

Part C State Annual Performance Report (APR) for FFY 2007

Overview of the Annual Performance Report Development:

APR Process

The process to develop Hawaii's Annual Performance Report for FFY 2007 included:

1. The Hawaii Department Of Health (HDOH) identified a Part C Lead Agency Quality Assurance Team (LAQuAT) member to be responsible for specific indicators as identified in the approved State Performance Plan.
2. On-going meetings with the identified LAQuAT members were held to prepare them for the statewide Stakeholders' Meeting.
3. There was broad dissemination regarding the Stakeholders' Meeting to determine interest by agency, Hawaii Early Intervention Coordinating Council (HEICC), and community members.
4. Due to the available room, the number of attendees was limited to 75 and a cross-representation of participants was desired to ensure appropriate input into the review process.
5. Based on the interest received and available space, invitations were sent to specific individuals to attend the APR Stakeholder meeting on December 18, 2008.
6. Groups were separated based on the specific indicator. Each group was provided with copies of the Indicator targets, FFY 2006 APR data, draft FFY 2007 APR data, and other relevant data so the group could determine:
 - Whether the target was met.
 - The extent of progress/slippage for each indicator.
 - Possible reasons for progress or slippage.
 - Whether target data, if a performance indicator, should be changed.
 - Whether current Improvement Activities focused on identifying root causes to support improved data.
 - Whether current Improvement Activities were appropriate as originally written or whether they needed to be revised, deleted, or if new activities were needed.
7. Final recommendations by indicator were presented to all stakeholders.
8. Recommendations were reviewed by the LAQuAT.
9. The APR and State Performance Plan (SPP), Indicator #3, were drafted by members of the LAQuAT.
10. The APR draft was reviewed and revised, as necessary, by the Part C Coordinator.
11. The APR was reviewed and approved by the HEICC Executive Committee which was authorized by the full HEICC. The HEICC Chairperson signed the APR certification form.
12. The APR was sent to the Director of Health to review, approve, and sign the cover letter to accompany the APR to the Office of Special Education Program (OSEP). While the report does not need to be signed by the Director of Health, it was decided that the Director should sign as the APR includes recommendations that could result in early intervention policy changes.
13. The APR was submitted to OSEP as required.
14. The SPP will be revised after the APR is approved by OSEP.

15. The APR and SPP will be placed on the Department of Health (DOH), Early Intervention Section's website, once approved.

Broad Representation

A stakeholder group of approximately seventy-five (75) individuals provided recommendations to the development of the APR and changes to the SPP. Because of Hawaii's broad eligibility and geography, it was important that there was broad representation that included: Part C early intervention service providers and family members from all islands, from urban and rural areas, as well as the different ethnic and cultural groups that represent Hawaii's population. The stakeholders were from the islands of Oahu, Hawaii, Maui, Kauai, and Molokai and included:

- Members of the HEICC, Hawaii's interagency coordinating council
- DOH administrators, service coordinators, direct service providers, quality assurance specialists, data staff, personnel training staff, and contracted providers:
 - Family Health Services Division
 - Children with Special Needs Branch
 - Public Health Nursing Branch (PHNB)
 - Maternal Child Health Branch (MCHB)
 - Early Intervention Section (EIS)
 - Healthy Start Programs (HS)
 - Enhanced Healthy Start Programs
- Department of Human Services administrators
- Department of Education (DOE)
 - Special Education Administrators
 - Section 619 State and District Coordinators
 - Homeless Representative
- Community Members, including representatives from:
 - Exceptional Family Member Program (military support program)
 - Head Start
 - Early Head Start
 - University of Hawaii
- Parents

Reporting to the Public

The APR will be broadly disseminated in the State through: posting on the EIS website, providing information in various newsletters that reach providers and families (e.g., Special Parent Information Network (SPIN) newsletter, and newsletters of Part C providers (e.g., Easter Seals Hawaii, Imua Family Services). Information will include the State's progress and/or slippage in meeting the measurable and rigorous targets identified in the SPP and the performance of each early intervention program on the SPP targets.

Response to June 6, 2008 OSEP Letter and Enforcement Action Regarding Hawaii's Needs Assistance 2 Determination

OSEP's June 6, 2008 letter required Hawaii to notify the public that the Secretary of Education, in accordance with sections 616(e) and 642 of the Individuals with Disabilities Education Act (IDEA) and based on its determination that Hawaii was in need of assistance for two consecutive years (NA2), advised the state of technical assistance in the following areas that Hawaii was determined to need assistance: Indicators 1 and 9. Hawaii notified the public within the state of this action through the following mechanisms: posted OSEP's June 6, 2008 letter on the web-site and distributed a copy the letter to Part C Agency Administrators and Department of Health Administrators.

In addition, as required in the June 6, 2008 letter, Hawaii is reporting on the technical assistance sources from which Hawaii received technical assistance and the actions that Hawaii took as a result of that technical assistance. Hawaii accessed the "Technical Assistance Related to the SPP and Determinations" website and upon examination of the investigative questions, determined the technical assistance and actions that were most appropriate.

Following is a list of the technical assistance sources that were accessed by Hawaii's Part C program and the actions Hawaii took as a result of the technical assistance for Indicators 1 and 9. Information is provided for these indicators, both here and in Indicators 1 and 9, as they were the specific areas that affected OSEP's determination of Hawaii as a NA 2 state. The Technical Assistance Sources listed supported both indicators unless otherwise noted. The actions taken as a result of the technical assistance are listed by indicator.

Technical Assistance Sources

- OSEP
 - National Accountability Conference (NAC), August 2008
 - Early Childhood Conference, December 2008
 - 2008 OSEP National Early Childhood Conference pre-conference workshop on "Using valid and Reliable Data to identify and Correct Non-Compliance," December 2008
 - Monthly conference calls, with both Ruth Ryder and Hawaii's Project Officer
 - Overview Hawaii APR requirements summarized by Hawaii's Project Officer
- National Early Childhood Technical Assistance Center (NECTAC)
 - Conference call organized by NECTAC Contact Person with Part C Coordinators from 3 other states to discuss mandated insurance and family cost participation
 - NECTAC Notes: "To Fee or Not to Fee: That is the Question," January 2007; "A Framework for Developing and Sustaining a Part C Finance System," January 2007; and "State and Jurisdictional Eligibility Definitions for Infants and Toddlers with Disabilities Under IDEA," July 2006.
 - Individualized technical assistance
- Western Regional Resource Center (WRRRC)
 - APR Clinic, December 2008
 - Monthly Part C conference calls
 - Individualized technical assistance
- SPP/APR Technical Assistance Documents
 - SPP/APR Investigative Questions, Tools, Resources, and Additional Resources in the SPP/APR Calendar

- State General Supervision Systems on the NECTAC website.
- Guidance and Suggestions for SPP/APR Indicator C1, C7,
- Indicator 9 Worksheet

Actions Taken as a Result of the Technical Assistance

Indicator 1:

- Reviewed, revised and streamlined Improvement Activities to:
 - Be more specific to identifying root causes of the non-compliance
 - Identify specific strategies to address the non-compliance.
- Developed additional forms to be used by fee-for-service providers to confirm that the service was provided.
- Required Agencies to work with Programs/Sections that did not meet compliance to identify root causes and strategies to address non-compliance.
- Identified new data points to be added to the Early Intervention Section's data system to support tracking of timely services.
- Cross-checked indicator requirements with narrative to ensure all requirements were included.

Indicator 9:

- Reviewed, revised and streamlined Improvement Activities to:
 - Be more specific to identifying root causes of the non-compliance
 - Identify specific strategies to address the non-compliance.
- Identified additional levels of enforcement actions and sanctions to be utilized based on the time needed by specific programs to correct their findings of non-compliance (e.g., more than one year, more than 2 years)
- Gathered additional data from programs to support correction of non-compliance for programs between 95%-100% on specific indicators.
- Drafted revised "Evidence of Change" document to be consistent with OSEP requirements.
- Drafted revised Correction Action Plan (CAP) document for programs with continued non-compliance to report progress on both data and strategies.
- Reviewed Hawaii's current Part C eligibility to determine if changes are needed due to Hawaii budget deficits, as lack of correction may be due to insufficient funding to meet service needs.

Part C State Annual Performance Report (APR) for FFY 2007

Overview of the Annual Performance Report Development:

Refer to Overview, pages 1-4.

Monitoring Priority: Early Intervention Services In Natural Environments

Indicator 1: Percent of infants and toddlers with Individual Family Service Plans (IFSPs) who receive the early intervention services on their IFSPs in a timely manner.

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

<p>Federal Measurement:</p> <p>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.</p> <p>Account for untimely receipt of services.</p>
<p>Applied:</p> <p>372 infants and toddlers with IFSPs received the early intervention services on their IFSPs in a timely manner</p> <p>478 infants and toddlers with IFSPs</p> <p>Percent = 372/478 = 78%</p>

FFY	Measurable and Rigorous Target
FFY 2007	100%

Required Response to FFY 2006 APR:

CRF or Requirement	Section	Pages	Evidence
Report on the correction for HI's five uncorrected FFY 2005 findings of non-compliance	Previously Identified Non-Compliance	8-10	Reports that 3 of the previous uncorrected FFY 2005 findings of noncompliance were subsequently corrected, leaving 2 findings remaining uncorrected.
§303.340(c)	Actual Target Data	6-7	Reports on the number/percentage of infants and toddlers who received timely services.
§303.342(e)	Actual Target Data	6-7	The Self-Assessment process for timely services required that the IFSP reviewed was signed prior to the provision of services. Therefore providing data on Hawaii's level of compliance with the provision of timely services also supports the requirement for parent consent prior to provision

CRF or Requirement	Section	Pages	Evidence
			of early intervention services.
§303.344(f)(1)	Definition of Timely Services	6	Provides Hawaii's definition of Timely Services.
	Actual Target Data	6-7	Reports on the number/percentage of infants and toddlers who received timely services.

Definition of Timely Services:

Hawaii's definition of timely services is consistent with OSEP's direction as included in the Frequently Asked Questions (FAQ) document of 10/13/06. Timely services are defined as: "within 30 days from when the parent provides consent for the IFSP service or as projected based on the date provided in the IFSP and identified by the IFSP team."

Actual Target Data for FFY 2007:

- 372 of 478 (78%) of infants and toddlers with IFSPs received early intervention services on their IFSPs in a timely manner.
- Exceptional Family Circumstances. 59 of the 478 (12%) infants and toddlers did not receive timely services, due to exceptional family circumstances as defined by IDEA Part C. They are included in both the above numerator and denominator. The following are the three predominate family circumstances:
 - Canceled appointment
 - Missed appointment (No Show)
 - Did not return calls in a timely manner
- Program Reasons. 106 of the 478 (22 %) infants and toddlers did not receive timely services, due to program reasons. They are included in the above denominator. The following are the three predominate program reasons:
 - No documentation
 - Staff Vacancy
 - Schedule full
- Of the 106 children that did not receive services in a timely manner, 98 (92%) received services listed on their IFSP, although untimely.

Range of Days to Initiate Services (For the # of # children not receiving services on their IFSP in a timely manner)		
Range of Days Beyond the Due Date	# of Children	% of Children
1-30 days	42/98	43%
31-60 days	20/98	20%
61-90 days	17/98	17%
> 90 days	19/98	19%

- There were 8 children of the 106 children with insufficient documentation that services were provided. A review of charts for these 8 children identified the following reasons:
 - 3 children: Services occurred via phone only, no documentation of face-to-face visit which is required by Hawaii's policies.
 - 3 children: Services did not occur prior to due date; family then moved elsewhere in the State and transferred to another program.
 - 1 child: service did not occur due to staff vacancy
 - 1 child: service did not have any documentation
- Findings will be issued to the 26 programs serving the 106 children who did not receive services in a timely manner, unless correction of non-compliance was received and verified by HDOH prior to the program(s) being notified of their findings.

Monitoring Process:

A total of 668 children were monitored within the time period 7/1/07 - 6/30/08 across the Part C programs, including the Early Intervention Section (EIS) - 18 programs, Public Health Nursing Branch (PHNB) - 11 sections, and Maternal Child Health Branch's (MCHB) Healthy Start (HS) program - 16 sites. All programs/sections/sites utilized the Early Intervention Self Assessment Monitoring Tool which was developed by HDOH. Agency administrators of EIS, PHNB, and MCHB were first provided with drafts of the Early Intervention Self Assessment Monitoring Tool and provided an opportunity to give feedback as to format, readability, etc. When the tool was finalized, training was provided to Agency Administrators who in turn trained program managers and site supervisors. To ensure that there was consistency in completing the Self-Assessment Tool, the following was provided or available to support the process:

- The Lead Agency Quality Assurance Specialist offered personalized training to Program Managers and Supervisors.
- A "Frequently Asked Questions" (FAQ) document was disseminated to all Agency Administrators and Program Managers and Supervisors so they were all aware of questions asked and responses.
- The Lead Agency Quality Assurance Specialist was available for technical assistance throughout the self-assessment process.

Identification of Children. To ensure a random selection of children, the following criteria were followed:

- Names of all children with an Initial, Review or Annual IFSP between 11/1/07 – 3/31/08 were forwarded to HDOH. The timeframe was chosen to ensure that there were 3 months to confirm that services were provided in a timely manner within FFY 2007.
- HDOH identified 10% of children at each program/section/site based on the 12/1/07 child count, or a minimum of fifteen (15) children to be monitored, unless there were an insufficient number of children who met the above criteria. If there were an insufficient number of children, all were chosen to ensure as complete monitoring as possible. This resulted in a review of 668 charts.
- The most recent Initial, Review, or Annual IFSP for each child was reviewed to determine if new services were timely. If the Review of Annual IFSP was the most recent IFSP, and there were no new services, N/A was noted for this indicator. Therefore, for this indicator the results were based on new and timely services for 478 children.

Determination of Timeliness: Each program manager/supervisor was instructed to complete the Early Intervention Self Assessment Monitoring Tool for each selected child using the specified IFSP (Initial, Review, Annual), following the guidelines developed by HDOH to determine if services were timely consistent with Hawaii's definition for timely services.

For each service, the following documentation was required to confirm the service was both provided and timely:

- If the service was provided by the program providing service coordination, documentation must be via anecdotal notes in the official child's record.
- If the service was provided by a Part C program not providing service coordination, the provider must inform the service coordinator of the date services were initiated either through verbal confirmation of the written documentation or through receipt of written documentation.
- If the service was provided by a contracted fee-for-service provider, documentation must be via the required Service Log developed by HDOH.
- If the service was not timely due to an "exceptional family reason," there must be confirmation of the family reason via an anecdotal note in the official child's record (e.g., child was sick; family on vacation).
- If the service was late, and there was no documentation of an exceptional family reason (only a date of when the service occurred), it was considered a program reason and therefore did not meet the definition of timely services.
- If there was no documentation that the service was provided, it was considered a program reason and therefore did not meet the definition of timely services.

Self-Assessment Results

- Data was inputted into a database which was developed by HDOH and provided to each program/section/site.
- Each program/section/site forwarded their database with the self-monitoring results to HDOH as well as to their Agency Administrator.
- HDOH analyzed the data for correction of non-compliance with Timely Services (see Table 2 in Indicator 9). The data was given to each program/section/site as part of the identification of findings for FFY 2007.

Verification of Data: The following activities occurred to verify the Self-Assessment results.

- The Self-Assessment results were reviewed to identify apparent inconsistencies.
- Agency Administrators and Program Managers/Supervisors were contacted for additional data to confirm results.
- The Self-Assessment results were revised, if necessary, based on additional data received.

Previously Identified Non-Compliance

The merging of the monitoring system required when Hawaii was under Special Conditions with the monitoring system required by the SPP/APR General Supervision indicator resulted in the need to re-align the reporting period of Hawaii's monitoring data to comply with reporting timelines. As a result of the clarification provided in the September 3, 2008 FAQ on identifying and correcting non-compliance, Hawaii prematurely reported data on the correction of findings of noncompliance in Indicator 1 in the FFY 2006 APR. This data should have been reported in this year's APR since notifications of findings of noncompliance (using data from FFY 2005) were issued in FFY 2006. The data is now being re-reported in this year's APR to reflect the appropriate federal fiscal year (FFY 2007) when it should be reported.

- Six programs were notified of findings for Timely Services in FFY 2006. These findings were based on FFY 2005 data that was used in the FFY 2006 Self-Assessment process. (See Table 2, Correction of Non-Compliance Identified in FFY 2006 by SPP/APR Indicator and Monitoring Priorities, in Indicator 9).
 - 1 finding was verified as corrected within one year
 - 3 findings were subsequently verified as corrected, after one year

NOTE: Based on the programs' percentage of timely services, they were required to submit three consecutive months of data that reflected 100% compliance for timely services. Due to HDOH's stringent requirements, this process of demonstrating compliance took longer than expected.

 - 2 findings from FFY 2006 remain uncorrected.

Correction of Noncompliance for Indicator 1 – Timely Services						
Monitoring Data Year	Year Findings of Noncompliance Issued	Total Findings of Noncompliance	Findings Verified as Corrected within One Year	Findings Subsequently Verified as Corrected	Total Findings Corrected as of Submission	Findings of Noncompliance Remaining
FFY 2005	FFY 2006	6	1	3	4	2
FFY 2006	FFY 2007	To be reported in FFY 2008 APR submitted in 2010				

- Required Correction for the Previously Identified Non-Correction

HDOH required the following Corrective Actions for each of the 5 programs as they did not correct the non-compliance for Timely Services within one year of identification. The programs/section:

1. Analyzed the reasons for lack of timely services.
2. Developed a Corrective Action Plan (CAP) specific to the reasons identified and submitted it to both their Agency and HDOH for approval. The plan included timelines and if necessary, identified technical assistance to support their correction.
3. Provided monthly documentation on Timely Services in each child's Initial, Review, or Annual IFSP to its Agency Administrator (EIS or PHNB).
4. Agencies shared the progress with HDOH at the monthly meetings which documented progress toward correction and/or correction data.
5. HDOH reviewed the monthly data to determine progress toward correction and provided feedback to support correction.

As a result of the above corrective activities, 3 programs were successful in subsequently correcting the non-compliance outside the FFY 2007 reporting period, leaving 2 programs with continued non-compliance.

- Required Follow-Up for Continuing Non-Compliance

HDOH provided Technical Assistance to the two local EIS programs with continued non-compliance and required the following additional Corrective Actions. To date, the Program Managers of the local EIS programs have:

1. Investigated the contributing factors of non-compliance and reported their analysis to their Agency administrator. The following factors were identified which impacted the provision of timely services.
 - High caseloads (due to lack of sufficient staff)
 - Large geographic region to serve
 - Many working families needing services during the evenings or weekends
2. Identified activities to address the untimely services. The Program Manager of the local EIS program is:
 - Regularly monitoring IFSPs for timely services
 - Accessing additional technical assistance from the Agency Administrator
 - Meeting individually with staff to increase their knowledge of the IFSP process and importance of meeting timelines
 - Meeting with staff to problem-solve and develop strategies to address timely services
 - Actively recruiting to fill staff vacancies
 - Training staff on the transdisciplinary model for delivery of services
3. The Program Manager of the local EIS program must develop a revised Corrective Action Plan (CAP) by the end of February 2009 and submit it to both the Agency Administrator and HDOH for review and approval.
4. The Program Manager must continue to provide monthly data to show progress in correcting this area of non-compliance. In addition, progress in the CAP strategies also must be reported monthly.
5. The Agency Administrator will continue to participate in regular monthly meetings with HDOH to review progress data and CAP strategies to determine their effectiveness. If the strategies do not appear to be effective, revisions to the strategies will be required.
6. If non-compliance is not corrected by the end of June 2009, HDOH will initiate a meeting with the Program Manager of the local EIS program, the Program Director who is responsible for the local EIS program, and the Agency Administrator to discuss continued non-compliance and initiate additional enforcement activities.

Discussion of Improvement Activities Completed and Explanation of Progress or Slippage that occurred for FFY 2007:

Explanation of Progress:

The current data on provision of Timely Services shows on-going improvement of 9% (69% to 78%) from FFY 2005 – FFY 2007:

- FFY 2005 compliance was at 69%.
- FFY 2006 compliance was at 71%.
- FFY 2007 compliance was at 78%

Consistent with last year's monitoring, the major issue this year was lack of consistent documentation. Based on results from last year's monitoring and to address the issues regarding lack of documentation, the following strategies were implemented:

1. Guidelines on "Appropriate Documentation of Timely Services" was developed and distributed to all Part C providers.

2. Service/Attendance Log for authorized Fee-for-Service (FFS) Providers was developed and FFS providers are required to submit the completed form to the Service Coordinators on a monthly basis. The form tracks all scheduled visits and reasons if a scheduled visit does not occur. The parent or caregiver signs the form to confirm that the service was provided.
3. It was stressed that it is the responsibility of all service providers to give service information to the Service Coordinator.
4. Service/Attendance Log for Part C Providers was developed and shared as an optional form that programs could utilize to track services.
5. Interagency meetings were held within different communities to address how they can ensure that services are documented when they occur, especially when services are provided by program other than the program providing service coordination.

Based on when the strategies were implemented, it is expected that increased compliance will be reflected in next year's APR.

Response to June 6, 2008 OSEP Letter and Enforcement Action Regarding Hawaii's Needs Assistance 2 Determination

Following is a list of the technical assistance sources that were accessed by Hawaii's Part C program and the actions Hawaii took as a result of the technical assistance for Indicator 1, as required by OSEP's June 6, 2008 letter. Information is provided for Indicator 1 as it was one of the specific factors that affected OSEP's determination of Hawaii as a NA 2 state.

Technical Assistance Sources

- OSEP
 - National Accountability Conference (NAC), August 2008
 - Early Childhood Conference, December 2008
 - 2008 OSEP National Early Childhood Conference pre-conference workshop on "Using valid and Reliable Data to identify and Correct Non-Compliance," December 2008
 - Monthly conference calls, with both Ruth Ryder and Hawaii's Project Officer
 - Overview Hawaii APR requirements summarized by Hawaii's Project Officer
- NECTAC
 - Conference call organized by NECTAC Contact Person with Part C Coordinators from 3 other states to discuss mandated insurance and family cost participation
 - NECTAC Notes: "To Fee or Not to Fee: That is the Question," January 2007; "A Framework for Developing and Sustaining a Part C Finance System," January 2007; and "State and Jurisdictional Eligibility Definitions for Infants and Toddlers with Disabilities Under IDEA," July 2006.
 - Individualized technical assistance
- WRRC
 - APR Clinic, December 2008
 - Monthly Part C conference calls
 - Individualized technical assistance
- SPP/APR Technical Assistance Documents
 - SPP/APR Investigative Questions, Tools, Resources, and Additional Resources in the SPP/APR Calendar
 - State General Supervision Systems on the NECTAC website.

- Guidance and Suggestions for SPP/APR Indicator C1, C7,
- Indicator 9 Worksheet

Actions Taken as a Result of the Technical Assistance

- Reviewed, revised and streamlined Improvement Activities to:
 - Be more specific to identifying root causes of the non-compliance
 - Identify specific strategies to address the non-compliance.
- Developed additional forms to be used by fee-for-service providers to confirm that the service was provided.
- Required Agencies to work with Programs/Sections that did not meet compliance to identify root causes and strategies to address non-compliance.
- Identified new data points to be added to the Early Intervention Section’s data system to support tracking of timely services.
- Cross-checked indicator requirements with narrative to ensure all requirements were included.

Completed Improvement Activities:

The following table includes improvement activities that were completed. The Progress/Status column highlights what was done to address the improvement activity.

IMPROVEMENT ACTIVITY	PROGRESS/STATUS
Request from OSEP their data requirements for this indicator	1. Received clarification from OSEP which was shared with all Part C Agencies.
Adapt monitoring tool to collect data on “timeliness” based on clarification from OSEP.	1. Self Assessment Monitoring (SAM) tool was revised to accurately collect data based on clarification from OSEP. Worksheet A of the SAM tool can be used by programs to collect and track timely service data.
Develop a centralized database to use with all Part C eligible children to avoid duplication of programs serving children.	1. The Lead Agency developed a system in which the Hawaii Keiki Information Service System (H-KISS), Hawaii’s Part C central point of contact, has access to referral information on all children that are referred to the Hawaii Part C system. 2. The H-KISS referral process was completed. The process includes checking the databases for EIS, PHNB, and Healthy Start to determine if the child is already receiving services or enrolled in Part C. If already enrolled, H-KISS will provide updated referral information to the program currently serving the child.
Include definition of “timely services” in EI Part C Orientation to assure that all staff is aware of the definition.	1. The Lead Agency developed “Guidelines for Appropriate Documentation for Timely Services” (9-25-08), which included a definition of timely services, consistent with the definition in this indicator. Also included was information on appropriate documentation of timely services that must be followed. The guidelines specified that all service providers on the IFSP are required to give the care coordinator information regarding the timeliness of services they provided to the child based on approved types of documentation.

IMPROVEMENT ACTIVITY	PROGRESS/STATUS
	2. The guidelines were distributed to all Part C providers and included in the EI Part C Orientation for all staff.
Include requirements for contracting agencies to regularly report to care coordinators on dates of when services were provided.	1. Fee-for-Service (FSS) providers were provided with a mandatory service log form to document timely services and submit to the care coordinator on a monthly basis.
Develop and provide training to all Part C programs on acceptable documentation of provision of services.	<ol style="list-style-type: none"> 1. The Lead Agency developed, with feedback from Agency representatives, "Guidelines for Appropriate Documentation of Timely Services." The document was distributed and there were no requests for training or clarification of the guidelines. 2. The Lead Agency developed and offered training to Agency representatives on how to utilize the Self Assessment Tool that included timely services. 3. FAQs were also developed and distributed to all Part C Programs. Timely services were addressed in the FAQs. 4. On-going technical support and consultation was also provided to programs and the agency during the self assessment period.
Review and revise current guidelines for families moving from out-of-state to Hawaii and between programs regarding the use of their current IFSP.	1. Guidelines for families moving to Hawaii with an IFSP and between programs were revised in March 2006 and were incorporated into the mandatory EI Orientation Training. The guidelines were developed in response to a concern that there was a delay in services of children moving to Hawaii with an IFSP and children moving between EI programs.

Revisions, with Justification, to Proposed Targets / Improvement Activities / Timelines / Resources for FFY 2008.

Improvement Activities Removed:

The following table includes improvement activities that were removed from this Indicator. The Progress/Status column highlights what was done to address the improvement activity.

Justification: The activities are embedded in the General Supervision System and are therefore not needed as separate improvement activities.

IMPROVEMENT ACTIVITY	PROGRESS/STATUS
Set up a schedule of, at a minimum, semi-annual self-monitoring utilizing the current monitoring tools.	<p>The following monitoring process was developed by the Lead Agency:</p> <ol style="list-style-type: none"> 1. Each agency (EIS, PHNB, and MCHB) is required to monitor their programs. All programs were required to do self-assessment monitoring in October 2008. 2. All programs must develop Corrective Action Plans (CAPs) to address areas of non-compliance. 3. Programs are required to develop a schedule to regularly monitor their

IMPROVEMENT ACTIVITY	PROGRESS/STATUS
	program to determine if their CAPS are effective. 4. Based on the results, programs may need to revise their CAPs.
For any programs/ sections with a finding, self-monitoring is increased to quarterly review.	1. The process noted above is increased to more frequent self-monitoring based on findings. 2. The programs with a finding were also required to utilize Worksheet A of the Self Assessment Monitoring tool to demonstrate timely services.
Evaluate the effectiveness of the improvement activities designed to support 100% compliance in providing timely services.	1. The Lead Agency required all programs to self-monitor in 10-08 to evaluate the effectiveness of the improvement activities implemented to support the provision of timely services.
Identify, implement, and evaluate new strategies as needed.	1. The workgroup at the Annual Stakeholder meeting reviewed all Improvement Activities and recommended revisions.

Continuing and New Improvement Activities:

The following table includes improvement activities that are continuing and new activities that were developed to support compliance for Timely Services.

Resources:

Previous: OSEP, NECTAC, WRRRC, Infants and Toddlers Coordinators Association (ITCA), other Part C States

New: OSEP, NECTAC, WRRRC, Infants and Toddlers Coordinators Association (ITCA), other Part C States, University of Hawaii

Justification: Added University of Hawaii as a resource to address the possibility of establishing an early intervention certificate.

APR Template – Part C (4)

IMPROVEMENT ACTIVITY	'05	'06	'07	'08	'09	'10	PROGRESS/STATUS	REVISION WITH JUSTIFICATIONS
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	X	X		<p>Completed to Date</p> <ol style="list-style-type: none"> HDOH encouraged Programs to hire certified Occupational therapy assistants and Physical therapy assistants to increase staff to provide early intervention services. HDOH recommended programs use the transdisciplinary model of services as best practice with the focus on mentoring and coaching parents on how they can best support their child's development. Programs were encouraged to hire teachers and paraprofessionals as primary service providers, as appropriate. <p>Continuing</p> <ol style="list-style-type: none"> Once the Federal Regulations are disseminated, the State Plan will be reviewed and up-dated to be consistent with the Federal Regulations. 	<p>Revise timeline</p> <p>Justification: Need to extend the timeline as the Federal Regulations have not been disseminated yet.</p>
Identify recruitment incentives for "difficult to serve" areas.		X	X	X	X	X	<p>Completed to Date</p> <ol style="list-style-type: none"> Discussions were held with potential purchase of service agencies on their ability to provide increased salaries and recruitment bonuses, with justifications, for "difficult to serve" areas. Actions were put in place to implement the "hire above minimum" protocol for state programs that have long-term vacancies. <p>Continuing</p> <ol style="list-style-type: none"> Continue to explore opportunities through the legislature to create incentives for "difficult to serve areas." 	
Explore staffing options (e.g., "loan" staff to other programs; collaborate with DOE/Head Start, etc).		X	X	X			<p>Completed to Date</p> <ol style="list-style-type: none"> HDOH partnered with Easter Seals Society to support a legislative bill for a loan forgiveness program to encourage Hawaii students on the mainland to return and work in Hawaii after receiving their professional therapy degrees. HDOH contracted with a provider who recruits Mainland therapists to come to Hawaii to work. 	

APR Template – Part C (4)

IMPROVEMENT ACTIVITY	'05	'06	'07	'08	'09	'10	PROGRESS/STATUS	REVISION WITH JUSTIFICATIONS
							3. EI programs collaborated with each other, during periods of staff shortage, to help each other by allowing staff to serve children in other geographical areas. Continuing 1. HDOH is in the process of contracting with DOE Vision and Hearing Specialists to support Early Intervention children with hearing and vision needs.	
Collaborate with academic institutions to investigate the possibility of developing a program of early intervention certification.			X	X	X	X	Completed to Date 1. HDOH initiated conversations with University of Hawaii Department of Special Education Program to explore developing an Early Intervention Certification. Continuing 1. HDOH will initiate conversations with Community Colleges to explore the possibility of including an Early Intervention Certification as part of their Early Childhood Program. 2. HDOH will explore on-line Early Intervention Certifications.	
New: Develop guidelines, procedures, and billing parameters for programs to request and provide services for other programs due to staff shortage.				X	X			Justification: Staff shortages continue to be an issue for Programs. To support their efforts and willingness to help Programs that are short staffed, a billing system must be put in place with guidelines.
New Develop a training module to address required and acceptable documentation.				X				Justification: Lack of documentation continues to be a reason for timely services. The training will clarify required documentation and stress the importance of having accurate documentation.

APR Template – Part C (4)

IMPROVEMENT ACTIVITY	'05	'06	'07	'08	'09	'10	PROGRESS/STATUS	REVISION WITH JUSTIFICATIONS
New Post documentation training module on the web.					X			Justification: If the training is available on the web, staff can access the information at any time.
New Embed the documentation training module into the mandatory EI Orientation Training.					X			Justification: Embedding the module into the EI Orientation will ensure that all new staff receive the same information and know what it expected of them.

Part C State Annual Performance Report (APR) for FFY 2007

Overview of the Annual Performance Report Development:

Refer to Overview, pages 1-4.

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.

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

Federal 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.

Applied:
All Part C Children, based on Section 618 Child Count data of 12/1/07
3,575 infants and toddlers with IFSPs primarily receive early intervention services in the home or programs for typically developing children.
3,856 infants and toddlers with IFSPs
Percent = 3,575/3,856 = 93%

Early Intervention Section Programs, upon which the target was based.
1,341 infants and toddlers with IFSPs primarily receive early intervention services in the home or programs for typically developing children.
1,559 infants and toddlers with IFSPs
Percent = 1,341/1,559 = 86%

FFY	Measurable and Rigorous Target
2007	80%

Required Response to FFY 2006 APR:

- There was no response required for this indicator.

Actual Target Data for FFY 2007:

- The target of 80% was surpassed for Early Intervention Section Programs (86%), Public Health Nursing Branches (96%) and Healthy Start Sites (100%) and All Part C Children (93%). See table below.

- The target was originally set using data from Early Intervention Section Programs (EIS). OSEP revised the actual performance data of all Part C children to reflect EIS Program children only. Therefore EIS data is provided as the applied measure for this target.

Early Intervention Services in Natural Environments		
Based on Child Count Data of 12/1/07		
Part C Agencies	%	N
Early Intervention Section Programs	86%	1341/1559
Public Health Nursing Branch Sections	96%	360/377
Healthy Start Sites	100%	1874/1874
All Part C Children	93%	3575/3856

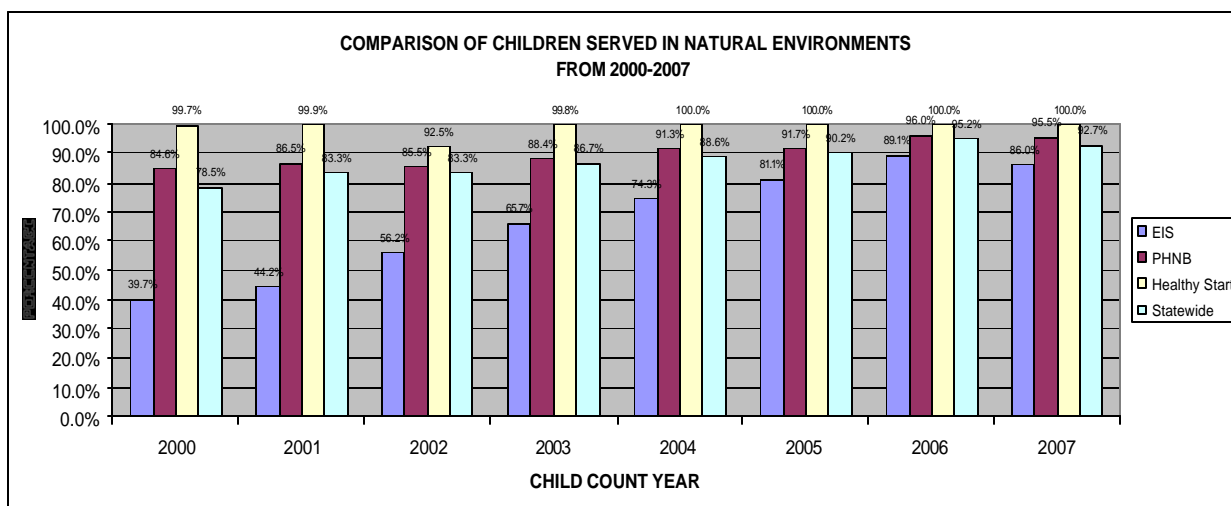
- Findings will be issued to the 3 programs that did not meet the state target of 80% of children served receiving services in a natural environment, unless correction of non-compliance was received and verified by HDOH prior to the program(s) being notified of their findings.
- Related Requirements

Refer to Indicator 9, Table 2 for findings made and timely correction under the Hawaii Monitoring Priorities related to this Indicator.

Discussion of Improvement Activities Completed and Explanation of Progress or Slippage that occurred for FFY 2007:

Explanation of Progress and Slippage

The following table shows data by Part C agency and all children since 2000. There was both progress and slippage related to the percent of infants and toddlers with IFSPs who primarily receive early intervention services in the home or programs for typically developing children



Explanation of Progress

Healthy Start Programs: Healthy Start has continued to consistently provide early intervention services in the homes or programs for typically developing children.

- FFY 2005 = 100%
- FFY 2006 = 100%
- FFY 2007 = 100%

Explanation of Slippage:

Although there was slippage for Early Intervention Section, Public Health Nursing Sections, and All Part C Children from FFY 2006 to FFY 2007, Hawaii still met and exceeded the State target of 80% for providing early intervention services primarily in the home or programs for typically developing children for each group noted above.

Early Intervention Section (EIS) Programs There was slippage from FFY 2006 to FFY 2007.

- FFY 2005 = 81%
- FFY 2006 = 89%
- FFY 2007 = 86%

In comparing FFY 2006 and FFY 2007 data for the 18 EIS programs to determine where the extent of slippage occurred (e.g., specific programs), the following was found:

- 3 programs did not meet the target of 80%
- 6 programs did not meet last year's EIS average of 89%. The range was from 48% - 83%.
 - 1 program under 50%
 - 1 program between 60-70%
 - 1 program between 70-80%
 - 3 programs between 80-83%
- 7 programs showed slippage between the 2 fiscal years. Percent slippage was between 1% and 17%.
 - 5 programs had minimal slippage (5% slippage or less)
 - 2 programs had slippage more than 10% (11% and 17%)
- The 2 programs with slippage of more than 10% were at or above last year's EIS average of 89%.

Public Health Nursing Sections: The slippage of 1% from FFY 2006 to FFY 2007 is very minimal and therefore it was determined that no analysis was needed as they surpassed the target of 80% and the statewide average of 93%.

- FFY 2005 = 92%
- FFY 2006 = 96%
- FFY 2007 = 95%

All Part C Children: There was slippage from FFY 2006 to FFY 2007.

- FFY 2005 = 90%
- FFY 2006 = 95%
- FFY 2007 = 93%

The slippage for All Part Children was due to the slippage of the EIS programs. The percent of infants and toddlers service coordinated by a combination of PHN and Healthy Start with IFSPs who primarily received early intervention services in the home or community settings or programs for typically developing children was 99%. Once the slippage of EIS is addressed, it is expected that the percentage for All Part C Children served primarily in their homes or with typically developing children will also increase.

Completed Improvement Activities:

The following table includes improvement activities that were completed. The Progress/Status column highlights what was done to address the improvement activity.

IMPROVEMENT ACTIVITY	PROGRESS/STATUS
Provide training on “location of services” indicator, as part of the Child Count data.	<ol style="list-style-type: none"> 1. Technical assistance and training was provided annually to Part C data staff across the state as part of the Annual Child Count Data collection process. 2. Child Count Instructions to Part C providers were reviewed and updated to be consistent with the federal changes for “location of services.” 3. Clarification and technical assistance to all Part C providers was provided during the data collection period.
Identify and provide training/support, utilizing available resources (i.e., EI program staff, Inclusion Project) to community programs that serve the 0-3 population (e.g., community preschools) to support their ability to serve children with special needs.	<ol style="list-style-type: none"> 1. During FFY 2007, 5 consultations were conducted to community programs on creating inclusive environments for children with special needs. 2. During FFY20 07, the Hawaii Department of Human Services Child Care Development Block Grant provided tuition support to 57 Part C children with developmental delays so they could attend a community preschool or receive child care from a community provider, which supported their interaction with same-age non-disabled peers.
Develop and provide training to Service Coordinators on how to share about EI to families during intake, which would include an explanation of providing services in the natural environments.	<ol style="list-style-type: none"> 1. The required Part C Orientation for all new Part C staff includes information on the definition of natural environments, including the concept of how to utilize services in natural environments to support family routines.
Provide training on interpreting “natural environment” questions	<ol style="list-style-type: none"> 1. Agency Administrators received training at the monthly meetings on the relevant questions on natural environments (e.g., appropriate justifications for services not to be provided in natural environments).

IMPROVEMENT ACTIVITY	PROGRESS/STATUS
on monitoring tools/self-assessments/data base.	<ol style="list-style-type: none"> 2. Training was offered to Program Managers/Supervisors prior to their completing the self-assessments. 3. The FAQ document, developed to support the self-assessment tool and which was disseminated to all Part C programs/sections, included information concerning appropriate justifications for services not being provided in natural environments.

Revisions, with Justification, to Proposed Targets / Improvement Activities / Timelines / Resources for FFY 2008.

Improvement Activities Removed:

The following table includes improvement activities that were removed from this Indicator. The Progress/Status column highlights what was done to address the improvement activity.

Justification: The activities are embedded in the General Supervision System and are therefore not needed as separate improvement activities.

IMPROVEMENT ACTIVITY	PROGRESS/STATUS
Closely analyze program data in order to target state efforts to improve services in natural environments.	<ol style="list-style-type: none"> 1. 618 Child Count Data on Natural Environments is collected annually and verified by looking for data anomalies with each early intervention program. The Child Count data manager contacts each program that appears to have data anomalies to discuss the data concerns and to confirm its validity. 2. A thorough analysis is regularly conducted to determine which programs require added support to meet their target. For example, this year's analysis identified the decrease in EIS children served in the natural environments (from 89% to 86%) which caused the state average to decrease from 95% to 93%. Technical assistance will continue to be provided.
Develop partnerships with families to enhance their knowledge and ability to support their child's development.	<ol style="list-style-type: none"> 1. All Part C providers were trained on the importance of developing partnerships with families.
Evaluate the effectiveness of the improvement activities designed to increase the provision of services in natural environments.	<ol style="list-style-type: none"> 1. The evaluation of the effectiveness of our improvement activities in the area of natural environments was mixed. Findings noted that: <ol style="list-style-type: none"> a. Hawaii is above its target of 80% for all programs. b. There was slippage in EIS data (from 89% to 86%). c. There was slippage in statewide data (from 95% to 93%). d. Further analysis was completed and is included in the narrative in the section "Slippage".
Identify, implement, and evaluate new strategies	<ol style="list-style-type: none"> 1. Meetings were held with the EIS programs that consistently did not meet the yearly target to identify the factors that might have been responsible

IMPROVEMENT ACTIVITY	PROGRESS/STATUS
as needed.	for the low percentage of services in natural environments.
Provide technical assistance as requested by Part C programs.	1. Technical assistance, in addition to the required Part C training and Points of Clarification, was offered to support increased provision of services in natural environments to all Part C programs by both the Lead Agency Quality Assurance Specialist as well as the EIS Quality Assurance Specialist. There were no requests for assistance in FFY 2007.

Continuing and New Improvement Activities:

The following table includes improvement activities that are continuing and new activities that were developed to support serving children in natural environments.

Resources:

Previous: Inclusion Project, Sequenced Transition to Education in the Public Schools (STEPS) teams, NECTAC

New: Inclusion Project, STEPS Teams, NECTAC, and the University of Hawaii

Justification: Added the University of Hawaii as a resource to create an early intervention DVD.

APR Template – Part C (4)

IMPROVEMENT ACTIVITY	'05	'06	'07	'08	'09	'10	PROGRESS/STATUS	REVISION WITH JUSTIFICATIONS
<p><u>Original Activity</u> Review and revise the EI brochure to include natural environments as part of the EI philosophy.</p> <p>Revised: Review and revise the EI brochure and other relevant service delivery materials to include natural environments as part of the EI philosophy.</p>							<p>Completed to Date:</p> <p>1. The following statement was drafted for inclusion in the EI brochure and other materials when printed, “The following services are provided in locations where your child lives, learns and grows.”</p> <p>Continuing:</p> <p>1. The EI brochure currently includes the statement, “Services are at no cost.” Because Hawaii is considering implementing family cost participation guidelines, additional revisions to EI materials (e.g., revising the above statement) will be needed. To ensure multiple edits to materials are not needed, the decision is to postpone printing until all changes are confirmed.</p>	<p>Revise Activity</p> <p>Justification. The language was expanded to ensure that all EI documents include statements about how providing services in natural environments support the EI philosophy, not just brochures.</p> <p>Extend Timeline</p> <p>Justification. The changes in the documents are still being drafted, and therefore additional time is needed to both print and disseminate.</p>
<p>Create a DVD for families about EI that staff may use as part of the intake process.</p>							<p>Continuing:</p> <p>1. There have been preliminary discussions with the HEICC member, who is also a University of Hawaii, Department of Special Education faculty, on utilizing a student project to help develop a DVD.</p> <p>2. There have also been discussions with the DOE to utilize State Improvement Grant II (SIG II) funds to support the development of a DVD to support the understanding of early intervention.</p> <p>3. Previously developed media will be reviewed for its appropriateness to be included in the DVD.</p>	<p>Extend Timeline</p> <p>Justification. Due to the time needed to create a DVD, especially as a student project, and any potential costs, the timeline is extended.</p>
<p>New</p> <p>Target technical assistance to programs in the following situations to help them determine root causes so they can</p>								<p>Justification. Programs that do not meet the target are required to identify the root causes of why they haven’t met the target and develop strategies to</p>

APR Template – Part C (4)

IMPROVEMENT ACTIVITY	'05	'06	'07	'08	'09	'10	PROGRESS/STATUS	REVISION WITH JUSTIFICATIONS
develop appropriate strategies to support increased services in natural environments. <ul style="list-style-type: none"> • When programs do not meet the state target. • When programs report slippage between 2 reporting years. 								address the issues. HDOH will support the process.
<p>New</p> Based on programs with low percentages for this indicator, the Inclusion Project Coordinator will identify community preschools and other inclusive environments to provide training on inclusion to support increased opportunities for inclusive programs.				X	X	X		<p>Justification. There needs to be increased focus on expanding the community settings in which a child can receive services with their non-disabled peers. This includes community preschools, child care programs, traveling preschools, library activities, etc.</p>

Part C State Annual Performance Report (APR) for FFY 2007

Overview of the Annual Performance Report Development:

Refer to Overview, pages 1-4.

Monitoring Priority: Early Intervention Services In Natural Environments

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

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

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

<p>Federal Measurement:</p> <ul style="list-style-type: none"> 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.
<p>Applied:</p> <ul style="list-style-type: none"> A. 740 families participating in Part C reported that early intervention services have helped the family know their rights. 828 families responded to the question regarding knowing their rights Percent = 740/828 = 89% B. 756 families participating in Part C reported that early intervention services have helped the family effectively communicate their children's needs. 829 families responded to the question regarding communicating their child's needs Percent = 756/829 = 91% C. 759 families participating in Part C reported that early intervention services have helped the family help their child develop and learn. 820 families responded to the question regarding helping their child develop and learn. Percent = 759/820 = 93%

FFY	Measurable and Rigorous Target		
2007	A. 91%	B. 93%	C. 93%

Required Response to FFY 2006 APR:

CRF or Requirement	Section	Pages	Evidence
Address whether survey data is representative of population	Representative of the State's population	27-28	Provides information on how the survey data was analyzed to determine degree that data is representative of the population.

Actual Target Data for FFY 2007

- Family Survey Results

Statewide Family Survey Results July 2007 – June 2008		
Family Survey Question	%	#
A. Percent of respondent families participating in Part C who report that early intervention services have helped the family know their rights.	89%	740/828
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.	91%	756/829
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.	93%	759/820

- Of the 3,333 surveys that were distributed, 931 surveys were completed and returned for a 28% statewide return rate.

Representative of the State's population

Comparison by ethnicity

When comparing the Family Survey return rates with Child Count Data, it appears that the family surveys returned were not representative of the population served. Based on the surveys completed, Caucasian families were over-represented while Asian/Pacific Islander families were under-represented.

- Child Count Data regarding primary populations served in Early Intervention:
 - Asian/Pacific Islanders: 82%
 - Caucasian: 12%
- Family Survey data based on the number completed by primary populations served in Early Intervention:

APR Template – Part C (4)

- Asian/Pacific Islanders: 646/931 = 69%
- Caucasian: 205/931: 22%

When comparing the Family Survey results of the two primary groups (Caucasian and Asian/Pacific Islander), it appears that both Asian/Pacific Islanders and Caucasian families had similar perceptions even though the response rates were not representative.

EI Family Goals	Asian/Pacific Islander	Caucasian
Know their rights	90%	87%
Effectively communicate their children's needs	91%	92%
Help their children develop and learn	93%	93%

Comparison by age

When comparing the Family Survey return rates by child's age at the time the survey was completed with Child Count Data by age, the results do not vary substantially; there are only slight differences based on age:

- Child Count Data by age:
 - Birth-1: 28%
 - 1-2: 33%
 - 2-3: 39%
- Family Survey data based on the age of the child when the surveys were completed:
 - Birth-1: 21%
 - 1-2: 35%
 - 2-3: 43%

When comparing the Family Survey results by age group, the perceptions were similar regardless of age:

EI Family Goals	Birth-1	1-2	2-3
Know their rights	88%	89%	90%
Effectively communicate their children's needs	92%	91%	92%
Help their children develop and learn	93%	93%	92%

Discussion of Improvement Activities Completed and Explanation of Progress or Slippage that occurred for 2007:

Explanation of Progress and Slippage

Family Survey Question	FFY 2005	FFY 2006	FFY 2007
A. Percent of respondent families participating in Part C who report that early intervention services have helped the family know their rights.	78%	91%	89%
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.	74%	93%	91%
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.	89%	93%	93%

NOTE: Different surveys were used in FFY 2005 and FFY 2006, so while the above results appear to show progress, a true and valid comparison cannot be made as the differences may be due to survey form and analysis. A more valid comparison can only be made between FFY 2006 and FFY 2007 as the same surveys were used.

Explanation of Progress

The percentage for Family Survey Question 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,” remained at 93% for by FFY 2006 and FFY 2007.

Explanation of Slippage

There was slippage from FFY 2006 to FFY 2007 for the Family Survey Question A, “Percent of respondent families participating in Part C who report that early intervention services have helped the family know their rights,” and Family Survey Question 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.” Slippage may be attributed to utilizing a different population base for the surveys. For FFY 2007, the surveys were distributed to all families receiving early intervention services, whereas in FFY 2006, surveys were only distributed to families that had been receiving early intervention services for at least six months. The reason for distributing surveys to all families was to increase the ways that the survey results could be compared.

Improvement Activities:

The following table includes improvement activities that were completed. The Progress/Status column highlights what was done to address the improvement activity.

IMPROVEMENT ACTIVITY	PROGRESS/STATUS
Investigate the Avatar scoring protocol to determine if it is appropriate for continued use in	1. The Design Team reviewed the methodology used to score the NCSEAM Family Survey in relation to the three family goals for the potential use of the results for program improvement. It was determined that Hawaii would use the ECO Family Survey because the results were easier for programs to understand and HDOH could more easily analyze the data for program

IMPROVEMENT ACTIVITY	PROGRESS/STATUS
Hawaii.	improvement.
Disseminate program specific family survey return rates and results to each program/section/site.	<ol style="list-style-type: none"> 1. All Early Intervention, Public Health Nursing and Healthy Start Programs/Sections received program-specific results for their surveys, as well as statewide data. Programs used data to identify areas of strength and areas that needed to be focused on for program improvement.
Review dissemination materials for consistent language.	<ol style="list-style-type: none"> 1. All materials were reviewed prior to dissemination. 2. The cover letter for families was reviewed for ease of understanding for families with low literacy. 3. The cover letter to programs was also reviewed for completion of instructions as well as ease of understanding.
Develop, disseminate, and train on guidelines to support service coordinators and other team members in discussing with families about their rights, how to effectively communicate their child’s needs, and how to help their children develop and learn.	<ol style="list-style-type: none"> 1. New Part C staff participated in the mandatory EI Orientation Training which includes activities designed to help teach them ways to talk with families and assist them in advocating for their child. 2. Family rights in the “Dear Family” brochure were also reviewed during the EI Orientation Training that includes activities designed to help staff learn to explain procedural safeguards to families.
Identify programs with exceptionally high and low family survey return rates and facilitate information exchange to help improve return rates.	<ol style="list-style-type: none"> 1. Identified sites that had a higher than average return rates shared what methods they used to improve their return rates. 2. Data indicated that informing families prior to dissemination and following up with families once survey was distributed helped to increase the return rates. 3. The above strategies were incorporated in the survey process. 4. Communication from the Outcomes Coordinator was disseminated to all programs well in advance of survey distribution, with reminder emails once surveys were distributed, to encourage follow-up by programs with families. The Outcomes Coordinator kept in contact with programs to attempt to maximize return rates.
Review appropriateness of survey format to determine potential impact on return rates (e.g., readability, survey length, language barriers and family-friendliness) and revise survey if indicated.	<ol style="list-style-type: none"> 1. The survey was reviewed and discussed at the annual Stakeholder’s meeting and consensus was that survey met the needs of most early intervention families. 2. The survey was revised to clarify that the ethnicity reflected that of the child and not the person completing the survey and to add a question on the gender of the child.

IMPROVEMENT ACTIVITY	PROGRESS/STATUS
Acquire/develop survey in additional languages as needed.	<ol style="list-style-type: none"> 1. Surveys in several different languages were acquired from a mainland program. 2. Due to budget constraints, we were not able to obtain additional languages. 3. Programs were encouraged to utilize interpretation services that they may already use for families having issues completing surveys.

Revisions, with Justification, to Proposed Targets / Improvement Activities / Timelines / Resources for FFY 2008.

Improvement Activities Removed:

The following table includes the improvement activity that was removed from this Indicator. The Progress/Status column highlights what was done to address the improvement activity.

Justification: The activity is embedded in the General Supervision System and is therefore not needed as separate improvement activity.

IMPROVEMENT ACTIVITY	PROGRESS/STATUS
Evaluate and revise improvement activities as identified to meet targets as appropriate.	<ol style="list-style-type: none"> 1. Data was shared at the Annual Stakeholders' Meeting and based on the data and discussions, the improvement activities were revised.

Continuing and New Improvement Activities:

The following table includes improvement activities that are continuing and new activities that were developed to support compliance for Early Intervention Family Goals.

Resources:

Previous: Early Childhood Outcomes Center, SMS Consulting

New: Early Childhood Outcomes Center, SMS Consulting, SIG II funds, other States

Justification: SIG II funds were included as a possible funding source to translate the brochures and surveys. Other States were added in case they are willing to share surveys that have already been translated into other languages.

APR Template – Part C (4)

IMPROVEMENT ACTIVITY	'05	'06	'07	'08	'09	'10	PROGRESS/STATUS	REVISION WITH JUSTIFICATIONS
<p>New Explore the possibility of revising the cover of the “Dear Family” brochure.</p>				X	X			<p>Justification: Currently the cover of the “Dear Family” brochure does not indicate that it provides information on family rights. By revising the cover, it will be clearer to families that the “Dear Family” is specific to their rights in early intervention.</p>
<p>New Add “EIS,” “Healthy Start,” and “Public Health Nursing” in parenthesis in the actual survey when the term “Early Intervention” is used.</p>				X				<p>Justification: Some families may not be familiar with the term “early intervention.” This addition will clarify to families that services they receive from a particular program (EIS, PHN, HS) are part of early intervention.</p>
<p>New Analyze return rates by different variables (e.g., gender, county, program, length of time in program) to further determine if the data is representative of the state’s Part C population. Based on the analysis, strategize how to increase return rates</p>				X	X	X		<p>Justification: Because programs will be utilizing survey results to improve services, it is important that strategies developed are relevant for all Part C children.</p>

APR Template – Part C (4)

IMPROVEMENT ACTIVITY	'05	'06	'07	'08	'09	'10	PROGRESS/STATUS	REVISION WITH JUSTIFICATIONS
by specific variables.								
<p>New Translate “Dear Family” brochure and survey into multiple languages.</p>				X	X	X		<p>Justification: Materials in the family’s native language will make it easier for them to understand and complete the survey. This will result in both an increased survey response rate and be more representative of the State’s Part C population.</p>
<p>New Develop strategies for targeted programs with low return rates to increase their return rates.</p>				X	X	X		<p>Justification: The goal is to increase the state survey return rate. Focusing on programs with low return rates should result in a higher statewide return rate.</p>

Part C State Annual Performance Report (APR) for FFY 2007

Overview of the Annual Performance Report Development:

Refer to Overview, pages 1-4.

Monitoring Priority: Effective General Supervision Part C / Child Find

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

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

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

<p>Federal Measurement:</p> <p>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.</p> <p>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.</p>
<p>Applied:</p> <p><u>Including At Risk</u></p> <p>1,052 of infants and toddlers birth to 1 with IFSPs 21,030 population of infants and toddlers birth to 1 Percent = 1,052/21,030 = 5.00%</p> <p><u>Excluding At Risk</u></p> <p>265 of infants and toddlers birth to 1 with IFSPs 21,030 population of infants and toddlers birth to 1 Percent = 265/1,052 = 1.26%</p>

FFY	Measurable and Rigorous Target	
2007	Excluding environmentally at risk = 2.9%	Including environmentally at risk = 7.1%

Required Response to FFY 2006 APR:

CRF or Requirement	Section	Pages	Evidence
Address improvement in performance	Actual Target Data	35	Compares Hawaii data with states with similar eligibility and national data.
	Explanation of Slippage	36	Compares percent served in FFY 2007 with data from FFY 2005 and 2006.

Actual Target Data for FFY 2007:

- Compared to States with Similar Eligibility (based on OSEP 2007 data tables)

Hawaii is one of 25 states included in the “Broad Eligibility” category. The following compares Hawaii’s percentage served with other states in this category:

- The national average for states with similar eligibility is 1.19%. Hawaii surpassed the national average for states with similar eligibility for both excluding and including environmentally at risk.
- Excluding environmentally at risk: Ranked twelfth (12th), serving 265 of 21,030 (1.26%) of infants and toddlers birth to 1 with IFSPs.
- Including environmentally at risk: Ranked first, serving 1,052 of 21,030 (5.00%) of infants and toddlers birth to 1 with IFSPs. Hawaii surpassed the national average for states with similar eligibility by 3.81%.

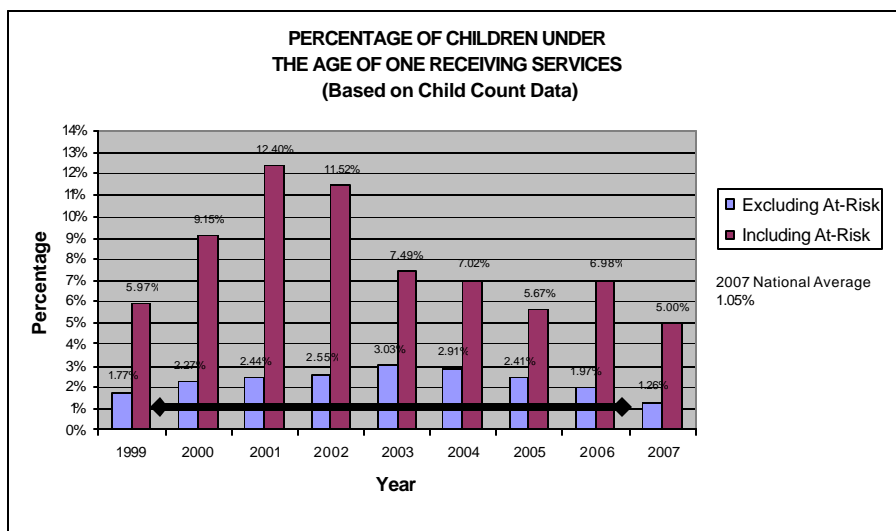
- Compared to National Data (based on OSEP 2007 data tables)

The following compares Hawaii’s percentage served with national data, or all states:

- The national average for all states, Washington D.C., and outlying areas is 1.05%. Hawaii surpassed the national average for states with similar eligibility for both excluding and including environmentally at risk.
- Excluding environmentally at risk: Ranked sixteenth (16th), serving 265 of 21,030 (1.26%) of infants and toddlers birth to 1 with IFSPs.
- Including environmentally at risk: Ranked first (1st), serving 1,052 of 21,030 (5.00%) of infants and toddlers birth to 1 with IFSPs, when infants at environmental risk were included. Hawaii surpassed the national average for states with similar eligibility by 3.95%.

- Although the current data does not reach the proposed target in either the excluding or including at risk categories, Hawaii’s data is above the national baseline of 1.05%.

The chart below shows the trend of children, since 1999, under the age of 1 receiving services:



Discussion of Improvement Activities Completed and Explanation of Progress or Slippage that occurred for FFY 2007:

Explanation of Slippage

The current data shows slippage for all children 0-1, both excluding and including environmentally at-risk infants and toddlers:

FFY	Excluding Environmental Risk	Including Environmental Risk
FFY 2005	2.41%	5.67%
FFY 2006	1.97%	6.98%
FFY 2007	1.26%	5.00%

A comparison of FFY 2006 and FFY 2007 data, based on Child Count data, found that:

- The number of infants and toddlers with service coordination by PHNs decreased from 163 in FFY 2006 to 104 in FFY 2007 (36% decrease).
- The number of infants and toddlers with service coordination by Healthy Start decreased from 892 in FFY 2006 to 802 in 2007 (10% decrease).
- The number of infants and toddlers with service coordination by an EIS program (for infants/toddlers with a developmental delay) decreased from 169 in FFY 2006 to 146 in FFY 2007 (14%).

Possible reasons for the decreases in infants and toddlers under age 1 served in a Part C program, both excluding and including environmentally at-risk include:

- Medical care is improving for newborns and they are getting healthier faster with less need for immediate referral to early intervention. This would especially impact referrals to PHNs, but also might impact referrals to EIS programs.
- Referrals to Healthy Start are based on hospital-based evaluations that occur immediately after the birth of a child. There were fewer new referrals to Healthy Start between the 2006 and 2007 calendar years. Based on new referral data for the period January-November, there were approximately 1687 referrals in 2006 and 1599 in 2007, a decrease of 5%.
- It appears that more families exited Healthy Start prior to age 1 in 2007 than 2006. Of the 1687 referrals from January-November 2006, 10% (163) remained and were included in the 12/1/06 Child Count. Of the 1599 referrals from January-November 2007, only 7% (104) remained and were included in the 12/1/07 Child Count.
- There may be other non-Part C program options for infants and toddlers under age 1 where young children can receive services even though they may be Part C eligible. Examples include Early Head Start, The Institute for Family Enrichment traveling preschools, Kamehameha Schools Hi'ilani Early Childhood Collaborative (works with parents to promote positive child health, development, and school readiness among Native Hawaiian children birth to three years old) and Alu Like Pulama I Na Keiki (Home-based & small group education for families of Hawaiian children prenatal-5 years).

Completed Improvement Activities

There were no improvement activities completed at this time.

Revisions, with Justification, to Proposed Targets / Improvement Activities / Timelines / Resources for FFY 2007:

There are no proposed changes to the Measurable and Rigorous Targets of 2.9% (excluding environmentally at risk) and 7.1% (including environmentally at risk) for FFY 2008. The Stakeholder workgroup addressed this issue, but because of potential changes in eligibility and the possible implementation of family cost participation as recommended by the Director of Health due to the current state budget deficit, it was decided to postpone any changes to the targets until next year when decisions should be finalized.

Improvement Activities Removed:

The following table includes the improvement activities that were removed from this Indicator. The Progress/Status column highlights what was done to address the improvement activity.

Justification: The activities are embedded in the General Supervision System and are therefore not needed as separate improvement activities.

IMPROVEMENT ACTIVITY	PROGRESS/STATUS
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.)	<ol style="list-style-type: none"> 1. Conversations with community members and early intervention staff identified the following priority populations: Marshallese, Chuukese, Filipino, Chinese, Mexican, Hawaiian, Caucasian and homeless. 2. The military population of infants and toddlers are routinely screened at military base health clinics. Approximately 15% were referred for early intervention services. 3. The Child Count ethnicity data did not adequately identify new and underserved populations due to the broad ethnic definition. The EIS Database section on ethnicity was revised to include more discrete ethnic groups to support the identification of new and underserved populations.
Analyze Child Count data by geographical area.	<ol style="list-style-type: none"> 1. Conversations with community members and early intervention staff identified the following priority geographical areas: Oahu - Waianae Coast, Waimanalo, Waipahu; Makiki, Chinatown, and Kalihi; Hawaii - Kona, Oceanview, Waikaloa, Nalehu, Pahala and Puna; and all of Maui.
Target referral groups and geographical areas.	<ol style="list-style-type: none"> 1. Referral groups targeted include: Marshallese, Chuukese, Filipino, Chinese, Mexican, Hawaiian, Caucasian and homeless. 2. Geographical areas targeted include: Oahu - Waianae Coast, Waimanalo, Waipahu; Makiki, Chinatown, and Kalihi; Hawaii - Kona, Oceanview, Waikaloa, Nalehu, Pahala and Puna; and all of Maui.
Brainstorm and implement strategies to work with identified target groups and specific geographical areas.	<ol style="list-style-type: none"> 1. Attended community events to showcase Early Intervention and disseminate information 2. Networked with other human service programs, community leaders, pediatricians, child welfare workers, Community Health Center staff, Department of Education programs, local preschools, and childcare centers to expand their knowledge about the importance of early

IMPROVEMENT ACTIVITY	PROGRESS/STATUS
	intervention services.
Review current EI public awareness materials to determine additional brochures, etc. needed to support information to families about EI services.	1. Four critical informational brochures have been identified to be translated into the following languages: Marshallese, Chuukese, Tagalog, Ilocano, Mandarin and Spanish.
Evaluate the effectiveness of the improvement activities and revise as necessary.	1. Child Find and other data were reviewed yearly to determine the increase or decrease in infants and toddlers under age 1 being served. 2. The improvement activities were reviewed to focus more specifically on activities to increase referrals.

Continuing and New Improvement Activities:

The following table includes improvement activities that are continuing and new activities that were developed to support Child Find.

Revised Resources:

Previous: NECTAC, WRRRC, other states with similar eligibility definitions

Revised: NECTAC, WRRRC, Hawaii Academy of Pediatrics, University of Hawaii, SIG II Funds, materials from other states with similar eligibility definitions

Justification: The Hawaii Academy of Pediatrics was added because physicians are a primary referral source to early intervention. University of Hawaii and SIG II funds were also added as resources for the development of DVDs and translations of brochures and other public awareness materials.

APR Template – Part C (4)

IMPROVEMENT ACTIVITY	'05	'06	'07	'08	'09	'10	PROGRESS/STATUS	REVISION WITH JUSTIFICATIONS
Review Hawaii's Part C eligibility criteria for continued appropriateness.		X	X	X	X	X	<p>Completed to Date:</p> <ol style="list-style-type: none"> The state budget for the Healthy Start Program was reduced by 1.9 million dollars. A legislative bill that revised Healthy Start eligibility was drafted and sent to the Director of Health for review. A revised section of Hawaii's Early Intervention State Plan on eligibility was drafted to be consistent with the legislative bill. <p>Continuing:</p> <ol style="list-style-type: none"> Based on the results of this year's legislative session, the Healthy Start budget may be further reduced. Discussions related to revising eligibility will depend on this year's legislative session. Public hearings will be scheduled for input on any recommended changes in the State Plan regarding eligibility for Part C. 	<p>Revise Timeline</p> <p>Justification. The timeline has been extended as any decisions regarding eligibility will be based on the results of the legislative session (ends April 2009) as well as input received from the public at Public Hearings on the Early Intervention State Plan.</p>
<p>New</p> <p>Translate 4 critical informational brochures into Marshallese, Chuukese, Tagalog, Illocano, Mandarin and Spanish.</p>					X	X		<p>Justification:</p> <p>Informational materials in families native language will support the efforts to increase awareness of early intervention in targeted groups</p>
<p>New</p> <p>Work with the Hawaii Academy of Pediatrics to design an educational activity to incorporate into doctors' professional improvement requirements to target doctors (both</p>					X	X		<p>Justification:</p> <p>Pediatricians are primary referral sources for early intervention so it is vital that they are aware of early intervention.</p>

APR Template – Part C (4)

IMPROVEMENT ACTIVITY	'05	'06	'07	'08	'09	'10	PROGRESS/STATUS	REVISION WITH JUSTIFICATIONS
pediatricians and family practice physicians)								
New Review existing videos to determine what could be included in the DVD.				X				Justification: EI library includes videos that were previously developed that may be relevant to include in the EI Overview DVD.
New Create a DVD at 4 th grade level comprehension to provide an overview of Early Intervention.					X			Justification: A DVD is another medium to promote awareness.
New Identify other public awareness materials needed, including new brochures, posters, displays, etc. to support increased referrals.				X	X	X		Justification: Develop new materials to inform the public of early intervention.
New Provide information on early intervention services to pre-natal teenage mothers and teenage mothers in the following geographical areas: Oahu - Waianae Coast, Waimanalo, Waipahu, Makiki, Chinatown and Kalihi; Island of Hawaii –				X	X			Justification: With funds for Healthy Start reduced, fewer mothers will be identified in the hospital after the birth of their child. Providing information to mothers after they leave the hospital will increase awareness of early intervention to

APR Template – Part C (4)

IMPROVEMENT ACTIVITY	'05	'06	'07	'08	'09	'10	PROGRESS/STATUS	REVISION WITH JUSTIFICATIONS
Kona, Oceanview, Waikalua, Nalehu, Pahala and Puna; and all of Maui								vulnerable populations.
New Provide information on early intervention services to OB/GYNs and midwives across the state so they can be placed in their office lobbies and distributed to expectant mothers.				X	X			Justification: The more broadly information on early intervention is disseminated, the more potential referrals to early intervention.
New Partner with non-Part C programs to increase their awareness about Part C so they will refer potentially eligible Part C children to early intervention.				X	X	X		Justification: As part of Child Find, all programs are required to refer potentially eligible Part C children to early intervention. Providing information to these programs will support this process.

Part C State Annual Performance Report (APR) for FFY 2007

Overview of the Annual Performance Report Development:

Refer to Overview, pages 1-4.

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; and
- B. National Data

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

<p>Federal Measurement:</p> <p>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.</p> <p>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.</p>
<p>Applied:</p> <p><u>Including At Risk</u></p> <p>3,856 of infants and toddlers birth to 3 with IFSPs. 55,574 population of infants and toddlers birth to 3 Percent = 3,856/55,574 = 6.94%</p> <p><u>Excluding At Risk</u></p> <p>2,076 of infants and toddlers birth to 3 with IFSPs. 55,574 population of infants and toddlers birth to 3 Percent = 2,076/55,574 = 3.74%</p>

FFY	Measurable and Rigorous Target	
2007	Excluding environmentally at risk = 4.4%	Including environmentally at risk = 7.3 %

Required Response to FFY 2006 APR:

- There was no response required for this indicator.

Actual Target Data for FFY 2007:

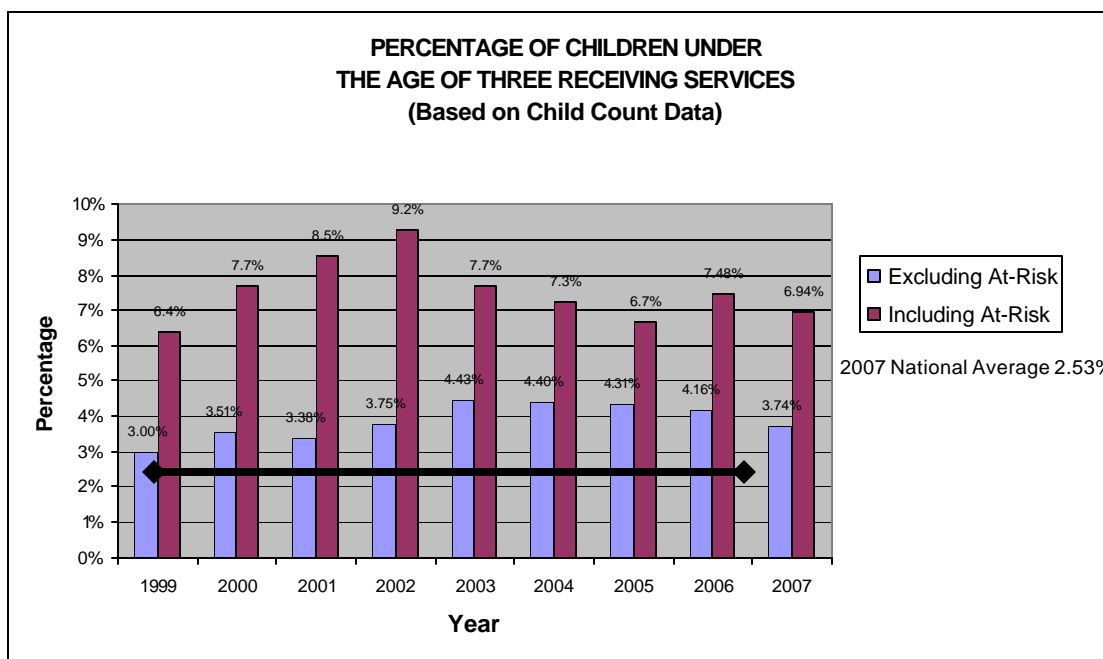
- Compared to States with Similar Eligibility (based on OSEP 2007 data tables)
 Hawaii is one of 25 states included in the “Broad Eligibility” category. The following compares Hawaii’s percentage served with other states in this category:

- The national average for states with similar eligibility is 2.56%. Hawaii surpassed the national average for states with similar eligibility for both excluding and including environmentally at risk.
 - Excluding environmentally at risk: Ranked fifth (5th) of all states, serving 2,076 of 55,574 (3.74%) of infants and toddlers, 0-3 with IFSPs.
 - Including environmentally at risk: Ranked first (1st) of all states, serving 3,856 of 55,574 (6.94%) of infants and toddlers, 0-3, with IFSPs. Hawaii surpassed the national average by 4.38% compared with states with similar eligibility.
- Compared to National Data (based on OSEP 2007 data tables)

The following compares Hawaii's percentage served with the national average for all states, Washington D.C., and outlying areas:

- The national average for all states, Washington D.C., and outlying areas is 2.53%. Hawaii surpassed the national average for both excluding and including environmentally at risk.
 - Excluding environmentally at risk: Ranked seventh (7th) of all states, serving 2,076 of 55,574 (3.74%) of infants and toddlers, 0-3, with IFSPs.
 - Including environmentally at risk: Ranked first (1st) of all states, serving 3,856 of 55,574 (6.94%) of infants and toddlers, 0-3 with IFSPs. Hawaii surpassed the national average by 4.41%.
- Although the current data does not reach the proposed target in either the excluding or including at risk categories, Hawaii's percentage served is above the national baseline of 2.53%.

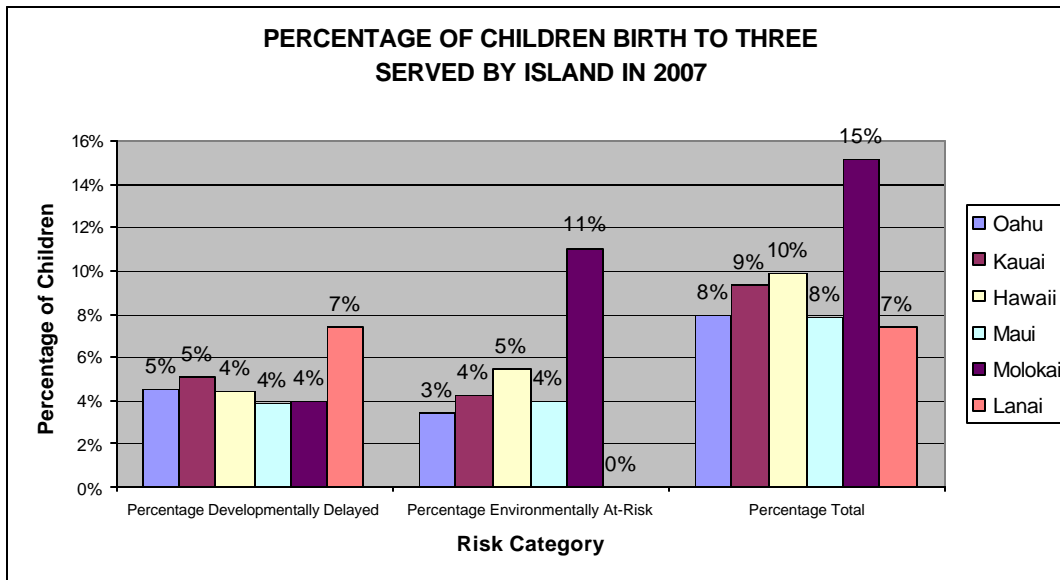
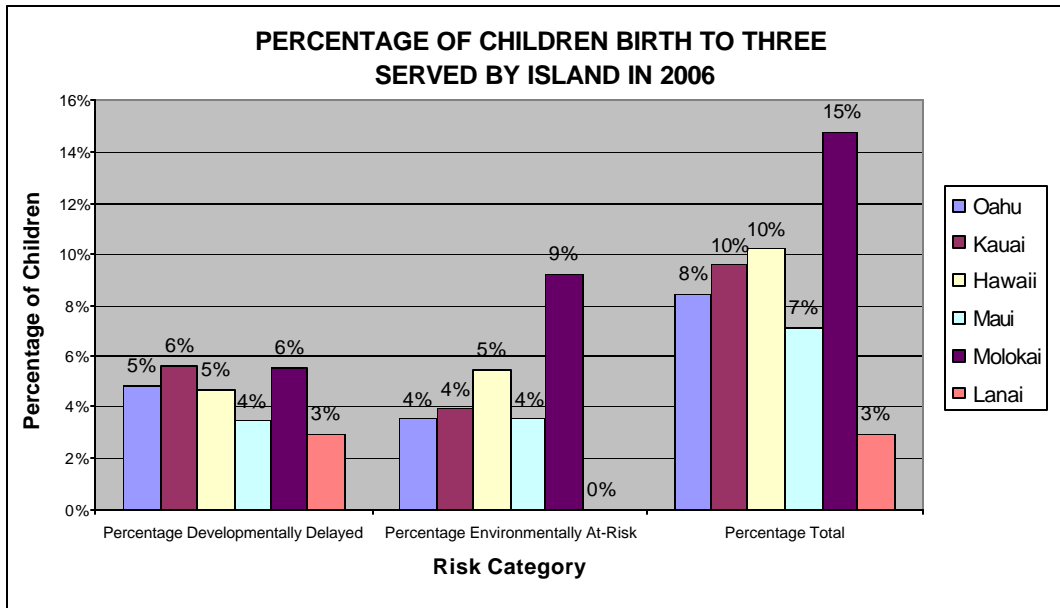
The chart below provides trend data since 1999, for all children 0-3 receiving services.



• **Additional Data:**

A comparison by island found that there are no significant changes in percentages of children served by island other than for Lanai. However, due to the very small numbers that fluctuate from year-to-year (from 4 in 2006 to 10 in 2007) the percentages are misleading.

The following charts compare the percentage of children, 0-3, served by island, for FFY 2006 and FFY 2007.



Discussion of Improvement Activities Completed and Explanation of Progress or Slippage that occurred for FFY 2007:

Explanation of Slippage:

There was slippage for all children 0-3, both excluding and including environmentally at-risk infants and toddlers:

FFY	Excluding Environmental Risk	Including Environmental Risk
FFY 2005	4.3%	6.7%
FFY 2006	4.2%	7.48%
FFY 2007	3.74%	6.94%

A comparison of FFY 2006 and FFY 2007 data, based on Child Count data, found that:

- The number of infants and toddlers with service coordination by PHN decreased from 500 in FFY 2006 to 377 in FFY 2007 (25% decrease).
- The number of infants and toddlers with service coordination by Healthy Start remained the same, 1874 in both FFY 2006 and 2007. This number includes infants and toddlers in the Enhanced Healthy Start Program.
- The number of infants and toddlers with service coordination by an EIS program (for infants/toddlers with a developmental delay) increased very slightly from 1552 in FFY 2006 to 1559 in FFY 2007.

It appears that the reason for the slippage for the entire 0-3 population is due to the decrease in the number of children with service coordination by the public health nurses; this would impact all infants and toddlers, both including and excluding infants and toddlers at environmental risk. Possible reasons include:

- Medical care is improving for newborns and they are getting healthier faster with less need for immediate referral to early intervention. This would especially impact referrals to PHNs.
- Based on the H-KISS Referral Matrix, only the most medically fragile children are referred to PHNs for service coordination. Infants and toddlers with minor medical concerns who were previously referred to a PHN are now generally referred to an EIS program. If nursing support is needed, a PHN may be included on the IFSP team, but not as the service coordinator.
- There were 83 referrals to Enhanced Healthy Start, a Part C program funded by the Department of Human Services, Child Welfare Services (CWS). Enhanced Healthy Start provides service coordination and services to infants and toddlers in CWS. The majority of these infants and toddlers are drug exposed and were previously referred to PHNs for service coordination. The change in referral policy from PHNs to Enhanced Healthy Start has impacted the number of referrals to PHNs.
- There may be other non-Part C program options for infants and toddlers from 0-3 where young children can receive services even though they may be Part C eligible. Examples include Early Head Start, The Institute for Family Enrichment traveling preschools, Kamehameha Schools Hi'ilani Early Childhood Collaborative (works with parents to promote positive child health, development, and school readiness among Native Hawaiian children birth to three years old) and

Alu Like's Pulama I Na Keiki (Home-based & small group education for families of Hawaiian children prenatal-5 yrs).

Completed Improvement Activities

There were no improvement activities completed at this time.

Revisions, with Justification, to Proposed Targets / Improvement Activities / Timelines / Resources for FFY 2008:

There are no proposed changes to the Measurable and Rigorous Targets of 4.4% excluding environmentally at risk and 7.3% including environmentally at risk for FFY 2008. The Stakeholder workgroup addressed this issue, but because of potential changes in eligibility and the possible implementation of family cost participation as recommended by the Director of Health due to the current state budget deficit, it was decided to postpone any changes until next year when decisions should be finalized.

Improvement Activities Removed:

The following table includes the improvement activities that were removed from this Indicator. The Progress/Status column highlights what was done to address the improvement activity.

Justification: The activities were embedded in the General Supervision System and are therefore not needed as separate improvement activities.

IMPROVEMENT ACTIVITY	PROGRESS/STATUS
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.)	<ol style="list-style-type: none"> 1. Conversations with community members and early intervention staff identified the following priority populations: Marshallese, Chuukese, Filipino, Chinese, Mexican, Hawaiian, Caucasian and homeless. 2. The military population of infants and toddlers are routinely screened at military base health clinics. Approximately 15% were referred for early intervention services. 3. The Child Count ethnicity data did not adequately identify new and underserved populations due to the broad ethnic definition. The EIS Database section on ethnicity was revised to include more discrete ethnic groups to support the identification of new and underserved populations.
Analyze Child Count data by geographical area.	<ol style="list-style-type: none"> 1. Conversations with community members and early intervention staff identified the following priority geographical areas: Oahu - Waianae Coast, Waimanalo, Waipahu; Makiki, Chinatown, and Kalihi; Hawaii - Kona, Oceanview, Waikaloa, Nalehu, Pahala and Puna; and all of Maui.
Target referral groups and geographical areas.	<ol style="list-style-type: none"> 1. Referral groups targeted include: Marshallese, Chuukese, Filipino, Chinese, Mexican, Hawaiian, Caucasian and homeless. 2. Geographical areas targeted include: Oahu - Waianae Coast, Waimanalo, Waipahu; Makiki, Chinatown, and Kalihi; Hawaii - Kona, Oceanview, Waikaloa, Nalehu, Pahala and Puna; and all of Maui.
Brainstorm and implement strategies to work with identified	<ol style="list-style-type: none"> 1. Attended community events to showcase Early Intervention and disseminate information 2. Networked with other human service programs, community leaders,

IMPROVEMENT ACTIVITY	PROGRESS/STATUS
target groups and specific geographical areas.	pediatricians, child welfare workers, Community Health Center staff, Department of Education programs, local preschools, and childcare centers to expand their knowledge about the importance of early intervention services.
Review current EI public awareness materials to determine additional brochures, etc. needed to support information to families about EI services.	1. Four critical informational brochures have been identified to be translated into the following languages: Marshallese, Chuukese, Tagalog, Ilocano, Mandarin and Spanish.
Evaluate the effectiveness of the improvement activities and revise as necessary.	1. Child Find and other data were reviewed yearly to determine the increase or decrease in infants and toddlers from birth to age 3 being served. 2. The improvement activities were reviewed to focus more specifically on activities to increase referrals.

Continuing and New Improvement Activities:

The following table includes improvement activities that are continuing and new activities that were developed to support Child Find.

Revised Resources:

Previous: NECTAC, WRRC, other states with similar eligibility definitions

Revised: NECTAC, WRRC, University of Hawaii, SIG II Funds, materials from other states with similar eligibility definitions

Justification: The University of Hawaii and SIG II funds were added as resources for the DVD, translations of brochures, and other public awareness materials.

APR Template – Part C (4)

IMPROVEMENT ACTIVITY	'05	'06	'07	'08	'09	'10	PROGRESS/STATUS	REVISION WITH JUSTIFICATIONS
Review Hawaii's Part C eligibility criteria for continued appropriateness.		X	X	X	X	X	<p>Completed to Date:</p> <ol style="list-style-type: none"> The state budget for the Healthy Start Program was reduced by 1.9 million dollars. A legislative bill that revised Healthy Start eligibility was drafted and sent to the Director of Health for review. A revised section of Hawaii's Early Intervention State Plan on eligibility was drafted to be consistent with the legislative bill. <p>Continuing:</p> <ol style="list-style-type: none"> Based on the results of this year's legislative session, the Healthy Start budget may be further reduced. Discussions related to revising eligibility will depend on this year's legislative session. Public hearings will be scheduled for input on any recommended changes in the State Plan regarding eligibility for Part C. 	<p>Revise Timeline</p> <p>Justification. The timeline has been extended as any decisions regarding eligibility will be based on the results of the legislative session (ends April 2009) as well as input received from the public at Public Hearings on the Early Intervention State Plan.</p>
<p>New</p> <p>Translate 4 critical informational brochures into Marshallese, Chuukese, Tagalog, Ilocano, Mandarin and Spanish.</p>					X	X		<p>Justification:</p> <p>Informational materials in families native language will support the efforts to increase awareness of early intervention in targeted groups</p>
<p>New</p> <p>Work with the Hawaii Academy of Pediatrics to design an educational activity to incorporate into doctors' professional improvement requirements to target doctors (both</p>					X	X		<p>Justification:</p> <p>Pediatricians are a primary referral source for early intervention so it is vital that they are aware of early intervention.</p>

APR Template – Part C (4)

IMPROVEMENT ACTIVITY	'05	'06	'07	'08	'09	'10	PROGRESS/STATUS	REVISION WITH JUSTIFICATIONS
pediatricians and family practice physicians)								
New Create a DVD at 4 th grade level comprehension to provide an overview of Early Intervention.					X			Justification: A DVD is another medium to promote awareness.
New Identify other public awareness materials needed, including new brochures, posters, displays, etc. to support increased referrals.				X	X	X		Justification: Develop new materials to inform the public of early intervention.
New Partner with non-Part C programs to increase their awareness about Part C so they will refer potentially eligible Part C children to early intervention.				X	X	X		Justification: As part of Child Find, all programs are required to refer potentially eligible Part C children to early intervention. Providing information to these programs will support this process.

Part C State Annual Performance Report (APR) for FFY 2007

Overview of the Annual Performance Report Development:

Refer to Overview, pages 1-4.

Monitoring Priority: Effective General Supervision Part C / Child Find

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

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

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

Applied:
2711 infants and toddlers received an evaluation and assessment and an initial IFSP meeting was conducted within Part C’s 45-day timeline
2787 infants and toddlers with IFSPs
Percent = 2711/2787 = 97%
18 infants and toddlers did not have a timely IFSP due to untimely evaluations.

FFY	Measurable and Rigorous Target
2007	100%

Required Response to FFY 2006 APR:

CRF or Requirement	Section	Pages	Evidence
Report on the correction of the 2% non-compliance identified in the FFY 2006 APR	Previously Identified Non-Compliance	52	Demonstrates that previous findings of non-compliance for Timely Evaluations and IFSPs were verified as corrected within one year of identification.
§303.321(e)(2)	Actual Target Data	51-52	Reports on the number/percentage of infants and toddlers who received a timely evaluation and assessment and Initial IFSP meeting.
§303.322(e)(1)	Actual Target Data	51-52	Reports on the number/percentage of infants and toddlers who received a timely evaluation and assessment.

CRF or Requirement	Section	Pages	Evidence
	Exceptional Family Circumstances	51	Reports on the number/percentage of infants and toddlers who did not receive a timely evaluation and assessment due to exceptional family circumstances.
	Untimely Evaluations	51	Reports on the number/percentage of infants and toddlers who did not receive a timely evaluation.
§303.342(a)	Actual Target Data	51-52	Reports on the number/percentage of infants and toddlers who received a timely Initial IFSP meeting.

Actual Target Data for FFY 2007:

Data collected was from Agency data systems. The timelines were from the date of referral to the initial IFSP meeting and was based on actual, not an average, number of days.

- 2711 of 2787 (97%) of infants and toddlers received an evaluation and assessment and an initial IFSP meeting was conducted within Part C’s 45-day timeline.
- Exceptional Family Circumstances: 461 of the 2787 (17%) infants and toddlers did not have an initial IFSP meeting within Part C’s 45-day timeline due to exceptional family circumstances as defined by IDEA Part C. They are included in both the above numerator and denominator. The following are the three predominant family reasons:
 - Schedule conflict
 - Canceled appointment
 - Difficulty contacting family
- Program Reasons. 76 of the 2787 (3%) infants and toddlers did not have an initial IFSP meeting within Part C’s 45-day timeline due to program reasons. They are included in the above denominator. The following are the three predominate program reasons:
 - Forgot to schedule in a timely manner
 - Late MDE
 - No documentation
- Untimely Evaluations: 18 of the 76 (24%) infants and toddlers did not have an initial IFSP meeting within Part C’s 45-day timeline due to untimely evaluations.
- Of the 76 infants and toddlers who did not receive an evaluation and assessment and an initial IFSP meeting within Part C’s 45-day timeline, all 76 (100%) infants and toddlers received an evaluation and assessment and had an initial IFSP meeting, although untimely.

Range of Days Beyond the 45-day timeline to Receive an Initial IFSP		
Range of Days Beyond the Due Date	# of Children	% of Children
1-30 days	58/76	76%
31-60 days	13/76	17%

61-90 days	3/76	4%
> 90 days	2/76	3%

- Findings will be issued to the 21 programs serving the 76 children who did not receive an evaluation and assessment and an initial IFSP meeting within Part C’s 45-day timeline, unless correction of non-compliance was received and verified by HDOH prior to the program(s) being notified of their findings.
- Related Requirements

Refer to Indicator 9, Table 2 for findings made and timely correction under the Hawaii Monitoring Priorities related to this Indicator.

Previously Identified Non-Compliance

The merging of the monitoring system required when Hawaii was under Special Conditions with the monitoring system required by the SPP/APR General Supervision indicator has resulted in the need to realign the reporting period of Hawaii’s monitoring data to comply with reporting timelines. As a result of the clarification provided in the September 3, 2008 FAQ on identifying and correcting non-compliance, Hawaii prematurely reported data on the correction of findings of noncompliance in Indicator 7 in the FFY 2006 APR. This data should have been reported in this year’s APR since notifications of findings of noncompliance (using data from FYY 2005) were issued in FFY 2006. The data is now being re-reported in this year’s APR to reflect the appropriate federal fiscal year (FFY 2007) when it should be reported.

- Eight programs were notified of findings for Timely Evaluation and Assessment and Initial IFSPs in FFY 2006 (See Table 2 in Indicator 9). These findings were prematurely reported in the APR of FFY 2006. As a result of the clarification provided in the September 3, 2008 FAQ in identifying and correcting non-compliance, these findings are being re-reported in this year’s APR.

Correction of Noncompliance for Indicator 7 – Evaluation and Assessment and Initial IFSP within 45-days						
Monitoring Data Year	Year Findings of Noncompliance Issued	Total Findings of Noncompliance	Findings Verified as Corrected within One Year	Findings Subsequently Verified as Corrected	Total Findings Corrected as of Submission	Findings of Noncompliance Remaining
FFY 2005	FFY 2006	8	8	0	8	0
FFY 2006	FFY 2007	To be reported in FFY 2008 APR submitted in 2010				

Discussion of Improvement Activities Completed and Explanation of Progress or Slippage that occurred for FFY 2007:

Explanation of Slippage:

The current data on timely evaluations and assessment and initial IFSP meetings shows a slight slippage (1%) from FFY 2006 to FFY 2007.

- FFY 2005 compliance was at 98%.
- FFY 2006 compliance was at 98%.
- FFY 2007 compliance was at 97%

The following activities were implemented to support timely evaluations and assessments and initial IFSP meetings:

1. Additional training and support were provided to ensure that all EI staff is aware of the Part C 45-day timeline for both timely evaluations and initial IFSP meetings.
2. EI programs queried their databases for due dates for evaluations and initial IFSPs so they could schedule timely evaluations and initial IFSP meetings.
3. Training was provided to social workers, public health nurses, and Healthy Start Child Development Specialists to provide them with evaluation skills so they could participate as a member of the multi-disciplinary evaluation team, which resulted in an increased number of evaluators.
4. Contracts were developed to increase the pool of available evaluators.
5. Some programs, with approval of the family, scheduled the IFSP meeting immediately following the multi-disciplinary evaluation.
6. Agency Administrators will continue to monitor data to ensure that initial IFSP meetings are timely.

Completed Improvement Activities:

The following table includes improvement activities that were completed. The Progress/Status column highlights what was done to address the improvement activity.

IMPROVEMENT ACTIVITY	PROGRESS/STATUS
Refine the statewide system to provide written clarification on IDEA Part C requirements for Comprehensive Developmental Evaluations (CDEs) and IFSPs to all Agencies and Programs.	<ol style="list-style-type: none"> 1. Written policies and procedures on Hawaii’s Part C system were drafted and will be finalized for public review when the new regulations are finalized. 2. The document, “Points of Clarification,” was provided to all Early Intervention Agencies and Programs to ensure all are regularly updated with system revisions and clarifications related to CDEs and IFSPs. A “Points of Clarification” was also distributed to address questions that arose during the CDE statewide training. 3. “Points of Clarification” was posted on the EIS web-site and will be regularly updated.
Develop and implement a mentoring system to support CDE providers.	<p>The monitoring system was developed and includes the following:</p> <ol style="list-style-type: none"> 1. Two day CDE trainings to all EI staff who meet the qualifications to be evaluators, including social workers, service coordinators, therapists, and child developmental specialists. 2. Newly trained staff must participate in the mentoring process to complete their training in becoming evaluators. Mentoring process required trainees to observe at least two CDE’s and receive mentorship, before participating as one of the two members of the multi-disciplinary team. 3. Some programs provided in-service trainings on a regular basis to support non-therapeutic staff in increasing their evaluation skills.
Identify training needs related to CDEs and	<ol style="list-style-type: none"> 1. Based on feedback from staff, the CDE training was expanded from a one-day training to a two-day training to provide more hands-on

IMPROVEMENT ACTIVITY	PROGRESS/STATUS
IFSPs.	opportunities to practice specific skills in conducting the evaluation. 2. To support therapy and other staff who may not have received sufficient child development training as part of their educational process, training in child development was provided to all staff by EIS and to all Public Health Nurses by a Pediatrician. The PHN training is available on DVD for all staff to view. 3. The CDE process was embedded into the mandatory 4 day EI Orientation that all EI staff attends within 6 months of their hire date. 4. The training module for using the Michigan developmental evaluation tool was developed; training was provided to Part C providers in Maui.
Determine and develop strategies to support infrastructure needed that will result in timely CDEs and IFSPs.	1. Service coordination ratios were lowered to 1:35. 2. The fee-for-service provider contract provided for CDEs to be completed to ensure that CDEs and IFSPs can meet the 45-day timeline. 3. The billable activities/reimbursement was revised to support the mentoring process for newly trained evaluators.
Increase resources needed to support statewide training.	1. The legislature approved funding for an additional trainer position to support statewide training efforts. 2. Programs identified at least one individual to be the staff resource person to support new staff in the evaluation process. 3. Therapists volunteered to be trainers.

Revisions, with Justification, to Proposed Targets / Improvement Activities / Timelines / Resources for FFY 2008.

Improvement Activities Removed:

The following table includes improvement activities that have been removed from this Indicator. The Progress/Status column highlights what was done to address the improvement activity.

Justification: The activities are embedded in the General Supervision System and are therefore not needed as separate improvement activities.

IMPROVEMENT ACTIVITY	PROGRESS/STATUS
Explore options to develop a statewide Part C data system for all Part C providers to collect required CDE & IFSP data.	1. A database for Part C programs to input their self-assessment data was completed and the following process was developed. <ul style="list-style-type: none"> a. The data is sent to the HDOH data person who runs reports for the Part C Lead Agency Quality Assurance Specialist to review. b. The data is inputted into a data sheet that is sent back to each Program for review by the Program Manager/Supervisor. c. If an error is found due to a data input error, it can be corrected (Program Manager must state that the data sheet is different than the raw data.). If an error was found for any other reason, correct documentation must be forwarded to verify the change. 2. All Agencies were informed of data requirements; they were required to make adjustments to their respective databases to ensure accurate and

IMPROVEMENT ACTIVITY	PROGRESS/STATUS
	valid data is submitted to the Lead Agency.
Evaluate the effectiveness of the improvement activities designed to support 100% compliance in CDE and IFSP requirements.	HDOH developed a variety of committees/meetings to identify, implement, and evaluate strategies to support increased compliance. They include: <ol style="list-style-type: none"> 1. CDE Training Committee: The committee reviews training materials, discusses training questions and concerns and develops further guidelines and points of clarification as needed. 2. HDOH Forms Committee: The committee reviewed the Statewide IFSP form and the CDE report templates for possible revisions to improve its functionality. 3. Lead Agency Quality Assurance Team (LAQuAT): The LAQuAT meets regularly to problem-solve issues around compliance and develop guidance materials as necessary. <ol style="list-style-type: none"> a. Issue-specific committees will be developed as needed.
Identify, implement, and evaluate new strategies as needed.	<ol style="list-style-type: none"> 1. HDOH has an ongoing CDE training committee which meets to review training materials, discuss training questions and concerns and develop further guidelines and points of clarification if needed. 2. HDOH Forms Committee has met and reviewed the Statewide IFSP form and the CDE report templates for possible revisions to improve its functionality.

New Improvement Activities:

The following table includes new improvement activities that were developed to support compliance for Timely Evaluations and Assessment and Initial IFSPs.

Revised Resources:

Previous: NECTAC, WRRC, brochures from other states, and training modules from other states.

New: NECTAC, WRRC, and training modules from other states

Justification: Deleted “brochures from other states” as this no longer applies to the new activities developed.

APR Template – Part C (4)

IMPROVEMENT ACTIVITY	'05	'06	'07	'08	'09	'10	PROGRESS/STATUS	REVISION WITH JUSTIFICATIONS
<p>New Require Programs with late IFSPs due to “forgot to schedule in a timely manner” to develop and implement a tickler system.</p>				X				<p>Justification: “Forgot to schedule” was one of the predominant program reasons why the Initial IFSP was late. A tickler system to help staff be more cognizant of timelines may remedy the situation.</p>
<p>New Require Programs with late IFSPs due to “late MDEs” to identify the root causes and embed strategies in their CAP.</p>				X	X	X		<p>Justification: Programs need to address late MDEs as this impacts both timelines and a child/family receiving EI services.</p>
<p>New Develop a training module to address required and acceptable documentation.</p>				X				<p>Justification: Lack of documentation continues to be a major reason for late IFSPs and timely services. The training will clarify required documentation and stress the importance of accurate documentation.</p>
<p>New Post documentation training module on the web.</p>					X			<p>Justification: Having the training on the web will increase staff’s access to the information at any time.</p>
<p>New Embed the documentation training module into the mandatory EI Orientation Training.</p>					X			<p>Justification: Embedding the documentation module into the EI Orientation will ensure that all new staff receive the same information and know what it expected of them.</p>

Part C State Annual Performance Report (APR) for FFY 2007

Overview of the Annual Performance Report Development:

Refer to Overview, pages 1-4.

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 the Lead Educational Agency (LEA), if child potentially eligible for Part B (DOE); and
- C. Transition conference, if child potentially eligible for Part B.

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

<p>Federal Measurement:</p> <ul style="list-style-type: none"> A. Percent = [(# of children exiting Part C who have an IFSP with transition steps and services) divided by the (# of children exiting Part C)] times 100. B. Percent = [(# of children exiting Part C and potentially eligible for Part B where notification to the LEA occurred) divided by the (# of children exiting Part C who were potentially eligible for Part B)] times 100. C. Percent = [(# of children exiting Part C and potentially eligible for Part B where the transition conference occurred) divided by the (# of children exiting Part C who were potentially eligible for Part B)] times 100.
<p>Applied:</p> <ul style="list-style-type: none"> A. 1849 children exiting Part C who have an IFSP with transition steps and services 1911 children who exited Part C Percent = 1849/1911 = 97% B. 708 children exiting Part C and potentially eligible for Part B where notification to the LEA occurred 715 children exiting Part C who were potentially eligible for Part B Percent = 708/715 = 99% C. 464 children exiting Part C where the <u>timely</u> transition conference occurred 480 children exiting Part C where the transition conference occurred Percent = 464/480 = 97%

FFY	Measurable and Rigorous Target
2007	100%

Required Response to FFY 2006 APR:

A. Transition Plan with Steps and Services

CRF or Requirement	Section	Pages	Evidence
Report on the correction of the 1% non-compliance identified in the FFY 2006 APR	Previously Identified Non-Compliance – Transition Plan	61-62	Demonstrates that previous findings of non-compliance for timely Transition Plans were verified as corrected within one year of identification.
§303.148(b)(4)	Actual Target Data – Transition Plan	59	Reports on the number/percentage of children exiting Part C with a timely and complete Transition Plan.
§303.344(h)	Actual Target Data – Transition Plan	59	The Transition Plan is a separate page within the IFSP and includes all of the required steps and services to support transition. As part of Hawaii's IFSP document, it is required to be updated with the family at every IFSP meeting. Therefore the Actual Target Data also reports on Transition Plans with the required steps and services.
Review improvement activities and revised if necessary	Completed Improvement Activities	63-64	These 3 tables demonstrate that Hawaii reviewed all improvement activities and revised them if necessary.
	Improvement Activities Removed	64	
	Continuing and New Improvement Activities	66-68	

B. Transition Notice

- There was no response required for this indicator.

C. Transition Conference

CRF or Requirement	Section	Pages	Evidence
Report on the correction of the 4% non-compliance identified in the	Previously Identified Non-Compliance – Transition	62	Explains why the non-compliance was determined to be corrected and therefore why no findings were issued.

CRF or Requirement	Section	Pages	Evidence
FFY 2006 APR	Conference		
§303.148(b)(2)(i) as modified by IDEA Section 637(a)(9)	Actual Target Data – Transition Conference	60-61	Reports on the number/percentage of children exiting Part C with a timely Transition Conference.

Actual Target Data for FFY 2007:

Data was from Agency data systems to report on statewide timely transition planning for the period July 1, 2007 – June 30, 2008.

- Transition Plan
 - 1849 of 1911 (97%) children exiting Part C had a timely and complete Transition Plan on their IFSP with steps and services.
 - 62 of the 1911 (3%) children exiting Part C did not have a complete Transition Plan in their IFSP, based on Hawaii’s requirements for a complete Transition Plan. To be considered “complete,” Hawaii requires the Transition Plan in the IFSP to be updated with the family at every IFSP meeting.
 - Findings will be issued to the 19 programs serving the 62 children who did not have a timely and complete Transition Plan on their IFSP with steps and services, unless correction of non-compliance was received and verified by HDOH prior to the program(s) being notified of their findings.
 - Related Requirements
 - Refer to Indicator 9, Table 2 for findings made and timely correction under the Hawaii Monitoring Priorities related to this Indicator.

- Transition Notice
 - 708 of 715 (99%) children exiting Part C and potentially eligible for Part B services exited with timely notification to the LEA.
 - Opt Out Option: 381 children exiting Part C and potentially eligible for Part B services exited without providing notification to the LEA due to the family exercising the “opt out” policy, which was submitted by e-mail to Hawaii’s Project Officer, Saturday June 21, 2008 and is on file with OSEP. These children are not included in either the above numerator or denominator. Reasons for exercising the “opt out” policy include:
 - Family previously decided not to refer their child to Part B
 - Family didn’t want Part B to receive any directory information
 - Family will be moving out of state
 - Exceptional Family Circumstances: 96 of 715 (13%) children exiting Part C and potentially eligible for Part B exited without timely notification to the LEA due to exceptional family circumstances. They are included in both the above numerator and denominator. The following are the three predominate exceptional family circumstances:
 - Late referral to Part C

- Difficulties contacting family (family did not return calls in a timely manner)
- Family initially opted out, and then changed their mind.
- Program Reasons: 7 of 715 (1%) children exiting Part C and potentially eligible for Part B exited without timely notification to the LEA due to program reasons. They are included in the above denominator. The following are the two predominate program reasons:
 - No documentation
 - Service Coordinator forgot
- Of the 7 children exiting without timely notification to the LEA, notification was provided to the LEA for 5 of these children, although untimely.

Range of Days, Beyond the Requirement of 90 Days Prior to the Child Exiting Part C, that Notification to the LEA was Provided		
Range of Days Beyond the Due Date	# of Children	% of Children
1-30 days	1/5	20%
31-60 days	3/5	60%
> 60 days	1/5	20%

- 2 of the 7 children had insufficient documentation that notification to the LEA was provided.
- Findings will be issued to the 4 programs serving the 7 children who exited Part C with either untimely notification to the LEA or insufficient documentation that notification to the LEA was provided, unless correction of non-compliance was received and verified by HDOH prior to the program(s) being notified of their findings.
- Transition Conference

Hawaii's policy is to offer a Transition Conference for all children exiting from Hawaii's Part C program, regardless of the child's potential eligibility for Part B services.

- 464 of 480 (97%) children exiting Part C where the timely transition conference occurred.
- 856 families declined a Transition Conference and are not included in either the above numerator or denominator. Reasons for declining the Transition Conference include:
 - Family previously identified a program they want their child to attend after Part C
 - Family is familiar with Part B and other options in their community; therefore they decided a Transition Conference was not necessary
 - Family decided their child will remain at home
- Exceptional Family Circumstances: 92 of 480 (19%) children exiting Part C where the timely Transition Conference did not occur, was due to exceptional family circumstances. They are included in both the above numerator and denominator. The following are the three predominate exceptional family circumstances:
 - Late referral to Part C.
 - Family cancelled appointments.
 - Family initially declined a Transition Conference, then changed their mind

- Program Reasons: 16 of 480 (3%) children exiting Part C where the timely Transition Conference did not occur, was due to program reasons. The following are the two predominate program reasons:
 - No documentation.
 - Scheduling difficulties with community programs.
- Of the 16 families that did not receive a timely Transition Conference, 9 received a Transition Conference, although untimely.

Range of Days, Beyond the Requirement of 90 Days Prior to the Child Exiting Part C, that the Transition Conference was Held		
Range of Days Beyond the Due Date	# of Children	% of Children
1-30 days	6/9	67%
31-60 days	2/9	22%
> 60 days	1/9	11%

- Findings will be issued to the 10 programs serving the 16 children who exited Part C with either an untimely Transition Conference or there was insufficient documentation that the Transition Conference occurred, unless correction of non-compliance was received and verified by HDOH prior to the program(s) being notified of their findings.
- Related Requirements
 - Refer to Indicator 9, Table 2 for findings made and timely correction under the Hawaii Monitoring Priorities related to this Indicator.

Previously Identified Non-Compliance

The merging of the monitoring system required when Hawaii was under Special Conditions with the monitoring system required by the SPP/APR General Supervision indicator has resulted in the need to realign the reporting period of Hawaii’s monitoring data to comply with reporting timelines. As a result of the clarification provided in the September 3, 2008 FAQ on identifying and correcting non-compliance, Hawaii prematurely reported data on the correction of findings of noncompliance in Indicator 8 in the FFY 2006 APR. This data should have been reported in this year’s APR since notifications of findings of noncompliance (using data from FYY 2005) were issued in FFY 2006. The data is now being re-reported in this year’s APR to reflect the appropriate federal fiscal year (FFY 2007) when it should be reported.

- Transition Plan

Three programs were notified of findings for Transition Plan in FFY 2006 (See Table 2 in Indicator 9). These findings were prematurely reported in the APR of FFY 2006. As a result of the clarification provided in the September 3, 2008 FAQ in identifying and correcting non-compliance, these findings are being reported in this year’s APR.

Correction of Noncompliance for Indicator 8A: Transition Plan with Steps and Services						
Monitoring Data Year	Year Findings of Noncompliance Issued	Total Findings of Noncompliance	Findings Verified as Corrected within One Year	Findings Subsequently Verified as Corrected	Total Findings Corrected as of Submission	Findings of Noncompliance Remaining
FFY 2005	FFY 2006	3	3	0	3	0
FFY 2006	FFY 2007	To be reported in FFY 2008 APR submitted in 2010				

- Transition Notice

There were no findings for Transition Notice.

- Transition Conference

Following the identification of non-compliance in FFY 2006, but prior to issuing findings, additional monitoring for timely Transition Conference occurred. Since the monitoring results were 100% and the monitoring occurred prior to notifying programs, the non-compliance was determined to be corrected and therefore no findings were issued. Therefore the table in Indicator 9 for Transition Conference shows that no findings were issued.

Discussion of Improvement Activities Completed and Explanation of Progress or Slippage that occurred for FFY 2007:

Explanation of progress and slippage:

Indicator 8	FFY 2005	FFY 2006	FFY 2007
A. Transition Plan	99%	99%	97%
B. Transition Notice	100%	100%	99%
C. Transition Conference	94%	96%	97%

Explanation of Progress:

- Transition Conference

The current data on Timely Transition Conferences shows an increase of 1% from FFY 2006 to FFY 2007, from 96% to 97%. Increased collaboration with the DOE has supported timely Transition Conferences.

Explanation of Slippage:

- Transition Plan

The current data on Timely Transition Plans shows a slight slippage of 2% from FFY 2006 to FFY 2007, from 99% to 97%.

- Transition Notice

The current data on Timely Transition Notices shows a slight slippage of 1% from FFY 2006 to FFY 2007, from 100% to 99%.

A review of the data found that appropriate documentation continues to be an issue that impacts compliance, especially with the Transition Plan and Transition Notice. Programs have experienced high staff turnover which interferes with the required documentation. The approved Hawaii ratio for Service Coordinators to Children is 1:35, however in some programs, when there are staff vacancies, the ratios may be close to double the approved rate. As Service Coordinators focus on scheduling timely evaluations, holding timely IFSPs, and meeting the transition planning requirements, data documentation sometimes is forgotten. In addition, there have been vacancies in the Quality Assurance Specialist positions which support program compliance by reviewing charts, identifying areas of concern, and making recommendations on how to correct problems.

The following activities were implemented to support timely transition planning:

1. There are continuing recruiting efforts to fill vacant positions.
2. Discussions were held with the Lead Agency regarding retention and recruitment issues. Staff resigned from positions when they are offered positions with higher salaries. Some staff moved to the mainland due to Hawaii’s high cost of living.
3. Overtime has been requested for Service Coordinators when they need to fill in for vacant positions or to support activities beyond the typical workday and on weekends.
4. Training on documentation is being developed. The vacant Training Specialist position has impacted the ability to complete the module and implement the training.
5. There has been increased collaboration with the DOE through joint stakeholder meetings as well as community-based STEPS meetings. It appears that the collaboration has been successful in supporting timely Transition Conferences.

Completed Improvement Activities:

The following table includes improvement activities that were completed. The Progress/Status column highlights what was done to address the improvement activity.

IMPROVEMENT ACTIVITY	PROGRESS/STATUS
Develop and/or adapt activity sheets to support Service Coordinators’ conversations with families about transition and support documentation on transition requirements.	<ol style="list-style-type: none"> 1. HDOH developed and implemented new statewide forms: <ol style="list-style-type: none"> a. Mandatory Form EI-5: Part C Transition Conference Meeting Notification b. Mandatory Form EI-6: Part C Transition Notice to DOE and Instructions c. Optional Form: Transition Worksheet 2. Hawaii STEPS Project up-dated and disseminated the following transition resources: <ol style="list-style-type: none"> a. Path to Transition: Birth to Three “Referral Process for EI Services” b. Path to Transition: Three to Five “Referral Process for Preschool Special Education” c. Statewide Recommended Practice Guidelines: Transition Timeline to Ensure Services by Three
Review and adapt current data systems to include “tickler” system	<ol style="list-style-type: none"> 1. Current data systems were adapted to include a “tickler” system. Part C programs are now able to query their databases for transition timelines.

IMPROVEMENT ACTIVITY	PROGRESS/STATUS
to alert CCs on Transition timelines.	
Revise the Focused Monitoring tool to reflect transition requirements.	<ol style="list-style-type: none"> 1. The Self-Assessment Monitoring (SAM) Tool was revised and now includes questions regarding: <ul style="list-style-type: none"> • Appropriate individuals invited to the transition conference • If parent declined the transition conference, reason why they declined the transition conference
Collaborate with DOE (State level Part B, Section 619) to compare transition data, procedures, and align training content and activities around Part C to Part B transition.	<ol style="list-style-type: none"> 1. HDOH participated in the Part B SPP/APR quarterly meetings. These meetings included discussion and problem solving around transition activities such as: <ul style="list-style-type: none"> • School visitations • Transition Notice process • Staff training needs 2. The State 619 Coordinator collaborated with Early Intervention Training Team to develop the transition training module that it used for Part C and Part B staff. 3. The preparation instructions for the EI Orientation noted that a DOE representative was to participate in the transition portion of the training as a co-presenter.
Identify additional training needs, review current training modules, adapt them as necessary to meet identified training needs, and implement training.	<ol style="list-style-type: none"> 1. The mandatory EI Orientation was developed to include a transition module. DOE representatives and Head Start representatives co-presented with the EI Trainer to share about their programs and referral/eligibility criteria with EI staff during Orientation. 2. The transition module was revised based on feedback from staff; additional revisions will be made if new procedures are developed by Part C and/or Part B.

Revisions, with Justification, to Proposed Targets / Improvement Activities / Timelines / Resources for FFY 2008.

Improvement Activities Removed:

The following table includes improvement activities that have been removed from this Indicator. The Progress/Status column highlights what was done to address the improvement activity.

Justification: The activities are embedded in the General Supervision System and are therefore not needed as separate improvement activities.

IMPROVEMENT ACTIVITY	PROGRESS/STATUS
Evaluate the effectiveness of the improvement activities designed to support	<ol style="list-style-type: none"> 1. All strategies are regularly evaluated to determine if they supported increased compliance. 2. If there is slippage, strategies are developed to specifically address the

100% compliance in transition requirements.	slippage.
Identify, implement, and evaluate new strategies as needed.	1. New activities were identified and are in the following section that addresses slippage and other concerns.

Continuing and New Improvement Activities:

The following table includes continuing and new improvement activities that were developed to support compliance for Timely Transition Planning.

Resources:

There are no changes to the resources.

APR Template – Part C (4)

IMPROVEMENT ACTIVITY	'05	'06	'07	'08	'09	'10	PROGRESS/STATUS	REVISION WITH JUSTIFICATION
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	<p>Completed to Date</p> <ol style="list-style-type: none"> The <u>STEPS to Transition Guide</u> developed by the Hawaii STEPS Project has been shared with families. The “Path to Transition” handout was developed to share with families. It outlines referral steps from Part C to Part B. Community STEPS teams have up-dated/revised transition materials to share with families in their communities. This includes written information on what documents are needed for registration and enrollment at the Department of Education schools, a checklist of practical tips for parents on preschool transition, and recommended readings that support children in transition. Written material was provided at Annual Parent/Child Fairs designed to inform families of available options in the community. <p>Continuing</p> <ol style="list-style-type: none"> EIS is currently collaborating with a community STEPS team in the development of a tool to assist families and staff in understanding the difference between Part C and Part B services. 	
Investigate reasons for high number of “opt outs” for the Transition Notice and determine how to increase the number of Transition Notices sent to the DOE.			X	X	X	X	<p>Completed to Date</p> <ol style="list-style-type: none"> A list of “opt out” reasons was developed. EI programs will begin to document reasons why families are choosing to “opt out” of sharing information on the Transition Notice, either directly on the IFSP Transition Plan page or in progress notes. <p>Continuing</p> <ol style="list-style-type: none"> Since agencies cannot currently collect “opt out” data through their databases, HDOH will explore other strategies for data collection. Initial data will be available for the 2010 APR. 	
Investigate reasons for high number of “declines” for the Transition Conference			X	X	X	X	<p>Completed to Date</p> <ol style="list-style-type: none"> A list of reasons for “declines” was developed. EI programs will begin to document reasons why families are declining the Part C 	

APR Template – Part C (4)

IMPROVEMENT ACTIVITY	'05	'06	'07	'08	'09	'10	PROGRESS/STATUS	REVISION WITH JUSTIFICATION
and determine how to increase the number of scheduled and completed Transition Conferences.							<p>Transition Conference, either directly on the IFSP Transition plan page or in progress notes.</p> <p>2. The SAM tool was revised to include a question to track reasons for transition conference “declines.”</p> <p>3. Informal preliminary information was gathered from a few programs which identified family reasons for declining the Part C Transition Conference.</p> <p>Continuing</p> <p>1. Since agencies cannot collect this data currently through their databases, HDOH will explore other strategies for data collection.</p> <p>2. Initial data is expected to be available for the 2010 APR.</p>	
<p>New</p> <p>The STEPS State team will coordinate the development of a resource folder of both Part B and Part C information by district/complex/ community areas, to be used by DOE Student Services Coordinators and DOH Service Coordinators and Program Managers.</p>				X	X	X		<p>Justification: One of the reasons for slippage appears to be staff turnover and shortages. An organized compilation of information and resources will provide a ready tool for both new and existing staff to reference.</p>
<p>New</p> <p>Develop a training module to address required and acceptable documentation.</p>				X				<p>Justification: Lack of documentation continues to be an issue regarding transition. The training will clarify required documentation and stress the importance</p>

APR Template – Part C (4)

IMPROVEMENT ACTIVITY	'05	'06	'07	'08	'09	'10	PROGRESS/STATUS	REVISION WITH JUSTIFICATION
								of having accurate documentation.
<p>New Post documentation training module on the web.</p>					X			<p>Justification: If the training is available on the web, staff can access the information at any time.</p>
<p>New Embed the documentation training module into the mandatory EI Orientation Training.</p>					X			<p>Justification: Embedding the module into the EI Orientation will ensure that all new staff receive the same information and know what it expected of them.</p>

Part C State Annual Performance Report (APR) for FFY 2007

Overview of the Annual Performance Report Development:

Refer to Overview, pages 1-4.

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)

<p>Federal Measurement:</p> <p>Percent of noncompliance corrected within one year of identification:</p> <ol style="list-style-type: none"> 2. # of findings of noncompliance. 3. # of corrections completed as soon as possible but in no case later than one year from identification. <p>Percent = [(b) divided by (a)] times 100.</p> <p>For any noncompliance not corrected within one year of identification, describe what actions, including technical assistance and/or enforcement that the State has taken.</p>
<p>Applied:</p> <p>82 findings of noncompliance</p> <p>77 corrections completed as soon as possible but in no case later than one year from identification</p> <p>Percent = 77/82 = 94%</p>

FFY	Measurable and Rigorous Target
2007	100%

Required Response to FFY 2006 APR:

CRF or Requirement	Section	Pages	Evidence
§303.501 and IDEA Section 635(a)(10)(A)	Actual Target Data, Table 1. "Summary of Correction of Non-Compliance"	70	Summarizes by number and percentage, all findings of non-compliance issued and verified as corrected within one year of identification. Also provides number and percent verified as corrected by APR submission.
	Actual Target Data, Table 2. "Correction of Non-Compliance Identified in FFY"	71-75	Reports by both SPP/APR Indicator and Hawaii Monitoring Priority Indicator on the number of findings: identified; verified as corrected within one year of identification; subsequently verified as corrected prior to the submission of the APR;

CRF or Requirement	Section	Pages	Evidence
	2006 by SPP/APR Indicator and Hawaii Monitoring Priorities”		and number remaining. The table includes the required 5 SPP/APR indicators and the 14 Hawaii Monitoring Priority Indicators.

Actual Target Data for FFY 2007:

The merging of the monitoring system required when Hawaii was under Special Conditions with the monitoring system required by the SPP/APR General Supervision indicator has resulted in the need to realign the reporting period of Hawaii’s monitoring data to comply with reporting timelines. As a result of the clarification provided in the September 3, 2008 FAQ on identifying and correcting non-compliance, Hawaii prematurely reported data on the correction of findings of noncompliance in Indicator 9 in the FFY 2006 APR. This data should have been reported in this year’s APR since notifications of findings of noncompliance (using data from FYY 2005) were issued in FFY 2006. The data is now being re-reported in this year’s APR to reflect the appropriate federal fiscal year (FFY 2007) when it should be reported.

- The following findings were issued in FFY 2006 were based on FFY 2005 data that was used in the FFY 2006 Self-Assessment process and were verified as corrected in FFY 2007 or later.

Table 1. Summary of Correction of Non-Compliance	
a. No. of Findings of Non-Compliance Issued (FFY 2006)	82
b. No. of Findings Verified as Corrected within One Year of Identification (FFY 2007)	77
c. Percent Verified as Corrected within One Year of Identification (FFY 2007)	94% (77/82)
d. No. of Finding Subsequently Verified as Corrected	3
e. Total No. of Findings Verified as Corrected by APR Submission	80
f. Percent Verified as Corrected by APR Submission	98% (80/82)

- The table below, as recommended by OSEP, provides data, by each SPP/APR compliance indicator and each Hawaii monitoring priority indicator, on:
 - the number of programs issued findings in FFY 2006
 - the number of findings of non-compliance identified in FFY 2006
 - whether the findings were identified through Hawaii’s self-assessment process, data review, or by a dispute resolution process (e.g., complaints or hearings)
 - the number of findings verified as corrected within one year of identification.

Two additional columns have been added to the table to report on:

- the number of findings subsequently verified as corrected prior to the submission of the APR
- the number of findings of non-compliance remaining.

The two findings of non-compliance remaining are related to Indicator 1, timely services.

- o Also as noted in the table, all findings were identified by either the self-assessment process or data review; no findings were identified by the dispute resolution process.

Table 2. Correction of Non-Compliance Identified in FFY 2006 by SPP/APR Indicator and Hawaii Monitoring Priorities						
SPP/APR Indicator	General Supervision System Components	# Programs Issued Findings in FFY 2006 (7/1/06 to 6/30/07)	# Findings of Non-compliance Identified in FFY 2006 (7/1/06 to 6/30/07)	# Findings Verified as Corrected within One Year of Identification	# Findings Subsequently Verified as Corrected prior to the Submission of the APR	# Findings of Non-Compliance Remaining
1. Percent of infants and toddlers with IFSPs who receive the early intervention services on their IFSPs in a timely manner.	Monitoring Activities: Self-Assessment	6	6	1	3	2
	Dispute Resolution: Complaints, Hearings	0	0	0	0	0
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	Monitoring Activities: Data Review	8	8	8	N/A	N/A
	Dispute Resolution: Complaints, Hearings	0	0	0	N/A	N/A
8. Percent of all children exiting Part C who received timely transition planning: A. IFSPs with transition steps and services;	Monitoring Activities: Data Review	3	3	3	N/A	N/A
	Dispute Resolution: Complaints, Hearings	0	0	0	N/A	N/A

Table 2. Correction of Non-Compliance Identified in FFY 2006 by SPP/APR Indicator and Hawaii Monitoring Priorities						
SPP/APR Indicator	General Supervision System Components	# Programs Issued Findings in FFY 2006 (7/1/06 to 6/30/07)	# Findings of Non-compliance Identified in FFY 2006 (7/1/06 to 6/30/07)	# Findings Verified as Corrected within One Year of Identification	# Findings Subsequently Verified as Corrected prior to the Submission of the APR	# Findings of Non-Compliance Remaining
8. Percent of all children exiting Part C who received timely transition planning: B. Notification to LEA, if child potentially eligible for Part B	Monitoring Activities: Data Review	0	0	0	N/A	N/A
	Dispute Resolution: Complaints, Hearings	0	0	0	N/A	N/A
8. Percent of all children exiting Part C who received timely transition planning: C. Transition conference, if child potentially eligible for Part B.	Monitoring Activities: Data Review	0	0	0	N/A	N/A
	Dispute Resolution: Complaints, Hearings	0	0	0	N/A	N/A
Hawaii Monitoring Priorities	Timelines					
1a. Evaluation within 45 days of referral.	Monitoring Activities: Data Review	4	4	4	N/A	N/A
	Dispute Resolution: Complaints, Hearings	0	0	0	N/A	N/A
1b. 1 st Annual IFSP within 1 year of Initial IFSP.	Monitoring Activities: Data Review	5	5	5	N/A	N/A
	Dispute Resolution:	0	0	0	N/A	N/A

Table 2. Correction of Non-Compliance Identified in FFY 2006 by SPP/APR Indicator and Hawaii Monitoring Priorities						
SPP/APR Indicator	General Supervision System Components	# Programs Issued Findings in FFY 2006 (7/1/06 to 6/30/07)	# Findings of Non-compliance Identified in FFY 2006 (7/1/06 to 6/30/07)	# Findings Verified as Corrected within One Year of Identification	# Findings Subsequently Verified as Corrected prior to the Submission of the APR	# Findings of Non-Compliance Remaining
	Complaints, Hearings					
	IFSP Development					
2a. Complete present levels of development	Monitoring Activities: Data Review	1	1	1	N/A	N/A
	Dispute Resolution: Complaints, Hearings	0	0	0	N/A	N/A
2b. Frequency, intensity, method, location, & payment	Monitoring Activities: Self-Assessment	9	9	9	N/A	N/A
	Dispute Resolution: Complaints, Hearings	0	0	0	N/A	N/A
2c. IFSP objectives complete	Monitoring Activities: Self-Assessment	12	12	12	N/A	N/A
	Dispute Resolution: Complaints, Hearings	0	0	0	N/A	N/A
2d. Justification for services in non-natural environments	Monitoring Activities: Self-Assessment	4	4	4	N/A	N/A
	Dispute Resolution: Complaints, Hearings	0	0	0	N/A	N/A
2e. Statement that present levels of development	Monitoring Activities: Self-	1	1	1	N/A	N/A

Table 2. Correction of Non-Compliance Identified in FFY 2006 by SPP/APR Indicator and Hawaii Monitoring Priorities						
SPP/APR Indicator	General Supervision System Components	# Programs Issued Findings in FFY 2006 (7/1/06 to 6/30/07)	# Findings of Non-compliance Identified in FFY 2006 (7/1/06 to 6/30/07)	# Findings Verified as Corrected within One Year of Identification	# Findings Subsequently Verified as Corrected prior to the Submission of the APR	# Findings of Non-Compliance Remaining
based on clinical opinion	Assessment					
	Dispute Resolution: Complaints, Hearings	0	0	0	N/A	N/A
2f. Start date included	Monitoring Activities: Self-Assessment	4	4	4	N/A	N/A
	Dispute Resolution: Complaints, Hearings	0	0	0	N/A	N/A
2g. Duration of service included	Monitoring Activities: Self-Assessment	6	6	6	N/A	N/A
	Dispute Resolution: Complaints, Hearings	0	0	0	N/A	N/A
2h. IFSP contains documentation that non-mandated services are listed	Monitoring Activities: Self-Assessment	2	2	2	N/A	N/A
	Dispute Resolution: Complaints, Hearings	0	0	0	N/A	N/A
2i. Documentation of funding sources for non-mandated services	Monitoring Activities: Self-Assessment	4	4	4	N/A	N/A
	Dispute Resolution: Complaints, Hearings	0	0	0	N/A	N/A

Table 2. Correction of Non-Compliance Identified in FFY 2006 by SPP/APR Indicator and Hawaii Monitoring Priorities						
SPP/APR Indicator	General Supervision System Components	# Programs Issued Findings in FFY 2006 (7/1/06 to 6/30/07)	# Findings of Non-compliance Identified in FFY 2006 (7/1/06 to 6/30/07)	# Findings Verified as Corrected within One Year of Identification	# Findings Subsequently Verified as Corrected prior to the Submission of the APR	# Findings of Non-Compliance Remaining
2j. Complete service coordination information	Monitoring Activities: Self-Assessment	1	1	1	N/A	N/A
	Dispute Resolution: Complaints, Hearings	0	0	0	N/A	N/A
2k. Team members listed	Monitoring Activities: Self-Assessment	1	1	1	N/A	N/A
	Dispute Resolution: Complaints, Hearings	0	0	0	N/A	N/A
2l. Means by which team members participated	Monitoring Activities: Self-Assessment	11	11	11	N/A	N/A
	Dispute Resolution: Complaints, Hearings	0	0	0	N/A	N/A
TOTAL		82	82	77	3	2

Subsequence Correction of Non-Compliance

All non-compliance identified prior to FFY 2006 was subsequently corrected and verified.

For FFY 2007, HDOH required the following Corrective Actions for the 3 EIS and 2 PHNB programs that did not correct the non-compliance for Timely Services within one year of identification. The programs/sections:

1. Analyzed the reasons for lack of timely services.

2. Developed a Corrective Action Plan (CAP) specific to the reasons identified and submitted it to both their Agency and HDOH for approval. The plan included timelines and if necessary, identified technical assistance to support their correction.
3. Provided monthly documentation on Timely Services in each child's Initial, Review, or Annual IFSP to its Agency (EIS or PHNB).
4. Agencies shared the progress with HDOH at the monthly meetings which documented progress toward correction and/or correction data.
5. HDOH reviewed the monthly data to determine progress toward correction and provided feedback to support correction.

As a result of the above corrective activities, 3 programs (2 PHNB and 1 EIS) were successful in subsequently correcting the non-compliance outside the FFY 2007 reporting period, leaving 2 programs with continued non-compliance.

Required Follow-Up for Continuing Non-Compliance

HDOH provided Technical Assistance to the two local EIS programs with continued non-compliance and required the following additional Corrective Actions. To date, the Program Manager of the local EIS programs have:

1. Investigated the contributing factors of non-compliance and reported their analysis to their Agency Administrator. The following factors were identified which impacted the provision of timely services:
 - High caseloads (due to lack of sufficient staff)
 - Large geographic region to serve
 - Many working families needing services during the evenings or weekends
2. Identified activities to address the untimely services. The Program Manager of the local EIS program is:
 - Regularly monitoring IFSPs for timely services
 - Accessing additional technical assistance from the Agency Administrator
 - Meeting individually with staff to increase their knowledge of the IFSP process and the importance of meeting timelines
 - Meeting with staff to problem-solve and develop strategies to address timely services
 - Actively recruiting to fill staff vacancies
 - Training staff on the transdisciplinary model for delivery of services
3. The Program Manager of the local EIS program must develop a revised Corrective Action Plan (CAP) by the end of February 2009 and submit it to both the Agency Administrator and HDOH for review and approval.
4. The Program Manager must continue to provide monthly data to show progress in correcting this area of non-compliance. In addition, progress in the CAP strategies also must be reported monthly
5. The Agency Administrator will continue to participate in regular monthly meeting with HDOH to review progress data and CAP strategies to determine their effectiveness. If the strategies do not appear to be effective, revisions to the strategies will be required.
6. If non-compliance is not corrected by the end of June 2009, HDOH will initiate a meeting with the Program Manager of the local EIS program, the Program Director who is responsible for the local

EIS program, and the Agency Administrator to discuss continued non-compliance and initiate additional enforcement activities.

Monitoring Process

A description of the monitoring process, called the HDOH Continuous Quality Improvement System (CQIS) can be found in the SPP. The process has been revised to include the following definition:

- **Finding:** A Finding is defined as a written notification from the HDOH to an EI program that includes a conclusion that the program is in non-compliance, the citation of the statute or regulation, and a description of the quantitative and/or qualitative data supporting the conclusions that there is non-compliance. Individual instances of non-compliance for a specific indicator are grouped into one finding for which the program must demonstrate compliance. For SPP/APR indicators, monitoring inquiries and dispute resolution findings for which correction can be completed for individual instances, HDOH requires the program to demonstrate that it has corrected each individual instance of non-compliance. If correction cannot be completed for individual instances, HDOH requires the program to review additional files or data, as determined by HDOH, to ensure compliance. HDOH verifies correction of findings, for all instances of non-compliance.

Discussion of Improvement Activities Completed and Explanation of Progress or Slippage that occurred for FFY 2007:

Explanation of Progress

As noted in the FFY 2006 APR, a valid comparison between FFY 2005 correction data and FFY 2007 correction data cannot be made since the 97% in FFY 2005 was based on individual instances of noncompliance (child charts) as required by the previous Special Conditions designation. While the current 94% is based on grouping of instances of noncompliance into one finding per program, consistent with current OSEP guidance.

The merging of the monitoring system required when Hawaii was under Special Conditions with the monitoring system required by the SPP/APR General Supervision indicator has resulted in the need to re-align the reporting period of Hawaii's monitoring data to comply with reporting timelines. As a result of the clarification provided in the September 3, 2008 FAQ on identifying and correcting non-compliance, Hawaii prematurely reported data on the correction of findings of noncompliance in Indicator 9 in the FFY 2006 APR. This data should have been reported in this year's APR since notifications of findings of noncompliance (using data from FYY 2005) were issued in FFY 2006. The data is now being re-reported in this year's APR to reflect the appropriate federal fiscal year (FFY 2007) when it should be reported.

- FFY 2005: 97%
- FFY 2006: 94% (prematurely reported)
- FFY 2007: 94% (reported in the appropriate fiscal year)

Subsequent correction of the non-compliance occurred outside of the FFY 2007 reporting period, which resulted in increasing correction from 94% to 98%.

Reasons for progress:

Based on results from last year's monitoring and to address the issues regarding lack of documentation, the following strategies were implemented which supported progress:

1. The document "Guidelines on Appropriate Documentation of Timely Services" was developed and distributed to all Part C providers.

2. A Service/Attendance Log for contracted Fee-for-Service (FFS) providers was developed. FFS providers are required to submit the completed form to Service Coordinators on a monthly basis. The form tracks all scheduled visits and reasons if a scheduled visit does not occur. The parent or caregiver must sign the form to confirm that the service was provided.
3. A Service/Attendance Log for Part C Providers was developed and shared as an optional form that programs could utilize to track services.
4. Interagency meetings were held within different communities to address how they can ensure that services are documented when they occur, especially when services are provided by program other than the program providing care coordination.
5. Regular use of the self-assessment tool by Program Managers which continually assessed provision of timely services.
6. Discussion of strategies to support provision of timely services at Program Manager meetings.
7. On-site chart reviews by Agency quality assurance staff determined if the required documentation was noted in the charts. If not found, Program Managers required the care coordinators to make phone contact with the provider(s) and/or parent(s)/caregiver(s) to document that the service occurred.
8. Regular monthly meetings were held between the Agency Administrators with HDOH staff with a focus on corrective data and corrective strategies.

Because many strategies were implemented at the end of the reporting year, it is expected that increased compliance will be reflected in next year's APR.

Response to June 6, 2008 OSEP Letter and Enforcement Action regarding it's determination Needs Assistance 2 Determination

Following is a list of the technical assistance sources that were accessed by Hawaii's Part C program and the actions Hawaii took as a result of the technical assistance for Indicator 9, as required by OSEP's June 6, 2008 letter. Information is provided for Indicator 9 as it was one of the specific factors that affected OSEP's determination of Hawaii as a NA 2 state.

Technical Assistance Sources

- OSEP
 - National Accountability Conference (NAC), August 2008
 - Early Childhood Conference, December 2008
 - 2008 OSEP National Early Childhood Conference pre-conference workshop on "Using valid and Reliable Data to identify and Correct Non-Compliance," December 2008
 - Monthly conference calls, with both Ruth Ryder and Hawaii's Project Officer
 - Overview Hawaii APR requirements summarized by Hawaii's Project Officer
- NECTAC
 - Conference call organized by NECTAC Contact Person with Part C Coordinators from 3 other states to discuss mandated insurance and family cost participation
 - NECTAC Notes: "To Fee or Not to Fee: That is the Question," January 2007; "A Framework for Developing and Sustaining a Part C Finance System," January 2007; and "State and Jurisdictional Eligibility Definitions for Infants and Toddlers with Disabilities Under IDEA," July 2006.
 - Individualized technical assistance

- WRRC
 - APR Clinic, December 2008
 - Monthly Part C conference calls
 - Individualized technical assistance

- SPP/APR Technical Assistance Documents
 - SPP/APR Investigative Questions, Tools, Resources, and Additional Resources in the SPP/APR Calendar
 - State General Supervision Systems on the NECTAC website.
 - Guidance and Suggestions for SPP/APR Indicator C1, C7,
 - Indicator 9 Worksheet

Actions Taken as a Result of the Technical Assistance

- Reviewed, revised and streamlined Improvement Activities to:
 - Be more specific to identifying root causes of the non-compliance
 - Identify specific strategies to address the non-compliance.

- Identified additional levels of enforcement actions and sanctions to be utilized based on the time needed by specific programs to correct their findings of non-compliance (e.g., more than one year, more than 2 years)

- Gathered additional data from programs to support correction of non-compliance for programs between 95%-100% on specific indicators.

- Drafted revised “Evidence of Change” document to be consistent with OSEP requirements.

- Drafted revised Correction Action Plan (CAP) document for programs with continued non-compliance to report progress on both data and strategies.

- Reviewed Hawaii’s current Part C eligibility to determine if changes are needed due to Hawaii budget deficits, as lack of correction may be due to insufficient funding to meet service needs.

Completed Improvement Activities:

The following table includes improvement activities that were completed. The Progress/Status column highlights what was done to address the improvement activity.

IMPROVEMENT ACTIVITY	PROGRESS/STATUS
Develop and implement a process to ensure all Part C providers are knowledgeable of Hawaii’s implementation procedures related to Part C requirements.	The process to ensure that all Part C providers are knowledgeable of Hawaii’s implementation procedures was developed and includes: <ol style="list-style-type: none"> 1. All new Part C staff attended the required four-day training on Part C requirements. This resulted in all providers being aware of the federal requirements regarding reporting and correcting non-compliance and the potential sanctions if non-compliance was not corrected. 2. The training team consists of representatives from each Part C Agency (EIS, Public Health Nursing Branch, and Maternal Child Health Branch [responsible for Healthy Start and Enhanced Healthy Start programs]), EIS Social Worker IV positions, and EIS/PHNB/MCHB Quality Assurance staff. The training is provided by a team of two individuals

IMPROVEMENT ACTIVITY	PROGRESS/STATUS
	<p>from different agencies.</p> <ol style="list-style-type: none"> 3. The “Points of Clarification” (POC) documents were updated and disseminated to all Part C providers. The POC will be updated when there are new questions. 4. POCs were placed on the EIS website so they are easily accessible to all Part C providers and families. They will be updated as needed. 5. Part C forms were placed on the EIS website so they are easily accessible to all Part C providers and families.
<p>Develop a process to provide on-going updates of all procedural changes.</p>	<p>The process to provide updates of procedural changes was developed and includes.</p> <ol style="list-style-type: none"> 1. POC and Part C forms were placed on the website so they are easily accessible to all Part C providers and families. They will be updated as needed. 2. The mandatory four-day Early Intervention Orientation was revised to incorporate procedural changes. As new changes are needed, the Orientation training will be updated. 3. The EIS website will continue to be used as the vehicle to provide updates of all procedural changes for new or revised documents both required by OSEP (e.g., SPP, APR, grant application) as well as to inform the public about Hawaii’s EI process.
<p>Review monitoring systems of other states for information of how Hawaii can improve its monitoring system.</p>	<ol style="list-style-type: none"> 1. NECTAC provided Hawaii’s Part C program with copies of monitoring systems from other states. They were used to assist Hawaii in the development of its current monitoring system, including the identification of state priorities. 2. Part C staff attended workshops on monitoring and compliance that were sponsored by both OSEP and the WRRRC to support the development of Hawaii’s monitoring system.
<p>Review and refine monitoring process (CQIS), including HDOH and Agency and requirements.</p>	<ol style="list-style-type: none"> 1. The monitoring process, including HDOH, Agency, and Program requirements was completed. The major components included: <ol style="list-style-type: none"> a. Each program provided monthly data to its Agency representative (EIS, PHNB, MCHB) to support their Corrective Action Plans (CAPs), based on the Evidence of Change requirements. b. Each Agency reviewed and verified the data and supportive documentation. The Agency worked directly with Programs who continued to have difficulties meeting their CAPs, helping them problem-solve additional strategies to support increased compliance. c. Each Agency regularly updated HDOH with program progress at monthly Agency Administrator meetings. Common issues across all Part C programs were discussed; technical assistance needs were identified. d. Each Agency provided HDOH with data when a Program CAP was met. The Agency reviewed and verified the data prior to submitting it to HDOH. e. HDOH reviewed and verified the data provided by the Agency prior to inclusion in the APR.

IMPROVEMENT ACTIVITY	PROGRESS/STATUS
	2. The CQIS was up-dated to reflect changes in the monitoring process
Implement statewide revised monitoring procedures.	1. The statewide monitoring procedures were implemented.
Implement statewide revised monitoring procedures.	1. The statewide monitoring procedures were implemented as described above.
Define, develop, and implement different levels of sanctions, based on monitoring results, to support timely correction of non-compliance.	<ol style="list-style-type: none"> 1. Programs developed Corrective Action Plans for any indicator that did not meet 95% compliance. 2. Programs provided monthly data to its Agency Administrator until correction of non-compliance occurred and was verified. 3. Sanctions were developed and implemented: <ol style="list-style-type: none"> a. Programs/sections with on-going non-compliance were provided additional technical assistance to identify root causes of the non-compliance. b. Correction data requirements were based on the level/percentage of non-compliance (i.e., the number of correct charts or months of data). The lower the percentage, the longer the data was reported to its Agency Administrator (e.g., if less than 50%, the program must report monthly until there are 3 consecutive months at 100%. At that point, that specific indicator is considered corrected. 4. Agency Administrators met monthly with the Part C Lead Agency QA, and provided Program/Section progress and correction data.
Develop a process to acknowledge programs for their improvement and/or compliance with Part C regulations.	<p>The following process was developed to acknowledge programs for improvement and/or compliance:</p> <ol style="list-style-type: none"> 1. An e-mail was sent to each program when they corrected any area of non-compliance. 2. When all areas of non-compliance were corrected, HDOH sent the Program and Agency a letter of congratulations. 3. EIS programs that met compliance were acknowledged at the quarterly EIS Program Managers' meetings.

Revisions, with Justification, to Proposed Targets / Improvement Activities / Timelines / Resources for FFY 2008.

Improvement Activities Removed:

The following table includes an improvement activity that was removed from this Indicator. The Progress/Status column highlights what was done to address the improvement activity.

Justification: The activity is embedded in the General Supervision System and is therefore not needed as separate improvement activity.

IMPROVEMENT ACTIVITY	PROGRESS/STATUS
<p>Provide on-going training to agencies on revised monitoring process to ensure accuracy of monitoring data and evaluate for effectiveness.</p>	<ol style="list-style-type: none"> 1. Agency Administrators were trained by the Part C Lead Agency Quality Assurance Specialist on the revised Self-Assessment Monitoring (SAM) tool. 2. Agency Administrators trained their Program Managers and Supervisors on the SAM tool as they were responsible for completing it on children randomly chosen by HDOH. 3. The Part C Lead Agency QA staff provided individual trainings to Program Managers/Supervisors on request and was also available to train groups of Program Managers/Supervisors. 4. The Part C Lead Agency QA staff was also available to answer questions from Agency Administrators and Program Managers/Supervisors during the monitoring process. 5. Effectiveness of the process was evaluated through a review of the data submitted as well as questions/concerns during the process.

Continuing and New Improvement Activities:

The following table includes continuing and new improvement activities that were developed to support compliance for Correction of Noncompliance.

Resources:

Previous: NECTAC, OSEP, other state monitoring systems

New: NECTAC, OSEP, other state monitoring systems, WRRC, Data Accessibility Center (DAC)

Justification: In addition to NECTAC and OSEP, WRRC and DAC provides technical assistance to support the SPP/APR process

APR Template – Part C (4)

IMPROVEMENT ACTIVITY	'05	'06	'07	'08	'09	'10	PROGRESS/STATUS	REVISION WITH JUSTIFICATION
Develop and implement procedures to include HEICC and family members in the monitoring process.		X	X	X	X	X	<p>Continuing</p> <ol style="list-style-type: none"> 1. HEICC and family members are not currently included in the monitoring process. 2. Discuss with HEICC members how HEICC and family members can best support the provision of quality early intervention services. 3. Identify appropriate activities for HEICC members and families (e.g., family members may interview families about their early intervention experiences.) 	
Explore options to utilize a monitoring cycle based on monitoring results.			X	X	X	X	<p>Completed to Date</p> <ol style="list-style-type: none"> 1. Each Part C Program completed the SAM tool to provide data on their compliance with Part C. <p>Continuing</p> <ol style="list-style-type: none"> 1. Review data to determine if it is appropriate to implement a monitoring cycle for programs that are continually successfully in meeting all indicators for a specific number of consecutive years. 2. Review OSEP requirements to determine if implementing a monitoring cycle meets monitoring requirements. 	
Explore options to develop a statewide Part C data system for all Part C providers, to support monitoring and other data requirements.			X	X	X	X	<p>Completed to Date</p> <ol style="list-style-type: none"> 1. A database for Part C programs to input their self-assessment data was completed and was used by all providers to support the SAM. <ol style="list-style-type: none"> a. The data was sent to the HDOH data person who ran reports for the Part C Lead Agency Quality Assurance Specialist to review. b. The data was inputted into a data sheet which was sent back to each Program for review. c. Any errors due to a data input error, with confirmation from the Program Manager was determined appropriate and corrected. d. Any errors due to any other reason, with appropriate documentation to verify the change, were corrected. <p>Continuing</p> <ol style="list-style-type: none"> 1. EIS is developing a new data system that will support other data requirements, in order to simplify reporting compliance, Child Count, 	

APR Template – Part C (4)

IMPROVEMENT ACTIVITY	'05	'06	'07	'08	'09	'10	PROGRESS/STATUS	REVISION WITH JUSTIFICATION
							and other requirements. 2. PHNB and MCHB staff is working with their data staff to revise their data systems to collect the same information as the EIS system. Due to budget cuts and insufficient data staff to implement the change, there is no timeline at this time. However this activity remains because it is important to ensure accurate data is provided to Part C.	
Define, develop, and implement different levels of sanctions, based on monitoring results, to support timely correction of non-compliance.			X	X	X	X	<p>Completed to Date</p> <ol style="list-style-type: none"> 1. Programs developed Corrective Action Plans for any indicator that did not meet 95% compliance. 2. Programs provided monthly data to its Agency Administrator until correction of non-compliance occurred and was verified. 3. Sanctions were developed and implemented: <ol style="list-style-type: none"> a. Programs/sections with on-going non-compliance were provided additional technical assistance to identify root causes of the non-compliance. b. Correction data requirements were based on the level/percentage of non-compliance (i.e., the number of correct charts or months of data). The lower the percentage, the longer the data was reported to its Agency Administrator (e.g., if less than 50%, the program must report monthly until there are 3 consecutive months at 100%. At that point, that specific indicator is considered corrected. 4. Agency Administrators met monthly with the Part C Lead Agency Quality Assurance Specialist, and provided Program/Section progress and correction data. <p>Continuing</p> <ol style="list-style-type: none"> 1. The Lead Agency Quality Assurance Team will work with the HEICC to identify alternative sanctions if the current sanctions are not met as required. 	
Gather and analyze data to determine reasons for vacancies,			X	X	X	X	<p>Completed to Date</p> <ol style="list-style-type: none"> 1. An e-mail was sent to the Executive Directors of the Purchase of 	<p>Revise Timeline Justification. The</p>

APR Template – Part C (4)

IMPROVEMENT ACTIVITY	'05	'06	'07	'08	'09	'10	PROGRESS/STATUS	REVISION WITH JUSTIFICATION
and make recommendations to support recruitment and retention.							<p>Service EI programs to identify reasons for vacancies. The following information was received from 4 of the 6 Executive Directors.</p> <ul style="list-style-type: none"> a. <u>Salaries</u>. All respondents indicated that inadequate salaries were the major reason for vacancies. For example, one noted that they offer salaries of about \$56,000 for therapists; on the mainland they are making \$80-100,000. Therapists in the private section can make \$15-20,000 more. b. <u>10-Month Schedule for DOE therapists</u>. All respondents noted that in addition to the DOE therapists having higher salaries, they also have a 10-month schedule which allows them to do additional work during the summer months for extra pay. c. <u>Natural environment requirements</u>. One respondent reported increased hiring difficulty for his programs that serve families in low SES, drug areas, and low income housing. Although safety is paramount and no one is expected to put themselves in danger, when prospective employees are driven through the areas those programs serve, this is a deterrent for some potential staff to accept positions. <p>Continuing</p> <ul style="list-style-type: none"> 1. With the current and expected budget cuts, increasing salaries is currently not an option. Meeting with Executive Directors will be planned to discuss recruitment/retention strategies that have been successful and how the state can support them. 	<p>timeline is extended to support time needed for the HEICC to review the data and make recommendations to support recruitment and retention of staff.</p>
<p>New Activity. Educate referral sources (e.g., pediatricians) about Hawaii's early intervention system, especially regarding transdisciplinary services, so that they provide accurate information to families about how services are</p>				X	X	X		<p>Justification. Hawaii supports a transdisciplinary approach to providing early intervention (EI) services. Referral sources need to understand Hawaii's implementation of Part C so they can provide accurate information to</p>

APR Template – Part C (4)

IMPROVEMENT ACTIVITY	'05	'06	'07	'08	'09	'10	PROGRESS/STATUS	REVISION WITH JUSTIFICATION
provided								families.
<p>New Activity. For long-standing non-compliance, require the Agency (or its Quality Assurance staff person) to work with the specific program/section to use the local contributing tool developed by NECTAC and develop a comprehensive Corrective Action Plan that addresses the long-standing non-compliance.</p>				X	X	X		<p>Justification. There needs to be increased focus on programs/sections that have long-standing non-compliance. More focus must be on the causes that lead to not correcting the non-compliance.</p>
<p>New Activity. Randomly verify monitoring results to assure accurate results.</p>				X	X	X		<p>Justification. An important part of the General Supervision system is for the Lead Agency to verify monitoring results to assure accurate results. The Lead Agency Quality Assurance Team will develop and implement a process to assure the system is working and is providing accurate results.</p>

Part C State Annual Performance Report (APR) for FFY 2007

Overview of the Annual Performance Report Development:

Refer to Overview, pages 1-4.

Monitoring Priority: Effective General Supervision Part C / General Supervision

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

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

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

FFY	Measurable and Rigorous Target
2007	100%

Required Response to FFY 2006 APR:

- There were no special requirements for this indicator.

Actual Target Data for FFY 2007:

There were no signed written complaints during FFY 2007.

- Table 4 is an attachment to the APR.

Discussion of Improvement Activities Completed and Explanation of Progress or Slippage that occurred for FFY 2007:

Explanation of Progress:

The data for this year is consistent with last year’s data – there were no signed written complaints issued; therefore there was no need to resolve them.

Completed Improvement Activities:

The following table includes improvement activities that were completed. The Progress/Status column highlights what was done to address the improvement activity.

IMPROVEMENT ACTIVITY	PROGRESS/STATUS
Develop and implement a process to gather information on family concerns related to service delivery and other Part C	<ol style="list-style-type: none"> 1. The yearly Family Survey included questions on family concerns regarding service delivery and other Part C requirements, including whether families know their rights. 2. The External Review process included questions on family concerns regarding service delivery and other Part C requirements.

IMPROVEMENT ACTIVITY	PROGRESS/STATUS
requirements.	
Review training to ensure that it includes information on Part C complaint procedures so families and Part C staff are knowledgeable about this process.	<ol style="list-style-type: none"> 1. The Part C Orientation provided information on the complaint process and procedures.
Develop and implement written guidelines to support Care Coordinators and other staff in explaining Part C procedural guidelines (including complaint procedures) to families.	<ol style="list-style-type: none"> 1. A complaint form with instructions was developed and disseminated to all Part C programs. The process is shared with all families when they enter a Part C program and when they have questions. 2. The “Dear Family” brochure was updated and now includes a copy of the Part C regulations on procedural safeguards. 3. The State priority section of the Self-Assessment tool included questions regarding procedural safeguards, specifically whether the FERPA Notice and “Dear Family” brochure were shared with families at the appropriate times. 4. A module on procedural safeguards was incorporated in the mandatory Early Intervention Orientation for all Part C staff. The module includes activities for staff to practice different ways to explain procedural safeguards to families.
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.	<ol style="list-style-type: none"> 1. The Family Survey included questions that focused on the degree families understand their rights under Part C.

Revisions, with Justification, to Proposed Targets / Improvement Activities / Timelines / Resources for FFY 2008.

Revised Improvement Activities:

The following table includes revised improvement activities that were developed to support compliance for Timely Resolution of Written Complaints.

Resources:

There were no changes to the resources.

APR Template – Part C (4)

IMPROVEMENT ACTIVITY	'05	'06	'07	'08	'09	'10	PROGRESS/STATUS	REVISION WITH JUSTIFICATION
<p><u>Original:</u></p> <p>Design and implement various creative strategies (e.g., videotapes, DVDs, etc.) to support training on Part C requirements for families, including at parent conferences.</p> <p><u>Revised:</u></p> <p>Design and implement various creative strategies (e.g., videotapes, DVDs, etc.) to support training on Part C requirements for families and to increase parents' awareness of their procedural safeguards.</p>		X	X	X	X	X	<p>Continuing</p> <p>1. The Public Awareness staff person will identify a group of family members (e.g., ICC parents) to use as a resource to determine the most appropriate and useful materials to develop.</p>	<p>Justification:</p> <p>All activities to support increased parent knowledge must be sure to include information on their procedural safeguards.</p>

Part C State Annual Performance Report (APR) for FFY 2007

Overview of the Annual Performance Report Development:

Refer to Overview, pages 1-4.

Monitoring Priority: Effective General Supervision Part C / General Supervision

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

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

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

FFY	Measurable and Rigorous Target
2007	100%

Required Response to FFY 2006 APR:

- There were no special requirements for this indicator.

Actual Target Data for FFY 2007:

There were no due process hearing requests.

- Table 4 is an attachment to the APR.

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

Explanation of Progress:

The data for this year is consistent with last year’s data – there were no due process requests; therefore there were no due process requests that had to be adjudicated within the applicable timeline.

Completed Improvement Activities:

The following table includes improvement activities that were completed. The Progress/Status column highlights what was done to address the improvement activity.

IMPROVEMENT ACTIVITY	PROGRESS/STATUS
Develop and implement a process to gather information on family concerns related to service delivery and other Part C	<ol style="list-style-type: none"> 1. The yearly Family Survey included questions on family concerns regarding service delivery and other Part C requirements, including whether families know their rights. 2. The External Review process included questions on family concerns regarding service delivery and other Part C requirements.

IMPROVEMENT ACTIVITY	PROGRESS/STATUS
requirements.	
Review training to ensure that it includes information on Part C due process procedures so families and Part C staff are knowledgeable about this process.	<ol style="list-style-type: none"> 1. The Part C Orientation provided information on the due process procedures.
Develop and implement written guidelines to support Care Coordinators and other staff in explaining Part C procedural guidelines (including due process procedures) to families.	<ol style="list-style-type: none"> 1. A complaint form with instructions was developed and disseminated to all Part C programs. The process is shared with all families when they enter a Part C program and when they have questions. 2. The “Dear Family” brochure was updated and now includes a copy of the Part C regulations on procedural safeguards. 3. The State priority section of the Self-Assessment tool included questions regarding procedural safeguards, specifically whether the FERPA Notice and “Dear Family” brochure were shared with families at the appropriate times. 4. A module on procedural safeguards was incorporated in the mandatory Early Intervention Orientation for all Part C staff. The module includes activities for staff to practice different ways to explain procedural safeguards to families.
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.	<ol style="list-style-type: none"> 1. Question 16 on the Family Survey addressed this issue. 2. Results specific to this question were given to each EI Program for their review.

Revisions, with Justification, to Proposed Targets / Improvement Activities / Timelines / Resources for FFY 2008.

New Improvement Activities:

The following table includes new improvement activities that were developed to support compliance for fully adjudicated due process hearing requests in a timely manner.

Resources:

There were changes to the resources.

APR Template – Part C (4)

IMPROVEMENT ACTIVITY	'05	'06	'07	'08	'09	'10	PROGRESS/STATUS	REVISION WITH JUSTIFICATION
<p>New Design and implement various creative strategies (e.g., videotapes, DVDs, etc.) to support training on Part C requirements for families and to increase parents' awareness of their procedural safeguards.</p>				X	X	X		<p>Justification: Resources are needed to support increased parent knowledge on Part C in general, including information on their procedural safeguards</p>

Part C State Annual Performance Report (APR) for FFY 2007

Overview of the Annual Performance Report Development:

Refer to Overview, pages 1-4.

Monitoring Priority: Effective General Supervision Part C / General Supervision

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

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

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

FFY	Measurable and Rigorous Target
2007	100%

Actual Target Data for FFY 2007:

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

Discussion of Improvement Activities Completed and Explanation of Progress or Slippage that occurred for FFY 2007:

Not Applicable

Revisions, with Justification, to Proposed Targets / Improvement Activities / Timelines / Resources for FFY 2008:

Not Applicable

Part C State Annual Performance Report (APR) for FFY 2007

Overview of the Annual Performance Report Development:

Refer to Overview, pages 1-4.

Monitoring Priority: Effective General Supervision Part C / General Supervision

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

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

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

FFY	Measurable and Rigorous Target
2007	100%

Required Response to FFY 2006 APR:

- There were no special requirements for this indicator.

Actual Target Data for FFY 2007:

Continues to be N/A, as Hawaii continued to have 0 mediation requests.

- Table 4 is an attachment to the APR.

Discussion of Improvement Activities Completed and Explanation of Progress or Slippage that occurred for FY 2007:

The data for this year is consistent with last year’s data – there were no mediation requests; therefore there were no mediation agreements.

Completed Improvement Activities:

The following table includes improvement activities that were completed. The Progress/Status column highlights what was done to address the improvement activity.

IMPROVEMENT ACTIVITY	PROGRESS/STATUS
Develop and implement process to gather information on family concerns related to service delivery and other Part C requirements.	<ol style="list-style-type: none"> 1. The yearly Family Survey included questions on family concerns regarding service delivery and other Part C requirements, including whether families know their rights. 2. The External Review process included questions on family concerns regarding service delivery and other Part C requirements.
Review training to ensure that it includes	<ol style="list-style-type: none"> 1. The Part C Orientation provided information on the mediation process and procedures.

IMPROVEMENT ACTIVITY	PROGRESS/STATUS
information on Part C mediation procedures so all Part C staff are knowledgeable about this process	
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.	<ol style="list-style-type: none"> 1. The Family Survey was completed and includes questions on the degree families understand their rights under Part C. Question 16 on the Family Survey speaks directly to this issue. 2. Results were given to each EI Program to determine if they need, based on the survey results, to develop and implement strategies to support family understanding of mediation procedures.

Revisions, with Justification, to Proposed Targets / Improvement Activities / Timelines / Resources for FFY 2008.

Continuing and New Improvement Activities:

The following table includes continuing and new improvement activities that were developed to support compliance for Mediation.

Resources:

There were no changes to the resources.

APR Template – Part C (4)

IMPROVEMENT ACTIVITY	'05	'06	'07	'08	'09	'10	PROGRESS/STATUS	REVISION WITH JUSTIFICATIONS
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		<p>Completed to Date</p> <p>1. Information is provided at the Part C Orientation regarding the necessity of explaining Part C procedural guidelines, including mediation procedures, at Intake.</p> <p>Continuing</p> <p>1. Written procedures are in the process of being drafted.</p>	
Revise the “Dear Family” brochure and add the Parent Training Institute as a contact if families have questions about early intervention services.		X	X	X	X	X	<p>Continuing</p> <p>1. Because the “Dear Family” brochure must be consistent with the Part C regulations, it was decided not to make this one specific change, adding Parent Training Institute as a contact, until the Part C regulations are finalized, as additional changes may be needed.</p>	<p>Revise Timeline Justification. The timeline was extended as this activity was postponed until the regulations are finalized.</p>
Regularly train Mediation Center staff on Part C requirements in case mediation is requested.			X	X	X	X	<p>Continuing</p> <p>1. Once the Part C regulations are finalized and our Part C Orientation training is updated, the Mediation Center will be contacted to develop a process to update them on Part C requirements.</p> <p>2. Once a process is developed, training for the Mediation Center staff will be regularly implemented.</p>	

Part C State Annual Performance Report (APR) for FFY 2007

Overview of the Annual Performance Report Development:

Refer to Overview, pages 1-4.

Monitoring Priority: Effective General Supervision Part C / General Supervision

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

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

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

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

FFY	Measurable and Rigorous Target
2007	100%

Actual Target Data for FFY 2007:

The following required tables demonstrate that Hawaii's Part C program met 100% compliance for timely and accurate data.

SPP/APR Data - Indicator 14			
APR Indicator	Valid and Reliable	Correct Calculation	Total
1	1	1	2
2	1	1	2
3	1	1	2
4	1	1	2
5	1	1	2
6	1	1	2
7	1	1	2
8a	1	1	2
8b	1	1	2
8c	1	1	2

APR Template – Part C (4)

9	1	1	2
10	1	1	2
11	1	1	2
12	N/A	N/A	0
13	1	1	2
Subtotal			28
APR Score Calculation	Timely Submission Points (5 pts for submission of APR/SPP by February 2, 2009)		5
	GRAND TOTAL		33

618 Data - Indicator 14					
Table	Timely	Complete Data	Passed Edit Check	Responded to Data Note Requests	Total
Table 1 - Child Count Due Date: 2/1/08	1	1	1	1	4
Table 2 - Program Settings Due Date: 2/1/08	1	1	1	1	4
Table 3 - Exiting Due Date: 11/1/08	1	1	1	N/A	3
Table 4 - Dispute Resolution Due Date: 11/1/08	1	1	1	N/A	3
Subtotal					14
Weighted Total (subtotal X 2.5; round = .49 down and = .50 up to whole number)					35

Indicator #14 Calculation		
A. APR Grand Total		33
B. 618 Grand Total		35
C. APR Grand Total (A) + 618 Grand Total (B) =		68
Percent of timely and accurate data = (C divided by 68 times 100)	(C)/(68) X 100 =	100

Discussion of Improvement Activities Completed and Explanation of Progress or Slippage that occurred for FFY 2007:

Explanation of Progress:

- FY 2005 data showed 84% compliance.
- FY 2006 data shows 100% compliance, an increase from the 84% compliance reported in FFY 2005 APR.
- FFY 2007 data shows 100% compliance, consistent with the compliance reported in the FFY 2006 APR.

Completed Improvement Activities:

The following table includes improvement activities that were completed. The Progress/Status column highlights what was done to address the improvement activity.

Improvement Activity	PROGRESS/STATUS
Review and revise training for all Part C program on 618 data submission, based on 618 data requirements.	1. Instructions on submitting the 618 data were reviewed prior to distribution and revised based on feedback from last year's instructions.
Develop and implement a process to ensure reliability and validity of data submitted.	1. The follow process was implemented to ensure reliability and validity of data: <ol style="list-style-type: none"> a. Each program provided monthly data and documentation to its Agency representative (EIS, PHNB, MCHB) to support their Corrective Action Plans (CAPs). b. Each Agency reviewed and verified the documentation to confirm validity of data. c. Data concerns were discussed at monthly Agency Administrative meetings. Common issues across all Part C programs were discussed; technical assistance needs were identified and provided. d. Each Agency Administrator reviewed and verified the data prior to submitting it to HDOH. e. HDOH reviewed and verified the data provided by the Agency prior to inclusion in the APR.

Revisions, with Justification, to Proposed Targets / Improvement Activities / Timelines / Resources for FFY 2008.

Continuing and New Improvement Activities:

The following table includes continuing and new improvement activities that were developed to support compliance for state reported timely and accurate data (618, SPP and APR).

Resources:

There were no changes to the resources.

APR Template – Part C (4)

Improvement Activity	'05	'06	'07	'08	'09	'10	PROGRESS/STATUS	REVISION WITH JUSTIFICATIONS
Develop a statewide Part C database to replace current individual Agency databases (EIS, PHNB, HS)	X	X	X	X	X	X	<p>Completed to Date</p> <p>1. A database to support the self-assessment process (SAM) was developed and disseminated to all Agencies to use in the self assessment process to ensure data was uniformly reported across all Part C programs.</p> <p>Continuing</p> <p>1. EIS is developing a database to better support OSEP and state requirements regarding EI services and billing. The specifics have been shared with the other Agencies so they can update their databases to meet OSEP and state requirements. However, lack of funding to revise databases may impact the ability to make needed changes.</p> <p>2. A statewide Part C database has not been developed due to budget restraints.</p>	
<p>New</p> Refine the monitoring data verification process (i.e., schedule, selection of records, etc)								<p>Justification:</p> Streamlining and clarifying the process for HDOH and Part C Agencies will ensure valid and reliable data.

Part C State Annual Performance Report (APR) for FFY 2007

U.S. DEPARTMENT OF EDUCATION
OFFICE OF SPECIAL EDUCATION
AND REHABILITATIVE SERVICES
OFFICE OF SPECIAL EDUCATION
PROGRAMS

TABLE 4

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

2007-08

PAGE 1 OF 1

OMB NO.: 1820-0678

FORM EXPIRES: 11/30/2009

STATE: HAWAII

SECTION A: Written, signed complaints	
(1) Written, signed 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 meetings (For States adopted Part B Procedures)	
(a) Settlement agreements	
(3.2) Hearings (fully adjudicated) (For all states)	
(a) Decisions within timeline SELECT timeline used {30 day Part C, 30 day Part B, or 45 day Part B}	
(b) Decisions within extended timeline (only applicable if using Part B due process hearing procedures).	
(3.3) Resolved without a hearing	

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

Overview of the State Performance Plan Development:

The Stakeholder Group reviewed Indicator #3 at the Stakeholders Meeting and made recommendations for Improvement Activities, based on data presented. The indicator was then reviewed by the HEICC Executive Committee prior to its submittal to the Director of Health for approval. Membership in the Stakeholder’s group that reviewed this Indicator included program managers from all three Early Intervention Agencies (EIS, PHNB, and MCHB), quality assurance staff, and State administrators for the 619 programs.

Monitoring Priority: Early Intervention Services In Natural Environments

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

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

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

Measurement:

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

If a + b + c + d + e does not sum to 100%, explain the difference.
- B. Acquisition and use of knowledge and skills (including early language/communication and early literacy):
 - a. Percent of infants and toddlers who did not improve functioning = [(# of infants and toddlers who did not improve functioning) divided by (# of infants and toddlers with IFSPs assessed)]

times 100.

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

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

C. Use of appropriate behaviors to meet their needs:

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

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

Overview of Issue/Description of System or Process:

The outcome measurement system includes:

- 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; and
- 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 have been developed and implemented by all EI programs in Hawaii.

Policies:

The outcomes measurement system and reporting is as valid and reliable as feasible, respects family privacy and confidentiality, and is equitable in application to all demographic subgroups in the population (by developing ratings at IFSP meetings, accommodations normally provided are also in place to ensure family input). Data are collected and transmitted to the State in ways that minimally impact service delivery. Aggregated and non-identified summaries of information collected are available to all EI program and State staff and to the public. Information will continue to be analyzed in ways that maximize the potential for its use for program improvement as well as accountability.

Procedures:

Goals Measurement tool:

The EI Goals Measurement tool is based on the ECO Center's Child Outcomes Summary Form (COSF). The Design Team revised the COSF on the basis of parent and provider input. The modified tool was pilot-tested over a two-month period at three local programs in January and February 2006 in order to collect more detailed feedback on its feasibility and format and to provide input to training. Following the pilot, the tool was revised before use in data collection.

Measurement at Entry:

The EI Goals measurement system collects entry information on each child within 6 months of enrollment in EI. The initial data on child status is recorded at the first IFSP meeting at which the child is at least four months of age or older.

Measurement at Exit:

The EI Goals measurement system is designed to collect information for every child enrolled in EI within three months preceding exit from the program. The previous policy allowed a six-month gap between exit rating and exit. On the advice of the Design Team, that policy was revised since it was felt that data six months before exit might not adequately reflect child status at exit, given the rapid development typical of infants and toddlers.

On-Going Data collection:

For each of the three EI Goals the IFSP team assigns a rating to each child who is at least 4 months old at the Initial IFSP meeting. Ratings are also done at each 6 Month Review and Annual IFSP meeting. However, if the child enters EI at or younger than 4 months of age, the child is rated at the 6-month IFSP Review meeting. A rating is also assigned prior to each child exiting Part C services. The rating to each child describes the child's progress and current status relative to typical development in the specific outcome area. The purpose for assigning a rating at each IFSP meeting is to monitor on-going progress throughout the child's receipt of early intervention services. It also will allow for additional analyses of outcome data.

The rating is based on:

1. the most recent developmental evaluation or assessments;
2. professional opinion;
3. parent input; and
4. level of achievement of IFSP objectives relevant to the outcome.

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

Local programs transmit data in electronic form to their administrative agency (EIS, PHNB, or MCHB) at least monthly. These agencies provide summarized data annually or as requested by the lead agency. Data is then compiled by lead agency staff.

How data are analyzed:

The lead agency uses the ratings for each goal area for each child to analyze the change in development from entry to exit. For each goal area:

1. If the “Yes/No” question (which asks whether the child’s functioning improved at all from the last rating occasion) on the COSF has never been answered as “Yes” at any time since Part C enrollment, then the child is counted in category (a).
2. If the “Yes/No” question (which asks whether the child’s functioning improved at all from the last rating occasion) on the Hawaii Outcomes Reporting Form has been answered “Yes” on at least one occasion between entry and exit, but not enough to move the child’s functioning closer to typically developing peers, the child is counted in category (b).
3. If ratings of child functioning compared to typically developing same aged peers are higher at exit than ratings at entry (but not at age level expectations), then they will be counted in category (c).
4. If ratings of child functioning compared to typically developing same aged peers at entry are below age expectations, but at exit they are at age level expectations, then the children will be counted in category (d).
5. If ratings of child functioning compared to typically developing same aged peers at entry and exit are both at age level expectations, then children will be counted in category (e).

Evaluation/Assessment:

Hawaii’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 a domain-based instrument originally developed in Hawaii 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. Parents or caregivers are encouraged to participate in the evaluation process.
2. Ages and Stages Questionnaire (ASQ). Programs in Hawaii 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:

Training in appropriate use of these tools is provided periodically to ensure new staff is skilled in use of the tools. Explanation of purpose and use of tools is 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 were conducted in 2006 to introduce EI staff to the rationale behind the outcomes measurement, data collection forms and protocols, materials for staff and families, and ways to provide feedback on the measurement process. Follow-up meetings to reinforce training and identify challenges were conducted in each local community between 11/1/06 and 6/30/07. Periodic training will be available to new practitioners as part of the required Part C Orientation, and ongoing technical assistance (TA) is available to EI providers through the EIS upon request. Program managers receive TA as requested to ensure prompt and valid data collection and transmission. The DOH website provides the most current version of all forms and policies; and a Frequently Asked Questions (FAQs) section which is updated at least annually.

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

Accuracy of original rating is 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 also contributes to accuracy. A Quality Assurance system will be developed in 2007 and 2008 to monitor adherence to protocols and to maximize reliability, validity, and use of data.

There are several data systems in use or under development for various purposes by EI programs in Hawaii. Each of the three Agencies (EIS, PHNB, and MCHB) which operate EI programs has modified its data system(s) to collect outcomes data and related variables. Each Agency provides summarized data to HDOH which calculates statewide data.

Data is uploaded to the Hawaii Department of Health (HDOH) and analyzed to produce reports for use by EI programs, state agencies, and by the State for the APR. Data analysis will track the proportion of entering children for whom exit scores are available.

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. The measurement process will occur at specified IFSP meeting.

Baseline Data for FFY 2005 (7/1/05-6/30/06):

The following is not baseline data; it is entry data. Actual baseline data will be reported in the FFY 2008 APR, due February 2010.

a. Entry Data for FFY 2005

Below is entry data collected for all children at either their initial or 6-month IFSP Review meetings held between April 1 and September 30, 2006.

- Children who were > 4 months old when they entered EI were rated at their Initial IFSP.
- Children who were <= 4 months old when they entered EI were rated at their first 6-month IFSP Review meeting.

EI programs on Maui and Molokai did not contribute data because they were trained on the rating protocol during the last week of September 2006.

Because Hawaii’s Part C program serves children at environmental risk, tables are provided for: 1) children with developmental delays and/or biological risks; and 2) children at environmental risk, as required.

1. Children with Developmental Delays and/or Biological Risks

Indicator	Total Rated	No./Percent “Typical” (Rated 6 or 7)	No./Percent “Not Typical” (Rated < 6)
A. Social and emotional skills (including positive social relationships)	280	193 (69%)	87 (31%)
B. Learns and does new things	279	149 (53%)	130 (47%)
C. Takes action to meet needs	279	117 (42%)	162 (58%)

2. Children with Environmental Risks

Indicator	Total Rated	No./Percent “Typical” (Rated 6 or 7)	No./Percent “Not Typical” (Rated < 6)
A. Social and emotional skills (including positive social relationships)	90	76 (84%)	14 (16%)
B. Learns and does new things	90	74 (82%)	16 (18%)
C. Takes action to meet needs	90	77 (86%)	13 (14%)

Discussion of Entry Data:

The tables above represent initial entry data collected from April 1 through September 30, 2006. Initial baseline data on child progress was collected from October 1, 2006 to September 30, 2007 and are reported in the FFY 2005 APR.

Early Intervention stakeholders met in December 2006 and January 2007 to consider the data presented above. Following are their observations and comments related to observations. Comments reflect the above data without analysis of other variables such as child age at time of rating.

- The distribution of ratings across Indicators 3A, 3B, 3C was more similar among children served due to environmental risk status than among children with developmental delays/biological risks.
- More children served due to environmental risk status received typical ratings than did children with developmental delays/biological risks. Possible reasons include:
 - Hawaii serves children who are eligible solely due to environmental risk. Almost all these children are identified through screening at birth hospitals and enter services early in their lives. Family risk factors may impact babies' development over time; thus young babies in families at risk may not show developmental delays.
- Among children with developmental delays/biological risks, Indicator 3C was the only indicator for which fewer than 50% of children received "typical" ratings.
- More children were rated as "typical" on Indicator 3A than on 3B or 3C.
- Among children with developmental delays/biological risks, more children were rated "typical" than stakeholders had expected. Possible reasons include:
 - Families new to services may not be knowledgeable about typical child development, and so may not perceive the extent of their child's delays. Thus family input may tend to raise ratings.
 - During initial implementation of the child outcome rating system, some providers report that when first meeting with a family, program staff is working to build relationships with the family. In this context, staff may have difficulty balancing the need to provide complete developmental information about the child with maintaining rapport with the family. These providers explained that in such cases, complete information will be conveyed to the family gradually over the first months of program services. This phenomenon may have raised some initial ratings. Future training could support staff in ways to provide complete developmental information without compromising rapport.
 - Child eligibility is determined by delay measured in each domain. The child outcomes however reflect broader functional status, so children with developmental delays may still be functioning typically in one or more of the broad functional outcome areas.
 - Hawaii's broad eligibility criteria results in enrollment of many children with mild disabilities/delays. Thus more of Hawaii's eligible children may be functioning typically than children in states with more restrictive eligibility.
 - The collaborative rating process is new to program staff. It is expected that they will develop greater skills in facilitating the rating process as they gain experience.

b. Progress Data for Infants and Toddlers Exiting FFY 2006

A. Positive social-emotional skills (including social relationship):	Children in Part C (Excluding 'At Risk')		'At Risk' Children in Part C	
	#	%	#	%
a. Percent of infants and toddlers who did not improve functioning	0	0	0	0
b. Percent of infants and toddlers who improved functioning but not sufficient to move nearer to functioning comparable to same-aged peers	5	5	0	0
c. Percent of infants and toddlers who improved functioning to a level nearer to same-aged peers but did not reach it	7	7	0	0
d. Percent of infants and toddlers who improved functioning to reach a level comparable to same-aged peers	22	24	2	50
e. Percent of infants and toddlers who maintained functioning at a level comparable to same-aged peers	60	64	2	25
Total	94	100%	4	100%

B. Acquisition and use of knowledge and skills (including early language/communication):	Children in Part C (Excluding 'At Risk')		'At Risk' Children in Part C	
	#	%	#	%
a. Percent of infants and toddlers who did not improve functioning	0	0	0	0
b. Percent of infants and toddlers who improved functioning but not sufficient to move nearer to functioning comparable to same-aged peers	8	8	0	0
c. Percent of infants and toddlers who improved functioning to a level nearer to same-aged peers but did not reach it	6	7	0	0
d. Percent of infants and toddlers who improved functioning to reach a level comparable to same-aged peers	29	31	1	25
e. Percent of infants and toddlers who maintained functioning at a level comparable to same-aged peers	50	54	3	75
Total	93	100%	4	100%

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C. Use of appropriate behaviors to meet their needs:	Children in Part C (Excluding 'At Risk')		'At Risk' Children in Part C	
	#	%	#	%
a. Percent of infants and toddlers who did not improve functioning	0	0	0	0
b. Percent of infants and toddlers who improved functioning but not sufficient to move nearer to functioning comparable to same-aged peers	9	10	0	0
c. Percent of infants and toddlers who improved functioning to a level nearer to same-aged peers but did not reach it	3	3	0	0
d. Percent of infants and toddlers who improved functioning to reach a level comparable to same-aged peers	40	43	0	0
e. Percent of infants and toddlers who maintained functioning at a level comparable to same-aged peers	41	44	4	100
Total	93	100%	4	100%

Discussion of Progress Data (FFY 2006)

Based on the current measurement table, child progress data reported in APR due in 2010 will be considered baseline data.

NOTE: Hawaii implemented collecting this data statewide as of 10/1/2006. Children who enrolled in Part C in Hawaii near the time of their birth after 10/1/2006, and who remain in Part C programs until their third birthday, will not exit and thus their progress data will not be available until approximately 10/1/2009. Hawaii will not be able to report on a full 3 year cohort until after this date, which will be reported as part of the FFY 2009 APR due February 2011.

Relatively few children are included in this report because measurement of status on the Early Intervention Goals was not implemented statewide until November of 2006. There were few children who entered Part C after November 1, 2006, were served for six months or more, and exited by June 30, 2007, thus making them eligible for inclusion in this report. In addition, some local programs did not implement the data recording and data entry processes as instructed, so no data was available from these programs. All programs are now recording and entering data as planned.

Stakeholders who discussed the submitted data in comparison to corresponding draft data reported by a few other states observed that the proportion of children rated typically developing at entry to EI is larger than that in most of the other states. Reasons suggested for this difference were:

1. The broad eligibility of Part C in Hawaii confers eligibility on children with mild delays in a single developmental domain, which might not interfere with broad functional development, especially in infancy.
2. Inexperience in facilitating a discussion with family members about initial assessments might lead providers to "soft-pedal" the extent of a child's delays in order to build rapport and ensure family engagement with services.
3. Since there is no direct child assessment which provides age-equivalent scores specific to the three Early Childhood outcomes, developing ratings is difficult for providers.

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4. The culture of Hawaii disapproves of confrontation, so providers are not inclined to contradict family statements/impressions of their child's development.
5. Providers have been trained to adopt a strength based approach to working with families to help them support their child's development – this approach can result in little or no discussion of the child's distance from typical development.

Initial record reviews conducted at a sample of local programs to provide a basis for development of a Quality Assurance system for Indicator 3 measurements revealed inconsistencies in use of the HELP assessment tool. Observed written records of HELP assessments were judged inadequate to support valid and reliable use of the Indicator 3 measurement system.

c. Progress Data for Infants and Toddlers Exiting FFY 2007

A. Positive social-emotional skills (including social relationship):	Children in Part C (Excluding 'At Risk')		'At Risk' Children in Part C	
	#	%	#	%
a. Percent of infants and toddlers who did not improve functioning	0	0	1	6
b. Percent of infants and toddlers who improved functioning but not sufficient to move nearer to functioning comparable to same-aged peers	64	14	0	0
c. Percent of infants and toddlers who improved functioning to a level nearer to same-aged peers but did not reach it	23	5	0	0
d. Percent of infants and toddlers who improved functioning to reach a level comparable to same-aged peers	71	16	1	6
e. Percent of infants and toddlers who maintained functioning at a level comparable to same-aged peers	300	66	15	88
Total	458	100%	17	100%

B. Acquisition and use of knowledge and skills (including early language/communication):	Children in Part C (Excluding 'At Risk')		'At Risk' Children in Part C	
	#	%	#	%
a. Percent of infants and toddlers who did not improve functioning	0	0	0	0
b. Percent of infants and toddlers who improved functioning but not sufficient to move nearer to functioning comparable to same-aged peers	67	14	2	12
c. Percent of infants and toddlers who improved functioning to a level nearer to same-aged peers but did not reach it	42	9	0	0
d. Percent of infants and toddlers who improved functioning to reach a level comparable to same-aged peers	155	34	1	6
e. Percent of infants and toddlers who maintained functioning at a level comparable to same-aged peers	194	42	14	82
Total	458	100%	17	100%

C. Use of appropriate behaviors to meet their needs:	Children in Part C (Excluding 'At Risk')		'At Risk' Children in Part C	
	#	%	#	%
a. Percent of infants and toddlers who did not improve functioning	0	0	0	0
b. Percent of infants and toddlers who improved functioning but not sufficient to move nearer to functioning comparable to same-aged peers	79	17	2	12
c. Percent of infants and toddlers who improved functioning to a level nearer to same-aged peers but did not reach it	49	11	0	0
d. Percent of infants and toddlers who improved functioning to reach a level comparable to same-aged peers	164	36	1	6
e. Percent of infants and toddlers who maintained functioning at a level comparable to same-aged peers	166	36	14	82
Total	458	100%	17	100%

Discussion of Progress data (FFY 2007)

During the Stakeholder's Meeting for FFY 2007, discussion revolved around reasons why there were fewer exit ratings than expected in relation to the anticipated number of ratings that should have been collected. Anticipated number of exit ratings for the EI Goals was estimated based on the following process and data:

- EIS Programs: The anticipated number of ratings was determined by the number of children who:
 - exited Part C between July 1, 2007 and June 30, 2008
 - received services for at least 6 months
 - was at least 4 months old at the time of initial IFSP, and
 - had their initial IFSP no earlier than January 1, 2007 to ensure all programs appropriately implemented What Counts

This resulted in exit ratings for 417 (61%) children of the approximately 688 anticipated children.

- Public Health Nursing Sections: Because actual exit data on the number of children who met the criteria for having an exit rating was not available, the estimate of the expected number of children was based on the average number of annual IFSPs for FFY 2006 and FFY 2007. This resulted in exit ratings for 41 (23%) children of the approximately 175 anticipated children.
- Healthy Start: Because actual exit data on the number of children who met the criteria for having an exit rating was not available, the estimate of the expected number of children was based on the average number of annual IFSPs for FFY 2006 and FFY 2007. This resulted in exit ratings for 17 (3%) children out of the approximately 576 anticipated children.

Possible reasons for the low number of exit ratings included the following:

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1. Because PHN continues to serve children with medical concerns after age three, they do not consistently hold a formal exit meeting which would include the final EI Goals rating prior to their exit from Part C services.
2. Many Healthy Start families choose to withdraw from Part C services and therefore do not have an exit meeting, which would include the EI Goals rating. In addition, the Healthy Start budget has been decreased due to the state's fiscal status. This has led to a reduction in staff, which may impact their ability to fulfill the required Part C policies related to exit meetings and EI Goals exit ratings.
3. Families often decline to have an exit meeting. Some programs thought that family input was required to complete the EI Goals exit rating. This resulted in staff not completing the EI Goals exit rating.
4. There appears to be a lack of understanding as to when the exit rating needs to be completed and whether a formal assessment is required prior to the exit rating. Some programs reported that they thought the rating had to be completed at an IFSP meeting scheduled prior to exit. These misunderstandings resulted in staff not completing the EI Goals exit rating.

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

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Improvement Activities/Timelines/Resources:

Improvement Activity	'07	'08	'09	'10
<p><u>Original:</u> Conduct additional data analyses to describe patterns and understand progress data.</p> <p><u>Revised:</u> Create a work group to determine how programs can use the data results to increase program effectiveness.</p> <p><u>Justification:</u> A work group will investigate how exit data can be analyzed to better understand such issues as: length of time services were received as compared to the EI Goals exit rating; and discharge prior to age three as compared to the EI Goals exit rating.</p>		X	X	X
Examine rating validity, compare child ratings to other developmental ratings of the same child and compare observations of rating process across programs.			X	X
Provide additional training in use of the HELP assessment instrument.	X	X		
Provide training in child development for staff implementing the Indicator 3 ratings.		X	X	X
Develop and implement methods to evaluate effectiveness of training in HELP assessment and child development.	X	X	X	
Provide training in facilitation of team child rating process to Part C care coordinators.			X	X
<p><u>New:</u> Provide additional training and support to increase the number of exit ratings.</p> <p><u>Justification:</u> Because the EI Goals rating is usually completed during an IFSP meeting, if an IFSP meeting was not held, team members were not completing the EI Goals rating. Additional training will help ensure that all agencies have a clear understanding of the criteria for collecting EI Goals exit data.</p>		X		
<p><u>New:</u> HDOH will develop and disseminate exit guidelines. Guidelines will also be posted on the EIS website.</p> <p><u>Justification:</u> To help clarify the expectations for agencies in the collection of EI Goals exit data, HDOH will provide a standard set of exit guidelines agencies will use to refine their current exit criteria to better meet the requirements of</p>		X		

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Improvement Activity	'07	'08	'09	'10
What Counts.				
<p><u>New:</u> Agency administrators will ensure that individual programs follow the HDOH EI Goals exit guidelines.</p> <p><u>Justification:</u> To ensure that all programs follow the EI Goals requirements for collecting exit data, agency administrators will work with programs/sections on their current exit criteria to ensure consistency with the HDOH guidelines and recommendations.</p>		X		

Resources:

Hawaii will request assistance from the Early Childhood Outcomes Center and NECTAC to design and implement planned quality assurance and improvement activities.