

Part C State Performance Plan (SPP) for 2005-2010
Revised: FFY 2006 - 2007**Overview of the State Performance Plan Development:****Representation**

Hawaii's State Performance Plan (SPP) was developed collaboratively 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; Department of Health (DOH) 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 Team (LAQuAT); 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 the next six years.

Because Hawaii's Part C eligibility definition is 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: the Early Intervention Section (EIS) which is responsible for providing care 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 programs. In addition, because Hawaii's early intervention 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 has broad responsibilities and consists of EIS staff that provides statewide training, oversight, and support for all Part C Agencies (EIS, PHNB, and MCHB). This includes the individuals who are responsible for: the Comprehensive System of Personnel Development (CSPD); transition from early intervention 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.

The broad representation of this group allowed for overlap of responsibilities. For example, the "What Counts" Design Team was represented by the Coordinator as well as providers of all three agencies and DOE preschool special education.

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.

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 (WRRRC) that provided additional information to increase knowledge to support the completion of the SPP.
3. Review of the **current** Annual Performance Plan 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 SPP 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 DOH 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, providing information on the SPP in various newsletters that reach providers and families (e.g., the Hawaii's Zero-to-Three newsletter, 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 Hawaii, Imua Family Services). Contact will also be made with community newspapers to print stories about families who have received early intervention

The Maternal and Child Health Leadership and Education in Neurodevelopmental and Related Disorders (MCH LEND) Program through the University of Hawaii 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 early intervention. This opportunity will also provide an increased level of exposure of EI to the next generation work force.

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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.

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 Early Intervention Self-Assessment Monitoring Tool is utilized by all Part C programs to collect data regarding timely services. The tool was developed by the Lead Agency and the three Agencies (EIS, PHNB, MCHB) were provided an opportunity to give feedback prior to the tool being finalized.

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.
- HDOH identifies 10% of children at each program/section/site, or a minimum of fifteen (15) children to be monitored, unless there are an insufficient number of children who meet the above criteria. If there are 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

Each program manager/supervisor completes the Early Intervention Self Assessment Monitoring 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 child's service:

- There must be confirmation via anecdotal notes in the official child's record that the service(s) was provided and was timely.
- If the service was not timely due to a "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 is no documented reason (only a date of when the service occurred), "program reason" is checked and it is considered non-compliant with the provision of timely services.
- If there is no documentation that the service was provided, "program reason" is checked and it is considered non-compliant with the provision of timely services.

C. Self-Assessment Results

- Data is inputted into a database which was developed by HDOH and provided to each program/section/site.
- Each program/section/site forwards their database with the self-monitoring results to HDOH as well as to their Agency administrator.
- HDOH analyzes 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.
- Any immediate corrective action(s) needed (e.g., FERPA Notice not provided) is indicated on the monitoring form and shared with the appropriate individual with a due date for correction and follow-up.

Baseline Data for FFY 2004 (2004-2005):

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

EIS	= 53% of children received services listed on their IFSP.
PHNB	= 74% of children received services listed on their IFSP.
MCHB	= 100% of children received services listed on their IFSP.
Statewide	= 74% of children received 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 <u>less</u> than 7 months	= 76% received services listed on their IFSP.
Children in EI program <u>more</u> than 7 months	= 73% received 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.

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%

Improvement Activities/Timelines/Resources:

Improvement Activities	'05	'06	'07	'08	'09	'10
Request from OSEP their data requirements for this indicator	X					
Adapt monitoring tool to collect data on “timeliness” based on clarification from OSEP.	X					
Develop a centralized database to use with all Part C eligible children to avoid duplication of programs serving children.	X	X	X			
Identify issues, develop strategies, and provide training to support timely services. Strategies, including trainings, are: <ul style="list-style-type: none"> • Include definition of “timely services” in EI Part C Orientation to assure that all staff is aware of the definition. • Set up a schedule of, at a minimum, semi-annual self-monitoring utilizing the current monitoring tools. • For any program/section with a finding, self-monitoring is increased to quarterly review. • Include requirements for contracting agencies to regularly report to service coordinators on dates of when services were provided. • Provide training to Managers, supervisors, and QA staff on how to properly utilize the tools to ensure all are following the correct protocol. 			X	X	X	X
			X	X	X	X
			X	X	X	X
			X	X	X	X
			X	X	X	X

SPP – Part C (3)

HAWAII
State

Improvement Activities	'05	'06	'07	'08	'09	'10
<ul style="list-style-type: none"> Develop and provide training to all Part C programs on acceptable documentation of provision of services. 			X	X	X	X
Review professional standard requirements in the current Early Intervention State Plan for adequacy in meeting service needs of Hawaii's Part C population, and update if determined necessary.		X	X			
Review and revise current guidelines for families moving from out-of-state to Hawaii and between programs regarding the use of their current IFSP.		X				
Identify recruitment incentives for "difficult to serve" areas.		X	X	X	X	X
Explore staffing options (e.g., "loan" staff to other programs; collaborate with DOE/Head Start, etc).		X	X	X		
Collaborate with academic institutions to investigate the possibility of developing a program of early intervention certification.			X	X	X	X
Evaluate the effectiveness of the improvement activities designed to support 100% compliance in providing timely services.	X	X	X	X	X	X
Identify, implement, and evaluate new strategies as needed.		X	X	X	X	X

Resources: OSEP, NECTAC, WRRRC, Infants and Toddlers Coordinators Association (ITCA), other Part C states.

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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 programs for typically developing children.¹
(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 programs for typically developing children) divided by the (total # of infants and toddlers with IFSPs)] times 100.

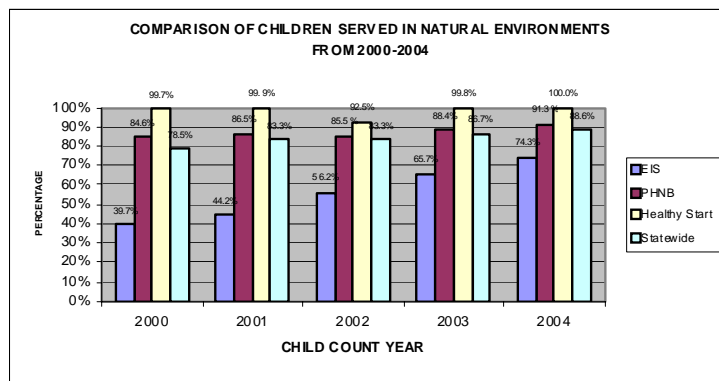
Overview of Issue/Description of System or Process:

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 Part C 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 (2004-2005):

Child Count Data

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



¹ 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.

FFY	Measurable and Rigorous Target
2005 (2005-2006)	74.5%
2006 (2006-2007)	74.5%
2007 (2007-2008)	80%
2008 (2008-2009)	85%
2009 (2009-2010)	90%
2010 (2010-2011)	90%

Improvement Activities/Timelines/Resources:

Improvement Activities	'05	'06	'07	'08	'09	'10
Closely analyze program data in order to target state efforts to improve services in natural environments.	X	X	X	X	X	X
Develop guidelines and training on what it means to provide services in Natural Environment (NE), including definition and philosophy of NE, (e.g., not just a change in location, but a change in professional practice), and what is an “appropriate” justification if services are not provided in the natural environment.			X	X	X	X
Develop partnerships with families to enhance their knowledge and ability to support their child’s development.	X	X	X	X	X	X
Provide training on “location of services” indicator, as part of the Child Count data.	X	X	X	X	X	X
Identify and provide training/support, utilizing			X	X	X	X

Improvement Activities	'05	'06	'07	'08	'09	'10
available resources (i.e., EI program staff, Inclusion Project) to community programs that serve the 0-3 population (e.g., community preschools) to support their ability to serve children with special needs..						
Evaluate the effectiveness of the improvement activities designed to increase the provision of services in natural environments.	X	X	X	X	X	X
Identify, implement, and evaluate new strategies as needed.		X	X	X	X	X
Review and revise the EI brochure to include natural environments as part of the EI philosophy.			X			
Create a DVD for families about EI that staff may use as part of the intake process.				X		
Develop and provide training to Service Coordinators on how to share about EI to families during intake, which would include an explanation of providing services in the natural environments.			X	X	X	X
Provide technical assistance as requested by Part C programs.			X	X	X	X
Provide training on interpreting “natural environment” questions on monitoring tools/self-assessments/data base.			X	X	X	X

Resources:

Inclusion Project, STEPS teams, NECTAC

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Overview of the State Performance Plan Development:

The Stakeholder Group, which included the “What Counts” Design Team and other representatives, reviewed Indicator #3 at the Stakeholders Meeting and made recommendations for Improvement Activities, based on data presented. The indicator was then reviewed by the HEICC Executive Committee prior to its submittal to the Director of Health for approval. Membership in the Stakeholder’s group that reviewed this Indicator included representatives of State administrators and program managers from all three EI Agencies (EIS, PHNB, and MCHB), a pediatrician, the State administrators for the Part C and 619 programs, and a measurement/program evaluation expert.

Monitoring Priority: Early Intervention Services In Natural Environments

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

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

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

Measurement:

A. Positive social-emotional skills (including social relationships):

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

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

B. Acquisition and use of knowledge and skills (including early language/communication and early literacy):

- a. Percent of infants and toddlers who did not improve functioning = [(# of infants and toddlers

- who did not improve functioning) divided by (# of infants and toddlers with IFSPs assessed)] times 100.
- 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.
 - 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.
 - 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.
 - Percent of infants and toddlers who maintained functioning at a level comparable to same-aged peers = [(# of infants and toddlers who maintained functioning at a level comparable to same-aged peers) divided by (# of infants and toddlers with IFSPs assessed)] times 100.

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

C. Use of appropriate behaviors to meet their needs:

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

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

Overview of Issue/Description of System or Process:

The outcome measurement system includes:

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

Each of these elements is described below.

Policies and procedures to guide outcome assessment and measurement practices

Uniform policies and procedures have been developed and implemented by all EI programs in Hawaii.

Policies:

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

Procedures:

Outcomes Measurement tool:

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

Measurement at Entry:

The outcomes measurement system collects entry information on each child within 6 months of enrollment in EI. The initial data on child status is recorded at the first IFSP meeting at which the child is aged four months or older. This provision was adopted because measurement of children younger than four months is not adequately reliable and because most developmental delays are not observable until after the age of four months.

Measurement at Exit:

The outcomes 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 Child Outcomes, **at each IFSP meeting after the child is at least 4 months old and including at an exit measurement occasion**, the IFSP team assigns a rating to each child, which describes the child's progress and current status relative to typical development in the specific outcome area. **The purpose for assigning a rating at**

each IFSP meeting is to monitor on-going progress throughout the child's receipt of early intervention services. It also will allow for additional analyses of outcome data.

The rating is based on:

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

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

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

How data are analyzed:

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

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

Evaluation/Assessment:

Hawaii's EI programs currently administer at least one of the following assessments tools, within 45 days of initial referral and at least annually thereafter, to every child enrolled in Part C.

1. Hawaii Early Learning Profile (HELP). HELP is an instrument originally developed in Hawaii and currently published by VORT Publishing. It is a criterion-based tool widely used across the country for assessment of developmental status. It is domain based, but the ECO Center plans to establish a "cross-walk" between items on the HELP and the OSEP Child Outcomes. The

HELP is usually administered by two or more professional staff and at least one of the child's parents or caregivers.

2. Ages and Stages (ASQ). Programs in Hawaii serving children eligible solely under environmental risk criteria are assessed using the ASQ and ASQ-SE. The ASQ is a normed, parent-completed developmental screening tool used by many states to identify developmental concerns.

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

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

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

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

Accuracy of original rating is maximized by participation of individuals with different perspectives, input from a parent or caregiver who knows the child intimately and has a broad base of information about the child's behavior, and input from at least one professional or paraprofessional knowledgeable about typical child development. Basing ratings on multiple sources of information including assessments, clinical opinion, and IFSP objective attainment also contributes to accuracy. A Quality Assurance system will be developed in 2007 and 2008 to monitor adherence to protocols and to maximize reliability, validity, and use of data.

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

Data is uploaded to EIS and analyzed to produce reports for use by programs, state agencies, and by EIS for APRs. 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 each IFSP meeting.

Baseline Data for FFY 2004 (2004-2005):

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

a. Entry Data for FFY 2005 (7/1/05-6/30/06)

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

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

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

Because Hawaii’s Part C program serves children at environmental risk, tables are provided for both categories, as required.

1. Children with Developmental Delays and/or Biological Risks

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

2. Children with Environmental Risks

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

b. Progress Data for FFY 2006 (7/1/06-6/30/07)

The following data is initial child progress data, on children with entry and exit data, who exited during FFY 2006.

1. Children with Developmental Delays and/or Biological Risks

A. Positive social-emotional skills (including social relationships):	Number of children	% of children
a. Percent of infants and toddlers who did not improve functioning	0	0
b. Percent of infants and toddlers who improved functioning but not sufficient to move nearer to functioning comparable to same-aged peers	5	5
c. Percent of infants and toddlers who improved functioning to a level nearer to same-aged peers	7	7
d. Percent of infants and toddlers who improved functioning to reach a level comparable to same-aged peers	22	24
e. Percent of infants and toddlers who maintained functioning at a level comparable to same-aged peers	60	64
Total	94	100%

B. Acquisition and use of knowledge and skills (including early language/communication):	Number of children	% of children
a. Percent of infants and toddlers who did not improve functioning	0	0
b. Percent of infants and toddlers who improved functioning but not sufficient to move nearer to functioning comparable to same-aged peers	8	8
c. Percent of infants and toddlers who improved functioning to a level nearer to same-aged peers but did not reach	6	7
d. Percent of infants and toddlers who improved functioning to reach a level comparable to same-aged peers	29	31
e. Percent of infants and toddlers who maintained functioning at a level comparable to same-aged peers	50	54
Total	93	100

C. Use of appropriate behaviors to meet their needs:	Number of children	% of children
a. Percent of infants and toddlers who did not improve functioning	0	0
b. Percent of infants and toddlers who improved functioning but not sufficient to move nearer to functioning comparable to same-aged peers	9	10
c. Percent of infants and toddlers who improved functioning to a level nearer to same-aged peers but did not reach	3	3
d. Percent of infants and toddlers who improved functioning to reach a level comparable to same-aged peers	40	43
e. Percent of infants and toddlers who maintained functioning at a level comparable to same-aged peers	41	44
Total	93	100%

2. Children with Environmental Risks

A. Positive social-emotional skills (including social relationships):	Number of children	% of children
a. Percent of infants and toddlers who did not improve functioning	0	0
b. Percent of infants and toddlers who improved functioning but not sufficient to move nearer to functioning comparable to same-aged peers	0	0
c. Percent of infants and toddlers who improved functioning to a level nearer to same-aged peers but did not reach	0	0
d. Percent of infants and toddlers who improved functioning to reach a level comparable to same-aged peers	2	50
e. Percent of infants and toddlers who maintained functioning at a level comparable to same-aged peers	2	25
Total	4	100%

B. Acquisition and use of knowledge and skills (including early language/communication):	Number of children	% of children
a. Percent of infants and toddlers who did not improve functioning	0	0
b. Percent of infants and toddlers who improved functioning but not sufficient to move nearer to functioning comparable to same-aged peers	0	0
c. Percent of infants and toddlers who improved functioning to a level nearer to same-aged peers but did not reach	0	0
d. Percent of infants and toddlers who improved functioning to reach a level comparable to same-aged peers	1	25
e. Percent of infants and toddlers who maintained functioning at a level comparable to same-aged peers	3	75
Total	4	100%

C. Use of appropriate behaviors to meet their needs:	Number of children	% of children
a. Percent of infants and toddlers who did not improve functioning	0	0
b. Percent of infants and toddlers who improved functioning but not sufficient to move nearer to functioning comparable to same-aged peers	0	0
c. Percent of infants and toddlers who improved functioning to a level nearer to same-aged peers but did not reach	0	0
d. Percent of infants and toddlers who improved functioning to reach a level comparable to same-aged peers	0	0
e. Percent of infants and toddlers who maintained functioning at a level comparable to same-aged peers	4	100
Total	4	100%

Discussion of Baseline Data:**a. Entry Data**

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

Observations related to data:

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

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

- Hawaii's broad eligibility criteria result in enrollment of many children with mild disabilities/delays. Thus more of Hawaii's eligible children may be functioning typically than children in states with more restrictive eligibility.
- The collaborative rating process is new to program staff it is expected that they will develop greater skills in facilitating the rating process as they gain experience.

b. Progress data

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

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

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

In the 2007 APR (due 2/2009) we expect to include progress data for approximately 721 children served due to developmental delays and/or biological risk factors, and 35 children served due to environmental risk factors only. This estimate is based on the number of children currently enrolled in Part C programs that will age out during the 2007-2008 year.

Stakeholders who discussed the submitted data in comparison to corresponding draft data reported by a few other states observed that the proportion of children rated typically developing at entry to EI is larger than that in most of the other states. Reasons suggested for this difference were: 1) the broad eligibility of Part C in Hawaii confers eligibility on children with mild delays in a single developmental domain, which might not interfere with broad functional development, especially in infancy; 2) inexperience in facilitating a discussion with family members about initial assessments might lead providers to "soft-pedal" the extent of a child's delays in order to build rapport and ensure family engagement with services, 3) since there is no direct child assessment which provides age-equivalent scores specific to the three Early Childhood outcomes, developing ratings is difficult for providers; 4) the culture of Hawaii disapproves of confrontation, so providers are not inclined to contradict family statements/impressions of their child's development; and 5) providers have been trained to adopt a strength based approach to working with families to help them support their child's development – this approach can result in little or no discussion of the child's distance from typical development.

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

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

Improvement Activities/Timelines/Resources:

Improvement Activities	'05	'06	'07	'08	'09	'10
Conduct additional data analyses to describe patterns and understand progress data				X	X	X
To examine rating validity, compare child ratings to other developmental ratings of the same child and compare observations of rating process across programs.					X	X
Provide additional training in use of the HELP assessment instrument.			X	X		
Provide training in child development for staff implementing the Indicator 3 ratings				X	X	X
Develop and implement methods to evaluate effectiveness of training in HELP assessment and child development			X	X	X	
Provide training in facilitation of team child rating process to Part C care coordinators					X	X

Resources:

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

Part C State Performance Plan (SPP) for 2005-2010
Revised: FFY 2006 - 2007

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 Hawaii.

Policies:

The outcomes measurement system and reporting is as valid and reliable as feasible, respects family privacy and confidentiality, and is equitable in application to all demographic subgroups in the population. Data is collected and transmitted to the State in ways that minimally impact service delivery. Information collected is available to all EI program 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 Family Survey will be used (see attached), 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, our scores seemed very high, making it difficult to set targets for improvement.
- Family feedback saying that survey was not family-friendly, hard to understand and difficult to complete.
- Positive feedback from family and Design Team members when reviewing the ECO Family Survey.

For these reasons, the Design Team decided to use the Early Childhood Outcomes Center 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 ECO Center survey responses is straightforward. A local database and marketing firm was contracted to format the ECO survey into a scannable form, collect the surveys and compile the data 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 that scans and creates the database. The company then sends the data to the LAQuAT 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. Although the survey itself differed from last year, the process remained the same. 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 service coordinator are intended to enhance return rates and accuracy of survey results. Several of the languages the survey was available in included Spanish, Simplified Chinese, Vietnamese, and Laotian to name a few, however we were not able to get the surveys translated into the languages most needed by our families, such as any of the Micronesian languages, Japanese, Samoan, Ilocano or Tagalog. 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 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 accepted as agreement and these are reported below.
- Percentages of those 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 of the three branches of Part C, as well as 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 has been established. Baseline survey data was collected for families who had an IFSP by March 1, 2007 or earlier. The survey results, as analyzed by the LAQUAT, showed that the percent of families participating in Part C who report that early intervention services have helped the family:

- 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 a 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% Early Intervention had a 43.64% return rate, Public Health Nursing 26.5% and Healthy Start 21.6%

FFY	Revised Measurable and Rigorous Target		
2005 (2005-2006)			
2006 (2006-2007)	A. 78%	B. 74%	C. 89%
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%

Improvement Activities/Timelines/Resources:

Improvement Activities	'05	'06	'07	'08	'09	'10
Investigate the Avatar scoring protocol to determine if it is appropriate for continued use in Hawaii.		X				
Disseminate program specific family survey return rates and results to each program/section/site.		X				
Review dissemination materials for consistent language.		X	X			
Develop, disseminate, and train on guidelines to support service coordinators and other team members in discussing with families about their rights, how to effectively communicate their child's needs, and how to help their children develop and learn.		X	X	X	X	X
Identify programs with exceptionally high and low family survey return rates and facilitate information exchange to help improve return rates.		X	X	X	X	X
Review appropriateness of survey format to determine potential impact on return rates (e.g.,		X	X	X	X	X

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HAWAII
State

Improvement Activities	'05	'06	'07	'08	'09	'10
readability, survey length, language barriers and family-friendliness) and revise survey if indicated.						
Evaluate and revise improvement activities as identified to meet targets as appropriate.		X	X	X	X	X
Disseminate family survey to all families receiving early intervention services, clarifying length of time family has been receiving services by adding a question to the survey.			X	X	X	X
Acquire/develop survey in additional languages as needed..			X	X	X	X

Resources:

Early Childhood Outcomes Center, SMS Consulting

Part C State Performance Plan (SPP) for 2005-2010
Revised: FFY 2006 - 2007

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:

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

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

Measurement:

- | |
|--|
| <ul style="list-style-type: none"> A. Percent = [(# of infants and toddlers birth to 1 with IFSPs) divided by the (population of infants and toddlers birth to 1)] times 100 compared to the same percent calculated for other States with similar (narrow, moderate or broad) eligibility definitions. B. Percent = [(# of infants and toddlers birth to 1 with IFSPs) divided by the (population of infants and toddlers birth to 1)] times 100 compared to National data. |
|--|

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. Their 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.

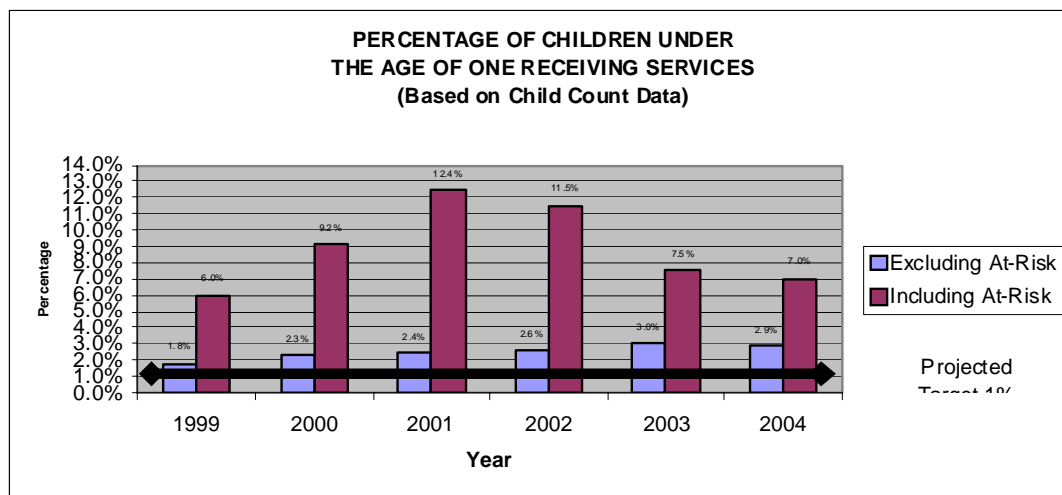
Each year, Hawaii's Part C providers (EIS programs, PHNB sections and HS programs) forward their 12/1 Child Count Data to the EIS Data Manager. The Data Manager reviews the data, contacts programs if there are questions about the accuracy of the data, summarizes the programmatic data into statewide data, and forwards it to OSEP and WESTAT. To ensure there is no duplicate data, children are counted by the program that provides care coordination.

The Data Manager 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 Data Manager is available to provide both in-person and telephone support.

Public awareness and Child Find activities are initiated by HDOH (the lead agency for Part C) and individual early intervention 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. HDOH 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. HDOH staff is also regularly invited to speak to groups about early intervention,

such as Women, Infants, and Children (WIC) staff, Child Welfare Service (CWS) supervisors, etc. The Early Intervention Section newsletter is also distributed widely to families and providers in the community.

Baseline Data for FFY 2004 (2004-2005):



Discussion of Baseline Data:

Hawaii 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, Hawaii'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 Hawaii's Part C program was over 7%.

Comparison with States of Similar Eligibility

Hawaii is one of 29 states included in the "Broad Eligibility" category because of Hawaii's Part C eligibility definition. As noted above, Hawaii 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 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. 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.

FFY	Measurable and Rigorous Target
2005 (2005-2006)	Excluding environmentally at risk = 2.9%; including environmentally at risk = 7.1%
2006 (2006-2007)	Excluding environmentally at risk = 2.9%; including environmentally at risk = 7.1%
2007 (2007-2008)	Excluding environmentally at risk = 2.92%; including environmentally at risk = 7.15%
2008 (2008-2009)	Excluding environmentally at risk = 2.95%; including environmentally at risk = 7.2%
2009 (2009-2010)	Excluding environmentally at risk = 2.97%; including environmentally at risk = 7.25%
2010 (2010-2011)	Excluding environmentally at risk = 3.0%; including environmentally at risk = 7.3%

Improvement Activities/Timelines/Resources:

Improvement Activities	'05	'06	'07	'08	'09	'10
Review Hawaii's Part C eligibility criteria for continued appropriateness.		X	X			
Analyze data to identify new populations not currently served and underserved (e.g., environmentally at risk up to age 1; homeless, new immigrants to Hawaii; cultural subgroups, military, etc.		X	X	X	X	X
Analyze Child Count data by geographical area.		X	X	X	X	X
Target referral groups and geographical areas.			X	X	X	X
Brainstorm and implement strategies to work with identified target groups and specific geographical areas.			X	X	X	X
Review current EI public awareness materials to determine additional brochures, etc. needed to support information to families about EI services.			X	X	X	X
Evaluate the effectiveness of the improvement activities and revise as necessary.		X	X	X	X	X

Resources:

NECTAC, WRRC, other states with similar eligibility definitions

Part C State Performance Plan (SPP) for 2005-2010
Revised: FFY 2006 - 2007

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:

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

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

Measurement:

- | |
|--|
| <ul style="list-style-type: none"> A. Percent = [(# of infants and toddlers birth to 3 with IFSPs) divided by the (population of infants and toddlers birth to 3)] times 100 compared to the same percent calculated for other States with similar (narrow, moderate or broad) eligibility definitions. B. Percent = [(# of infants and toddlers birth to 3 with IFSPs) divided by the (population of infants and toddlers birth to 3)] times 100 compared to National data. |
|--|

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. Their 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.

Each year, Hawaii's Part C providers (EIS programs, PHNB sections and HS programs) forward their 12/1 Child Count Data to the EIS Data Manager. The Data Manager reviews the data, contacts programs if there are questions about the accuracy of the data, summarizes the programmatic data into statewide data, and forwards it to OSEP and WESTAT. To ensure there is no duplicate data, children are counted by the program that provides care coordination.

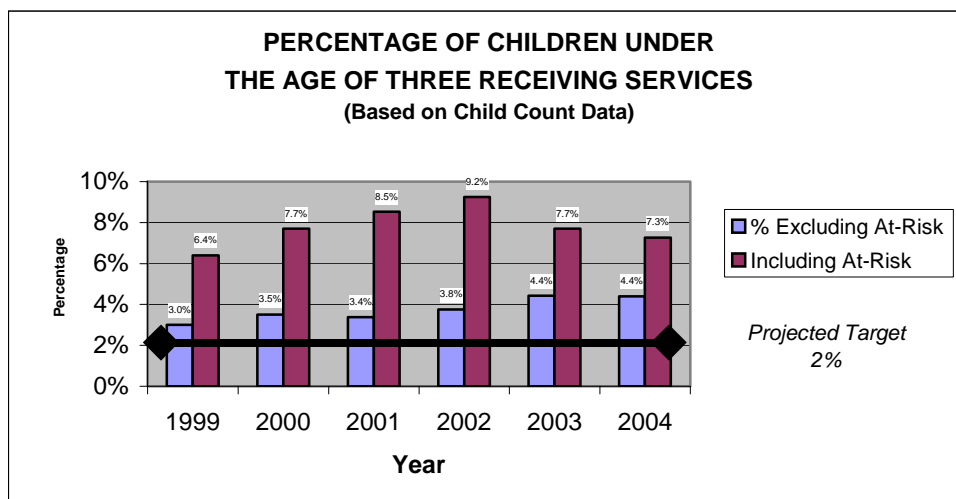
The Data Manager is also responsible for ensuring that programs are provided and understand the instructions to complete the Child Count data. Instructions are forwarded to programs; the Data Manager is available to provide both in-person and telephone support.

Public awareness and Child Find activities are initiated by HDOH (the lead agency for Part C) and individual early intervention 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. HDOH 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. HDOH staff is also regularly invited to speak to groups about early intervention,

such as Women, Infants, and Children (WIC) staff, Child Welfare Service (CWS) supervisors, etc. The Early Intervention Section newsletter is also distributed widely to families and providers in the community.

Baseline Data for FFY 2004 (2004-2005):

From Child Count Data



Discussion of Baseline Data:

Hawaii 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, Hawaii’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, Hawaii’s Part C program was second in the nation, serving 4.43% of the 0-3 population.

Comparison with States of Similar Eligibility

Hawaii is one of 28 states included in the “Broad Eligibility” category, because Hawaii’s Part C eligibility definition. Hawaii 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

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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.

FFY	Measurable and Rigorous Target
2005 (2005-2006)	Excluding environmentally at risk = 4.4%; including environmentally at risk = 7.3%
2006 (2006-2007)	Excluding environmentally at risk = 4.4%; including environmentally at risk = 7.3%
2007 (2007-2008)	Excluding environmentally at risk = 4.41%; including environmentally at risk = 7.35%
2008 (2008-2009)	Excluding environmentally at risk = 4.43%; including environmentally at risk = 7.37%
2009 (2009-2010)	Excluding environmentally at risk = 4.44%; including environmentally at risk = 7.38%
2010 (2010-2011)	Excluding environmentally at risk = 4.45%; including environmentally at risk = 7.4%

Improvement Activities/Timelines/Resources:

Improvement Activities	'05	'06	'07	'08	'09	'10
Review Hawaii's Part C eligibility criteria for continued appropriateness.		X	X			
Analyze data to identify new populations not currently served and underserved (e.g., environmentally at risk up to age 1; homeless, new immigrants to Hawaii; cultural subgroups, military, etc.		X	X	X	X	X
Analyze Child Count data by geographical area.		X	X	X	X	X
Target referral groups and geographical areas.			X	X	X	X
Brainstorm and implement strategies to work with identified target groups and specific geographical areas.			X	X	X	X
Review current EI public awareness brochures/pamphlets to determine additional brochures, etc. needed to support information to families about EI services.			X	X	X	X
Evaluate the effectiveness of the improvement activities and revise as necessary.		X	X	X	X	X

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

Part C State Performance Plan (SPP) for 2005-2010
Revised: FFY 2006 - 2007

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 eligible infants and toddlers evaluated and assessed)] times 100.

Account for untimely evaluations.

Overview of Issue/Description of System or Process:

Hawaii's Part C system serves three populations:

- A. Children with developmental delays
- B. Children who are biologically at risk for developmental delays
- C. Children who are environmentally at risk for developmental delays

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.

To support timely multidisciplinary developmental evaluations and IFSPs, the following are in effect:

- Statewide multidisciplinary evaluation instruments. Programs may use one of three approved evaluation tools to conduct the comprehensive developmental evaluation (CDE). The three approved tools are: The Hawaii Early Learning Profile (HELP), the Battelle, and the Developmental Programming for Infants and Young Children (Michigan)
- Contracting with private fee-for-service providers for CDEs. Contracts are in place with private agencies to increase the available resources.
- Increasing team member trained to participate in the CDE. Periodic training for EI social workers and care coordinators, public health nurses and HS child development specialist on utilizing the HELP is provided to staff to ensure the pool of evaluators is maintained.
- Lowering CC ratio so care coordinator have time to participate in multidisciplinary CDE team. The CC caseload is periodically reviewed to ensure the CCs have time to participate in the CDE.

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 supports 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.

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

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2008 (2008-2009)	100%
2009 (2009-2010)	100%
2010 (2010-2011)	100%

Improvement Activities/Timelines/Resources:

Improvement Activities	'05	'06	'07	'08	'09	'10
Refine the statewide system to provide written clarification on IDEA Part C requirements for CDEs and IFSPs to all Agencies and Programs.	X	X				
Develop and implement a mentoring system to support CDE providers.	X	X	X	X	X	X
Identify training needs related to CDEs and IFSPs	X	X	X	X	X	X
Determine and develop strategies to support infrastructure needed that will result in timely CDEs and IFSPs.	X	X	X	X	X	X
Increase resources needed to support statewide training.			X	X	X	X
Explore options to develop a statewide Part C data system for all Part C providers to collect required CDE & IFSP data.			X	X	X	X
Evaluate the effectiveness of the improvement activities designed to support 100% compliance in CDE and IFSP requirements.	X	X	X	X	X	X
Identify, implement, and evaluate new strategies as needed.		X	X	X	X	X

Resources:

NECTAC, WRRC, brochures from other states, training modules from other states.

Part C State Performance Plan (SPP) for 2005-2010
Revised: FFY 2006 - 2007

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.

Overview of Issue/Description of System or Process:

Hawaii has implemented various strategies to ensure timely transition activities:

- A. IFSPs with transition steps and services.

Hawaii's IFSP includes an area 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.

Hawaii has a Transition Notice to inform DOE of children who are possibly DOE-eligible. The form has an "opt out" option, which if implemented, requires the early intervention CC to provide families with Part B Child Find information.

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

CCs convene a Transition Conference between 9 months and 90 days prior to the child turning age 3 or the start date of their home school. 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 agency at the meeting.

All staff receives transition training, including all the above components which are part of the required Early Intervention Orientation.

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.

Timeline and Transition Conferences: Comparison of 2002-2004 and 2004-2005									
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 just implemented

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

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

- EIS decreased from 84% to 38% and increased 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 decreased percentage of Transition Conferences that met Part C requirements. On-going training will be provided to all Part C providers on transition conference requirements.

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%

Improvement Activities/Timelines/Resources:

Improvement Activities	'05	'06	'07	'08	'09	'10
Develop and/or adapt activity sheets to support CCs' conversations with families about transition and support documentation on transition requirements.	X					
Provide written information to families on DOE preschool special education eligibility requirements to support families to better understand their options.	X	X	X	X	X	X
Review and adapt current data systems to include "tickler" system to alert CCs on Transition timelines.	X	X	X			
Revise the Focused Monitoring tool to reflect transition requirements.	X	X	X	X	X	
Collaborate with DOE (State level Part B, Section 619) to compare transition data, procedures, and align training content and activities around Part C to Part B transition.			X	X	X	X
Identify additional training needs, review current training modules, adapt them as necessary to meet identified training needs, and implement training.	X	X	X	X	X	X
Evaluate the effectiveness of the improvement activities designed to support 100% compliance in	X	X	X	X	X	X

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Improvement Activities	'05	'06	'07	'08	'09	'10
transition requirements.						
Identify, implement, and evaluate new strategies as needed.		X	X	X	X	X
Investigate reasons for high number of “opt outs” for the Transition Notice and determine how to increase the number of Transition Notices sent to the DOE.			X	X	X	X
Investigate reasons for high number of “declines” for the Transition Conference and determine how to increase the number of scheduled and completed Transition Conferences.			X	X	X	X

Resources:

STEPS, STEPS “Transition to K Tool Kit”, NECTAC, WRRRC, HI DOE **Early Childhood** Special Education staff

Part C State Performance Plan (SPP) for 2005-2010
Revised: FFY 2006 - 2007

Overview of the State Performance Plan Development:

See Overview, page 1.

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

For any noncompliance not corrected within one year of identification, describe what actions, including technical assistance and/or enforcement that the State has taken.

Overview of Issue/Description of System or Process:

The Early Intervention Section, which, as Lead Agency for Hawaii's Part C program, is responsible for ensuring the all IDEA Part C requirements are met. To ensure compliance with IDEA Part C requirements, written monitoring procedures were developed as part of the HDOH Continuous Quality Improvement System (CQIS). The CQIS is a two-step process.

Step One: The first step includes the requirements for each Agency that has oversight over direct service programs. The Agencies include: EIS, that is responsible for the public and private purchase of service early intervention programs that provide care coordination and services to children with developmental delays; PHNB that is responsible for the Public Health Nursing Sections that provide care coordination and nursing services primarily to children at biological risk and with medical concern; and Maternal Child Health Branch (MCHB) that is responsible for the HS POS contracts that provide care coordination and services primarily to children who are environmentally at risk for developmental delays. The requirements for each Agency include: Method of Review, Monitoring Instruments, and Monitoring Results/Improvement Planning. As part of Monitoring Results/Improvement Planning, each Agency is required to provide data to HDOH that ensures that their programs/sections meet compliance with IDEA Part C requirements.

Step Two: The second step includes: 1) the responsibility of HDOH in ensuring that the Agencies provide data, as required, to show that their Programs/Sections meet IDEA Part C compliance; 2) providing feedback to the Agencies as to whether the data is sufficient to show

compliance from their Programs/Sections; 3) identification of other areas of non-compliance; and 4) required actions. In addition, HDOH may choose to do on-site validation of Agency findings. If the required actions are insufficient to show progress toward compliance, HDOH may impose sanctions on the Agencies.

All Part C programs, sections, and sites will be monitored annually. Data is gathered from the Agency's individual databases, from 618 data, and from the Self-Assessment Monitoring. The following process is used to gather and report data in the APR:

- Indicator 1: Self-Assessment 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: Self-Assessment 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: Timelines

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 within 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: Transition

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

- Item 3a: Appropriate Individuals Invited to the Transition Conference

Priority Area 4: Procedural Safeguards

Rationale: HDOH 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 Timelines (Priority Area) is from each Agency’s database; data on all other priority areas was from the Self Assessment Monitoring Tool.

Data for Indicators 1, 7, and 8 and all priority areas is summarized and shared with each program/section/site and its responsible Agency. Each program/section/site will have 1 year to correct any identified areas of non-compliance. Corrected and not-corrected findings will be reported in the next year’s APR.

Baseline Data for FFY 2004 (2004-2005):

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 are 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 hearing, mediations, etc. Programs do, however, support families’ understand about their rights and procedural safeguards related to IDEA Part C. The “Dear Family” brochure, which has been the basis of Hawaii’s Part C procedural safeguards information, was recently expanded to include an insert with the language from Section 303.400-303.460.

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%

Improvement Activities/Timelines/Resources:

Improvement Activities	'05	'06	'07	'08	'09	'10
Develop and implement a process to ensure all Part C providers are knowledgeable of Hawaii's implementation procedures related to Part C requirements.	X	X	X	X	X	X
Develop a process to provide on-going updates of all procedural changes.			X			
Review monitoring systems of other states for information of how Hawaii can improve its monitoring system.		X	X	X		
Review and refine monitoring process (CQIS), including HDOH and Agency and requirements.		X	X	X		
Develop and implement procedures to include HEICC and family members in the monitoring process.		X	X	X	X	X
Provide on-going training to agencies on revised monitoring process to ensure accuracy of monitoring data and evaluate for effectiveness.			X	X	X	X
Implement statewide revised monitoring procedures.		X	X	X	X	X
Explore options to utilize a monitoring cycle based on monitoring results.			X	X	X	X
Explore options to develop a statewide Part C data system for all Part C providers, to support monitoring and other data requirements.			X	X	X	X
Define, develop, and implement different levels of sanctions, based on monitoring results, to support timely correction of non-compliance.			X	X	X	X
Gather and analyze data to determine reasons for vacancies, and make recommendations to support recruitment and retention..			X	X		
For any finding not corrected within 1 year of identification, identify reasons for lack of correction and identify appropriate sanctions.			X	X	X	X
Develop a process to acknowledge programs for their improvement and/or compliance with Part C regulations.			X	X	X	X

Resources: NECTAC, OSEP, other state monitoring systems

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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 “Dear Family” brochure, which includes information on who to contact if they have any concerns about services as well as to how to make a formal complain. 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 (2004-2005):

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.

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%

Improvement Activities/Timelines/Resources:

Improvement Activities	'05	'06	'07	'08	'09	'10
Develop and implement process to gather information on family concerns related to service delivery and other Part C requirements.		X	X	X	X	X
Review training to ensure that it includes information on Part C complaint procedures so families and Part C staff are knowledgeable about this process.		X	X			
Design and implement various creative strategies (e.g., videotapes, CDs, etc.) to support training on Part C requirements for families, including at parent conferences.		X	X	X	X	X
Develop and implement written guidelines to support Care Coordinators and other staff in explaining Part C procedural guidelines (including complaint procedures) to families.		X	X	X	X	X
Collaborate with the “What Counts” Design Team to ensure that the family survey includes questions that focus on the degree families understanding their rights under Part C.		X	X			

Resources:

OSEP, NECTAC, WRRRC, CADRE, other Part C state procedures.

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Revised: FFY 2006 - 2007

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 “Dear Family” 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.

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.

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%

Improvement Activities/Timelines/Resources:

Improvement Activities	'05	'06	'07	'08	'09	'10
Develop and implement process to gather information on family concerns related to service delivery and other Part C requirements.		X	X	X	X	X
Review training to ensure that it includes information on Part C due process hearings procedures so all Part C staff are knowledgeable about this process.		X	X			
Develop and implement written guidelines to support Care Coordinators and other staff in explaining Part C procedural guidelines (including due process hearing procedures) to families.		X	X	X	X	
Collaborate with the “What Counts” Design Team to ensure that the family survey includes questions that focus on the degree families understanding their rights under Part C.		X	X			

Resources:

OSEP, NECTAC, WRRRC, CADRE, other Part C state procedures.

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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

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

Improvement Activities/Timelines/Resources: N/A

Part C State Performance Plan (SPP) for 2005-2010
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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 "Dear Family" 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.

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

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2009 (2009-2010)	When Hawaii has 10 or more mediation requests, targets will be established.
2010 (2010-2011)	When Hawaii has 10 or more mediation requests, targets will be established.

Improvement Activities/Timelines/Resources:

Improvement Activities	'05	'06	'07	'08	'09	'10
Develop and implement process to gather information on family concerns related to service delivery and other Part C requirements.		X	X	X	X	X
Review training to ensure that it includes information on Part C mediation procedures so all Part C staff are knowledgeable about this process.		X	X			
Develop and implement written guidelines to support Care Coordinators and other staff in explaining Part C procedural guidelines (including mediation procedures) to families.		X	X	X	X	
Revise the “Dear Family” brochure and add the Parent Training Institute as a contact if families have questions about early intervention services.		X	X			
Collaborate with the “What Counts” Design Team to ensure that the family survey includes questions that focus on the degree families understand their rights under Part C.		X	X			
Regularly train Mediation Center staff on Part C requirements in case mediation is requested.			X	X	X	X

Resources:

OSEP, NECTAC, WRRRC, CADRE, other Part C state procedures

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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, including race and ethnicity, settings and November 1 for exiting, personnel, dispute resolution); and
- b. Accurate (describe mechanisms for ensuring error free, consistent, valid and reliable data and evidence that these standards are met).

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. The only exceptions have been when requests for extensions have been approved.

618 data is submitted to Hawaii's Part C Data Manager from the individual EIS, PHNB, and MCHB early intervention programs. The data is reviewed by the Data Manager 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. Because PHNB data is inputted into the PHNB database and HS data is inputted into the CHEIRS database, the Agencies can compare programmatic data with the database to identify and correct discrepancies. Because EIS has not, in the past, had a statewide database to compare and confirm the accuracy of the data, there has been increased scrutiny by the Data Manager of the data to support accuracy. The Data Manager also regularly attends the OSEP Data Meetings to understand expectation and required changes for submission of 618 data.

EIS recently developed and disseminated a database to EIS programs to collect information required for the Special Conditions reports. This database is in the process of being expanded to be able to collect and report Child Count Data. It will be used in the collection of the 12/1/05 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 Data Manager personally if there are questions concerning the instructions. The Data Manager also contacts new EIS Program Managers to ensure they understand the instructions prior to their data submission.

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 DOH 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.). A process will be developed to ensure that future APRs report progress on the SPP improvement activities.

Baseline Data for FFY 2004 (2004-2005):

Tables 1 of the 12/1/04 Child Count (618) data were submitted January 31, 200, 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 from OSEP.

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%

Improvement Activities/Timelines/Resources:

Improvement Activities	'05	'06	'07	'08	'09	'10
Review and revise training for all Part C programs on 618 data submission, based on 618 data requirements.	X	X	X	X	X	X
Develop and implement a process to ensure reliability and validity of data submitted.	X	X	X	X	X	X
Develop a statewide Part C database to replace	X	X	X	X	X	X

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Improvement Activities	'05	'06	'07	'08	'09	'10
current individual Agency databases (EIS, PHNB, HS).						

Resources:

OSEP, NECTAC, WRRRC, other Part C states (for database information)