



UNITED STATES DEPARTMENT OF EDUCATION  
OFFICE OF SPECIAL EDUCATION AND REHABILITATIVE SERVICES

Honorable J. Nick Baird, MD  
Director  
Ohio Department of Health  
246 North High Street  
P.O. Box 118  
Columbus, Ohio 43266-0188

SEP 15 2004

Dear Director Baird:

The purpose of this letter is to respond to Ohio's April 30, 2004 submission of its Federal Fiscal Year (FFY) 2002 Annual Performance Report (APR) for the Individuals with Disabilities Education Act (IDEA) Part C funds used during the grant period July 1, 2002 through June 30, 2003. The APR reflects actual accomplishments made by the State during the reporting period, compared to established objectives. The APR for IDEA is designed to provide uniform reporting from States and result in high-quality information across States.

The APR is a significant data source utilized in the Continuous Improvement and Focused Monitoring System (CIFMS) implemented by the Office of Special Education Programs (OSEP), within the U.S. Department of Education. The APR falls within the third component of OSEP's four-part accountability strategy (i.e., supporting States in assessing their performance and compliance, and in planning, implementing, and evaluating improvement strategies) and consolidates the self-assessing and improvement planning functions of the CIFMS into one document. OSEP's Memorandum regarding the submission of Part C APRs directed States to address five cluster areas: General Supervision; Comprehensive Public Awareness and Child Find System; Family Centered Services; Early Intervention Services in Natural Environments; and Early Childhood Transition.

### ***Background***

OSEP's March 30, 2001 Monitoring Report identified the following nine areas of noncompliance with Part C. The Ohio Department of Health (ODH) had not ensured that: (1) all programs and activities used to implement the State-wide early intervention system were consistent with Part C (34 CFR §303.501); (2) county collaborative members, service coordinators, administrators and service providers received accurate policy, procedures and guidance (34 CFR §303.501); (3) its child find system was coordinated in urban areas (34 CFR §303.321); (4) culturally relevant materials that inform families of the availability of early intervention services, or access to culturally competent services were developed and disseminated (34 CFR §303.128 and §303.320); (5) evaluations and assessments (including family assessments) were completed in all developmental areas and enabled the initial IFSP meeting to be held within 45 days after initial referral (34 CFR §§303.321(e), 303.322(e) and 303.342(a)); (6) one service coordinator was available for each child and that all service coordination functions were performed for each child (34 CFR §303.23(a) and §303.321(e)); (7) Individualized Family Service Plans (IFSPs) were

developed based on evaluation and assessments and early intervention services based on the unique needs of the child and the family (34 CFR §303.322, §303.340(b), §§303.342-343); (8) required early intervention services on the child's IFSP were provided to children and families (34 CFR §303.342(e)); and (9) transition planning and implementation met the IFSP transition content requirements of 34 CFR §303.344(h).

OSEP's letter of October 24, 2002 accepted Ohio's Part C Improvement Plan (IP), but required additional revisions. ODH submitted a revised IP on January 16, 2003 and the plan included activities to address the nine areas of noncompliance identified in OSEP's March 30, 2001 Monitoring Report. As stated in the October 24, 2002 letter from OSEP, ODH was required to submit to OSEP the State's correction of each of the nine areas of noncompliance identified in OSEP's 2001 Monitoring Report a year from that date of the letter. Ohio's FFY 2001 APR submitted on June 27, 2003 and final Progress Report submitted on October 30, 2003 reported persistent noncompliance and demonstrated a lack of data and analysis by ODH in identifying discrepancies, causes, or systemic issues to address the correction of noncompliance. Furthermore, as noted in OSEP's March 15, 2004 letter responding to the State's FFY 2001 APR and final Progress Report, OSEP was concerned that ODH had not met compliance with the findings in OSEP's 2001 Monitoring Report. ODH requested, and OSEP approved, an extension to the submission of the State's FFY 2002 APR to April 30, 2004 to allow ODH time to address the concerns.

As noted below, ODH has addressed three of the findings (findings 2, 3, and 4) of noncompliance from OSEP's 2001 Monitoring Report and must submit to OSEP by November 1, 2004 the specific documentation demonstrating correction of the remaining six findings. OSEP will visit Ohio in December 2004 to verify the effectiveness of the State's systems for general supervision and the collection of data under Section 618 of IDEA. After the visit, OSEP will provide Ohio with a letter summarizing the results of the visit.

The State's APR should reflect the collection, analysis, and reporting of relevant data, and document data-based determinations regarding performance and compliance in each of the cluster areas (as well as any other areas identified by the State to ensure improvement). OSEP's comments on the State's FFY 2002 APR are listed by cluster area below.

### ***General Supervision***

OSEP's 2001 Monitoring Report identified the following area of noncompliance in this cluster:

- **ODH had not ensured that county collaborative members, service coordinators, administrators and service providers received accurate policy, procedures, and guidance.**

In the State's January 2003 revised IP, some examples of ODH's improvement strategies included: (1) development and dissemination of Help Me Grow (HMG) policies to all counties by July 2002; (2) development and dissemination of HMG resource manual to Family and Children First Councils in all counties by September 2002; (3) a State-wide conference for providers and parents; (4) development and/or revision and dissemination of Part C materials for

providers and parents; (5) assisting the Ohio Department of Mental Retardation and Developmental Disabilities, a participating agency, in the revision of early intervention rules to assure compliance and consistency with Part C rules and regulations; and (6) conducting regional HMG meetings for project administration to provide updates/training and networking opportunities.

In its October 2003 final Progress Report, ODH reported the development of a parent rights brochure, the implementation of a State-wide Individualized Family Service Plan (IFSP) used by all counties, and State-wide transition trainings with assistance from the Great Lakes Area Regional Resource Center (GLARRC). On page 3 of the FFY 2002 APR, ODH listed activities to ensure that State and local partners, providers, service coordinators, and administrators were knowledgeable about the HMG system such as revised interagency agreements and training on the Part C system. It appears that ODH has implemented all activities from its IP to ensure the training of HMG personnel and county collaborative members.

- **ODH had not fulfilled the general supervisory responsibility to ensure that all programs and activities used to implement the State-wide early intervention system were consistent with Part C.**

In the State's January 2003 revised IP, some examples of ODH's improvement strategies included: (1) revision of the Help Me Grow System Review (HMGSR) to incorporate all HMG program components; (2) development of a monitoring cycle in which counties are monitored every two years; (3) the development of a county self-assessment; (4) development of an on-site visit that includes data review, structured interviews and record reviews; and (5) follow up and technical assistance. In the October 2003 final Progress Report, ODH reported that it has implemented its IP strategies and through county IPs have submitted timelines and benchmarks to come into compliance. ODH reported that staff would monitor county improvement plans and provide technical assistance.

As an attachment to its FFY 2002 APR, ODH provided monitoring data from the 15 counties monitored from April-July 2003. The data indicated that ODH has identified noncompliance with a wide number of Part C requirements and OSEP agrees that ODH's revised monitoring system appears to be capable of identifying noncompliance. As reported by the Part C Coordinator, compliance was only awarded to a county that demonstrated 100% compliance with each indicator. ODH reported that Corrective Action Plans (CAPs) have been written for all 15 counties monitored; however, ODH did not provide OSEP with data on the CAPs to indicate the progress each county was making in correcting State-identified deficiencies. On page 4 of the State's FFY 2002 APR, some examples of activities to correct the persistent noncompliance included: (1) training and technical assistance activities; (2) completion of a county self-assessment with baseline data on meeting performance standards and indicators by April 2004; and (3) quarterly monitoring by ODH of each county with a report to the county and a required CAP. Specific timelines were not included for all activities and OSEP cannot determine if the activities will be developed or whether data will be available as a result of the activities by the FFY 2003 reporting deadline of March 30, 2005.

While ODH appears to have the ability to identify noncompliance, the FFY 2002 APR did not contain evidence that ODH is correcting identified noncompliance within one year of identification. No trend, correction, or any applicable enforcement data requested by OSEP on March 15, 2004 were included in the FFY 2002 APR. In a follow-up conference call on June 23, 2004, the Part C Coordinator indicated that not all of the 15 counties monitored have completed their one-year timeline for corrective action plans and ODH will need additional time to receive and analyze the data from those plans. ODH stated that November 1, 2004 would be sufficient time to provide an analysis of the correction data from the CAPs from the 15 counties monitored in April-July 2003.

Therefore, the State must provide documentation to OSEP, including supporting data and analysis, no later than November 1, 2004, that it is correcting identified noncompliance in the clusters below within one year of identification. If noncompliance has not been corrected in any of the counties with CAPs, the State must include: (1) its analysis of the factors that have impeded correction of the noncompliance; (2) whether existing strategies are effective or need to be refined or targeted to ensure full compliance; (3) documentation of the specific steps, including any sanctions, that the State took to ensure correction, and the impact of those actions; and (4) if the State determines that additional strategies are needed or that existing strategies must be modified, its proposed strategies, evidence of change, targets and timelines.

#### ***Comprehensive Public Awareness and Child Find System***

OSEP's 2001 Monitoring Report identified two areas of noncompliance in this cluster:

- **ODH had not ensured the development and dissemination of culturally relevant materials that informed families of the availability of early intervention services, or access to culturally competent services.**

In the State's January 2003 revised IP, some examples of ODH's improvement strategies included: (1) development of a HMG State-wide public awareness campaign by September 2002; (2) awareness activities to target family practice physicians and pediatricians; (3) development of a HMG website by November 2001; and (4) development of a newsletter by March 2002.

In its October 2003 final Progress Report, ODH reported implementation of its public awareness strategies and an increase in monthly referrals by 12% in 2003. In the FFY 2002 APR, ODH provided information on content and distribution of public awareness materials and child find efforts that included an ongoing public awareness campaign and public service announcements. Some examples of additional activities included: (1) development of baseline related to the numbers of underrepresented families served in HMG by June 2004; (2) development of a list of established conditions for county central intake and referral staff by Spring 2004; and (3) assistance to counties in the development of work plans to improve early identification, referrals and family support during the process of transition from hospital to community.

Based on information provided in its FFY 2002 APR, ODH has completed activities related to the development and dissemination of culturally relevant materials that inform families of the

availability of early intervention services and access to culturally competent services. No further concerns in this cluster area were identified by OSEP.

- **Child Find System was not coordinated in urban areas.**

In the State's January 2003 revised IP, some examples of ODH's improvement strategies included: (1) partnering with local HMG programs in urban counties to conduct child find outreach activities; (2) conducting strategic planning sessions with State partners and urban counties to address outreach activities and data reporting with a planning meeting to be held by Spring 2003; and (3) conducting data analysis comparing numbers of children served in urban and rural areas and settings where services were delivered.

In its October 2003 final Progress Report, ODH reported implementation of its IP child find strategies and that 67% of the counties in Ohio had a centralized intake and referral process and consistent procedures for referral follow-up. In the FFY 2002 APR, ODH provided data on the percentage of infants and toddlers with disabilities served, information on child find efforts and community partners. ODH continued to report that its child find numbers were below the national average and indicated, on page 6 of the FFY 2002 APR, that the reporting of child find data from metro/urban counties may not have been accurate. ODH met with staff from the 8 largest metro/urban counties in June 2003 and they indicated that data reporting from service providers was inaccurate. ODH included in the FFY 2002 APR strategies to ensure accurate data reporting including follow-up meetings to be held with the counties to develop and identify solutions to data reporting.

As indicated above, OSEP will be visiting Ohio in December to verify the data collection system under Section 618 of IDEA and recommends that ODH continue to work with the metro/urban areas to ensure the reliability and validity of the data received. As specified in the general supervision cluster, ODH must report on the implementation efforts for data accuracy to OSEP by November 1, 2004. In the next APR, ODH must continue to report on child find efforts.

### ***Family Centered Services***

OSEP has not previously identified noncompliance in this cluster area.

On pages 9 and 10 of the FFY 2002 APR, ODH provided information on "weighted" caseloads for service coordinators, IFSP training on content of IFSP, distribution of resource manuals and ODH-required trainings. As reported in the FFY 2002 APR, in the family centered services and the early intervention services in natural environments clusters, a systemic problem in the State, continues to be the supervision and oversight of the service coordinator's roles and responsibilities. Monitoring data indicated deficiencies with required documentation on the IFSP, a family's understanding of the role of the service coordinator, and the training and technical assistance provided to service coordinators. On page 11 of the FFY 2002 APR, some examples of activities included: (1) HMG would conduct a customer/family telephone survey to measure the family's level of confidence in the HMG system; (2) a Family Support Consultant Network proposal will be developed and distributed; (3) additional educational session modules will be developed by the Family Information Network by June 2004; (4) county grants will

provide baseline data on compliance with program standards for IFSPs; and (5) service coordination data will be obtained from all counties by June 2004. Trend analysis was to be completed by July 2004.

OSEP recognizes that ODH is identifying and building upon a family services approach by directly linking this cluster to the roles and responsibilities of service coordinators. By November 1, 2004 OSEP expects ODH to report on its causal analysis to identify specific activities to improve the service coordinator's roles and responsibilities because of their interrelatedness to the content of the IFSP, and the development of a strong family-centered approach to eligible children and their families in the Part C system.

### *Early Intervention Services in Natural Environments*

OSEP's 2001 Monitoring Report indicated four areas of noncompliance in this cluster:

- **ODH had not ensured that one service coordinator was available for each child and that all service coordinator activities were available for each child.**

In the State's January 2003 revised IP, some examples of ODH's improvement strategies included: (1) required trainings for services coordinators; (2) ODH and State partners will develop a personnel standards plan regarding the licensing and credentialing of service coordinators, service providers and supervisors by March 2003; and (3) ODH's data system will monitor service coordinator caseloads.

In its October 2003 final Progress Report, ODH reported implementation of the strategies and that it had redefined the qualifications for service coordinators in which "Service coordinators in the HMG system must have a minimum of a two year degrees in nursing, social work, early childhood education or a related discipline and at least two years experience with working with children birth through five years of age." The revised monitoring system includes seven indicators that measure multiple roles of service coordinators.

In the FFY 2002 APR, on pages 9-10 and 12-13, ODH provided data on service coordinator availability, roles and responsibilities, qualifications, and services provided on the IFSP. The State reported on page 9 of the FFY 2002 APR, that 75% of the counties had appointed a single service coordinator, identified as soon as possible, for each child and family. According to ODH, noncompliance was due to families' limited understanding of their right to change service coordinators and that the service coordinator's name was not listed on the IFSP and other records. ODH stated that every child and family had a service coordinator, but that issues remain regarding the service coordinators' roles and responsibilities for the coordination of services, content of the IFSP, and for assisting families in the Part C system. ODH also indicated that each service coordinator's high caseloads, lack of qualifications for providing services to children and families with disabilities, and lack of supervision and training also contributed to the persistent noncompliance. Some examples of activities identified by ODH in the FFY 2002 APR to address these issues included: (1) weighted caseloads for all service coordinators by March 2003; (2) a State-wide survey to determine what types of degrees service coordinators possess; (3) instituting clinical supervision training in January 2004; and (4) increased training

for service coordinators and tracking the attendance at trainings. Additional activities to obtain more data included the completion of a county self-assessment and quarterly monitoring.

As specified in the general supervision cluster, ODH must provide data and analysis to OSEP by November 1, 2004 for the 15 counties ODH monitored from April-July 2003 and determined out of compliance on service coordination data indicating that all eligible infants and toddlers with disabilities and their families have a single service coordinator and all service coordinator role and functions are performed.

- **Evaluations and assessments were not completed in all developmental areas, including family assessments, within 45 days after a referral is received.**

In the State's January 2003 revised IP, some examples of ODH's improvement strategies included: (1) development of strategies regarding identifying local providers to complete timely developmental evaluations; (2) providing State-wide training on evaluation and assessment; and (3) conducting local program monitoring to ensure compliance.

In its October 2003 final Progress Report, ODH reported that "meeting timelines is the major issue for counties not in compliance." On page 12 of the FFY 2002 APR, ODH reported that the 2003 monitoring data from the 15 counties indicated that 64% met compliance for Standard #1 "the developmental evaluation process meets requirements for timelines and team membership." ODH reported that 40% of the counties met the 45-day timeline for the development of the IFSP. The State proposed in the FFY 2002 APR multiple activities to address this issue and some examples on page 14 and 15 of the FFY 2002 APR included: (1) training and technical assistance activities; (2) completion of a county self-assessment that would include supporting documentation to demonstrate compliance with developmental evaluations, service coordination, IFSPs and other HMG program requirements; and (3) quarterly monitoring by ODH of each county with a report to the county and a required CAP.

As specified in the general supervision cluster, ODH must provide data and analysis to OSEP by November 1, 2004 for the 15 counties ODH monitored in April-July 2003 and determined out of compliance on Part C's 45-day timeline requirement data demonstrating that evaluations and assessments are completed in all developmental areas, including the family assessments, and the initial IFSP meeting is held within 45 days after a referral is received.

- **ODH had not ensured that IFSPs were developed based on evaluations and assessments, and early intervention services were based on the unique needs of the child and family.**

In the State's January 2003 revised IP, some examples of ODH's improvement strategies included: (1) providing State-wide training on evaluation and assessment; and (2) conducting local program monitoring to ensure compliance.

On page 4 of its October 2003 final Progress Report, ODH reported that 89% of the 15 counties monitored utilized "a team to determine eligibility for the Part C specialized services." ODH reported, "adequate numbers of qualified personnel is a major barrier to many of our rural

counties included in the reviews.” ODH reported providing technical assistance to determine other methods and providers.

In its FFY 2002 APR, ODH reported that the implementation of the State-wide IFSP would allow data that reflected “strategies, outcomes and services unique to the needs, desires and routines of each family.” ODH reported State-wide training on evaluation and assessment, evaluating techniques and established conditions to ensure that personnel understand timelines and process for conducting evaluations. Training on developmental evaluations and assessment was provided in six areas across the State. In the attachment to the FFY 2002 APR, ODH reported that 60% of the counties monitored have “developmental evaluations that include the identification of the child’s unique strengths and needs in terms of each of the developmental domains.”

As specified in the general supervision cluster, ODH must provide data and analysis to OSEP by November 1, 2004 that for the 40% of the 15 counties ODH monitored in April-July 2003 and determined out of compliance on this issue data demonstrating that IFSPs identify the child’s unique strengths and needs and that evaluations and assessments and early intervention services are based on the unique needs of each child.

- **ODH has not ensured that required early intervention services on the child’s IFSP were provided to children and families.**

In its January 2003 revised IP, some examples of ODH’s improvement strategies included: (1) revision of the State-wide IFSP; (2) a pre-determined number of IFSPs will be reviewed at each HMG System review monitoring visit as of January 2003; and (3) development of an advocacy subcommittee to explore additional funding options for EI services and make recommendations in 2003. No data were provided on delays in the provision of early intervention services or waiting lists. Nor was any causal analysis provided as to the whether the availability of personnel, or lack of funding or other factors are contributing to any service provision delays, if any.

By November 1, 2004, ODH must: (1) confirm whether the 15 counties monitored in April-July 2003, were monitored to determine if early intervention services listed on the child’s IFSP were provided in a timely manner to the child and family and, if so, (a) how many of the counties were in noncompliance on this issue; and (b) for each county determined out of compliance on this issue, the status of correction and data on the number of children and families on waiting lists for early intervention services. The attachment to the FFY 2002 APR does not specifically list an indicator to address the timely provision of early intervention services. If ODH is monitoring this issue through other mechanisms, it must provide data to OSEP demonstrating correction by November 1, 2004. If ODH is not monitoring to determine whether early intervention services are provided, ODH must submit by November 1, 2004 baseline data (which can be sampling or monitoring data) on whether children and families are receiving the early intervention services on the IFSP and if the data indicates noncompliance, a plan (including strategies, timelines, targets) to ensure correction as soon as possible. OSEP will review this information and determine the actions required upon review.



The Part C FFY 2001 and FFY 2002 APRs requested data on the percentage of children participating in the Part C program that demonstrate improved and sustained functional abilities (in the developmental areas listed in 34 CFR §303.322(c)(3)(ii)). In its October 2003 final Progress Report, ODH reported that all counties are utilizing the State-wide IFSP form, however outcomes do not address the specific needs of the child and family. In the FFY 2002 APR, ODH reported an IFSP/Service Coordination committee of the Help Me Grow Advisory Council (State ICC) that is in the process of revising the IFSP form to ensure that service coordinators work with families to develop outcomes that will enhance the family's capacity to meet the child's needs. Activities on page 15 of the FFY 2002 APR indicated that ODH was working with the National Early Childhood Technical Assistance Center and GLARRC in the development of child and family outcomes, and a State plan for implementation.

In the next APR, ODH must provide responsive data (whether collected through sampling, monitoring, individual IFSP review, or other methods) that demonstrate how children participating in the Part C program demonstrated improved and sustained functional abilities in the five developmental areas.

### ***Early Childhood Transition***

OSEP's 2001 Monitoring Report identified one area of noncompliance in this cluster:

- **ODH had not ensured that IFSPs meet transition content requirements.**

In the State's January 2003 revised IP, some examples of ODH's improvement strategies included: (1) review county transition plans following "Transition Training" and provide technical assistance in July 2002; (2) review the Interagency Agreement for early childhood transition with ODH and Ohio Department of Education (ODE); and (3) develop and disseminate transition policies State-wide by July 2002.

In its October 2003 final Progress Report, ODH reported implementation of its IP strategies, but that it identified noncompliance with IFSP transition content in all 15 counties monitored. ODH reported that it worked with GLARRC to develop transition training in 14 sites around Ohio during October and November 2003. In an attachment to the FFY 2002 APR, Ohio provided data from 15 counties monitored for timely transition that indicated none were in 100% compliance. On page 16 of the APR, ODH reported that baseline data on all counties (88) would be available by June 2004. In the attachment to the FFY 2002 APR, staff reported data that only 13.3% of the IFSPs included steps to be taken to support the transition of the child and family at age three or when they exit HMG. Furthermore, only 40% of the counties held a transition planning conference at least 90 days prior to the child's third birthday. Some examples of activities listed in the FFY 2002 APR to address these issues included: (1) collaborating with GLARRC to conduct State-wide training in October and November 2003; and (2) updating interagency agreement and transition guidelines. No data or information were provided to indicate correction of noncompliance.

As specified in the general supervision cluster, ODH must provide data and analysis to OSEP by November 1, 2004 for the 15 counties monitored in April-July 2003 and determined out of

compliance on the Part C IFSP transition content requirements that those counties meet Part C's IFSP transition content requirements at 34 CFR §303.344(h).


***Conclusion***

As noted above, ODH did not provide in its FFY 2001 and FFY 2002 APR information and data documenting correction of six of the nine areas of noncompliance identified in OSEP's 2001 Monitoring Report. Therefore, the State must provide to OSEP, no later than November 1, 2004, data and analysis that it has completed correction of the identified noncompliance in the cluster areas as detailed above. The State must demonstrate correction of the following Part C requirements for the 15 counties monitored in April-July 2003 and found to be in noncompliance with the following areas: (1) all programs and activities used to implement the State-wide early intervention system were consistent with Part C; (2) evaluations and assessments are completed in all developmental areas, including the family assessment, and the initial IFSP meeting is held within 45 days after a referral is received; (3) every child has a single service coordinator and service coordinators perform their roles and activities for each child; (4) IFSPs are developed based on evaluations and assessments, and early intervention services are based on the unique needs of the child and family; (5) early intervention services on the child's IFSP are provided to children and families; and (6) IFSPs include the requisite transition planning content.

If any noncompliance area has not been fully corrected by each county identified as noncompliant in that area during April-July 2003, the State must also submit for each area: (1) its analysis of the factors that have impeded correction of the noncompliance; (2) whether existing strategies are effective or need to be refined or targeted to ensure full compliance; (3) documentation of the specific steps, including any sanctions that the State has taken to ensure correction, and the impact of those actions; and (4) if the State determines that additional strategies are needed or that existing strategies must be modified, its proposed strategies, benchmarks, evidence of change data, targets and timelines.

OSEP recognizes that the APR and its related activities represent only a portion of the work in your State and we look forward to collaborating with you as you continue to improve results for infants and toddlers with disabilities and their families. If you have questions, please contact Julia Martin at (202) 245-7431.

Sincerely,



Stephanie Smith Lee  
Director  
Office of Special Education Programs

cc: Debra Cheatham  
Part C Coordinator