

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

Hawaii's State Performance Plan (SPP) was developed collaboratively by a stakeholder group of approximately forty (40) individuals. Stakeholders included: members of the Hawaii Early Intervention Coordinating Council (HEICC), Hawaii's interagency coordinating council; Department of Health (DOH) administrators, administrative and direct service representatives of agencies and programs that provide services to Hawaii's Part C eligible children; members of the Early Intervention Section (EIS) Lead Agency Quality Assurance Team (LAQuAT); family representatives; the EIS data manager; and the Project Coordinator of Hawaii's "What Counts" Early Childhood Outcomes grant. With the inclusion of the HEICC, membership in the development of the SPP was broadened to include Department of Education (DOE) preschool special education program representatives, legislators, personnel development representatives, pediatricians, and other community representatives. Also included was the Coordinator of the Early Childhood Comprehensive System (ECCS) grant, to ensure that the SPP looks broadly at targets for the next six years.

Because Hawaii's Part C eligibility definition is broad, including children with developmental delays and children at risk for developmental delays due to biological and environmental risk factors, it was critical that the SPP stakeholder group included administrative and direct service representatives of all three agencies that serve these populations. This included: the Early Intervention Section (EIS) which is responsible for providing care coordination and services for children with confirmed developmental delays; public health nursing (PHNB), which provides care coordination and nursing support for children at biological risk or with medical concerns; and Healthy Start (HS), which provides care coordination and services for families at environmental risk. Any child with a developmental delay, regardless of who provides care coordination, receives services through the EIS multidisciplinary early intervention programs. In addition, because Hawaii's early intervention service delivery system consists of both public and private contracted providers, it was important that both public and private representatives were included in the decision-making process. It was also critical that there was representation from different islands in the State of Hawaii, from urban and rural areas, as well as from different ethnic and cultural groups that represent Hawaii's population.

The LAQuAT has broad responsibilities and consists of EIS staff who provide statewide training, oversight, and support for all Part C Agencies (EIS, PHNB, HS). This includes the individuals who are responsible for: the Comprehensive System of Personnel Development (CSPD); transition from early intervention to programs that serve children over age 3 (including DOE and community preschools); statewide monitoring; care coordination; and internal reviews, which focus on child, family and system outcomes.

The broad representation of this group allowed for overlap of responsibilities. For example, the "What Counts" Design Team was represented by the Coordinator as well as providers of all three agencies and DOE preschool special education.

Process

The process of developing the SPP included:

1. Informational meetings with different groups about the purpose and development of the SPP, which included: the HEICC; EIS, PHNB and HS providers; the "What Counts" Design team; and the LAQuAT.
2. Discussion and technical assistance with staff from the U.S.D.O.E. Office of Special Education Programs (OSEP), the National Early Childhood Technical Assistance Center (NECTAC) and the

Western Regional Resource Center (WRRC) that provided additional information to increase knowledge to support the completion of the SPP.

3. Review of the 2003-2004 Annual Performance Plan and recent monitoring data for inclusion in the SPP.
4. Development of a draft plan, by indicator, for review by stakeholder group.
5. Attendance of several Part C staff in the DOE stakeholder meeting to support the development of the DOE indicator on early childhood transition.
6. Holding the one-day SPP Stakeholder meeting for feedback by indicator.
7. Revision of the SPP based on feedback.
8. Final approval of the SPP by the HEICC.
9. Submission of SPP to DOH administration for signature.
10. Submittal of SPP to OSEP.

Reporting to the Public

The SPP will be broadly disseminated in the State through: posting the SPP on the EIS website, providing information on the SPP in various newsletters that reach providers and families (e.g., the Hawaii's Zero-to-Three newsletter, the Special Parent Information Network (SPIN) newsletter, the Parent Training Information (PTI) Center's newsletter), and newsletters of Part C providers (e.g., Easter Seals Hawaii, Imua Family Services). Contact will also be made with community newspapers to print stories about families who have received early intervention

The Maternal and Child Health Leadership and Education in Neurodevelopmental and Related Disorders (MCH LEND) Program through the University of Hawaii will support the dissemination of this plan through the leadership of the HEICC Parent Co-Chair, who is faculty of MCH LEND. The MCH LEND program is an interdisciplinary fellowship of new health care professionals (including but not limited to social work, psychology, and pediatrics) that, as part of their practicum, will develop a dissemination plan as well as collateral materials. They will also support the dissemination of the SPP on behalf of the HEICC. This activity provides a service learning opportunity to the fellows as well as additional resources to EIS. Many of the fellows who have graduated from the MCH LEND program have moved on to careers in early intervention. This opportunity will also provide an increased level of exposure of EI to the next generation work force.

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 USC 1416(a)(3)(A) and 1442)

Data Source:

Data from FFY 2004 Focused Monitoring of all Part C program, between November 2004-February 2005. FFY 2003 On-Site Monitoring did not include this indicator, therefore there is no data available for comparison purposes.

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.

Overview of Issue/Description of System or Process:

Hawaii's Part C program has identified "timely" as within 30 days from the IFSP date. Each child's IFSP identifies the start date for each service on the IFSP, which is to be no later than 30 days from the date of the Initial IFSP.

This specific indicator "timeliness of services" was not monitored because it was not included as a probe on the FY 2003-2004 APR. The probe included in Hawaii's Focused Monitoring instrument utilized during the 11/04-2/05 focused monitoring was, "Services listed on the IFSP are services the child is currently receiving." This language was included because OSEP indicated that they wanted assurance that the services identified in the IFSP were being provided. Although the criteria did not specifically state "in a timely manner," the monitor was required to answer two questions in order to give "credit." This included: 1) did the service start by the anticipated start date indicated on the IFSP; and 2) was the service provided at the frequency indicated on the IFSP. Monitors were required to review anecdotal records to answer both questions. In other words, if a service (e.g., speech language pathology) was to have started June 1 and provided weekly, the chart was to have been reviewed over the past several months to determine if services were started by June 1 and if weekly services were provided. If the service did not occur, an explanation in the anecdotal records, e.g., child sick, staff member on vacation, etc. was required. If a service was to be provided quarterly, the chart was to be reviewed for six (6) months to determine if the quarterly service was provided at least two (2) times. If the service was not documented, credit was not given.

In order for a child to receive a "yes," all services identified on the IFSP had to be provided as indicated on the IFSP (start date and frequency), unless the reason for non-service was a family reason (e.g., child sick, family on vacation, etc.).

Children were monitored based on the Agency providing care coordination. Therefore, if a child received care coordination from PHNB, but services from an EIS Program, the child was monitored by PHNB. Monitoring occurred for all eighteen (18) EIS public and private programs, nine (9) PHNB sections and eight (8) HS programs. Although some HS programs had multiple sites, the data was summarized by program, not site. EIS monitoring was completed by a team of EIS staff and Quality Assurance specialists. PHNB monitoring was completed by PHNB Section Supervisors. HS monitoring was completed MCHB administrators.

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Charts from children currently served were randomly chosen by the monitor based on common criteria, which included a minimum of 4 charts per program/section, divided into 2 groups: 1) children served for at least 3 months and between the ages of 3 months to 2 years, 9 months; and 2) children served for at least 3 months and between the ages of 2 years 10 months to 3 years. Group 2 was included to ensure that transition indicators were monitored.

Data was provided by program/section, and summarized by the Agency providing care coordination (EIS, PHNB, and HS) as well as statewide.

Baseline Data for FFY 2004 (2004-2005):

Percentages below were based on the focused monitoring completed by each Agency:

- EIS = 53% of children received services listed on their IFSP.
- PHNB = 74% of children received services listed on their IFSP.
- MCHB = 100% of children received services listed on their IFSP.
- Statewide = 74% of children received services listed on their IFSP.

Data was also analyzed by length of time in program, less than 7 months compared to more than 7 months. The data was analyzed by length of time in program to determine whether the increased training on Part C requirements impacted children with more recent IFSPs.

- Children in EI program less than 7 months = 76% received services listed on their IFSP.
- Children in EI program more than 7 months = 73% received services listed on their IFSP.

Discussion of Baseline Data:

Based on OSEP’s definition of timely, “the time period from parent consent to IFSP services initiation date,” it appears that Hawaii’s monitoring was not specific enough to respond to this indicator, as two variables were required in order for “credit” to be given. Monitors were instructed to give “credit” only if the services started within the timeframe indicated on the IFSP and at the frequency identified in the IFSP. Therefore Hawaii’s monitoring was more stringent than what was required.

FFY	Measurable and Rigorous Target
2005 (2005-2006)	100%
2006 (2006-2007)	100%
2007 (2007-2008)	100%
2008 (2008-2009)	100%
2009 (2009-2010)	100%

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2010 (2010-2011)	100%
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Improvement Activities/Timelines/Resources:

Improvement Activities	'05	'06	'07	'08	'09	'10
Request clarification from OSEP on their data requirements in this indicator.	X					
Adapt monitoring tool to collect data on “timeliness” based on clarification from OSEP.	X					
Develop a centralized database to use with all Part C eligible children to avoid duplication of programs serving children.	X	X	X			
Identify issues, develop strategies, and provide training to support timely services.	X	X	X	X	X	X
Review professional standard requirements in the current Early Intervention State Plan for adequacy in meeting service needs of Hawaii’s Part C population, and update if determined necessary.		X	X			
Review and revise current guidelines for families moving from out-of-state to Hawaii and between programs regarding the use of their current IFSP.		X				
Identify recruitment incentives for “difficult to serve” areas.		X	X	X	X	X
Explore staffing options (e.g., “loan” staff to other programs; collaborate with DOE/Head Start, etc).		X	X	X		
Collaborate with academic institutions to investigate the possibility of developing a program of early intervention certification.			X	X	X	X
Evaluate the effectiveness of the improvement activities designed to support 100% compliance in providing timely services.	X	X	X	X	X	X
Identify, implement, and evaluate new strategies as needed.		X	X	X	X	X

Resources: OSEP, NECTAC, WRRC, Infants and Toddlers Coordinators Association (ITCA), other Part C states.

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

Overview of the State Performance Plan Development:

See Overview, page 1.

The process also included reviewing Child Count (Section 618) data.

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.

Data Source:

Child Count (Section 618) data.

Measurement:

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

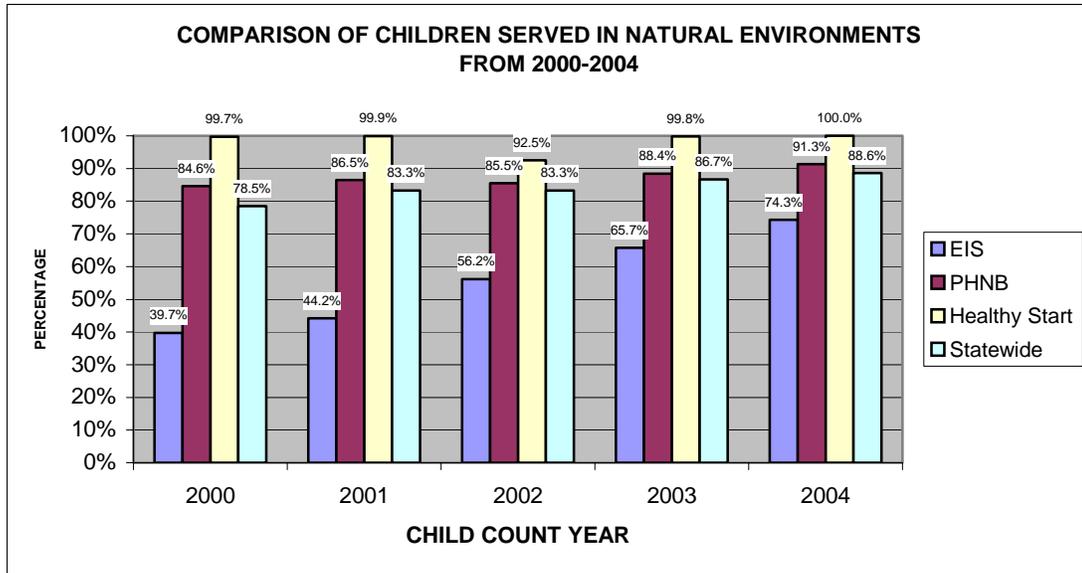
Overview of Issue/Description of System or Process:

Children enrolled in Part C are required to have services provided in natural environments. The term, "natural environments" is defined in Sec. 303.18 as "settings that are natural or normal for the child's age peers who have no disabilities." Each year, all Part C providers complete Child Count data as of December 1 of that year. Providers identify environments where the majority of services were provided, including: programs for children with developmental delays; programs for typically developing children; home; hospital; residential facility; service provider location; and other. Services are counted as in natural environments when children were served either in programs for typically developing children or in their homes.

Baseline Data for FFY 2004 (2004-2005):

Child Count Data

The following table summarizes the percentage of children who received services in a natural environment from 2000-2004.



Child Count Data

The Child Count data reported a steady increase in the percentage of Part C children receiving services in natural environments. The percentage of EIS children receiving services in natural environments increased from 39.7% in 2000 to 74.2% in 2004. The percentage of PHNB children receiving services in natural environments increased from 84.6% in 2000 to 91.3% in 2004. 100% of HS children were served in a natural environment in 2004.

FFY	Measurable and Rigorous Target
2005 (2005-2006)	74.5%
2006 (2006-2007)	74.5%
2007 (2007-2008)	75%
2008 (2008-2009)	75%
2009 (2009-2010)	75.5%
2010 (2010-2011)	76%

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Improvement Activities/Timelines/Resources:

Improvement Activities	'05	'06	'07	'08	'09	'10
Closely analyze program data in order to target state efforts to improve services in natural environments.	X	X	X	X	X	X
Develop guidelines and training on what it means to provide services in Natural Environment (NE), including definition and philosophy of NE, (e.g., not just a change in location, but a change in professional practice).	X	X				
Develop partnerships with families to enhance their knowledge and ability to support their child's development.	X	X	X	X	X	X
Provide training in NE guidelines.	X	X	X	X	X	X
Provide training on "location of services" indicator, as part of the Child Count data.	X	X	X	X	X	X
Identify and provide support needed by community programs that serve the 0-3 population (e.g., community preschools) to support their ability to serve children with special needs.	X	X	X	X	X	X
Evaluate the effectiveness of the improvement activities designed to increase the provision of services in natural environments.	X	X	X	X	X	X
Identify, implement, and evaluate new strategies as needed.		X	X	X	X	X

Resources:

Inclusion Project, STEPS teams, NECTAC

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

Overview of the State Performance Plan Development:

See Overview, page 1.

The “What Counts” Design Team developed the draft SPP for this indicator which was reviewed by the broad Stakeholder group. Membership in the Design Team includes representatives of State administrators and program managers from all three EI Agencies: HS, PHNB, and EIS, a pediatrician, the State administrators for the Part C and 619 programs, and two measurement/program evaluation experts.

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 USC 1416(a)(3)(A) and 1442)

Measurement:

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

- a. Percent of infants and toddlers who reach or maintain functioning at a level comparable to same-aged peers = # of infants and toddlers who reach or maintain functioning at a level comparable to same-aged peers divided by # of infants and toddlers with IFSPs assessed times 100.
- b. Percent of infants and toddlers who improve functioning = # of infants and toddlers who improved functioning divided by # of infants and toddlers with IFSPs assessed times 100.
- c. Percent of infants and toddlers who did not improve functioning = # of infants and toddlers who did not improve functioning divided by # of infants and toddlers with IFSPs assessed times 100.

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

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

- a. Percent of infants and toddlers who reach or maintain functioning at a level comparable to same-aged peers = # of infants and toddlers who reach or maintain functioning at a level comparable to same-aged peers divided by # of infants and toddlers with IFSPs assessed times 100.
- b. Percent of infants and toddlers who improved functioning = # of infants and toddlers who improved functioning divided by # of infants and toddlers with IFSPs assessed times 100.
- c. Percent of infants and toddlers who did not improve functioning = # of infants and toddlers who did not improve functioning divided by # of infants and toddlers with IFSPs assessed times 100.

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

C. Use of appropriate behaviors to meet their needs:

- a. Percent of infants and toddlers who reach or maintain functioning at a level comparable to

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

- b. Percent of infants and toddlers who improved functioning = # of infants and toddlers who improved functioning divided by # of infants and toddlers with IFSPs assessed times 100.
- c. Percent of infants and toddlers who did not improve functioning = # of infants and toddlers who did not improve functioning divided by # of infants and toddlers with IFSPs assessed times 100.

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

Overview of Issue/Description of System or Process:

The outcome measurement system, when fully developed, will include:

- Policies and procedures to guide outcome assessment and measurement practices
- Provision of training and technical assistance supports to administrators and service providers in outcome data collection, reporting, and use
- Quality assurance and monitoring procedures to ensure the accuracy of the outcome data
- Data system elements for outcome data input and maintenance, and outcome data analysis functions

Each of these elements is described below.

Policies and procedures to guide outcome assessment and measurement practices

Uniform policies and procedures are being developed which will be implemented by all EI programs in Hawai'i.

Policies:

The outcomes measurement system and reporting will be as valid and reliable as feasible, will respect family privacy and confidentiality, and will be equitable in application to all demographic subgroups in the population (e.g., translations will be provided for non-English speakers). Data will be collected and transmitted to the State in ways that minimally impact service delivery. Aggregated and non-identified summaries of information collected will be available to all EI program and State staff and to the public. Information will be analyzed in ways that maximize the potential for its use for program improvement as well as accountability.

Procedures:

Outcomes Measurement tool:

The Outcomes Measurement tool is based on the ECO Center's Child Summary Reporting Form. The Design Team is currently collecting input from parents and providers and is modifying the Summary Reporting Tool accordingly. The modified tool will be tested in a two-month pilot at three local programs in January and February 2006. Following the pilot the tool may be revised before use in data collection for the APR.

Measurement at Entry:

The outcomes measurement system will collect entry information on each child within 6 months of enrollment in EI. The initial data on child status will be recorded at the first IFSP meeting at which the child is aged four months or older. This provision was adopted because measurement of

children younger than four months is not adequately reliable, and because most developmental delays are not observable until after the age of four months.

Measurement at Exit:

The outcomes measurement system will collect information for every child enrolled in EI within six months preceding exit from the program.

Data collection:

For each of the three Child Outcomes at entry and exit measurement occasions, the IFSP team will assign a rating to each child, which describes the child's progress and current status relative to typical development in the specific outcome area.

The rating will be based on 1) the most recent developmental evaluation or assessments; 2) professional opinion; 3) parent input; and 4) level of achievement if IFSP objectives relevant to the outcome.

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

Local programs will transmit data in electronic form to EIS on a schedule to be determined (either monthly or quarterly).

How will data be analyzed

The lead agency will use the ratings for each outcome area for each child to analyze the change in development from entry (time 1) to exit (time 2). For each outcome area:

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

Evaluation/Assessment:

Hawai'i's EI programs currently administer at least one of the following assessments tools, within 45 days of initial referral and at least annually thereafter, to every child enrolled in Part C.

1. Hawaii Early Learning Profile (HELP). HELP is an instrument originally developed in Hawai'i and currently published by VORT Publishing. It is a criterion based tool widely used across the country for assessment of developmental status. It is domain based, but the ECO Center plans to establish a "cross-walk" between items on the HELP and the OSEP Child Outcomes. The HELP is usually administered by two or more professional staff and at least one of the child's parents or caregivers.
2. Ages and Stages(ASQ). Programs in Hawai'i serving children eligible solely under environmental risk criteria are assessed using the ASQ and ASQ-SE. The ASQ is a normed, parent-completed developmental screening tool used by many states to identify developmental concerns.

Training in appropriate use of these tools is provided periodically to ensure new staff are skilled in use of the tools. Explanation of purpose and use of tools will be provided to each participating family by their care coordinator.

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

Initial training sessions are currently being conducted to raise awareness of the outcomes measurement system benefits, timelines, procedures and practices among EI staff. By January 1,

2006 all EI program managers will have received this initial training and will have been provided materials to use in training their staff.

Further training specifically on data collection and data entry will be provided to staff at each EI program before the program participates in the outcomes measurement system. Periodic training will be available to new practitioners and ongoing TA will be available to EI providers through the EI Section. For the first six months of implementation of the measurement system, program managers will have access to TA on a regular monthly schedule to ensure a smooth process and reliable and valid data collection and transmission.

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

Accuracy of original rating will be maximized by participation of individuals with different perspectives, input from a parent or caregiver who knows the child intimately and has a broad base of information about the child's behavior, and input from at least one professional or paraprofessional knowledgeable about typical child development. Basing ratings on multiple sources of information including assessments, clinical opinion, and IFSP objective attainment will also contribute to accuracy. Supervisors of care coordinators, and/or program managers, will observe a sample of rating sessions annually to monitor adherence to protocols and to provide quality assurance

There are four data systems in use or under development for various purposes by large numbers of EI programs in Hawai'i. EIS is currently analyzing these data systems to determine which has the greatest potential advantages and fewest disadvantages for use in recording, analyzing and reporting outcomes measurement data. Criteria for selection of a system to be modified to provide outcomes functionality include: sustainability, availability to serve all EI programs, data entry training and effort, efficiency (e.g. minimization of duplicate data entry) and cost for modifications needed.

The system will include built-in edits to prevent knowable errors (date, scores, missing data).

Data will be uploaded to EIS and analyzed to produce reports for use by programs, state agencies, and by EIS for APRs. Data analysis will track the proportion of entering children for whom exit scores are available. Programs with unacceptably low proportions will be provided assistance to improve continuous enrollment and/or measurement.

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

Minimal data elements include child and program identifiers, rating scores for each of the three child outcome areas, the date each rating was completed, and dates of enrollment and exit.

Baseline Data for FFY 2004 (2004-2005):

No baseline data are available at this time.

Discussion of Baseline Data:

Initial entry status data will be collected from April 1 through September 30, 2006 for inclusion in the FFY 2005 APR, due 2/1/07. Initial data will be collected in three communities representative of communities across the state. One community in urban greater Honolulu will participate, one in the

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rural areas of O`ahu, and one on a Neighbor Island. In each of the three initial implementation communities, all EI programs located in the community will participate.

Initial baseline data on child progress will be collected from October 1, 2006 to September 30, 2007 and reported in the February 2006 APR, due 2/1/08.

FFY	Measurable and Rigorous Target
2005 (2005-2006)	NA (Baseline data not available)
2006 (2006-2007)	NA (Baseline data not available)
2007 (2007-2008)	To be included in the FFY 2006 APR due 2/1/08.
2008 (2008-2009)	To be included in the FFY 2006 APR due 2/1/08.
2009 (2009-2010)	To be included in the FFY 2006 APR due 2/1/08.
2010 (2010-2011)	To be included in the FFY 2006 APR due 2/1/08.

Improvement Activities/Timelines/Resources:

Improvement activities/timelines/resources will be included in the FFY 2006 APR, due 2/1/08.

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

Overview of the State Performance Plan Development:

See Overview, page 1.

The “What Counts” Design Team developed the draft SPP for this indicator which was reviewed by the broad Stakeholder group. Membership in the Design Team includes representatives of State administrators and program managers from all three EI Agencies: HS, PHNB, and EIS, a pediatrician, the State administrators for the Part C and 619 programs, and two measurement/program evaluation experts.

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 USC 1416(a)(3)(A) and 1442)

Measurement:

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

Overview of Issue/Description of System or Process:

The outcome measurement system, when fully developed, will include:

- Policies and procedures to guide outcome assessment and measurement practices
- Provision of training and technical assistance supports to administrators and service providers in outcome data collection, reporting, and use
- Quality assurance and monitoring procedures to ensure the accuracy of the outcome data
- Data system elements for outcome data input and maintenance, and outcome data analysis functions

Each of these elements is described below.

Policies and procedures to guide outcome assessment and measurement practices

Uniform policies and procedures are being developed which will be implemented by all EI programs in Hawai'i.

Policies:

The outcomes measurement system and reporting will be as valid and reliable as feasible, will respect family privacy and confidentiality, and will be equitable in application to all demographic subgroups in the population. Data will be collected and transmitted to the State in ways that minimally impact service delivery. Information collected will be available to all EI program and State staff and to the public. Information will be analyzed in ways that maximize the potential for its use for program improvement as well as accountability.

Procedures:

Measurement: A family survey will be selected from the following options:

1. ECO Center Family Survey (possibly modified for use in Hawai'i)
2. NCSEAM Family Survey
3. Modification of Hawai'i's existing Early Intervention Family Survey.

Selection criteria include: ease of interpreting results in terms of OSEP Family Outcomes; family-friendliness as judged by families similar to Hawai'i's Part C participants; reading level; and ease of administration in multiple languages in addition to English.

The Design Team will recommend one survey to the Hawai'i Early Intervention Coordinating Council by June 30, 2006.

The responses to questions on the Family Survey will be transformed in bi-valued (yes/no) values on the three Family Outcomes. Summaries will be created by local program and total percentages for all respondents. Data will be used to improve services.

Data Collection:

The Family Survey will be distributed to parents or primary caregivers of each child enrolled in Part C for at least 6 consecutive months in July of 2006. Current plans, following input from three parent groups, are to have care coordinators hand deliver surveys to parents/caregivers. The parent/caregiver will return the survey to EIS in a stamped, addressed envelope provided with the survey. Surveys received by September 30, 2006 will be reported on the February 2007 APR.

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

Initial training sessions are currently being conducted to raise awareness of the outcomes measurement system benefits, timelines, and planned procedures among EI staff. By January 1, 2006 all EI program managers will have received this initial training and will have been provided materials to use in training their staff.

All EI programs have conducted family surveys in the past. The protocols for delivering the Family Outcomes Survey to parents/caregivers, accommodations, etc., will be provided to all care coordinators at regularly scheduled meetings before implementation of the Survey. An FAQ document will be given to each care coordinator to provide standard answers to common questions.

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

Selection of a survey with low literacy requirements, family friendly format and distribution methods, accommodations as needed and delivery by a trusted service provider will enhance accuracy of survey results. Supervisors of care coordinators, and/or program managers, will discuss the rating sessions at regularly scheduled Care Coordinators’ meetings to monitor adherence to protocols and to provide quality assurance by answering any questions. Family members participating in the HEICC and in program Advisory Groups will be asked for feedback to inform quality assurance.

There are four data systems in use or under development for various purposes by large numbers of EI programs in Hawai‘i. EIS is currently analyzing these data systems to determine which has the greatest potential advantages and fewest disadvantages for use in recording, analyzing and reporting outcomes measurement data. Criteria for selection of a system to be modified to provide outcomes functionality include: sustainability, availability to serve all EI programs, data entry training and effort, efficiency (e.g. minimization of duplicate data entry) and cost for modifications needed.

The system will include built-in edits to prevent knowable errors (date, scores, missing data).

Data will be uploaded to EIS and analyzed to produce reports for use by programs, state agencies, and by EIS for APRs. Data analysis will track the proportion of enrolled children whose parents responded to the survey. Programs with unacceptably low return rates will be provided assistance to improve those rates.

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

Minimal data elements include program identifier, duration of family participation in Part C, and scores on each question on the Family Survey. Data analysis routines will be created to roll up answers to individual questions into bi-valued (true/false) responses to the three Family Outcome areas, and to summarize family responses by program and for all responding families in the state.

Baseline Data for FFY 2004 (2004-2005):

No baseline data are available at this time.

Discussion of Baseline Data:

Baseline data will be collected as of July 2006 for inclusion in the FFY 2005 APR, due 2/1/07.

FFY	Measurable and Rigorous Target
2005 (2005-2006)	N/A
2006 (2006-2007)	To be included in the FFY 2005 APR due 2/1/07.

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2007 (2007-2008)	To be included in the FFY 2005 APR due 2/1/07.
2008 (2008-2009)	To be included in the FFY 2005 APR due 2/1/07.
2009 (2009-2010)	To be included in the FFY 2005 APR due 2/1/07.
2010 (2010-2011)	To be included in the FFY 2005 APR due 2/1/07.

Improvement Activities/Timelines/Resources:

Improvement activities/timelines/resources will be included in the FFY 2005 APR, due 2/1/07.

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

Overview of the State Performance Plan Development:

See Overview, page 1.

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 USC 1416(a)(3)(B) and 1442)

Data Sources:

Child Count (Section 618) data.

Comparison of Child Count data from other similar states, those with "broad" definitions of eligibility.

Measurement:

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

Overview of Issue/Description of System or Process:

OSEP requires yearly Child Count data that provides information on the percentage of infants under one year of age who are have completed IFSPs as of December 1 of each year. Their expectation is that at least 1% of the 0-1 cohort will be identified as Part C eligible. According to national data of 12/1/03, .91 of infants between 0-1 were found to be Part C eligible.

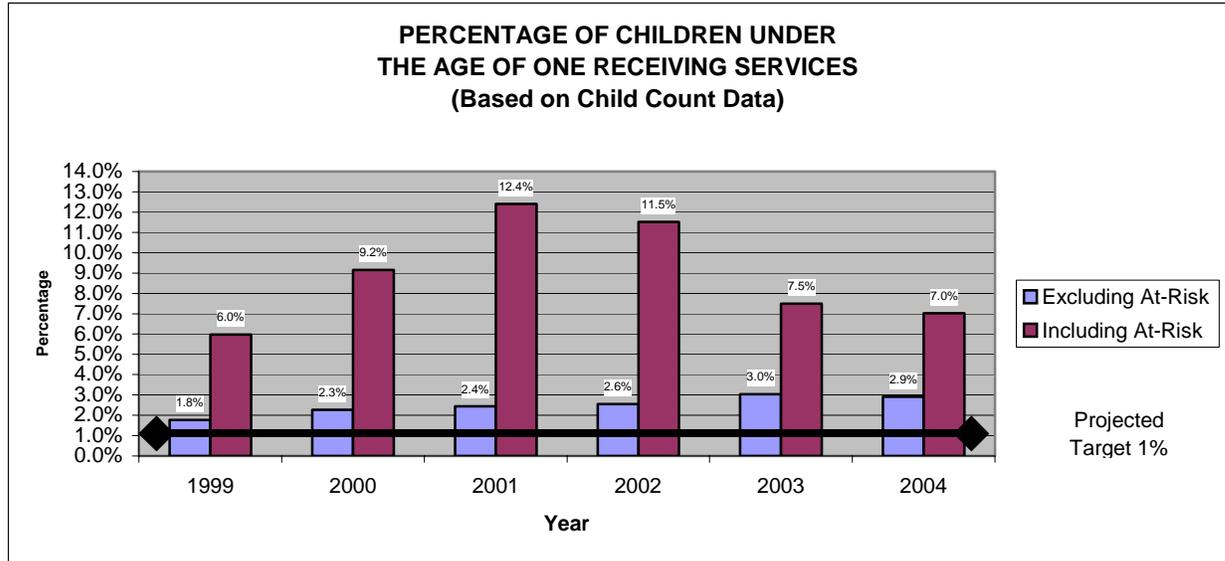
Each year, Hawaii's Part C providers (EIS programs, PHNB sections and HS programs) forward their 12/1 Child Count data to the EIS Data Manager. The Data Manager reviews the data, contacts programs if there are questions about the accuracy of the data, summarizes the programmatic data into statewide data, and forwards it to OSEP and WESTAT. To ensure there is no duplicate data, children are counted by the program that provides care coordination.

The Data Manager is also responsible for ensuring that programs are provided and understand the instructions to complete the Child Count data. Instructions are forwarded to programs; the Data Manager is available to provide both in-person and telephone support.

Public awareness and Child Find activities are initiated by HDOH (the lead agency for Part C) and individual early intervention programs. Examples of activities include: participation in health fairs, Children & Youth fairs, Baby Expos, discipline-specific walks (e.g., Down Syndrome Walkathon), DOE home school activities, and other fairs that focus on young children. To encourage family participation at fairs, games are available for the youngsters to participate in while brochures are given to families. HDOH also sets up information tables at conferences that attract families and providers of young children, including the Special Parent Information Network, Early Childhood Conference, Foster Parent Association Conference, Learning Disabilities Association of Hawaii

Conference, etc. HDOH staff is also regularly invited to speak to groups about early intervention, such as Women, Infants, and Children (WIC) staff, Child Welfare Service (CWS) supervisors, etc. The Early Intervention Section newsletter is also distributed widely to families and providers in the community.

Baseline Data for FFY 2004 (2004-2005):



Discussion of Baseline Data:

Hawaii has, since 1999 (refer to baseline data), consistently served a higher percentage than the 1% target identified by OSEP, both including and excluding children at environmental risk.

Comparison with National Data

Based on 2003 data disseminated by OSEP, Hawaii’s Part C program was first in the nation in the percentage of Part C eligible infants from 0-1 (3.1%), when infants at environmental risk were excluded. When infants at environmental risk were included, the number of children under age 1 served by Hawaii’s Part C program was over 7%.

Comparison with States of Similar Eligibility

Hawaii is one of 29 states included in the “Broad Eligibility” category because of Hawaii’s Part C eligibility definition. As noted above, Hawaii is first in the nation in the percentage served, when children at environmental risk are excluded.

Additional Comments

Almost all children in HS are identified at birth prior to the mothers’ hospital discharge. The decrease in percentage served after 2001, children at environmental risk were included, was due to a number of factors, including: 1) the passage of the Health Insurance Portability and Accountability Act (HIPAA) of 1996 required the Healthy Start Early Identification program (EID) to revise their procedures of identifying potential eligible children in hospitals immediately after birth. While HIPAA was passed in 1996, it wasn’t until later that hospital procedures changed; 2) the change in Oahu’s EID providers (due to contractual changes) resulted in fewer children identified while the new provider was trained on eligibility procedures; and 3) providing additional training to HS providers on Child Count requirements resulted in fewer children as some programs were counting all children referred to HS, rather than only those children who had an IFSP in place by December 1. Because of the

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changes in hospital protocol, HS is in the process of “re-tooling” their procedures to provide EID staff with a variety of strategies of how to explain HS services to new parents.

FFY	Measurable and Rigorous Target
2005 (2005-2006)	Excluding environmentally at risk = 2.9%; including environmentally at risk = 7.1%
2006 (2006-2007)	Excluding environmentally at risk = 2.9%; including environmentally at risk = 7.1%
2007 (2007-2008)	Excluding environmentally at risk = 2.92%; including environmentally at risk = 7.15%
2008 (2008-2009)	Excluding environmentally at risk = 2.95%; including environmentally at risk = 7.2%
2009 (2009-2010)	Excluding environmentally at risk = 2.97%; including environmentally at risk = 7.25%
2010 (2010-2011)	Excluding environmentally at risk = 3.0%; including environmentally at risk = 7.3%

Improvement Activities/Timelines/Resources:

Improvement Activities	'05	'06	'07	'08	'09	'10
Review Hawaii's Part C eligibility criteria for continued appropriateness.		X	X			
Analyze data to identify new populations not currently served and underserved (e.g., environmentally at risk up to age 1; homeless, new immigrants to Hawaii; cultural subgroups, military, etc.		X	X	X	X	X
Analyze Child Count data by geographical area.		X	X	X	X	X
Target referral groups and geographical areas.			X	X	X	X
Brainstorm and implement strategies to work with identified target groups and specific geographical areas.			X	X	X	X
Review current EI public awareness materials to determine additional brochures, etc. needed to support information to families about EI services.			X	X	X	X

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Evaluate the effectiveness of the improvement activities and revise as necessary.		X	X	X	X	X
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Resources:

NECTAC, WRRC, other states with similar eligibility definitions

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

Overview of the State Performance Plan Development:

See Overview, page 1.

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 USC 1416(a)(3)(B) and 1442)

Data Sources:

Child Count (Section 618) data.

Comparison of Child Count data from other similar states, and those with “broad” definitions of eligibility.

Measurement:

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

Overview of Issue/Description of System or Process:

OSEP requires yearly Child Count data that provides information on the percentage of infants under one year of age who have completed IFSPs as of December 1 of each year. Their expectation is that at least 2% of the 0-3 cohort will be identified as Part C eligible. According to national data of 12/1/03, 2.24 of infants between 0-3 were found to be Part C eligible.

Each year, Hawaii’s Part C providers (EIS programs, PHNB sections and HS programs) forward their 12/1 Child Count data to the EIS Data Manager. The Data Manager reviews the data, contacts programs if there are questions about the accuracy of the data, summarizes the programmatic data into statewide data, and forwards it to OSEP and WESTAT. To ensure there is no duplicate data, children are counted by the program that provides care coordination.

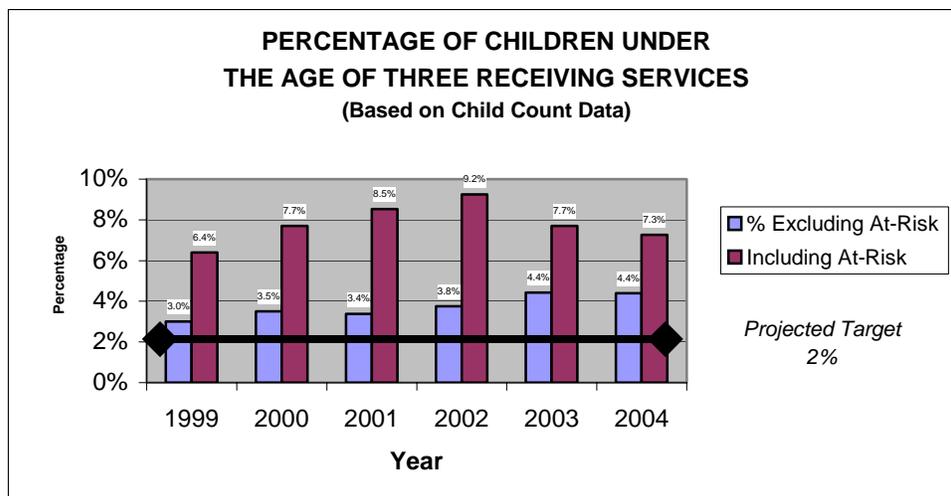
The Data Manager is also responsible for ensuring that programs are provided and understand the instructions to complete the Child Count data. Instructions are forwarded to programs; the Data Manager is available to provide both in-person and telephone support.

Public awareness and Child Find activities are initiated by HDOH (the lead agency for Part C) and individual early intervention programs. Examples of activities include: participation in health fairs, Children & Youth fairs, Baby Expos, discipline-specific walks (e.g., Down Syndrome Walkathon), DOE home school activities, and other fairs that focus on young children. To encourage family participation at fairs, games are available for the youngsters to participate in while brochures are given to families. HDOH also sets up information tables at conferences that attract families and

providers of young children, including the Special Parent Information Network, Early Childhood Conference, Foster Parent Association Conference, Learning Disabilities Association of Hawaii Conference, etc. HDOH staff is also regularly invited to speak to groups about early intervention, such as Women, Infants, and Children (WIC) staff, Child Welfare Service (CWS) supervisors, etc. The Early Intervention Section newsletter is also distributed widely to families and providers in the community.

Baseline Data for FFY 2004 (2004-2005):

From Child Count Data



Discussion of Baseline Data:

Hawaii has, since 1999 (refer to baseline data), consistently served a higher percentage than the 2% target identified by OSEP, both including and excluding children at environmental risk.

Comparison with National Data

Based on 2003 data disseminated by OSEP, Hawaii’s Part C program was first in the nation in the percentage of Part C eligible infants and toddlers served (7.7%), when infants and toddlers at environmental risk were included. When children at environmental risk were excluded, Hawaii’s Part C program was second in the nation, serving 4.43% of the 0-3 population.

Comparison with States of Similar Eligibility

Hawaii is one of 28 states included in the “Broad Eligibility” category, because Hawaii’s Part C eligibility definition. Hawaii is second in percentage served, when children at environmental risk are excluded.

Additional Comments

Almost all children in HS are identified at birth prior to the mothers’ hospital discharge. The decrease in percentage served after 2001, children at environmental risk were included, was due to a number of factors, including: 1) the passage of the Health Insurance Portability and Accountability Act (HIPAA) of 1996 required the Healthy Start Early Identification program (EID) to revise their procedures of identifying potential eligible children in hospitals immediately after birth. While HIPAA was passed in 1996, it wasn’t until later that hospital procedures changed; 2) the change in Oahu’s EID providers (due to contractual changes) resulted in fewer children identified while the new provider was trained on eligibility procedures; and 3) providing additional training to HS providers on Child Count requirements resulted in fewer children as some programs were counting all children referred to HS, rather than only those children who had an IFSP in place by December 1.

FFY	Measurable and Rigorous Target
2005 (2005-2006)	Excluding environmentally at risk = 4.4%; including environmentally at risk = 7.3%
2006 (2006-2007)	Excluding environmentally at risk = 4.4%; including environmentally at risk = 7.3%
2007 (2007-2008)	Excluding environmentally at risk = 4.41%; including environmentally at risk = 7.35%
2008 (2008-2009)	Excluding environmentally at risk = 4.43%; including environmentally at risk = 7.37%
2009 (2009-2010)	Excluding environmentally at risk = 4.44%; including environmentally at risk = 7.38%
2010 (2010-2011)	Excluding environmentally at risk = 4.45%; including environmentally at risk = 7.4%

Improvement Activities/Timelines/Resources:

Improvement Activities	'05	'06	'07	'08	'09	'10
Review Hawaii's Part C eligibility criteria for continued appropriateness.		X	X			
Analyze data to identify new populations not currently served and underserved (e.g., environmentally at risk up to age 1; homeless, new immigrants to Hawaii; cultural subgroups, military, etc.		X	X	X	X	X
Analyze Child Count data by geographical area.		X	X	X	X	X
Target referral groups and geographical areas.			X	X	X	X
Brainstorm and implement strategies to work with identified target groups and specific geographical areas.			X	X	X	X
Review current EI public awareness brochures/pamphlets to determine additional brochures, etc. needed to support information to families about EI services.			X	X	X	X

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Evaluate the effectiveness of the improvement activities and revise as necessary.		X	X	X	X	X
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Resources: NECTAC, WRRC, other states with similar eligibility definitions

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

Overview of the State Performance Plan Development:

See Overview, page 1.

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 USC 1416(a)(3)(B) and 1442)

Data Source:

Data from FFY 2004 Focused Monitoring of all Part C programs/sections (EIS, PHNB, HS), between November 2004-February 2005.

Data from EIS Compliance Monitoring September 2005.

Measurement:

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

Account for untimely evaluations.

Overview of Issue/Description of System or Process:

OSEP’s FFY 2005 Part C Grant Award letter to Hawaii’s Part C program included Special Conditions regarding correction of the multidisciplinary Comprehensive Developmental Evaluations (CDEs), as they were not provided within 45 days of referral to Part C as required. IFSPs were also not provided on a timely basis.

Hawaii has initiated various activities to address timely evaluations and assessments of children as well as to address timely IFSPs.

Timely IFSPs

For EIS and PHNB, the major reason for late IFSPs was the lack of timely CDEs, due to an insufficient number of staff to both evaluate and serve Part C eligible children. Since the timeline for both CDEs and IFSPs is 45 days, if the CDE is late, the IFSP will also be late. In addition, as the number of children eligible for early intervention increases, care coordination caseloads increase, which impacts the ability of the CCs to schedule timely IFSPs. It is expected that as CDEs become more timely, IFSPs will also be more timely.

For HS, the major reason for late IFSPs was the lack of clarity regarding the 45-day timeline requirements and lack of consistency in reporting IFSP timeline data (i.e., disaggregating family reasons for late IFSPs).

The following improvement strategies were implemented to support the provision of timely CDEs:

- Identification of statewide multidisciplinary evaluation instruments. The Hawaii Early Learning Profile (HELP), the Battelle, and the Developmental Programming for Infants and Young Children (Michigan) were identified by the HEICC for EI programs to use in completing CDEs. By utilizing an instrument by a multidisciplinary team instead of a series of discipline-specific evaluation instruments, which often required 3-4 staff, it would result in a savings of staff time.
- Contracting with private fee-for-service providers for CDEs. Contracts were developed with private agencies to increase the available resources that would result in more timely CDEs.
- Increasing the number of multidisciplinary early intervention programs. Three (3) new Purchase-of-Service (POS) EI programs are now operational. This has resulted in more children referred to a multidisciplinary EI program for both the CDE and early intervention services.
- Increasing team members trained to participate in the CDE. Training on the HELP has been provided to all EI social workers and care coordinators, public health nurses and HS child development specialists so they have the expertise to participate as a member of a multidisciplinary CDE team. After mentoring is completed, these individuals will be paired with a therapist to complete the CDE. The expansion of CDE teams is expected to result in more timely CDEs.
- Lowering CC ratio so care coordinators have time to participate in the multidisciplinary CDE team. EIS has approved the hiring of 9.5 new social workers for POS programs to lower the caseload from a weighted ratio of 1:45 (which often resulted in a caseload of more than 60 children) to a non-weighted ratio of 1:35. A lowered CC ratio will support the CC's participation in both timely CDEs and IFSPs.

Increased Data Collection

In order to meet the Special Conditions requirements and to determine if the above strategies are successful, monthly data collection (which started July 2005) is required for all children who had a completed CDE each month. Agencies must report to HDOH on each programs' timeliness of CDEs, and develop corrective actions if the CDEs are not timely.

It is expected with the implementation of the above strategies, as well as increased data collection and enhanced documentation, Hawaii's Part C program will increase the percentage of children receiving timely CDEs.

Baseline Data for FFY 2004 (2004-2005):

The table below includes data from On-Site Monitoring ('02-'04) and Focused Monitoring ('04-'05) of all Agencies (EIS, PHNB, HS) and more recent Compliance Monitoring of EIS in September 2005. The process of collecting the Focused Monitoring data is described in Indicator 1.

Statewide Monitoring Results Based on Timeline & IFSP Indicators										
Item #	Indicator	Early Intervention Section (EIS)			Public Health Nursing Branch (PHNB)		Healthy Start		Statewide	
		02-'03	04-'05	9/05	03-'04	04-'05	03-'04	04-'05	03-'04	04-'05
1	Evaluation within 45 days of referral	69%	80%	89%	56%	55%	N/A	N/A	67%	77%
2	IFSP within 45 days of referral	54%	58%	79%	50%	76%	78%	87%	62%	73%

Discussion of Baseline Data:

Based on the above data from Focused Monitoring (comparing '02-'03 and '04-'05):

1. For EIS, timely CDEs increased from 69% to 80%, and timely IFSPs increased from 54% to 58%.
2. For PHNB, timely CDEs remained about the same (56% to 55%), and timely IFSPs increased from 50% to 76%.
3. For HS, there was no available data on CDEs for either '03-'04 and '04-'05. However, timely IFSPs increased from 78% to 87%.

Based on new Focused Monitoring by EIS (9/05):

1. Timely CDEs continued to increase, from 80% to 89%, and timely IFSPs increased from 58% to 79%.

The data supports that the statewide efforts to increase the availability of teams to complete CDEs in a timely manner is successful. It is expected as additional strategies are implemented, timeliness will continue to increase throughout the state.

It is also apparent from the data that as CDEs increase in timeliness, the timeliness of IFSPs also increases.

FFY	Measurable and Rigorous Target
2005 (2005-2006)	100%
2006 (2006-2007)	100%
2007 (2007-2008)	100%
2008 (2008-2009)	100%
2009 (2009-2010)	100%

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2010 (2010-2011)	100%
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Improvement Activities/Timelines/Resources:

Improvement Activities	'05	'06	'07	'08	'09	'10
Refine the statewide system to provide written clarification on IDEA Part C requirements for CDEs and IFSPs to all Agencies and Programs.	X	X				
Develop and implement a mentoring system to support CDE providers.	X	X	X	X	X	X
Identify training needs related to CDEs and IFSPs	X	X	X	X	X	X
Determine and develop strategies to support infrastructure needed that will result in timely CDEs and IFSPs.	X	X	X	X	X	X
Increase resources needed to support statewide training.			X	X	X	X
Ensure that the statewide Part C data system is sufficiently sensitive to collect required CDE & IFSP data.	X	X	X			
Evaluate the effectiveness of the improvement activities designed to support 100% compliance in CDE and IFSP requirements.	X	X	X	X	X	X
Identify, implement, and evaluate new strategies as needed.		X	X	X	X	X

Resources:

NECTAC, WRRC, brochures from other states, training modules from other states.

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

Overview of the State Performance Plan Development:

See Overview, page 1.

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 USC 1416(a)(3)(B) and 1442)

Data Sources:

- A. Data from FFY 2004 Focused Monitoring of all Part C programs/sections (EIS, PHNB, HS), between November 2004-February 2005. Data from EIS Compliance Monitoring September 2005.
- B. No data; implemented as of 10/1/05
- C. Data from FFY 2004 Focused Monitoring of all Part C programs/sections (EIS, PHNB, HS), between November 2004-February 2005. Data from EIS Compliance Monitoring September 2005.

Measurement:

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

Overview of Issue/Description of System or Process:

OSEP's FFY 2005 Part C Grant Award letter to Hawaii's Part C program included Special Conditions regarding transition activities, including developing transition plans prior to the child's third birthday, notifying the LEA of children potentially eligible for Part B, and holding timely transition conferences.

Hawaii has implemented various strategies to ensure timely transition activities:

A. IFSPs with transition steps and services.

Strategies included: training of all Part C providers on the new statewide IFSP for implementation as of July 1, 2005; and revision of the transition page in the IFSP, with instructions, to more accurately reflect the required transition activities in Section 303.344 (h)(2). The final revisions were disseminated 10/15/05.

B. Notification to LEA, if child potentially eligible for Part B.

HDOH recently developed and disseminated, for implementation as of 10/1/05, a Transition Notice to inform DOE of children who are possibly DOE-eligible. The development of the Notice was time-intensive due to the need to collaborate with OSEP, the DOH Deputy Attorney General, the HEICC, and the DOE. The form has an “opt out” option, which if implemented, requires the early intervention CC to provide families with Part B Child Find information.

C. Transition conference, if child potentially eligible for Part B.

Strategies included: training of all Part C providers on the requirement of convening a Transition Conference between 9 months and 90 days prior to the child turning age 3 or the start date of their home school; and development of a new form, “Part C Transition Conference Meeting Notification,” to support increased communication between the Part C care coordinators and DOE. The form includes information on the time and place of the meeting, as well as a “RSVP” so that the EI program will know who will be representing Part B at the meeting. The increase in the scheduling parameters for the Transition Conference, from between 90 days to 6 months to 90 days to 9 months, should result in more timely Transition Conferences.

Increased Data Collection

In order to meet the Special Conditions requirements and to determine if the above strategies were successful, monthly data collection, starting July 2005, is required of all programs/sections to determine the timeliness of all transition activities, including Transition Conferences, Transition Notices sent to DOE, and Transition Plans that occurred each month. The Agencies (EIS, PHNB, HS) are responsible for reviewing the data to determine if the strategies are successful, and if not, to develop corrective actions to support timely transition activities.

Baseline Data for FFY 2004 (2004-2005):

The table below includes data from On-Site Monitoring ('02-'04) and Focused Monitoring ('04-'05) of all Agencies (EIS, PHNB, HS) and more recent Compliance Monitoring of EIS in September 2005. The process of collecting the Focused Monitoring data is described in Indicator 1.

Timeline and Transition Conferences: Comparison of 2002-2004 and 2004-2005									
Indicator	Early Intervention Section (EIS)			Public Health Nursing Branch (PHNB)		Healthy Start		Statewide	
	02-'03	04-'05	9/05	03-'04	04-'05	03-'04	04-'05	03-'04	04-'05
IFSPs with transition steps and services.	21%	54%	90%	38%	65%	11%	72%	19%	61%
The Transition Conference was held at least 3-6 months prior to the child's 3rd birthday or start of home school	84%	38%	43%	69%	42%	26%	47%	62%	41%

Discussion of Baseline Data:

A. IFSPs with transition steps and services.

Based on a comparison of '02-'03 with '03-'04 data (and 9/05 data for EIS):

- EIS increased from 21% to 54% to 90%.
- PHNB increased from 38% to 65%.
- HS increased from 11% to 72%.

B. Notification to LEA, if child potentially eligible for Part B.
There is no baseline data for Transition Notices as Transition Notices was just implemented

C. Transition conferences, if child potentially eligible for Part B.
Based on a comparison of '02-'03 and '04-'05 data (and 9/05 data for EIS):

- EIS decreased from 84% to 38% and increased to 43% in 9/05.
- PHNB decreased from 69% to 42%.
- HS increased from 26% to 47%.

One reason for EIS's decrease between '02-'03 and '04-'05 was due to staff not understanding the Part C requirements for a Transition Conference. As a result of training on transition, staff correctly documented Transition Conferences, which resulted in a lower number and decreased percentage of Transition Conferences that met Part C requirements. On-going training will be provided to all Part C providers on transition conference requirements.

FFY	Measurable and Rigorous Target
2005 (2005-2006)	100%
2006 (2006-2007)	100%
2007 (2007-2008)	100%
2008 (2008-2009)	100%
2009 (2009-2010)	100%
2010 (2010-2011)	100%

Improvement Activities/Timelines/Resources:

Improvement Activities	'05	'06	'07	'08	'09	'10
Develop and/or adapt activity sheets to support CCs' conversations with families about transition and support documentation on transition requirements.	X					

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Provide written information to families on DOE preschool special education eligibility requirements to support families to better understand their options.	X	X	X	X	X	X
Review and adapt current data systems to include “tickler” system to alert CCs on Transition timelines.	X	X	X			
Revise the Focused Monitoring tool to reflect transition requirements.	X	X				
Collaborate with DOE to identify common data needs to support transition from EI to Part B.	X	X	X			
Identify additional training needs, review current training modules, adapt them as necessary to meet identified training needs, and implement training.	X	X	X	X	X	X
Evaluate the effectiveness of the improvement activities designed to support 100% compliance in transition requirements.	X	X	X	X	X	X
Identify, implement, and evaluate new strategies as needed.		X	X	X	X	X

Resources:

STEPS, STEPS “Transition to K Tool Kit”, NECTAC, WRRRC, HI DOE Preschool Special Education staff

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

Overview of the State Performance Plan Development:

See Overview, page 1.

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:

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

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

Percent = b divided by a times 100.

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

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

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

Percent = b divided by a times 100.

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

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

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

Percent = c divided by b times 100.

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

Overview of Issue/Description of System or Process:

OSEP's FFY 2005 Part C Grant Award letter to Hawaii's Part C program included Special Conditions because it was determined that Hawaii's Part C general supervision system failed to monitor and correct noncompliance within one year from identification of the non-compliance. Hawaii will submit two Progress Reports, due November 21, 2005 and April 16, 2006, regarding correction of non-compliance with timely comprehensive evaluations, IFSP content and early childhood transition requirements.

The Early Intervention Section, which, as Lead Agency for Hawaii's Part C program, is responsible for ensuring the all IDEA Part C requirements are met. To ensure compliance with IDEA Part C requirements, written monitoring procedures were developed as part of the HDOH Continuous Quality Improvement System (CQIS). The CQIS is a two-step process.

Step One: The first step includes the requirements for each Agency that has oversight over direct service programs. The Agencies include: EIS, that is responsible for the 21 public (6) and private purchase of service (POS-15) early intervention programs that provide care coordination and services to children with developmental delays; PHNB that is responsible for the 10 Public Health Nursing Sections that provide care coordination and nursing services to children at biological risk and with medical concern; and Maternal Child Health Branch (MCHB) that is responsible for the 8 HS POS contracts. The requirements for each Agency include: Method of Review, Monitoring Instruments, and Monitoring Results/Improvement Planning. As part of Monitoring Results/Improvement Planning, each Agency is required to provide data to HDOH that ensures that their programs/sections meet compliance with IDEA Part C requirements.

Step Two: The second step includes: 1) the responsibility of HDOH in ensuring that the Agencies provide data, as required, to show that their Programs/Sections meet IDEA Part C compliance; 2) providing feedback to the Agencies as to whether the data is sufficient to show compliance from their Programs/Sections; 3) identification of other areas of non-compliance; and 4) required actions. In addition, HDOH may choose to do on-site validation of Agency findings. If the required actions are insufficient to show progress toward compliance, HDOH may impose sanctions on the Agencies.

During 2003-2004 and 2004-2005, Agencies were required to monitor all programs/sections on all indicators identified by HDOH. As noted in previous APRs, to ensure valid, reliable, and comparable data, HDOH identified the statewide requirements in the 2004-2005 monitoring cycle and provided the instruments to utilize in the monitoring and training for all monitoring staff, and reporting templates.

Because of the Special Conditions, in 2005-2006, each Agency is required to monitor all programs/sections at least once to indicate compliance or sufficient progress toward compliance. Based on the findings by program, additional monitoring may be required prior to the second Special Conditions report due April 16, 2006.

Once HDOH has shown sufficient compliance to OSEP to meet the Special Conditions requirements, a less intensive monitoring cycle will be developed.

Because of OSEP's concern with Hawaii's Part C non-compliance, Hawaii will be receiving technical assistance to support the further development of Hawaii's General Supervision system.

To date there have been no formal sanctions enacted against any Agency or Program due to the need for statewide improvement in its early intervention service system. Without major systemic changes that support system-wide change, which is in process, it was felt inappropriate to enact sanctions against any Agency or Program. The technical assistance to support change is noted below in "Discussion of Baseline Data."

Baseline Data for FFY 2004 (2004-2005):

Data is based on a comparison of Agency monitoring results from 2003-2004 with 2004-2005 monitoring results, except for EIS. For EIS, additional monitoring occurred in September 2005, as part of Special Conditions, and therefore the comparison, when data was available, was between 2003-2004 and September 2005 monitoring data.

- A. Percent corrected non-compliance with priority areas:
EIS = 27.3% compliance
PHNB = 7.7% compliance
HS = 16.7% compliance
- B. Percent corrected non-compliance with areas not included above:
EIS = 57.1% compliance
PHNB = 0 % compliance
HS= 28.6% compliance
- C. Percent corrected non-compliance identified through other mechanisms.
N/A – no non-compliance to be corrected

Update of EIS indicators as noted in September 22, 2005 APR Letter:

Below are the four specific indicators noted in the 9/22/05 APR letter. The comparison is specifically for EIS (not PHNB or HS) between 2004-2005 and September 2005 monitoring.

- Statement of present levels of development - Increase in compliance from 79% to 90%
- IFSP outcomes, criteria, procedures, and timelines - Increase in compliance from 19% to 80%
- Mandated service with frequency, method, payment - Increase in compliance from 27% to 79%
- Steps to support procedures to prepare child for
Change, including changes in service delivery, etc. - Increase in compliance from 38% to 87%

Discussion of Baseline Data:

A. Priority areas and B. Other areas

The data reported for A. Priority areas and B. Other areas reflect OSEP's concern regarding Hawaii's need to focus on improving compliance with IDEA Part C requirements. The following strategies were implemented to support improvement in Hawaii's system.

- Statewide training of IDEA Part C requirements to all Part C providers, and on-going training for new providers.
- Development, implementation, and training on a statewide IFSP form to ensure consistency across Agencies.
- Change in program protocol from Comprehensive Development Evaluations (CDE) completed via discipline-specific evaluations that generally require 4 different disciplines to 2-member multidisciplinary evaluation teams using one of the recommended tools (generally the Hawaii Early Learning Profile [HELP]).
- Development and dissemination of new required forms (e.g., Prior Written Notice, Part C Transition Notice, etc).

The strategies noted above from the new EIS monitoring data suggest that the described initiatives are successful.

C. Other mechanisms (complaints, due process hearings, mediations, etc.)

Hawaii's Part C programs continue to work diligently with families to respond to any concerns as soon as they are identified, in order to prevent formal complaints, due process hearing, mediations, etc. Programs do, however, support families' understand about their rights and procedural safeguards related to IDEA Part C. The "Dear Family" brochure, which has been the basis of Hawaii's Part C procedural safeguards information, was recently expanded to include an insert with the language from Section 303.400-303.460.

SPP Template – Part C (3)

HAWAII
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FFY	Measurable and Rigorous Target
2005 (2005-2006)	100%
2006 (2006-2007)	100%
2007 (2007-2008)	100%
2008 (2008-2009)	100%
2009 (2009-2010)	100%
2010 (2010-2011)	100%

Improvement Activities/Timelines/Resources:

Improvement Activities	'05	'06	'07	'08	'09	'10
Develop and implement a process to ensure all Part C providers are knowledgeable of Hawaii's implementation procedures related to Part C requirements.	X	X	X	X	X	X
Review monitoring systems of other states for information of how Hawaii can improve its monitoring system.		X	X	X		
Review and refine monitoring process (CQIS), including HDOH and Agency and requirements.		X	X	X		
Develop and implement procedures to include HEICC and family members in the monitoring process.		X	X	X	X	X
Begin training Agencies on revised monitoring process to ensure accuracy of monitoring data and evaluate for effectiveness.		X	X	X	X	X
Implement statewide revised monitoring procedures.		X	X	X	X	X

SPP Template – Part C (3)

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State

Implement a monitoring cycle based on monitoring results.			X	X	X	X
Develop statewide Part C data system for all Part C providers, to support monitoring and other data requirements.	X	X	X			

Resources: NSEAM, NECTAC, OSEP, other state monitoring systems

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

Overview of the State Performance Plan Development:

See Overview, page 1.

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)

Data Source:

Part C Attachment 1

Measurement:

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

Overview of Issue/Description of System or Process:

At Intake, families are provided information regarding their procedural safeguards, as described in the “Dear Family” brochure, which includes information on who to contact if they have any concerns about services as well as to how to make a formal complain. It is recommended that if families have concerns, they should discuss their concerns with their care coordinator so an IFSP Review meeting can be scheduled if appropriate.

However, if families feel their concerns are not adequately resolved, they are informed that they should first contact the program’s supervisor or contact the Part C Coordinator prior to filing a written complaint. A written complaint should be filed if the family feels that the Part C program has violated a Part C requirement.

Baseline Data for FFY 2004 (2004-2005):

There were no signed, written complaints against Hawaii’s Part C program between July 1, 2004 – June 30, 2005.

Discussion of Baseline Data:

It appears that Hawaii’s problem-solving process is successful. Although the Part C Coordinator has received calls from families to relate their concerns, they were resolved through IFSP Review meetings.

FFY	Measurable and Rigorous Target
2005 (2005-2006)	100%
2006 (2006-2007)	100%

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2007 (2007-2008)	100%
2008 (2008-2009)	100%
2009 (2009-2010)	100%
2010 (2010-2011)	100%

Improvement Activities/Timelines/Resources:

Improvement Activities	'05	'06	'07	'08	'09	'10
Develop and implement process to gather information on family concerns related to service delivery and other Part C requirements.		X	X	X	X	X
Review training to ensure that it includes information on Part C complaint procedures so families and Part C staff are knowledgeable about this process.		X	X			
Design and implement various creative strategies (e.g., videotapes, CDs, etc.) to support training on Part C requirements for families, including at parent conferences.		X	X	X	X	X
Develop and implement written guidelines to support Care Coordinators and other staff in explaining Part C procedural guidelines (including complaint procedures) to families.		X	X	X	X	X
Collaborate with the “What Counts” Design Team to ensure that the family survey includes questions that focus on the degree families understanding their rights under Part C.		X	X			

Resources:

OSEP, NECTAC, WRRRC, CADRE, other Part C state procedures.

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

Overview of the State Performance Plan Development:

See Overview, page 1.

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)

Data Source:

Part C Attachment 1

Measurement:

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

Overview of Issue/Description of System or Process:

At Intake, families are provided information regarding their procedural safeguards, as described in the "Dear Family" brochure, which includes an insert of Section 303.400-303.460, the Part C procedural safeguards system. They are also informed of the process on who to contact if they have any concerns about services as well as the due process procedure. It is recommended that if families have concerns, they should first discuss their concerns with their care coordinator so an IFSP Review meeting can be scheduled if appropriate. If they feel their concerns are not adequately resolved, they can contact the program's supervisor, contact the Part C Coordinator, file a written complaint, or file for due process.

Baseline Data for FFY 2004 (2004-2005):

There were no fully adjudicated due process hearings between July 1, 2004 – June 30, 2005

Discussion of Baseline Data:

It appears that Hawaii's problem-solving process is successful. Although the Part C Coordinator has received calls from families to relate their concerns, they were resolved through IFSP Review meetings.

FFY	Measurable and Rigorous Target
2005 (2005-2006)	100%
2006 (2006-2007)	100%)
2007 (2007-2008)	100%

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2008 (2008-2009)	100%
2009 (2009-2010)	100%
2010 (2010-2011)	100%

Improvement Activities/Timelines/Resources:

Improvement Activities	'05	'06	'07	'08	'09	'10
Develop and implement process to gather information on family concerns related to service delivery and other Part C requirements.		X	X	X	X	X
Review training to ensure that it includes information on Part C due process hearings procedures so all Part C staff are knowledgeable about this process.		X	X			
Develop and implement written guidelines to support Care Coordinators and other staff in explaining Part C procedural guidelines (including due process hearing procedures) to families.		X	X	X	X	
Collaborate with the “What Counts” Design Team to ensure that the family survey includes questions that focus on the degree families understanding their rights under Part C.		X	X			

Resources:

OSEP, NECTAC, WRRRC, CADRE, other Part C state procedures.

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

Overview of the State Performance Plan Development:

See Overview, page 1.

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)

Data Source:

Pact C Attachment 1

Measurement:

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

Overview of Issue/Description of System or Process:

Not applicable, as Part B due process procedures were not adopted.

Baseline Data for FFY 2004 (2004-2005): N/A

Discussion of Baseline Data: N/A

FFY	Measurable and Rigorous Target
2005 (2005-2006)	N/A
2006 (2006-2007)	N/A
2007 (2007-2008)	N/A
2008 (2008-2009)	N/A
2009 (2009-2010)	N/A
2010 (2010-2011)	N/A

Improvement Activities/Timelines/Resources: N/A

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

Overview of the State Performance Plan Development:

See Overview, page 1.

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.

Overview of Issue/Description of System or Process:

At Intake, families are provided information regarding their procedural safeguards, as described in the “Dear Family” brochure, which includes an insert of Section 303.400-303.460, the Part C procedural safeguards system. They are also informed of the process on who to contact if they have any concerns about services as well as the process to request mediation. It is recommended that if families have concerns, they should first discuss their concerns with their care coordinator so an IFSP Review meeting can be scheduled if appropriate. If they feel their concerns are not adequately resolved, they should request and/or be offered mediation, as mediation is a positive, collaborative approach in resolving concerns.

Baseline Data for FFY 2004 (2004-2005):

There were no requests for mediation between July 1, 2004 – June 30, 2005

Discussion of Baseline Data:

It appears that Hawaii’s problem-solving process is successful. Although the Part C Coordinator has received calls from families to relate their concerns, they were resolved through IFSP Review meetings. When Hawaii has ten (10) or more mediation requests, baseline data will be revised and measurable and rigorous targets will be established.

FFY	Measurable and Rigorous Target
2005 (2005-2006)	When Hawaii has 10 or more mediation requests, targets will be established.
2006 (2006-2007)	When Hawaii has 10 or more mediation requests, targets will be established.
2007 (2007-2008)	When Hawaii has 10 or more mediation requests, targets will be established.

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State

2008 (2008-2009)	When Hawaii has 10 or more mediation requests, targets will be established.
2009 (2009-2010)	When Hawaii has 10 or more mediation requests, targets will be established.
2010 (2010-2011)	When Hawaii has 10 or more mediation requests, targets will be established.

Improvement Activities/Timelines/Resources:

Improvement Activities	'05	'06	'07	'08	'09	'10
Develop and implement process to gather information on family concerns related to service delivery and other Part C requirements.		X	X	X	X	X
Review training to ensure that it includes information on Part C mediation procedures so all Part C staff are knowledgeable about this process.		X	X			
Develop and implement written guidelines to support Care Coordinators and other staff in explaining Part C procedural guidelines (including mediation procedures) to families.		X	X	X	X	
Revise the “Dear Family” brochure and add the Parent Training Institute as a contact if families have questions about early intervention services.		X	X			
Collaborate with the “What Counts” Design Team to ensure that the family survey includes questions that focus on the degree families understand their rights under Part C.		X	X			
Regularly train Mediation Center staff on Part C requirements in case mediation is requested.			X	X	X	X

Resources:

OSEP, NECTAC, WRRRC, CADRE, other Part C state procedures.

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

Overview of the State Performance Plan Development:

See Indicator 1.

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)

Data Source: Dates of submission of required data and reports.

Measurement:

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

- a. Submitted on or before due dates (February 1 for child count, including race and ethnicity, settings and November 1 for exiting, personnel, dispute resolution); and
- b. Accurate (describe mechanisms for ensuring accuracy).

Overview of Issue/Description of System or Process:

Hawaii’s Part C program has regularly met the due dates for required data, Improvement Plans, and Annual Performance Reports. The only exceptions have been when requests for extensions have been approved.

618 data is submitted to Hawaii’s Part C Data Manager from the individual EIS, PHNB, and HS early intervention programs. The data is reviewed by the Data Manager and compared with the previous year’s data to identify any major changes in the data. If there are concerns about the data, contact is made with both the individual program as well as the Agency, for their confirmation regarding the accuracy of the data. Because PHNB data is inputted into the PHNB database and HS data is inputted into the CHEIRS database, the Agencies can compare programmatic data with the database to identify and correct discrepancies. Because EIS has not, in the past, had a statewide database to compare and confirm the accuracy of the data, there has been increased scrutiny by the Data Manager of the data to support accuracy. The Data Manager also regularly attends the OSEP Data Meetings to understand expectation and required changes for submission of 618 data.

EIS recently developed and disseminated a database to EIS programs to collect information required for the Special Conditions reports. This database is in the process of being expanded to be able to collect and report Child Count data. It will be used in the collection of the 12/1/05 data.

Instructions to support the collection of the 618 data are reviewed each year prior to dissemination to individual programs. Program Managers are informed to contact the Data Manager personally if there are questions concerning the instructions. The Data Manager also contacts new EIS Program Managers to ensure they understand the instructions prior to their data submission.

Other required reports, including the SPP and APRs go through both an internal and external review process to confirm accuracy of the information. The SPP was developed through broad stakeholder input and reviewed by the HEICC prior to submission to DOH administration for approval and submission to OSEP. Revisions are made at each step for increased accuracy. Previous APRs were developed through feedback from Agencies (EIS, PHNB, HS) as well as EIS staff who chair

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HAWAII
State

workgroups in specific areas (e.g., IFSP, transition, etc.). A process will be developed to ensure that future APRs report progress on the SPP improvement activities.

Baseline Data for FFY 2004 (2004-2005):

Tables 1 of the 12/1/04 Child Count (618) data were submitted January 31, 2005, prior to the February 2, 2005 due date. Tables 2-5 of the 12/1/03 Child Count (618) data were submitted October 25, 2004, prior to the November 1, 2004 due date.

The 2003-2004 APR was submitted April 19, 2005. EIS requested and received a three-week extension in order to provide OSEP with the additional monitoring data they requested for the period November 2004 through February 2005.

Discussion of Baseline Data:

All data and reports were submitted as required within the timelines, except when extensions were requested and approved from OSEP.

FFY	Measurable and Rigorous Target
2005 (2005-2006)	100%
2006 (2006-2007)	100%
2007 (2007-2008)	100%
2008 (2008-2009)	100%
2009 (2009-2010)	100%
2010 (2010-2011)	100%

Improvement Activities/Timelines/Resources:

Improvement Activities	'05	'06	'07	'08	'09	'10
Review and revise training for all Part C programs on 618 data submission, based on 618 data requirements.	X	X	X	X	X	X

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State

Develop and implement a process to ensure reliability and validity of data submitted.	X	X	X	X	X	X
Develop a statewide Part C database to replace current individual Agency databases (EIS, PHNB, HS).	X	X	X	X	X	X

Resources:

OSEP, NECTAC, WRRRC, other Part C states (for database information)

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

SECTION A: Signed, written complaints	
(1) Signed, written complaints total	0
(1.1) Complaints with reports issued	
(a) Reports with findings	
(b) Reports within timeline	
(c) Reports within extended timelines	
(1.2) Complaints withdrawn or dismissed	
(1.3) Complaints pending	
(a) Complaints pending a due process hearing	

SECTION B: Mediation requests	
(2) Mediation requests total	0
(2.1) Mediations	
(a) Mediations related to due process	
(i) Mediation agreements	
(b) Mediations not related to due process	
(i) Mediation agreements	
(2.2) Mediations not held (including pending)	

SECTION C: Hearing requests	
(3) Hearing requests total	0
(3.1) Resolution sessions	
(a) Settlement agreements	
(3.2) Hearings (fully adjudicated)	
(a) Decisions within timeline SELECT timeline used {30 day/Part C 45 day/Part B 45 day}	
(b) Decisions within extended timeline	
(3.3) Resolved without a hearing	