

**Part C State Performance Plan (SPP) for 2005-2012**  
Revised: APR 2013 (FFY 2011)**Overview of the State Performance Plan Development:****Representation**

Hawaii's original State Performance Plan (SPP) was developed by the Hawaii Department of Health (HDOH), Early Intervention Section (EIS) which is identified as the Part C Lead Agency (LA). The SPP was developed with input and recommendations by a stakeholder group of approximately forty (40) individuals. Stakeholders included: members of the Hawaii Early Intervention Coordinating Council (HEICC), Hawaii's interagency coordinating council; HDOH administrators, administrative and direct service representatives of agencies and programs that provide services to Hawaii's Part C eligible children; members of the Early Intervention Section (EIS) Lead Agency Quality Assurance and Training (LAQuAT) Team; family representatives; the EIS data manager; and the Project Coordinator of Hawaii's "What Counts" Early Childhood Outcomes grant. With the inclusion of the HEICC, membership in the development of the SPP was broadened to include Department of Education (DOE) preschool special education program representatives, legislators, personnel development representatives, pediatricians, and other community representatives. Also included was the Coordinator of the Early Childhood Comprehensive System (ECCS) grant, to ensure that the SPP looks broadly at targets for FFY 2005 – 2010. Every year, the targets established for each Indicator were reviewed by stakeholders at the Annual SPP/Annual Performance Report (APR) Stakeholder Meeting. New targets were proposed for FFY 2011 – 2012 with justifications noted in the APR submitted in February 2011.

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

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

**Process**

The process of developing the SPP included:

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

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

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

### **Reporting to the Public**

The SPP will be broadly disseminated in the State through: posting the SPP on the EIS website (<http://hawaii.gov/health/health/family-child-health/eis/index.html>), providing information on the SPP in various newsletters that reach providers and families (e.g., the Special Parent Information Network (SPIN) newsletter, the Parent Training Information (PTI) Center's newsletter), and newsletters of Part C providers (e.g., Easter Seals Hawai'i, Imua Family Services).

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

### **Change in Eligibility**

As of May 15, 2009, the eligibility definition for Part C was revised to only include infants and toddlers under age three years who are experiencing developmental delays or have a diagnosed physical or mental condition that has a high probability of resulting in developmental delay. Children at environmental risk as well as premature infants are no longer eligible unless they also meet Hawai'i's current Part C definition.

**Part C State Performance Plan (SPP) for 2005-2012**  
Revised: APR 2012 (FFY 2010)

**Monitoring Priority: Early Intervention Services In Natural Environments**

**Indicator 1:** Percent of infants and toddlers with IFSPs who receive the early intervention services on their IFSPs in a timely manner.

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

**Measurement:**

Percent = [(# of infants and toddlers with IFSPs who receive the early intervention services on their IFSPs in a timely manner) divided by the (total # of infants and toddlers with IFSPs)] times 100.

Account for untimely receipt of services, including the reasons for delays.

**Overview of Issue/Description of System or Process:**

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

The EI Self-Assessment Monitoring (SAM) Tool is utilized by all Part C programs to collect data regarding timely services. The tool was developed by the Part C LA and the EI Agencies were provided an opportunity to give feedback prior to the tool being finalized.

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

A. Identification of Children.

To ensure a random selection of children, the following criterion is followed:

- Each Agency provides a list of names of all children, by the Program that is providing care coordination. The child must have had an Initial, Review or Annual IFSP during the reporting period.
- Part C LA identifies 10% of children at each program/section/site based on the 12/1 child count, or a minimum of fifteen (15) children to be monitored, unless there is an insufficient number of children who meet the above criteria. If there is an insufficient number of children, all children who meet the above criteria during the reporting period will be selected to be monitored.

B. Determination of Timeliness

The Part C LA completes the EI SAM Tool for each selected child using the specified IFSP (Initial, Review, Annual). To be considered timely:

- For each child, all services on the Initial IFSP or all new service(s) on a Review or Annual IFSP must meet the above definition of "timely."

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

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

#### C. Self-Assessment Results

- The Part C LA inputted the data into the database which was developed by the Part C LA.
- The Part C LA analyzed the data for both correction of non-compliance with Timely Services (see Table 2 in Indicator 9) and is used as part of the identification of findings for that reporting year.

#### Baseline Data for FFY 2004 (2004-2005):

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

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

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

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

#### Discussion of Baseline Data:

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

# SPP – Part C (3)

## Measurable and Rigorous Target:

The table below shows the targets for FFY 2009 - FFY 2012.

FFY	Measurable and Rigorous Target
<b>2005</b> (2005-2006)	100%
<b>2006</b> (2006-2007)	100%
<b>2007</b> (2007-2008)	100%
<b>2008</b> (2008-2009)	100%
<b>2009</b> (2009-2010)	100%
<b>2010</b> (2010-2011)	100%
<b>2011</b> (2011-2012)	100%
<b>2012</b> (2012-2013)	100%

## Improvement Activities/Timelines/Resources:

Improvement Activities	'05	'06	'07	'08	'09	'10	'11	'12
Collaborate with academic institutions to investigate the possibility of developing a program of EI certification.			X	X	X	X	X	X
Utilize flip video to support consultations.					X	X	X	X
Explore factors that can improve staff retention (i.e., POS staff reimbursement)							X	X
Investigate reasons for continued issues regarding documentation.							X	X
Investigate the referral process and make necessary recommendations if needed.							X	X
Up-date a list of community resources.								X
Resurrect and revise GAP report.								X
Explore the use of technology to support staff in meeting timelines, utilize resources, etc. (i.e., cell phones, ipads/tablets, i-cloud, etc.)								X

**Resources:** OSEP, ECTA Center, WRRC, Infants and Toddlers Coordinators Association (ITCA), other Part C states, University of Hawai'i.

**Part C State Performance Plan (SPP) for 2005-2012**  
Revised: APR 2013 (FFY 2011)

**Overview of the State Performance Plan Development:**

See Overview, page 1.

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

**Monitoring Priority: Early Intervention Services In Natural Environments**

**Indicator 2:** Percent of infants and toddlers with IFSPs who primarily receive early intervention services in the home or community-based setting.<sup>1</sup>  
(20 U.S.C. 1416(a)(3)(A) and 1442)

**Measurement:** Percent = [(# of infants and toddlers with IFSPs who primarily receive early intervention services in the home or community-based settings) divided by the (total # of infants and toddlers with IFSPs)] times 100.

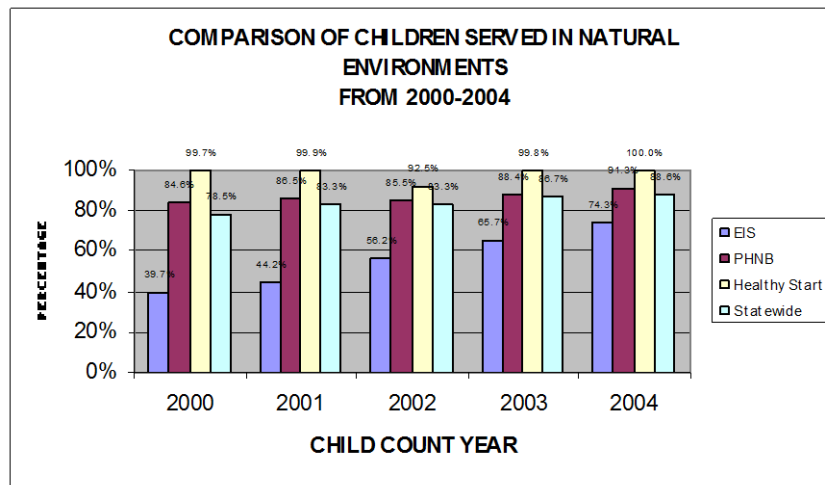
**Overview of Issue/Description of System or Process:**

Children enrolled in Part C are required to have services provided in natural environments. The term, “natural environments” is defined in Sec. 303.18 as “settings that are natural or normal for the child’s age peers who have no disabilities.” Each year, all EI providers complete Child Count Data as of December 1 of that year. Providers identify environments where the majority of services were provided, including: Home, Community-Based, and Other settings. Services are counted as in natural environments when children were served either in Home or Community-Based settings.

**Baseline Data for FFY 2004:**

**Child Count Data**

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



<sup>1</sup> At the time of the release of this package, revised forms for collection of 618 State reported data had not yet been approved. Indicators will be revised as needed to align with language in the 2005-2006 State reported data collections.

**Discussion of Baseline Data:**

Child Count Data

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

**Measurable and Rigorous Target:**

The table below shows the targets for FFY 2009 - FFY 2012.

<b>FFY</b>	<b>Measurable and Rigorous Target</b>
<b>2005</b> (2005-2006)	74.5%
<b>2006</b> (2006-2007)	74.5%
<b>2007</b> (2007-2008)	80%
<b>2008</b> (2008-2009)	85%
<b>2009</b> (2009-2010)	90%
<b>2010</b> (2010-2011)	90%
<b>2011</b> (2011-2012)	90%
<b>2012</b> (2012-2013)	90%

**Improvement Activities/Timelines/Resources:**

<b>Improvement Activities</b>	<b>'05</b>	<b>'06</b>	<b>'07</b>	<b>'08</b>	<b>'09</b>	<b>'10</b>	<b>'11</b>	<b>'12</b>
Target technical assistance to programs in the following situations to help them determine root causes so they can develop appropriate strategies to support increased services in natural environments. <ul style="list-style-type: none"> <li>• When programs do not meet the state target</li> <li>• When programs report slippage between 2 reporting years</li> </ul>				X	X	X	X	X
Ensure documentation accurately reflects where services are being provided and the EIS database captures appropriate information regarding natural environments.							X	X

## SPP – Part C (3)

**HAWAI'I**  
State

Improvement Activities	'05	'06	'07	'08	'09	'10	'11	'12
Obtain civilian passes to enable EI staff to get onto Military Installations.							X	X
Collaborate with community providers for children in EI to participate in inclusive settings.							X	X

### Resources:

STEPS teams, [ECTA Center](#), University of Hawai'i.



**Part C State Performance Plan (SPP) for 2005-2012**  
Revised: APR 2013 (FFY 2011)

**Overview of the State Performance Plan Development:**

The Stakeholder Group reviewed Indicator #3 at the Stakeholders Meeting and made recommendations for Improvement Activities and targets, based on data presented. The indicator was then reviewed by the HEICC Executive Committee prior to its submittal to the Director of Health for approval. Membership in the Stakeholder's group that reviewed this Indicator included providers from the two EI Agencies (EIS and PHNB), quality assurance staff, and DOE 619 representatives.

**Monitoring Priority: Early Intervention Services In Natural Environments**

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

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

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

**Measurement:**Outcomes:

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

Progress categories for A, B, and C:

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

Summary Statements:

1. Of those infants and toddlers who entered or exited early intervention below age expectations in each Outcome, the percent who substantially increased their rate of growth by the time they turned 3 years of age or exited the program.

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

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

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

**Overview of Issue/Description of System or Process:**

The outcome measurement system includes:

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

**Each of these elements is described below.**

***Policies and procedures to guide outcome assessment and measurement practices***

Uniform policies and procedures have been developed and implemented by all EI programs in Hawai'i.

**Policies:**

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

**Procedures:****Goals Measurement tool:**

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

and provider input. The modified tool was pilot-tested over a two-month period at three local programs in January and February 2006 in order to collect more detailed feedback on its feasibility and format and to provide input to training. Following the pilot, the tool was revised before use in data collection.

Measurement at Entry:

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

Measurement at Exit:

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

On-Going Data collection:

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

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

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

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

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

How data are analyzed:

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

1. If the "Yes/No" question (which asks whether the child's functioning improved at all from the last rating occasion) on the COSF has never been answered as "Yes" at exit, then the child is counted in category (a).
2. If the "Yes/No" question (which asks whether the child's functioning improved at all from the last rating occasion) on the COSF has been answered "Yes" at exit, but not enough to move the child's functioning closer to typically developing peers, the child is counted in category (b).
3. If ratings of child functioning compared to typically developing same aged peers are higher at exit than ratings at entry (but not at age level expectations), then they will be counted in category (c).

4. If ratings of child functioning compared to typically developing same aged peers at entry are below age expectations, but at exit they are at age level expectations, then the children will be counted in category (d).
5. If ratings of child functioning compared to typically developing same aged peers at entry and exit are both at age level expectations, then children will be counted in category (e).

#### Evaluation/Assessment:

Hawai'i's EI programs currently administer at least one of the following evaluation/assessment tools, within 45 days of initial referral and at least annually thereafter, to every child enrolled in Part C. The evaluation/assessment must be administered by two or more professional staff to determine Part C eligibility. Parents or caregivers are encouraged to participate in the evaluation/assessment process.

1. Hawai'i Early Learning Profile (HELP). The HELP is a domain-based instrument originally developed in Hawai'i and currently published by VORT Publishing. It is a criterion-based tool widely used across the country for assessment of developmental status. The ECO Center established a "cross-walk" between items on the HELP and the OSEP Child Outcomes.
2. Developmental Programming for Infants and Young Children (Michigan). The Michigan is a domain-based instrument designed and tested by the University of Michigan's Institute for the Study of Mental Retardation and Related Disabilities.
3. Battelle Developmental Inventory. The Battelle is a domain-based instrument that is used to assess infant development through examiner/child and parent/child interaction. Examiners observe the child's responses and scores them based on standardized criteria.

#### Training

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

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

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

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

Accuracy of original rating is maximized by participation of individuals with different perspectives, input from a parent or caregiver who knows the child intimately and has a broad base of information about the child's behavior, and input from at least one professional or paraprofessional knowledgeable about typical child development. Basing ratings on multiple sources of information

including assessments, clinical opinion, and IFSP objective attainment also contributes to accuracy. A Quality Assurance system was developed to monitor adherence to protocols and to maximize reliability, validity, and use of data.

Each EI Agency (EIS and PHNB) modified its data system to collect outcomes data and related variables. Each Agency provides summarized data to the Part C LA which calculates statewide data.

Data is submitted to the Part C LA and analyzed to produce reports for use by EI programs, state agencies, and by the Part C LA for the SPP and APR. Data analysis will track the proportion of entering children for whom exit scores are available.

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

Minimal data elements include child and program identifiers, rating scores for each of the three child outcome areas, the date each rating was completed, and dates of enrollment and exit. The measurement process will occur at the initial and exit IFSP meeting for each child in Part C.

**Baseline Data**

The table below shows progress data for Infants and Toddlers who exited Part C in FFY 2008.

<b>PROGRESS DATA FOR FFY 2008</b>						
<b>Measurement</b>	<b>A. Social Emotional Skills</b>		<b>B. Acquiring and Using Knowledge and Skills</b>		<b>C. Taking Appropriate Action to Meet Needs</b>	
	<b>#</b>	<b>%</b>	<b>#</b>	<b>%</b>	<b>#</b>	<b>%</b>
a. Percent of infants and toddlers who did not improve functioning	0/902	0%	0/902	0%	0/902	0%
b. Percent of infants and toddlers who improved functioning but not sufficient to move nearer to functioning comparable to same-aged peers	129/902	14%	140/902	16%	150/902	17%
c. Percent of infants and toddlers who improved functioning to a level nearer to same-aged peers but did not reach it	36/902	4%	69/902	8%	83/902	9%
d. Percent of infants and toddlers who improved functioning to reach a level comparable to same-aged peers	140/902	16%	262/902	29%	354/902	39%
e. Percent of infants and toddlers who maintained functioning at a level comparable to same-aged peers	597/902	66%	431/902	48%	315/902	35%

The percentages for the five progress categories for each outcome area was inputted into the calculator developed by the Early Childhood Outcomes (ECO) Center to determine the baseline data for each of the three outcomes and are noted below.

Summary Statement		Baseline Data for FFY 2008		
		A. Social Emotional Skills	B. Acquiring and Using Knowledge and Skills	C. Taking Appropriate Action to Meet Needs
1	Of those children who entered the program below age expectations in [outcome], the percent that substantially increased their rate of growth in [outcome] by the time they exited.	58%	70%	74%
2	Percent of children who were functioning within age expectations in [outcome], by the time they exited.	82%	77%	74%

**Discussion of Baseline Data:**

- Entry and exit data on EI Goals are obtained for every child in Part C (EIS – 18 programs and PHNB – 11 sections) using the ECO Child Outcomes Summary Form (COSF)
- The criteria for defining “comparable to same-aged peers” has been defined as a child who has been assigned a score of 6 or 7 on the COSF.

**Measurable and Rigorous Target:**

The table below shows the targets for FFY 2009 - FFY 2012.

Summary Statement		Target (% of children)			
		FFY 2009	FFY 2010	FFY 2011	FFY 2012
Outcome A: Positive social-emotional skills (including social relationships)					
1	Of those children who entered the program below age expectations in Outcome A, the percent that substantially increased their rate of growth in [outcome] by the time they exited.	58%	58.5%	58.5%	58.5%
2	Percent of children who were functioning within age expectations in Outcome A, by the time they exited.	82%	82.5%	82.5%	82.5%
Outcome B: Acquisition and use of knowledge and skills (including early language/communication and early literacy)					
1	Of those children who entered the program below age expectations in Outcome B, the percent that substantially increased their rate of growth in [outcome] by the time they exited.	70%	70.5%	70.5%	70.5%
2	Percent of children who were functioning within age expectations in Outcome B, by the time they exited.	77%	77.5%	77.5%	77.5%

Summary Statement		Target (% of children)			
		FFY 2009	FFY 2010	FFY 2011	FFY 2012
Outcome C: Use of appropriate behaviors to meet their needs					
1	Of those children who entered the program below age expectations in Outcome C, the percent that substantially increased their rate of growth in [outcome] by the time they exited.	74%	74.5%	74.5%	74.5%
2	Percent of children who were functioning within age expectations in Outcome C, by the time they exited.	74%	74.5%	74.5%	74.5%

**Improvement Activities/Timelines/Resources:**

Improvement Activities	'05	'06	'07	'08	'09	'10	'11	'12
Revise the evaluation report form to include a section that provides information on the 3 child outcome goals in addition to data on developmental status.					X	X		
Explore the possibility of using the Battelle to collect child outcome data.						X	X	X
Explore and develop a system to determine staff competency in completing the child outcomes summary process.							X	X
Conduct refresher training sessions for all programs on completing the EI Goals in unison with the BDI.								X

**Resources:**

Hawai'i will request assistance from the ECO Center and ECTA Center to design and implement planned quality assurance and improvement activities.

**Part C State Performance Plan (SPP) for 2005-2012**  
Revised: APR 2013 (FFY 2011)

**Overview of the State Performance Plan Development:**

See Overview, Indicator 3, page 11.

**Monitoring Priority: Early Intervention Services In Natural Environments**

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

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

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

**Measurement:**

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

**Overview of Issue/Description of System or Process:**

The outcome measurement system includes:

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

**Each of these elements is described below.**

***Policies and procedures to guide outcome assessment and measurement practices***

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

**Policies:**

The outcomes measurement system and reporting is as valid and reliable as feasible, respects family privacy and confidentiality, and is equitable in application to all demographic subgroups in the population. Data is collected and transmitted to the State in



ways that minimally impact service delivery. Information collected is available to all EI Programs and State staff and to the public. Information is analyzed in ways that maximize the potential for its use for program improvement as well as accountability.

**Procedures:**

Measurement: In 2007, it was determined that the ECO Center's Family Survey would be used in place of the NCSEAM Family Survey. Reasons for the change included:

- The NCSEAM survey was not designed to measure the three Family Goals specified in A, B, C above. A consultant firm (Avatar) developed an experimental technique for analyzing data from the NCSEAM survey to reflect status on Goals A, B and C. While the analysis technique is based on measurement methods appropriate to academic test score analysis, its use for a potentially multi-factorial survey like the NCSEAM survey is not necessarily valid. Discussion of face content of questions on the NCSEAM survey and examination of frequency distributions of responses to questions which appeared related to Goals A, B and C, did not reinforce our confidence in the Avatar analysis of Hawaii's data.
- Compared with other states that used the NCSEAM Family Survey, Hawaii's scores seemed very high, making it difficult to set targets for improvement.
- Family feedback stated that the survey was not family-friendly, was hard to understand and was difficult to complete.
- Positive feedback from families and Design Team members when the ECO Family Survey was reviewed.

For these reasons, the Design Team decided to use the ECO Center's Family Survey which includes questions designed specifically to measure the three Goals, and which was designed with input from families and providers in Hawaii. Analysis of the ECO Center survey responses is straightforward. A local database and marketing firm was contracted to format the ECO survey into a scanable form, collect the surveys and compile the results in a spreadsheet format.

**Data Collection:**

The Family Survey is distributed to parents or primary caregivers of each child enrolled in Part C. Surveys are either hand delivered or mailed to parents/caregivers by care coordinators. The parent/caregiver is provided a stamped, addressed envelope with the survey in order to return it to the contracted provider. The company then sends the data to the Part C LA for analysis. Survey results are reported below. All surveys are anonymous. Numbers on each survey form identify the program which distributes the survey, but not the individual care coordinator or family, allowing families to respond without fear of compromising their relationship with their service providers, as well as providing program specific data and the tracking of return rates by program.

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

All EI Programs are experienced in utilizing family surveys. The protocols for delivering the Family Outcomes Survey to parents and caregivers are provided to all care coordinators prior to implementation of the survey. All program managers/supervisors are given a cover letter, instructions for disseminating the survey to their staff for distribution, instructions of how to request surveys in different languages, and a contact name and phone number in case of further questions or concerns.

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

Selection of a survey with low literacy requirements, family friendly format and distribution methods, accommodations as needed and delivery by the family's care coordinator are intended to enhance return rates and accuracy of survey results. The survey was available in English, Spanish, Samoan,

Cambodian, Simplified Chinese, Vietnamese, Chuukese, Ilocano, Japanese, and Tagalog. We no longer have the survey available in Hamong; however, it was never requested by any families. Supervisors and/or program managers of care coordinators will discuss the ratings at regularly scheduled care coordinators' meetings to monitor adherence to protocols and to provide quality assurance by answering any questions.

Data analysis tracks the proportion of enrolled children whose parents responded to the survey.

**Outcome data analysis**

The data was analyzed by the following procedure:

- Survey results are sorted by program.
- Responses for each question range from 7 (full agreement) to 1 (little agreement). All responses ranked at a 5 or above are considered as agreement and are reported below.
- Percentages of families who agree with any given question were determined by dividing the number of positive responses by the total number of responses to that question multiplied by 100.
- Results are totaled for individual programs, for each Agency and statewide.
- All programs receive their individual results. Agency and statewide results are reported at the Annual Stakeholder's Meeting.

**Baseline Data for FFY 2006 (2006-2007):**

Due to the change from the NCSEAM Family Survey to the ECO Family Survey, new baseline data was established. Baseline survey data was collected for families who had an IFSP no later than March 1, 2007. The survey results, as analyzed by the Part C LA, found that the percent of families participating in Part C who report that EI services have helped the family, were as follows:

- A. Know their rights = 91%
- B. Effectively communicate their children's needs = 93%
- C. Help their children develop and learn = 93%

**Discussion of Baseline Data:**

- Due to the change in surveys disseminated, results appear to be significantly higher, but this may be due to the differences in survey form and analysis.
- Overall return rate statewide was 30.3%. EIS had a 43.64% return rate, PHNB 26.5% and MCHB 21.6%

**Measurable and Rigorous Target:**

The table below shows the targets for FFY 2006 - FFY 2012.

FFY	Measurable and Rigorous Target		
<b>2005</b> (2005-2006)			
<b>2006</b> (2006-2007)	<b>A. 78%</b>	<b>B. 74%</b>	<b>C. 89%</b>

FFY	Measurable and Rigorous Target		
2007 (2007-2008)	A. 91%	B. 93%	C. 93%
2008 (2008-2009)	A. 91%	B. 93%	C. 93%
2009 (2009-2010)	A. 91.5%	B. 93.5%	C. 93.5%
2010 (2010-2011)	A. 92%	B. 94%	C. 94%
2011 (2011-2012)	A. 92%	B. 94%	C. 94%
2012 (2012-2013)	A. 92%	B. 94%	C. 94%

**Improvement Activities/Timelines/Resources:**

Improvement Activities	'05	'06	'07	'08	'09	'10	'11	'12
Consider revising distribution options that would automatically capture demographic information (e.g., ethnicity, length of time in EI) for families based on data currently in the database.						X	X	X
Provide technical assistance to support Programs in using survey results for program improvement.							X	X
Explore possibility of having family survey available as an on-line survey.								X
Explore creating a new survey or adding to the exiting family survey to include additional questions on how to improve services, etc.								X
Explore conducting parent focus groups for what's working and not working.								X

**Resources:**

ECO Center, SMS Consulting, other States

**Part C State Performance Plan (SPP) for 2005-2012**

Revised: APR 2013 (FFY 2011)

**Overview of the State Performance Plan Development:**

See Overview, page 1.

**Monitoring Priority: Effective General Supervision Part C / Child Find****Indicator 5:** Percent of infants and toddlers birth to 1 with IFSPs compared to national data.

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

**Measurement:**

Percent = [(# of infants and toddlers birth to 1 with IFSPs) divided by the (population of infants and toddlers birth to 1)] times 100 compared to National data.

**Overview of Issue/Description of System or Process:**

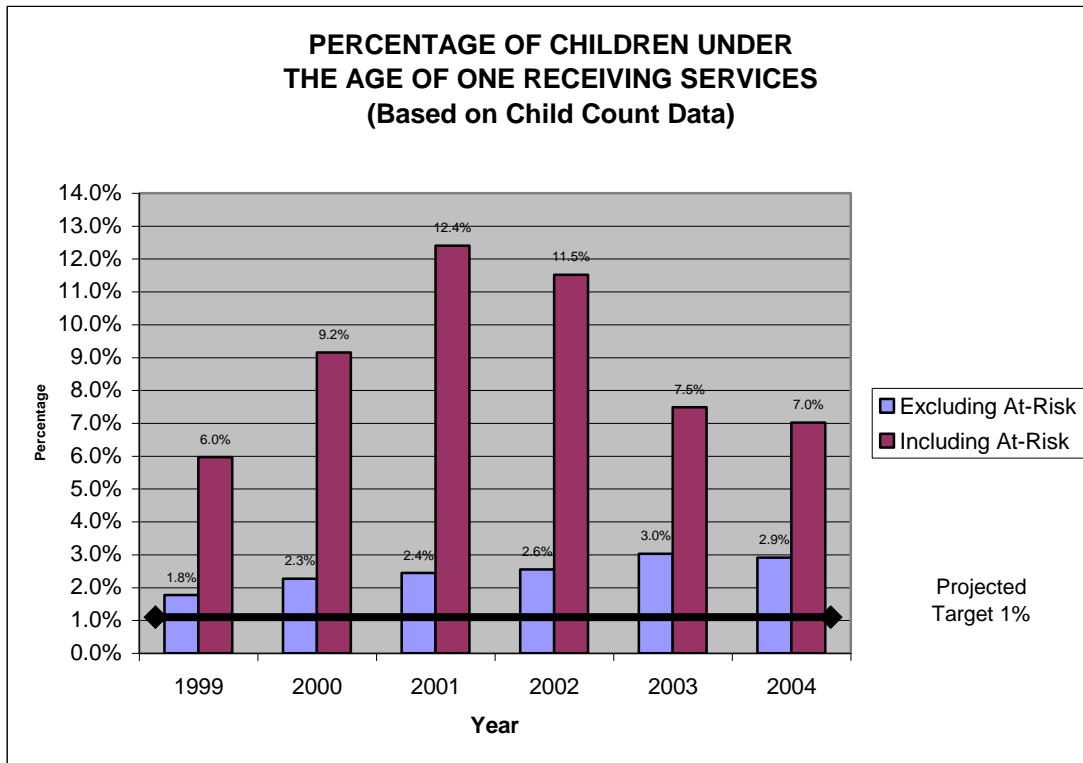
OSEP requires yearly Child Count Data that provides information on the percentage of infants under one year of age who have completed IFSPs as of December 1 of each year. OSEP's expectation is that at least 1% of the 0-1 cohort will be identified as Part C eligible. According to national data of 12/1/03,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

The EIS Programs enter data into the EIS database. The EIS database has reports that generate the Child Count data. The PHN Sections complete the tables posted on the ideadata.org website and submit it to their Agency. PHNB submits the compiled PHN Child Count Data to the Part C LA. The Part C LA reviews the data, contacts programs/sections if there are questions about the accuracy of the data, summarizes the programmatic data into statewide data, and forwards it to OSEP and the Data Accessibility Center (DAC). To ensure there is no duplicate data, children are counted by the program that provides care coordination.

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

Public awareness and Child Find activities are initiated by the Part C LA and individual EI Programs. Examples of activities include: participation in health fairs, Children & Youth fairs, Baby Expos, discipline-specific walks (e.g., Down Syndrome Walkathon), DOE home school activities, and other fairs that focus on young children. To encourage family participation at fairs, games are available for the youngsters to participate in while brochures are given to families. Part C LA also sets up information tables at conferences that attract families and providers of young children, including the Special Parent Information Network, Early Childhood Conference, Foster Parent Association Conference, Learning Disabilities Association of Hawai'i Conference, etc. Part C LA staff is also regularly invited to speak to groups about EI, such as Women, Infants, and Children (WIC) staff, Child Welfare Service (CWS) supervisors, etc.

Baseline Data for FFY 2004):



**Discussion of Baseline Data:**

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

Comparison with National Data

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

Comparison with States of Similar Eligibility

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

**Additional Comments**

Almost all children in HS are identified at birth prior to the mothers' hospital discharge. The decrease in percentage of children at environmental risk served after 2001 was due to a number of factors, including: 1) the passage of the Health Insurance Portability and Accountability Act (HIPAA) of 1996 which required the Healthy Start Early Identification program (EID) to revise their procedures of identifying potential eligible children in hospitals immediately after birth. While HIPAA was passed in 1996, it wasn't until later that hospital procedures changed; 2) the change in Oahu's EID providers (due to contractual changes)

resulted in fewer children identified while the new provider was trained on eligibility procedures; and 3) providing additional training to HS providers on Child Count requirements resulted in fewer children as some programs were counting all children referred to HS, rather than only those children who had an IFSP in place by December 1. Because of the changes in hospital protocol, HS is in the process of “re-tooling” their procedures to provide EID staff with a variety of strategies of how to explain HS services to new parents.

**Measurable and Rigorous Target:**

The table below shows the targets for FFY 2006 - FFY 2012.

<b>FFY</b>	<b>Measurable and Rigorous Target</b>
<b>2005</b> (2005-2006)	Excluding environmentally at risk = 2.9%; including environmentally at risk = 7.1%
<b>2006</b> (2006-2007)	Excluding environmentally at risk = 2.9%; including environmentally at risk = 7.1%
<b>2007</b> (2007-2008)	Excluding environmentally at risk = 2.92%; including environmentally at risk = 7.15%
<b>2008</b> (2008-2009)	Excluding environmentally at risk = 2.95%; including environmentally at risk = 7.2%
<b>2009</b> (2009-2010)	2.97%
<b>2010</b> (2010-2011)	3.0%
<b>2011</b> (2011-2012)	1.03%
<b>2012</b> (2012-2013)	1.03%

At the recommendation of Stakeholder group, Hawaii will revise the target to 1.03% for FFY 2011 and FFY 2012. The change in Hawaii’s eligibility of removing infants environmentally at risk for developmental delay since 2009 has influenced the number of children with IFSPs. A review of the available data also indicates that the percent is likely to decrease with further adjustments to the eligibility criteria; therefore, the target has been revised to be aligned with the national average

**Improvement Activities/Timelines/Resources:**

<b>Improvement Activities</b>	<b>'05</b>	<b>'06</b>	<b>'07</b>	<b>'08</b>	<b>'09</b>	<b>'10</b>	<b>'11</b>	<b>'12</b>
Review Hawaii’s Part C eligibility criteria for continued appropriateness.		X	X	X	X	X	X	X
Provide information on EI services to pre-natal teenage mothers and teenage mothers in the following geographical areas: Oahu - Waianae Coast, Waimanalo, Waipahu, Makiki, Chinatown and Kalihi; Island of Hawaii – Kona, Oceanview, Waikaloa, Nalehu, Pahala and Puna; and all of Maui				X	X	X	X	X

## SPP – Part C (3)

**HAWAII**  
State

Improvement Activities	'05	'06	'07	'08	'09	'10	'11	'12
Provide information on EI services to OB/GYNs and midwives across the state so they can be placed in their office lobbies and distributed to expectant mothers.				X	X	X	X	X
Partner with non-Part C programs to increase their awareness about Part C so they will refer potentially eligible Part C children to EI.				X	X	X	X	X
Educate referral sources (e.g., pediatricians) about Hawaii's EI system, especially regarding transdisciplinary services, so that they provide accurate information to families about how services are provided					X	X	X	X
Develop a Public Awareness Committee comprised of various community members (e.g., pediatricians, EI providers, H-KISS, etc), to be chaired by the Public Awareness Specialist, to identify and develop the most appropriate methods of public awareness to increase referrals to EI. This may include DVDs, U-Tubes for website, consumable products (e.g., pencils, magnets), posters, Public Service Announcements, etc.						X	X	X
Review and identify Public Awareness strategies used by other states that may be successful in Hawai'i.							X	X
Identify programs that do screening and if they are referring children to Part C (e.g., CWS)							X	X
Develop reports to be generated by the H-KISS database regarding referral sources.							X	X
Programs must report on Child Find activities in a Quarterly Report.							X	X

### Resources:

ECTA Center, WRRC, OSEP, Hawai'i Academy of Pediatrics, University of Hawai'i, materials from other states with similar eligibility definitions

**Part C State Performance Plan (SPP) for 2005-2012**  
Revised: APR 2012 (FFY 2010)**Overview of the State Performance Plan Development:**

See Overview, page 1.

**Monitoring Priority: Effective General Supervision Part C / Child Find**

**Indicator 6:** Percent of infants and toddlers birth to 3 with IFSPs compared to national data.

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

**Measurement:**

Percent = [(# of infants and toddlers birth to 3 with IFSPs) divided by the (population of infants and toddlers birth to 3)] times 100 compared to National data.

**Overview of Issue/Description of System or Process:**

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

The EIS Programs enters data into the EIS database. The EIS database has reports that generate the Child Count data. The PHN Sections complete the tables posted on the ideadata.org website and submits it to their Agency. PHNB submits the compiled PHN Child Count Data to the Part C LA. The Part C LA reviews the data, contacts programs/sections if there are questions about the accuracy of the data, summarizes the programmatic data into statewide data, and forwards it to OSEP and DAC. To ensure there is no duplicate data, children are counted by the program that provides care coordination.

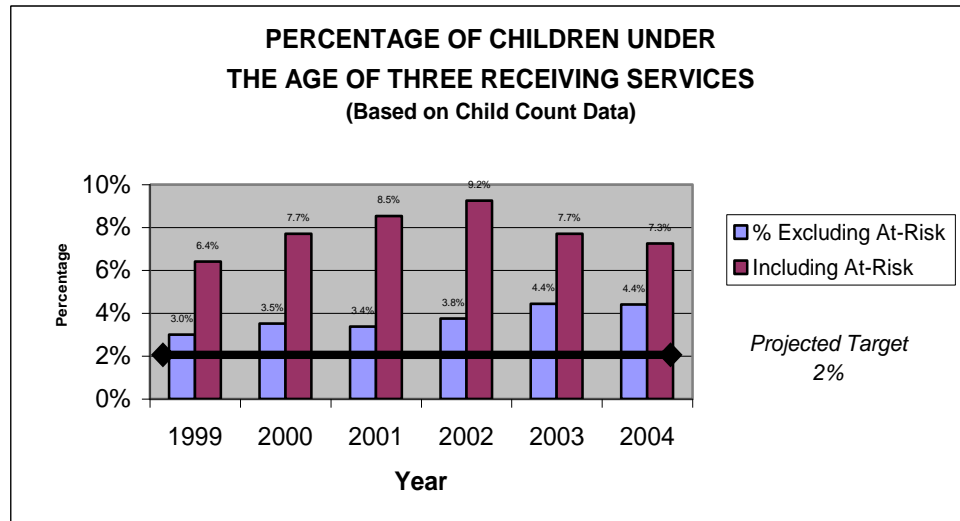
The Part C LA is also responsible for ensuring that programs are provided and understand the instructions to complete the Child Count data. Instructions are forwarded to programs; the Part C LA is available to provide both in-person and telephone support.

Public awareness and Child Find activities are initiated by the Part C LA and individual EI Programs. Examples of activities include: participation in health fairs, Children & Youth fairs, Baby Expos, discipline-specific walks (e.g., Down Syndrome Walkathon), DOE home school activities, and other fairs that focus on young children. To encourage family participation at fairs, games are available for the youngsters to participate in while brochures are given to families. Part C LA also sets up information tables at conferences that attract families and providers of young children, including the Special Parent Information Network, Early Childhood Conference, Foster Parent Association Conference, Learning Disabilities Association of Hawaii Conference, etc. Part C LA staff is also regularly invited to speak to groups about EI, such as Women, Infants, and Children (WIC) staff, Child Welfare Service (CWS) supervisors, etc.



Baseline Data for FFY 2004:

From Child Count Data



**Discussion of Baseline Data:**

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

Comparison with National Data

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

Comparison with States of Similar Eligibility

Hawai'i is one of 28 states included in the "Broad Eligibility" category, because Hawai'i's Part C eligibility definition. Hawai'i is second in percentage served, when children at environmental risk are excluded.

Additional Comments

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

**Measurable and Rigorous Target:**

The table below shows the targets for FFY 2005 - FFY 2012.

<b>FFY</b>	<b>Measurable and Rigorous Target</b>
<b>2005</b> (2005-2006)	Excluding environmentally at risk = 4.4%; including environmentally at risk = 7.3%
<b>2006</b> (2006-2007)	Excluding environmentally at risk = 4.4%; including environmentally at risk = 7.3%
<b>2007</b> (2007-2008)	Excluding environmentally at risk = 4.41%; including environmentally at risk = 7.35%
<b>2008</b> (2008-2009)	Excluding environmentally at risk = 4.43%; including environmentally at risk = 7.37%
<b>2009</b> (2009-2010)	4.44%
<b>2010</b> (2010-2011)	4.45%
<b>2011</b> (2011-2012)	2.82%
<b>2012</b> (2012-2013)	2.82%

Hawaii will revise the target to 2.82% for FFY 2011 and FFY 2012. The change in Hawaii’s eligibility of removing infants environmentally at risk for developmental delay since 2009 has influenced the number of children with IFSPs. A review of the available data also indicates that the percent is likely to decrease with further adjustments to the eligibility criteria; therefore, the target has been revised to be aligned with the national average.

**Improvement Activities/Timelines/Resources:**

<b>Improvement Activities</b>	<b>‘05</b>	<b>‘06</b>	<b>‘07</b>	<b>‘08</b>	<b>‘09</b>	<b>‘10</b>	<b>‘11</b>	<b>‘12</b>
Review Hawaii’s Part C eligibility criteria for continued appropriateness.		X	X	X	X	X	X	X
Provide information on EI services to pre-natal teenage mothers and teenage mothers in the following geographical areas: Oahu - Waianae Coast, Waimanalo, Waipahu, Makiki, Chinatown and Kalihi; Island of Hawaii – Kona, Oceanview, Waikalua, Nalehu, Pahala and Puna; and all of Maui				X	X	X	X	X
Provide information on EI services to OB/GYNs and midwives across the state so they can be placed in their office lobbies and distributed to expectant mothers.				X	X	X	X	X
Partner with non-Part C programs to increase their awareness about Part C so they will refer				X	X	X	X	X

**SPP – Part C (3)**

**HAWAII**  
State

<b>Improvement Activities</b>	<b>'05</b>	<b>'06</b>	<b>'07</b>	<b>'08</b>	<b>'09</b>	<b>'10</b>	<b>'11</b>	<b>'12</b>
potentially eligible Part C children to EI.								
Educate referral sources (e.g., pediatricians) about Hawaii’s EI system, especially regarding transdisciplinary services, so that they provide accurate information to families about how services are provided					X	X	X	X
Develop a Public Awareness Committee comprised of various community members (e.g., pediatricians, EI providers, H-KISS, etc), to be chaired by the Public Awareness Specialist, to identify and develop the most appropriate methods of public awareness to increase referrals to EI. This may include DVDs, U-Tubes for website, consumable products (e.g., pencils, magnets), posters, Public Service Announcements, etc.						X	X	X
Review and identify Public Awareness strategies used by other states that may be successful in Hawai'i.							X	X
Identify programs that do screening and if they are referring children to Part C (e.g., CWS)							X	X
Develop reports to be generated by the H-KISS database regarding referral sources.							X	X
Programs must report on Child Find activities in a Quarterly Report.							X	X

**Resources:** ECTA Center, WRRC, OSEP, University of Hawai'i, materials from other states with similar eligibility definitions

**Part C State Performance Plan (SPP) for 2005-2012**  
Revised: APR 2013 (FFY 2011)

**Overview of the State Performance Plan Development:**

See Overview, page 1

**Monitoring Priority: Effective General Supervision Part C / Child Find**

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

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

**Measurement:**

Percent = [(# of eligible infants and toddlers with IFSPs for whom an evaluation and assessment and an initial IFSP meeting was conducted within Part C's 45-day timeline) divided by the (# of infants and toddlers with IFSPs evaluated and assessed for whom an initial IFSP meeting was required to be conducted)] times 100.

Account for untimely evaluations, assessment, and initial IFSP meetings, including the reasons for delays.

**Overview of Issue/Description of System or Process:**

Hawai'i's Part C system serves two populations:

- A. Children with developmental delays
- B. Children who have a diagnosed physical or mental condition that has a high probability of resulting in a developmental delay (biological risk)

All children referred to Part C receives a multidisciplinary developmental evaluation (MDE) and if found eligible, an IFSP meeting is conducted within the Part C's 45-day timeline. Timeliness of the MDE for all children referred to Part C and timeliness of the Initial IFSP for all children in Part C are collected via the Agency Database for the period July 1 – June 30 of each year.

To support timely MDEs and IFSPs, the following are in effect:

- Statewide CDE instruments. Programs use the **Battelle Developmental Inventory II to determine the child's present levels of development.**
- Contracting with private fee-for-service providers for CDEs. Contracts are in place with private agencies to increase the available resources.
- Lowering the care coordinator ratio so the care coordinators have time to participate in the multidisciplinary MDE team. The care coordinator caseload is periodically reviewed to ensure the care coordinators have time to participate in the **MDE.**

**Baseline Data for FFY 2004 (2004-2005):**

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

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

**Discussion of Baseline Data:**

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

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

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

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

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

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

**Measurable and Rigorous Target:**

The table below shows the targets for FFY 2005 - FFY 2012.

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

FFY	Measurable and Rigorous Target
2008 (2008-2009)	100%
2009 (2009-2010)	100%
2010 (2010-2011)	100%
2011 (2011-2012)	100%
2012 (2012-2013)	100%

**Improvement Activities/Timelines/Resources:**

Improvement Activities	'05	'06	'07	'08	'09	'10	'11	'12
Develop a Family Assessment Workgroup to explore possible Family Assessment Tools.							X	X
Investigate the referral process and make necessary recommendations if needed.							X	X
Explore factors that can improve staff retention (i.e., POS staff reimbursement)							X	X
Up-date a list of community resources.								X
Resurrect and revise GAP report.								X
Explore the use of technology to support staff in meeting timelines, utilize resources, etc. (i.e., cell phones, ipads/tablets, i-cloud, etc.)								X
Address system issues with Child Welfare Services (CWS) to improve collaboration.								X

**Resources:**

ECTA Center, WRRC

**Part C State Performance Plan (SPP) for 2005-2012**  
Revised: APR 2013 (FFY 2011)

**Overview of the State Performance Plan Development:**

See Overview, page 1.

**Monitoring Priority: Effective General Supervision Part C / Effective Transition**

**Indicator 8:** Percent of all children exiting Part C who received timely transition planning to support the child's transition to preschool and other appropriate community services by their third birthday including:

- A. IFSPs with transition steps and services;
- B. Notification to LEA, if child potentially eligible for Part B; and
- C. Transition conference, if child potentially eligible for Part B.

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

**Measurement:**

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

Account for untimely transition conferences, including reasons for delays.

**Overview of Issue/Description of System or Process:**

Hawai'i has implemented various strategies to ensure timely transition activities:

- A. IFSPs with transition steps and services.

Hawai'i's IFSP includes a section that addresses transition steps and services to accurately reflect the required transition activities in accordance with IDEA.

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

Hawai'i developed a Transition Notice to inform DOE of children who are possibly DOE-eligible. The form has an "opt out" option, which if implemented, requires that the EI care coordinator provide families with Part B Child Find information.

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

Care coordinators convene a Transition Conference between 9 months and 90 days prior to the child turning age 3. The EI Statewide "Part C Transition Conference Meeting Notification" form is utilized to support increased communication between the Part C care coordinators, DOE, and other community agencies. The form includes information on the time and place of the meeting, as well as a "RSVP" so that the EI Program will know who will be representing Part B or a community agency at the meeting.

All staff receives transition training on all of the above components which is part of the required EI Orientation.

Data for the Transition Plan for FFY 2008 was obtained via the monitoring process because the section on the Transition Plan in the new EIS database was not yet completed. (See Indicator 1, page 3, Monitoring Process section that explains the SAM selection process). Data for the transition plan was collected for all children in Part C via the Agency data system for FFY 2009 and on-going, for the period July 1 – June 30 of each year.

Statewide data for the Transition Notice and the Transition Conference for all children who exited Part C are collected via the Agency data systems for the period July 1 – June 30 of each year.

**Baseline Data for FFY 2004 (2004-2005):**

The table below includes data from On-Site Monitoring ('02-'04) and Focused Monitoring ('04-'05) of all Agencies (EIS, PHNB, and MCHB) and more recent Compliance Monitoring of EIS in September 2005.

Statewide Monitoring Results Based on Timeline & IFSP Indicators									
Item # Indicator	Early Intervention Section (EIS)			Public Health Nursing (PHN)		Healthy Start		Statewide	
	02-'03	04-'05	9/05	03-'04	04-'05	03-'04	04-'05	03-'04	04-'05
IFSPs with transition steps and services.	21%	54%	90%	38%	65%	11%	72%	19%	61%
The Transition Conference was held at least 3-6 months prior to the child's 3rd birthday or start of home school	84%	38%	43%	69%	42%	26%	47%	62%	41%

**Discussion of Baseline Data:**

A. IFSPs with transition steps and services.

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

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

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

There is no baseline data for Transition Notices as Transition Notices was implemented in October 2005.



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

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

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

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

**Measurable and Rigorous Target:**

The table below shows the targets for FFY 2005 - FFY 2012.

<b>FFY</b>	<b>Measurable and Rigorous Target</b>
<b>2005</b> (2005-2006)	100%
<b>2006</b> (2006-2007)	100%
<b>2007</b> (2007-2008)	100%
<b>2008</b> (2008-2009)	100%
<b>2009</b> (2009-2010)	100%
<b>2010</b> (2010-2011)	100%
<b>2011</b> (2011-2012)	100%
<b>2012</b> (2012-2013)	100%

**Improvement Activities/Timelines/Resources:**

<b>Improvement Activities</b>	<b>'05</b>	<b>'06</b>	<b>'07</b>	<b>'08</b>	<b>'09</b>	<b>'10</b>	<b>'11</b>	<b>'12</b>
A Quarterly Report will be developed for EIS Programs to submit to their EI Agency that includes an analysis of their Program data regarding Transition Notice Opt Outs.			X	X	X	X	X	X
A Quarterly Report will be developed for EIS Programs to submit to their EI Agency that includes an analysis of their Program data regarding Transition Conference Declines			X	X	X	X	X	X

## SPP – Part C (3)

**HAWAII**  
State

Improvement Activities	'05	'06	'07	'08	'09	'10	'11	'12
The STEPS State team will coordinate the development of a resource folder of both Part B and Part C information by district/complex/ community areas, to be used by DOE Student Services Coordinators and HDOH Care coordinators and Program Managers.				X	X	X	X	X
The state STEPS team will update current technical assistance documents and hold state statewide training when the DOE and DOH MOA has been signed.							X	X
Develop a handout for families that explains the purpose of the Transition Conference (TC).							X	X
Develop procedures for how and when the TC handout will be used. (e.g. mandatory for Programs that have a high number of declines for TC)							X	X
Explore how to have Programs with a high number of TN opt outs and/or TC declines address the issue as part of their CAP process.							X	X
Revise transition module to strengthen section on developing a complete transition plan.								X

### Resources:

STEPS, STEPS “Transition to K Tool Kit”, [ECTA Center](#), WRRRC, Hawai'i DOE Early Childhood Special Education staff

Part C State Performance Plan (SPP) for 2005-2012  
Revised: APR 2013 (FFY 2011)

Overview of the State Performance Plan Development:

See Overview, page 1.

**Monitoring Priority: Effective General Supervision Part C / General Supervision**

**Indicator 9:** General supervision system (including monitoring, complaints, hearings, etc.) identifies and corrects noncompliance as soon as possible but in no case later than one year from identification.

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

**Measurement:**  
Percent of noncompliance corrected within one year of identification:  
a. # of findings of noncompliance.  
b. # of corrections completed as soon as possible but in no case later than one year from identification.  
Percent = [(b) divided by (a)] times 100.  
States are required to use the “Indicator 9 Worksheet” to report data for this indicator.

Overview of Issue/Description of System or Process:

The Part C LA is responsible for ensuring that all the IDEA Part C requirements are met. To ensure compliance with IDEA Part C requirements, written monitoring procedures were developed as part of the Part C LA Continuous Quality Improvement System (CQIS). The CQIS is a two step process.

Step 1: **Monitoring**

All Part C programs and sections are monitored annually. Data is gathered from the **EIS** database, from 618 data, and from on-site monitoring utilizing the SAM tool to ensure that the programs **are in** compliance with IDEA Part C requirements. The following data sources are used to gather and report data in the APR:

- Indicator 1: SAM data
- Indicator 2: 618 Data
- Indicator 3: N/A
- Indicator 4: Statewide Family Survey
- Indicator 5: 618 Data
- Indicator 6: 618 Data
- Indicator 7: Database Data
- Indicator 8: Database Data
- Indicator 9: SAM Data and Database Data

In addition to monitoring on the above required indicators, Hawaii identified the following Priority Areas and specific items in each area to monitor:

Priority Area 1: Timeliness

Rationale: Timely IFSP reviews are necessary to ensure that appropriate services are identified and delivered based on the individual needs of the child and family.

Item 1a: IFSP Review within 6 months of Initial or Annual IFSP  
Item 1b: Annual IFSP on time

### Priority Area 2: IFSP Development

Rationale: All IFSPs must contain required components to ensure that appropriate services are delivered in a timely manner to enhance a child's development. Complete and accurate information supports the identification and delivery of appropriate services.

Item 2a: Complete Present Levels of Development  
Item 2b: Complete Frequency, Intensity, Method, Location, and Payment for each service  
Item 2c: IFSP Objectives Complete (include criteria, procedures, and timelines)  
Item 2d: Justification for Services in "Non" Natural Environment

### Priority Area 3: EI Goals (effective FFY 2010. Transition was originally Priority Area 3 and has been moved to become Priority Area 5).

Rationale: EI Goals is a mechanism that Part C LA can use to measure how children and families benefit from EI services.

Item 3a: Initial EI Goals ratings were completed  
Item 3b: Exit EI Goals ratings were completed

### Priority Area 4: Procedural Safeguards

Rationale: Part C LA must ensure that families understand their rights and their integral part in Part C.

Item 4a: FERPA Notice - Given at Intake and discussed/offered at IFSP Meetings  
Item 4b: Procedural Safeguards Brochure and IDEA Regulations – Given at Intake and discussed/offered at IFSP Meetings  
Item 4c: Written Prior Notice prior to MDE, at eligibility determination, and prior to IFSP meeting  
Item 4d: Written Consent for MDE  
Item 4e: Written Consent Prior to Initiation of EI Services

Data on Timeliness (Priority Area 1) is from each Agency's database; data on all other priority areas is from the EI SAM Tool.

### Priority Area 5: Transition (originally Priority Area 3 – change effective FFY 2010)

Rationale: All children and families must receive appropriate transition planning to support them in exiting Part C.

### Priority Area 6: Data Validation

Rationale: Part C LA must ensure that the data being reported in the database is accurate.

Item 6a: Date of Birth  
Item 6b: Part C Referral Date  
Item 6c: Initial IFSP  
Item 6d: Service Location  
Item 6e: Exit Date  
Item 6f: Transition Plan  
Item 6g: Transition Notice – Date sent or "opt out"  
Item 6h: Transition Conference – Date of conference or "decline"

- Item 6i: FERPA Notice – discussed and provided during Intake
- Item 6j: Family Rights – discussed and provided during Intake
- Item 6k: MDE Consent
- Item 6l: EI Goals Initial Rating Date
- Item 6m: EI Goals Rating 1B
- Item 6n: EI Goals Rating 2B
- Item 6o: EI Goals Rating 3B
- Item 6p: EI Goals Exit Rating Date
- Item 6q: EI Goals Exit Rating 1A
- Item 6r: EI Goals Exit Rating 1B
- Item 6s: EI Goals Exit Rating 2A
- Item 6t: EI Goals Exit Rating 2B
- Item 6u: EI Goals Exit Rating 3A
- Item 6v: EI Goals Exit Rating 3B

**Step 2: Part C LA Responsibilities**

The Part C LA is responsible in ensuring that: 1) the Agencies provide data, as required, to show that their Programs/Sections meet IDEA Part C compliance; 2) feedback is provided to the Agencies as to whether the Programs/Sections data is sufficient to show compliance; 3) areas of non-compliance are identified; 4) Programs/Sections are notified of areas of noncompliance; and 5) required actions are taken. In addition, the Part C LA does data validation as part of the SAM process. If the required actions are insufficient to show progress toward compliance, Part C LA may impose sanctions on the Agencies.

**Baseline Data for FFY 2004:**

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

**A. Percent corrected non-compliance with priority areas:**

EIS = 27.3% compliance  
PHNB = 7.7% compliance  
HS = 16.7% compliance

**B. Percent corrected non-compliance with areas not included above:**

EIS = 57.1% compliance  
PHNB = 0 % compliance  
HS = 28.6% compliance

**C. Percent corrected non-compliance identified through other mechanisms.**

N/A – no non-compliance to be corrected

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

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

- Statement of present levels of development: Increase in compliance from 79% to 90%
- IFSP outcomes, criteria, procedures, and timelines: Increase in compliance from 19% to 80%
- Mandated service with frequency, method, payment: Increase in compliance from 27% to 79%

- Steps to support procedures to prepare child for change, including changes in service delivery, etc.: Increase in compliance from 38% to 87%

**Discussion of Baseline Data:**

A. Priority areas and B. Other areas

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

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

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

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

Hawaii’s Part C programs continue to work diligently with families to respond to any concerns as soon as they are identified, in order to prevent formal complaints, due process hearings, mediations, etc. Programs track concerns via a Concern Log developed by the Part C LA. Programs support families to understand their rights and procedural safeguards related to IDEA Part C. The “Dear Family” brochure now entitled “Family Rights,” which has been the basis of Hawaii’s Part C procedural safeguards information, was expanded to include an insert with the language from Section 303.400-303.460.

**Measurable and Rigorous Target:**

The table below shows the targets for FFY 2005 - FFY 2012.

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

FFY	Measurable and Rigorous Target
(2010-2011)	
2011 (2011-2012)	100%
2012 (2012-2013)	100%

**Improvement Activities/Timelines/Resources:**

Improvement Activities	'05	'06	'07	'08	'09	'10	'11	'12
Develop and implement procedures to include HEICC and family members in the monitoring process.		X	X	X	X	X	X	
Explore recruitment and retention strategies that are at no cost to the State.			X	X	X	X	X	X
Develop a process to verify monitoring results to assure accurate results.				X	X	X	X	
Explore ways to refine the technical assistance process to support Programs understanding of the General Supervision process.							X	X
Explore ways to address the issue of cycling in and out of compliance for the same Indicator(s).							X	X
Resurrect and revise GAP report.								X
Up-date EIS database manual and training to new data clerks.								X

**Resources:** ECTA Center, OSEP, other state monitoring systems, and WRRC.

**Part C State Performance Plan (SPP) for 2005-2012**  
Revised: APR 2013 (FFY 2011)

**Overview of the State Performance Plan Development:**

See Overview, page 1.

**Monitoring Priority: Effective General Supervision Part C / General Supervision**

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

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

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

**Overview of Issue/Description of System or Process:**

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

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

**Baseline Data for FFY 2004:**

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

**Discussion of Baseline Data:**

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

**Measurable and Rigorous Target:**

The table below shows the targets for FFY 2005 - FFY 2012.

FFY	Measurable and Rigorous Target
<b>2005</b> (2005-2006)	100%
<b>2006</b> (2006-2007)	100%
<b>2007</b> (2007-2008)	100%



FFY	Measurable and Rigorous Target
2008 (2008-2009)	100%
2009 (2009-2010)	100%
2010 (2010-2011)	100%
2011 (2011-2012)	100%
2012 (2012-2013)	100%

**Improvement Activities/Timelines/Resources:**

Improvement Activities	'05	'06	'07	'08	'09	'10	'11	'12
Review previously developed videos and other materials (from HI and other states) to determine if and how they can be used to support training on Part C requirements for families and to increase parents' awareness of their procedural safeguards. Ensure that any video or materials developed are both culturally and linguistically appropriate for the intended audience. Once developed, post on EIS website to support easy access to information.		X	X	X	X	X	X	X
Develop and implement training, including written guidelines, for all EI PROGRAM Managers and Supervisors to ensure they are aware and knowledgeable of legal issues related to: dispute resolution, due process hearings, etc. Include any differences for state vs. private agencies.						X	X	X
Develop internal procedures for the Part C LA to follow to ensure that federal timelines for any written complaint are met.						X	X	X

**Resources:**

OSEP, [ECTA Center](#), WRRRC, CADRE, other Part C state procedures.

**Part C State Performance Plan (SPP) for 2005-2012**  
Revised: APR 2013 (FFY 2011)

**Overview of the State Performance Plan Development:**

See Overview, page 1.

**Monitoring Priority: Effective General Supervision Part C / General Supervision**

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

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

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

**Overview of Issue/Description of System or Process:**

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

**Baseline Data for FFY 2004 (2004-2005):**

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

**Discussion of Baseline Data:**

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

**Measurable and Rigorous Target:**

The table below shows the targets for FFY 2005 - FFY 2012.

FFY	Measurable and Rigorous Target
<b>2005</b> (2005-2006)	100%
<b>2006</b> (2006-2007)	100%
<b>2007</b> (2007-2008)	100%
<b>2008</b> (2008-2009)	100%

# SPP – Part C (3)

FFY	Measurable and Rigorous Target
2009 (2009-2010)	100%
2010 (2010-2011)	100%
2011 (2011-2012)	100%
2012 (2012-2013)	100%

### Improvement Activities/Timelines/Resources:

Improvement Activities	'05	'06	'07	'08	'09	'10	'11	'12
Review previously developed videos and other materials (from HI and other states) to determine if and how they can be used to support training on Part C requirements for families and to increase parents' awareness of their procedural safeguards. Ensure that any video or materials developed are both culturally and linguistically appropriate for the intended audience. Once developed, post on EIS website to support easy access to information.				X	X	X	X	X
The Training Coordinator will coordinate a training with the DOH Hearing Officer for EI staff to be informed of expectations when a request for due process is filed.						X	X	X
Develop materials (e.g., information on Part C of 108-446) and implement training on a regular basis for due process hearing officers to ensure they are knowledgeable of Part C regulations.							X	X
Develop and implement training, including written guidelines, for all EI Program Managers and Supervisors to ensure they are aware and knowledgeable of legal issues related to: dispute resolution, due process hearings, etc. Include any differences for state vs. private agencies.						X	X	X
Develop internal procedures for the Part C LA to follow to ensure that federal timelines for any written complaint are met.						X	X	X

### Resources:

OSEP, [ECTA Center](#), WRRRC, CADRE, other Part C state procedures.

**Part C State Performance Plan (SPP) for 2005-2012**  
Revised: APR 2013 (FFY 2011)

**Overview of the State Performance Plan Development:**

See Overview, page 1.

**Monitoring Priority: Effective General Supervision Part C / General Supervision**

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

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

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

**Overview of Issue/Description of System or Process:**

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

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

**Discussion of Baseline Data: N/A**

**Measurable and Rigorous Target: N/A**

FFY	Measurable and Rigorous Target
2005 (2005-2006)	N/A
2006 (2006-2007)	N/A
2007 (2007-2008)	N/A
2008 (2008-2009)	N/A
2009 (2009-2010)	N/A
2010 (2010-2011)	N/A
2011 (2011-2012)	N/A
2012 (2012-2013)	N/A

**Improvement Activities/Timelines/Resources: N/A**

**Part C State Performance Plan (SPP) for 2005-2012**  
Revised: APR 2013 (FFY 2011)

**Overview of the State Performance Plan Development:**

See Overview, page 1.

**Monitoring Priority: Effective General Supervision Part C / General Supervision**

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

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

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

**Overview of Issue/Description of System or Process:**

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

**Baseline Data for FFY 2004 (2004-2005):**

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

**Discussion of Baseline Data:**

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

**Measurable and Rigorous Target:**

The table below shows the targets for FFY 2005 - FFY 2012.

FFY	Measurable and Rigorous Target
<b>2005</b> (2005-2006)	When Hawaii has 10 or more mediation requests, targets will be established.
<b>2006</b> (2006-2007)	When Hawaii has 10 or more mediation requests, targets will be established.
<b>2007</b> (2007-2008)	When Hawaii has 10 or more mediation requests, targets will be established.
<b>2008</b> (2008-2009)	When Hawaii has 10 or more mediation requests, targets will be established.

FFY	Measurable and Rigorous Target
2009 (2009-2010)	When Hawai'i has 10 or more mediation requests, targets will be established.
2010 (2010-2011)	When Hawai'i has 10 or more mediation requests, targets will be established.
2011 (2011-2012)	When Hawai'i has 10 or more mediation requests, targets will be established.
2012 (2012-2013)	When Hawai'i has 10 or more mediation requests, targets will be established.

**Improvement Activities/Timelines/Resources:**

Improvement Activities	'05	'06	'07	'08	'09	'10	'11	'12
Regularly train Mediation Center staff on Part C requirements in case mediation is requested.				X	X	X	X	X
Develop and implement training, including written guidelines, for all EI Program Managers and Supervisors to ensure they are aware and knowledgeable of legal issues related to: dispute resolution, due process hearings, etc. Include any differences for state vs. private agencies.						X	X	X
Review previously developed videos and other materials (from HI and other states) to determine if and how they can be used to support training on Part C requirements for families and to increase parents' awareness of their procedural safeguards. Ensure that any video or materials developed are both culturally and linguistically appropriate for the intended audience. Once developed, post on EIS website to support easy access to information.						X	X	X
Develop internal procedures for the Part C LA to follow to ensure that federal timelines for any written complaint are met.						X	X	X

**Resources:**

OSEP, [ECTA Center](#), WRRRC, CADRE, other Part C state procedures

**Part C State Performance Plan (SPP) for 2005-2012**  
Revised: APR 2013 (FFY 2011)

**Overview of the State Performance Plan Development:**

See Indicator 1.

**Monitoring Priority: Effective General Supervision Part C / General Supervision**

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

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

**Measurement:**

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

- a. Submitted on or before due dates (February 1 for child count and settings and November 1 for exiting and dispute resolution); and
- b. Accurate, including covering the correct year and following the correct measurement.

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

**Overview of Issue/Description of System or Process:**

Hawaii’s Part C program has regularly met the due dates for required data, Improvement Plans, and Annual Performance Reports.

618 data is submitted to Hawaii’s Part C LA from the individual EIS, PHNB, and MCHB EI programs via their Agency Database. The data is reviewed by the Part C LA and compared with the previous year’s data to identify any major changes in the data. If there are concerns about the data, contact is made with both the individual program as well as the Agency for their confirmation regarding the accuracy of the data.

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

An EIS representative, who is integral in the development of the EIS data system, regularly attends the OSEP Data Meetings to understand expectation and required changes for submission of 618 data.

Part C LA has developed a new EIS data system that will have two components: a tracking system and billing system. The tracking system collects data to support the submission of the APR. The billing system supports payments to POS Programs and Medicaid reimbursements.

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

## SPP – Part C (3)

### Baseline Data for FFY 2004 (2004-2005):

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

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

### Discussion of Baseline Data:

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

### Measurable and Rigorous Target:

The table below shows the targets for FFY 2005 - FFY 2012.

FFY	Measurable and Rigorous Target
2005 (2005-2006)	100%
2006 (2006-2007)	100%
2007 (2007-2008)	100%
2008 (2008-2009)	100%
2009 (2009-2010)	100%
2010 (2010-2011)	100%
2011 (2011-2012)	100%
2012 (2012-2013)	100%

### Improvement Activities/Timelines/Resources:

**Resources:** OSEP, [ECTA Center](#), WRRC