

April 1, 2016

**HAWAI'I PART C  
FFY 2014 SPP/APR INDICATOR 11:  
STATE SYSTEMIC IMPROVEMENT  
PLAN (SSIP), PHASE II**

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### **Overview of the State Systemic Improvement System (SSIP)**

#### State Lead Agency

Hawai'i 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).

Hawai'i has three State EI Programs and 17 Purchase of Service (POS) EI Programs statewide. Hawai'i 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 prior to presenting and obtaining feedback from stakeholders. The Leadership Team is comprised of EIS Administrative staff that oversees different aspects of Hawai'i'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 Leadership Team Roster). Members of the SSIP Leadership Team also co-lead the various SSIP Implementation Workgroups that were created to address strands of action from the Theory of Action (TOA) developed in Phase I of the SSIP.

The SSIP Leadership Team developed draft Logic Models based on the data analysis and infrastructure analysis from 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 for each strand were aligned with the TOA and used to guide the development of the SSIP Action Plan that included an evaluation plan. The SSIP Implementation Teams were provided with the SSIP Phase I report submitted to the Office of Special Education Programs (OSEP), the TOA, Logic Models, and the SSIP Action Plan. Each SSIP Implementation Workgroup reviewed the documents and made revisions to the SSIP Action Plan and Logic Models as deemed necessary.

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The SSIP Leadership Team reviewed the SSIP Action Plans submitted by the respective SSIP Implementation Workgroups and based on the feedback, the focus of the activities and outcomes were further narrowed which resulted in changes to the TOA.

The SSIP State Team compiled the revised SSIP Action Plans and Logic Models and submitted it to the SSIP Leadership Team for their feedback and approval. It was also shared with the broad stakeholder group and the focused stakeholder group (EI Program Managers) for feedback to ensure it was in alignment and that the plan could reasonably be expected to achieve the SIMR.

The final SSIP Action Plan and Logic Models was shared with the focused stakeholder group prior to submission to OSEP.

### State Identified Measurable Result (SIMR)

In Phase I, it was determined that the SIMR would be to increase the percentage of Hawai'i's eligible infants and toddlers with disabilities who substantially increased their rate of growth in positive social-emotional skills (including social relationships) by the time they exit the early intervention program. 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 make revisions to create a plan that will eventually be implemented statewide.

As a result, in Phase II Hawai'i's SIMR was revised to: "Hawai'i'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."

### Demonstration Sites

The following criteria were used to select demonstration sites for Hawai'i's SSIP:

- Does the program serve a large, sparsely-populated area that would benefit from some SSIP interventions (i.e., Tele-Health)?
- Does the program have strong and experienced leadership that demonstrates readiness to effectively implement changes that will be necessary of the demonstration sites?
- Does the group of programs selected represent both public and private programs and serve both urban and rural communities?
- Does the program provide services to military families?
- Will the program be able to demonstrate meaningful improvements?

Based on these criteria, the following programs were selected as demonstration sites:

- IMUA (including Maui, Lana'i and Moloka'i)

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- Kailua Easter Seals (ES)
- Parent Child Development Center (PCDC) Waipahu
- Windward Early Childhood Services Program (ECSP)

As a group, these selected programs serve a diverse and comprehensive population that fit the State's criteria as follows:

1. **Large service area:** Three of the selected programs, IMUA, Kailua ES and Windward ECSP, serve very large geographical areas. Serving these large areas requires extensive travel time for staff which directly impacts the number of families they can serve and potentially leads to gaps in services. Furthermore, one of the selected programs (IMUA) provides services to families on three different islands and staff need to take a plane or boat to reach neighbor island families. For programs that serve large areas, one of the SSIP activities, Tele-Health, would be very beneficial to both providers and families.
2. **Readiness to Implement:** Implementation science tells us that strong and experienced leadership is critical to creating change in an organization. All of these programs have very strong and experienced leadership who are ready to implement SSIP improvement strategies.
3. **Urban and Rural Communities:** Three of the four programs serve urban communities (PCDC Waipahu, Kailua ES, and Windward ECSP), and three serve rural communities (Imua, Kailua Easter Seals, and Windward ECSP).
4. **Military families:** An analysis of Hawai'i's data for Phase I of the SSIP showed that scores in SE were lower for children in military families, indicating a sub-population of children with greater need. Two of the selected programs, Kailua Easter Seals and PCDC Waipahu, serve a large military population, and Windward ECSP serves some military families that live off base.
5. **Size of Population:** In 2013-2014 these programs served 28% of the children exiting EI in the state and nine (9) of the 29 regions in the state.
6. **Meaningful improvements:** The meaningful difference calculator was used to estimate the positive social emotional skills summary statement 1 (SS1) value that would represent a meaningful change ( $P < 0.10$ ). Those estimates were evaluated as to whether they were realistic, and it was concluded that the selected programs could attain those estimates. For example, for Windward ECSP, one of the lowest performing programs, would need to demonstrate a 13% improvement over their SS1 for fiscal year 2013, which translates into moving four children's scores from OSEP progress category b to category c.

Changes to Baseline and Targets for the SSIP: The positive social emotional skills SS1 for the Demonstration Sites noted above in FFY 2014 was 49.28% (compared to 48.92% for the full

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state). Therefore, 49.28% will be used as baseline for Hawai'i's State Systemic Improvement Plan.

Targets have been re-set based on the revised baseline data. Percentages will be calculated based 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	Current Statewide Targets	Revised SSIP Targets
2015	53.14%	49.28%
2016	53.14%	49.28%
2017	54.00%	49.50%
2018	55.00%	50.00%

### SSIP Process

The process to develop the SSIP for FFY 2014 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, Taletha Derrington and Kathryn Morrison are the primary consultants actively working with Hawai'i.
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 November 2015.
5. Quarterly Program Manager Meetings also included the SSIP as an agenda item, beginning in 2014, to be continued throughout the SSIP process.
6. SSIP Implementation Workgroups developed the SSIP Action Plan, including the evaluation plan based on input from stakeholders.
7. The SSIP Leadership Team finalized the SSIP Action Plan, including the evaluation plan submitted by the SSIP Implementation Workgroups with feedback from stakeholders.

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8. The SSIP SPP/APR Indicator 11, Phase II report was:
- a. led and developed by the SSIP State Team;
  - b. written by the SSIP Coordinator and reviewed by the EIS Part C Coordinator and the SSIP Leadership Team;
  - c. 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;
  - d. submitted to OSEP as required; and
  - e. posted on the HDOH website (<http://health.Hawai'i.gov/eis/home/ssip/>)

### SSIP Revisions

In addition to the SIMR revision noted above, the four broad improvement strategies and the Theory of Action (TOA) were revised in Phase II.

Broad Improvement Strategy:

Strand & Broad Improvement Strategy	Revision	Justification
<p><b>Strand 1: Interagency Collaboration for Parent Support and Education</b></p> <p><u>Broad Improvement Strategy</u> Community Partnerships: Collaborate with community agencies and other State initiatives to increase access to parent support and education supporting SE skills and social relationships.</p>	Deleted	<p>This improvement strategy was developed to address root causes identified in Phase I that parents lacked understanding of children's SE development and the importance of the role of their interactions with their children, and they could benefit from connecting with other parents in groups to share strategies.</p> <p>In the course of developing activities for our improvement plan for this strand, we realized that the collaboration with community agencies and other State initiatives to increase access to parent support and education supporting SE skills and social relationships are currently being addressed through one of the State Initiative Workgroups (Hawai'i's Action Strategy Equitable Access to Program and Services). Through this workgroup, Keiki Central 211, a virtual hub for community resources was created. A representative from Early Intervention actively participates on this workgroup, assuring alignment between our work and that families in early intervention are aware of Keiki Central and know how to access it. Furthermore, the activities in this strand would not be under our immediate control and therefore, they would have less opportunity for a direct impact on our outcomes among children and families.</p> <p>A more direct way to impact families' understanding</p>

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Strand & Broad Improvement Strategy	Revision	Justification
		<p>of SE development and the importance of their interactions with their children is through our services; therefore, we decided to address this root cause in the professional development/technical assistance strand (see activity 1-3 and the second short term outcome in the Strand 1 Logic Model on page 25), where it had a natural fit with the activities in that strand.</p> <p>Therefore, this improvement strategy action strand was deleted</p>
<p><b>Strand 2: Professional Development and Technical Assistance</b></p> <p><u>Broad Improvement Strategy</u> Professional Development &amp; Implementation of Evidence-based Practices: Enhance the statewide system of professional development to increase early intervention providers' knowledge of SE development, development of functional Individualized Family Support Plan (IFSP) outcomes/objectives/strategies and implementation of the IFSP using evidence-based and quality practices.</p>	<p>Enhance the statewide system of professional development to increase early intervention providers' knowledge of SE development, development of functional SE Individualized Family Support Plan (IFSP) outcomes/objectives/strategies and implementation of the IFSP using evidence-based practices.</p>	<p>Edited wording to be more specific to SE and EBP.</p> <p>The state, EI provider/program, and child/family level activities were updated in the Theory of Action to create a logical and connected flow of measurable activities and outcomes at each of these levels.</p>
<p><b>Strand 3: Fiscal</b></p> <p><u>Broad Improvement Strategy</u> Qualified Personnel: Increase the availability of qualified early intervention providers with infant mental health expertise.</p>	<p>Increase the capacity of early intervention programs to provide services and supports to address social-emotional (SE) development.</p>	<p>The improvement strategy was expanded to encompass providing services and supports to address SE development instead of just the availability of qualified providers.</p> <p>The state, EI provider/program, and child/family level activities were updated in the Theory of Action to create a logical and connected flow of measurable activities and outcomes at each of these levels.</p>
<p><b>Strand 4: Monitoring and Accountability</b></p> <p><u>Broad Improvement Strategy</u> Continuous Quality Improvement System: Enhance the current Continuous Quality Improvement System (general supervision) to identify, promote, and support best practices in efforts to improve outcomes for children and families, ensure program</p>	<p>Enhance the child outcomes summary (COS) process to ensure data are accurate and reliable and ensure program effectiveness and measure results on continuous improvement activities to support evidence-based</p>	<p>This improvement strategy was revised to focus on the COS process and using program data for program improvement, with a specific focus on our SIMR area.</p> <p>In Phase I it was identified that the state lead agency would develop and maintain a web-based system. This will be done outside of the SSIP. Based on the work required and the inability to determine if the legislature will approve funding for the web-based data system, it is anticipated that this web-based database system goal will not be achieved by the end</p>



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Strand & Broad Improvement Strategy	Revision	Justification
effectiveness, measure results on continuous improvement activities, and ensure data are accurate and reliable.	practices (EBP) to improve children's SE development.	<p>of the SSIP. However, the State is committed to pursuing a web-based data system as demonstrated below:</p> <ul style="list-style-type: none"> <li>a. The EI database workgroup will continue to work with DaSy and IDEA Data Center to develop and implement a web-based database for Hawai'i's early intervention system</li> <li>b. EI has funds to secure a Project Manager to complete an assessment and develop the Request for Proposal (RFP) to acquire a web-based data system</li> <li>c. HDOH will request funding from the legislature to purchase a web-based data system</li> </ul> <p>The state, EI provider/program, and child/family level activities were updated in the Theory of Action to create a logical and connected flow of measurable activities and outcomes at each of these levels.</p>

**Theory of Action:**



In addition to the SIMR revision noted above, the TOA was revised based on stakeholder input in Phase II. Changes were made to the TOA to ensure it corresponded with the logic models and the SSIP Action Plan (Appendix B) that includes activities, strategies, outcomes, and the evaluation plan.

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




Hawai'i's SSIP Theory of Action with Recommended Changes

Strands of Action	IF Early Intervention (EI) Lead Agency	Then	Then	Then
<p>Phase I</p> 	<p>...requires EI providers to identify and develop linkages with community-based parent support groups that are focused on parenting skills and parent-to-parent sharing of strategies to address their children's needs</p>	<p>...EI providers will systematically identify IFSP family outcomes/objectives related to parent participation in community-based parent support groups</p>	<p>...parents will participate in community-based parent-support groups                      ...parents will understand and have appropriate expectations for social-emotional (SE) development                      ... parents will gain strategies to address their children's needs</p>	
<p>Phase II</p>	<p>Deleted</p>	<p>Deleted</p>	<p>Deleted</p>	
<p>Phase I</p> 	<p>...develops and provides training, TA, and ongoing supports to ensure accurate assessment and identification of SE needs and full implementation of evidence-based and quality practices to support SE development with fidelity</p>	<p>...EI providers will have improved understanding of child development in general and SE development in particular for children ages 0-3                      ... EI providers will receive supervision/ support to ensure implementation of training content                      ... EI providers will implement evidence-based and quality practices related to SE development using the primary service provider (PSP) and coaching model                      ...EI providers will understand their roles, develop collaborative partnerships with families and other team members, identify SE needs of children, write functional SE IFSP outcomes/objectives, and deliver appropriate SE services</p>	<p>...the quality and quantity of parent/child interactions will increase                      ...SE IFSP outcomes will be achieved</p>	<p>Phase I:                      ... infants and toddlers with disabilities will have made greater than expected growth in SE skills (including social relationships) by the time they exit EI</p>
<p>Phase II</p>	<p>...develops and provides training, TA, and ongoing supports to ensure implementation of evidence-based practices (EBP) to support SE development with fidelity</p>	<p>...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 write functional SE objectives to support children's SE development</p>	<p>...EI providers will implement EBP related to SE development using the PSP approach and coaching model with fidelity                      ...families will support their child's positive SE development                      ...SE IFSP outcomes will be achieved</p>	

**Hawai'i's SSIP Theory of Action**

Strands of Action	IF Early Intervention (EI) Lead Agency	Then	Then	Then
 <p>Fiscal</p>	Phase I ...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 appropriate services and supports to children and families	...the quality and quantity of parent/child interactions will increase  ...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 II No Change	...EI providers will have enhanced capacity to provide EBP and supports to children and families	... EI providers will implement EBP related to SE development using the PSP Approach and Coaching Model with fidelity  ...families will support their child's positive SE development  ...SE IFSP outcomes will be achieved	
 <p>Monitoring and Accountability</p>	Phase I ...develops and maintains a web-based data system and 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 programs will review and use child-level data to determine if children are making sufficient progress in their early intervention program, and make program level improvements as appropriate  ...EI programs will use monitoring feedback to provide effective supervision of providers implementation of evidence-based practices  ...EI providers will have the access and skills needed to use data for program improvement	...SE IFSP outcomes will be achieved	
	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	... EI providers will implement EBP related to SE development using the PSP Approach and Coaching Model with fidelity  ...families will support their child's positive SE development  ...SE IFSP outcomes will be achieved	

Hawai'i's SSIP Theory of Action

Strands of Action	IF Early Intervention (EI) Lead Agency	Then	Then	Then
 <p>Professional Development and Technical Assistance (TA)</p>	<p>...develops and provides training, TA, and ongoing supports to ensure implementation of evidence-based practices (EBP) to support social-emotional (SE) development with fidelity</p>	<p>...EI providers will understand how to support SE development for children ages 0-3</p> <p>...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</p>	<p>... EI providers will implement EBP related to SE development using the primary service provider (PSP) approach and coaching model with fidelity</p>	<p>...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.</p>
 <p>Fiscal</p>	<p>...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)</p>	<p>...EI providers will have the capacity to provide EBP and supports to children and families</p>	<p>...families will support their child's positive SE development</p>	<p>...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.</p>
 <p>Monitoring and Accountability</p>	<p>...develops and provides training on the child outcomes summary (COS) process, builds local program capacity to report accurate data and use data for improvement</p> <p>...analyzes data to monitor program performance and fidelity of implementation and provide feedback to programs</p>	<p>... EI providers and families will understand the COS process</p> <p>... EI programs will use monitoring feedback to help ensure providers are implementing the COS process with fidelity</p> <p>...EI Program Managers will have the access and skills needed to use COS data for program improvement</p>	<p>...SE IFSP outcomes will be achieved</p>	<p>...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.</p>

### Phase II Component 1: Infrastructure Development

- 1a. Specify improvements that will be made to the State infrastructure to better support EIS programs and providers to implement and scale up EBP to improve the SIMR for infants and toddlers with disabilities and their families.**

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

In Phase I of the SSIP, Hawai'i analyzed the infrastructure by conducting a broad analysis of infrastructure strengths, weaknesses, opportunities and threats (SWOT) of each OSEP infrastructure component and identified the following improvements to infrastructure components (noted in parentheses):

1. Professional development and technical assistance related to SE development, writing functional outcomes/objectives/strategies, and implementation of Primary Service Provider (PSP) Approach and Coaching Model (Personnel/Workforce, Monitoring and Accountability, and Quality Standards)
2. Funding to address staff vacancies, training, and delivery of services (Fiscal and Quality Standards)
3. Child Outcomes Summary (COS) process (Monitoring and Accountability and Quality Standards)
4. Web-based data system (Data System)

The prioritized strategies and activities developed in Phase II of the SSIP are outlined below. More details are available in the SSIP Action Plan (Appendix B).

#### A. Strand 1: Professional Development and Technical Assistance (TA)

In the Phase I infrastructure analysis, stakeholders concluded that lack of funding inhibits providers from attending trainings, professional development events, etc. In addition, providers identified a need for training in SE development, understanding and implementing the Child Outcomes Summary (COS) process, identifying and writing functional IFSP outcomes/objectives to address SE needs of children, and understanding and implementing the primary service provider and coaching model.

The Professional Development System lacks opportunity for practice, self-reflection, and ongoing training of EBP. The system also lacks fidelity checks of practice to provide a mechanism for programs to assess if implementation of services are at the desired quality.

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Furthermore, due to the loss of six Quality Assurance positions that provided on-site technical assistance statewide, local programs reported that guidance is not always consistent or timely, which in turn impacts the programs' ability to implement policies, procedures, and practices to improve social emotional outcomes.

As a result, we plan to carry out the following activities related to professional development and technical assistance (the funding issue is addressed in Strand 2: Fiscal):

- 1-1. Identify competencies related to SE development and incorporate them into training – Hawai'i will explore existing SE trainings and related competencies to determine appropriate competencies for the state.
- 1-2. Develop or modify and implement provider self-assessment tool regarding SE competencies and EBP related to SE development using the PSP Approach and Coaching Model – The self-assessment tool data will identify training needs and will also be used as a pre and post self-assessment before and after training(s) to measure progress in meeting competencies and implementing EBP.
- 1-3. Develop and implement a training plan for providers that addresses the SE competencies and EBP related to SE development using the PSP Approach and Coaching Model – Hawai'i has committed to partner with Dathan Rush and M'Lisa Shelden for training on the following components:
  - a. SE competencies
  - b. Building collaborative partnerships, including engaging families
  - c. Writing functional SE objectives
  - d. SE EBP using PSP Approach and Coaching Model to address SE development

The training plan also includes the development and implementation of a mentoring process that incorporates the infrastructure to support the mentoring plan (e.g., criteria, identification of mentors, role expectation, training requirements, and financial compensation).

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. Hawai'i's implementation of state identified SE competencies, scaling up of EBP using PSP Approach and Coaching Model, and a comprehensive training plan, including a mentoring component that will guide and support provider practices to achieve positive SE outcomes.

### B. Strand 2: Fiscal

The Phase I infrastructure analysis indicated that lack of funding impacts the ability of programs to recruit and retain staff, and of staff to attend training events or receive

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the technical support they need to implement newly learned techniques and strategies for service delivery, which have a negative impact on programs' ability to provide services that support children's SE development. Stakeholders identified tele-health as a possible service delivery option to capitalize on use of technology and provide an alternative strategy for staff utilization.

The following activities in Phase II of the SSIP will address these issues:

- 2-1. Hire and/or retain appropriate number of qualified staff to support children with SE needs – Hawai'i will collect and analyze staffing data to develop a plan to address infrastructure development that includes having the appropriate number of staff to implement the PSP Approach and Coaching Model with fidelity.
- 2-2. Develop and implement tele-health capability and procedures – Hawai'i will advocate for funding to purchase technology needed to implement the use of tele-health as an option for service delivery and develop procedures for implementation.

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.

### C. Strand 3: Monitoring and Accountability

Stakeholders identified in the Phase I infrastructure analysis that if staff and families do not have clear understanding of the COS rating process, then it may result in ratings that do not accurately reflect a child's SE development.

Consequently, we will engage in the following activities related to monitoring and accountability around the COS process:

- 3-1. Develop or modify and implement COS training to include:
  - Purpose of COS
  - Implementation of COS process with fidelity
  - How to use assessment data
  - COS with the Multi-disciplinary Evaluations (MDE) and IFSP process
  - Engaging families in the process
- 3-2. Develop and implement monitoring tool to ensure COS process is being implemented with fidelity – Hawai'i will be adding the COS process to its monitoring plan and activities to ensure staff are implementing the COS process with fidelity.

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- 3-3. Develop and implement training module on using COS data for program improvement – With training and on-going support, EIS programs will use data for program improvement. Program improvement strategies will address barriers and improve supports so that practitioners can effectively implement SE and PSP EBP, directly impacting on children's positive SE outcomes.

Additional details on the specific steps needed for these activities to make improvements to the State infrastructure to better support EIS programs and providers to implement and scale up EBP to improve the SIMR for infants and toddlers with disabilities and their families are provided in the SSIP Action Plan (Appendix B).

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.

**1b. Identify the steps the State will take to further align and leverage current improvement plans and other early learning initiatives and programs in the State, including Race to the Top-Early Learning Challenge, Home Visiting Program, Early Head Start, and others which impact infants and toddlers with disabilities and their families.**

The table below outlines the different agencies in Hawai'i that address SE development that were identified during the Phase I infrastructure analysis as well as additional agencies identified during the course of Phase II development and opportunities for collaboration.

Agency	Purpose	Collaboration Opportunities
Center for the Social-Emotional Foundations for Early Learning (CSEFEL)	CSEFEL Pyramid Model is an evidence-based training on promoting SE competencies in infants and young children.	<ul style="list-style-type: none"> <li>• SSIP PD Implementation Workgroup will use CSEFEL as a resource in developing Hawai'i's SE competencies</li> </ul>
*Department of Education (DOE)	IDEA Part B	<ul style="list-style-type: none"> <li>• Part B implements the COS process and EIS may learn from their training and implementation process</li> </ul>
Executive Office on Early Learning (EOEL)	Provides government-wide authority to guide the development of a comprehensive and integrated statewide early childhood development and	<ul style="list-style-type: none"> <li>• EOEL is working on a coaching/mentoring system for Public Pre-Kindergarten program. EIS can learn from and build on their process in developing a</li> </ul>



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Agency	Purpose	Collaboration Opportunities
	learning system	coaching/mentoring component as part of the PD system
Hawai'i Association for Infant Mental Health Association (HAIMH)	Promote the social and emotional health of Hawai'i's youngest by building commitment and capacity to foster nurturing relationships, through partnerships, public education, professional training and advocacy.	<ul style="list-style-type: none"> <li>• HAIMH representatives will continue to participate on our SSIP Leadership Team as well as the SSIP implementation workgroups</li> <li>• EIS will continue to build the partnership and collaboration to support training need in the area of SE development</li> <li>• EIS Program Managers participated in two reflective supervision trainings that will assist in creating a relationship-based approach to supervision for learning and professional development in efforts to scale up EBP</li> </ul>
*Maternal and Infant Early Childhood Home Visiting Network (MIECHVN)	Improves maternal and child health, prevents child abuse and neglect, encourages positive parenting, and promotes child development and school readiness.	<ul style="list-style-type: none"> <li>• MIECHVN representative will continue to participate in the SSIP PD Workgroup to share strategies learned in developing and implementing the following that may be beneficial to EIS:               <ul style="list-style-type: none"> <li>✓ reflective supervision</li> <li>✓ curriculum for parents to engage with their children</li> <li>✓ comprehensive professional development system</li> </ul> </li> </ul>
*Hawai'i Interagency State Youth Network and Care (HI-SYNC)	Interagency group to enhance mental health services for children 0-21.	<ul style="list-style-type: none"> <li>• EIS representative will continue to participate in monthly interagency meetings in an effort to look at the children and youth</li> </ul>

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Agency	Purpose	Collaboration Opportunities
		mental health system as a whole to ensure seamless mental health services
*Health Insurance Plans (e.g., Department of Human Services (DHS) Medicaid, TriCare)	Provides health insurance coverage for authorized medical services	<ul style="list-style-type: none"> <li>• EIS and DHS are reviewing the Memorandum of Agreement (MOA) for reimbursement of EI services, in particular services for children with Autism that will help with cost of services</li> <li>• EIS will explore with DHS how services delivered via tele-health services can be a reimbursable activity which will help with cost of services</li> </ul>
Taking Action for Hawai'i's Children  NOTE: Previously under EOEL	Collaborative workgroups that focus on children, prenatal to age eight across the domains of health, safety, care, and education.	<ul style="list-style-type: none"> <li>• EIS representative will continue to participate in each of the Action Strategy Workgroups</li> <li>• Four of the six Action Strategy Workgroups have specific goals that will support EIS in developing a system to improve infants and toddlers' SE development.</li> </ul>

\*agencies identified as resources during the course of developing the SSIP Action Plan in Phase II.

Refer to the SSIP Action Plan (Appendix B), for more details on which agencies/initiatives are related to which SSIP activities.

**1c. Identify who will be in charge of implementing the changes to infrastructure, resources needed, expected outcomes, and timelines for completing improvement efforts.**

The SSIP State Team is ultimately responsible for the timely implementation of Hawai'i's SSIP Action Plan and ensuring that expected outcomes are met. The State Team is responsible for obtaining the resources needed to implement the activities and steps outlined in the Action Plan and making adjustments to the Action Plan based on input from the demonstration sites and evaluation results.

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The State Team is comprised of the Part C Coordinator; the System Improvement and Outcomes Unit Supervisor, who is the identified SSIP Coordinator; the Outcomes Coordinator, who is the identified SSIP Data Coordinator; and the Comprehensive System of Personnel Development Coordinator.

The SSIP State Team operates within the HDOH, Family Health Services Division and is under the direct supervision of the Children with Special Health Needs Branch (CSHNB). The CSHNB Chief is a member of the SSIP Leadership Team and serves as the liaison for the HDOH's administration's support of SSIP activities.

The SSIP State Team works very closely and meets regularly with the SSIP Leadership Team who is involved in the development and implementation of the SSIP. Most SSIP Leadership Team members are either co-leads or members of a SSIP Implementation Workgroup.

The different SSIP Implementation Workgroups have been responsible for developing their respective sections of the SSIP Action Plan in Phase II and will be responsible for implementing those sections in Phase III. In addition, co-leads from the SSIP Implementation Workgroups will collaborate and coordinate their efforts and activities to ensure cohesive implementation of the plan.

Further details on who is responsible for specific activities as well as resources and timelines are specified in the SSIP Action Plan (Appendix B).

The Demonstration Sites will be in charge of developing and implementing their local level implementation plans with support from the State Team. The SSIP Coordinator will be the contact person for the Demonstration Sites.

**1d. Specify how the State will involve multiple offices within the Lead Agency, as well as other State agencies and stakeholders in the improvement of its infrastructure.**

Our recently hired Part C Coordinator will continue establishing relationships with the different branches within HDOH and community partners. As an example, the Part C Coordinator and SSIP Coordinator (System Improvement and Outcomes Unit Supervisor) have begun attending the MIECHVN Quarterly Meetings.

The SSIP brief is shared with stakeholders and HDOH to introduce the purpose and plan and to keep stakeholders and HDOH informed on the progress of the SSIP. The SSIP is also posted on the EIS website. The SSIP Coordinator will develop and distribute the SSIP Brief at least on a semi-annual basis to keep stakeholders informed during the implementation and evaluation phase of the SSIP.

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The SSIP Coordinator will continue to attend the Hawai'i Early Intervention Coordinating Council (HEICC) at least semi-annually to provide up-dates as well as obtain feedback from HEICC. Members of HEICC have also been invited to participate in the SSIP Implementation Workgroups. Participation on the SSIP Implementation Workgroups may be in-person, phone in, or email only. SSIP activities and strategies have been shared with HEICC to demonstrate alignment with the HEICC priorities. HEICC will be involved in advocating for funding to support the implementation of the SSIP.

EIS staff who participate in various committees are asked to share information about the SSIP with those committees. If the committee/workgroup has a SE focus, the EIS staff person will explore how the SSIP is or can be aligned with their respective initiative, as well as how their initiative can align with the SSIP.

EIS meets quarterly with the Program Managers statewide, where the SSIP is a standing agenda item. This provides an opportunity to share the SSIP with a focused group of stakeholders who will provide comprehensive information from the perspective of direct service provision, as well as, program operations. In addition to ongoing feedback from the Demonstration Sites, feedback from other EI Programs will be instrumental in making necessary adjustments to the SSIP Action Plan in preparation of eventual statewide implementation.

The SSIP State Team will develop a communication plan between the Demonstration Sites and the SSIP State Team to ensure ongoing and timely communication regarding the implementation and evaluation of the Action Plan. Revisions to the Action Plan will be made based on input from the Demonstration Sites and evaluation data.

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### Phase II Component 2: Support for EIS Program and Provider Implementation of Evidence-Based Practices (EBP):

- 2a. **Specify how the State will support EIS programs and providers in implementing the EBP that will result in changes in Lead Agency, EIS program, and EIS provider practices to achieve the SIMR(s) for infants and toddlers with disabilities and their families.**

The State has committed to implement the PSP Approach and Coaching Model. Demonstration Sites were selected based on data and implementation science that looked at need, fit, readiness and capacity. Data will be gathered by the Demonstration Sites to make improvements with the long-term goal of statewide implementation during the next SSIP cycle.

The State is in the process of securing services from Dathan Rush and M'Lisa Shelden, nationally recognized trainers of the PSP Approach and Coaching Model. One of the reasons Hawai'i selected Rush and Shelden 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 mentoring logs will be utilized to collect data as well as to demonstrate that providers are implementing the model with fidelity.

Rush and Shelden will collaborate with Hawai'i to weave SE practices into their training. Rush and Shelden's training incorporates natural environment practices, parent responsiveness and child learning, all of which are key to SE development. The PSP approach to teaming also builds in EBP of building parent capacity (e.g., resource-based capacity-building practices, responsive caregiving practices) within every day routines and activities. Fidelity checklist developed by Rush and Shelden will be implemented with the Demonstration Sites.

There are some specific Division for Early Childhood (DEC) Recommended Practices that focus on SE development. These DEC Recommended Practices, which are listed below, will be incorporated in the Rush and Shelden training.

- 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.

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- 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 Agencies of the Demonstration Sites have agreed to support their respective EI Program and work collaboratively with EIS in the implementation of the SSIP Action Plan. Together, the Agency Representative and the respective Program Manager from each of the Demonstration Site will function as the Local Implementation Team. The Local Implementation Team will develop their program action plan in alignment with the State SSIP Action Plan that includes evaluation components. They will monitor and evaluate activities throughout the implementation phase and work with the SSIP State Team to make any needed adjustments to the State's Action Plan to ensure the system created is based on EBP and includes mechanisms to monitor that practices are implemented with fidelity. The Local Implementation Team will provide guidance through coaching and mentoring of their program staff during the implementation phase of the SSIP.

The EIS Core Team comprised of the Part C Coordinator, System Improvement and Outcomes Unit Supervisor, Social Work Services Unit Supervisor and Early Childhood Services Unit Supervisor will develop policies and procedures regarding implementation and provide technical leadership to the Demonstration Sites.

The Local Implementation Teams will develop a communication plan with the SSIP State Team to ensure a communication feedback loop regarding the implementation and evaluation of the Action Plan. Revisions to the Action Plan and any relevant policies and procedures will be made based on input from the Demonstration Sites and evaluation data.

Stakeholders will be kept informed as describe in 1d of implementation progress and will be given an opportunity to provide input when changes are being proposed.

Refer to the SSIP Action Plan (Appendix B) for details about activities and steps included to address the improvement strategies.

Hawai'i will continue to work with the national technical assistance centers as they develop tools to support States' work in implementing EBP related to SE development. As appropriate, Hawai'i will incorporate tools and EBP that are applicable to the SSIP Implementation Plan.

- 2b. Identify steps and specific activities needed to implement the coherent improvement strategies including communication strategies; stakeholder involvement; how identified barriers will be addressed; who will implement activities and strategies; how the activities will be implemented with fidelity; the resources that will be used to implement them; and, timelines for completion.**

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The SSIP Action Plan (Appendix B) outlines the detailed activities, steps, resources, and timelines that will support EIS programs and providers in implementing SE practices embedded in the PSP Approach and Coaching Model. The SSIP Implementation Workgroup Rosters (Appendix C) identifies various stakeholders' involvement in the respective SSIP Implementation Workgroups.

The major barrier is to generate buy-in among EI providers to support the implementation of the PSP Approach and Coaching Model as well as providing the necessary training and supports needed to implement with fidelity. The activities in this plan are designed to address these barriers. It will require commitment and resources at the State and Local Program level.

Another major barrier is funding for the training and infrastructure development necessary for EI Programs to implement the PSP Approach and Coaching Model with fidelity. The Fiscal Implementation Workgroup will be gathering data, including staffing barriers, to develop a plan to address identified barriers.

As implementation evolves, the Demonstration Sites will play an integral part in identifying additional barriers and solutions to improve Hawai'i's system to support children's SE development. Using the data collected and feedback from the Demonstration Sites, the SSIP Leadership Team will identify and implement solutions to barriers. Stakeholders and Local Implementation Teams will also be involved in the process of the State and Local SSIP Action Plan revisions.

The Demonstration Sites will help the State develop a mentoring process whereby mentors will be trained to ensure providers implement the PSP Approach and Coaching Model with fidelity and are able to sustain fidelity of implementation over time.

The Part C Coordinator is part of the SSIP State and Leadership Teams, so she will be aware of every aspect of the SSIP. The Part C Coordinator will keep the HEICC and HDOH informed so that funds can be allocated as needed to implement the SSIP that will result in positive SE outcomes for the children served within the EI system.

**2c. Specify how the State will involve multiple offices within the Lead Agency (and other State agencies such as the State Education Agency (SEA)) to support EIS providers in scaling up and sustaining the implementation of EBP once they have been implemented with fidelity.**

As previously mentioned, Rush and Shelden will be working with the Demonstration Sites providing pre-webinars, on-site training, and follow-up webinars. Mentors and checklists will be used to ensure the PSP Approach and Coaching Model are being implemented with fidelity.

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The Demonstration Sites have agreed to develop and implement their local program Action Plan that will be in alignment with the State SSIP Action Plan. Changes to the SSIP Action Plan will be made based on data and feedback from the Demonstration Sites to address any identified barriers and ensure progress in achieving Hawai'i's SIMR.

The EI Core Team that will be providing technical leadership to the Demonstration Sites will be intimately involved in the expansion of the SSIP as they will have first-hand knowledge of the barriers and solutions to implementing the SSIP Action Plan.

Once policies and procedures have been refined based on feedback and data from the Demonstration Sites, the State intends to expand it for statewide implementation. The Fiscal Implementation Workgroup will be collaborating with the SSIP State Team who will be connecting with HEICC and HDOH to ensure adequate funding is in place for a successful statewide implementation.

The EIS Professional Support Unit comprised of specialists (e.g., assistive tech., psychologists, hearing and vision) that support programs statewide will also receive training by Rush and Shelden and access tele-health capabilities within the demonstration sites. Therefore, when the SSIP Action Plan is expanded statewide, they will be prepared to implement the use of tele-health technology and the PSP Approach and Coaching Model with all programs.

The PD Workgroup will be embedding the SSIP components into the bigger CSPD system to ensure all EI Providers are trained in the PSP Approach and Coaching Model and sustain the use of mentors to support implementation of EBP with fidelity. The PD Workgroup will collaborate with the EI CSPD Workgroup that will be receiving TA support from the Early Childhood Personnel Center.

The table below identifies other State entities that can support EIS in the expansion of the SSIP Action Plan to achieve Hawai'i's SIMR.

<b>State Entity</b>	<b>Purpose</b>	<b>Expansion Support</b>
DOE	IDEA Part B	<ul style="list-style-type: none"><li>• Joint trainings related to the COS process and SE development</li><li>• Joint monitoring activities related to the COS process and SE development</li></ul>
DOH Tele-Genetics Program	Provides genetics trainings and counseling via tele-health	<ul style="list-style-type: none"><li>• Identify potential grant opportunities for funding expansion of tele-health</li><li>• On-going technical support related to tele-health</li></ul>



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State Entity	Purpose	Expansion Support
Department of Human Services (DHS) Medicaid	Provides health insurance coverage for authorized medical services	<ul style="list-style-type: none"> <li>• Collaboration on development and implementation of reimbursement procedures for Autism services and services delivered via tele-health</li> </ul>
Executive Office on Early Learning (EOEL)	Provides government-wide authority to guide the development of a comprehensive and integrated statewide early childhood development and learning system	<ul style="list-style-type: none"> <li>• Collaboration on the CSPD system that includes mentoring and coaching</li> </ul>
Maternal and Infant Early Childhood Home Visiting Network (MIECHVN)	Improves maternal and child health, prevents child abuse and neglect, encourages positive parenting, and promotes child development and school readiness.	<ul style="list-style-type: none"> <li>• Support the use of reflective supervision</li> <li>• Incorporate curriculum for parents to engage with their children</li> <li>• Collaboration on the CSPD system</li> </ul>
Hawai'i Interagency State Youth Network and Care (HI-SYNC)	Interagency group to enhance mental health services for children 0-21.	<ul style="list-style-type: none"> <li>• Provide insight into the development of policies and procedures that address SE needs of infants and toddlers</li> </ul>

The EIS Systems Improvement and Outcomes Unit will be responsible for the development of the Implementation, Scale-Up and Sustainability Plan. This plan will include monitoring within the Continuous Quality Improvement System to ensure positive outcomes for infants and toddlers with disabilities and their families.

### Phase II Component 3: Evaluation

- 3a. Specify how the evaluation is aligned to the theory of action and other components of the SSIP and the extent to which it includes short-term and long-term objectives to measure implementation of the SSIP and its impact on achieving measurable improvement in SIMR(s) for infants and toddlers with disabilities and their families.**

The SSIP Leadership Team worked with national TA consultants to develop the logic models for each of the SSIP strands. Information from Stakeholders gathered during Phase I was incorporated into the logic models. Developing the logic models helped identify the resources, outputs, and outcome related to each activity. Through the process Hawai'i was able to narrow the focus on SE development and create a more concise plan by consolidating activities to align the activities and outcomes.

In developing the logic models, Hawai'i identified:

1. Activities for each strand: what we will do (e.g., develop materials, provide training)
2. Resources needed to accomplish the activities: what we need and/or invest (e.g., staff, funding, partners)
3. Outputs for each activity: a service, event ,or product of the activity (e.g., survey, policies and procedures manual, training)
4. Outcomes: results or changes due to activities
  - a. Short-term: learning, awareness, knowledge, attitudes, skills
  - b. Intermediate: action, behavior, practice
  - c. Long-term: end result, impact

Hawai'i's three (3) logic models are below.

**Logic Model for Strand 1: Professional Development and Technical Assistance**

Inputs	Main Activities	Outputs	Outcomes		
			Short-Term	Intermediate	Long-Term
<ul style="list-style-type: none"> <li>• ECTA practices reflection tool</li> <li>• ECTA support</li> <li>• DEC</li> <li>• TACSEI</li> <li>• CSEFEL</li> <li>• HAIMH</li> <li>• Other States' competencies and tools</li> <li>• HAEY</li> <li>• NAEYC</li> <li>• HELP Charts</li> <li>• AAP</li> <li>• PATCH</li> <li>• HCYC</li> <li>• Malama I Na Keiki</li> <li>• HELDS</li> </ul>	<p>1-1: Identify competencies related to social-emotional (SE) development and incorporate them into training</p>	<ul style="list-style-type: none"> <li>• Competencies Identified</li> </ul>	<ul style="list-style-type: none"> <li>• EI providers will understand how to support SE development for children ages 0-3</li> <li>• EI providers will understand their roles, develop collaborative partnerships with families and other team members, identify and communicate with families about the social-emotional needs of their children, and write functional social-emotional objectives to support their children's SE development</li> </ul>	<ul style="list-style-type: none"> <li>• EI providers will implement evidence-based practices (EBP) related to SE development using the Primary Service Provider Approach (PSP) and Coaching Model with fidelity</li> <li>• Families will support their child's positive SE development</li> <li>• SE IFSP objectives will be achieved</li> </ul>	<p>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</p>
<ul style="list-style-type: none"> <li>• Dathan Rush &amp; M'Lisa Shelden</li> <li>• ECTA Competency Checklist</li> <li>• Hawai'i SE Competencies</li> <li>• Other States' assessment tools</li> </ul>	<p>1-2: Develop or modify and implement provider self-assessment tool regarding SE competencies and EBPs related to SE development using the PSP Approach and Coaching Model</p>	<ul style="list-style-type: none"> <li>• Provider self-assessment tool is developed or modified and implemented. Data from provider self-assessment tool is compiled and analyzed</li> </ul>			
<ul style="list-style-type: none"> <li>• Existing Training Modules from other States</li> <li>• ECTA support</li> <li>• Dathan Rush &amp; M'Lisa Shelden</li> <li>• State Funding</li> <li>• Circles of Security</li> <li>• PACT</li> <li>• DOH Tele-genetics Training Modules</li> </ul>	<p>1-3: Develop and implement training plan for providers that address the SE competencies and EBPs related to SE development using the PSP Approach and Coaching Model.</p>	<ul style="list-style-type: none"> <li>• Training modules developed or modified addressing the social-emotional competencies</li> <li>• Training opportunities provided addressing the SE competencies using PSP Approach and Coaching Model</li> <li>• Mentors are identified and trained and mentor EI providers to support implementation of training content into their practice</li> </ul>			

**Logic Model for Strand 2: Fiscal**

Inputs	Main Activities	Outputs	Outcomes		
			Short-Term	Intermediate	Long-Term
<ul style="list-style-type: none"> <li>• Staff utilization models from other states</li> <li>• Staffing Survey Results</li> <li>• PSP training</li> <li>• PSP staffing requirements</li> <li>• State Funding</li> <li>• EIS Staffing List Form</li> </ul>	2-1: Hire and/or retain appropriate number of qualified staff to support children with social-emotional needs	<ul style="list-style-type: none"> <li>• EIS Staffing List</li> <li>• Staffing Survey</li> <li>• Plan to address staffing needs and infrastructure</li> <li>• Allocated positions are filled</li> </ul>	<p>EI providers will have enhanced capacity to provide evidence based practices and supports to children and families.</p>	<ul style="list-style-type: none"> <li>• EI providers will implement evidence-based practices (EBP) related to SE development using the Primary Service Provider Approach (PSP) and Coaching Model with fidelity</li> </ul>	<p>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</p>
<ul style="list-style-type: none"> <li>• ECTA (Sharon Walsh)</li> <li>• DOH Tele-genetics (Sylvia Mann)</li> <li>• Other States' using Tele-Health</li> <li>• Private Funders</li> <li>• DOH IT</li> <li>• Insurance Providers (e.g., Medicaid, TriCare)</li> <li>• Practice Guidelines from ASAH, APTA, AOTA, etc.</li> <li>• DOH PHAO</li> <li>• CSPD Coordinator</li> </ul>	2-2: Develop and implement tele-health capability and procedures	<ul style="list-style-type: none"> <li>• Tele-Health survey for providers and families</li> <li>• Adequate funding for tele-health technology</li> <li>• Revised Hawai'i Early Intervention Data System (HEIDS) to include tele-health location codes</li> <li>• Policies and procedures to implement tele-health</li> <li>• Tele-health training module</li> <li>• Tele-health utilized in demonstration sites</li> </ul>		<ul style="list-style-type: none"> <li>• Families will support their child's positive SE development</li> <li>• SE IFSP objectives will be achieved</li> </ul>	

**Logic Model for Strand 3: Monitoring and Accountability**

Inputs	Main Activities	Outputs	Outcomes		
			Short-Term	Intermediate	Long-Term
<ul style="list-style-type: none"> <li>• ECTA Support</li> <li>• Other States' training modules, plans and tools</li> <li>• EI Procedural Guidelines</li> <li>• DOH IT</li> <li>• DaSy</li> <li>• IDC</li> <li>• NCSI</li> </ul>	<p>3-1: Develop or modify and implement Child Outcomes Summary (COS) training module to include the following components:</p> <ul style="list-style-type: none"> <li>• Purpose of child outcomes (CO)</li> <li>• Implementation of COS process with fidelity</li> <li>• How to use assessment data</li> <li>• CO with the Multi-disciplinary Evaluations (MDE) and Individualized Family Support Plan (IFSP) process</li> <li>• Engaging families in the process</li> </ul>	<ul style="list-style-type: none"> <li>• Early Childhood Outcomes (ECO) Family Survey</li> <li>• New and/or revised COS forms</li> <li>• Revised COS procedural guidelines</li> <li>• COS Process Training Module that includes specified components</li> </ul>	<p>EI providers and families will understand the COS process</p>	<ul style="list-style-type: none"> <li>• EI providers will implement evidence-based practices (EBP) related to SE development using the Primary Service Provider Approach (PSP) and Coaching Model with fidelity</li> </ul>	<p>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</p>
	<p>3-2: Develop and implement monitoring tool to ensure COS process is being implemented with fidelity</p>	<ul style="list-style-type: none"> <li>• COS Monitoring Tool</li> </ul>	<p>EI Programs will use monitoring feedback to help ensure providers are implementing the COS process with fidelity</p>	<ul style="list-style-type: none"> <li>• Families will support their child's positive SE development</li> <li>• SE IFSP objectives will be achieved</li> </ul>	
	<p>3-3: Develop and implement training module on using COS data for program improvement</p>	<ul style="list-style-type: none"> <li>• Revised Hawai'i Early Intervention Data System (HEIDS) manual</li> <li>• Using Data for Program Improvement Guidelines</li> <li>• Using Data for Program Improvement Self-Assessment</li> <li>• Using Data for Program Improvement Training Module</li> </ul>	<p>EI Program Managers will have the access and skills needed to use COS data for program improvement</p>		

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Once the logic models were completed, Hawai'i received intensive TA from the national TA consultants to develop the evaluation plan as follows:

1. Evaluation of improvement strategy implementation: For each activity, Hawai'i identified performance indicators based on the main output for the activity and measurement/data collection methods.
2. Evaluation of intended outcomes: For each short-term, intermediate and long-term outcome of each strand, Hawai'i created evaluation questions, performance indicators, measurement/data collection method and projected timeline.

Refer to the SSIP Action Plan (Appendix B) for the detailed evaluation plan.

The development of the evaluation plan provided Hawai'i with an opportunity to review the SSIP in its entirety. The revisions that were made in narrowing of the focus to SE development resulted in a more succinct evaluation plan that will produce data to assess progress on achieving the SIMR for infants and toddlers with disabilities and their families.

### **3b. Specify how the evaluation includes stakeholders and how information from the evaluation will be disseminated to stakeholders.**

SSIP Implementation Workgroups were created to address strands of action from the TOA developed in Phase I of the SSIP. They were tasked in developing the respective draft SSIP Action Plans that included the evaluation component. Initially, a smaller evaluation workgroup was developed to work with the national TA consultants to develop a preliminary evaluation plan. The preliminary plan was then submitted to the respective Implementation Workgroups to be further developed and refined.

Broad stakeholders were given an opportunity to provide feedback and also sign up to participate on any of the SSIP Implementation Workgroups. Those that signed up were actively involved in the development of the evaluation plan.

As the Action Plan became more focused, the EI Program Managers were the stakeholders most actively engaged in the process. The EI Program Managers reviewed and provided input into the SSIP Action Plan and Logic Models on a quarterly basis (August 2015, November 2015, and March 2016).

The respective SSIP Implementation Workgroups will continue to involve other stakeholders that can be a resource as well as provide valuable input throughout the implementation and evaluation phase of the SSIP.

Information about the SSIP evaluation results and any changes made to the SSIP Action Plan will be shared with the stakeholders in various ways:

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- SSIP Coordinator will write and distribute SSIP Briefs
- SSIP Briefs will be posted on the EIS website
- Demonstration Sites local action plans will include how they will communicate with the SSIP State Team and timely submission of evaluation progress/results
- SSIP Leadership Team will connect monthly to review progress of the Action Plan, discuss feedback from Demonstration Sites and evaluation results
- SSIP Implementation Workgroups will meet as necessary to implement their respective SSIP Action Plan according to the timelines outlined and submit progress to the SSIP Leadership Team
- SSIP will be a standing agenda item at the quarterly EI Program Managers (focused Stakeholders) and HEICC meetings and evaluation results and changes to the improvement and evaluation plans will be shared
- Broad stakeholder meeting will occur at least once a year where EIS will share the following: child outcomes data, SSIP Action Plan with progress data, evaluation results, recommended changes and get input from stakeholders on revisions needed to the Action Plan, including the evaluation plan.

**3c. Specify the methods that the State will use to collect and analyze data to evaluate implementation and outcomes of the SSIP and the progress toward achieving intended improvements in the SIMR(s).**

Various data collections and analyses will be used to evaluate the implementation of the activities and outcomes as outlined in the evaluation component of the SSIP Action Plan.

The following table lists the identified collection methods that will be used to measure the performance indicator for the evaluation of improvement strategy implementation and evaluation of intended outcomes.

Collection Method	Evaluation of Improvement Strategy Implementation	Evaluation of Intended Outcomes
List of trainings	X	
Training materials	X	
Staff training attendance sheet	X	X
Staff training tracking sheet	X	X
Self-Assessment Tool on SE competencies using the PSP Approach and Coaching Model	X	X

## Hawai'i Part C FFY 2014 SPP/APR Indicator 11: SSIP, Phase II

EI Program Staffing Log	X	
EI Program Staffing Log	X	
HEIDS data	X	X
Review of IFSPs	X	X
Self-Assessment Tool regarding COS	X	X
COS training module	X	
COS monitoring tool	X	
Mentoring Notes & Log		X
Review of Service Notes		X
Annual Family Survey		X
COS monitoring results		X
CAPs related to COS monitoring		X
Self-Assessment Tool regarding COS	X	X

Refer to the SSIP Action Plan (Appendix B) for details regarding measurement/data collection methods.

As described in the Overview Section of this report, Hawai'i has elected to use demonstration sites to implement, evaluate and make necessary revisions to create a solid plan before rolling it out statewide.

The data collected via the evaluation plan and feedback from the Demonstration Sites will be used to revise the SSIP Action Plan to address any identified barriers and ensure progress in achieving Hawai'i's SIMR.

**3d. Specify how the State will use the evaluation data to examine the effectiveness of the implementation, assess the State's progress toward achieving intended improvements, and make modifications to the SSIP as necessary.**

The SSIP State Team will work with the Demonstration Sites in the timely collection and analysis of the data as outlined in the SSIP Action Plan. The SSIP State Team will review data collected from various sources to determine if progress is being made in:

- Infrastructure enhancements to support the implementation of the PSP Approach and Coaching Model
- Implementation of the SE EBP embedded in the PSP Approach and Coaching Model, COS process, and Tele-health as intended
- Child outcomes summary ratings related to positive SE development



## **Hawai'i Part C FFY 2014 SPP/APR Indicator 11: SSIP, Phase II**

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Based on the data, the SSIP State Team will consult with the SSIP Leadership Team, Demonstration Sites and make necessary revisions to the SSIP Action Plan, including the implementation and evaluation plan as determined necessary to improve the effectiveness of the activities outlined in the SSIP Action Plan. Information will be shared and input gathered from stakeholders as described in 3b.

## Hawai'i Part C FFY 2014 SPP/APR Indicator 11: SSIP, Phase II

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### Phase II: Technical Assistance and Support

**Describe the support the State needs to develop and implement an effective SSIP. Areas to consider include: Infrastructure development; Support for EIS programs and providers implementation of EBP; Evaluation; and stakeholder involvement in Phase II.**

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

Hawai'i's original plan was so broad and it was a challenge to narrow the focus and make it an achievable plan. The TA Consultants walked us through the process and patiently guided us to create a plan that was concise yet will yield results in improving SE outcomes for the children we serve.

They also provided expert guidance regarding the evaluation plan, which also had to be narrowed and focused. With Hawai'i's limited resources, it was important to develop a feasible evaluation plan that would provide the data needed to show progress and support any modifications if needed.

Hawai'i will continue to access TA around the overall implementation and evaluation of the SSIP. Specific TA will be requested based on need. For example, Abby Weiner will provide TA directly related to the COS process (Stand 3) and Sharon Walsh will provide TA related to tele-health (Strand 2). In addition, Hawai'i 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 Outcomes Learning Collaborative, the Center for IDEA Early Childhood Data Systems (DaSy), and OSEP are all valuable sources of knowledge and resources that Hawai'i plans to continue to access as needs arise during the implementation and evaluation phases.

## Hawai'i Part C SSIP Leadership Team Roster

Appendix A

Name	Position/Role	Organization/Agency	Phone Number (808)	Email Address
Bobbie-Jo Moniz-Tadeo, Ed.D	Program Manager	Imua Family Services Maui & Lanai	244-7467	btadeo@imuafamilyservices.org
Carrie Pisciotto, M.Ed., Special Ed.	Program Manager	Kailua Easter Seals EIP	261-4999	carrie@eastersealshawaii.org
Clayton Takemoto, ACSW, LSW	Social Worker Services Unit Supervisor	EIS	594-0034	clayton.takemoto@doh.hawaii.gov
Jason Maga	Parent		218-1331	jason.maga@asig.com
Jeannette Ing Uemura, OTR	Early Childhood Services Unit Supervisor	EIS	594-0011	jeannette.uemura@doh.hawaii.gov
Joan Takamori, APRN	Branch Chief	PHNB & HAIMH	832-5745	joan.takamori@doh.hawaii.gov
Kathy Kubo, MPH	SSIP Data Coordinator/Outcomes Coordinator	EIS	594-0024	kathy.kubo@doh.hawaii.gov
Keiko Nitta, MA English	Early Childhood Comprehensive Systems Grant Coordinator	FHSD	733-9079	keiko.nitta@doh.hawaii.gov
Lynn Niitani	Parent Support Program Supervisor	MCHB	733-4054	lynn.niitani@doh.hawaii.gov
Mae Bracerros, BS Human Development	Contracts Unit Supervisor	EIS	594-0014	mae.bracerros@doh.hawaii.gov
Michele Pistel-Maga	Parent		387-5638	michelepestel@yahoo.com
Patricia Heu, MD, MPH	Branch Chief	CSHNB	733-9058	patricia.heu@doh.hawaii.gov
Rebecca Kang, APRN	Public Health Nurse (PHN)	PHN & HAIMH	832-5752	rebecca.kang@doh.hawaii.gov
Sheri Umakoshi, LSW	Personnel Development Coordinator	EIS	594-0023	sheri.umakoshi@doh.hawaii.gov
Stacy Kong, BA.Ed., Special Ed, BS Health Care Management	SSIP Coordinator/ System Improvement & Outcomes Unit Supervisor	EIS	594-0025	stacy.kong@doh.hawaii.gov
Tammy Bopp, Psy.D.	Professional Support Unit Supervisor	EIS	594-0062	tammy.bopp@doh.hawaii.gov
Ted Burke	Director of Early Intervention	Easter Seals Hawai'i	539-9957	tburke@eastersealshawaii.org
Wendi Nakanishi	Care Coordinator	Lanakila ECSP	832-5688	wendi.nakanishi@doh.hawaii.gov

CSHNB: Children with Special Health Care Needs Branch

ECSP: Early Childhood Services Program

EIP: Early Intervention Program

EIS: Early Intervention Section

FHSD: Family Health Services Division

HAIMH: Hawai'i Association for Infant Mental Health

MCHB: Maternal Child Health Branch

PHN: Public Health Nurse

PHNB: Public Health Nursing Branch

**State Systemic Improvement Plan (SSIP) Action Plan**

**I. State: Hawaii**

**II. Part B:**  **Part C:**

**III. SSIP Leadership Team Members, Role and Organization Represented**

<b>Name</b>	<b>Position/Role</b>	<b>Organization/Agency</b>
Bobbie-Jo Moniz-Tadeo, Ed.D.	Program Manager	Imua Family Services Lanai, Maui, and Molokai
Carrie Pisciotto, M.Ed., Special Ed.	Program Manager	Kailua Easter Seals Early Intervention Program
Charlene Robles, M.B.A., SLP	Part C Coordinator	Department of Health (DOH) Early Intervention Section (EIS)
Clayton Takemoto, ACSW, LSW	Social Worker Services Unit Supervisor	DOH EIS
Jason Maga	Parent	
Jeannette Ing Uemura, OTR	Early Childhood Services Unit Supervisor	DOH EIS
Joan Takamori, APRN	Branch Chief	Public Health Nursing (PHN) Branch & Hawai'i Association for Infant Mental Health (HAIMH)
Kathy Kubo, MPH	SSIP Data Coordinator/Outcomes Coordinator	DOH EIS
Keiko Nitta, MA English	Early Childhood Comprehensive Systems Grant Coordinator	DOH Family Health Services Division (FHSD)
Lynn Niitani	Parent Support Program Supervisor	DOH Maternal Child Health Branch (MCHB)
Mae Bracerros, BS Human Development	Contracts Unit Supervisor	DOH EIS
Michele Pestel-Maga	Parent	
Patricia Heu, MD, MPH	Branch Chief	DOH Children with Special Healthcare Needs Branch (CSHNB)
Rebecca Kang, APRN	PHN	PHN Section & HAIMH
Sheri Umakoshi, LSW	Personnel Development Coordinator	DOH EIS
Stacy Kong, BA Ed., Special Ed, BS Health Care Management	SSIP Coordinator/ System Improvement & Outcomes Unit Supervisor	DOH EIS
Tammy Bopp, Psy.D.	Professional Support Unit Supervisor	DOH EIS
Ted Burke	Director of Early Intervention	Easter Seals Hawai'i Early Intervention Program

**IV. State-Identified Measurable Result(s)**

Infants and toddlers with disabilities in demonstration sites will have made greater than expected growth in social-emotional skills (including social relationships) by the time they exit early intervention.

**V. Improvement Strategies (list all)**

Improvement Strategy 1: 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/strategies, and implementation of the IFSP using evidence-based practices (EBP).

Improvement Strategy 2: Increase the capacity of early intervention programs to provide services and supports to address social-emotional development.

Improvement Strategy 3: Enhance the childhood outcomes summary (COS) process to ensure data are accurate and reliable and ensure program effectiveness to support evidence-based practices to improve children's social-emotional development.

**VI. 1. SSIP Improvement Strategy and Evaluation Details**

**A. Improvement Strategy**

Enhance the statewide system of professional development (PD) to increase early intervention providers’ knowledge of social-emotional (SE) development, development of functional SE Individualized Family Support Plan (IFSP) outcomes/objectives/strategies, and implementation of the IFSP using evidence-based practices.

**B. Key State Improvement Plans or Initiatives That Align With This Improvement Strategy**

State Initiative Action Strategy “Quality Early Learning Programs” Workgroup is focused on training early intervention providers on the Hawai’i Early Learning Developmental Standards (which include a social-emotional component) and developing an Early Childhood Professional Development Center.

**C. Improving Infrastructure and/or Practice**

1. Is this improvement strategy intended to improve one or more infrastructure components? If so, check all that apply.

<b>Governance</b> <input checked="" type="checkbox"/>	<b>Accountability</b> <input checked="" type="checkbox"/>	<b>Professional development</b> <input checked="" type="checkbox"/>
<b>Data</b> <input type="checkbox"/>	<b>Quality standards</b> <input checked="" type="checkbox"/>	<b>Technical assistance</b> <input checked="" type="checkbox"/>
<b>Finance</b> <input type="checkbox"/>		

2. Is this strategy intended to directly improve practices? Yes  No

**D. Intended Outcomes**

Type of Outcome	Outcome Description
<b>Short-term</b>	Early Intervention (EI) providers will understand how to support SE development for children ages 0-3.
<b>Short-term</b>	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 write functional SE objectives to support their children’s SE development.
<b>Intermediate</b>	EI providers will implement evidence-based practices (EBP) related to SE development using the Primary Service Provider (PSP) Approach and Coaching Model with fidelity.
<b>Intermediate</b>	Families will support their child’s positive SE development.
<b>Intermediate</b>	SE IFSP objectives will be achieved.
<b>Long-Term</b>	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.

**E. Improvement Plan**

Activities to Meet Outcomes	System Level		Steps to Implement Activities	Resources Needed	Who Is Responsible	Timeline (projected initiation & completion dates)	How Other LA/SEA Offices and Other Agencies Will Be Involved*
	State	Local					
1-1. Identify competencies related to SE development and incorporate them into training	X		1-1a. Explore existing SE development trainings and their related competencies	<ul style="list-style-type: none"> <li>• ECTA practices reflection tools</li> <li>• ECTA support</li> <li>• D. Rush and M. Shelden</li> <li>• DEC</li> <li>• TACSEI</li> <li>• CSEFEL</li> <li>• HAIMH</li> <li>• HAEY</li> <li>• NAEYC</li> <li>• HELP Charts</li> <li>• AAP</li> <li>• PATCH</li> <li>• Other states' competencies and tools</li> </ul>	PD Competencies Workgroup Co-Leaders	2/22/16 – 5/31/16	Refer to Implementation Workgroup Roster (Appendix B)
	X	X	1-1b. Develop SE competencies with input from stakeholders	<ul style="list-style-type: none"> <li>• HCYC</li> <li>• Malama I Na Keiki</li> <li>• HELDS</li> </ul>	Competencies Workgroup	6/1/16 – 8/30/16	Input from: Stakeholders: HEICC MIECHVN HAEYC PATCH DHS-BESSD
1-2. Develop or modify and implement provider self-assessment tool regarding SE competencies and EBP related to SE development using the PSP Approach	X		1-2a. Review self-assessment tools regarding SE competencies and PSP Approach and Coaching Model	<ul style="list-style-type: none"> <li>• D. Rush and M. Shelden checklist for Implementing a Primary Service Provider Approach to Teaming</li> </ul>	Competencies Workgroup Co-Leaders	7/1/16 – 8/30/16	Refer to Implementation Workgroup Roster (Appendix B)

Activities to Meet Outcomes	System Level		Steps to Implement Activities	Resources Needed	Who Is Responsible	Timeline (projected initiation & completion dates)	How Other LA/SEA Offices and Other Agencies Will Be Involved*
	State	Local					
and Coaching Model				<ul style="list-style-type: none"> <li>ECTA Competency Checklist</li> <li>Other states' tools</li> </ul>			
	X		1-2b. Develop or modify self-assessment tool regarding SE competencies and PSP Approach and Coaching Model	<ul style="list-style-type: none"> <li>D. Rush and M. Shelden</li> </ul>	Competencies Workgroup Co-Leaders	9/1/16 – 9/30/16	Refer to Implementation Workgroup Roster (Appendix B)
	X	X	1-2c. Disseminate and implement self-assessment to EI providers		CSPD Coordinator	10/1/16 – 10/31/16	
	X		1-2d. Analyze self-assessment data to identify training needs		CSPD Coordinator	11/1/16 – 12/1/16	Refer to Implementation Workgroup Roster (Appendix B)
1-3. Develop and implement training plan for providers that addresses the SE competencies and EBP related to SE development using the PSP Approach and Coaching Model	X		1-3a. Collaborate with D. Rush and M. Shelden about including the following components in the training: <ul style="list-style-type: none"> <li>SE competencies</li> <li>Building collaborative partnerships, including engaging families</li> <li>Writing functional SE objectives</li> <li>SE EBP using PSP Approach and Coaching Model to address SE development</li> </ul>	<ul style="list-style-type: none"> <li>Existing training modules from other States</li> <li>ECTA support</li> <li>D. Rush and M. Shelden</li> </ul>	Part C Coordinator  EI SIO Coordinator  Competencies Workgroup Co-Leaders  CSPD Coordinator	12/1/16 – 3/1/17	
	X	X	1-3b. Develop mentoring plan, including the infrastructure to support the mentoring plan (e.g., criteria, identification of mentors, role expectation, training requirements, and financial compensation)	<ul style="list-style-type: none"> <li>D. Rush and M. Shelden</li> </ul>	PD Workgroup  EI Contracts Coordinator  EI Core Team	7/1/16 – 10/1/16	Sharing of existing mentoring and coaching plan: EOEL PACT



Activities to Meet Outcomes	System Level		Steps to Implement Activities	Resources Needed	Who Is Responsible	Timeline (projected initiation & completion dates)	How Other LA/SEA Offices and Other Agencies Will Be Involved*
	State	Local					
	X	X	1-3c. Implement mentoring plan (e.g., select mentors, training of mentors)	<ul style="list-style-type: none"> <li>• State Funding</li> </ul>	PD Workgroup EI Core Team	10/1/16 – 6/30/18	
	X	X	1-3d. Implement webinars and trainings from D. Rush and M. Shelden to EI providers in demonstration sites	<ul style="list-style-type: none"> <li>• D. Rush and M. Shelden</li> </ul>	CSPD Coordinator	1/1/17 – 12/30/17	
		X	1-3e. Identified mentors coach EI providers in demonstration sites	<ul style="list-style-type: none"> <li>• D. Rush and M. Shelden</li> </ul>	Program Managers	6/1/17 – 6/30/18	
	X	X	1-3f. Collaborate with existing initiatives/training to include or make available other SE development trainings to EI providers	<ul style="list-style-type: none"> <li>• HAIMH</li> <li>• Circles of Security</li> <li>• CSEFEL</li> <li>• PACT</li> <li>• CFS</li> <li>• Head Start</li> <li>• ECTA</li> </ul>	CSPD Coordinator	7/1/16 – 6/30/18	Partner with the following for SE training opportunities: Action Strategies- PD center DOE HAIMH PACT

\*Refer to the SSIP Implementation Workgroup Rosters (Appendix B) that lists the representatives from various agencies involved in developing, implementing, and evaluating the respective Action Plan

**F. Evaluation Plan**

**1. Evaluation of Improvement Strategy Implementation**

Activity	How Will We Know the Activity Happened According to the Plan? (performance indicator)	Measurement/Data Collection Methods	Timeline (projected initiation and completion dates)
1-1. Identify competencies related to SE development and incorporate them into training	Output: Competencies incorporated in trainings  Performance Indicator: 100% of trainings provided by D. Rush and M. Shelden incorporate SE competencies	List of trainings and training material for each event	7/1/16 – 12/30/17
1-2. Develop or modify and implement provider self-assessment tool regarding SE competencies and EBP related to SE development using the PSP Approach and Coaching Model	Output: Provider self-assessment tool regarding SE competencies using the PSP Approach and Coaching Model is implemented  Performance Indicator: 85% of EI providers in the demonstration sites complete the self-assessment tool at least on an annual basis	Staff training attendance tracking sheet for completion of Self-Assessment Tool pre and post training and at least on an annual basis thereafter	10/1/16 – 6/30/18
1-3. Develop and implement training plan for providers that address SE competencies and EBP related to SE development using the PSP Approach and Coaching Model	Output: Training opportunities provided addressing the SE competencies using PSP Approach and Coaching Model  Performance Indicator: 100% of EI staff and providers in demonstration sites attend training(s)	Training attendance sheet(s) and staff training attendance tracking sheet	1/1/17 – 12/30/17

**2. Evaluation of Intended Outcomes**

Type of Outcome	Outcome Description	Evaluation Questions	How Will We Know the Intended Outcome Was Achieved? (performance indicator)	Measurement/Data Collection Method	Timeline (projected initiation and completion dates)
<b>Short-term</b>	EI providers will understand how to support SE development for children ages 0-3	1. Did providers who participated in the SE and PSP approach and coaching model trainings report greater understanding on the self-assessment of how to support social-emotional development?	At least 75% of providers who participated in the trainings increase their understanding as reported on self-assessment question(s) assessing how to support SE development.	Staff training attendance tracking sheet for completion of Self-Assessment Tool pre and post training and at least on an annual basis thereafter	10/1/16 – 6/30/18
<b>Short-term</b>	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 write functional SE objectives to support their children’s SE development	Do providers from demonstration sites who participated in D. Rush and M. Shelden trainings: 1. Understand their roles related to: a. Identifying SE needs? b. Delivering SE services? 2. Develop collaborative partnerships with families and other team members? 3. List functional SE objectives on the IFSP of children with entry COS scores ≤ 5?	1 & 2. At least 75% of providers who participated in the trainings increased by at least one (1) rating point on self-assessment questions assessing these competencies. 3. At least one functional SE objective is listed on the initial and annual IFSP for children with entry COS scores ≤ 5	1. Pre and post self-assessment 2. Pre and post self-assessment & Mentoring Notes/Log 3. Reviews of IFSPs	10/1/16 – 6/30/18
<b>Intermediate</b>	EI providers will implement EBP related to SE development using the PSP Approach and Coaching Model with fidelity	Do providers from demonstration sites who have children with entry SE COS scores ≤5 and who participated in the D. Rush and M. Shelden trainings implement EBP related to SE development using the PSP Approach and Coaching model with fidelity?	At least 75% of providers who participated in the trainings increased by at least one (1) rating point on self-assessment	Pre and post self-assessment	10/1/16 – 6/30/18
<b>Intermediate</b>	Families will support	Do families from the demonstration sites	75% of families that have	Reviews of IFSPs and	10/1/16 –

	their child's positive SE development	whose children had COS entry SE ratings $\leq 5$ support their child's SE development?	an SE objective on their IFSP will demonstrate and/or report using SE strategies	service notes to see if families implemented strategies related their child's SE development  Annual Statewide Family Survey to see if families feel EI providers helped them support their child's SE development.	6/30/18
<b>Intermediate</b>	SE IFSP objectives will be achieved	Did children from demonstration sites who entered EI with SE COS $\leq 5$ meet their IFSP SE objectives?	At least 75% of children who have an SE objective on their IFSP will have met at least one SE objective	Review IFSP objectives every 6 months to determine progress and make any necessary adjustments	10/1/16 – 6/30/18
<b>Long-term</b>	Infants and toddlers with disabilities in demonstration sites will have made greater than expected growth in social-emotional skills (including social relationships) by the time they exit EI	Did children from demonstration sites who entered EI with SE COS $\leq 5$ in SE substantially increase their rate of growth by the time they exited EI?	At least 50% of children who entered with SE COS $\leq 5$ shifted from OSEP progress category b to categories c or d.	Annual HEIDS Child Outcomes ratings data and comparison to previous years' numbers of children in OSEP progress categories b and c indicates numbers shifting from OSEP progress category b to category c	7/1/16 – 6/30/18

**VI. 2. SSIP Improvement Strategy and Evaluation Details**

**A. Improvement Strategy**

Increase the capacity to provide services and supports to address social-emotional (SE) development.

**B. Key State Improvement Plans or Initiatives That Align With This Improvement Strategy**

**C. Improving Infrastructure and/or Practice**

1. Is this improvement strategy intended to improve one or more infrastructure components? If so, check all that apply.

<b>Governance</b> <input checked="" type="checkbox"/>	<b>Accountability</b> <input type="checkbox"/>	<b>Professional development</b> <input checked="" type="checkbox"/>
<b>Data</b> <input type="checkbox"/>	<b>Quality standards</b> <input checked="" type="checkbox"/>	<b>Technical assistance</b> <input checked="" type="checkbox"/>
<b>Finance</b> <input checked="" type="checkbox"/>		

2. Is this strategy intended to directly improve practices? Yes  No

**D. Intended Outcomes**

Type of Outcome	Outcome Description
<b>Short-term</b>	EI providers will have the capacity to provide evidence based practices (EBP) and supports to children and families.
<b>Intermediate</b>	EI providers will implement EBPs related to SE development using the Primary Service Provider (PSP) Approach and Coaching Model with fidelity.
<b>Intermediate</b>	Families will support their child’s positive SE development.
<b>Intermediate</b>	SE Individualized Family Support Plan (IFSP) objectives will be achieved.
<b>Long-term</b>	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.

**E. Improvement Plan**

Activities to Meet Outcomes	System Level		Steps to Implement Activities	Resources Needed	Who Is Responsible	Timeline (projected initiation & completion dates)	How Other LA/SEA Offices and Other Agencies Will Be Involved*
	State	Local					
2-1. Hire and/or retain appropriate number of qualified staff to support children with SE needs	X	X	2-1a. Collect Program Staffing List that includes staff allocation and vacancies	<ul style="list-style-type: none"> <li>EIS Staffing List form</li> </ul>	Staffing Workgroup	2/1/16 – 3/31/16	Refer to Implementation Workgroup Roster (Appendix B)
	X	X	2-1b. Develop and implement survey to identify barriers to hiring and retaining staff (e.g., funding, qualifications, compensation, etc.) and staff utilization from EI Programs statewide	<ul style="list-style-type: none"> <li>Staff utilization models from other states</li> </ul>	Staffing Workgroup	3/1/16 – 6/30/16	
		X	2-1c. Conduct analysis of data compiled from EI Program Staffing List and survey results	<ul style="list-style-type: none"> <li>Survey results</li> </ul>	Staffing Workgroup	8/1/16 – 9/30/17	
	X	X	2-1d. Develop a plan to address staffing needs that includes identification of data needed to support personnel funding requests and of infrastructure needed to adjust staffing patterns in demonstration sites implementing the PSP Approach and Coaching Model	<ul style="list-style-type: none"> <li>Survey results</li> <li>PSP training &amp; staffing model info from CSPD</li> </ul>	Staffing Workgroup	8/1/16 – 9/30/16	
	X	X	2-1e. Implement the staffing plan to build capacity	<ul style="list-style-type: none"> <li>State Funding</li> </ul>	Staffing Workgroup	10/1/16 – 6/30/18	
2-2. Develop and implement tele-health capability and procedures	X	X	2-2a. Obtain information on availability of tele-health technology via meetings or surveys	<ul style="list-style-type: none"> <li>DOH Tele-genetics Program Coordinator</li> <li>ECTA (Sharon Walsh?)</li> <li>Other states using tele-health</li> </ul>	Tele-health Workgroup Co-leaders	2/1/16 – 3/31/16	Refer to Implementation Workgroup Roster (Appendix B)
	X	X	2-2b. Develop and implement a survey to identify appropriate providers and families in the demonstration sites to participate in tele-	<ul style="list-style-type: none"> <li>DOH Tele-genetics Program</li> </ul>	Tele-health Workgroup	4/1/16 – 6/30/16	Collaborate with DOH Tele-genetics Program

Activities to Meet Outcomes	System Level		Steps to Implement Activities	Resources Needed	Who Is Responsible	Timeline (projected initiation & completion dates)	How Other LA/SEA Offices and Other Agencies Will Be Involved*
	State	Local					
			health	Coordinator • Other states' surveys			to develop survey
	X	X	2-2c. Identify the technology needed to implement tele-health, including costs, and obtain the technology for demonstration sites	• Private funders • DOH IT staff • DOH PHAO • DOH Tele-genetics Program Coordinator • Other states' technology and costs	Tele-health Co-Leaders	3/1/16 – 12/31/16	Collaborate with DOH Tele-genetics Program to identify tele-health technology, including costs and possible grant opportunities  Explore funding opportunities from Hawaii Community Foundation
	X	X	2-2d. Develop a tele-health plan, including tele-health billing requirements (e.g., Hawai'i Early Intervention Data System [HEIDS] location code, provider billing codes, etc.)	• Insurance providers • DOH Tele-genetics Program Coordinator	Tele-health Co-Leaders  EIS Contracts Coordinator  EIS Core Team	7/1/16 – 7/31/16	Collaborate with Insurance Providers regarding billing requirements for services delivered via tele-health: Medicaid TriCare HMSA
	X	X	2-2e. Develop and implement policies and procedures regarding implementation of tele-health services	• Other states implementing tele-health • Practice guidelines from ASAH, APTA, AOTA,	EI SIO Coordinator	8/1/16 – 6/30/18	

Activities to Meet Outcomes	System Level		Steps to Implement Activities	Resources Needed	Who Is Responsible	Timeline (projected initiation & completion dates)	How Other LA/SEA Offices and Other Agencies Will Be Involved*
	State	Local					
				etc. • Insurance providers			
	X	X	2-2f. Develop and implement tele-health training module	• DOH Tele-genetics Program Coordinator • Other states training modules • ECTA • CSPD Coordinator	Tele-health Workgroup  CSPD Coordinator	10/1/16 – 6/30/17	Collaborate with DOH Tele-genetics Program for insight into tele-health training modules

\*Refer to the SSIP Implementation Workgroup Rosters (Appendix B) that lists the representatives from various agencies involved in developing, implementing, and evaluating the respective Action Plan



**F. Evaluation Plan**

**1. Evaluation of Improvement Strategy Implementation**

Activity	How Will We Know the Activity Happened According to the Plan? (performance indicator)	Measurement/Data Collection Methods	Timeline (projected initiation and completion dates)
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 demonstration sites are filled	EI Program Staffing Log from demonstration sites	4/1/16 – 6/30/18
2-2. Develop and implement tele-health capability and procedures	Output: Tele-health utilized by demonstration sites Performance Indicator: 100% of demonstration sites utilize tele-health at least once a quarter	HEIDS and IFSP data documenting tele-health use in demonstration sites	7/1/16 – 6/30/18

**2. Evaluation of Intended Outcomes**

Type of Outcome	Outcome Description	Evaluation Questions	How Will We Know the Intended Outcome Was Achieved? (performance indicator)	Measurement/Data Collection Method	Timeline (projected initiation and completion dates)
<b>Short-term</b>	EI providers will have enhanced capacity to provide EBP and supports to children and families	<ol style="list-style-type: none"> <li>Do providers from demonstration sites report having enhanced capacity to provide EBP services and supports to children and families?</li> <li>Have EI providers in the demonstration sites been trained in the use of tele-health as a way to deliver services and supports to children and families?</li> <li>Have families in the demonstration site accessed tele-health?</li> </ol>	<ol style="list-style-type: none"> <li>At least 90% of staff from demonstration sites report that they agree or strongly agree that they have enhanced capacity to provide EBP services and supports</li> <li>At least 75% of providers in</li> </ol>	<ol style="list-style-type: none"> <li>Self-Assessment</li> <li>Training attendance sheet and tracking log</li> <li>HEIDS and IFSP Data</li> </ol>	4/1/16 – 6/30/17

Type of Outcome	Outcome Description	Evaluation Questions	How Will We Know the Intended Outcome Was Achieved? (performance indicator)	Measurement/Data Collection Method	Timeline (projected initiation and completion dates)
			demonstration sites attended tele-health training 3. At least 90% of families who agree to use tele-health have at least one IFSP service being delivered via tele-health		
Intermediate	See table F2 in the PD/TA strand section above				
Intermediate					
Intermediate					
Long-term					

**VI. 3. SSIP Improvement Strategy and Evaluation Details**

**A. Improvement Strategy**

Enhance the child outcomes summary (COS) process to ensure data are accurate and reliable and ensure program effectiveness to support evidence-based practices (EBP) to improve children’s social-emotional (SE) development.

**B. Key State Improvement Plans or Initiatives That Align With This Improvement Strategy**

**C. Improving Infrastructure and/or Practice**

1. Is this improvement strategy intended to improve one or more infrastructure components? If so, check all that apply.

Governance	<input checked="" type="checkbox"/>	Accountability	<input checked="" type="checkbox"/>	Professional development	<input checked="" type="checkbox"/>
Data	<input checked="" type="checkbox"/>	Quality standards	<input type="checkbox"/>	Technical assistance	<input checked="" type="checkbox"/>
Finance	<input type="checkbox"/>				

2. Is this strategy intended to directly improve practices? Yes  No

**D. Intended Outcomes**

Type of Outcome	Outcome Description
Short-term	Early Intervention (EI) providers and families will understand the COS process.
Short-term	EI programs will use monitoring feedback to help ensure providers are implementing the COS process with fidelity.
Short-term	EI program managers will have the access and skills needed to use COS data for program improvement.
Intermediate	EI providers will implement EBP related to SE development using the Primary Service Provider (PSP) Approach and Coaching Model with fidelity.
Intermediate	Families will support their child’s positive SE development.
Intermediate	SE Individualized Family Support Plan (IFSP) objectives will be achieved.
Long-term	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.

E. Improvement Plan

Activities to Meet Outcomes	System Level		Steps to Implement Activities	Resources Needed	Who Is Responsible	Timeline (projected initiation & completion dates)	How Other LA/SEA Offices and Other Agencies Will Be Involved*
	State	Local					
3-1. Develop or modify and implement COS process training to include: <ul style="list-style-type: none"> <li>• Purpose of child outcomes (CO)</li> <li>• Implementation of COS process with fidelity</li> <li>• How to use assessment data</li> <li>• CO with the Multi-disciplinary Evaluations (MDE) and IFSP process</li> <li>• Engaging families in the process</li> </ul>	X		3-1a. Gather and review EI COS training modules and identify areas that need to be enhanced	<ul style="list-style-type: none"> <li>• ECO Center</li> </ul>	ECOS Workgroup	6/1/16 – 7/30/16	Consult with DOE regarding their COS training module
			3-1b. Develop and implement family survey regarding their understanding of the COS process	<ul style="list-style-type: none"> <li>• ECO Center</li> </ul>	ECOS Workgroup	4/1/16 – 6/30/16	Collaborate with DOE on family survey questions regarding COS process
	X	X	3-1c. Develop or revise any EI forms needed to support the COS process	<ul style="list-style-type: none"> <li>• ECO Center</li> <li>• ECTA</li> <li>• Other states' ECOS forms</li> </ul>	Outcomes Coordinator	7/1/16 – 8/30/16	
			3-1d. Revise EI CO procedural guidelines to reflect new information from ECO Center training module, family survey, and new or revised forms	<ul style="list-style-type: none"> <li>• EI Procedural Guidelines</li> </ul>	EI SIO Coordinator	8/1/16 – 8/31/16	
	X	X	3-1e. Revise and implement EI COS training modules to include identified components	<ul style="list-style-type: none"> <li>• ECO Center</li> <li>• ECTA</li> <li>• Other states' training modules, plans, and tools?</li> </ul>	Outcomes Coordinator  CSPD Coordinator	9/1/16 – 12/31/16	
3-2. Develop and implement monitoring tool to ensure ECO process is being implemented with fidelity	X		3-2a. Gather and review existing COS monitoring tools	<ul style="list-style-type: none"> <li>• ECO Center</li> <li>• ECTA</li> <li>• Other states ECO monitoring tools</li> </ul>	ECOS Workgroup	7/1/16 – 8/31/16	Refer to Implementation Workgroup Roster (Appendix B)
			3-2b. Develop or modify an COS implementation process, including a monitoring tool with instructions	<ul style="list-style-type: none"> <li>• ECO Center</li> <li>• ECTA</li> <li>• Other states' ECO monitoring tools</li> </ul>	ECOS Workgroup	9/1/16 – 10/31/16	Collaborate with DOE regarding COS monitoring process

Activities to Meet Outcomes	System Level		Steps to Implement Activities	Resources Needed	Who Is Responsible	Timeline (projected initiation & completion dates)	How Other LA/SEA Offices and Other Agencies Will Be Involved*
	State	Local					
			3-2c. Revise current monitoring plan to include COS monitoring process and implement revised monitoring plan		EI SIO Coordinator	11/1/16 – 6/30/17	
3-3. Develop and implement training module on using COS data for program improvement	X	X	3-3a. Revise EI CO procedural guidelines to reflect completion of COS ratings on an annual basis for demonstration sites		EI SIO Coordinator	5/1/16 – 5/31/16	
	X	X	3-3b. Modify Hawai'i Early Intervention Data System (HEIDS) to accept multiple COS ratings and OSEP category definitions	• DOH IT Staff	IT Outcomes Coordinator	4/1/16 – 6/30/16	
	X	X	3-3c. Update and distribute to demonstration sites HEIDS database manual to include multiple COS ratings	• DOH IT Staff	Outcomes Coordinator	5/1/16 – 6/30/16	
	X	X	3-3d. Develop guidelines for using COS data for program improvement	• The Center for IDEA Early Childhood Data Systems (DaSy) & IDC TA Providers • ECTA (Abby Winer) • NCIS • ECO	COS Workgroup	7/1/16 – 9/30/16	Consult DOE regarding use of COS data for program improvement
	X	X	3-3e. Develop and implement a pre and post self-assessment on COS data use for program improvement		COS Workgroup	10/1/16 – 11/30/16	
	X		3-3f. Analyze survey results to identify training needs		Outcomes Coordinator	12/1/16 – 12/31/16	Refer to Implementation Workgroup Roster (Appendix B)
	X	X	3-3g. Develop training on the use of self-assessment results, including how to analyze COS data and how to use the meaningful difference calculator		Outcomes Coordinator CSPD Coordinator	1/1/17 – 3/31/17	
			X	3-3h. Implement training module with EI staff and providers in demonstration sites		Outcomes Coordinator CSPD Coordinator	4/1/17 – 6/30/17

\*Refer to the SSIP Implementation Workgroup Rosters (Appendix B) that lists the representatives from various agencies involved in developing, implementing, and evaluating the respective Action Plan

**F. Evaluation Plan**

**1. Evaluation of Improvement Strategy Implementation**

Activity	How Will We Know the Activity Happened According to the Plan? (performance indicator)	Measurement/Data Collection Methods	Timeline (projected initiation and completion dates)
3-1. Develop or modify and implement COS training to include: <ul style="list-style-type: none"> <li>• Purpose of CO</li> <li>• Implementation of COS process with fidelity</li> <li>• How to use assessment data</li> <li>• CO with the Multi-disciplinary Evaluations (MDE) and Individualized Family Support Plan (IFSP) process</li> <li>• Engaging families in the process</li> </ul>	Outputs: COS training module includes all specified components and providers trained.  Performance Indicator: 1. 100% of trainings provided to demonstration sites include the COS components 2. 100% of EI staff and providers in demonstration sites attend trainings	1. Training module and training schedule 2. Training attendance sheet and staff training tracking sheet	6/1/16 – 12/31/16
3-2. Develop and implement monitoring tool to ensure COS process is being implemented with fidelity	Output: COS monitoring tool & process  Performance Indicator: 100% of demonstration sites are monitored using the COS monitoring tool	Monitoring tool and report for each demonstration site	7/1/16 – 6/30/17
3-3. Develop and implement training module on using COS data for program improvement	Output: Program Managers trained with COS data use for program improvement training module  Performance Indicator: 100% of Program Managers from demonstration sites attended training	Training attendance sheet and tracking log	5/1/16 – 6/30/17

2. Evaluation of Intended Outcomes

Type of Outcome	Outcome Description	Evaluation Questions	How Will We Know the Intended Outcome Was Achieved? (performance indicator)	Measurement/Data Collection Method	Timeline (projected initiation and completion dates)
<b>Short-term</b>	EI providers and families will understand the COS process	<p>Did EI providers who attended the trainings report they understood the COS process?</p> <p>Did families report they understood the COS process?</p>	<p>90% of training attendees maintained or improved scores on pre and post self-assessment questions related to the COS process</p> <p>80% of families who complete family survey report that they understand of the COS process well or very well</p>	<p>Training attendance sheet and tracking log</p> <p>Pre and post self-assessment</p> <p>Annual Statewide Family Survey that includes a question on understanding the COS process to determine if families feel EI providers helped them support their child’s SE development.</p>	6/1/16 – 6/30/18
<b>Short-term</b>	EI programs will use monitoring feedback to help ensure providers are implementing the COS process with fidelity	Do EI program managers from demonstration sites use monitoring feedback to help develop their Corrective Action Plan (CAP) and include in their CAP strategies to ensure providers implement the COS process with fidelity?	<p>State monitors 100% of demonstration sites using tool and provides feedback to programs</p> <p>100% of demonstration sites will complete CAP process that references data use</p>	<p>Compilation of monitoring results and feedback provided to EI programs in demonstration sites</p> <p>Review completed CAPS for information on monitoring feedback and status of strategies to ensure providers implement the COS process with fidelity</p>	7/1/16 - 6/30/18

Type of Outcome	Outcome Description	Evaluation Questions	How Will We Know the Intended Outcome Was Achieved? (performance indicator)	Measurement/Data Collection Method	Timeline (projected initiation and completion dates)
Short-term	EI program managers will have the access and skills needed to use COS data for program improvement	Do EI program managers from demonstration sites have: 1. access and 2. the skills needed to use data for program improvement?	1. 100% of all program managers from demonstration sites reported on self-assessment that they can print out reports in HEIDS  2. 90% of all program managers from demonstration sites increased their self-assessment competency rating by one (1) point	Self-assessment	7/1/16 – 6/30/18
Intermediate	See table F2 in the PD/TA strand section above				
Intermediate					
Intermediate					
Long-term					



## SSIP ACRONYMS

Acronym	Definition
AOTA	American Occupational Therapy Association
APTA	American Physical Therapy Association
ASHA	American Speech-Language-Hearing Association
CAP	Corrective Action Plan
CFS	Child and family Services
COS	Child Outcome Summary
CSEFEL	Center on the Social and Emotional Foundations for Early Learning
CSHNB	Children with Special Health needs Branch
CSPD Coordinator	Comprehensive System of Personnel Development Coordinator
DaSy	The Center for IDEA Early Childhood Data Systems
DEC	Division of Early Childhood
DHS-BESSD	Department of Human Services-Benefit, Employment and Support Services Division
DOH	Department of Health
DOH IT	Department of Health Information Technician
PHAO	Public Health Administrative Officer
EBP	Evidence-Based Practices
ECO	Early Childhood Outcomes
ECTA	Early Childhood Technical Assistance
EI	Early Intervention
EIS	Early Intervention Section
FHSD	Family Health Services Division
HAIMH	Hawai'i Association for Infant Mental Health
HCYC	Hawai'i Careers with Young Children
HEIDS	Hawai'i Early Intervention Data System
HELDS	Hawai'i Early Learning and Development Standards
IDC TA	IDEA Data Center Technical Assistance
IDEA	Individuals with Disabilities Education Act
IFSP	Individualized Family Support Plan
MCHB	Maternal Child Health Branch
MDE	Multi-Disciplinary Evaluation
MIECHVN	Maternal, Infant, and Early Childhood Home Visiting Network
PACT	Parents and Children Together
PATCH	People Attentive to Children
PD	Professional Development
PHN	Public Health Nursing
PSP	Primary Service Provider
SE	Social/Emotional
SIO	System Improvement and Outcomes
SSIP	State Systemic Improvement Plan
TACSEI	Technical Assistance Center on Social Emotional Intervention

## SSIP IMPLEMENTATION WORKGROUP

### Professional Development & Technical Assistance

(Primary Service Provider Approach, Coaching Model, Social Emotional Development, Functional IFSP Objectives, Communicating with Families)

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**SSIP IMPLEMENTATION WORKGROUP**

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**SSIP IMPLEMENTATION WORKGROUP**

**MONITORING AND ACCOUNTABILITY: Childhood Outcomes Summary (COS) DATA FOR PROGRAM IMPROVEMENT**

**Lead: Kathy Kubo and Clifford Villareal**

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