HAWAII PART C
FFY 2015 SPP/APR INDICATOR 11: STATE SYSTEMIC IMPROVEMENT PLAN (SSIP), PHASE III

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Overview of the State Systemic Improvement System (SSIP)

State Lead Agency

Hawaii Department of Health (HDOH), Early Intervention Section (EIS) is identified as the Part C Lead Agency (LA) and is responsible for developing and implementing a statewide, comprehensive, coordinated, multidisciplinary, interagency system that provides early intervention (EI) services for infants and toddlers with disabilities and their families as outlined in the Individuals with Disabilities Education Act (IDEA).

Hawaii has three State EI Programs and 17 Purchase of Service (POS) EI Programs statewide. Hawaii also has fee-for-service contracts with individual providers and agencies to provide additional supports and services to the existing EI Programs.

The SSIP State Team, comprised of the Part C Coordinator, SSIP Coordinator (EI System Improvement and Outcomes Unit Supervisor), SSIP Data Coordinator (EI Outcomes Coordinator) and the Comprehensive System of Personnel Development (CSPD) Coordinator, work closely with the national technical assistant centers to guide the SSIP Leadership Team in developing and implementing the SSIP. The SSIP Leadership Team connects via face-to-face, phone conference and/or e-mail at least once a month. The SSIP Leadership Team provides input into the SSIP implementation and evaluation activities prior to presenting and obtaining feedback from stakeholders. The Leadership Team is comprised of EIS Administrative staff that oversee different aspects of Hawaii's EI System, representatives from local EI Programs, infant mental health professionals, representatives from state initiative groups, and parents. (Refer to Appendix A for SSIP Action Plan Progress Report that includes the SSIP Leadership Team Roster on page 1). Members of the SSIP Leadership Team also co-lead the various SSIP Implementation Workgroups that were created to address implementation and evaluation activities in strands of action from the Theory of Action (TOA) developed in Phase I of the SSIP.

Initially, there were five (5) Implementation Workgroups to implement and evaluate activities in the three (3) broad strands of action:

Strand 1:   Professional Development (PD) and Technical Assistance (TA)

Improvement Strategy: Enhance the statewide system of professional development to increase early intervention providers' knowledge of social-emotional (SE) development, development of functional SE Individualized Family Support Plan (IFSP) outcomes/objectives, and implementation of the IFSP using evidence-based practices (EBPs) (Primary Service Provider [PSP] Approach to Teaming and Coaching Model in Natural Learning Environments).
Workgroups: Competency, PD

Effective January 2016, the Competency Workgroup merged with the PD Workgroup; however, the Competency Workgroup Co-Leads continued to lead the efforts on developing Hawaii's SE Competencies until their completion on 12/30/16. Enhancement of the current PD and TA system as it relates to SE development will directly impact the outcomes for infants and toddlers with disabilities and their families. Hawaii's implementation of state identified SE competencies, scaling up of EBPs using PSP Approach to Teaming and Coaching Model in Natural Learning Environments, and provision of a comprehensive training plan that includes a mentoring component that will guide and support provider practices resulting in children's achievement of positive SE outcomes.

Strand 2: Fiscal

Improvement Strategy: Increase the capacity of early intervention programs to provide services and supports to address SE development.
Workgroups: Staffing, Tele-Practice

The development and implementation of a recruitment and retention plan, as well as, increasing the use of technology in service delivery will have a significant impact on programs' and providers' ability to support children with SE needs. These infrastructure changes will increase programs' capacity to provide services and supports to address SE development.

Strand 3: Monitoring and Accountability

Improvement Strategy: Enhance the child outcomes summary (COS) process to ensure data are accurate and reliable and ensure program effectiveness to support EBPs to improve children's SE development.
Workgroup: COS Data

The enhancement of the current COS system will increase the providers' understanding of the COS rating process. As providers better understand the COS process, they will be able to engage families, implement with fidelity and gather accurate data which will be used for program improvement.

The Action Plan is being implemented with the six demonstration sites identified and reported in Phase II submission:

- IMUA (including Maui, Lana`i and Moloka`i)
- Kailua Easter Seals (ES)
- Parent Child Development Center (PCDC) Waipahu
- Windward Early Childhood Services Program (ECSP)

<u>SSIP Process</u>

The process to develop the SSIP for FFY 2015 included:

1. EI System Improvement and Outcomes (SIO) Unit within HDOH, EIS continued to be the lead for the planning, development and implementation of the SSIP.

2. The SSIP State Team connected with the U.S. Department of Education, Office of Special Education Programs (OSEP)-funded technical assistant center staff (TA consultants) from the Early Childhood Technical Assistance (ECTA) Center, the Center for IDEA Early Childhood Data Systems (DaSy), and the National Center for Systemic Improvement (NCSI). Anne Lucas and Kathryn Morrison are the primary consultants actively working with Hawaii.

3. The SSIP Leadership Team met or connected via e-mail at least one time per month.

4. Status of the SSIP was provided to approximately 80 stakeholders at the Annual Stakeholder meeting held in December 2016.

5. Quarterly Program Manager Meetings also included the SSIP as an agenda item, beginning in 2014, to be continued throughout the SSIP process.

6. Quarterly Hawaii Early Intervention Coordinating Council (HEICC) meetings also included the SSIP as a standing agenda item, beginning in 2016, to be continued throughout the SSIP process.

7. Implementation Workgroups were charged with implementing and evaluating activities for their assigned strands.

8. SSIP Coordinator developed and implemented an Implementation Workgroup Progress Report to obtain progress/status on implementation activities, stakeholder involvement, changes with justifications and status and data for evaluation activities.

9. The SSIP Coordinator revised the SSIP Action Plan to include the Implementation Workgroup's Progress Report with input from national TA Consultants.

10. The SSIP Leadership Team finalized the SSIP Action Plan and Progress Report, including the evaluation plan submitted by the SSIP Implementation Workgroups with feedback from stakeholders.

11. The SSIP SPP/APR Indicator 11, Phase III report was:

a. written by the SSIP Coordinator and reviewed by the EIS Part C Coordinator and the SSIP Leadership Team;

b. routed to the Director of Health prior to submission to OSEP to ensure that she is knowledgeable of the status of the Part C Program;

c. submitted to OSEP as required; and

d. posted on the HDOH website (http://health.Hawaii.gov/eis/home/ssip/)

A. Summary of Phase III

1. Theory of action (TOA) or logic model for the SSIP, including the SiMR

The TOA was revised based on stakeholder input in Phase III. Formatting changes and some minor wording changes were made to the TOA to align with the SSIP Action Plan Progress Report (Appendix A) that includes activities, strategies, outcomes, and the evaluation plan.   Justifications for the changes have been included in the SSIP Action Plan Progress Report.

Table 1 shows the TOA strands submitted in Phase II of the SSIP and the recommended changes for Phase III and Table 2 is the revised TOA.

The SSIP Leadership Team developed Logic Models in Phase II based on the data analysis and infrastructure analysis gathered from Stakeholders during Phase I of the SSIP. The process of developing the Logic Models involved identifying short term and intermediate outcomes critical to achieving the long-term outcome which is the State Identified Measurable Result (SIMR). These short-term and intermediate outcomes were based on the outcomes identified in the Phase I TOA. Creating the Logic Models provided an opportunity to prioritize the activities and focus on the activities and outcomes that would have the greatest impact on the SIMR.

The Logic Models (Appendix B) were revised in Phase III of the SSIP to reflect changes made to the TOA. Most of the changes were word changes to the main activities, outputs, and outcomes for clarity purposes. One intermediate outcome (Families will support their child's positive SE development) was eliminated because it was addressed in the other intermediate outcomes. The rationale was that if EI providers implement EBPs (PSP Approach to Teaming and Coaching Model in Natural Learning Environments) related to SE development with fidelity, that encompasses providers working with families to support their child's positive SE development and thus, SE IFSP objectives will be achieved.

State Identified Measurable Result (SiMR)

In Phase I, the SiMR was addressing all children in early intervention statewide. In developing the SSIP Phase II Action Plan, including the improvement and evaluation plans, the SSIP Leadership Team determined based on implementation science that implementing the SSIP in a subset of programs selected to be demonstration sites would be more successful and would provide an opportunity to implement, collect and analyze data and create a plan that will eventually be implemented statewide.

Thus, in Phase II Hawaii's SIMR was revised, with support from stakeholders to: "Hawaii's eligible infants and toddlers with disabilities served by demonstration sites will

make greater than expected growth in social-emotional (SE) skills (including social relationships) by the time they exit early intervention."

The targets for the SiMR were also revised in Phase II as baseline data was re-set and percentages were calculated on data from Demonstration Sites instead of statewide data.

Child Outcome A: Positive Social-Emotional Skills (including social relationships) Summary Statement 1: Of those children who entered the program below age expectations in Outcome A, the percent that substantially increase their rate of growth in Outcome A by the time they exited.		
FFY	Revised SSIP Targets	Demonstration Site Data
2015	49.28%	55.71%
2016	49.28%	
2017	49.50%	
2018	50.00%	

Although the FFY 2018 target was exceeded in FFY 2015, the targets will not be revised this year. COS training and monitoring to ensure the COS process is implemented with fidelity has not been implemented yet and data may change due to the training and ensuring implementation with fidelity. A discussion with stakeholders will occur next year regarding targets after reviewing the data.

The wording in the SiMR was revised in Phase III to be consistent with the wording of Summary Statement 1 for Positive Social Skills (including social relationships).   The SiMR was revised to: Infants and toddlers with disabilities in demonstration sites will have substantially increased their rate of growth in positive social-emotional skills (including social relationships) by the time they exit EI.

Table 1

Hawaii's SSIP Theory of Action with Recommended Changes

Strands of Action	IF Early Intervention (EI) Lead Agency	Then	Then	Then
Professional Development and Technical Assistance (TA) — Phase II	...develops and provides training, TA, and ongoing supports to ensure implementation of evidence-based practices (EBP) to support social-emotional (SE) development with fidelity	...EI providers will understand how to support SE development for children ages 0-3 ...EI providers will understand their roles, develop collaborative partnerships with families and other team members, identify and communicate with families about the SE needs of their children and develop functional SE objectives on the IFSP to support children's SE development	**Phase II:** ... EI providers will implement EBP related to SE development using the primary service provider (PSP) approach and coaching model with fidelity ...families will support their child's positive SE development ...SE IFSP outcomes will be achieved	**Phase II:** ...infants and toddlers with disabilities in demonstration sites, will have made greater than expected growth in SE skills (including social relationships) by the time they exit EI.
Phase III	No Change	...EI providers will understand how to support SE development for children ages 0-3 ...EI providers will identify and communicate with families about the SE needs of their children and write functional SE objectives to support children's SE development		
Fiscal — Phase II	...increases funding (e.g., through grant writing, legislative support, etc.) to hire enough qualified staff, provide introductory and ongoing training, and support service delivery (e.g., tele-health capabilities, equipment availability)	...EI providers will have enhanced capacity to provide EBP and supports to children and families		
Phase III	No Change	No Change	**Phase III:** ... EI providers will implement EBPs (Primary Service Provider [PSP] Approach to Teaming and Coaching Model in Natural Learning Environments) related to SE development with fidelity ...SE IFSP objectives will be achieved	**Phase III:** ...infants and toddlers with disabilities in demonstration sites, will substantially increase their rate of growth in SE skills (including social relationships) by the time they exit EI.
Monitoring and Accountability — Phase II	...develops and provides training on the child outcomes summary (COS) process, builds local program capacity to report accurate data and use data for improvement ...analyzes data to monitor program performance and fidelity of implementation and provide feedback to programs	...EI providers and families will understand the COS process ...EI programs will use monitoring feedback to help ensure providers are implementing the COS process with fidelity ...EI Program Managers will have the access and skills needed to use COS data for program improvement		
Phase III	No Change	No Change		

Table 2

Hawaii's SSIP Theory of Action

Strands of Action	IF Early Intervention (EI) Lead Agency	Then	Then	Then
Professional Development and Technical Assistance (TA)	…develops and provides training, TA, and ongoing supports to ensure implementation of evidence-based practices (EBP) to support social-emotional (SE) development with fidelity	…EI providers will understand how to support SE development for children ages 0-3 …EI providers will identify and communicate with families about the SE needs of their children and develop functional SE objectives on the IFSP to support children's SE development	… EI providers will implement EBPs (Primary Service Provider [PSP] Approach to Teaming and Coaching Model in Natural Learning Environments) related to SE development with fidelity …SE IFSP objectives will be achieved	…infants and toddlers with disabilities in demonstration sites, will substantially increase their rate of growth in SE skills (including social relationships) by the time they exit EI.
Fiscal	…increases funding (e.g., through grant writing, legislative support, etc.) to hire enough qualified staff, provide introductory and ongoing training, and support service delivery (e.g. tele-health capabilities, equipment availability)	…EI providers will have the capacity to provide EBP and supports to children and families		
Monitoring and Accountability	…develops and provides training on the child outcomes summary (COS) process, builds local program capacity to report accurate data and use data for improvement …analyzes data to monitor program performance and fidelity of implementation and provide feedback to programs	. . . EI providers and families will understand the COS process . . . EI programs will use monitoring feedback to help ensure providers are implementing the COS process with fidelity …EI Program Managers will have the access and skills needed to use COS data for program improvement		

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2. Coherent improvement strategies or principle activities employed during the year, including infrastructure improvement strategies

Hawaii's infrastructure is designed to support the state's implementation of the Part C program, including implementation of EBPs to ensure that children and families receive necessary services and make progress because of these services. The various components of the system are aligned with each other and work together to achieve this goal.

The SSIP Action Plan Progress Report (Appendix A) includes status of implementation and supporting evidence for each step needed to accomplish the activity. Implementation Notes highlight barriers identified and how the Implementation Workgroups addressed the identified barriers that also included adjustments and implications of such adjustments.

Most changes to activities and steps were for clarity purposes and to decrease redundancy. Many of the timelines changed due to various reasons that are described in the Implementation Notes of the Action Plan Progress Report table.

During this first year of Phase III, Implementation Workgroups focused on implementing the activities in the SSIP Action Plan.

The Professional Development (PD) and Technical Assistance (TA) Implementation Workgroup focused on building infrastructure components to enhancing the statewide system of PD to increase staff knowledge and skills related addressing SE development using EBPs (PSP Approach to Teaming and Coaching Model in Natural Learning Environments). The PD & TA Implementation Workgroup focused on the following main activities:

1.   Identify competencies and incorporate them into EBPs (PSP Approach to Teaming and Coaching Model in Natural Learning Environments) training
2. Develop and implement a provider SE Competency Self-Assessment
3. Develop and implement a training plan for providers that addresses the SE competencies and EBPs (PSP Approach to Teaming and Coaching Model in Natural Learning Environments)

Identification of SE competencies was vital to the infrastructure development of the PD & TA system. The completed competencies also led to the development and implementation of the second main activity which was to develop a SE Competency Self-Assessment designed to capture provider perceptions about their knowledge and skills of the SE competencies. This information will be critical for developing future annual training plans and for evaluating gains in provider knowledge of SE. Activity steps related to developing a training module, training plan, and revision to training plan was incorporated into the SSIP Action Plan Progress Report (Appendix A). The training plan

included steps to incorporate the SE competencies into the training on EBPS (PSP Approach to Teaming and Coaching in Natural Learning Environments) and use of the training module which were determined to be critical steps in ensuring that providers in demonstration sites were trained on practices that support these competencies (See section A3 below). The training plan also addressed the use of mentors to support providers' implementation of EPBs with fidelity and how the SE Competencies Self-Assessment and coaching logs will be used for individual providers' training plans to sustain their implementation of EBPs.

Demonstration Sites completed the following infrastructure changes in preparation for the implementation of the structured EBPs (PSP Approach to Teaming and Coaching Model in Natural Learning Environments):

- Based on number of children served in their program, created teams to service a specific geographic area served by their program
- Each team is minimally comprised of the following service providers: Behavioral Specialist, Care Coordinator (CC)/Social Worker, Occupational Therapist (OT), Physical Therapist (PT), Speech Language Pathologist (SLP), and Special Education Teacher/Teacher
- Every team has an identified internal Program Mentor
- Every team established a weekly Family Support Team meeting that all members are required to attend
- Every team utilizes the structured procedures, including forms to ensure the Family Support Team meetings happen with fidelity
- Every team scheduled six Coaching Calls with Shelden and Rush following the training to ensure PSP Approach to Teaming and Coaching Model in Natural Learning Environments is being implemented with fidelity
- Every Demonstration Site Program has an identified external State Mentor
- Identified mentors scheduled six Mentor Coaching Calls with Shelden and Rush following the training to ensure they practice mentoring with fidelity

The Fiscal Strand has two Implementation Workgroups: Staffing and Tele-Practice.   The Staffing Implementation Workgroup focused on gathering data via Demonstration Site Program Staffing List that includes staff allocation and vacancies and a staffing survey that will be used to develop and implement a staffing plan to ensure the State has the infrastructure needed to hire and/or retain appropriate number of qualified staff to support children with SE needs.

The Tele-Practice Implementation Workgroup focused on identifying what's needed to establish Tele-Practice as a service delivery option for families. The Tele-Practice Implementation Workgroup also began developing procedural guidelines and training modules to ensure providers have the knowledge and skills to use Tele-Practice.

Having a staffing plan to address recruitment and retention and using technology in service delivery are critical infrastructure components to increase the demonstration sites' ability to provides SE services and supports to families in their respective programs.

The Monitoring and Accountability (M &A) Implementation Workgroup focused on developing training to include the purpose of the Child Outcomes Summary (COS) process, COS process and how to engage family/team in the process. The Implementation Workgroup also began working on building infrastructure components such as a family questionnaire to get the families' perspective of the process, revising forms and revising procedural guidelines.

As providers better understand the COS process, they will be able to engage families, implement the process with fidelity and gather accurate data which will be used for program improvement.

Section B of this report on pages 17-20, Tables 7-9 provides a status report of the implementation activities for each of the strands.

3. The specific evidence-based practices (EBP) that have been implemented to date

As identified in Phase II of the SSIP, the State committed to implement the PSP Approach to Teaming and the Coaching Model in Natural Learning Environments. During Phase III, the State secured services from M'Lisa Shelden and Dathan Rush, nationally recognized trainers of the PSP Approach to Teaming and Coaching Model in Natural Learning Environments. Due to the size of the procurement, a competitive bid process was required which delayed the award of the contract causing a delay in the implementation of activities; therefore, timelines for several activities/steps were adjusted to accommodate the delay. The delay in implementing the activities did not impact the integrity of the plan and the ability to achieve intended outcomes, but rather just a delay in implementation by several months.

Shelden and Rush completed three webinars that were offered to all EI Programs statewide and stakeholders. The two-day on-site training institute was held for all demonstration site providers and State Mentors. The Mentors also participated in a one-day training for Master Coaches.

There are some specific Division for Early Childhood (DEC) Recommended Practices that focus on SE development. These DEC Recommended Practices, which are listed below, have been incorporated into Hawaii's SE Competencies (Appendix D) and the Shelden and Rush webinars, training and/or fidelity checks.

- INT1: Practitioners promote the child's SE development by observing, interpreting, and responding contingently to the range of the child's emotional expressions.

- INT2: Practitioners promote the child's social development by encouraging the child to initiate or sustain positive interactions with other children and adults during routines and activities through modeling, teaching, feedback, or other types of guided support.

- INT4: Practitioners plan for and provide the level of support, accommodations, and adaptations needed for the child to access, participate, and learn within that across activities and routines.

- INT5: Practitioners promote the child's problem-solving behavior by observing, interpreting, and scaffolding in response to the child's growing level of autonomy and self-regulation.

The PSP Approach to teaming and the Coaching Model in Natural Learning Environments focus on supporting and strengthening parents and other caregivers' abilities in interacting with their child in ways that support their child's learning and development within daily routines and activities, and obtaining desired supports and resources. Using this approach will naturally support the child's SE development.

A SE Competencies Self-Assessment Tool (Appendix C) was developed based on the SE Competencies. The SE Competencies and the SE Competencies Self-Assessment were shared with Shelden and Rush prior to the on-site training to ensure the identified competencies were addressed in the training. After the training, Shelden and Rush completed a SE Competency Verification Worksheet to confirm that all the competencies were addressed.

Shelden and Rush created a SE Competency Log Review based on Hawaii's SE competencies that rates the providers' implementation of practices that reflect each of the competencies. Shelden and Rush are coaching identified Mentors to collect implementation fidelity data on these practices.

The specific infrastructure changes outlined in A2 above were not included as a specific activities/steps or evaluation activities/outcomes in the State SSIP Action Plan Progress Report nor the Demonstration Site Programs' Action Plan. The Demonstration Sites were informed of the infrastructure changes that were required as part of the implementation of EBPs trained on by Shelden & Rush.

In their respective Program Action Plan, the providers in demonstration sites outlined their commitment to participate in the activities in the State SSIP Action Plan to

implement EBPs related to SE development to ensure that infants and toddlers with disabilities in demonstration sites will have substantially increased their rate of growth in SE skills (including social relationships) by the time they exit EI (SiMR).

The Demonstration Site Programs completed the following activities to support the implementation of EBPs:

- SE Competencies Self-Assessment prior to Shelden & Rush on-site training
- Infrastructure changes outlined in Section A.2, page 9
- Shelden and Rush webinars and on-site trainings

4. Brief overview of the year's evaluation activities, measures, and outcomes

In Phase III, the SSIP Coordinator and the Part C Coordinator worked closely with national TAs to streamline the evaluation plan to appropriately identify the intended impacts of the activities. As the State moved into the implementation phase, performance indicators and measurement/data collection methods were revised to accurately capture the data needed to demonstrate achievement of improvement activities and outcomes.   Analysis of the data was added to the evaluation plan and timelines were adjusted accordingly based on the timeline changes of steps for the improvement activities.

The SSIP Action Plan Progress Report (Appendix A) includes the evaluation plan with the status and data information for each activity and outcome. Evaluation Notes highlight data quality issues and actions, performance indicator status and any applicable notes.

The evaluation activities completed or in process in the first year of Phase III of the SSIP are outlined below, including a summarized status report.

Table 3

Improvement Activity	Type	Output	Status
1-1. Identify competencies related to SE development and incorporate them into EBPs (PSP Approach to Teaming and Coaching Model in Natural Learning Environments) training	Infrastructure	• Competencies incorporated into trainings	Completed 1/18/17
1-2. Develop or modify and implement provider self-assessment tool regarding SE	Infrastructure	• Providers complete self-assessment tool regarding SE competencies using	In Process

Improvement Activity	Type	Output	Status
competencies and EBPs (PSP Approach to Teaming and Coaching Model in Natural Learning Environments)		the PSP Approach and Coaching Model	
1-3. Develop and implement a training plan for providers that addresses the SE competencies and EBPs (PSP Approach to Teaming and Coaching Model in Natural Learning Environments)	Infrastructure and Practice	• Individual training plan for EI providers in demonstration sites identified as needing additional training based on their SE Competencies Self-Assessment	In Process
2-1. Hire and/or retain appropriate number of qualified staff to support children with SE needs	Infrastructure	• Allocated positions are filled • Staffing plan includes components to address staffing needs based on survey results	In Process
2-2. Develop and implement tele- practice capability and procedures	Infrastructure	• Technology established at each demonstration site • Tele-Practice training modules based on procedural guidelines • Services delivered via Tele-Practice	In Process
3-1. Develop or modify and implement COS process training to include: • Purpose of COS • COS process, including determining ratings	Infrastructure	• COS training module includes all specified components and providers trained	In Process

Improvement Activity	Type	Output	Status
• Engaging family/team in the process			

The evaluation outcomes completed or in process in the first year of Phase III of the SSIP are outlined below, including a summarized status report.

Table 4

Outcome	Type	Performance Indicator	Status
Short-Term (PD & TA) EI providers will understand how to support SE development for children ages 0-3	Provider Practice	75% of providers who participated in the training demonstrate at least one step movement towards level III-Triadic Relationships on the SE Competency Self-Assessment	In Process
Short-Term (PD & TA) EI providers will identify and communicated with families about the SE needs of their children and write functional SE objectives to support children's SE development	Provider Practice	1. 100% of children in demonstration sites with SE COS < 5 with a completed COS form indicating the family participated in the discussion of ratings 2. At least one functional SE objective is listed on the initial and annual IFSP for children with entry COS scores < 5 (or a note explaining why a SE objective is not included)	In Process
Short Term (Fiscal) EI Programs will have sufficient staff and services to implement EBPs and supports to children and families	Infrastructure	Each demonstration site provides timely services by achieving 100% on APR Indicator 1	In Process
Intermediate (All) EI providers will implement EBP (PSP Approach to Teaming and Coaching Model in Natural Learning Environments) related	Provider Practice	75% of providers who participated in the trainings demonstrate at least one-step movement for each competency towards "actively supports caregivers" on the Hawaii Se Competencies Coaching Log Review	In Process

Outcome	Type	Performance Indicator	Status
to SE development with fidelity			
<u>Long-Term (All)</u> Infants and toddlers with disabilities in demonstration sites will have substantially increased their rate of growth in SE skills (including social relationships) by the time they exit EI	Child	Combined demonstration sites data meet Positive SE Summary Statement 1 Targets for: FFY 2015: 49.28% FFY 2016: 49.28% FFY 2017: 49.50% FFY 2018: 50.00%	In Process

5. Highlights of changes to implementation and improvement strategies

Most changes to outcomes, improvement activities (refer to Tables 7-9, pages 17-20) and steps were for clarity purposes and to decrease redundancy. Many of the timelines changed due to various reasons that are described in the Implementation Notes of the Action Plan Progress Report table. Changes are indicated in red in the SSIP Action Plan Progress Report (Appendix A) and justifications are in blue for new information added to the table.

The table below lists outcomes and steps to achieve improvement activities that have been deleted:

Table 5

Outcome/Steps	Justification for Deletion
Intermediate Outcome: Families will support their child's positive SE development	Addressed in other intermediate outcomes. If EI providers implement EBPs (PSP Approach to Teaming and Coaching Model in Natural Learning Environments) related to SE development with fidelity, then providers will be working with families to support their child's positive SE development and thus, SE IFSP objectives will be achieved.
1-3e Step: Identified mentors coach EI Providers in demonstration sites	Addressed in Step 1-3c which is to implement the mentoring plan. How identified mentors coach EI Providers is part of the Mentoring Plan.
2-2 b Step: Develop and implement a survey to identify appropriate providers and families in the demonstration sites to participate in tele-health	Survey was not needed as EIS determined that Tele-Practice will be an option for all families in demonstration sites; therefore, all providers in demonstration sites need to be trained to deliver services via Tele-Practice.

The table below lists steps that were added to achieve improvement activities:

Table 6

Steps	Justification for Addition
1-3e. Develop or revise training modules on SE Competencies and EBPs (PSP Approach to Teaming and Coaching Model in Natural Learning Environments)	Need to sustain the training after the Shelden & Rush contract ends. Also, it was identified as an output in the Logic Model.
1-3f. Use SE Competency and EBPs (PSP Approach to Teaming and Coaching Model in Natural Learning Environments) training modules as a resource in training plan for new providers and to sustain current provider's implementation of EBPs related to SE competencies	Ensure that training modules are incorporated into the State training plan
1-3h: Develop and annually update training plan to train new staff and sustain current providers' implementation of EBPs related to SE competencies; training content to be based on needs identified from annual administration of SE Competency Self-Assessment tool and from coaching logs	Need for sustainability and ensure new staff are trained and existing staff receive on-going support to meet fidelity

B. Progress in Implementing the SSIP

1. Description of the State's SSIP implementation progress

    a. Description of extent to which the State has carried out its planned activities with fidelity – what has been accomplished, what milestones have been met, and whether the intended timeline has been followed

    The Action Plan submitted in Phase II was revised to capture progress on the implementation of the improvement activities and steps that included how stakeholders were engaged, status (completed, in process, or not initiated) and evidence for each step and implementation notes. Implementation Notes identified barriers, actions to address barriers, description of adjustments and implications of adjustments.

    Main barriers that impacted implementation of activities according to intended timelines were staff turnover/vacancies, competing priorities and delay in procurement process to securing services from Shelden and Rush. The SSIP Action Plan Progress Report (Appendix A) includes barriers for each step in more detail.

    The prioritized strategies and activities developed in Phase II of the SSIP are outlined below, including a summarized status report of implementation during the first year of Phase III.

    Strand 1: Professional Development and Technical Assistance

    Improvement Strategy: Enhance the statewide system of professional development to increase early intervention providers' knowledge of social-emotional (SE) development, development of functional Se Individualized Family Support Plan (IFSP) outcomes/objectives, and implementation of the IFSP using evidence-based practices (EBPs) (Primary Service Provider [PSP] Approach to Teaming and Coaching Model in Natural Learning Environments).

Table 7

Improvement Activities	Type	# of Steps	Status of Steps
1-1. Identify competencies related to SE development and incorporate them into EBPs (PSP Approach to Teaming and Coaching Model in Natural Learning Environments) training	Justification for change: The State Leadership Team proposed and stakeholder approved to add in EBPs and description of what EBPs being focused on for added clarity. The description of the EBPs was added to Activities 1-2 and 1-3.		

Improvement Activities	Type	# of Steps	Status of Steps
1-1. Identify competencies related to SE development and incorporate them into EBPs (PSP Approach to Teaming and Coaching Model in Natural Learning Environments) training	Infrastructure	2	2 completed
1-2. Develop or modify and implement provider self-assessment tool regarding SE competencies and EBPs (PSP Approach to Teaming and Coaching Model in Natural Learning Environments)	Infrastructure	4	2 completed 2 in process
1-3. Develop and implement a training plan for providers that addresses the SE competencies and EBPs (PSP Approach to Teaming and Coaching Model in Natural Learning Environments)	Infrastructure and Practice	6	3 completed 3 in process 1 step (1-3e) was deleted because it is addressed in step 1-3c. I step (1-3f) was added to address the development of the training plan for providers.

Strand 2: Fiscal

Improvement Strategy: Increase the capacity of early intervention programs to provide serves and supports to address SE development.

Table 8

Activities	Type	# of Steps	Status of Steps
2-1. Hire and/or retain appropriate number of qualified staff to support children with SE needs	Infrastructure	5	3 in process 2 not initiated
2-2. Develop and implement tele-~~health~~ practice capability and procedures	Justification for change:		

Activities	Type	# of Steps	Status of Steps
	Stakeholders opted for the State to adopt the term Tele-Practice instead of tele-health.		
Develop and implement Tele-Practice capability and procedures	Infrastructure	5	1 completed 3 in process 1 not initiated

Strand 3: Monitoring and Accountability

Improvement Strategy: Enhance the child outcomes summary (COS) process to ensure data are accurate and reliable and ensure program effectiveness to support EBPs to improve children's SE development.

Table 9

Activities	Type	# of Steps	Status of Steps
3-1. Develop or modify and implement COS process training to include: • Purpose of child outcomes ~~(CO)~~ summary • ~~Implementation of~~ COS process, including determining ratings ~~with fidelity~~ • ~~How to use assessment data~~ • ~~CO with the Multi-disciplinary Evaluations (MDE) and IFSP process~~ • Engaging family/team in the process	Justification for Change: Wording was changed to use COS consistently throughout the document (change also applied to Activity 3-2). Some of the items (bullets two and three) are addressed in other activities. Bullet three was determined as not needed because if the COS process is being implemented with fidelity (activity 3-2) then the COS will be addressed in the MDE and IFSP process.		
Develop or modify and implement COS process training to include: • Purpose of COS • COS process, including determining ratings • Engaging family/team in the process	Infrastructure and Practice	5	1 completed 3 in process 1 not initiated
3-2. Develop and implement monitoring tool to ensure ~~ECO~~ COS process is being implemented with fidelity	Infrastructure	3	3 not initiated

Activities	Type	# of Steps	Status of Steps
3-4. Develop and implement training module on using COS data for program improvement	Infrastructure and Practice	8	1 in process 7 not initiated

b. Intended outputs that have been accomplished as a result of the implementation activities

The Evaluation Plan, which is embedded in the Action Plan submitted in Phase II was revised to capture the status, data collected, and evaluation notes. The Evaluation Notes identified data quality issues and actions, performance status related to performance indicators and any applicable notes.

Table 10 below outlines intended outputs that have been accomplished as a result of the implementation activities.

Table 10

Completed Output	Related Activity
Hawaii SE Competencies	1-1. Identify competencies related to SE development and incorporate them into training
SE Competencies Incorporated into Shelden & Rush Trainings	1-1. Identify competencies related to SE development and incorporate them into training
SE Competency Self-Assessment	1-2. Develop or modify and implement provider self-assessment tool regarding SE competencies and EBP (PSP Approach to Teaming and Coaching Model in Natural Learning Environments)
Staffing List	2-1. Hire and/or retain appropriate number of qualified staff to support children with SE needs
Staffing Survey	2-1. Hire and/or retain appropriate number of qualified staff to support children with SE needs
Tele-Practice Survey	2-2. Develop and implement Tele-Practice capability and procedures
Adoption of COS on-line modules (ECTA web-site)	3-1. Develop or modify and implement COS process training to include: • Purpose of child outcomes (CO)

Completed Output	Related Activity
	• COS process, including determining ratings • Engaging family/team in the process

Refer to the SSIP Action Plan Progress Report (Appendix A) for detailed progress on evaluation activities and outcomes in the SSIP Action Plan.

2. Stakeholder involvement in SSIP implementation

   a. How stakeholders have been informed of the ongoing implementation of the SSIP

   Hawaii has continued to gather and use input from stakeholders at the local and state level to assist with the implementation of the SSIP. Stakeholders participated either via e-mail or in-person meetings.

   Table 8 below outlines the different stakeholders and how they are informed of ongoing implementation of the SSIP.

   The Action Plan Progress Report (Appendix A) includes how stakeholders were engaged in the implementation each of the steps for the improvement activities.

   b. How Stakeholders have a had a voice and been involved in decision-making regarding the ongoing implementation of the SSIP

   Stakeholders participated on the SSIP Leadership Team and Implementation Workgroups whereby they were actively involved in the SSIP implementation and evaluation, that included data collection, review and analysis of data, and helping to determine if activities were on target of if adjustments were needed. As part of their participation on the SSIP Leadership Team and/or Implementation Workgroups, they were involved in the discussions and part of the decision-making process.

   Examples of some of the decisions made by the Implementation Workgroups and/or SSIP Leadership Team based on input from national TA consultants and other stakeholders:

   - PD & TA Implementation Workgroup agreed to add in the activity steps outlined in Table 6 (page 15) to demonstrate what they are in the process of developing as part of the State Training Plan. The additional steps provide clarity in their intent to create a PD system that includes training and supports based on identified needs to ensure providers have the knowledge and skills in SE competencies and EBPs (PSP Approach to Teaming and

Coaching in Natural Learning Environments) which will have a direct impact on the SiMR.

- Staffing Implementation Workgroup decided to do a three-part staffing survey to gather different information from providers as opposed to one staffing survey completed by the Program Manager. They determined a three-part survey was needed to capture actual data from providers themselves. The additional data will assist in developing a relevant Staffing Plan to address the needs/issues identified.
- Tele-Practice Implementation Workgroup decided to change the term tele-health to tele-practice as they felt the term better reflected what providers will be doing.

- The M & A Implementation Workgroup decided that doing the COS rating at each Annual IFSP will provide the program with data that they can use for program improvement as well as to see if the child is making progress in SE skills so adjustments can be made accordingly. Having access to data to needed adjustments will have an impact on the SiMR.

Table 11 below outlines the different stakeholders and how they were involved in decision-making of ongoing implementation of the SSIP.

Table 11

Stakeholders	Meeting Frequency	Purpose	Informed	Decision-making
SSIP Leadership Team (roster included in the SSIP Action Plan Progress Report – Appendix A)	Monthly	Discussion of SSIP Action Plan and Evaluation Plan and provides feedback to Implementation Workgroups as requested.	Implementation Workgroups provide updates at meetings and/or e-mail. Recommendations and/or discussion with TA providers	Made decisions as needed so workgroups can proceed with implementing activities.
SSIP Implementation Workgroups (roster Appendix D)	Monthly	Develop, implement, and evaluate respective section of the SSIP Action Plan and Evaluation Plan.	Co-Leads participated as members of the SSIP Leadership Team so they can share information with their respective workgroups regarding the SSIP	Made decisions about implementation activities and/or changes needed as a result of data analysis based on input from

Stakeholders	Meeting Frequency	Purpose	Informed	Decision-making
			Action Plan, including the evaluation plan.	various stakeholder
Statewide Program Managers	Quarterly	Meeting to share EI up-dates, provide TA, get input/feedback on items affecting the EI system. SSIP is a standing agenda item.	Updates are provided and SSIP Implementation Workgroups get input/feedback on what has been and will be developed, implemented, and/or evaluated.	Provided input to various activities that were taken into consideration prior to Implementation Workgroups and/or SSIP Leadership making decisions
Demonstration Site Program Managers	Monthly	Discussion of implementation and evaluation of the SSIP. Program Managers review forms, documents (process, procedural guidelines), provide input/feedback on what is happening at the program level.	Updates are provided and SSIP Implementation Workgroups get input/feedback on what has been and will be developed, implemented, and/or evaluated.	Made decisions on various implementation items that support the SSIP activities. Provided input to various activities prior to Implementation Workgroups and/or SSIP Leadership making decisions
Demonstration Site Program Leadership Team	Monthly	Discussion of implementation and evaluation of the SSIP at the program level.	Program Managers review forms, documents (process, procedural guidelines), discuss how the SSIP impacts the program,	Made decisions on how at the program level SSIP activities will be implemented.

Stakeholders	Meeting Frequency	Purpose	Informed	Decision-making
			generate questions for the SSIP State of Leadership Team to address.	
Hawaii Early Intervention Coordinating Council (HEICC)	Quarterly	Advisory board and advocates for EI. SSIP is a standing agenda item. Members of the HEICC participate on different Implementation Workgroups and are invited to the Annual Stakeholder Meeting.	A presentation was done regarding the SSIP and updates. The Part C Coordinator provides quarterly updates.	Provided input to various activities that were taken into consideration prior to Implementation Workgroups and/or SSIP Leadership making decisions
Broad Stakeholders	Annually	To share information and data and get input/feedback on the SSP/APR and the SSIP Action Plan, including the evaluation plan. Implementation Workgroups get input/feedback on forms, procedural guidelines, documents, etc.	Update of the SSIP is presented and Implementation Workgroups get input/feedback on their respective sections.	Provided input to various activities that were taken into consideration prior to Implementation Workgroups and/or SSIP Leadership making decisions

C. Data on Implementation and Outcomes

1. How the State monitored and measured outputs to assess the effectiveness of the implementation plan

   a. How evaluation measures align with the TOA

      In Phase II of the SSIP, the SSIP Leadership Team developed Logic Models with guidance from national TA Consultants and input from stakeholders. The Logic Models were designed to guide what outputs and outcomes are measured in the evaluation plan. There is a one to one correspondence with the short-term, intermediate, and long term outcomes between evaluation plan outcomes, the Logic Models, and the TOA.

      In Phase III, the Logic Models (Appendix B) were revised for clarity purposes and to eliminate redundancy. Therefore, the TOA that was revised (refer to Table 2, page 6).

   b. Data sources for each key measure

      Data sources and how they will be used to measure progress for each evaluation item are described in detail in the SSIP Action Plan Progress Report (Appendix A). Table 12 below outlines the different data sources with a brief description of what is being measured.

Table 12

Data Source	Data Source Measuring Description
SE Competency Training Verification Worksheet	Measures which SE competencies were addressed in the training.
Demonstration Site Provider Tracking Sheet	Tracks list of providers in demonstration sites and whether the providers: • Attended various trainings (PSP & Coaching, Tele-Practice, COS, COS Data Use) • Completed Self-Assessments
SE Competency Self-Assessment Tracking Sheet	Tracks list of providers in demonstration sites and documents providers: • SE Competency Self-Assessment ratings • Need and Implementation of Individual Training Plan
HEIDS	COS Report – list of children with COS rating of $\leq$ 5 for Positive SE Skills Services – service hours delivered via Tele-Practice

Data Source	Data Source Measuring Description
Completed COS Form	Measures if family (for a child with a COS rating of ≤ 5 for Positive SE Skills) was included in discussion of COS ratings
EI Program Staffing List	Measures percentage of filled positions in demonstration sites
Staffing Plan	Addresses personnel needs identified from Staffing Survey
Tele-Practice Technology Worksheet	Indicates what technology is available at each demonstration site
Self-Assessment Monitoring (SAM) tool	Measures percentage of timely services for children monitoring in demonstration sites
COS Self-Assessment Tracking Sheet	Tracks list of providers in demonstration sites and documents providers: • COS Self-Assessment ratings • Training needs and Implementation of Individual Training Plan
COS Monitoring Tool	Measures Care Coordinators' (CCs) implementing the COS process with fidelity
COS Family Questionnaire	Measures families' perception that indicate they understand the COS process
COS Data Use Self-Assessment Tracking Sheet	Tracks list of Program Managers in demonstration sites and documents Program Managers: • COS Data Use Self-Assessment ratings • Training needs and Implementation of Individual Training Plan
Hawaii SE Coaching Log Review	Measures if providers in demonstration sites are actively supporting family members or other caregivers in the areas identified in the SE competencies.
IFSP Objective Tracking Sheet	Measures SE objectives met for children with a COS rating of ≤ 5 for Positive SE Skills
HEIDS Child Outcomes Data Report	Measures combined percentage of demonstration sites for COS for Positive SE Skills (including social relationships) Summary Statement 1 (SIMR)

c. Description of baseline data for key measures

Baseline data that was collected is reported in the SSIP Action Plan Progress Report (Appendix A) in the "Status and Data" column of the Evaluation Plan. Table 13 below outlines the Improvement Activity and Output/Performance Indicator where baseline data was collected and reported.

Table 13

Improvement Activity	Output/Performance Indicator
1-2. Develop or modify and implement provider self-assessment tool regarding SE competencies and EBPs (PSP Approach to Teaming and Coaching Model in Natural Learning Environments)	Output: Providers complete self-assessment tool regarding SE competencies using EBPs (PSP Approach to Teaming and Coaching Model in Natural Learning Environments). Performance Indicator: 85% of all providers (including new staff) in the demonstration sites complete the SE Competency Self-Assessment prior to the training, 6-months after the training, and at least once each following fiscal year.
2-1. Hire and/or retain appropriate number of qualified staff to support children with SE needs	Output: Allocated positions are filled Performance Indicator: 90% of all positions in each demonstration site are filled

Table 14 below outlines the Outcome and Performance Indicator where baseline data was collected and reported.

Table 14

Outcome	Performance Indicator
Short Term (PD & TA) EI providers will understand how to support SE development for children ages 0-3	75% of providers who participated in the training demonstrate at least one step movement towards level III-Triadic Relationships on the SE Self-Assessment.
Short Term (Fiscal) EI Programs will have sufficient staff and services to implement EBPs and supports to children and families	Each demonstration site provides timely services by achieving 100% on APR Indicator 1.
Long-Term (All) Infants and toddlers with disabilities in demonstration sites will have substantially increased their rate of growth in SE skills (including social relationships) by the time they exit EI	Combined demonstration sites data meet Positive SE Summary Statement 1 Targets for: FFY 2015: 49.28% FFY 2016: 49.28% FFY 2017: 49.50% FFY 2018: 50.00%

d. Data collection procedures and associated timelines

Data collection procedures and associated timelines are included in detail in the SSIP Action Plan Progress Report (Appendix A) for each evaluation item.

In Phase III, the measurement/data collection methods were revised to accurately capture the data needed to demonstrate achievement of improvement activities and outcomes. Analysis of the data was also added to the evaluation plan and timelines were adjusted accordingly based on timeline changes of implementing steps for the improvement activities.

e. Sampling Procedures

For the evaluation of the Fiscal short-term outcome that EI programs will have sufficient staff and services to implement EBPs and support to children and families, the State will be using APR reporting data for Indicator 1: Percent of infants and toddlers with IFSPs who receive the early intervention services on their IFSPs in a timely manner in demonstration sites. Sampling data is used for this indicator and described in Monitoring Process below.

Monitoring Process

On-site monitoring occurs within the FFY being reported. The EI Self-Assessment Monitoring (SAM) Tool which was developed by Part C LA with feedback from EI providers was utilized to gather data.

1. 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 July and two months prior to the on-site monitoring of the reporting FFY were obtained by Part C LA for each demonstration site. The timeframe was chosen to ensure that there was at least one month to confirm that services were provided in a timely manner within the reporting FFY.

   - Part C LA identified 10% of children at each demonstration site based on the December 1 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.

   - 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.

2. 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 Hawaii's definition for timely services.

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

   - If the service was provided by the program providing care 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 verbally inform the service coordinator of the date services were initiated or provide copy of written documentation.
   - If the service was provided by a contracted fee-for-service provider, documentation must be via the required Service Attendance Log developed by the 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.

3. 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. The data was given to each demonstration site as part of the notification of noncompliance.

4. 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.

f. Planned data comparisons

Pre- and Post- data analysis is identified in the SSIP Action Plan Progress Report (Appendix A) for several evaluation items. Table 15 below summarizes the planned data comparisons.

Table 15

Outcome/Output	Description of Data Comparison
Short-Term (PD & TA) Outcome EI providers will understand how to support SE development for children ages 0-3	Pre-training SE Competency Self-Assessment ratings by providers in demonstration sites will be compared to post-training SE Competency Self-Assessment done 6-months following the training and annually thereafter regarding how to support SE development for children ages 0-3.
Output (Fiscal): Allocated positions are filled	Pre- Staffing Plan implementation percentage of allocated positions in demonstration sites will be compared to Post- Staffing Plan implementation to assess if implementation plan is affecting the filled staffing position percentages.
Short Team (M & A) EI providers and families will understand the COS process	Pre-training COS Self-Assessment ratings by providers in demonstration sites will be compared to post-training COS Self-Assessment done 6-months following the training and annually thereafter regarding their understanding of the COS process. Pre- training Family Questionnaire rating by families in demonstration sites will be compared to Post- training Family Questionnaire rating done 6 months following the training and annually thereafter regarding their understanding of the COS process.
Short Term (M & A) EI Programs will use the COS Self-Assessment to monitor CCs to ensure they are implementing the COS process with fidelity	Pre-training COS Self-Assessment ratings by providers in demonstration sites will be compared to post-training COS Self-Assessment done 6-months following the training and annually thereafter regarding their understanding of the COS process.
Short Term (M & A)	Pre-training COS Data Use Self-Assessment ratings by Program Managers in demonstration

Outcome/Output	Description of Data Comparison
EI Program Managers will have the access and the skills needed to use COS data for program improvement	sites will be compared to post-training COS Data Use Self-Assessment done 6-months following the training and annually thereafter regarding their ability to use COS data for program improvement.
<u>Long-Term (All)</u> Infants and toddlers with disabilities in demonstration sites will have substantially increased their rate of growth in SE skills (including social relationships) by the time they exit EI.	Pre- SSIP implementation percentage of combined demonstration sites data of Positive SE Skills (including social relationships) Summary Statement 1 will be compared on an annual basis as SSIP improvement activities are implemented.

g. How data management and data analysis procedures allow for assessment of progress toward achieving intended improvements.

Implementation Workgroups were provided a meeting notes template for their monthly meetings. To ensure the Implementation Workgroups stayed on track, they were also provided an Implementation Workgroup Progress Report template for their respective sections that was submitted to the SSIP Coordinator on a quarterly basis. The Implementation Workgroup Progress Report tracks the status (including evidence/data and data analysis) of implementation and evaluation activities, stakeholder engagement, TA needed/accessed and changes with justifications. Prior the submission of the SSIP Report, the Implementation Workgroup Progress Report template was revised to include Implementation Notes Subheadings (Barriers, Actions to Address Barriers, Description of Adjustments, Implications of Adjustments) and Evaluation Notes Subheadings (Data Quality Issues and Actions, Performance Status Related to Performance Indicator). The revision was made to be in alignment with the SSIP Action Plan Progress Report table that was revised with input from national TA providers.

In Phase III of the SSIP, the analysis of data was added to the Evaluation Plan section of the SSIP Action Plan Progress Report (Appendix A). Implementation Workgroups are responsible for collecting and analyzing the data for their respective sections and make changes to implementation activities and/or evaluation plan based on data analysis. For example, the PD & TA Implementation Workgroup is in the process of analyzing data collected from the SE Competency Self-Assessment. They will determine if any changes need to be made to the SE Competency Self-Assessment to ensure data is accurate and meaningful.   The Staffing Implementation Workgroup reviewed data collected from the Staffing List and determined that the data was inaccurate because each Program filled out the form incorrectly. The Staffing

Implementation Workgroup Co-Leads revised the Staffing List form, created instructions and provided training to ensure accurate data could be collected.

Data and analysis was and will continue to be shared with other stakeholders and input will be obtained if any changes are recommended based on the data analysis.

2. How the State has demonstrated progress and made modifications to the SSIP as necessary

   a. How the State has reviewed key data that provide evidence regarding progress toward achieving intended improvements to infrastructure and the SiMR

      As mentioned in C.g above (page 31), the Implementation Workgroups used the Implementation Workgroup Progress Report and submitted it to the State via the SSIP Coordinator of their progress. The Implementation Workgroup is responsible for implementing the activities outlined in the SSIP Action Plan Progress Report (Appendix A) and documenting progress, including evidence to support the progress noted. The Implementation Workgroup also collected and analyzed data and made and/or proposed changes with stakeholder input based on the data analysis. Justification for any proposed changes were included in their report.

      The SSIP Coordinator compiled the Implementation Workgroup Progress Reports into the SSIP Action Plan Progress Report. The State and various stakeholder group reviewed and revised the SSIP Action Plan Progress Report to ensure the State continues to work towards achieving the SiMR.

      While the Implementation Workgroups have been implementing the improvement activities and steps as outlined in the SSIP Action Plan Progress Report (Appendix A) and baseline data has been captured, modifications as a direct result of data analysis was done by the Staffing Implementation Workgroup. They reviewed data collected from the Staffing List and determined that the data was inaccurate because each Program filled out the form incorrectly. The Staffing Implementation Workgroup Co-Leads revised the Staffing List form, created instructions and provided training to ensure accurate data could be collected. Data will continue to be collected and analyzed to support the development and implementation of the Staffing Plan.

      Any modifications as result of data analysis based on evidence of change will be reported next year.

   b. Evidence of change to baseline data for key measures

      Evidence of change to baseline data is included in the SSIP Action Plan Progress Report (Appendix A) in the Evaluation Plan section of the report for several evaluation items.

Table 16 below summarizes the improvement activities, performance indicator related to outputs and if baseline data was collected in Phase III of the SSIP. It also states evidence of change or when it will be reported.

Table 16

Activity	Performance Indicator	Baseline Data Collected	Status/Evidence of Change
1-2. Develop or modify and implement provider self-assessment tool regarding SE competencies and EBPs (PSP Approach to Teaming and Coaching Model in Natural Learning Environments)	85% of all providers (including new staff) in the demonstration sites complete the SE Competency Self-Assessment prior to the training, 6-months after the training, and at least once each following fiscal year.	Yes	Data will be collected in July 2017 and every July thereafter for comparison. Evidence of change will be reported next year.
1-3. Develop and implement a training plan for providers that addresses the SE competencies and EBPs (PSP Approach to Teaming and Coaching Model in Natural Learning Environments)	100% of EI providers identified as needing additional training based on SE Competencies Self-Assessment have an individualized training plan.	No	Post SE Competency Self-Assessment will be completed in July 2017. Baseline data for Individualized training plan will be done in September 2017.
2-1. Hire and/or retain appropriate number of qualified staff to support children with SE needs	90% of all positions in each demonstration site are filled

FFY 2016:
Q1: 7/1/16 – 9/30/16
Q2: 10/1/16 – 12/31/16
Q3: 1/1/17 – 3/30/17
Q4: 4/1/17 – 6/30/17 | Yes | FFY 2016 Q1 to Q2 comparison:

• 2 of 6 (33%) improved & exceeded target.
• 3 of 6 (50%) stayed the same & did not meet the target.
• 1 of 6 (17%) decreased & did |

Activity	Performance Indicator	Baseline Data Collected	Status/Evidence of Change
			not meet the target.
2-2. Develop and implement tele-practice capability and procedures	100% of demonstration sites will increase delivering services via Tele-Practice by two hours per quarter	No	Analysis of data will be done within one month following the previous quarter once Tele-Practice is implemented in 2018.
3-2. Develop and implement monitoring tool to ensure COS process is being implemented with fidelity	100% of Care Coordinators (CCs) in demonstration sites will implement the COS process with fidelity.	No	Analysis of data will be done in July for the preceding FFY once monitoring is initiated in 2018.

Table 17 below summarizes the outcomes, performance indicator and if baseline data was collected in Phase III of the SSIP. It also states evidence of change or when it will be reported.

Table 17

Outcome	Performance Indicator	Baseline Data Collected	Evidence of Change
<u>Short-Term (PD & TA)</u> EI providers will understand how to support SE development for children ages 0-3	75% of providers who participated in the training demonstrate at least one step movement towards level III-Triadic Relationships on the SE Competency Self-Assessment	No	Data will be collected in July 2017 and every July thereafter for comparison. Evidence of change will be reported next year.
<u>Short-Term (PD & TA)</u> EI providers will identify and communicated with families about the SE needs of their	1. 100% of children in demonstration sites with SE COS ≤ 5 with a completed COS form indicating the family participated in the discussion of ratings	No	1. Data will be collected in July 2017 and every July thereafter for comparison. 2. Data will be collected in April

Outcome	Performance Indicator	Baseline Data Collected	Evidence of Change
children and write functional SE objectives to support children's SE development	2. At least one functional SE objective is listed on the initial and annual IFSP for children with entry COS scores $\leq$ 5 (or a note explaining why a SE objective is not included)		2017 and within one month of Initial and Annual IFSPs thereafter. Evidence of change will be reported next year.
Short Term (Fiscal) EI Programs will have sufficient staff and services to implement EBPs and supports to children and families	Each demonstration site provides timely services by achieving 100% on APR Indicator 1	Yes	Evidence of change will be reported next year.
Short Team (M & A) EI providers and families will understand the COS process	1. 90% of training attendees maintained or improved from the pre-training to the post-training self-assessment scores for questions related to the COS process 2. 80% of families who complete the Family Questionnaire report that they understand the COS process	No	1. Data will be collected prior to training and 6 months after the training and annually thereafter. 2. Data will be collected prior to training and within one month after the initial and annual IFSP thereafter.
Short Term (M & A) EI Programs will use the COS Self-Assessment to monitor CCs to ensure they are implementing the COS process with fidelity	75% of CCs who participated in the training will demonstrate at least one (1) rating point increase on their COS Self-Assessment on implementing the COS process	No	Data will be collected prior to training and 6 months after the training and annually thereafter.

Outcome	Performance Indicator	Baseline Data Collected	Evidence of Change
Short Term (M & A) EI Program Managers will have the access and the skills needed to use COS data for program improvement	Among Program Managers from demonstration sites: 1. 100% report on COS Data Use Self-Assessment that they can print out COS rating reports in HEIDS 2. 90% demonstrate an increase of at least one (1) point on their response to question on this competency	No	Data will be collected prior to training and 6 months after the training and annually thereafter.
Intermediate (All) EI providers will implement EBP (PSP Approach to Teaming and Coaching Model in Natural Learning Environments) related to SE development with fidelity	75% of providers who participated in the trainings demonstrate at least one-step movement for each competency towards "actively supports caregivers" on the Hawaii SE Competencies Coaching Log Review	No	Baseline data will be collected after first Mentoring Call (April 2017) and compared to data collected in last Mentoring Call (September 2017) and annually thereafter. Evidence of change will be reported next year
Intermediate (All) SE IFSP objectives will be achieved	75% of children who have an SE objective on their IFSP will have met at least one SE objective by their next Annual IFSP.	No	Data will be collected in July 2017 within one month of Initial and Annual IFSP. Evidence of change will be reported next year
Long-Term (All) Infants and toddlers with disabilities in demonstration sites will have	Combined demonstration sites data meet Positive SE Summary Statement 1 Targets for:	Yes	The demonstration site percentage for RRY 2015 was 55.71%, exceeding the target.

Outcome	Performance Indicator	Baseline Data Collected	Evidence of Change
substantially increased their rate of growth in SE skills (including social relationships) by the time they exit EI	FFY 2015: 49.28% FFY 2016: 49.28% FFY 2017: 49.50% FFY 2018: 50.00%		Evidence of change will be reported next year

c. How data support changes that have been made to implementation and improvement strategies

Changes that were made to the Action Plan, including the Evaluation Plan, were for clarity purposes or adjusting timelines due to barriers encountered that delayed implementation. No changes were a result of evaluation data.

The SSIP Action Plan Progress Report (Appendix A) identifies changes in the Improvement plan, barriers, actions to address barriers, description of adjustments and implications of the adjustments.

d. How data are informing next steps in the SSIP Implementation

Table 18 below outlines data collected in the first year of Phase III and the next steps regarding data collection and implementation activities. Many of the activities are in process or not yet initiated at the time of the SSIP Report submittal so the intent is to continue the activities in process and begin the activities not yet initiated based on revised timelines. The SSIP Action Plan Progress Report outlines the activities and steps with adjusted timelines.

Table 18

Activity	Performance Indicator	Data Collected	Next Steps	
			Data	Implementation
1-1. Identify competencies related to SE development and incorporate them into EBP (PSP Approach to Teaming and Coaching model within natural learning environments) training	1. 100% of demonstration site received SE Competencies 2. 100% of SE competencies are addressed across Shelden & Rush webinars and trainings	1. 100% of demonstration sites received the SE Competencies 2. 100% of SE competencies were addressed in Shelden & Rush webinars and/or trainings	N/A – Completed	SE Competency Training Verification Worksheet will be used to identify which SE competency are addressed in future trainings identified for providers to attend or future trainings developed by the State as part of their individual training plan
1-2. Develop or modify and implement provide self-assessment tool regarding SE competencies and EBPs (PSP Approach to Teaming and Coaching Model in Natural Learning Environments)	85% of all providers (including new staff) in the demonstration sites complete the SE Competency Self-Assessment prior to the training, 6-months after the training, and at least once each following fiscal year.	67 of 72 (93%) of demonstration site providers complete the SE Competency Self-Assessment in January 2017	Data will be collected in July 2017 and every July thereafter for comparison. Evidence of change will be reported next year.	• Implement SE Competency Self-Assessment in July 2017 (six months after training) and annually thereafter • Revise SE Competency Self-Assessment if needed based on responses (i.e., rewording items for clarification purposes)
1-3. Develop and implement training plan for providers that address SE competencies and EBP (PSP Approach to Teaming and Coaching	100% of EI providers identified as needing additional training based on SE Competencies Self-Assessment have an	Data is not yet available	Post training SE Competency Self-Assessment will be completed in July 2017	• Revise training plan • Develop training module on SE Competencies & EBPs • Develop list of training resources/opportunities Use SE Competency Self-Assessment responses with

Activity	Performance Indicator	Data Collected	Next Steps	
			Data	**Implementation**
model within natural learning environments)	individualized training plan.			Coaching Log Reviews to develop individual provider training plans
2-1. Hire and/or retain appropriate number of qualified staff to support children with SE needs	90% of all positions in each demonstration site are filled FFY 2016: Q1: 7/1/16 – 9/30/16 Q2: 10/1/16 – 12/31/16 Q3: 1/1/17 – 3/30/17 Q4: 4/1/17 – 6/30/17	FFY 2016 Q1 to Q2 comparison: • 2 of 6 (33%) improved & exceeded target • 3 of 6 (50%) stayed the same & did not meet the target • 1 of 6 (17%) decreased & did not meet the target	Continue to collect Staffing List for comparison. Evidence of change will be reported next year	Analyze staffing survey results to develop staffing plan
2-2. Develop and implement tele-practice capability and procedures	1. 100% of tele-practice technology is available at each demonstration site 2. 100% of demonstration sites will participate in training based on the procedural guidelines training regarding	Preliminary survey data completed by 100% of demonstration sites	• tele-practice technology available at demonstration site • attendance at trainings • services via tele-practice	• Purchase equipment needed to implement services via tele-practice • Develop tele-practice procedural guidelines • Provide tele-practice training

Activity	Performance Indicator	Data Collected	Next Steps	
			Data	**Implementation**
	implementation of tele-practice 3. 100% of demonstration sites will increase delivering services via tele-practice by two hours per quarter			
3-1. Develop or modify and implement COS process training to include: • Purpose of child outcomes (CO) • COS process, including determining ratings • Engaging family/team in the process	1. 100% of trainings provided to demonstration sites include the COS components 2. 100% of EI providers in demonstration sites attend COS trainings	Data is not yet available	• Training module has COS components • Attendance at trainings	• Implement COS training
3-2. Develop and implement monitoring tool to ensure COS process is being implemented with fidelity	100% of CCs in demonstration sites will implement the COS process with fidelity.	Data is not yet available	COS Self-Assessment Responses	• Develop COS Self-Assessment • Develop monitoring process

Activity	Performance Indicator	Data Collected	Next Steps	
			Data	**Implementation**
3-3. Develop and implement training module on using COS data for program improvement	100% of Program Managers from demonstration sites attended training	Data is not yet available	Training attendance	• Revise EI COS procedural guidelines • Develop guidelines for using COS data for program improvement • Develop and Implement COS Data Use Self-Assessment • Develop and implement training on using COS data for program improvement • Develop individualized training plan based on COS Data Use Self-Assessment responses

e. How data support planned modifications to intended outcomes (including the SiMR) – rationale or justification for changes or how data support the SSIP is on the right path

Changes to intended outcomes were for clarity purposes and to reduce redundancy. It was addressed in Section A of this report and in the SSIP Action Plan Progress Report (Appendix A). No changes to intended outcomes were made as a result of evaluation data.

However, based on the data that was reviewed, it appears that progress is being made in the SSIP. The following table highlights status of performance indicators for the respective workgroups that supports the SSIP is on the right path. Refer to the SSIP Action Plan Progress Report (Appendix A) for actual data and additional information regarding implementation activities and evaluation activities and outcomes.

Table 19

Implementation Workgroup	Activity	Performance Indicator	Status
PD & TA	1-1. Identify competencies related to SE development and incorporate them into EBPs (PSP Approach to Teaming and Coaching Model in Natural Learning Environments)	1. 100% of demonstration sites received Se Competencies 2. 100% of SE competencies are addressed across Shelden &Rush webinars and trainings	Completed 1. 100% of demonstration sites received the SE Competencies 2. 100% of SE competencies were addressed in the either the webinars and/or the trainings
	1-2. Develop or modify and implement provider self-assessment tool regarding SE competencies and EBPs (PSP Approach to Teaming and	85% of all providers (including new staff) in the demonstration sites complete the SE Competency Self-Assessment prior to the training, 6-months after the	In Process • Baseline data collected: 93% of providers in demonstration sites completed the SE Competency Self-Assessment

Implementation Workgroup	Activity	Performance Indicator	Status
	Coaching Model in Natural Learning Environments)	training, and at least once each following fiscal year.	• The Workgroup is on target for distributing the survey to be done in July 2017.
	1-3. Develop and implement a training plan for providers that addresses the SE competencies and EBPs (PSP Approach to Teaming and Coaching Model in Natural Learning Environments)	100% of EI providers identified as needing additional training based on SE Competencies Self-Assessment have an individualized training plan.	In Process • Tracking sheet developed to include all SE Competency Self-Assessment ratings/responses over time • Workgroup finalizing Training Plan • Workgroup is on track to implement other steps based on revised timelines
Fiscal Staffing	2-1. Hire and/or retain appropriate number of qualified staff to support children with SE needs	1. 90% of all positions in each demonstration site are filled 2. Staffing plan addresses 100% of staffing needs identified in staffing survey	In Process • Staffing list data analyzed • Staffing Survey completed and data being analyzed • Workgroup is on target to develop and implement staffing plan based on revised timelines
Fiscal Tele-Practice	2-2. Develop and implement tele- practice capability and procedures	100% of demonstration sites will increase delivering services via Tele-Practice by two hours per quarter	In Process • Selected to use Zoom technology • Equipment tested in two demonstration sites

Implementation Workgroup	Activity	Performance Indicator	Status
			• Collected preliminary survey data from all demonstration sites • Currently reviewing draft training module • Currently developing draft procedural guidelines • Workgroup is on track to implement other steps based on revised timelines
Monitoring & Accountability	3-1. Develop or modify and implement COS process training to include: • Purpose of COS • COS process including determining ratings • Engaging family/team in the process	1. 100% of trainings provided to demonstration sites include the COS components 2. 100% of EI providers in demonstration sites attend COS trainings	In Process • Adopted ECTA's on-line COS training module • Workgroup is on track to implement other steps based on revised timelines
	3-2. Develop and implement monitoring tool to ensure COS process is being implemented with fidelity	100% of Care Coordinators (CCs) in demonstration sites will implement the COS process with fidelity.	In Process • Collaborating with national TA consultants to develop COS Self-Assessment tool to be used for monitoring

No changes were made to the SiMR. FFY 2015 data exceeded the target established in Phase II of the SSIP. Evidence of change data will be reviewed with stakeholders next year to determine if targets need to be adjusted.

3.   Stakeholders involvement in the SSIP evaluation

a.   How stakeholders have been informed of the ongoing evaluation of the SSIP

The evaluation plan is part of the SSIP Action Plan Progress Report. Refer to Table 8 in Section B1b (pages 20-22) of this report for stakeholder involvement and how they were informed of ongoing evaluation of the SSIP.

b. How stakeholders have had a voice and been involved in decision-making regarding the ongoing evaluation of the SSIP

Stakeholders participated in Implementation Workgroups and the State Leadership Team where decisions were made. Stakeholders were also given opportunities to provide input prior to decisions being made as well as reviewing the SSIP Action Plan Progress Report that includes the evaluation plan.

Changes to implementation activities and/or evaluation plan will be made according to data analysis. Refer to Section C.g (page 31) for examples of how stakeholders in implementation workgroups made decisions in implementation based on data analysis.

Refer to Table 11 in Section B1b (pages 22-24) of this report for stakeholder involvement and how they were involved in decision-making of ongoing evaluation of the SSIP.

D. **Data Quality Issues**

1.   Data limitations that affected reports of progress in implementing the SSIP and achieving the SiMR due to quality of the evaluation data

a.   Concern or limitations related to the quality or quantity of the data used to report progress or results

The only data quality issue encountered was baseline data regarding the staffing list for evaluating the Fiscal Activity 2-1. Hire and/or retain appropriate number of qualified staff to support children with SE needs. Programs were completing the Staff list form incorrectly so data reported in the fourth quarter of FFY 2015 was not accurate. The form was revised with written instructions and training on how to complete the form was provided to ensure accurate data was being reported.

b. Implications for assessing progress or results

The data submitted was inconsistent across programs so filled allotted positions could not be accurately determined; therefore, FFY 2015 data was not used and first quarter data for FFY 2016 is the baseline data.

c. Plans for improving data quality

The Program Staffing List template was revised, instructions developed and distributed to Program Managers. The Contracts Coordinator and SSIP Coordinator provided technical assistance to all EI Programs. Program Staffing List was reviewed and corrections made prior to analysis.

E.   **Progress Toward Achieving Intended Improvements**

1. Assessment of progress toward achieving intended improvements

a. Infrastructure changes that support SSIP initiatives, including how system changes support achievement of the SiMR, sustainability, and scale-up

The State's commitment to implementing a structured PSP Approach to Teaming and Coaching Model in Natural Learning Environments requires infrastructure enhancement in the three strands: PD & TA, Fiscal, and M & A.

Section A.2 identifies infrastructure changes that have supported SSIP initiatives and sustainability to ensure achievement of the SiMR. Tables 7-9 (pages 17-20) in Section A of this report identify infrastructure improvement activities and the status of steps for each improvement activity. Further details are included in the SSIP Action Plan Progress Report (Appendix A).

The PD & TA Implementation Workgroup focused their work on building the capacity of the PD & TA system to support practitioners' implementation of EBPs. The workgroup developed SE competencies, which were incorporated in the SE Self-Assessment and the EBPs (PSP Approach to Teaming and Coaching Model in Natural Learning Environments) training. The SE Self-Assessments and Coaching Logs have been included in the training plan to continually assess providers' knowledge and skills. A process for selecting and identifying mentors was developed along with the identification of mentor responsibilities. As a result of these infrastructure improvements, identified mentors are reviewing the SE Self-Assessment responses and Coaching Logs and providing support to providers in implementing EBPs related to SE competencies. Individual providers will have a training plan that may involve training and/or additional support by their mentor. The PD cycle of assessing knowledge and skills, training, modifications to infrastructure and/or practice implementation based on

assessment, ensure the implementation of EBPs with fidelity to support children and families in achieving IFSP SE outcomes/objectives that will have a direct impact on improving children's positive SE skills (including social relationships).

The Fiscal Staffing Implementation Workgroup focused its effort on building the staffing capacity – having the appropriate number of qualified staff to meet the needs of the children and families served in EI. The Staffing Implementation Workgroup has gathered data via Demonstration Site staffing lists and staffing surveys that will be used to develop a staffing plan. The staffing plan will incorporate the use of tele-practice as developed by the Tele-Health Implementation Workgroup as an option to ensure children and families have access to providers needed to support their child's SE development. Implementation of the staffing plan will ensure programs have the appropriate number of qualified staff needed to support children with SE needs.

The Monitoring and Accountability Implementation Workgroup focused its efforts on improving the capacity of the Monitoring and Accountability system, to support program improvement over time. The workgroup has identified COS training modules that incorporate the purpose and process of the COS and engaging families in the COS process. COS procedural guidelines are being updated to include revised forms and procedures such as conducting the COS process at Annual IFSPs. A COS Self-Assessment tool will be developed and used to assess providers' knowledge and skills of the COS process and a COS Data Use Self-Assessment tool will be developed and used to assess Program Manager's knowledge and skills. Self-Assessment responses and feedback from identified monitors will be used to develop an individualized training plan for providers and program managers to ensure the COS process is being implemented with fidelity and data is used for ongoing program improvement.

The TOA (Table 2, page 7) and the Logic Models (Appendix B) demonstrate how the activities, short-term and intermediate outcomes are expected to impact the SiMR.

Once the infrastructure improvements are established and sustaining EBPs (PSP Approach to Teaming and Coaching Model in Natural Learning Environments) are demonstrated over time, it will be scaled up and implemented across all EI Programs statewide.

b. Evidence that SSIP's EBPs are being carried out with fidelity and having the desired effects

The demonstration site providers and State Mentors received training from nationally recognized trainers, Shelden and Rush, on EBPs (PSP Approach to Teaming and Coaching Model in Natural Learning Environments).

One of the reasons Hawaii selected Shelden and Rush is their model of training that includes pre-webinars, on-site training, and six months of follow-up with the programs to ensure the practices are implemented with fidelity. They also recognize the value of mentors who will be involved in the training and will receive on-going support from Rush and Shelden.   Rush and Shelden's checklists and coaching logs will be utilized to collect data as well as to demonstrate that providers are implementing the model with fidelity.

The Shelden and Rush training incorporated natural learning environment practices, parent responsiveness and child learning, all of which are key to SE development. The PSP Approach to Teaming also builds in the EBP of building parent capacity (e.g., resource-based capacity-building practices, responsive caregiving practices) within every day routines and activities.

Shelden and Rush incorporated Hawaii's SE competencies into the training and developed a SE Competencies Log Review to evaluate provider implementation of SE practices with fidelity that they will be piloting with the Mentors coaching providers for the next 6 months.

Data on implementing EBPs with fidelity will be reported next year.

c. Outcomes regarding progress toward short-term and long-term objectives that are necessary steps toward achieving the SiMR

Table 3-4 (pages 12-15) in Section A of this report summarizes the status of the short-term, intermediate and long-term outcomes. Further details are included in the SSIP Action Plan Progress Report (Appendix A).

While the short-term, intermediate and long-term outcomes have not been met yet, timelines have been adjusted as outlined in the SSIP Action Plan Progress Report (Appendix A) to continue to collect and analyze data.

Based on the revised implementation timelines, data comparisons and evidence of change for outputs and outcomes are expected to be reported next year (Table 17, pages 34-36).

d. Measurable improvements in the SiMR in relation to targets

The SiMR target for FFY 2015 has been met. Further details are included in the SSIP Action Plan Progress Report (Appendix A).

F. Plans for Next Year

1. Additional activities to be implemented next year, with timelines
    Tables 3-4 (pages 12-15) in Section A of this report outline the Improvement
    Activities and status of the steps to achieve the improvement activities. All the steps
    that have not been initiated are targeted to be initiated and reported on next year.

    The SSIP Action Plan Progress Report (Appendix A) has additional data and timelines
    for each of the activities and steps.

    While all the activities/steps in the Action Plan Progress Report are important, the
    table below highlights critical activities/steps the respective implementation
    workgroups will be developing and/or implementing next year to progress towards
    achieving the SiMR.

Table 20

Implementation Workgroup	Activity Steps/Data Collection & Analysis
PD & TA	• Develop training module on EBPs (PSP Approach to Teaming and Coaching Model in Natural Learning Environments) incorporating SE Competencies • Development and implementation of the Training Plan
Fiscal – Staffing	• Develop and implement staffing plan
Fiscal – Tele-Practice	• Identify and purchase technology needed at demonstration sites • Develop procedural guidelines regarding implementation of tele-practice • Develop and implement tele-practice training
M & A	• Finalize EI COS Procedural Guidelines including collecting COS data at Annual IFSPs • Develop and implement COS Self-Assessment • Develop and implement COS training modules

2. Planned evaluation activities including data collection, measures, and expected
    outcomes

    Tables 6-7 (pages 12-16) in Section A of this report outline the Evaluation Activities
    and Outcomes that include the status of data collection. All the activities and
    outcomes where data collection has not been initiated are targeted to be initiated
    and reported on next year.

    The SSIP Action Plan Progress Report that includes the Evaluation Plan (Appendix A)
    has additional data and timelines for each of the activities and outcomes.

3. Anticipated barriers and steps to address those barriers

    One barrier that impacted implementation of several activities and steps was establishing the contract to secure national experts Shelden and Rush for the training on EBPs (PSP Approach to Teaming and Coaching Model in Natural Learning Environments). Establishing the contract took longer than expected which delayed implementation of several other SSIP activities. However, the contract has been established and webinars and trainings have occurred so the barrier has been resolved and will not impact future activities.

    Another barrier that impacted several activities and steps was staffing vacancies that lead to recruiting new co-leads for each of the Implementation Workgroups. Staffing vacancies may continue to be a barrier; however, the revised Implementation Workgroup Progress Report template will alert the Workgroup and the State if implementation of activities are being impacted by staffing vacancies so that it can be immediately addressed.

    A possible barrier for implementing Tele-Practice activities may be purchasing needed equipment. EIS hope that the Department of Health support of Tele-Practice will assist EIS in expediting equipment purchases. The Tele-Practice workgroup has already consulted with IT staff who is responsible for generating necessary paperwork to purchase electronic equipment.

4. The State describes any needs for additional support and/or technical assistance

    Hawaii utilized all the national technical assistance (TA) that was made available to the States. Anne Lucas and Kathryn Morrison are the TA consultants that worked tirelessly with Hawaii. They are very knowledgeable about Hawaii's EI system, which allowed them to provide individualized TA. The TA Consultants work well as a team and keep Hawaii on track. They share resources, review SSIP materials and reports thoroughly, analyze data, and provide exceptional overall guidance around the SSIP. The progress Hawaii has made is in large part due to the cohesive teamwork and expertise of our TA consultants.

    Hawaii's original evaluation plan that was submitted was revised many times and was overwhelming and confusing. The TA consultants worked with Hawaii to streamline the evaluation plan and identify appropriate measurements needed to accurately assess progress of activities and outcomes.

    Hawaii will continue to access TA around the overall implementation and evaluation of the SSIP. Specific TA will be requested based on need. For example, Anne Lucas will provide TA directly related to PD & TA (Strand 1); ECTA and NCSI will provide TA related to Tele-Practice (Strand 2), and Abby Weiner and Amy Nichols will provide TA directly related to the COS process (Stand 3). In addition, Hawaii has been

selected to be part of the Early Childhood Personnel Center Cohort 3 to develop the Comprehensive System of Personnel Development.

The Early Childhood Technical Assistance Center (ECTA), NCSI SE Cross State Learning Collaborative, the Center for IDEA Early Childhood Data Systems (DaSy), the National Center for Systemic Improvement (NCSI) and OSEP are all valuable sources of knowledge and resources that Hawaii plans to continue to access as needs arise during the implementation and evaluation phases.

APPENDICES:

Appendix A: SSIP Action Plan Progress Report

Appendix B: Logic Models
           Strand 1: Professional Development and Technical Assistance
           Strand 2: Fiscal
           Strand 3: Monitoring and Accountability

Appendix C: Social-Emotional Competency Self-Assessment

Appendix D: SSIP Implementation Workgroup Rosters
           Professional Development and Technical Assistance
           Fiscal: Staffing
           Fiscal: Tele-Practice
           Monitoring and Accountability