

## Part C State Annual Performance Report (APR) for FFY 2011

### Overview of the Annual Performance Report Development:

#### APR Process

The process to develop Hawai'i's APR for FFY 2011 included:

1. The Hawai'i Department of Health (HDOH), Early Intervention Section (EIS) which is identified as the Part C Lead Agency (LA) worked with the Lead Agency Quality Assurance and Training (LAQuAT) Team to address specific indicators as identified in the approved State Performance Plan (SPP).
2. On-going meetings with the identified LAQuAT Team members were held to prepare them to facilitate workgroups at the statewide Annual Stakeholders' Meeting.
3. There was broad dissemination regarding the Stakeholders' Meeting to determine interest by agency, Hawai'i Early Intervention Coordinating Council (HEICC), and community members to ensure appropriate input into the review process.
4. Groups were separated based on the specific indicator. Each group was provided with copies of the Indicator targets, FFY 2010 APR data, draft FFY 2011 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.
5. Final recommendations by indicator were presented to all stakeholders.
6. Recommendations were reviewed by the identified members of the LAQuAT Team and the Part C LA.
7. The APR and SPP were drafted by members of the LAQuAT Team and the Part C LA.
8. The APR and SPP drafts were reviewed and revised, as necessary, by the Children with Special Health Needs Branch Chief since the Part C Coordinator position is vacant.
9. The APR was reviewed and approved by the HEICC. As authorized by the HEICC, the HEICC Chairperson reviewed and signed the APR certification form.
10. The APR and SPP were sent to the Director of Health to review, approve, and sign the cover letter to accompany the APR and SPP to the Office of Special Education Program (OSEP). While the report does not need to be signed by the Director of Health, it has been an on-going policy to have the Director review the report prior to submission to OSEP to ensure that she is knowledgeable of the status of the Part C program.
11. The APR and SPP were submitted to OSEP as required.
12. The APR and SPP were posted on the HDOH EIS website.

## **Broad Representation**

A stakeholder group of approximately 80 individuals provided recommendations to the development of the APR and changes to the SPP. Because of Hawai'i's broad eligibility and geography, it was important that there was broad representation that included: Part C early intervention (EI) service providers and family members from all islands, from urban and rural areas, as well as the different ethnic and cultural groups that represent Hawai'i's population. The following stakeholders from the islands of Oahu, Hawai'i, Maui, Kauai, and Molokai were invited:

- Members of the HEICC
- HDOH administrators, care coordinators (Hawai'i's terminology for service coordinators), direct service providers, quality assurance specialists, data staff, personnel training staff, and contracted providers from:
  - Family Health Services Division (FHSD)
  - Children with Special Health Care Needs Branch (CSHNB)
  - Public Health Nursing Branch (PHNB)
  - EIS
- Department of Human Services (DHS) administrators
- Department of Education (DOE) Section 619 District Coordinators
- Community Members, including representatives from:
  - Early Head Start/Head Start
  - Parent Training Institute (Learning Disability Association of Hawai'i)
- Parents

## **Reporting to the Public**

The APR has been posted on the HDOH EIS website. In addition, information about how to access the APR will be included 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 Hawai'i, Imua Family Services).

**Part C State Annual Performance Report (APR) for FFY 2011**

**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><b>Measurement:</b></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, including the reasons for delays.</p>
<p><b>Applied:</b></p> <p>181 infants and toddlers with IFSPs received the early intervention services on their IFSPs in a timely manner</p> <p>214 infants and toddlers with IFSPs</p> <p>Percent = 181/214 = 85%</p>

FFY	Measurable and Rigorous Target
FFY 2011	100%

**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 2011:**

Data for the percent of infants and toddlers with IFSPs who receive the EI services on their IFSPs in a timely manner was from on-site monitoring data (refer to the section below for a description of the “Monitoring Process”).

- 181 of 214 (85%) of infants and toddlers monitored received EI services on their IFSPs in a timely manner.
- Exceptional Family Circumstances. 30 of the 214 (14%) infants and toddlers monitored did not receive timely services due to exceptional family circumstances as defined by IDEA Part C. This number is included in both the above numerator and denominator. The following are the two predominate family circumstances that impacted the scheduling of timely services:

- Cancelled appointment
- No shows
- Program Reasons. 33 of the 214 (15%) infants and toddlers monitored did not receive timely services, due to program reasons. The predominate program reason that impacted the scheduling of timely services is that there was no documentation of a reason why services were late.

The improvement activity to investigate reasons for continued issues regarding documentation will continue.

- Identifying Noncompliance. Of the 33 children where services were not initiated in a timely manner due to program reasons, 4 children left the program’s jurisdiction before the service was implemented; for 1 child the service was discontinued before it was initiated; and the remaining 28 children’s services on their IFSP were initiated, although late.

Range of Days to Initiate Services (For the 33 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	16	48.5%
31-60 days	5	15.2%
61-90 days	4	12.1%
> 90 days	3	9.1%
Service Discontinued	1	3.0%
Left Program’s Jurisdiction	4	12.1%

- The state accounted for all instances of noncompliance as identified through on-site monitoring (refer to the section below for a description of the “Monitoring Process”). There were 14 programs serving the 33 children who did not receive services in a timely manner.
  - 7 of the 14 programs were issued findings in FFY 2012, based on FFY 2011 data. They received a letter of notification of noncompliance and were informed that they must demonstrate correction, as soon as possible, but no later than one year of identification (i.e. date of written notification).
  - 1 of the 14 programs were not issued a finding due to on-going non-compliance (program did not demonstrate correction from the finding issued in FFY 2010, based on FFY 2009 data).
  - 1 of the 14 programs were not issued a finding due to the Program merging with another Program who was already addressing this indicator due to on-going non-compliance (this Program is counted in the above bullet).
  - 5 of the 14 programs were not issued findings because they submitted required data that was verified by Part C LA to demonstrate correction prior to written issuance of findings (e.g., all individual child noncompliance was corrected although late and updated data was used to confirm that the program was correctly implementing the timely services requirement for all children (100%).

- The data demonstrates the programs provided the required service(s), although late, unless the child was not under the program's jurisdiction. The programs are now correctly implementing the timely services requirement.
- Related Requirements

Refer to Indicator 9, Table 1b (Indicator 2b, 4e) for findings made and timely correction under the Hawaii Monitoring Priorities related to this Indicator.

### **Monitoring Process:**

A total of 307 children were monitored within the time period 7/1/11- 6/30/12 across all 21 Part C programs. The EI Self Assessment Monitoring (SAM) Tool which was developed by Part C LA with feedback from EI providers was utilized to gather data.

For FFY 2011, the LAQuAT Team completed the SAM tool for each of the EIS programs.

Identification of Children. To ensure a random selection of children for review with the SAM Tool, the following criteria were followed:

- Names of all children with an Initial, Review or Annual IFSP between 7/1/11 – 3/31/12 were obtained by Part C LA from each program. The timeframe was chosen to ensure that there were 3 months to confirm that services were provided in a timely manner within FFY 2011.
- Part C LA identified 10% of children at each program/section based on the 12/1/11 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 307 charts.
- An Initial, Review, or Annual IFSP for each selected child was reviewed to determine if new services were timely. If the Review or Annual IFSP was the identified 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 214 children as 93 children had no new services identified on either their Review or Annual IFSP.

Determination of Timeliness: The SAM Tool was completed for each child selected using the specified IFSP (Initial, Review, Annual), following the guidelines developed by Part C LA to determine if services were timely, consistent with Hawai'i'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 included in 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 Part C LA.
- 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

- Raw data was gathered by Part C LA.
- Part C LA inputted the data into the SAM database, which was developed by Part C LA.
- Part C LA analyzed the data for noncompliance with Timely Services (see Table 1b in Indicator 9 for findings from last year's APR). The data was given to each program/section as part of the notification of FFY 2012 findings based on data from FFY 2011.

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

- The SAM results were reviewed to identify any possible inconsistencies.
- Program Managers/Supervisors were contacted, as necessary, for additional data to confirm results.
- The SAM results were revised, if necessary, based on additional data received.

### **Demonstrating Correction based on the 09-02 Memo, page 2**

The state accounted for all instances of noncompliance through on-site monitoring (refer to preceding section on "Monitoring Process"). All Programs were notified in writing of any noncompliance. Programs are required to develop a Corrective Action Plan (CAP), change policies and procedures, as appropriate, and demonstrate correction of all noncompliance (e.g., child specific and up-dated data) as soon as possible but no later than one year of identification (i.e., date of written notification).

#### Prong 1

For FFY 2007 through FFY 2011 the Part C LA verified that each of the EI Programs with findings of noncompliance for not initiating services in a timely manner, initiated all services, although late, unless the child was no longer within the jurisdiction of the EI Program. The status of child specific correction was included in previous APR's target data. It included the percentage of children who received all services listed on their IFSP, though late, unless the child was no longer within the jurisdiction of the EI Program. At the time of the on-site monitoring, "Worksheet A" from the SAM tool was completed by the monitors. The actual start date of each service was documented on Worksheet A and verified at the time of the on-site monitoring. If the service(s) did not occur prior to the monitoring date, the Program/Section had to immediately correct by providing those services(s) on the IFSP, though late, and submit documentation to Part C LA that indicated when the service(s) was initiated.

#### Prong 2

In verifying correction of noncompliance, the state determined that each of the EI programs with identified noncompliance was correctly implementing the requirements at 34 CFR §§303.340(c), 303.342(e), and 303.344(f)(i). Programs/Sections with identified noncompliance were required to complete "Worksheet A" from the SAM tool for every child who had an Initial IFSP, 6-month Review, and Annual IFSP. The Programs/Sections were required to submit this updated data to demonstrate correction based on the monitoring data percentage as follows:

- 95% - 100%: 1 month of data that shows 100% with a minimum of 2 records total
- 90% - 94%: 1 month of data that shows 100% with a minimum of 4 records total

- 80% - 89%: 2 months of data that show 100% with a minimum of 6 records total
- 70% - 79%: 2 consecutive months of data that show 100% with a minimum of 8 records total
- Under 70%: 3 consecutive months of data that show 100% with a minimum of 10 records total

The Program Manager verified that the service occurred by reviewing the required documentation as specified by Part C LA. The Agency Administrators then verified the data submitted and ensured that the Program/Section submitted required evidence of correction documentation based on the percentage of noncompliance. Part C LA verified the data submitted in the Agency Monthly report.

## Status of Correction

### FFY 2010

- Nine programs were notified of findings for Timely Services in FFY 2010. These findings were based on FFY 2009 data that was used in the FFY 2009 Self-Assessment process. (See Table 1b, Correction of Noncompliance Identified in FFY 2010 by SPP/APR Indicator and Monitoring Priorities, in Indicator 9).
  - 8 findings were verified as corrected within one year of notification.
  - 1 finding was subsequently verified as corrected after one year of notification.

The following actions have been taken with the Programs regarding on-going non-compliance:

1. Conference call with the Program Manager, Data Clerk, Agency Director and Lead Agency staff.
2. Program is required to submit CAP reports and required evidence to demonstrate correction on a daily basis.
3. The Agency Director is cc'd on all e-mails between the Lead Agency and the Program Manager.
4. Step by step walk through of the process and how to utilize the data base was provided to the Program Manager, Data Clerk, and Agency Director.

### Root causes

- Insufficient Documentation

Part C LA implemented the following to address insufficient documentation:

- Training module on documentation requirements was developed.
- Documentation module was embedded in the Part C EI Orientation and the Annual EI refresher training.

- Staff Vacancies

Part C LA and/or Agency implemented the following to address staff vacancies:

- Developed a mechanism for Programs to utilize staff as Primary Providers in the Transdisciplinary approach to service delivery.
- Staff at EIS deployed to EI Programs to provide direct services.

The table below summarizes the correction of Noncompliance for Indicator 1.

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	5	6	0
FFY 2006	FFY 2007	26	17	9	26	0
FFY 2007	FFY 2008	2	2	0	2	0
FFY 2008	FFY 2009	4	4	0	4	0
FFY 2009	FFY 2010	9	8	1	9	0
FFY 2010	FFY 2011	To be reported in the FFY 2012 APR to be submitted in 2014				

**Discussion of Improvement Activities Completed and Explanation of Progress or Slippage that occurred for FFY 2011:**

Explanation of Slippage:

The current data on provision of Timely Services shows a 1% slippage from FFY 2010 to FFY 2011 from 86% to 85%.

	FFY 2005	FFY 2006	FFY 2007	FFY 2008	FFY 2009	FFY 2010	FFY 2011
Compliance	69%	71%	78%	84%	88%	86%	85%

Slippage may be a result of the following:

- State budget cuts, furloughs, and Reduction in Force (RIF) that have placed an additional strain on Programs, which impacted direct service hours. Furthermore, when a position becomes vacant, the State hiring process may take months to fill a position, which is also a result of the State budget cuts and RIF.
  - Improvement activity to use flip videos will continue.
  - Improvement activity to up-date listing of community resources has been developed.
  - Improvement activity to explore options to have centralized database accessible to all staff through available technology (i.e., icloud) has been developed.
  - Improvement activity to implement a revised Gap Report has been developed.
- Staff vacancies
  - Improvement activities to collaborate with academic institutions and to explore factors that can improve staff retention will continue.



- Delay in Programs receiving referrals.
  - Improvement activity to explore the referral process will continue.
- Communication among staff regarding due dates – scheduling of appointments
  - Improvement activity to work with Programs that were below 80% or have on-going non-compliance to refine their scheduling procedures will continue.
- Documentation
  - Improvement activity to investigate reasons for on-going issues regarding documentation will continue.

### Completed Improvement Activities

Refer to Appendix A for improvement activities that are still in process.

### **Revisions, with Justification, to Proposed Targets / Improvement Activities / Timelines / Resources for FFY 2012.**

#### Proposed Targets

Because this is a compliance indicator, the target will remain at 100%.

#### Continuing and New Improvement Activities:

Refer to Appendix A for continuing and new improvement activities that were developed to support compliance for Timely Services.

#### Resources:

Revise NECTAC to ECTA Center.

Part C State Annual Performance Report (APR) for FFY 2011

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 community-based settings.

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

<p><b>Measurement:</b></p> <p>Percent = [(# of infants and toddlers with IFSPs who primarily receive early intervention services in the home or community-based settings) divided by the (total # of infants and toddlers with IFSPs)] times 100.</p>
<p><b>Applied:</b></p> <p>1637 infants and toddlers with IFSPs primarily receive early intervention services in the home or programs for typically developing children.</p> <p>1863 infants and toddlers with IFSPs</p> <p>Percent = 1637/1863 = 88%</p>

FFY	Measurable and Rigorous Target
2011	90%

**Actual Target Data for FFY 2011:**

- Based on Section 618 Child Count data of 12/1/11
- The target of 90% was not met (88%).
- Programs that did not meet the target were not issued a finding since this is a performance indicator; however, they were required to develop strategies in their CAP to address this indicator.
- Related Requirements

Refer to Indicator 9, Table 1b (Indicator 2d) 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 2011:**

Explanation of Slippage

The current data related to the percent of infants and toddlers with IFSPs who primarily received early intervention services in the home or community-based settings shows a 5% slippage from FFY 2010 to FFY 2011, from 93% to 88%.

# APR Template – Part C (4)

	FFY 2005	FFY 2006	FFY 2007	FFY 2008	FFY 2009	FFY 2010	FFY 2011
Compliance	81%	89%	87%	93%	95%	93%	88%

Slippage may be a result of the following:

- Families prefer to receive services at the EI Program due to a variety of reasons (e.g., limited space in the home; family privacy when living in a multi-family household; when the family comes to “town” to do errands they can stop by the EI Program because they live in rural areas, etc.)
  - Improvement activity to target technical assistance to programs will continue.
- Limited access to the home for families who live on Military bases.
  - As of January 2013, a mechanism is in place for staff to obtain annual passes to get onto Military Installations.
- Families attend group sessions at the EI Program for socialization.
  - Improvement activity to collaborate with community providers for children in EI to participate in inclusive settings will continue.

### 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
Obtain civilian passes to enable EI staff to get onto Military Installations.	1. Point person identified. 2. Passes obtained for EI staff to get onto Military Installations. 3. Mechanism in place to renew passes on an annual basis.

### **Revisions, with Justification, to Proposed Targets / Improvement Activities / Timelines / Resources for FFY 2012.**

#### Proposed Targets

The proposed target indicated in the SPP for FFY 2012 (90%) will remain the same.

#### Continuing and New Improvement Activities:

Refer to Appendix A for continuing improvement activities that were developed to support serving children in natural environments.

#### Resources:

Revise NECTAC to ECTA Center.

Part C State Annual Performance Report (APR) for FFY 2011

Overview of the Annual Performance Report Development:

Refer to Overview, pages 1-4.

**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:**

Outcomes:

- 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

Progress categories for A, B, and C:

- 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.

Summary Statements:

1. Of those infants and toddlers who entered or exited early intervention below age expectations in each Outcome, the percent who substantially increased their rate of growth by the time they turned 3 years of age or exited the program.  
  
Percent=# of infants and toddlers reported in progress category (c) plus # of infants and toddlers reported in category (d) divided by [# of infants and toddlers reported in progress

category (a) plus # of infants and toddlers reported in progress category (b) plus # of infants and toddlers reported in progress plus # of infants and toddlers reported in progress category (c) plus # of infants and toddlers reported in progress category (d)] times 100.

2. The percent of infants and toddlers who were functioning within age expectation in each Outcome by the time they turned 3 years of age or exited the program.

Percent=# of infants and toddlers reported in progress category (d) plus # of infants and toddlers reported in progress category (e) divided by the [total # of infants and toddlers reported in progress categories (a) + (b) + (c) + (d) + (e)] times 100.

Measurable and Rigorous Target for FFY 2011		
Summary Statement		Target
Outcome A: Positive social-emotional skills (including social relationships)		
1	Of those children who entered and exited the program below age expectations in Outcome A, the percent that substantially increased their rate of growth in [outcome] by the time they exited.	58.5%
2	Percent of children who were functioning within age expectations in Outcome A, by the time they exited.	82.5%
Outcome B: Acquisition and use of knowledge and skills (including early language/communication and early literacy)		
1	Of those children who entered and exited the program below age expectations in Outcome B, the percent that substantially increased their rate of growth in [outcome] by the time they exited.	70.5%
2	Percent of children who were functioning within age expectations in Outcome B, by the time they exited.	77.5%
Outcome C: Use of appropriate behaviors to meet their needs		
1	Of those children who entered and exited the program below age expectations in Outcome C, the percent that substantially increased their rate of growth in [outcome] by the time they exited.	74.5%
2	Percent of children who were functioning within age expectations in Outcome C, by the time they exited.	74.5%

**Actual Target Data for FFY 2011:**

Actual Data for Part C Children Exiting in FFY 2011

Summary Statement		FFY 2011
Outcome A: Positive social-emotional skills (including social relationships)		
1	Of those children who entered and exited the program below age expectations in Outcome A, the percent that substantially increased their rate of growth in [outcome] by the time they exited.	59.5%
2	Percent of children who were functioning within age expectations in Outcome A, by the time they exited.	77.6%

Outcome B: Acquisition and use of knowledge and skills (including early language/communication and early literacy)		
1	Of those children who entered and exited the program below age expectations in Outcome B, the percent that substantially increased their rate of growth in [outcome] by the time they exited.	67.8%
2	Percent of children who were functioning within age expectations in Outcome B, by the time they exited.	69.0%
Outcome C: Use of appropriate behaviors to meet their needs		
1	Of those children who entered and exited the program below age expectations in Outcome C, the percent that substantially increased their rate of growth in [outcome] by the time they exited.	78.4%
2	Percent of children who were functioning within age expectations in Outcome C, by the time they exited.	78.0%

PROGRESS DATA FOR FFY 2011						
Measurement	A. Social Emotional Skills		B. Acquiring and Using Knowledge and Skills		C. Taking Appropriate Action to Meet Needs	
	#	%	#	%	#	%
a. Percent of infants and toddlers who did not improve functioning	4/1470	0.3%	4/1470	0.3%	2/1470	0.1%
b. Percent of infants and toddlers who improved functioning but not sufficient to move nearer to functioning comparable to same-aged peers	242/1470	16.5%	302/1470	20.5%	206/1470	14.0%
c. Percent of infants and toddlers who improved functioning to a level nearer to same-aged peers but did not reach it	84/1470	5.7%	150/1470	10.2%	116/1470	7.9%
d. Percent of infants and toddlers who improved functioning to reach a level comparable to same-aged peers	278/1470	18.9%	493/1470	33.5%	639/1470	43.5%
e. Percent of infants and toddlers who maintained functioning at a level comparable to same-aged peers	860/1470	58.5%	521/1470	35.4%	507/1470	34.5%

## Related Requirements

Refer to Indicator 9, Table 1b (Indicator 1a, 1b, 2a) for findings made and timely correction under the Hawaii Monitoring Priorities related to this Indicator.

## Description of Process

### Tool:

The EI Goals Measurement tool is based on the Early Childhood Outcomes (ECO) Center's Child Outcomes Summary Form (COSF). The Design Team revised the COSF on the basis of parent and provider input.

### Measurement:

- Initial Rating: The initial data on child status is recorded at the Initial IFSP meeting.
- Exit Rating: The exit data on child status is collected at the Exit IFSP or within three months preceding exit from the program.

### On-Going Data collection:

For each of the three EI Goals, the IFSP team assigns an initial and exit rating to each child. A rating compares the child's status to typical development and progress is calculated by comparing entry and exit ratings.

The rating is based on a combination of the following sources:

1. the developmental evaluation or assessment(s);
2. professional opinion;
3. parent input; and
4. level of achievement of IFSP objectives relevant to the outcome

### Reporting:

EI programs enter EI Goals ratings into their respective agency databases on a monthly basis. The agencies provide summarized data annually or as requested by the Part C LA. Data is then compiled by the Part C LA.

### How data are analyzed:

The Part C LA uses the ratings for each goal area for each child who received services for at least six months to analyze the change in development from entry to exit. The calculator developed by ECO is used to determine each goal area:

1. If the "Yes/No" question (which asks whether the child's functioning improved at from the last rating occasion) on the COSF has never been answered as "Yes" at exit, 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 COSF has been answered "Yes" at 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).

**Discussion of Improvement Activities Completed and Explanation of Progress or Slippage that occurred for FFY 2011:**

Explanation of Slippage

The current data on Child Outcomes shows slippage for Outcome A and B and progress for Outcome C from FFY 2010 to FFY 2011:

Summary Statement		FFY 2010	FFY 2011
	Outcome A: Positive social-emotional skills (including social relationships)		
1	Of those children who entered the program below age expectations in Outcome A, the percent that substantially increased their rate of growth in [outcome] by the time they exited.	61.6%	59.5%
2	Percent of children who were functioning within age expectations in Outcome A, by the time they exited.	80.7%	77.6%
	Outcome B: Acquisition and use of knowledge and skills (including early language/communication and early literacy)		
1	Of those children who entered the program below age expectations in Outcome B, the percent that substantially increased their rate of growth in [outcome] by the time they exited.	72.9%	67.8%
2	Percent of children who were functioning within age expectations in Outcome B, by the time they exited.	75.5%	69.0%
	Outcome C: Use of appropriate behaviors to meet their needs		
1	Of those children who entered the program below age expectations in Outcome C, the percent that substantially increased their rate of growth in [outcome] by the time they exited.	74.3%	78.4%
2	Percent of children who were functioning within age expectations in Outcome C, by the time they exited.	73.3%	78.0%

- Positive social emotional skills
  - a. Increased their rate of growth by exit decreased by 2.1%; however actual data surpassed the State target.
  - b. Functioning within age expectation by exit decreased by 3.1% and the State target was not met.
- Acquisition and use of knowledge and skills
  - a. Increased their rate of growth by exit decreased by 5.1% and the State target was not met.
  - b. Functioning within age expectation by exit decreased by 6.5% and the State target was not met.



- Use of appropriate behaviors to meet needs
  - a. Increased their rate of growth by exit increased by 4.1% and the actual data surpassed the State target.
  - b. Functioning within age expectations by exit increased by 4.7% and the actual data surpassed the State target.

As the data indicates there was slippage in both Outcomes A and B, however this year there was progress in Outcome C which is in contrast to last year's data in which Outcome C showed the greatest amount of slippage. This year was the first full year of using the BDI-2 as the evaluation tool. Staff are now familiar with administering the tool to assess a child's skills.

Slippage may be a result of the following:

- Inconsistency in team rating due to who is participating in team ratings.
  - Improvement activity to conduct refresher training session for completing EI Goals in unison with the Battelle Developmental Inventory -2 (BDI-2).

### Completed Improvement Activities

Refer to Appendix A for improvement activities that are still in process

### **Revisions, with Justification, to Proposed Targets / Improvement Activities / Timelines / Resources for FFY 2012.**

#### Proposed Targets

The proposed targets indicated in the SPP for FFY 2012 will remain the same.

#### Continuing and New Improvement Activities:

Refer to Appendix A for continuing and new improvement activities that were developed to support compliance for EI Child Goals.

#### Resources:

Revise NECTAC to ECTA Center.

Part C State Annual Performance Report (APR) for FFY 2011

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><b>Measurement:</b></p> <ul style="list-style-type: none"> <li>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.</li> <li>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.</li> <li>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.</li> </ul>
<p><b>Applied:</b></p> <ul style="list-style-type: none"> <li>A. 695 families participating in Part C reported that early intervention services have helped the family know their rights. 799 families responded to the question regarding knowing their rights Percent = 695/799 = 87%</li> <li>B. 704 families participating in Part C reported that early intervention services have helped the family effectively communicate their children's needs. 799 families responded to the question regarding communicating their child's needs Percent = 704/799 = 88%</li> <li>C. 691 families participating in Part C reported that early intervention services have helped the family help their child develop and learn. 799 families responded to the question regarding helping their child develop and learn. Percent = 691/799 = 86%</li> </ul>

FFY	Measurable and Rigorous Target		
2011	A. 92%	B. 94%	C. 94%

**Actual Target Data for FFY 2011**

- Family Survey Results

Statewide Family Survey Results July 2011 – June 2012		
Family Goal	# *	%
A. Percent of respondent families participating in Part C who report that early intervention services have helped the family know their rights.	695/799	87%
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.	704/799	88%
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.	691/799	86%

\* Each of the three outcome areas are derived from Section B of the new ECO Family Outcomes Survey: "Helpfulness of Early Intervention. Each section is made up of multiple questions which are added together to come up with a mean score. For a family's response to be considered in agreement with the outcome, the mean score must be 4 or above. "Knowing Your Rights" is made up of five questions, and "Communicating Your Child's Needs," and "Helping Your Child Develop and Learn" are each made up of six questions. If a family did not answer a minimum of four questions regarding "Knowing Your Rights," and five questions for "Communicating Your Child's Needs," and "Helping Your Child Develop and Learn", their response was not part of the overall score.

- Of the 1678 surveys that were distributed, 801 surveys were completed and returned for a 47.7% statewide return rate. This is an increase from last year's return rate which was 47.2% (816/1727).
- Programs that did not meet the target for each specific Family Goal were not issued a finding since this is a performance indicator; however, they were required to develop strategies in their CAP to address the specific Family Goal.
- Additional Data – Length of Time in Early Intervention

When comparing the survey results by the length of time the child was enrolled in early intervention services, the data suggests that families' perceptions improved based on the amount of time their child was in early intervention.

Length of Time in Service	#	Family Goal		
		Know Their Rights	Effectively Communicate their children’s Needs	Help Their Children Develop and Learn
<i>Time not Specified</i>	8	100%	100%	100%
0-6 months	251	82%	83%	83%
6 months-1 year	309	87%	88%	85%
1 -2 years	179	91%	93%	92%
2 -3 years	54	93%	96%	94%
Total	801	87%	88%	87%

This year’s data showed that as a family’s time in Early Intervention increased, the scores for all three indicators also increased. This would support the theory that the longer a family receives services and is familiar with Early Intervention, they have a better understanding of what their rights are, how best to advocate for their child as well as what they need to do to help their child develop and learn.

- Related Requirements

Refer to Indicator 9, Table 1b (Indicators 4a, 4b, and 4c) for findings made and timely correction under the Hawai’i Monitoring Priorities related to this Indicator.

**Representative of the State’s Population**

Three factors were considered when determining whether the returned surveys were representative of the early intervention population:

- Ethnicity
- County of residence
- Age of the child

Comparison by Ethnicity:

When analyzing data for representativeness by ethnicity, we followed the same strategy as last year and compared the two largest ethnic groups, which was Asian and Two or More Ethnicities. Comparing responses in these categories and subtracting out those surveys that did not report an ethnicity resulted in the following observations:

- A higher percentage of mixed race families completed the family surveys in comparison to the percentage reported in Child Count.
- A slightly smaller percentage of Asian families completed their surveys in comparison to Child Count.

Ethnicity	FFY 2011		
	Family Survey	Child Count	Difference
Two or More	42%	33%	9%
Asian	24%	29%	-5%
African American	2%	2%	0%
American Indian	0%	.05%	---
Caucasian	12%	16%	-4%
Hispanic/Latino	15%	8%	7%
Native Hawaiian	6%	12%	-6%

- Both ethnic groups had similar perceptions for each survey question. The difference by question never exceeded 3%.
- Both ethnic groups had similar results when compared with the statewide total.

Family Goal	Two or More (n=330)	Asian (n=185)	Statewide Total (n=801)
Know their rights	89%	86%	87%
Effectively communicate their children's needs	90%	88%	88%
Help their children develop and learn	90%	86%	87%

Comparison by County of Residence

When comparing the proportions of Family Survey return rates with the Child Count Data based on the County the child lives in, it appears that the return rates were spread among all islands in a generally consistent manner.

Based on the surveys returned:

- Kauai was slightly underrepresented, with 6% of the children in Child Count from Kauai, but only 4% of the surveys returned coming from Kauai families.
- Hawai'i was slightly overrepresented, with 11% of the family surveys were returned, compared to a 10% representation in Child Count. This was a change from last year when they were underrepresented by 4%.
- For the first time, Honolulu was underrepresented. The percentage of surveys returned was 71% while Honolulu made up 74% of the Child Count.

County	Family Survey		Child Count		Difference
	#	%	#	%	%
Hawai'i	92	11%	177	10%	1%
Honolulu	567	71%	1389	74%	-3%
Kauai	29	4%	104	6%	-2%
Maui	113	14%	193	10%	4%
Statewide	801	100%	1863	100%	

When comparing the survey results by county of residence and by the statewide total, it is evident that there were some differences in perception based on the residence of the family:

- In two out of the three outcome areas, Kaua'i County scored higher than the other three counties. This is in contrast to last year's data, in which Maui County was rated higher in all three outcome areas.
- Like last year's data, Hawai'i County had the lowest results in two of the three outcome areas, with the third area being higher than only one other county.

Family Goal	Hawai'i	Honolulu	Kauai	Maui	Statewide
Know their rights	85%	86%	93%	86%	87%
Effectively communicate their children's needs	87%	88%	93%	88%	88%
Help their children develop and learn	88%	84%	93%	94%	87%

Comparison by Age

When comparing the proportions of Family Surveys returned with the Child Count Data based on the age of the child, the difference was minimal for all age ranges. Family Survey responses appear to be representative of the population served when looking at it by age of child at the time of survey. The biggest difference was in the 2-3 year age group, which could be due to a number of families going through transition. The families may not have had time to complete the survey or simply forgot in the process of transitioning their child out of Early Intervention.

Age	Family Survey		Child Count		Difference
	#	%	#	%	
Not Reported	16	2%	0	0%	2%
Birth-1	84	11%	170	9%	2%
1-2	249	31%	560	30%	1%
2-3	452	56%	1133	61%	-5%
Total	801	100%	1863	100%	

When comparing the survey responses by age at the time of survey completion, there were similar responses for all 3 age groups by question:

Age	#	Know Their Rights	Effectively Communicate their children's Needs	Help Their Children Develop and Learn
Not Reported	16	87%	100%	100%
Birth-1	84	80%	83%	85%
1-2	249	88%	91%	90%
2-3	452	88%	87%	85%
Total	801	87%	88%	87%

- “Know Their Rights” Section: The lowest percentage was found with the birth-1 age group, which was also the same group who had the lowest percentage for the section on “Effectively Communicate Their Children's Needs”.
- “Effectively Communicate Their Children's Needs” Section: There was the greatest amount of variance (9%) when looking at surveys of families who indicated the age of their child at the time of the survey. Sixteen families did not report the age of their child, but all of these families agreed that they could effectively communicate their child's needs.
- “Help Their Children Develop and Learn” Section: This was the smallest amount of variance of the three outcomes, at only 5% with a range from 85% (Ages Birth-1 and 2-3) to 90% (Ages 1-2). This differs from previous year's data when the highest levels of satisfaction were usually found with the Birth-1 age group. However, this year's data shows the Birth-1 (smallest cohort of families submitting surveys) recording the lowest levels of satisfaction in all three outcome areas. The new survey format may have played a role in response rate changes. With a small cohort, if there were just a few families unsure of the services they were receiving; their responses could have had a larger impact on the overall scores than in previous years since the bar was raised from 71% to 80% for agreement.

**Discussion of Improvement Activities Completed and Explanation of Progress or Slippage that occurred for 2011:**

Explanation of Slippage

The current data for Family Goals A, B, and C all showed slippage and the state targets were not met. However, this was the first year that Hawai'i adopted the new ECO Family Survey (refer to attached). Instead of a seven point rating scale, it is now a five point rating scale. On the previous survey, 5, 6 and 7 was considered in agreement, and on the new survey, a 4 and 5 are considered in agreement. This means that the bar has shifted from 71% to 80%. It is very difficult to compare last year's data to this year's data since it is two different surveys and two different ways of measuring family outcomes, but if we were to look at the percentages, all three outcomes differ by less than the 9% difference in ratings mentioned above between the ratings scale. It is difficult to conclude if our data still reflects similar responses and the change in surveys may be the reason for the drop in ratings. A truer comparison can be made next year since the same survey will be used.

Family Goal	FFY 2005	FFY 2006	FFY 2007	FFY 2008	FFY 2009	FFY 2010	FFY 2011
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%	90%	92%	94%	87%
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%	92%	92%	94%	88%
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%	92%	92%	94%	86%

NOTE: The survey tool was changed in FFY 2011.

Completed Improvement Activities

Refer to Appendix A for improvement activities that are still in process.

**Revisions, with Justification, to Proposed Targets/Improvement Activities/Timelines / Resources for FFY 2012.**

Proposed Targets

The proposed targets indicated in the SPP for FFY 2012 will remain the same.

New Improvement Activities:

Refer to Appendix A for continuing and new improvement activities that were developed to support compliance for EI Family Goals.

Resources:

There are no changes to resources.



Part C State Annual Performance Report (APR) for FFY 2011

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 national data.

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

<p><b>Measurement:</b></p> <p>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><b>Applied:</b></p> <p>170 of infants and toddlers birth to 1 with IFSPs                  18,127 population of infants and toddlers birth to 1                  Percent = 170/18,127 = 0.94%</p>

FFY	Measurable and Rigorous Target
2011	<p style="text-align: center;">1.03%</p> <p>Last year the FFY 2011 target was revised to 1.03%. The change in Hawaii’s eligibility of removing infants environmentally at risk for developmental delay since 2009 has influenced the number of children with IFSPs. A review of the available data also indicates that the percent is likely to decrease with further adjustments to the eligibility criteria; therefore, the target has been revised to be aligned with the national average.</p>

**Actual Target Data for FFY 2011:**

- The actual data of 170 infants and toddlers birth to 1 with IFSPs is consistent with 618 data submitted.
- Compared to National Data (based on OSEP 2011 data tables):
  - The national average for all states including Washington D.C. is 1.02%. Hawaii was below the national average for infants and toddlers birth to 1 with IFSPs by 0.08%.
  - Hawaii was ranked 30<sup>th</sup>, as it served 0.94% (170/18,127) of infants and toddlers birth to 1 with IFSPs.

**Discussion of Improvement Activities Completed and Explanation of Progress or Slippage that occurred for FFY 2011:**

Explanation of Slippage

The current data on percent of infants and toddlers birth to 1 with IFSPs compared to the national data shows slippage of 0.02% from FFY 2010 to FFY 2011, from 0.96% to 0.94%.

Listed below is the data for children with a developmental delay or biological risk:

	FFY 2005	FFY 2006	FFY 2007	FFY 2008	FFY 2009	FFY 2010	FFY 2011
Data	2.41%	1.97%	1.26%	1.26%	1.27%	0.96%	0.94%

The slight slippage (decrease by 0.02%) may be due to the following:

- Some populations (i.e., homeless, immigrants) may not be aware of early intervention if they are not connected with social services.
  - The improvement activity to extend the breadth of public awareness by connecting with additional agencies and programs will continue.
- Mechanisms of public awareness have not been expanded to utilize technology; therefore may not be accessible to young parents or those contemplating parenthood.
  - The improvement activity to utilize social media (e.g., Facebook, Twitter) for public awareness will continue.
- Public Awareness position has been vacant for over a year.
  - The improvement activity to identify an interim Public Awareness Coordinator will continue.

Completed Improvement Activities

Refer to Appendix A for improvement activities that are still in process

**Revisions, with Justification, to Proposed Targets/Improvement Activities/Timelines/Resources for FFY 2012:**

Proposed Targets

The proposed target indicated in the SPP for FFY 2012 will remain the same.

Continuing and New Improvement Activities:

Refer to Appendix A for continuing improvement activities that were developed to support Child Find.

Revised Resources:

Revise NECTAC to ECTA Center, remove DAC and add OSEP.

Part C State Annual Performance Report (APR) for FFY 2011

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 national data.

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

<p><b>Measurement:</b></p> <p>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><b>Applied:</b></p> <p>1863 of infants and toddlers birth to 3 with IFSPs.                      53,413 population of infants and toddlers birth to 3                      Percent = 1863/53,413=3.49%</p>

FFY	Measurable and Rigorous Target
2011	<p style="text-align: center;">2.82%</p> <p>Last year the FFY 2011 target was revised to 1.03%. The change in Hawai'i's eligibility of removing infants environmentally at risk for developmental delay since 2009 has influenced the number of children with IFSPs. A review of the available data also indicates that the percent is likely to decrease with further adjustments to the eligibility criteria; therefore, the target has been revised to be aligned with the national average.</p>

**Actual Target Data for FFY 2011:**

- The actual data of 1863 infants and toddlers birth to 3 with IFSPs is consistent with 618 data submitted.
- Compared to National Data (based on OSEP 2011 data tables)

The following compares Hawai'i's percentage served with national data:

- The national average for all states including Washington D.C. is 2.79%. Hawai'i surpassed the national average for infants and toddlers birth to 3 by 0.7%.
  - Hawai'i was ranked 15<sup>th</sup> as it served 3.49% (1863/53,413) of infants and toddlers birth to 3 with IFSPs.
- Additional Data - By Counties 2007 to 2011:

A comparison served by county shows that there has been a decrease in number of children served in all counties except for Maui.

- o An improvement activity has been developed to extract data from the H-KISS database so further analysis can be done regarding referral sources. Identifying who and where referrals are coming from can help pinpoint where additional public awareness activities should occur.

The follow table compares the estimated percentage of children, 0-3, served by county for FFY 2007 – FFY 2011:

	2007	2008	2009	2010	2011
Oahu	5%	4.9%	3.95%	3.86%	3.74%
Hawaii	4%	3.9%	2.85%	2.71%	2.51%
Maui	4%	3.7%	3.45%	3.08%	3.20%
Kauai	5%	4.2%	4.45%	3.92%	3.99%
<b>Statewide</b>	<b>3.74%</b>	<b>3.77%</b>	<b>3.78%</b>	<b>3.62%</b>	<b>3.53%</b>

**Discussion of Improvement Activities Completed and Explanation of Progress or Slippage that occurred for FFY 2011:**

The current data on percent of infants and toddler birth to 3 with IFSPs shows slippage of 0.13% from FFY 2010 to FFY 2011, from 3.62% to 3.49%; however it surpassed the target so discussion of improvement activities and explanation of progress or slippage are not required.

Listed below is the data for children with a developmental delay or biological risk:

	FFY 2005	FFY 2006	FFY 2007	FFY 2008	FFY 2009	FFY 2010	FFY 2011
Compliance	4.3%	3.2%	3.74%	3.77%	3.78%	3.62%	3.49%

Refer to Indicator 5, page 26 discussion regarding slippage.

**Revisions, with Justification, to Proposed Targets/Improvement Activities/Timelines/Resources for FFY 2012:**

Proposed Targets

The proposed target indicated in the SPP for FFY 2012 will remain the same.

Continuing and New Improvement Activities:

Refer to Appendix A for continuing improvement activities that were developed to support Child Find.

Revised Resources:

Revise NECTAC to ECTA Center, remove DAC and add OSEP.

Part C State Annual Performance Report (APR) for FFY 2011

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)

<p><b>Measurement:</b></p> <p>Percent = [(# of 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 infants and toddlers with IFSPs evaluated and assessed for whom an initial IFSP meeting was required to be conducted)] times 100.</p> <p>Account for untimely evaluations, assessments, and Initial IFSP meetings, including the reasons for delays.</p>
<p><b>Applied:</b></p> <p>2017 infants and toddlers received an evaluation and assessment and an initial IFSP meeting was conducted within Part C’s 45-day timeline</p> <p>2074 infants and toddlers with IFSPs</p> <p>Percent = 2017/2074=97%</p>

FFY	Measurable and Rigorous Target
2011	100%

**Actual Target Data for FFY 2011:**

Statewide data for 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 was collected from Agency data systems for the period 7/1/11 – 6/30/12. The timelines were from the date of referral to the initial IFSP meeting and were based on actual, not an average, number of days.

- 2017 of 2074 (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: 472 of the 2074 (23%) 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. This number is included in both the numerator and denominator. The following are the two predominate exceptional family circumstances:
  - Untimely evaluations
  - Family cancelled appointment

- Program Reasons. 57 of the 2074 (3%) infants and toddlers did not have an initial IFSP meeting within Part C’s 45-day timeline due to program reasons. Besides late MDEs, the following are the two predominate program reasons:
  - Program schedule full
  - Program forgot to schedule
- Identifying Noncompliance. Of the 57 infants and toddlers who did not receive an evaluation and assessment and an initial IFSP meeting within Part C’s 45-day timeline, 57 (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 Evaluation and Initial IFSP (For the 57 late IFSPs)		
Range of Days Beyond the Due Date	# of Children	% of Children
1-30 days	47	82.5%
31-60 days	6	10.5%
61-90 days	1	1.7%
> 90 days	3	5.3%

- The state accounted for all instances of noncompliance identified via the EI Agency Database. There were 15 programs serving the 57 children who did not receive an evaluation and assessment and an initial IFSP meeting within Part C’s 45-day timeline.
  - 8 of the 15 programs were issued findings in FFY 2012, based on FFY 2011 data. They received a letter of notification of noncompliance and were informed that they must demonstrate correction, as soon as possible, but no later than one year of identification (e.g. date of written notification).
  - 7 of the 15 programs were not issued findings because they submitted required data that was verified by Part C LA to demonstrate correction prior to the written issuance of findings. The data demonstrates that all infants and toddlers had received initial IFSPs, although late, unless the child was not under the program’s jurisdiction. The programs are correctly implementing the Timely Evaluation and Assessments and initial IFSPs requirement for all children (100%).
- Related Requirements
  - Refer to Indicator 9, Table 1b (Indicators 2a, 2b, 2c, 2d, 4d, and 4e) for findings made and timely correction under the Hawai’i Monitoring Priorities related to this Indicator.

**Demonstrating Correction based on the 09-02 Memo, page 2**

The state accounted for all instances of noncompliance through on-site monitoring (refer to preceding section on “Monitoring Process”). All Programs were notified in writing of any noncompliance. Programs are required to develop a Corrective Action Plan (CAP), change policies and procedures, as appropriate, and demonstrate correction of all noncompliance (e.g., child specific and up-dated data) as soon as possible but no later than one year of identification (i.e., date of written notification).

## Prong 1

For FFY 2008 through FFY 2011, the Part C LA verified that each of the EI Programs with findings of noncompliance for not conducting an evaluation, assessment and initial IFSP within Part C's 45-day timeline, completed all evaluations, assessments and initial IFSPs, although late. The status of child specific correction was included in previous APRs target data. It included the percentage of children that received an Initial IFSP, though late, unless the child was no longer within the jurisdiction of the EI Program. The report from the database includes the actual date of the Initial IFSP and calculates how many days late it was from the 45 day timeline. If the Initial IFSP did not occur prior to the date the data was pulled and the child is still enrolled in Part C, the Program/Section must immediately correct by completing the initial IFSP, though late and submit a copy of the signature page of the IFSP.

## Prong 2

In verifying correction of noncompliance, the state determined that each of the EI programs with identified noncompliance is correctly implementing the requirements at 34 §§ CFR 303.321(e), 303.322(e)(1), and 303.342(a). Programs/Sections with identified noncompliance were required to submit a copy of the signature page of all the Initial IFSPs completed along with the list from the database the includes the 45-day timeline. The Programs/Sections were required to submit this updated data to demonstrate correction based on the monitoring data percentage as follows:

- 95% - 100%: 1 month of data that shows 100% with a minimum of 2 records total
- 90% - 94%: 1 month of data that shows 100% with a minimum of 4 records total
- 80% - 89%: 2 months of data that show 100% with a minimum of 6 records total
- 70% - 79%: 2 consecutive months of data that show 100% with a minimum of 8 records total
- Under 70%: 3 consecutive months of data that show 100% with a minimum of 10 records total

The Agency Administrators verified what the Program/Sections submit and ensured that the Program/Section submitted required evidence of correction documentation based on the percentage of noncompliance. Part C LA verifies the data submitted in the Agency Monthly report.

## Status of Correction

### FFY 2010

- 8 programs were notified of findings for Timely Evaluation and Assessment and Initial IFSPs in FFY 2010 based on FFY 2009 data (See Table 2, Correction of Noncompliance Identified in FFY 2010 by SPP/APR Indicators and Hawai'i Monitoring Priorities in Indicator 9).
  - 7 findings were verified as corrected within one year of notification.
  - 1 finding was subsequently verified as corrected after one year of notification.

### Root Causes

- Staff Vacancies

Part C LA and/or Agency implemented the following to address staff vacancies:

- Developed a mechanism for Programs to utilize staff as Primary Providers in the Transdisciplinary approach to service delivery.
- Staff at EIS deployed to EI Programs to provide direct services and participate as an evaluator.

The table below summarizes the Correction of Noncompliance for Indicator 7.

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	16	16	0	16	0
FFY 2007	FFY 2008	7	7	0	7	0
FFY 2008	FFY 2009	9	9	0	9	0
FFY 2009	FFY 2010	8	7	1	0	0
FFY 2010	FFY 2011	To be reported in the FFY 2012 APR to be submitted in 2014				

**Discussion of Improvement Activities Completed and Explanation of Progress or Slippage that occurred for FFY 2011:**

Explanation of Slippage:

The current data on timely evaluations and assessment and initial IFSP meetings decreased by 1% from FFY 2010 to FFY 2011.

	FFY 2005	FFY 2006	FFY 2007	FFY 2008	FFY 2009	FFY 2010	FFY 2011
Compliance	98%	98%	97%	97%	98%	98%	97%

Slippage may be a result of the following:

- State budget cuts, furloughs, and Reduction in Force (RIF) have placed an additional strain on Programs, which impacted direct service hours. Furthermore, when a position becomes vacant, the State hiring process may take months to fill a position, which is also a result of the State budget cuts and RIF.
  - Improvement activity to use flip videos will continue.
  - Improvement activity to up-date listing of community resources has been developed.
  - Improvement activity to explore options to have centralized database accessible to all staff through available technology (i.e., icloud) has been developed.
  - Improvement activity to implement a revised Gap Report has been developed.
- Staff vacancies
  - Improvement activities to collaborate with academic institutions and to explore factors that can improve staff retention will continue.
- Child Welfare Services (CWS) not understanding EI timelines.
  - Improvement activity to collaborate with CWS has been developed.



### Completed Improvement Activities

Refer to Appendix A for improvement activities that are still in process.

### **Revisions, with Justification, to Proposed Targets/Improvement Activities/Timelines/Resources for FFY 2012.**

#### Proposed Targets

Because this is a compliance indicator, the target will remain at 100%.

#### Continuing and New Improvement Activities:

Refer to Appendix A for continuing and new improvement activities that were developed to support compliance for Timely Evaluations and Assessment and Initial IFSPs.

#### Revised Resources:

Revise NECTAC to ECTA Center.

Part C State Annual Performance Report (APR) for FFY 2011

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><b>Measurement:</b></p> <ul style="list-style-type: none"> <li>A. Percent = [(# of toddlers with disabilities exiting Part C who have an IFSP with transition steps and services at least 90 days, and at the discretion of all parties not more than nine months prior to the toddler’s third birthday) divided by the (# of toddlers with disabilities exiting Part C)] times 100.</li> <li>B. Percent = [(# of toddlers with disabilities exiting Part C where notification (consistent with any opt-out policy adopted by the State) to the SEA and LEA occurred at least 90 days, and at the discretion of all parties not more than nine months prior to the toddler’s third birthday for toddlers potentially eligible for Part B preschool services) divided by the (# of toddlers with disabilities exiting Part C who were potentially eligible for Part B)] times 100.</li> <li>C. Percent = [(# of toddlers with disabilities exiting Part C where the transition conference occurred at least 90 days, and at the discretion of all parties not more than nine months prior to the toddler’s third birthday for toddlers potentially eligible for Part B) divided by the (# of toddlers with disabilities exiting Part C who were potentially eligible for Part B)] times 100.</li> </ul> <p>Account for untimely transition conferences, including reasons for delays.</p>
<p><b>Applied:</b></p> <ul style="list-style-type: none"> <li>A. 1197 children exiting Part C who have an IFSP with transition steps and services 1216 children who exited Part C Percent 1197/1216 = 98%</li> <li>B. 857 children exiting Part C and potentially eligible for Part B where timely notification to the LEA occurred 935 children exiting Part C who were potentially eligible for Part B Percent = 857/935 = 92%</li> </ul>

<p>C. 465 children exiting Part C where the <u>timely</u> transition conference occurred          520 children exiting Part C where the transition conference occurred          Percent = 465/520 = 89%</p>
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FFY	Measurable and Rigorous Target
2011	100%

**Actual Target Data for FFY 2010:**

Statewide data for the Transition Plan, Transition Notice and the Transition Conference for all children who exited Part C in FFY 2011 was collected from Agency data systems for the period 7/1/11-6/30/12.

- Transition Plan
  - 1197 of 1216 (98%) children exiting Part C had a timely and complete Transition Plan in their IFSP that was completed at least 90 days prior to the child’s third birthday. Children referred fewer than 45 days from their 3<sup>rd</sup> birthday were not included in the calculation.
  - 19 of the 1216 (2%) children exiting Part C did not have a timely and complete Transition Plan in their IFSP, based on Hawai’i’s requirements for a complete Transition Plan. To be considered “complete,” Hawai’i requires the Transition Plan to include all the steps and services listed in the IDEA, Part C regulations. Hawai’i requires the Transition Plan to be updated at each IFSP meeting.
  - There were 12 programs serving the 19 children who did not have a timely and complete Transition Plan in their IFSP with steps and services.
    - 10 of the 12 programs were issued a finding in FFY 2012, based on FFY 2011 data. They received a letter of notification of noncompliance and were informed that they must demonstrate correction, as soon as possible, but no later than one year of identification (e.g. date of written notification).
    - 1 of the 12 programs was not issued a finding due to on-going non-compliance (did not demonstrate correction from the finding issued in FFY 2010, based on FFY 2009 data).
    - 1 of the 12 programs was not issued a finding because the program submitted required data that was verified by Part C LA to demonstrate correction prior to written issuance of findings. The data demonstrated that all infants and toddlers had a complete transition plan, although late unless the child was no longer under the program’s jurisdiction. Up-dated data was used to verify that the Program is now correctly implementing the timely and complete transition plan requirement for all children (100%).
  
- Transition Notice
  - 857 of 935 (92%) children exiting Part C and potentially eligible for Part B services exited with timely notification to the LEA. The Part B and C programs mutually decided that any child served by Part C with a developmental delay was “potentially eligible for Part B services.” Therefore it is a requirement that, at a minimum, directory information on all

children exiting Part C with a developmental delay be forwarded to Part B unless the family opts out of this requirement. Children referred fewer than 45 days from their 3<sup>rd</sup> birthday were not included in the calculation.

- Opt Out Option: 355 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. The “opt out” policy was presented to the community at a public hearing held May 4, 2009. The policy was officially forwarded to OSEP as part of the Part C Grant Application mailed to OSEP on May 14, 2009 and is officially on file. These children are not included in either the above numerator or denominator. Due to the high number of “opt outs” for the Transition Notice, the database was revised to track reasons why families were “opting out” of the Transition Notice. The predominate reason why families “opted out” of the Transition Notice was that they were not interested in having their child referred to DOE.

The improvement activity to explore how to address the high rate of Transition Notice “opt outs” will continue.

- Program Reasons: 78 of 935 (8%) children exiting Part C and potentially eligible for Part B exited without timely notification to the LEA due to program reasons. It is Hawaii’s policy that the transition notice must be sent to the LEA at least 90 days prior to the child’s 3<sup>rd</sup> birthday. The timeline is in place to support DOE’s Child Find efforts to ensure that all children who are potentially eligible for DOE can receive a timely evaluation and start the Part B program by their 3<sup>rd</sup> birthday.
- Of the 78 children exiting without timely notification to the LEA, notification was provided to the LEA for 40 of these children, although untimely; 38 children left the jurisdiction of Part C prior to issuing the LEA notification.

Range of Days for Notification to LEA (For the 78 children that exited without a timely notification to LEA)		
Range of Days Beyond the Due Date	# of Children	% of Children
1-30 days	34	43.6%
31-60 days	5	6.4%
61-90 days	0	0%
>90 days	1	1.3%
No notice to LEA prior to leaving the jurisdiction of Part C	38	48.7%

- There were 17 programs serving the 78 children who exited Part C with either untimely notification to the LEA or insufficient documentation that notification to the LEA was provided:
  - 5 of the 17 programs were issued findings in FFY 2012, based on FFY 2011 data. They received a letter of notification of noncompliance and were informed that they must demonstrate correction, as soon as possible, but no later than one year of identification (e.g. date of written notification).
  - 2 of the 17 programs were not issued a finding due to on-going non-compliance (one program did not demonstrate correction from the finding issued in FFY

2010, based on FFY 2009 data and one program did not demonstrate correction from the finding issued in FFY 2011, based on FFY 2010 data).

- 10 of the 17 programs were not issued findings because they submitted required data that was verified by Part C LA to demonstrate correction prior to the written issuance of findings. The data demonstrated that transition notices for all infants and toddlers were provided to the LEA unless the family “opted out” or child was not under the program’s jurisdiction. Up-dated data was used to verify that the Programs are now correctly implementing the requirement of notifying the LEA of all children who are potentially eligible for DOE (100%).

- Transition Conference

Hawaii’s policy is to offer a Transition Conference for all children exiting from Hawaii’s Part C program, as they are all potentially eligible for Part B services.

- 465 of 520 (89%) children exiting Part C where the timely transition conference occurred. Children referred fewer than 90 days from their 3<sup>rd</sup> birthday were not included in the calculation.
- 753 families declined a Transition Conference and are not included in either the above numerator or denominator. Due to the high number of declines for a Transition Conference, the database was revised to track reasons why families were declining Transition Conferences. The two predominate reasons why families declined the Transition Conference were:
  - Families are familiar with the options
  - Families already decided on a setting/placement

Improvement activities to explore how to address the high rate of Transition Conference declines will continue.

- Exceptional Family Circumstances: 48 of 520 (9%) children exiting Part C did not have a timely Transition Conference due to exceptional family circumstances. They are included in both the above numerator and denominator. The two predominate exceptional family circumstances were family requested a date beyond the due date and conflict in schedules.
- Program Reasons: 55 of 520 (11%) children exiting Part C did not have a timely Transition Conference due to program reasons. The predominate program reason was that the program schedule was full and staff forgot to schedule within the required timeline.
- Of the 55 families that did not receive a timely Transition Conference, 12 received a Transition Conference, although untimely and 43 children left the jurisdiction of Part C prior to having a Transition Conference.

Range of Days for the Transition Conference (For the 55 children that exited without a timely Transition Conference)		
Range of Days Beyond the Due Date	# of Children	% of Children
1-30 days	10	18%
31-60 days	2	4%

Range of Days for the Transition Conference (For the 55 children that exited without a timely Transition Conference)		
61-90 days	0	0%
No Transition Conference prior to leaving the jurisdiction of Part C	43	78%

- There were 15 programs serving the 55 children who exited Part C with an untimely Transition Conference or having no Transition Conference prior to exiting Part C.
  - 6 of the 15 programs were issued findings in FFY 2012, based on FFY 2011 data. They received a letter of notification of noncompliance and were informed that they must demonstrate correction, as soon as possible, but no later than one year of identification (e.g. date of written notification).
  - 9 of the 15 programs were not issued findings because they submitted required data that was verified by Part C LA to demonstrate correction prior to the written issuance of findings. The data demonstrates that all children received a transition conference, although late, unless the family declined a transition conference or the child was no longer under the program’s jurisdiction. Up-dated data was used to verify that the Programs are now correctly implementing the transition conference requirements for all infants and toddlers (100%).
- Related Requirements
  - Refer to Indicator 9, Table 1b (Indicator 3a) for findings made and timely correction under the Hawaii Monitoring Priorities related to this Indicator.

**Demonstrating Correction based on the 09-02 Memo, page 2**

The state accounted for all instances of noncompliance through on-site monitoring (refer to preceding section on “Monitoring Process”). All Programs were notified in writing of any noncompliance. Programs are required to develop a Corrective Action Plan (CAP), change policies and procedures, as appropriate, and demonstrate correction of all noncompliance (e.g., child specific and up-dated data) as soon as possible but no later than one year of identification (i.e., date of written notification).

Prong 1

For FFY 2008 through FFY 2011, the Part C LA verified that each of the EI Programs with findings of noncompliance for not including a transition plan in the IFSP, providing timely notification to the LEA of potentially eligible children for Part B services, and conducting timely transition conferences, all children had a complete transition plan, notification to the LEA, and had a transition conference, although late, unless the child was no longer within the jurisdiction of the EI Program. The status of child specific correction was included in previous APRs target data. It included the percentage of children that had a complete transition plan included in their IFSP prior to exit, notification to the LEA, and/or a transition conference, though late, unless the child was no longer within the jurisdiction of the EI Program. The report from the database includes the transition due date (at least 90 days prior the child exiting Part C), if a complete transition plan was included in the IFSP prior to exit, actual date the notification to the LEA was sent, and the actual date of the transition conference. It also includes if it was late, how many days late it occurred.

Prong 2

In verifying correction of noncompliance, the state determined that each of the EI programs with identified noncompliance is correctly implementing the requirements at 34 CFR §§ 303.148(b)(4) (for 8A); 34 CFR §

303.344(h)for 8B); and 34 CFR § 303.148(b)(2)(i) ( as modified by IDEA sections 637(a)(9)(A)(ii)(II)) (for 8C). Programs/Sections with identified noncompliance were required to submit a copy of the transition plan, documentation of when the transition notice was sent to the LEA, and documentation of the transition conference along with a list from the database of children that exited Part C that included the child’s name, date of birth, exit date, and transition due date (at least 90 days prior to exiting Part C). The Programs/Sections were required to submit this updated data to demonstrate correction based on the monitoring data percentage as follows:

- 95% - 100%: 1 month of data that shows 100% with a minimum of 2 records total
- 90% - 94%: 1 month of data that shows 100% with a minimum of 4 records total
- 80% - 89%: 2 months of data that show 100% with a minimum of 6 records total
- 70% - 79%: 2 consecutive months of data that show 100% with a minimum of 8 records total
- Under 70%: 3 consecutive months of data that show 100% with a minimum of 10 records total

The Agency Administrators verified the data submitted by the Program/Sections and ensured that the Program/Section submitted required evidence of correction documentation based on the percentage of noncompliance. Part C LA verifies the data submitted in the Agency Monthly report.

Status of Correction

Transition Plan

FFY 2010

- 7 programs were notified of findings for the Transition Plan in FFY 2010 (See Table 1b in Indicator 9).
  - 6 findings were verified as corrected within one year of notification
  - 1 finding remaining

The following actions have been taken with the Programs regarding on-going non-compliance:

1. Conference call with the Program Manager, Data Clerk, Agency Director and Lead Agency staff.
2. Program is required to submit CAP reports and required evidence to demonstrate correction on a daily basis.
3. The Agency Director is cc'd on all e-mails between the Lead Agency and the Program Manager.
4. Step by step walk through of the process and how to utilize the data base was provided to the Program Manager, Data Clerk, and Agency Director.

The table below summarizes the Correction of Noncompliance for Indicator 8A.

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	8	8	0	8	0

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 2007	FFY 2008	8	8	0	8	0
FFY 2008	FFY 2009	1	1	0	1	0
FFY 2009	FFY 2010	7	6	0	1	1
FFY 2010	FFY 2011	To be reported in FFY 2012 APR to be submitted in 2014				

Transition Notice

FFY 2010

- 10 programs were notified of findings for the Transition Notice in FFY 2010 (See Table 1b in Indicator 9).
  - 8 findings were verified as corrected within one year of notification.
  - 2 findings remaining

The following actions have been taken with the Programs regarding on-going non-compliance:

1. Conference call with the Program Manager, Data Clerk, Agency Director and Lead Agency staff.
2. Program is required to submit CAP reports and required evidence to demonstrate correction on a daily basis.
3. The Agency Director is cc'd on all e-mails between the Lead Agency and the Program Manager.
4. Step by step walk through of the process and how to utilize the data base was provided to the Program Manager, Data Clerk, and Agency Director.

Root Causes

- Some staff submitted the form late upon DOE's request
  - Part C LA provided clarification on Transition Notice procedures and timelines.

The table below summarizes the Correction of Noncompliance for Indicator 8B.

Correction of Noncompliance for Indicator 8B: Transition Notice						
Monitoring Data Year	Year Findings of Noncompliance Issued	Total Findings of Noncompliance	Findings Verified as Corrected within One	Findings Subsequently Verified as	Total Findings Corrected as of	Findings of Noncompliance Remaining



			Year	Corrected	Submission	
FFY 2005	FFY 2006	0	0	0	0	0
FFY 2006	FFY 2007	8	7	1	8	0
FFY 2007	FFY 2008	2	2	0	2	0
FFY 2008	FFY 2009	11	11	0	11	0
FFY 2009	FFY 2010	10	8	0	2	2
FFY 2010	FFY 2011	To be reported in FFY 2012 APR to be submitted in 2014				

Transition Conference

FFY 2010

- 8 programs were notified of findings for Transition Conference in FFY 2010 (See Table 1b in Indicator 9); all were verified as corrected within one year of notification.

Root Causes

- Insufficient Staffing: Staff time constraints due to vacant positions
  - Part C LA provided training to Program Managers on how to utilize reports in the database as ticklers for due dates and streamline their process.

The table below summarizes the Correction of Noncompliance for Indicator 8C.

Correction of Noncompliance for Indicator 8C: Transition Conference						
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	0	0	0	0	0
FFY 2006	FFY 2007	14	14	0	14	0
FFY 2007	FFY 2008	4	4	0	4	0
FFY 2008	FFY 2009	8	8	0	8	0
FFY 2009	FFY 2010	8	8	0	0	0
FFY 2010	FFY 2011	To be reported in FFY 2012 APR to be submitted in 2014				

**Discussion of Improvement Activities Completed and Explanation of Progress or Slippage that occurred for FFY 2011:**

Explanation of Slippage:

Transition Compliance	FFY 2005	FFY 2006	FFY 2007	FFY 2008	FFY 2009	FFY 2010	FFY 2011
Plan	99%	99%	97%	99%	98%	99.7%	98%
Notice	100%	100%	99%	91%	96%	91%	92%
Conference	94%	96%	97%	94%	93%	93%	89%

Explanation of Slippage:

Transition Plan

- The current data on Timely Transition Plans shows a decrease of 1.7% from FFY 2010 to FFY 2011, from 99.7% to 98%.

Slippage may be a result of Care Coordinators discussing transition with the family, but not documenting the plan of action.

- An improvement activity to revise the transition training module to strengthen the section on developing a complete transition plan was developed.

Transition Conference

- The current data on Timely Transition Conferences shows a decrease from FFY 2010 to FFY 2011, from 93% to 89%.

Slippage may be a result of staff shortages and Care Coordinators having high caseloads. Staff and families may also not fully understand the purpose of the Transition Conference.

- The improvement activity to develop a handout that explains the purpose of the transition conference and updates to technical assistance documents will continue.

Completed Improvement Activities

Refer to Appendix A for improvement activities that are still in process

**Revisions, with Justification, to Proposed Targets/Improvement Activities/Timelines/Resources for FFY 2012.**

Proposed Targets

Because this is a compliance indicator, the target will remain at 100%.

Continuing and New Improvement Activities:

Refer to Appendix A for continuing and new improvement activities that were developed to support compliance for Timely Transition Planning.

Resources:

# APR Template – Part C

HAWAII  
State

Revise NECTAC to ECTA Center.

Part C State Annual Performance Report (APR) for FFY 2011

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><b>Measurement:</b></p> <p>Percent of noncompliance corrected within one year of identification:</p> <p style="margin-left: 20px;">a. # of findings of noncompliance.</p> <p style="margin-left: 20px;">b. # of corrections completed as soon as possible but in no case later than one year from identification.</p> <p>Percent = [(b) divided by (a)] times 100.</p> <p>States are required to use the “Indicator 9 Worksheet” to report data for this indicator.</p>
<p><b>Applied:</b></p> <p>341 findings of noncompliance</p> <p>316 corrections completed as soon as possible but in no case later than one year from identification</p> <p>Percent = 316/341 = 93%</p>

FFY	Measurable and Rigorous Target
2011	100%

**Definition of Finding:**

Programs are issued a finding of noncompliance if targets for SPP/APR Indicators and Hawai'i State Priority Areas are not met. All Programs are notified in writing of any noncompliance and that they must demonstrate correction of all noncompliance (e.g., child specific and up-dated data) as soon as possible not but no later than one year of identification (i.e., date of written notification).

**Actual Target Data for FFY 2011:**

- The following findings were issued in FFY 2010, based on FFY 2009 data.

<b>Table 1a. Summary of Correction of Noncompliance of Findings Issued in FFY 2010</b>	
a. No. of Findings of Noncompliance Issued (FFY 2010)	341
b. No. of Findings Verified as Corrected within One Year of Notification (FFY 2010)	316

<b>c. Percent Verified as Corrected within One Year of Notification (FFY 2010)</b>	<b>93%</b> <b>(316/341)</b>
d. No. of Finding Subsequently Verified as Corrected in FFY 2011	14
e. No. of Findings Closed due to Program Closing	1
f. Total No. of Findings Verified as Corrected or closed by FFY 2011 APR Submission	331
<b>g. Percent Verified as Corrected by APR Submission</b>	<b>97%</b> <b>(331/341)</b>

- The table 1b below, as required by OSEP, provides data, by each SPP/APR compliance indicator and each Hawai'i monitoring priority indicator, on:
  - whether the findings were identified through Hawai'i's monitoring process (i.e., self-assessment, data review) or by a dispute resolution process (e.g., complaints or hearings)
  - the number of EI programs issued findings in FFY 2010
  - the number of findings of noncompliance identified in FFY 2010
  - the number of findings verified as corrected within one year of notification.

<b>SPP/APR Indicator</b>	<b>General Supervision System Components</b>	<b># EI Programs Issued Findings in FFY 2010 (7/1/10 to 6/30/11)</b>	<b>(a) # Findings of Noncompliance Identified in FFY 2010 (7/1/10 to 6/30/11)</b>	<b>(b) # Findings on Noncompliance from (a) for which correction was Verified no later than One Year of Notification</b>
1. Percent of infants and toddlers with IFSPs who receive the early intervention services on their IFSPs in a timely manner.	Monitoring Activities: On-site Monitoring	12	12	11
	Dispute Resolution: Complaints, Hearings	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	6
	Dispute Resolution: Complaints, Hearings	0	0	0
8. Percent of all children exiting Part C who received timely transition	Monitoring Activities: Data Review	7	7	6

<b>Table 1b. Correction of Noncompliance Identified in FFY 2010 by SPP/APR Indicator and Hawaii Monitoring Priorities</b>				
<b>SPP/APR Indicator</b>	<b>General Supervision System Components</b>	<b># EI Programs Issued Findings in FFY 2010 (7/1/10 to 6/30/11)</b>	<b>(a) # Findings of Noncompliance Identified in FFY 2010 (7/1/10 to 6/30/11)</b>	<b>(b) # Findings on Noncompliance from (a) for which correction was Verified no later than One Year of Notification</b>
planning: A. IFSPs with transition steps and services;	Dispute Resolution: Complaints, Hearings	0	0	0
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	10	10	8
	Dispute Resolution: Complaints, Hearings	0	0	0
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	8	8	8
	Dispute Resolution: Complaints, Hearings	0	0	0
<b>SUB-TOTAL (SPP/APR Indicators)</b>		45	45	39
<b>Hawai'i State Priorities</b>				
1a. 1 <sup>st</sup> Review IFSP within 6 months of Initial IFSP.	Monitoring Activities: Data Review	10	10	9
	Dispute Resolution: Complaints, Hearings	0	0	0
1b. 1 <sup>st</sup> Annual IFSP within 1 year of Initial IFSP.	Monitoring Activities: Data Review	8	8	8
	Dispute Resolution: Complaints, Hearings	0	0	0
2a. Complete present levels of development	Monitoring Activities: Data Review	2	2	2
	Dispute Resolution: Complaints, Hearings	0	0	0
2b. Frequency, intensity, method, location, & payment	Monitoring Activities: On-site Monitoring	2	2	2
	Dispute Resolution: Complaints, Hearings	0	0	0

<b>Table 1b. Correction of Noncompliance Identified in FFY 2010 by SPP/APR Indicator and Hawaii Monitoring Priorities</b>				
<b>SPP/APR Indicator</b>	<b>General Supervision System Components</b>	<b># EI Programs Issued Findings in FFY 2010 (7/1/10 to 6/30/11)</b>	<b>(a) # Findings of Noncompliance Identified in FFY 2010 (7/1/10 to 6/30/11)</b>	<b>(b) # Findings on Noncompliance from (a) for which correction was Verified no later than One Year of Notification</b>
2c. IFSP objectives complete	Monitoring Activities: On-site Monitoring	5	5	4
	Dispute Resolution: Complaints, Hearings	0	0	0
2d. Justification for services in non-natural environments	Monitoring Activities: On-site Monitoring	8	8	7
	Dispute Resolution: Complaints, Hearings	0	0	0
3a. Appropriate individuals invited to Transition Conference	Monitoring Activities: On-site Monitoring	8	8	8
	Dispute Resolution: Complaints, Hearings	0	0	0
4a. FERPA notice explained and provided/offered to the family	Monitoring Activities: On-site Monitoring	3	3	2
	Dispute Resolution: Complaints, Hearings	0	0	0
4b. "Dear Family" explained and provided/offered to the family	Monitoring Activities: On-site Monitoring	3	3	2
	Dispute Resolution: Complaints, Hearings	0	0	0
4c. Written Prior Notice provided to the family	Monitoring Activities: On-site Monitoring	7	7	4
	Dispute Resolution: Complaints, Hearings	0	0	0
4d. Consent for MDE	Monitoring Activities: On-site Monitoring	1	1	1
	Dispute Resolution: Complaints, Hearings	0	0	0
4e. Written consent prior to the initiation of services	Monitoring Activities: On-site Monitoring	8	8	8
	Dispute Resolution: Complaints, Hearings	0	0	0
DV1-22. Data Validation	Monitoring Activities: On-site Monitoring	29	231	220

Table 1b. Correction of Noncompliance Identified in FFY 2010 by SPP/APR Indicator and Hawaii Monitoring Priorities				
SPP/APR Indicator	General Supervision System Components	# EI Programs Issued Findings in FFY 2010 (7/1/10 to 6/30/11)	(a) # Findings of Noncompliance Identified in FFY 2010 (7/1/10 to 6/30/11)	(b) # Findings on Noncompliance from (a) for which correction was Verified no later than One Year of Notification
	Dispute Resolution: Complaints, Hearings	0	0	0
<b>SUB-TOTAL (Hawaii State Priority Areas)</b>		94	296	277
<b>TOTAL</b>		<b>139</b>	<b>341</b>	<b>316</b>

**Demonstrating Correction based on the 09-02 Memo, page 2**

Prong 1

When any child specific noncompliance occurred, the Part C LA verified that each individual case of noncompliance was corrected. If the noncompliance was related to a timeline, the EI Program was directed to take the required action although late (e.g. complete the evaluation/assessment, provide the required service, and implement the transition conference). Refer to the “Demonstrating Correction based on the 09-02 Memo, page 2” section of Indicators 1, 7, and 8 for explanations of how child specific correction is demonstrated for each Indicator.

Prong 2

Current data is also reviewed to ensure that programs are correctly implementing the requirement found to be in noncompliance. Refer to the “Demonstrating Correction based on the 09-02 Memo, page 2” section of Indicators 1, 7, and 8 for an explanation of how correction of all noncompliance is demonstrated for each Indicator.

Programs that had noncompliance were required to develop written CAPs that included strategies, benchmarks, timelines, and root causes and submit the CAP to their respective EI Agency for approval. Programs are required to make changes to policies, procedures, and/or practices when appropriate. Once approved, the program CAPs were submitted to their respective EI Agency on a monthly basis with current data to support their CAP requirement, including progress on strategies to change program protocol so that timelines were met. The EI Agencies submitted their CAP Summary Reports to the Part C LA for verification that Programs were correctly implementing the specific regulatory requirement.

Once received, Part C LA reviewed the CAP Summary Reports to determine if any follow-up was needed or if the reports were accepted as complete. If, however, there were concerns related to the CAP Summary Report, the Part C LA would contact the EI Agency and/or the EI Program for additional information.



**Monitoring Process**

The monitoring process and how findings are issued described in last year’s APR has not changed. A description of the monitoring process, which includes the process for selecting children for monitoring, called the PART C LA Continuous Quality Improvement System (CQIS), can be found in the SPP.

**Discussion of Improvement Activities Completed and Explanation of Progress or Slippage that occurred for FFY 2011:**

**Explanation of Slippage**

The current data shows a 6% slippage from FFY 2009 to FFY 2010 from 100% to 93%.

	FFY 2005	FFY 2006	FFY 2007	FFY 2008	FFY 2009	FFY 2010
Compliance	97%	94%	95%	100%	100%	93%

All findings that were not corrected within one year from written notification were from two EI Programs within one agency. The Program Manager supervising both of the respective programs was new to Early Intervention.

Furthermore, the Lead Agency staff person overseeing the CAPs was also new to Early Intervention and the position has been vacant for almost a year. A new person has been identified to work with the Program Manager to demonstrate correction.

The following actions have been taken with the Program regarding on-going non-compliance:

1. Conference call with the Program Manager, Data Clerk, Agency Director and Lead Agency staff.
2. Program is required to submit CAP reports and required evidence to demonstrate correction on a daily basis.
3. The Agency Director is cc'd on all e-mails between the Lead Agency and the Program Manager.
4. Step by step walk through of the process and how to utilize the data base was provided to the Program Manager, Data Clerk, and Agency Director.

**Completed Improvement Activities**

Refer to Appendix A for improvement activities that are still in process

**Revisions, with Justification, to Proposed Targets/Improvement Activities/Timelines/Resources for FFY 2012.**

**Proposed Targets**

Because this is a compliance indicator, the target will remain at 100%.

**Continuing Improvement Activities:**

Since slippage is due to one Program, refer to Appendix A for continuing and new improvement activities that were developed to support Correction of Noncompliance.

**Resources:**

Revise NECTAC to ECTA Center and remove DAC.

**Part C State Annual Performance Report (APR) for FFY 2011**

**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.

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

FFY	Measurable and Rigorous Target
2011	100%

**Actual Target Data for FFY 2011:**

- 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 2011:**

Not Applicable

**Revisions, with Justification, to Proposed Targets/Improvement Activities/Timelines/Resources for FFY 2012:**

Not Applicable

**Part C State Annual Performance Report (APR) for FFY 2010**

**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)

<b>Measurement:</b> Percent = [(2.1(a)(i) + 2.1(b)(i)) divided by 2.1] times 100.
<b>Applied:</b> Not applicable, as there were no mediation requests in FFY 2011.

FFY	Measurable and Rigorous Target
2011	100%

**Actual Target Data for FFY 2011:**

- There were no mediation requests during FFY 2011.
- Data is consistent with Table 4 that was previously submitted to DAC.

**Discussion of Improvement Activities Completed and Explanation of Progress or Slippage that occurred for FY 2011:**

There were no mediation requests filed in FFY 2011, so there were no requests that had to be resolved with mediation agreements. Because the data for this year is consistent with last year’s data, and is at 100%, discussion of improvement activities and explanation of progress or slippage are not required.

**Revisions, with Justification, to Proposed Targets/Improvement Activities/Timelines/Resources for FFY 2012.**

Proposed Targets

Because this is a compliance indicator, the target will remain at 100%.

Continuing and New Improvement Activities:

Refer to Appendix A for continuing improvement activities that were developed to support compliance for Mediation.

Resources:

Revise NECTAC to ECTA Center.

Part C State Annual Performance Report (APR) for FFY 2011

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 and settings and November 1 for exiting and dispute resolution); and
- b. Accurate, including covering the correct year and following the correct measurement.

States are required to use the “Indicator 14 Data Rubric” for reporting data for this indicator.

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**Applied:**

- a. State reported data, including 618 data, State performance plan, and annual performance reports was submitted on or before due dates (February 1 for child count, including race and ethnicity, settings and November 1 for exiting, personnel, dispute resolution).
- b. State reported data, including 618 data, State performance plan, and annual performance reports was accurate in all areas.

Percent = 100%

FFY	Measurable and Rigorous Target
2011	100%

**Actual Target Data for FFY 2011:**

The following required tables demonstrate that Hawaii’s Part C program was at 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

SPP/APR Data - Indicator 14			
APR Indicator	Valid and Reliable	Correct Calculation	Total
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
9	1	1	2
12	1	1	2
13	1	1	2
<b>Subtotal</b>			26
<b>APR Score Calculation</b>	<b>Timely Submission Points</b> (5 pts for submission of APR/SPP by February 15, 2013)		5
	<b>GRAND TOTAL</b>		<b>31</b>

618 Data - Indicator 14					
Table	Timely	Complete Data	Passed Edit Check	Responded to Data Note Requests	Total
Table 1 - Child Count Due Date: 2/1/12	1	1	1	1	4
Table 2 - Program Settings Due Date: 2/1/12	1	1	1	1	4
Table 3 - Exiting Due Date: 11/7/12	1	1	1	N/A	3
Table 4 - Dispute Resolution Due Date: 11/7/12	1	1	1	N/A	3
				<b>Subtotal</b>	14
<b>618 Score</b>			<b>Grand Total</b> (subtotal x 2.2)		<b>30.8</b>

Indicator #14 Calculation	
A. APR Grand Total	31.00
B. 618 Grand Total	30.80
C. APR Grand Total (A) + 618 Grand Total (B) =	61.80
Total NA in APR	0.00
Total NA in 618	2.00
Base	61.80
D. Subtotal (C divided by Base) =	1.00
E. Indicator Score (Subtotal D x 100) =	100.00

**Discussion of Improvement Activities Completed and Explanation of Progress or Slippage that occurred for FFY 2011:**

FFY 2011 compliance continued to be 100%. Because compliance was consistent from FFY 2010 to FFY 2011, and is at 100%, discussion of improvement activities and explanation of progress or slippage are not required.

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 monitoring data validation process (i.e., schedule, selection of records, etc).	<ol style="list-style-type: none"> <li>1. A data validation component was added to the SAM tool that was completed at the on-site monitoring.</li> <li>2. The monitoring schedule has been changed so that findings are relevant to the data being used for monitoring.</li> <li>3. Changes were made to the monitoring data validation process.</li> </ol>
Revise the validation process of Child count data to ensure its validity	<ol style="list-style-type: none"> <li>1. Child Count Reports have been developed for the EIS database allowing Program Managers to review the data and look for any inconsistencies and to ensure that data is complete.</li> <li>2. Program Managers received training on how to utilize the reports generated by the EIS database.</li> <li>3. Changes were made to the monitoring data validation process.</li> </ol>

**Revisions, with Justification, to Proposed Targets/Improvement Activities/Timelines/Resources for FFY 2012.**

Proposed Targets

This is a compliance indicator; therefore the target of 100% will continue.

## APR Template – Part C (4)

**HAWAII**  
State

### Continuing Improvement Activities:

Refer to Appendix A for continuing improvement activities that were developed to support compliance for state reported timely and accurate data (618, SPP and APR).

### Resources:

Revise NECTAC to ECTA Center.

APR Template – Part C (4)

IMPROVEMENT ACTIVITY	Indicator	Area	'05	'06	'07	'08	'09	'10	'11	'12	PROGRESS/STATUS	JUSTIFICATIONS
Collaborate with academic institutions to investigate the possibility of developing a program of EI certification.	1	T/PD			X	X	X	X	X	X	<p><b>Completed to Date:</b></p> <ol style="list-style-type: none"> <li>Initiated conversations with University of Hawai'i Department of Special Education Program to explore developing an EI Certification.</li> </ol> <p><b>Plan:</b></p> <ol style="list-style-type: none"> <li>Initiate conversations with Community Colleges to explore the possibility of including an EI Certification as part of their Early Childhood Program.</li> <li>Explore on-line EI Certifications.</li> </ol>	
Utilize flip video to support consultations.	1	QA & PP					X	X	X	X	<p><b>Completed to Date:</b></p> <ol style="list-style-type: none"> <li>EIS has flip videos to support timely and cost effective consultations.</li> <li>Part C LA met with the Professional Support Unit that provides support to Programs statewide to explore how flip videos could be used.</li> <li>A program on the neighbor island has agreed to pilot the use of the flip videos.</li> <li>New computers were purchased and provided to all EIS programs that can support the use of the flip videos.</li> </ol> <p><b>Plan:</b></p> <ol style="list-style-type: none"> <li>Develop procedures on acceptable use of the flip videos.</li> <li>Develop a consent form.</li> </ol>	
Explore factors that can improve staff retention (i.e., POS staff reimbursement)	1	PD							X	X	<p><b>Completed to date:</b></p> <ol style="list-style-type: none"> <li>Social work practicum students are provided internships at EI programs. Good students are often hired when openings occur.</li> </ol>	



APR Template – Part C (4)

IMPROVEMENT ACTIVITY	Indicator	Area	'05	'06	'07	'08	'09	'10	'11	'12	PROGRESS/STATUS	JUSTIFICATIONS
											<b>Plan:</b> 1. Explore the possibility of providing shortage differential pay. 2. Create a Recognition/Acknowledgement incentive program within each EI Program. 3. Explore the possibility of using practicum students in EI. 4. Explore the possibility of creating and utilizing a “floating team” of therapists who can travel to different programs to fill in when needed. 5. Explore the possibility of creating a pool of former EI staff who can be “on call” similar to substitute teachers.	
Investigate reasons for continued issues regarding documentation.	1	QA & PP						X	X	X	<b>Plan:</b> 1. Explore revising the database to calculate initial service due dates. 2. Collect information from Programs that are below 80% or have on-going non-compliance regarding their documentation procedures and how the Program Managers monitor staff documentation.	
Investigate the referral process and make necessary recommendations if needed.	1	PA & CF							X	X	<b>Plan:</b> 1. Develop reports to extract data from H-KISS database regarding call in date, verbal consent date, and referral to an EI Program. 2. Develop a system for H-KISS to share referral data with Part C LA.	
<b>NEW</b> Up-date a list of community resources.	1, 7	QA & PP								X	<b>Plan:</b> 1. H-KISS will up-date the list of community resources.	With budget cuts, changes in community resources have occurred.

APR Template – Part C (4)

IMPROVEMENT ACTIVITY	Indicator	Area	'05	'06	'07	'08	'09	'10	'11	'12	PROGRESS/STATUS	JUSTIFICATIONS
<b>NEW</b> Resurrect and revise GAP report.	1, 7, 9	QA & PP								X	<b>Plan:</b> 1. Gather input from Programs how they are tracking gaps in service. 2. Develop GAP report. 3. Pilot GAP report in at least two Programs. 4. Implement GAP report across all Programs. 5. Analyze data from GAP reports.	Analyze GAPS in service and use data to support requests for additional staffing/funding.
<b>NEW</b> Explore the use of technology to support staff in meeting timelines, utilize resources, etc. (i.e., cell phones, ipads/tablets, i-cloud, etc.)	1, 7	QA, PP, IT								X	<b>Plan:</b> 1. Explore if resources are available and if it is the vision of the Department. 2. Explore possibility of obtaining grant funding (i.e., HMSA).	
Target technical assistance to programs in the following situations to help them determine root causes so they can develop appropriate strategies to support increased services in natural environments. • When programs do not meet the state target.	2	NE				X	X	X	X	X	<b>Plan:</b> 1. Additional investigation is on-going for programs experiencing difficulties in increasing their percentage of children served in natural environments.	

APR Template – Part C (4)

IMPROVEMENT ACTIVITY	Indicator	Area	'05	'06	'07	'08	'09	'10	'11	'12	PROGRESS/STATUS	JUSTIFICATIONS
<ul style="list-style-type: none"> <li>When programs report slippage between 2 reporting years.</li> </ul>												
Ensure documentation accurately reflects where services are being provided and the EIS database captures appropriate information regarding natural environments.	2	NE							X	X	<p><b>Completed to Date:</b></p> <ol style="list-style-type: none"> <li>IFSP instructions revised and distributed to clarify how to document when services are provided in multiple locations.</li> <li>Data validation of where services are primarily being provided was included as part of the SAM tool.</li> </ol> <p><b>Plan:</b></p> <ol style="list-style-type: none"> <li>Develop and implement QA activity to verify that services are being provided in the location documented on the IFSP.</li> </ol>	
Obtain civilian passes to enable EI staff to get onto Military Installations.	2	NE							X	X	<p><b>Completed to Date:</b></p> <ol style="list-style-type: none"> <li>Point person identified.</li> <li>Passes obtained for EI to get onto Military Installations.</li> <li>Mechanism in place to renew passes on an annual basis.</li> </ol>	<b>Remove Completed</b>
Collaborate with community providers for children in EI to participate in inclusive settings.	2	NE							X	X	<p><b>Completed to Date:</b></p> <ol style="list-style-type: none"> <li>MOA with Early Head Start completed 11/2012.</li> </ol> <p><b>Plan:</b></p> <ol style="list-style-type: none"> <li>Develop a mechanism to track Programs efforts to work with community providers.</li> </ol>	

APR Template – Part C (4)

IMPROVEMENT ACTIVITY	Indicator	Area	'05	'06	'07	'08	'09	'10	'11	'12	PROGRESS/STATUS	JUSTIFICATIONS
Revise the evaluation report form to include a section that provides information on the 3 child outcome goals in addition to data on developmental status.	3	QA & PP					X	X	X	X	<p><b>Completed to Date:</b></p> <ol style="list-style-type: none"> <li>The Evaluation Workgroup has met and has explored how the implementation of the Battelle as the State's evaluation tool will impact the written report</li> </ol> <p><b>Plan:</b></p> <ol style="list-style-type: none"> <li>The Outcomes Coordinator will participate in the Evaluation Report Workgroup.</li> </ol>	
Explore the possibility of using the Battelle to collect child outcome data.	3	CFO						X	X	X	<p><b>Completed to Date:</b></p> <ol style="list-style-type: none"> <li>The Child Goals Ratings form was revised to include a section to note ratings generated by the BDI-2 to gather data.</li> <li>Staff was trained how to calculate the BDI-2 generated ratings. BDI-2 generating ratings are used as a starting point for the teams in their discussion when determining ratings. Team ratings will still be used at this time for the actual Child Goals Ratings.</li> <li>The Outcomes Coordinator has discussed the use (pros and cons) of the BDI-2 to determine child ratings with ECO and Riverside (BDI-2).</li> </ol> <p><b>Plan:</b></p> <ol style="list-style-type: none"> <li>Examine BDI-2 generated ratings and the actual team ratings. Analyze data.</li> </ol>	
Explore and develop a system to determine staff competency in completing the child outcomes summary process.	3	CFO							X	X	<p><b>Plan:</b></p> <p>Outcomes Coordinator will consult with ECO and explore what other States are doing in this area.</p>	

APR Template – Part C (4)

IMPROVEMENT ACTIVITY	Indicator	Area	'05	'06	'07	'08	'09	'10	'11	'12	PROGRESS/STATUS	JUSTIFICATIONS
<b>NEW</b> Conduct refresher training sessions for all programs on completing the EI Goals in unison with the BDI.	3	T								X		Stakeholders want to ensure that the EI Goals are being completed consistently amongst all programs and all team members. Periodic refresher trainings will help keep ratings consistent and reliable.
Consider revising distribution options that would automatically capture demographic information (e.g., ethnicity, length of time in EI) for families based on data currently in the database.	4	CFO						X	X	X	<b>Plan:</b> Outcomes Coordinator to follow up with vendor for upcoming family survey distribution.	
Provide technical assistance to support Programs in using survey results for program improvement.	4	CFO							X	X	<b>Plan:</b> 1. Outcomes Coordinator will develop a process to share survey results with the Programs and how the information may be used for program improvement.	

APR Template – Part C (4)

IMPROVEMENT ACTIVITY	Indicator	Area	'05	'06	'07	'08	'09	'10	'11	'12	PROGRESS/STATUS	JUSTIFICATIONS
<b>NEW</b> Explore possibility of having family survey available as an on-line survey.	4	CFO								X	<b>Plan:</b> 1. Consult with ECO if there are plans to have the survey available on-line. 2. Explore different on-line survey tools that may be utilized. 3. Consult with contracted agency that compiles surveys if they have the ability to incorporate data from an on-line survey.	Utilize technology for families that prefer to do things on-line and paper reduction.
<b>NEW</b> Explore creating a new survey or adding to the exiting family survey to include additional questions on how to improve services, etc.	4	CFO								X	<b>Plan:</b> 1. Review existing surveys from Programs. 2. Explore possibility of partnering with LDAH to help design, distribute, analyze survey data.	Gather additional information that may provide Programs with more feedback on ways to improve.
<b>NEW</b> Explore conducting parent focus groups for what's working and not working.	4	CFO, QA								X	<b>Plan:</b> 1. Explore possibility of partnering with LDAH to conduct focus groups.	Gather additional information that may provide Programs with more feedback on ways to improve.
Review Hawai'i's Part C eligibility criteria for continued appropriateness.	5 6	QA & PP		X	X	X	X	X	X	X	<b>Completed to Date:</b> 1. Hawai'i Part C eligibility was changed, effective May 15, 2009 to remove the environmentally at-risk category, as a result of the public hearing process. The revised eligibility was submitted with the grant application to OSEP on May 15, 2009. 2. Public hearings were held January 11-14 and March 3, 2010 to revise eligibility for infants and	

APR Template – Part C (4)

IMPROVEMENT ACTIVITY	Indicator	Area	'05	'06	'07	'08	'09	'10	'11	'12	PROGRESS/STATUS	JUSTIFICATIONS
											<p>toddlers with developmental delays from any level of delay to: 33% in chronological/adjusted age or 2 Standard Deviations below the norm in one area; or 25% in chronological/adjusted age or 1.5 Standard Deviations below the norm in two or more areas; or informed clinical opinion by a multi-disciplinary team. As a result of the public hearings it was recommended that eligibility be revised to: 33% delay in age in one area; 25% delay in age in 2 areas; 1.5 Standard Deviations below the norm in any one area; or Informed clinical opinion by a Part C multi-disciplinary team. The change to 1.5 S.D. in any one area makes Part C eligibility consistent with Part B.</p> <p>3. It was determined that Administrative Rules must be completed and approved and additional public hearing be held on the changes. The Administrative Rules have been finalized and awaiting signature from the Governor.</p> <p><b>Plan:</b></p> <ol style="list-style-type: none"> <li>1. Arrange public hearings for the Administrative Rules.</li> <li>2. Implement the Administrative Rules.</li> </ol>	
<p>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</p>	<p>5 6</p>	<p>PR &amp; CF</p>				<p>X</p>	<p>X</p>	<p>X</p>	<p>X</p>	<p>X</p>	<p><b>Completed to Date:</b></p> <ol style="list-style-type: none"> <li>1. It is estimated that nearly 500 pregnant teens and teen parents participated in public awareness events targeting pregnant teens and teen parents at the following locations: <ul style="list-style-type: none"> <li>• Oahu: Waianae Coast, Makiki and Kalihi.</li> <li>• Hawai'i Island: Kona, Nalehu, Pahala, Puna, Oceanview, Waikaloa.</li> <li>• Maui: Island-wide</li> </ul> </li> <li>2. A presentation including information on child</li> </ol>	

APR Template – Part C (4)

IMPROVEMENT ACTIVITY	Indicator	Area	'05	'06	'07	'08	'09	'10	'11	'12	PROGRESS/STATUS	JUSTIFICATIONS
Kalihi; Island of Hawai'i – Kona, Oceanview, Waikalua, Nalehu, Pahala and Puna; and all of Maui											<p>development and the availability of early intervention services was made by EIS staff for 25 participants of a Teen Court program in Kapolei. (March 2011)</p> <p>3. Kailua Easter Seals Hawaii EIP provided EI information and education for Mothers of Preschoolers</p> <p>4. PCDC Waianae distributed information and talked with parents and parents-to-be about child development and early intervention at the Waianae Family Resource Fair.</p> <p><b>Plan:</b></p> <p>1. The other areas still needing follow-up will be the focus of the coming calendar year in addition to the areas where successful outreach occurred. The geographic areas still needing follow up are:</p> <ul style="list-style-type: none"> <li>Oahu: Chinatown, Waipahu, Waimanalo</li> </ul>	
Provide information on EI services to OB/GYNs and midwives across the state so they can be placed in their office lobbies and distributed to expectant mothers.	5 6	PR & CF				X	X	X	X	X	<p><b>Completed to Date:</b></p> <p>1. Informational brochures are provided, on a regular basis and as requested, for distribution to families, professionals, and community members at conferences, health fairs, physician's offices, childcare centers, community health centers, and EI program offices.</p> <p>2. Specific requests filled from Hilo WIC ; Tutu &amp; Me, Hi'ilei Kauai Perinatal Program</p>	
Partner with non-Part C programs to increase their awareness about Part C so they will refer potentially	5 6	PR & CF				X	X	X	X	X	<p><b>Completed to Date:</b></p> <p>1. EIS has partnered with the following non-Part C programs and organizations to educate both the organizations and the communities they serve regarding Early Intervention Services:</p>	



APR Template – Part C (4)

IMPROVEMENT ACTIVITY	Indi- cator	Area	'05	'06	'07	'08	'09	'10	'11	'12	PROGRESS/STATUS	JUSTIFICATIONS
eligible Part C children to EI.											<ul style="list-style-type: none"> <li>• Participated at student health fairs sponsored by local community colleges and universities, such as at Brigham Young University – Hawaii.</li> <li>• Participated at the Children &amp; Youth Day sponsored by the Legislature.</li> <li>• Attended meetings with members of the Micronesian Cultural Awareness Project.</li> <li>• Attended local neighborhood board meetings to discuss early intervention services.</li> <li>• Participated in language access and other community outreach fairs sponsored by Non-Part C State agencies.</li> <li>• Participated in health and human service conferences sponsored by non-governmental and non-profit organizations, such as the Special Parent Information Network Conference (2010 and 2011).</li> <li>• Participated in teacher in-services with community preschools</li> <li>• Participated in community outreach fairs such as the Palolo Valley Family Health Fair. (April 30; partner: Easter Seals Hawaii), Wahiawa Pineapple Festival (May 14-15; partner PCDC Wahiawa)</li> <li>• Participated in health and human service conferences, such as the “Coping in Crisis Conference 2011” sponsored by Department of Health Developmental Disabilities Division and CARE Hawaii, Inc.</li> <li>• Participated in teacher in-services with community preschools</li> <li>• Provided in-service lecture on EI and family</li> </ul>	

APR Template – Part C (4)

IMPROVEMENT ACTIVITY	Indicator	Area	'05	'06	'07	'08	'09	'10	'11	'12	PROGRESS/STATUS	JUSTIFICATIONS
											<p>centered care philosophy to Pediatric OT Asst. students at Kapiolani Community College.</p> <p><b>Plan:</b></p> <ol style="list-style-type: none"> <li>1. Link with the Interagency Council, Planned Parenthood, and Home Visitation and Race to the Top Grant implementation to extend the breadth of public awareness to include populations such as the homeless and immigrants.</li> <li>2. Reinforce links to FASD, Boys and Girls Club, DOE Health Classes (PEP) to integrate with Teen Pregnancy Prevention Programs.</li> </ol>	
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 provided	5 6	PR & CF					X	X	X	X	<p><b>Completed to date:</b></p> <ol style="list-style-type: none"> <li>1. EI information and various EI brochures were displayed and distributed at the AAP-HI Convention. (April 2011)</li> <li>2. HKISS and Developmental Checklists sent to physicians requesting – Kaiser Pediatrics, Dr. Yamashiroya.</li> <li>3. HKISS and Developmental Checklists sent to health clinics as requested – Hawaii Island: Keaau, Hilo, Keawe; Hickam AFB -Family Health Clinic; MCBH – KB Branch Medical Clinic; Ko'olauloa Community Health &amp; Wellness Center</li> </ol>	
Develop a Public Awareness Committee comprised of various community members (e.g., pediatricians, EI providers, H-KISS,	5 6	PR & CF						X	X	X	<p><b>Plan:</b></p> <ol style="list-style-type: none"> <li>1. Explore the use of social media (e.g. Facebook, Twitter).</li> <li>2. Follow up to see if families read brochures.</li> <li>3. Community outreach to legislators, families, medical home, community providers.</li> <li>4. Invite University of Hawaii Medical Coordinator to</li> </ol>	

APR Template – Part C (4)

IMPROVEMENT ACTIVITY	Indicator	Area	'05	'06	'07	'08	'09	'10	'11	'12	PROGRESS/STATUS	JUSTIFICATIONS
etc), to be chaired by the Public Awareness Specialist, to identify and develop the most appropriate methods of public awareness to increase referrals to EI. This may include DVDs, U-Tubes for website, consumable products (e.g., pencils, magnets), posters, Public Service Announcements, etc.											the Stakeholder Meeting. 5. Partner with DOE to develop public announcements to increase community awareness.	
Review and identify Public Awareness strategies used by other states that may be successful in Hawai'i.	5 6	PR & CF							X	X	<b>Plan:</b> 1. Identify who will be the interim Public Awareness Coordinator. 2. Interim Public Awareness Coordinator will develop a plan to address this improvement activity.	
Identify programs that do screening and if they are referring children to Part C (e.g., CWS)	5 6	PR & CF							X	X	<b>Plan:</b> 1. Identify who will be the interim Public Awareness Coordinator. 2. Interim Public Awareness Coordinator will develop a plan to address this improvement activity.	

APR Template – Part C (4)

IMPROVEMENT ACTIVITY	Indicator	Area	'05	'06	'07	'08	'09	'10	'11	'12	PROGRESS/STATUS	JUSTIFICATIONS
Develop reports to be generated by the H-KISS database regarding referral sources.	5 6	PR & CF							X	X	<b>Plan:</b> 1. Work with Information Technology (IT) to develop identified reports. 2. Develop a mechanism to submit data to LA.	
Programs must report on Child Find activities in a Quarterly Report.	5 6	PR & CF							X	X	<b>Plan:</b> 1. Revise quarterly report to include a section on Child Find/Public Awareness activities. 2. Develop procedures to track Child Find/Public Awareness activities.	
Develop a Family Assessment Workgroup to explore possible Family Assessment Tools.	7	PR & CF							X	X	<b>Completed to date:</b> 1. Part C providers have been informed of the new regulation. 2. Providers were invited to participate in the Family Assessment (FA) Workgroup. 3. Part C LA met with the FA Workgroup to outline tasks. 4. The FA developed and presented a final draft of the Family Assessment tool at the EIS Program Manager Meeting in December of 2012.  <b>Plan:</b> 1. Part C LA will develop a Family Assessment section to the EI Procedural Guidelines, based on recommendations from the Workgroup.	
Investigate the referral process and make necessary recommendations if needed.	7	PR & CF							X	X	<b>Plan:</b> 1. Develop reports to extract data from H-KISS database regarding call in date, verbal consent date, and referral to an EI Program.	

APR Template – Part C (4)

IMPROVEMENT ACTIVITY	Indicator	Area	'05	'06	'07	'08	'09	'10	'11	'12	PROGRESS/STATUS	JUSTIFICATIONS
											2. Develop a system for H-KISS to share referral data with Part C LA.	
Explore factors that can improve staff retention (i.e., POS staff reimbursement)	7	PD							X	X	<b>Plan:</b> 1. Explore the possibility of providing shortage differential pay. 2. Create a Recognition/Acknowledgement incentive program within each EI Program. 3. Explore the possibility of using practicum students in EI. 4. Explore the possibility of creating and utilizing a “floating team” of therapist who can travel around to different programs to fill in when needed. 5. Explore the possibility of creating a pool of former EI staff who can be “on call” like substitute teachers.	
<b>NEW</b> Address system issues with Child Welfare Services (CWS) to improve collaboration.	7	QA & PP								X	<b>Plan:</b> 1. Establish regular meetings with CWS to develop partnerships and opportunity to explain procedures from each respective agency. 2. Explore the need for a MOA/MOU with CWS.	Timelines are impacted when CWS does not sign documents in a timely manner.
A Quarterly Report will be developed for EIS Programs to submit to their EI Agency that includes an analysis of their Program data regarding Transition Notice Opt Outs.	8	QA & PP			X	X	X	X	X	X	<b>Completed to Date:</b> 1. The EIS database was updated to include reasons why families chose to “opt out” of sending the Transition Notice to DOE. The data will be available for analysis prior to the submission of the FFY 2009 APR to be submitted in 2011. 2. Reports generated by the EIS database have been developed and training has been provided to EIS Program Managers so that they can look at their Program data regarding number of	

APR Template – Part C (4)

IMPROVEMENT ACTIVITY	Indicator	Area	'05	'06	'07	'08	'09	'10	'11	'12	PROGRESS/STATUS	JUSTIFICATIONS
											<p>Transition Notice Opt Outs and reasons for the Opt Outs.</p> <p>3. The Transition Notice Form and Procedures have been revised in collaboration with DOE to be in line with OSEP’s FAQs.</p> <p>4. The revised Transition Notice Form and Procedures was implemented effective 7/1/11.</p> <p><b>Plan:</b></p> <p>1. Part C LA will revise the Quarterly Report.</p>	
A Quarterly Report will be developed for EIS Programs to submit to their EI Agency that includes an analysis of their Program data regarding Transition Conference Declines	8	QA & PP			X	X	X	X	X	X	<p><b>Completed to Date:</b></p> <p>1. The Part C LA database was updated to include reasons why families declined the Part C Transition Conference. The data will be available for analysis prior to the submission of the FFY 2009 APR due in 2011.</p> <p>2. Reports generated by the EIS database have been developed and training has been provided to EIS Program Managers so that they can look at their Program data regarding number of Transition Conference declines and reasons for the declines.</p> <p><b>Plan:</b></p> <p>1. Part C LA will revise the Quarterly Report.</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	8	QA & PP				X	X	X	X		<p><b>Completed to Date:</b></p> <p>1. The Windward Oahu STEPS team, Kamalapua O Koolau, developed a “Transition Resource Guide.” It includes information and resources in the Windward Oahu district.</p> <p><b>Plan:</b></p> <p>1. The State STEPS team is reviewing materials included in Kamalapua O Koolau’s “Transition Resource Guide” and gathering other</p>	

APR Template – Part C (4)

IMPROVEMENT ACTIVITY	Indicator	Area	'05	'06	'07	'08	'09	'10	'11	'12	PROGRESS/STATUS	JUSTIFICATIONS
Coordinators and DOH Care Coordinators and Program Managers.											tools/resources. A list of recommended tools/resources will be developed to share with other community STEPS teams to enhance existing Transition Resource Guides and/or develop one for their respective communities.	
The state STEPS team will update current technical assistance documents and hold state statewide training when the DOE and DOH MOA have been signed.	8	QA & PP & T							X	X	<p><b>Completed to Date:</b></p> <ol style="list-style-type: none"> <li>1. Transition Notice Form and Procedures have been revised based on OSEP FAQs.</li> <li>2. Revised MOA between DOE and DOH have been submitted and “on hold” until further review by OSEP.</li> <li>3. Part B Chapter 60 was up-dated.</li> <li>4. Training Coordinator and/or ECSU Supervisor have attended monthly State STEPS team meetings</li> <li>5. Statewide STEPS Transition Conference “Quality Transitions for Successful Child Outcomes” was completed May 2012 with community transition teams, P3, EIS, DOE, University of Hawaii, and Stakeholders to network, exchange information on successful transition, and workgroup for community teams to develop annual transition plan.</li> </ol> <p><b>Plan:</b></p> <ol style="list-style-type: none"> <li>1. Training Coordinator to collaborate with State STEPS team and/or DOE regarding joint training schedule.</li> </ol>	
Develop a handout for families that explains the purpose of the Transition	8	QA & PP							X	X	<p><b>Plan:</b></p> <ol style="list-style-type: none"> <li>1. Part C LA will develop a Transition Conference handout.</li> <li>2. Part C LA will disseminate handout to EI</li> </ol>	

# APR Template – Part C (4)

IMPROVEMENT ACTIVITY	Indicator	Area	'05	'06	'07	'08	'09	'10	'11	'12	PROGRESS/STATUS	JUSTIFICATIONS
Conference (TC).											<p>Programs.</p> <p>3. Part C LA will include handout in EI Procedural Guidelines and EI Part C Orientation.</p>	
Develop procedures for how and when the TC handout will be used. (e.g. mandatory for Programs that have a high number of declines for TC)	8	QA & PP							X	X	<p><b>Plan:</b></p> <p>1. Part C LA will develop procedures on use of the Transition Conference handout.</p> <p>2. Part C LA will disseminate procedures to EI Programs.</p> <p>3. Part C LA will include procedures in EI Procedural Guidelines and EI Part C Orientation.</p>	
Explore how to have Programs with a high number of TN opt outs and/or TC declines address the issue as part of their CAP.	8	QA & PP							X	X	<p><b>Plan:</b></p> <p>LA QA Coordinator will work with WRRC and NECTAC to address this improvement activity.</p>	
<b>NEW</b> Revise transition module to strengthen section on developing a complete transition plan.	8	T								X	<p><b>Plan:</b></p> <p>1. Training Coordinator will revise Transition module.</p>	Staff are having discussions with families but not capturing the discussion in the transition plan page of the IFSP.
Develop and implement procedures to include HEICC and family members in the monitoring process.	9	QA & PP		X	X	X	X	X	X	X	<p><b>Plan:</b></p> <p>1. Discuss with HEICC members how HEICC and family members can best support the provision of quality early intervention services.</p> <p>2. Identify appropriate activities for HEICC members and families (e.g., family members may interview families about their early intervention</p>	



APR Template – Part C (4)

IMPROVEMENT ACTIVITY	Indicator	Area	'05	'06	'07	'08	'09	'10	'11	'12	PROGRESS/STATUS	JUSTIFICATIONS
											experiences.) 3. Explore possibility of a parent council/group at the program level to review materials and policies and provide feedback to LA and HEICC.	
Explore recruitment and retention strategies that are at no cost to the State.	9	PD			X	X	X	X	X	X	<p><b>Completed to Date:</b></p> <ol style="list-style-type: none"> <li>An e-mail was sent to the Executive Directors of the Purchase of Service EI programs to identify reasons for vacancies. The following information was received from 4 of the 6 Executive Directors.               <ol style="list-style-type: none"> <li><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.</li> <li><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.</li> <li><u>Natural environment requirements.</u> One respondent reported increased hiring difficulty for his programs that serve families in low SES, drug-impacted 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.</li> </ol> </li> <li>Although the Executive Directors noted that one-time, non-recurring recruitment bonuses were</li> </ol>	

APR Template – Part C (4)

IMPROVEMENT ACTIVITY	Indicator	Area	'05	'06	'07	'08	'09	'10	'11	'12	PROGRESS/STATUS	JUSTIFICATIONS
											<p>effective, the reduction of the EI budget has eliminated providing these additional funds to programs. Also effective but eliminated was providing a “finder’s fee” for staff who identified individuals to fill vacant positions.</p> <p><b>Plan:</b></p> <ol style="list-style-type: none"> <li>Further discussion is needed on recruitment/retention strategies that incur no cost to the state.</li> </ol>	
Develop a process to verify monitoring results to assure accurate results.	9	QA & PP				X	X	X	X		<p><b>Plan:</b></p> <ol style="list-style-type: none"> <li>Randomly verifying monitoring results will be initiated for FFY 2011.</li> </ol>	
Explore ways to refine the technical assistance process to support Programs understanding of the General Supervision process.	9	QA & PP							X	X	<p><b>Completed to Date:</b></p> <ol style="list-style-type: none"> <li>Debriefing Monitoring Summary Report implemented for FFY 2011 monitoring.</li> <li>Required Evidence of Change document revised to bullet format.</li> </ol> <p><b>Plan:</b></p> <ol style="list-style-type: none"> <li>Include SW Team Leaders (Oahu and Neighbor Islands) in General Supervision Meetings.</li> </ol>	
Explore ways to address the issue of cycling in and out of compliance for the same Indicator(s).	9	QA & PP							X	X	<p><b>Plan:</b></p> <ol style="list-style-type: none"> <li>LA QA Coordinator will work with WRRC and NECTAC to address this improvement activity.</li> </ol>	
<b>NEW</b> Up-date EIS database manual and training to new data clerks.	9	IT & T								X	<p><b>Completed to Date:</b></p> <ol style="list-style-type: none"> <li>Staff person identified to be responsible for updating Data base Manual.</li> </ol>	Changes have been made to the database and new staff have come on board since original training.

APR Template – Part C (4)

IMPROVEMENT ACTIVITY	Indicator	Area	'05	'06	'07	'08	'09	'10	'11	'12	PROGRESS/STATUS	JUSTIFICATIONS
											<b>Plan:</b> 1. Once up-dates to Database Manual completed, it will be distributed to all Programs. 2. Training will be offered.	
Review previously developed videos and other materials (from HI and other states) to determine if and how they can be used to support training on Part C requirements for families and to increase parents' awareness of their procedural safeguards. Ensure that any video or materials developed are both culturally and linguistically appropriate for the intended audience.	13	T						X	X	X	<b>Completed to Date:</b> 1. The title of the "Dear Family" brochure was changed to "Family Rights" so that families would immediately know the purpose of this brochure. 2. The "Family Rights" brochure, which provides information on family rights, was translated into 9 languages.  <b>Plan:</b> 1. Research on other DVDs developed by other states or technical assistance will be initiated to identify public awareness strategies that are appropriate for Hawai'i's Part C families. 2. The Training Coordinator will gather and review previously developed videos and materials for training purposes. 3. Consult with local groups such as UH School of Social Work, Oleo, etc to help develop materials that are culturally appropriate of our population. 4. The Part C LA will revise and/or develop materials regarding Procedural Safeguards. 5. Post on EIS website.	
Develop and implement training, including written guidelines, for all EI Program Managers and Supervisors to ensure they are	13	T						X	X	X	<b>Completed to date:</b> 1. Content of the EI Part C Orientation and Annual Refresher Workshop was revised to be consistent with the EI Procedural Guidelines.	

APR Template – Part C (4)

IMPROVEMENT ACTIVITY	Indicator	Area	'05	'06	'07	'08	'09	'10	'11	'12	PROGRESS/STATUS	JUSTIFICATIONS
aware and knowledgeable of legal issues related to: dispute resolution, due process hearings, etc. Include any differences for state vs. private agencies.											<b>Plan:</b> 1. The Part C LA will include a Procedural Safeguard section that includes dispute resolution, due process hearings, etc. in the EI Procedural Guidelines.	
Develop internal procedures for the Part C LA to follow to ensure that federal timelines for any written complaints, request for mediation, request for due process hearing are met.	13	QA & PP						X	X	X	<b>Plan:</b> 1. The Part C LA will include the federal timelines regarding due process in the EI Procedural Guidelines. 2. The federal timelines will be included in the EI Part C Orientation, Annual Refresher Workshop and training for the Mediation Center.	
Regularly train Mediation Center staff on Part C requirements in case mediation is requested.	13	T			X	X	X	X	X	X	<b>Completed to Date:</b> 1. The Mediation Center has been contacted to provide mediation when requested by families. 2. A Purchase Order has been finalized (i.e., approved and signed) to provide funds to the Mediation Center if a family requests mediation.  <b>Plan:</b> 1. The Training Coordinator will provide training for the Mediation Center staff.	
Refine the monitoring data validation process (i.e., schedule,	14	QA & PP				X	X	X	X	X	<b>Completed to Date:</b> 1. A data validation component was added to the SAM tool that was completed at the on-site monitoring.	<b>REMOVE:</b> Completed.

APR Template – Part C (4)

IMPROVEMENT ACTIVITY	Indicator	Area	'05	'06	'07	'08	'09	'10	'11	'12	PROGRESS/STATUS	JUSTIFICATIONS
selection of records, etc)											2. The monitoring schedule has been changed so that findings are relevant to the data being used for monitoring. 3. Changes were made to the monitoring data validation process.	
Revise the validation process of Child count data to ensure its validity	14	QA & PP					X	X	X	X	<b>Completed to Date:</b> 1. Child Count Reports have been developed for the EIS database allowing Program Managers to review the data and look for any inconsistencies and to ensure that data is complete. 2. Program Managers received training on how to utilize the reports generated by the EIS database. 3. Changes were made to the monitoring data validation process.	<u>REMOVE:</u> Completed.

Area:

- CF: Child Find
- CFO: Child/Family Outcomes
- IT: Information & Technology
- NE: Natural Environment
- PA: Public Awareness
- PD: Personnel Development
- PP: Policies & Procedures
- QA: Quality Assurance
- T: Training