amp; ongoing</u>	<u>ODH staff, county administrators</u>

Part C State Annual Performance Report (APR) for 2006

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

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

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

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

**Measurement:**

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

FFY	Measurable and Rigorous Target
<b>2006</b> (2006-2007)	<ul style="list-style-type: none"> <li>A. 91% of families participating in Part C who report that early intervention services have helped families <b>know their rights</b>.</li> <li>B. 91% of families participating in Part C who report that early intervention services have helped families <b>effectively communicate their children's needs</b>.</li> <li>C. 91% of families participating in Part C who report that early intervention services have helped families <b>help their children develop and learn</b>.</li> </ul>

**Actual Target Data for 2006:**

- A. 95% Know their rights:** 415 respondent families participating in Part C report that early intervention services helped them know their rights divided by 439<sup>2</sup> respondent families participating in Part C times 100.
- B. 95 % Effectively communicate their children's needs:** 414 respondent families participating in Part C report that early intervention services helped them effectively communicate their children's needs divided by 437<sup>3</sup> respondent families participating in Part C times 100.

<sup>2</sup> Eight non-responses removed from denominator. There were 447 surveys in the sample; 439 responded to question referencing Indicator 4A.

<sup>3</sup> Ten non-responses removed from denominator. There were 447 surveys in the sample; 437 responded to question referencing Indicator 4B.

- C. **93% Help their children develop and learn:** 410 respondent families participating in Part C report that early intervention services helped family help their children develop and learn divided by 439<sup>4</sup> respondent families participating in Part C times 100.

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

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

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

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

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

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

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

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

Families deemed eligible to receive surveys included the universe of families enrolled in the program on December 1, 2006. A purposive, random sample was drawn of the respondents to reflect Ohio’s 618 Table 1 submission (FFY 2006), which is consistent with the original respondent pool. Refer to Table 1 for a comparison between Ohio’s 618 table and the sample we drew:

Sex	Race/Ethnicity	Age < 1		Age 1-2		Age 2-3		Total	
		618	Sample	618	Sample	618	Sample	618	Sample
<b>Female</b> 618 N=4891 (41.82%) Sample n=187 (41.83%)	American Indian or Alaska Native	0.02%	0.00%	0.05%	0.00%	0.06%	0.00%	0.12%	0.00%
	Asian or Pacific Islander	0.11%	0.22%	0.36%	0.45%	0.46%	0.45%	0.93%	1.12%
	Black or African American	1.81%	2.01%	3.21%	3.36%	3.54%	3.36%	8.56%	8.72%
	Hispanic	0.38%	0.45%	0.85%	0.89%	0.99%	0.89%	2.22%	2.24%
	White	5.96%	6.04%	11.19%	11.19%	12.85%	12.53%	30.00%	29.75%
<b>Male</b> 618 N=6805 (58.18%) Sample n=260 (58.17%)	American Indian or Alaska Native	0.10%	0.00%	0.08%	0.00%	0.14%	0.00%	0.32%	0.00%
	Asian or Pacific Islander	0.13%	0.22%	0.27%	0.22%	0.38%	0.45%	0.78%	0.89%
	Black or African American	2.12%	2.24%	3.74%	3.80%	5.03%	4.92%	10.89%	10.96%
	Hispanic	0.44%	0.89%	0.99%	0.89%	1.37%	1.34%	2.80%	3.13%
	White	7.00%	6.71%	13.57%	13.87%	22.82%	22.60%	43.39%	43.18%
<b>Total</b>		18.08%	18.79%	34.30%	34.68%	47.62%	46.53%	100.00%	100.00%

**Analysis of Representativeness of Sample**

Surveys were sent to all Part C families enrolled in Help Me Grow December 1, 2006 who had not yet exited the program on October 1, 2007, the first day the surveys were distributed (N=5335), which includes sample of recently-exited families (n=841) who were also invited to respond to the questionnaire. Of 6176 families invited to answer the

<sup>4</sup> Eight non-responses removed from denominator. There were 447 surveys in the sample; 439 responded to question referencing Indicator 4C.

questionnaire, 2517 completed surveys were received from families, yielding a total response rate of 40.75%.

The responses were then subject to a purposive random sample meant to be representative to Ohio's Part C population on December 1, 2006 by race/ethnicity, age, and sex of the enrolled child. This cut the responses for representative analysis down to n=447. Table 1 presents a comparison of the 618 data to the sampled respondent pool. Table 2 presents the difference in proportion between the 618 data and the sample of the respondent pool in proportion of race/ethnicity, gender, and age:

Sex	Race/Ethnicity	Percent Difference Between 618 Data and Sampled Respondents			
		Age < 1	Age 1-2	Age 2-3	Total
Female	American Indian or Alaska Native	0.02%	0.05%	0.06%	0.12%
	Asian or Pacific Islander	0.11%	0.09%	0.01%	0.19%
	Black or African American	0.20%	0.15%	0.18%	0.16%
	Hispanic	0.07%	0.04%	0.10%	0.02%
	White	0.08%	0.00%	0.32%	0.25%
Male	American Indian or Alaska Native	0.10%	0.08%	0.14%	0.32%
	Asian or Pacific Islander	0.09%	0.05%	0.07%	0.11%
	Black or African American	0.12%	0.06%	0.11%	0.07%
	Hispanic	0.45%	0.10%	0.03%	0.33%
	White	0.29%	0.30%	0.22%	0.21%
Total		0.71%	0.38%	1.09%	0.00%

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

**Tool Used to Gather Family Outcomes Data**

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

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

**Administration of the Questionnaire**

In order to improve the over-all response rate, Ohio took the following steps:

- Rather than mailing the questionnaire to families, Ohio asked local programs to instruct their service coordinators to hand-deliver printed versions of the questionnaire and accompanying cover letter.
- Tracked local progress in delivering the questionnaires to highlight accountability.
- Made “encouragement calls” to a subset of the response pool.
- Made follow-up calls to families who received a survey but had not yet responded.

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

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

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

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

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

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

Families who did not respond to the questionnaire three weeks after the Service Coordinators’ deadline for distribution were called by the Helpline staff. Families were given the option of taking the questionnaire over the phone at the time of call if contacted by the Helpline.

6176 total questionnaires were distributed to families still enrolled in the program from the December 1, 2006 child count and a sample of recently exited families. This yielded 2517 surveys completed

and returned for a response rate of 40.75%. 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.

**Table 3: Breakdown of Method Used to Respond**

<b>Method of responding</b>	<b>Number</b>	<b>Percentage</b>
Written Questionnaire	1654	65.71%
Phone Call (both In/Out)	737	29.28%
Web Site	126	5.05%
Total	2517	100%

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

**Revisions, with Justification, to Proposed Targets / Improvement Activities / Timelines / Resources for 2006:**

Not Applicable.



## Help Me Grow Family Questionnaire

November 2007

Dear Parent/Caregiver:

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

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

1. Send Help Me Grow the completed questionnaire in the enclosed self-addressed stamped envelope.
2. Call Help Me Grow directly at 1-800-755-GROW (4769), press zero (0) to request the survey from the operator and provide your responses. Use the ID# at top of the page to identify yourself.
3. Go online to [www.callogistix.com/hmgfs07](http://www.callogistix.com/hmgfs07) and complete the questionnaire. Use the ID# found on the questionnaire to identify yourself.

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

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

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

If Help Me Grow does not receive a response from you in a few weeks, we will make an effort to call you to see if you would like any assistance in completing the questionnaire. Please remember that your participation is voluntary, and your response is greatly appreciated as you will be helping to improve Ohio's Help Me Grow system. If you have any questions, please feel free to contact Mary Alice Hamnett at (614) 644-7580.



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

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

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

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

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

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



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

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

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

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

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

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



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

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

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

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

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

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

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

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

11. Have you received visits in your home from Help Me Grow professionals since your family entered the program?

1. Yes                      How many times? \_\_\_\_\_
2. No
3. I don't understand this question.
4. I don't remember.



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

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

**Thank you for completing this questionnaire.**

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

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

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.

Part C State Annual Performance Report (APR) for 2006

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

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

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

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

**Measurement:**

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

FFY	Measurable and Rigorous Target
2006 (2006-2007)	1.1% of infants and toddlers birth to age one year will have IFSPs.

**Actual Target Data for 2006:**

1.43% of infants and toddlers birth to age one year had IFSPs for 2006. This percentage is calculated by dividing the updated 0 to 1 child count reported to Westat by the Ohio Department of Health (ODH) on November 1, 2007 of 2,099 and the 2006 population estimate of 146,341 (Puzzanchera, C., Finnegan, T. and Kang, W. (2007). "Easy Access to Juvenile Populations" Online. Available: <http://www.ojjdp.ncjrs.gov/ojstatbb/ezapop/>)

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

The percentage was calculated by dividing the number of infants and toddlers birth to one year with IFSPs for that year (2,099) by the estimated population of infants and toddlers birth to one year (146,341).

**Comparing Ohio to Other States**

Ohio ranks 9<sup>th</sup> among programs with broad eligibility definitions and 12<sup>th</sup> nationally. <sup>1</sup>

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

1 Source: U.S. Department of Education, Office of Special Education Programs, Data Analysis System (DANS), OMB #1820-0557: "Infants and Toddlers Receiving Early intervention Services in Accordance with Part C, "2006 Data updated as of July 15, 2007.

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

Activities for Indicators 5 and 6	Timeline	Resource
<p>1. Develop a statewide marketing plan in order to increase referrals to Help Me Grow, targeting but not limited to:</p> <ul style="list-style-type: none"> <li>a. Parents and the general public;</li> <li>b. Birthing hospitals;</li> <li>c. Hospitals with NICU and/or PICU, level III hospitals;</li> <li>d. Physicians, clinics, WIC;</li> <li>e. Job and Family Services (JFS), Child Welfare agencies;</li> <li>f. The Hospital-Based Child-Find Program;</li> <li>g. Childcare providers;</li> <li>h. Childcare resource and referral agencies; and</li> <li>i. Agencies representing homeless families.</li> </ul> <p><b>Progress</b></p> <p>The Public Awareness Committee spent the first half of the calendar year investigating the possibility of producing a statewide video to promote Help Me Grow. This was a joint effort with the Child Find/Eligibility Committee.</p> <p>Early on in the process the joint committees encountered significant technical barriers to the project. Those included identifying a target audience, utilizing efficient distribution channels, video direction, video scripting and translating that script into a "storyboard".</p> <p>The Child Find committee has a representative from the Ohio Department of Education-Homeless Outreach that participates in our meetings and work. The committee has continuously contacted other state agencies and child find agencies to be a part of their conferences/print materials.</p> <p>The Child Find/Eligibility committee is in the process of developing a marketing/child find video and marketing packet to be used statewide, in collaboration with the Public Awareness Committee.</p> <p>Plans are being made to be a part of the Spring 2008 Help Me Grow Leadership Conference.</p>	<p>By SFY 2007</p>	<ul style="list-style-type: none"> <li>▪ Help Me Grow 800-number</li> <li>▪ BEIS Data and Training Staff</li> <li>▪ ODH Public Relations</li> <li>▪ County Help Me Grow Outreach</li> <li>▪ Public Policy Committee</li> </ul>

Activities for Indicators 5 and 6	Timeline	Resource
<p>2. Develop a policy utilizing the hospital-to-home plan.</p> <p><b>This activity was revised in FFY 2005 APR. See activities below.</b></p>	<p>SFY 2006</p>	<ul style="list-style-type: none"> <li>▪ HMG Advisory Council</li> <li>▪ Child Find Committee</li> <li>▪ Hospital-Based Child-Find Program</li> <li>▪ BEIS Training Staff</li> <li>▪ BEIS HMG Monitoring Team</li> </ul>
<p>1. The Child Find/Eligibility committee in collaboration with HBRCF consultant will develop a draft hospital to home policy to be submitted to the HMG Advisory Council for review.</p> <p>2. The Child Find/Eligibility will review ODH information on the hospital based regional child find program to determine the policy that will be used. The Child Find/Eligibility liaison will keep in regular contact with the program consultant that is in charge of the HBRCFS program.</p> <p><b>Slippage</b> The Child Find/Eligibility committee added a Regional Hospital Based Child Find Consultant to the committee in SFY 2007 in order to accomplish activities #1 and #2. The committee is currently in the process of developing a policy utilizing the hospital to home plan. The committee did not meet the stated timeline due to extensive work on the revision of the eligibility policy.</p> <ul style="list-style-type: none"> <li>a. Provide training on the policy; and <b>(to occur in SFY 2009)</b></li> <li>b. Monitor compliance with the policy <b>(to occur in SFY 2009 - 2010).</b></li> </ul> <p>3. In SFY 2007 ODH will require a greater level of collaboration between HMG and the Title V program BCMH, via the HMG grant to require consultation by a BCMH Public Health Nurse (PHN) for any child with a diagnosed physical or mental condition.</p> <p><b>Progress</b> ODH BEIS staff and staff from Ohio's (Title V) children with special health care needs program, Bureau for Children with Medical Handicaps (BCMh) have developed a partnership through the grant program to assure that children with diagnosed physical and medical conditions have access to Public Health Nurses 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.</p>	<p>SFY 2007</p> <p>SFY 2007</p> <p>SFY 2007</p>	<ul style="list-style-type: none"> <li>▪ Ohio Help Me Grow Advisory Council</li> <li>▪ Child Find/Eligibility Committee</li> <li>▪ ODH staff</li> </ul>

**Revisions, with Justification, to Proposed Targets / Improvement Activities / Timelines / Resources for 2006:**

*[If applicable]*

**The following activity will be carried into SFY 2008 for completion:**

**Activities for Indicators 5 and 6**

3. Develop a statewide marketing plan in order to increase referrals to Help Me Grow, targeting but not limited to:
  - j. Parents and the general public;
  - k. Birthing hospitals;
  - l. Hospitals with NICU and/or PICU, level III hospitals;
  - m. Physicians, clinics, WIC;
  - n. Job and Family Services (JFS), Child Welfare agencies;
  - o. The Hospital-Based Child-Find Program;
  - p. Childcare providers;
  - q. Childcare resource and referral agencies; and
  - r. Agencies representing homeless families.

The Public Awareness Committee in collaboration with the Child Find/Eligibility Committee is in the process of developing a marketing/child find video and marketing packet to be used statewide.

Plans are being made to be a part of the Spring 2008 Help Me Grow Leadership Conference.

Part C State Annual Performance Report (APR) for 2006

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

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

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

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

**Measurement:**

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

FFY	Measurable and Rigorous Target
2006 (2006-2007)	2.4% of infants and toddlers birth to age three years will have IFSPs.

**Actual Target Data for 2006:**

2.64% of infants and toddlers birth to age three year had IFSPs for 2006. This percentage is calculated by dividing the updated 0 to 3 child count reported to Westat by the Ohio Department of Health (ODH) on November 1, 2007 of 11,696 and the 2006 population estimate of 442,233 (Puzzanchera, C., Finnegan, T. and Kang, W. (2007). "Easy Access to Juvenile Populations" Online. Available: <http://www.ojfdp.ncjrs.gov/ojstatbb/ezapop/>)

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

The percentage was calculated by dividing the number of infants and toddlers birth to three year with IFSPs for that year (11,696) by the estimated population of infants and toddlers birth to three year (442,233).

**Comparing Ohio to Other States**

Ohio ranks 12<sup>th</sup> among programs with broad eligibility definitions and 22<sup>th</sup> nationally. <sup>1</sup>

<sup>1</sup> Source: U.S. Department of Education, Office of Special Education Programs, Data Analysis System (DANS), OMB #1820-0557: "Infants and Toddlers Receiving Early intervention Services in Accordance with Part C, "2006 Data updated as of July 15, 2007.

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

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

Ohio continues to use a performance based funding allocation methodology in which counties earn a portion of their funds based on whether they meet their target numbers which is set at 2.5% 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.

Also, county Help Me Grow programs are partnering with the local health departments, BCMH Public Health Nurses (PHNs) to increase the number of children referred.

The Child Find/Eligibility committee also completed the following activities to increase child find efforts statewide:

- The committee made recommendations to the Ohio Help Me Grow Advisory Council on changing the definition of delay. The Council approved the recommendation and submitted it to ODH. ODH plans to adopt the revised definition and include it in the Eligibility policy.
- The committee also reviewed the list of risk factors, and medical diagnoses reference list and they are both on the HMG web site as part of the current Eligibility policy. The Eligibility policy is being revised to include the new definition of delay and will go out to counties and be put onto the HMG website in SFY 2008.
- The committee has developed questions for a county survey. The Ohio HMG Advisory Council decided that only one (1) survey per year would be sent to HMG PDs. This activity was delayed so the survey with the committee's questions will go out with the 2008 survey.

**Revisions, with Justification, to Proposed Targets / Improvement Activities / Timelines / Resources for 2006:**

*[If applicable]*

Part C State Annual Performance Report (APR) for 2006

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

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

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

**Measurement:**

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

Account for untimely evaluations.

FFY	Measurable and Rigorous Target
2006 (2006-2007)	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.

**Actual Target Data for 2006:**

This indicator is included in the Compliance Agreement. ODH worked with the National Center for State Accountability, Education and Monitoring (NCSEAM) in revising its monitoring process. The revised General Supervision and Monitoring Process was submitted to OSEP in April 2007.

Ohio used monitoring data from its web-based data system to determine its percent compliance for this indicator. All children who became Part C eligible during the July 1, 2006 to December 31, 2006 records were examined electronically. Initial evaluations and IFSP meetings were due to be held in FFY06 for 3736 children and of those 2757 or 74% were held within 45 days of referral.

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

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

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

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

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

Activities for Indicator 7	Timeline	Resource
<p>1. Revise Early Track to add a drop down box to choose the reason if an IFSP was not done within 45 days.</p> <p><b>Progress</b> Early Track 3.0 was revised to include family reasons for not meeting the 45 day timeline.</p>	SFY 2006	<ul style="list-style-type: none"> <li>▪ ODH Data Team</li> </ul>
<p>2. Examine barriers identified by counties in not meeting developmental evaluations and/or not completing IFSPs within 45 days.</p> <p><b>Progress:</b> The Service Delivery committee suggested that more continuity be required in the process of evaluation and assessment and procedural intake process. The committee developed a new Developmental Evaluation and Assessment Form and Guidance Document that included all required components of the process.</p>	SFY 2007	<ul style="list-style-type: none"> <li>▪ HMG Advisory Council</li> <li>▪ Service Delivery Committee surveys</li> <li>▪ ODH staff</li> </ul>
<p>3. Develop and implement a plan to remove barriers identified by counties on surveys, including:</p> <p style="padding-left: 20px;">a. Barriers that can be removed easily;</p> <p><b>Progress</b> The Service Delivery Committee recommended that ODH encourage more consistency of procedures throughout the state by developing guidance documents for IFSP development, evaluation and assessment, and intake.</p>	<p>SFY 2007</p> <p>SFY 2007</p>	<ul style="list-style-type: none"> <li>▪ Ohio Department of Health</li> <li>▪ North Central Regional Resource Center</li> <li>▪ County Project Directors and Family and Children’s First Coordinators/ Councils</li> <li>▪ Help Me Grow Advisory Council</li> <li>▪ Service Delivery Committee</li> </ul>

**Revisions, with Justification, to Proposed Targets / Improvement Activities / Timelines / Resources for 2006:**  
*[If applicable]*

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

EIS. 1B	ODH will provide training to county HMG personnel, including local FCFC, CBMRDD & other agencies on new policies & implement the new policies procedures & guidance on developmental evaluation & assessment process statewide.	Select HMG policies, including Developmental Evaluation and Assessment for Part C eligibility were finalized in October 2006. ODH provided twelve regional trainings and two web-based trainings for local HMG, FCFC, CBMRDD and other local personnel on the revised policies.
EIS.2B	ODH will provide training to county	The HMG policy on Developmental Evaluation and

	HMG personnel, including local FCFC, CBMRDD & other agencies on new policies & implement the new policies procedures & guidance on assessing vision and hearing status as part of the developmental evaluation & assessment process statewide.	Assessment for Part C was finalized in October 2006. ODH provided twelve regional trainings and two web-based trainings for local HMG, FCFC, CBMRDD and other local personnel on the revised policy. Select HMG policies were revised and finalized in October 2006. ODH has developed a hearing status questionnaire tool and piloted the tool to determine the validity and reliability of the tool. Initial results indicated over and under referral of children needing additional audiologic follow-up. A second pilot was conducted during the winter of 2006. The pilot did not include enough children to validate the tool, so ODH is expanding the pilot to increase the number of children to validate the tool. The Vision status tool is being used statewide. Compliance on assessing vision status has increased tremendously with the use of this tool.
EIS. 3B	ODH will review its monitoring process & data system to identify changes needed to assure appropriate evaluation procedures for compliance with the 45-day timeline and timely EI service provision.	ODH's revised monitoring process includes indicators and data sources for meeting the 45 day timeline requirements and timely receipt of EI services. A draft of the General Supervision and Monitoring Process was submitted to OSEP in April 2006.
EIS. 1E	ODH will work with ODMRDD and any other state partners to align ODMRDD policies and any rules on 45-day timeline and EI service provision with ODH policies and procedures related to completion of developmental evaluations and assessments within the 45-day timeline.	ODMRDD has waived their current rules that conflict with ODH policies and inserted the following language: The ODMRDD Early Intervention Program rule (5123:2-1-04) is written to align with Part C of IDEA (34 C.F.R. Part 303) and the Ohio Department of Health (ODH) rule and policies. As lead agency for "early intervention" in Ohio, ODH has recently released new policies. Some of these policies conflict with current ODMRDD EI rule. Therefore, in keeping with the ODH/ODMRDD interagency agreement, sections of rule 5123:2-1-04 need to be waived to ensure a single, coordinated early intervention system for infants and toddlers with delays and disabilities and their families at both state and county levels. The changes to ODH policy are technical in nature, affecting service delivery processes rather than the quality of early intervention service delivery. The changes are meant to ensure, rather than impede, quality by ensuring that children are evaluated and offered an array of services in a more timely way statewide. ODMRDD is awaiting final Part C regulations and following ODH policies to complete its rule revisions.
EIS.2C	ODH will collect and analyze data related to completion of vision and hearing status as part of the developmental evaluation and assessment process for children referred to Part C.	Analysis completed and submitted by county with December 2007 quarterly report.
EIS. 3C.	ODH will incorporate comments by OSEP into monitoring process to assure appropriate evaluation procedures for compliance with the 45-day timeline and timely EI	ODH incorporated comments from OSEP on the revised General Supervision/Revised Focused Monitoring process submitted to OSEP in July 2007.

# APR Template – Part C (4)

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EIS. 4F.	<p>service provision.</p> <p>ODH will continue to recruit new EI service providers.</p>	<p>ODH continues to try to recruit new providers into the EI system of Payment. ODH sent out over 900 applications and letters to recruit current Title V providers to become EISOP providers. Currently, there are over 300 approved providers. ODH continues to encourage the counties to recruit providers in their areas as well. ODH currently uses the approved Medicaid reimbursement rates for providers. There is a perception that this may be a deterrent to many providers. ODH plans to explore what other states are using for reimbursement rates and how they were achieved for EI services.</p>
EIS. 1C	<p>ODH will report on the:</p> <p>(1) Percent of infants and toddlers (including numbers used in calculation) with IFSPs for whom an evaluation and assessment and an initial IFSP meeting were conducted within Part C's 45-day timeline.</p> <p>(2) Extent of the delay for infants and toddlers not included in the percentage under (1) above to include, by county, the total number of children who exceeded 45-days, the average number of days exceeded, and the maximum number of days exceeded.</p> <p>(3) Reasons for delay in meeting the 45-day timeline requirement for (2) above, including lack of evaluation personnel in either a specific discipline or county, family reasons e.g., family cancelled/rescheduled, child ill/hospitalized, unable to locate family, unable to obtain consent, waiting for medical/provider reports, service coordinator or evaluator unavailability or other reasons.</p>	<p>ODH's revised focused monitoring process includes a data validation/verification process for meeting the 45 day timeline requirements. Based on the data validation/verification process ODH issued findings and required Corrective Action Plans for counties not meeting the requirements. Attached is a list of the counties and their level of compliance with meeting the 45-day timelines. CAPs have been received and are under review by ODH.</p> <p>Analysis of the data for items #1, #2 and #3 are included with this report in Table A. The analysis includes information on the number of compliant child records, average number of days non-compliant, maximum number of days beyond the 45 day timeline; family reasons e.g. child ill/hospitalized, family schedule problem and family cancelled/missed appointments.</p> <p>We have also included foster care/surrogate parent issues due to the number of CAPTA referrals that have caused challenges with obtaining consents for evaluation and assessment. Non-compliant reasons include data error, documentation errors, HMG county staff oversight/error, and HMG staff scheduling issues, insufficient evaluation and hearing slots. The table also identifies the primary area of non-compliance for the county in the evaluation and assessment process.</p>
EIS.3D.	<p>ODH will pilot new revised focused monitoring process with at least four (4) counties related to 45-day timeline and timely receipt of services as well as other areas.</p>	<p>ODH piloted the revised focused monitoring process in four (4) counties; Trumbull, Lawrence, Stark and Madison. Copies of the monitoring report letters are attached. Findings were issued and corrective action plans (CAPs) have been received and are included with this report. ODH also implemented an off-site data review process to include data validation/verification for the areas of 45 day timeline and timely receipt of services. This data validation/verification process was for all 88 county programs in the state. Findings were issued for those counties not meeting the required level of compliance; counties were required to develop a corrective action plan addressing the root causes of noncompliance. Corrective action plans have been</p>

# APR Template – Part C (4)

OHIO  
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		received and are under review by ODH. Counties are required to submit monthly CAP reports demonstrating progress towards meeting 100% compliance. TA staff are monitoring implementation of the CAPs and the data and monitoring teams will be reviewing the data regularly to assure progress.
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Part C State Annual Performance Report (APR) for 2006

Monitoring Priority: Effective General Supervision Part C / Effective Transition

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

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

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

**Measurement:**

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

FFY	Measurable and Rigorous Target
2006 (2006-2007)	<ul style="list-style-type: none"> <li>A. 100% of children exiting Part C have an IFSP with transition steps and services</li> <li>B. 100% of children exiting Part C and potentially eligible for Part B in which notification to the LEA occurred</li> <li>C. 100% of children exiting Part C and potentially eligible for Part B in which the transition conference occurred</li> </ul>

**Actual Target Data for 2006:**

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

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

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TOTAL	4212	100%
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Indicators 8A and 8C are included in the Compliance Agreement. The Compliance Agreement requires revision of the monitoring process. The revised monitoring process was piloted in four (4) counties.

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

Activities for Indicator 8	Timeline	Resource
<p>2. Establish a mechanism to develop a shared database that documents the transition process across Part C and Part B systems.</p> <p><b>Progress</b> ODE was successful in revising legislation to allow ODH the ability to establish the State School Identifier number (SSID#) for children served in HMG. ODE has an external contractor that is responsible for establishing the SSID# for all children in Ohio schools. Both agencies are meeting to determine the best mechanism for this process.</p>	SFY 2007	<ul style="list-style-type: none"> <li>▪ ODH, ODE, possible contract with external entity</li> <li>▪ GSEIG grant, if awarded</li> </ul>
<p>3. 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.</p> <p><b>Progress</b> ODH has included a data field in the Early Track data collection system for the SSID#. This will allow the data connections between ODH and ODE.</p>	SFY 2007	<ul style="list-style-type: none"> <li>▪ ODH, ODE, possible contract with external entity</li> <li>▪ GSEIG grant, if awarded</li> </ul>
<p>4. Provide additional information for families that support transition activities. Explore idea of obtaining consent from parents to share information with schools at the time of entry into HMG.</p> <p><b>Progress</b> ODE plans to solicit feedback from families with children in preschool special education to determine what information is needed or would have been helpful in the past, which will include Transition.</p> <p>ODE also contracted with an agency to provide Part B Eligibility Training for HMG Service Coordinators and others. This contractor will be designing some parent materials, which will have a transition focus.</p>	SFY 2007	<ul style="list-style-type: none"> <li>▪ ODH, ODE, HMG Advisory Council Transition Committee</li> </ul>

Activities for Indicator 8	Timeline	Resource
<p>5. 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.</p> <p><b>Progress</b> The Transition Framework and Guidance document were completed in December 2006. The Ohio Department of Education contracted with a trainer to develop training on Part B eligibility and use of the “Framework” document. The training called “Rim to Rim” was contracted out by ODE and presented by Marilyn Espe-Sherwindt. HMG service coordinators as well as representatives from the school districts were in attendance. The training highlighted the roles and responsibilities of the HMG staff and the local school districts in transitioning Part C children from HMG to Part B when there is a suspicion of a disability.</p>	<p>SFY 2006</p>	<ul style="list-style-type: none"> <li>▪ ODH, ODE, HMG Advisory Council Transition Committee</li> </ul>
<p>6. Develop and review a transition training using a CD/ROM format for personnel directly involved in helping all children and families in HMG.</p> <p><b>Slippage</b> A CD/ROM transition training was not completed due to the need to have the final transition policy in place. The transition policy was revised and finalized in October 2006.</p>	<p>SFY 2006</p>	<ul style="list-style-type: none"> <li>▪ ODH</li> </ul>

**Revisions, with Justification, to Proposed Targets / Improvement Activities / Timelines / Resources for 2006:**

*[If applicable]*

**The following activity will be carried into SFY 2008 for completion:**

<p>#6. Develop and review a transition training using a CD/ROM format for personnel directly involved in helping all children and families in HMG.</p> <p>ODH and ODE will be working with the NCRRC staff to develop an on-line transition training.</p>	<p>SFY 2008</p>	<ul style="list-style-type: none"> <li>▪ ODH</li> </ul>
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The Compliance Agreement work plan includes the following improvement activities, timelines and resources for this report.

<p>TP.1A</p>	<p>ODH will revise its monitoring procedures &amp; data systems, as appropriate to clarify the following specific transition timelines and requirements for IFSP transition plans &amp; transition planning</p>	<p>ODH worked with the National Center for State Accountability, Education and Monitoring (NCSEAM) in revising its monitoring process. The revised General Supervision and Monitoring Process was submitted to OSEP in April 2007. The revised General Supervision process includes a self-assessment for indicators that</p>
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	conferences.	cannot be captured through the data system.  ODH's revised monitoring process includes indicators and data sources for meeting the transition planning conference timelines, notification of the Local Education Agencies (LEAs) and transition planning steps and services. A draft of the General Supervision and Monitoring Process was submitted to OSEP in April.
	Transition conference (add family approval, within time window & potentially eligible for Part B criteria) IFSP transition plan (add timeline & content to IFSP form)	The IFSP form and guidance document were revised in April 2007 to assure documentation of transition planning conference process, timelines and planning steps.
TP. 1B.	ODH will incorporate comments by OSEP into monitoring process to ensure compliance with transition timelines and requirements.	ODH incorporated comments from OSEP on the revised General Supervision/Revised focused monitoring process submitted to OSEP in July 2007.
TP. 2B	ODH will provide training to county HMG personal, including FCFC, CBMRDD & other agencies on the new policy & implement the new policies, procedures & guidance on transition.	Select HMG policies including Transition at Age Three were finalized in October 2006. ODH provided twelve regional trainings and two web-based trainings for local HMG, FCFC, CBMRDD and other local personnel on the revised policies. ODE in partnership with ODH just completed sixteen (16) trainings for HMG service coordinators and other personnel on Part B preschool eligibility to assist with transitioning potentially eligible children per the required timelines.  <u>OSEP conducted a technical assistance visit to Ohio in September 2007, where the draft revised Transition Policy was shared. OSEP provided additional guidance and changes required in the policy. On November 9, 2007 ODH participated in a conference call with OSEP regarding the Interagency Agreement between ODE and ODH and the following guidance was provided in an e-mail from OSEP: "The interagency agreement also needs to be consistent with the transition policy submitted by ODH on 9-28-07 regarding whether Ohio has adopted an opt-out policy under Letter to Elder. Specifically, sections 1(h) and 4(b) of the agreement need to be consistent with paragraph 3 of the 9-28-07 Transition policy. If ODH has adopted an opt-out policy, it must also specify: 1) when parents will be notified; (2) how parents will be notified; (3) the length of time parents have to opt out and (4) whether such opt-out can be orally communicated or whether it must be in writing; and (5) submit such revised policy to OSEP for approval. We would recommend providing the details of this policy in the Policy document and not the interagency agreement so that it can be more easily revised if needed and determined appropriate (e.g. length of time to opt out changing)."</u>  <u>In a conference call with OSEP staff on 1/29/08 regarding the Evaluation and Assessment policy, the Transition policy was also discussed and ODH notified OSEP that we would work with ODE on revising the policy to</u>

		<p><u>operationalize the "opt out" option.</u></p> <p><u>ODH submitted a signed copy of the Interagency Agreement to OSEP electronically on February 1, 2008 and notified OSEP that the Transition policy is being revised to include the "opt out" option. A hard copy of the signed Interagency Agreement was also sent to OSEP by mail."</u></p>
TP. 1C.	ODH will pilot new revised focused monitoring process with at least four (4) counties to assure compliance with transition timelines and requirements, as well as other areas.	ODH piloted the revised focused monitoring process in four (4) counties; Trumbull, Lawrence, Stark and Madison. Copies of the corrective action plans (CAPs) are included with this report. ODH plans to implement the off-site data review process for transition in the Spring of 2008 which will include data validation/verification for meeting the transition requirements. This data validation/verification process will be for all 88 county programs in the state. Findings will be issued for those counties not meeting the required level of compliance; counties were required to develop a corrective action plan addressing the root causes of noncompliance.
TP. 2C	ODH will analyze data related to transition process to ensure compliance.	Transition focused monitoring was conducted in Lawrence County. Analysis of the county's non-compliance and corrective action plan is included with this report.
TP. 3B.	ODH and ODE will draft Interagency Transition Agreement.	<p>ODH and ODE have completed the draft Interagency Agreement.</p> <p><u>In Ohio's October 31, 2007 Compliance Agreement quarterly report, ODH reported that "ODH and ODE have worked together to draft an Interagency Agreement. A draft of this agreement was shared with OSEP at the September 28, 2007 Ohio visit. At that time, OSEP made some comments about the agreement. ODH has requested the comments in writing in order to incorporate them into the final agreement."</u></p> <p><u>In Ohio's December 31, 2007 Compliance Agreement quarterly report, ODH reported that the final Interagency Agreement is in the signature process.</u></p>
TP. 3C.	Revise draft interagency agreement to incorporate OSEP comments.	<p><u>OSEP conducted a technical assistance visit to Ohio in September 2007, where OSEP reviewed a draft of the Interagency Agreement. On October 11, 2007 ODH submitted the revised draft Interagency Agreement to OSEP for review and requested written feedback on additional changes that were needed. On October 24, 2007 ODH contacted our OSEP state contact reminding her that we were still awaiting comment. In Ohio's October 31, 2007 Compliance Agreement quarterly report, ODH reported that "ODH and ODE have worked together to draft an Interagency Agreement. A draft of this agreement was shared with OSEP at the September 28, 2007 Ohio visit. At that time, OSEP made some comments about the agreement. ODH has requested the comments in writing in order to incorporate them into the final agreement."</u></p>

		<p>On November 9, 2007 ODH participated in a conference call with OSEP regarding the Interagency Agreement between ODE and ODH and the following guidance was provided in an e-mail from OSEP: <i>"The interagency agreement also needs to be consistent with the transition policy submitted by ODH on 9-28-07 regarding whether Ohio has adopted an opt-out policy under Letter to Elder. Specifically, sections 1(h) and 4(b) of the agreement need to be consistent with paragraph 3 of the 9-28-07 Transition policy. If ODH has adopted an opt-out policy, it must also specify: 1) when parents will be notified; (2) how parents will be notified; (3) the length of time parents have to opt out and (4) whether such opt-out can be orally communicated or whether it must be in writing; and (5) submit such revised policy to OSEP for approval. We would recommend providing the details of this policy in the Policy document and not the interagency agreement so that it can be more easily revised if needed and determined appropriate (e.g. length of time to opt out changing)."</i></p> <p>In Ohio's December 31, 2007 Compliance Agreement quarterly report, ODH reported that the final Interagency Agreement is in the signature process.</p> <p>ODH submitted a signed copy of the Interagency Agreement to OSEP electronically on February 1, 2008 and notified OSEP that the Transition policy is being revised to include the "opt out" option. A hard copy of the signed Interagency Agreement was also sent to OSEP by mail.</p>
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Part C State Annual Performance Report (APR) for 2006

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

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

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

**Measurement:**

Percent of noncompliance corrected within one year of identification:

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

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

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

FFY	Measurable and Rigorous Target
2006 (2006-2007)	<ul style="list-style-type: none"> <li>A. 100% of noncompliance related to monitoring priority areas and indicators corrected within one year of identification</li> <li>B. 100% of noncompliance related to areas not included in the above monitoring priority areas and indicators corrected within one year of identification</li> <li>C. 100% of noncompliance identified through other mechanisms (complaints, due process hearings, mediations, etc.) corrected within one year of identification</li> </ul>

**Actual Target Data for 2006:**

This indicator is included in the Compliance Agreement.

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

Revised activities included in the Compliance Agreement.

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"> <li>▪ BEIS staff</li> <li>▪ HMG state team</li> </ul>
2. Determine factors that would be used to implement a performance-based funding formula.	SFY 2007	<ul style="list-style-type: none"> <li>▪ HMG Advisory Council Funding Workgroup</li> <li>▪ ODH staff</li> </ul>
Activities for Indicator 9B	Timeline	Resource
1. Identify monitoring priorities and critical indicators based on VSR and on-site monitoring visits data.	SFY 2007	<ul style="list-style-type: none"> <li>▪ ODH staff</li> </ul>

2. Use VSR and on-site monitoring visit data to prioritize counties for focused monitoring visits.	SFY 2007	▪ ODH staff
3. Stratify counties by critical indicators to identify what counties need immediate technical assistance.	SFY 2007	▪ ODH staff
<b>Activities for Indicator 9C</b>		
	<b>Timeline</b>	<b>Resource</b>
1. Review complaint information (e.g., mediations, due process hearing, investigations) to determine areas of non-compliance and identify trends.	Yearly	▪ ODH staff
2. Review and monitor county corrective action plans to assure correction of non-compliance areas within one year of identification of complaints.	Within one year of complaint	▪ ODH staff
3. Provide technical assistance or training as needed to assure correction of non-compliance.	As outlined in corrective action plan	▪ 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	▪ ODH staff

**Revisions, with Justification, to Proposed Targets / Improvement Activities / Timelines / Resources for 2006:**

*[If applicable]*

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

GS.1A	Identify the issues & other parties (which must include ODMRDD & ODE at a minimum) that need to be included in the Interagency Agreement(s) with ODH. Determine whether global agreement will be executed or individual agreements with separate State agencies.	ODH has met with both ODMRDD and ODE about specific Interagency Agreements requirements. ODH determined that specific agreements were needed for both ODE related to transition and child find and with ODMRDD due to the transfer of funds for specific EI technical assistance to county boards. Draft agreements have been developed and are in the review process for the Departments. A global interagency agreement will be developed with all of the child serving agencies in the future.
GS.3A	ODH will review & revise its monitoring process, to include identification of noncompliance & corrective actions.	ODH has been working with the National Center for State Accountability, Education and Monitoring (NCSEAM) in revising its monitoring process. A draft of the General Supervision and Monitoring Process was submitted to OSEP in April. ODH provided an overview of the revised monitoring process to the county HMG personnel on June 8, 2007 ODH is moving forward with plans to pilot the revised process this summer in four (4) counties.
	ODH will implement its revised HMG data collection system which includes but is not limited to revisions to ET 3.0 to track compliance data elements.	ODH has developed data elements in ET 3.0 to track compliance. These data fields will be released to county users October 2007. In the meantime, ODH is extracting data from Early Track to distribute to counties for their response on whether compliance

**APR Template – Part C (4)**

		timelines have been met.
GS. 1B.	Convene the interagency group that shall include a representative from ODE, ODMRDD, and any other Part C State participating agency that will be a party to an Interagency Agreement with ODH.	ODH plans to develop an interagency group of the Ohio Help Me Grow Advisory Council, which serves as the Interagency Coordinating Council as required under IDEA 303.600. ODH is awaiting final appointment to the Council by the Governor before setting the meeting date. ODH has contacted staff at the North Central Regional Resource Center (NCRRC) about facilitating the meeting and discussion.
GS. 2A.	ODH will review and revise its Governor’s Executive Order.	ODH reviewed and revised the Executive Order per the new Governor’s requirements.
GS. 2B.	ODH will submit revised draft of Executive Order to OSEP for review.	Revised Executive Order submitted to OSEP.
GS. 3B.	ODH will incorporate comments by OSEP into monitoring plan.	ODH submitted the revised General Supervision and Monitoring Process to OSEP in the July 2007 report with the comments from OSEP included.
GS. 3C.	ODH will review and revise its FCFC application used by its 88 counties to reflect GEPA, EDGAR and Part C requirements.	ODH submitted the FY 2008 grant application for county Help Me Grow programs to OSEP in July 2007.
GS. 3D	<ul style="list-style-type: none"> <li>• ODH will pilot the revised new monitoring process with at least (four) 4 counties, to include 45-day timeline, transition and timely receipt of Part C services as well as other areas.</li> <li>• ODH will finalize its FCFC application based on comments from OSEP.</li> </ul>	<p>ODH piloted the revised focused monitoring process in four (4) counties; Trumbull, Lawrence, Stark and Madison. <u>ODH submitted in it’s compliance agreement quarterly report to OSEP findings letters and corrective action plans for the pilot counties in its December 31, 2007.</u></p> <p>ODH also piloted a self-assessment process to capture data/information on the indicators that are not included in the data system with four counties; Mahoning, Ashland, Lake and Monroe. ODH is in the process of reviewing this information and revising the process based on the pilot.</p> <p>ODH reconvened the Stakeholder Group who assisted with the development of the revised monitoring process, and included representatives from the four pilot counties as well as the counties who piloted the self-assessment process. The Stakeholder Group provided input and feedback on suggested revisions to the process. ODH is in the process of reviewing the feedback and will be revising the process based on the suggestions.</p> <p>ODH is still awaiting comments from OSEP on the grant application for the Family and Children First Council’s. The FY2009 Help Me Grow grant application will be developed utilizing the current grant application template in order to meet the Department timelines and requirements for county funding.</p>

Part C State Annual Performance Report (APR) for 2006

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

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

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

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

FFY	Measurable and Rigorous Target
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.

**Actual Target Data for 2006:**

100% of signed written complaints were issued reports and were resolved within the 60-day timeline.

During this period, ODH received three (3) signed written complaints. None of the three (3) complaints were withdrawn. Three (3) of the 3 complaints resulted in written reports with findings and all 3 were resolved within the 60-day required timeline.

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

ODH completed all of the following activities for complaints received during 2006 within the required timeline.

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

**Revisions, with Justification, to Proposed Targets / Improvement Activities / Timelines / Resources for 2006:** There are no revisions or changes to activities, timelines or resources at this time. Improvement activities remain the same as submitted in the State Performance Plan (SPP).

Part C State Annual Performance Report (APR) for 2006

Monitoring Priority: Effective General Supervision Part C / General Supervision

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

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

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

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

Actual Target Data for 2006:

ODH received no requests for hearings during this time period.

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

The following activities from the SPP remain for this indicator:

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

Revisions, with Justification, to Proposed Targets / Improvement Activities / Timelines / Resources for 2006: There are no revisions or changes to activities, timelines or resources at this time. Improvement activities remain the same as submitted in the State Performance Plan (SPP).

Part C State Annual Performance Report (APR) for 2006

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

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

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

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

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

**Actual Target Data for 2006: N/A**

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

**Revisions, with Justification, to Proposed Targets / Improvement Activities / Timelines / Resources for 2006: N/A**

*[If applicable]*

TABLE 7

REPORT OF DISPUTE RESOLUTION UNDER PART C, OF THE  
INDIVIDUALS WITH DISABILITIES EDUCATION ACT  
2006-07

PAGE 1 OF 1

OMB NO.: 1820-0678

FORM EXPIRES: XX/XX/XXXX

STATE:

OH - Ohio

SECTION A: WRITTEN, SIGNED COMPLAINTS	
(1) Written, signed complaints total	3
(1.1) Complaints with reports issued	3
(a) Reports with findings	3
(b) Reports within timelines	3
(c) Reports with extended timelines	0
(1.2) Complaints withdrawn or dismissed	0
(1.3) Complaints pending	0
(a) Complaint pending a due process hearing	0

SECTION B: MEDIATION REQUESTS	
(2) Mediation requests total	1
(2.1) Mediations	1
(a) Mediations related to due process	0
(i) Mediation agreements	0
(b) Mediations not related to due process	1
(i) Mediation agreements	1
(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	0
(b) Decisions within extended timeline	0
(3.3) Resolved without a hearing	0



Part C State Annual Performance Report (APR) for 2006

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

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

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

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

FFY	Measurable and Rigorous Target
2006 (2006-2007)	82% of mediations held will result in mediation agreements.

**Actual Target Data for 2006:**

100% of mediations held resulted in mediation agreements. During this period, ODH received one (1) request for mediation. The mediation resulted in an agreement and the mediation was not associated with a due process. The mediation hearing was held and resolved within the 30-day required timeline.

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

**Progress** - ODH completed all of the following activities for mediation requests within the timelines listed. The following activities from the SPP remain for this indicator:

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

**Revisions, with Justification, to Proposed Targets / Improvement Activities / Timelines / Resources for 2006:** There are no revisions or changes to activities, timelines or resources at this time. Improvement activities remain the same as submitted in the State Performance Plan (SPP).

**Part C State Annual Performance Report (APR) for 2006**

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

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

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

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

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

FFY	Measurable and Rigorous Target
2006 (2006-2007)	State reported data, including 618 data, State performance plan, and annual performance reports, are: <ul style="list-style-type: none"> <li>a. Submitted on or before due dates (February 1 for child count, including race and ethnicity, settings and November 1 for exiting, personnel, dispute resolution); and</li> <li>a. Accurate (describe mechanisms for ensuring error free, consistent, valid and reliable data and evidence that these standards are met).</li> </ul>

**Actual Target Data for 2006:**

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

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

Activities for Indicator 14	Timeline	Resource
1. Revise Web Based data system (Early Track).  <b>Progress</b> ODH completed its revision of the Early Track 3.0 (ET 3.0) data system, in June 2007.	SFY 2006	<ul style="list-style-type: none"> <li>▪ BEIS staff, OMIS staff and vendor</li> </ul>
2. Revise Early Track reports.  <b>Progress</b> Reports have been developed in ET 3.0 with additional reports continuing to be developed	SFY 2006	<ul style="list-style-type: none"> <li>▪ BEIS staff, OMIS staff and county input</li> </ul>
3. Report data to Westat/OSEP by required timelines.  <b>Progress</b> All reports were submitted timely with accurate	Ongoing	<ul style="list-style-type: none"> <li>▪ BEIS staff, Early Track</li> </ul>

data for this time period.		
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ODH completed its implementation of its new data system, Early Track 3.0 (ET 3.0) in June 2007. All 88 counties have been trained on the new system and all active children are now found in that data system. Reports have been developed in ET 3.0 with additional reports continuing to be developed. ODH formed an ET Users Group in 2007 which consists of local staff who provide feedback on new development and new reports.

In 2006 / 2007, ODH conducted a number of data extracts from the old data system, Early Track 2.1 and ET 3.0 to examine compliance data in the areas of Timely Receipt of Services and the 45 Day timeline. With these extracts, counties were to verify data entered and in some cases, counties were instructed to provide documentation to support various dates found in the extracts. Additional data quality activities are planned for 2008.

In 2008, ODH intends to conduct trainings of staff who “manage” the data in ET 3.0. These trainings will focus on the various reporting functions that can be used to help local staff monitor their data entry into our system (i.e., accuracy and timeliness).

**Revisions, with Justification, to Proposed Targets / Improvement Activities / Timelines / Resources for 2006:**

*[If applicable]*

n/a



Case?	County	Members: Dante/John Jenches Family Reasons for Hindsight	Minors/1 Dante/John Jenches Partly Reasons from Hindsight	Children Not Compliant	Average # Days Non- Compliant	Maximum # of Days Exceeded <sup>4</sup>	Child III / Could Not Locate Family	Family - other problems	Family attended appointments	Foster care / surrogate parent issues	screened prior to referral by mental professional	screened then transferred to another county	Date error Validation	Discontinuation for GDH/BS Validation	HRG equity report	HRG equity staff scheduling issues	insufficient evaluation then	insufficient reasoning state	HR Provider Reasons	Primary / Ago of non- compliance
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<sup>3</sup>Non-Compliant = At least one (1) Requirement either Not Recorded, or Recorded as occurring > 45 Days

<sup>2</sup>Average = Averages of Requirements Recorded as occurring > 45 Days

<sup>4</sup>Maximum = Number of Days beyond 45 for Requirement Recorded as occurring the Furthest [to determine the longest period of time to meet 45 Day Requirements add 45 to # listed]

<sup>5</sup>Primary = Greatest Incidence

<sup>6</sup> = Multiple Requirements with equal incidence, selection indicates largest Statewide incidence of Requirements with greatest incidence

<sup>7</sup>Statewide percent includes compliant & noncompliant records from CAP & non-CAP counties

TABLE B

col. 1	col. 2	col. 3	col. 4	col. 5	col. 6	col. 7
CAP?	County	Percent Compliant	Numerator/Denominator <sup>1</sup> (Includes Family Reasons in Numerator)	Numerator/Denominator (Excludes Family Reasons in Numerator)	Area(s) <sup>3</sup> Most Out of Compliance <sup>2</sup>	Area-Specific Reason(s) <sup>4</sup> For Noncompliance <sup>4</sup>
YES	Allen	77%	10/13	5/13	Occupational Therapy Speech/Language Pathology	Insufficient Documentation Insufficient Documentation
YES	Ashland	73%	11/15	11/15	Occupational Therapy Physical Therapy Special Instruction	Insufficient Documentation Insufficient Documentation Insufficient Documentation
YES	Athens	86%	6/7	6/7	Speech/Language Pathology	Insufficient Documentation
YES	Auglaize	86%	12/14	10/14	Physical Therapy	Insufficient Documentation Provider of specialized service not available
YES	Brown	80%	8/10	8/10	Special Instruction	Insufficient Documentation
YES	Butler	64%	18/28	15/28	Physical Therapy	Provider of specialized service not available
YES	Carroll	90%	9/10	9/10	Special Instruction	HMG/county staff oversight/error
YES	Clark	79%	11/14	11/14	Special Instruction	Insufficient Documentation
YES	Clinton	80%	8/10	7/10	Special Instruction Speech/Language Pathology	Insufficient Documentation Insufficient Documentation
YES	Columbiana	83%	5/6	3/6	Speech/Language Pathology	Insufficient Documentation
YES	Coshocton	33%	3/9	2/9	Occupational Therapy Speech/Language Pathology	Insufficient Documentation Insufficient Documentation Provider available but a waitlist (i.e., no appointments available)
YES	Cuyahoga	63%	29/46	28/46	Occupational Therapy Speech/Language Pathology	Insufficient Documentation Insufficient Documentation
YES	Darke	88%	7/8	7/8	Special Instruction	Insufficient Documentation
YES	Defiance	89%	8/9	8/9	Speech/Language	Provider available but a waitlist (i.e., no appointments available)
YES	Delaware	77%	17/22	13/22	Pathology Occupational Therapy	Insufficient Documentation Insufficient Documentation
YES	Fairfield	75%	6/8	6/8	Physical Therapy Speech/Language Pathology	Insufficient Documentation Insufficient Documentation Insufficient Documentation
YES	Fayette	30%	3/10	1/10	Speech/Language Pathology	Insufficient Documentation
YES	Franklin	82%	28/34	27/34	Special Instruction	Insufficient Documentation
YES	Gallia	70%	7/10	7/10	Pathology Special Instruction	Insufficient Documentation
YES	Geauga	89%	8/9	8/9	Special Instruction Speech/Language Pathology	Insufficient Documentation Insufficient Documentation
YES	Greene	67%	14/21	14/21	Occupational Therapy Speech/Language	Insufficient Documentation
YES	Guemsey	54%	7/13	5/13	Pathology	Insufficient Documentation
YES	Hamilton	84%	31/37	31/37	Special Instruction	Insufficient Documentation
YES	Hancock	78%	7/9	6/9	Occupational Therapy	HMG/county staff oversight/error
YES	Harrison	40%	2/5	2/5	Special Instruction	Insufficient Documentation
YES	Highland	0%	0/15	0/15	Occupational Therapy	Insufficient Documentation
YES	Hocking	90%	9/10	7/10	Physical Therapy	Insufficient Documentation
YES	Huron	90%	9/10	8/10	Not Applicable	Not Applicable
YES	Jefferson	60%	6/10	6/10	Special Instruction Special Instruction	Insufficient Documentation
YES	Knox	50%	4/8	4/8	Speech/Language Pathology	Insufficient Documentation Insufficient Documentation
YES	Lake	86%	12/14	11/14		Insufficient Documentation Provider of specialized service not available
YES	Lawrence	57%	4/7	4/7	Occupational Therapy Speech/Language Pathology	Insufficient Documentation HMG/county staff oversight/error
YES	Licking	67%	10/15	9/15	Special Instruction	Staff Error: Incorrect Service Entered into Early Track

CAP?	County	Percent Compliant	Numerator/Denominator <sup>1</sup> (Includes Family Reasons in Numerator)	Numerator/Denominator (Excludes Family Reasons in Numerator)	Area(s) <sup>2</sup> Most Out of Compliance <sup>3</sup>	Area-Specific Reason(s) <sup>4</sup> For Noncompliance <sup>5</sup>
YES	Lorain	81%	26/32	25/32	Special Instruction	Insufficient Documentation
YES	Lucas	30%	9/30	7/30	Special Instruction	HMG/County staff scheduling issues
YES	Madison	50%	4/8	4/8	Speech/Language	HMG/county staff oversight/error
YES	Mahoning	60%	3/5	3/5	Pathology	Insufficient Documentation
YES	Marion	33%	1/3	1/3	Occupational Therapy	Insufficient Documentation
YES	Medina	78%	7/9	7/9	Physical Therapy	Insufficient Documentation
YES	Meigs	0%	0/2	0/2	Physical Therapy	Insufficient Documentation
YES	Miami	87%	13/15	6/15	Speech/Language	Insufficient Documentation
YES	Monroe	60%	6/10	4/10	Pathology	Provider of specialized service not available
YES	Montgomery	91%	30/33	28/33	Special Instruction	Insufficient Documentation
YES	Morgan	13%	1/8	0/8	Occupational Therapy	Insufficient Documentation
YES	Morrow	14%	1/7	1/7	Special Instruction	Insufficient Documentation
YES	Muskingum	62%	8/13	8/13	Speech/Language	Provider available but a waitlist (i.e., no appointments available)
YES	Noble	78%	7/9	7/9	Pathology	Insufficient Documentation
YES	Ottawa	40%	2/5	2/5	Special Instruction	Insufficient Documentation
YES	Paulding	56%	5/9	5/9	Speech/Language	Insufficient Documentation
YES	Perry	50%	5/10	1/10	Pathology	Insufficient Documentation
YES	Pickaway	50%	7/14	6/14	Special Instruction	Insufficient Documentation
YES	Pike	40%	2/5	2/5	Physical Therapy	Insufficient Documentation
YES	Preble	0%	0/5	0/5	Speech/Language	Insufficient Documentation
YES	Richland	27%	3/11	3/11	Occupational Therapy	Insufficient Documentation
YES	Seneca	71%	5/7	5/7	Pathology	Insufficient Documentation
YES	Stark	40%	2/5	1/5	Speech/Language	Insufficient Documentation
YES	Summit	71%	17/24	17/24	Physical Therapy	Insufficient Documentation
YES	Trumbull	44%	4/9	4/9	Special Instruction	Insufficient Documentation
YES	Van Wert	89%	8/9	8/9	Speech/Language	Insufficient Documentation
YES	Vinton	0%	0/2	0/2	Occupational Therapy	Insufficient Documentation
YES	Warren	67%	12/18	9/18	Special Instruction	Insufficient Documentation
YES	Williams	40%	4/10	1/10	Physical Therapy	HMG/county staff oversight/error
YES	Wyandot	67%	4/6	4/6	Special Instruction	Insufficient Documentation
	Statewide <sup>6,7</sup>	72%			Pathology	HMG/County Staff Oversight/Error
					Not Applicable	Provider available but a waitlist (i.e., no appointments available)
						Not Applicable
						Special Instruction

<sup>1</sup>Denominator = Total records used in analyses

<sup>2</sup>Area(s) most out of compliance determined at the county level by count of services not delivered in a timely manner, not having cited a valid family reason for delayed service delivery

<sup>3</sup>In many cases more than one service was most out of compliance. In these cases, both services are listed

<sup>4</sup>Area-specific reason(s) for noncompliance were figured by choosing the noncompliance reason used most often in the service(s) delivered in a timely manner within counties

<sup>5</sup>In cases where more than one area was found to be most out of compliance, the associated noncompliance reason appears adjacent to that service. In cases where more than one reason was found most out of compliance, both reasons are listed.

<sup>6</sup>In figuring areas and reasons most out of compliance at the county level (specified above), raw counts are used. In figuring the statewide areas/reasons of most noncompliance, percentages were used

<sup>7</sup>Statewide percent includes compliant & noncompliant records from CAP & non-CAP counties.