

April 1, 2019

**HAWAII PART C
FFY 2017 SPP/APR INDICATOR 11:
STATE SYSTEMIC IMPROVEMENT
PLAN (SSIP), PHASE III**

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Overview of the State Systemic Improvement Plan (SSIP)

State Lead Agency

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

Hawaii has three (3) State EI Programs and fifteen (15) Purchase of Service (POS) EI Programs statewide. Hawaii also has fee-for-service contracts with individual providers and agencies to provide additional supports and services to the existing EI Programs.

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

There are four (4) Implementation Workgroups comprised of a broad range of stakeholders to implement and evaluate activities in the three (3) broad strands of action:

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

Improvement Strategy: Enhance the statewide system of professional development (PD) to ensure implementation of evidence-based practices (EBPs) around Primary Service Provider (PSP) Approach to Teaming and Coaching model in the natural learning environment to support social-emotional (SE) development with fidelity.

Workgroup: PD

Enhancement of the current PD and TA system as it relates to SE development will directly impact the outcomes for infants and toddlers with disabilities and their families. Hawaii's implementation of state identified SE competencies, scaling up of

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EBPs using PSP Approach to Teaming and Coaching Model in Natural Learning Environments, and provision of a comprehensive training plan that includes a mentoring component that will guide and support provider practices resulting in children's achievement of positive SE outcomes.

Strand 2: Fiscal

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

Workgroups: Staffing, Telepractice

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

Strand 3: Monitoring and Accountability

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

Workgroup: COS Data

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

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

- IMUA Maui County (including Maui, Lanai and Molokai – three programs merged into one contracted program serving all three areas, effective 7/1/17.)
- Kailua Easter Seals (ES)
- Parent Child Development Center (PCDC) Waipahu
- Windward Early Childhood Services Program (ECSP)

SSIP Process

The process to develop the SSIP for FFY 2017 included:

1. EIS System Improvement (SI) Unit within HDOH, EIS continued to be the lead for the

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planning, development and implementation of the SSIP.

2. The SSIP State Team connected with the U.S. Department of Education, Office of Special Education Programs (OSEP)-funded TA Center staff from the Early Childhood Technical Assistance (ECTA) Center, the Center for IDEA Early Childhood Data Systems (DaSy), and the National Center for Systemic Improvement (NCSI). Anne Lucas, Kathryn Morrison, and Margaret Gillis are the primary TA consultants actively working with Hawaii.
3. The SSIP Leadership Team met or connected via e-mail at least one time per month.
4. Status of the SSIP was provided to approximately 80 stakeholders at the Annual Stakeholder meeting held in December 2018.
5. Quarterly Program Manager Meetings also included the SSIP as an agenda item, beginning in 2014, to be continued throughout the SSIP process.
6. Quarterly Hawaii Early Intervention Coordinating Council (HEICC) meetings also included the SSIP as a standing agenda item, beginning in 2016, to be continued throughout the SSIP process.
7. Implementation Workgroups were charged with implementing and evaluating activities for their assigned strands.
8. The Implementation Workgroup submitted monthly updates to the SSIP Action Plan Progress Report to the SSIP Coordinator and shared their respective updates at the SSIP Leadership Team meetings and Demo Site meetings.
9. The SSIP Leadership Team finalized the SSIP Action Plan and Progress Report, including the evaluation plan submitted by the SSIP Implementation Workgroups with feedback from stakeholders.
10. The SSIP SPP/APR Indicator 11, Phase III report was:
 - a. written by the SSIP Coordinator and reviewed by the EIS Part C Coordinator and the SSIP Leadership Team;
 - b. routed to the Director of Health prior to submission to OSEP;
 - c. submitted to OSEP as required; and
 - d. posted on the HDOH website (<http://health.Hawaii.gov/eis/home/ssip/>)

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A. Summary of Phase III, Year 3

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

The TOA (Appendix B) was revised in Phase III, Year 2 to ensure alignment with activities and outcomes. No changes were made to the TOA this past year.

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

The Logic Models were revised in Phase III, Year 2 to reflect changes made to the TOA. Changes were made to outcomes for clarity and alignment purposes after participating in DaSy and ECTA Evaluation workshop series in Jan-Feb 2018. Changes were made to the Logic Model for Strand 3 this past year. Changes were made to outputs, but no changes were made to the main activities or outcomes.

State Identified Measurable Result (SiMR)

Hawaii's SIMR for demonstration sites is Child Outcomes, Summary Statement 1: "Hawaii's eligible infants and toddlers with disabilities will make greater than expected growth in social-emotional skills (including social relationships) by the time they exit early intervention."

Table 1 below list the SSIP SIMR targets and compiled data from the Demonstration Sites.

Table 1

Child Outcome A: Positive Social-Emotional Skills (including social relationships) Summary Statement 1:		
FFY	SSIP Targets	Demonstration Site Data
2015	49.28%	55.71%
2016	49.28%	62.37%
2017	49.50%	57.77%
2018	50.00%	

Although the FFY 2018 target was exceeded since FFY 2015, the target will not be revised this year. COS training modules were implemented in January 2018 and monitoring to ensure the COS process is implemented with fidelity has not been implemented yet.

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Data may continue to fluctuate as providers become more accurate in the COS process resulting from training and appropriate use of COS practices. While the target for FFY 2017 was met, there was a decrease in the percentage of infants and toddlers making greater than expected growth in SE skills at exit between FFY 2016 and FFY 2017; however, the difference was not meaningful based on the meaningful difference calculator. A discussion with stakeholders will occur next year regarding targets after reviewing the data.

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

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

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

During Phase III, Year 3, Implementation Workgroups focused on implementing the activities in the SSIP Action Plan as well as collecting and analyzing data to track progress of the evaluation plan.

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

1. Added the SE Competency Self-Assessment to the EI Provider Orientation Checklist to ensure that it would be done prior to initial training.
2. Developed and implemented training modules on the PSP Approach to Teaming and Coaching Model in Natural Learning Environments and Mentoring: Coaching Practices.
3. Adapted and implemented training on Functional IFSP Outcomes after being trained by national TA consultants.
4. Revised training modules based on feedback from Demo Sites, trainers, and training participants.
5. Incorporated peer mentoring as part of the mentoring plan to support mentors and for

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sustainability purposes.

6. Established monthly meetings with State Mentors and every other month All Mentors meetings.

The SE Competency Self-Assessment captures provider perceptions about their knowledge and skills related to the SE competencies. This information is critical for developing future annual training plans and for evaluating gains in providers' perceptions of their knowledge of SE competencies. The training plan included steps to incorporate the SE competencies into the training on EBPs (PSP Approach to Teaming and Coaching in Natural Learning Environments) and use of the training module which were determined to be critical steps in ensuring that providers in demonstration sites were trained on practices that support these competencies (See section A3 below). The training plan also addressed the use of mentors to support providers' implementation of EBPs with fidelity and how the SE Competency Self-Assessment and coaching logs will be used for individual providers' training plans to sustain their implementation of EBPs.

The SE Competency Self-Assessment was added to the EI Provider Orientation Checklist to ensure all new Demo Site providers complete the assessment prior to training.

The mentoring plan activity was completed and reported on in the previous reports; however, in implementing the mentor plan, it was revised based on feedback during implementation. To support sustainability efforts:

- Developed and implemented a Mentoring Training module based on Shelden & Rush's training. The module was revised based on feedback from mentors and training participants.
- The Mentoring Plan was revised to include peer mentoring and clear timelines.

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

Based on the salary study reported on in last year's report, the State received a \$2.7 million increase to its base budget. Funds have been distributed to Purchase of Service (POS) programs. State Programs also received an increase in differential pay for therapists (OT, PT, and SLP).

A staffing plan to address recruitment and retention has also been developed based on the staffing survey that was done. The Staffing Implementation Workgroup identified items (sustainable financing and recruitment/retention) from the staffing survey that would be addressed in the staffing plan as other workgroups are already addressing items, outside of the SSIP. Table 2 below highlights priority areas to help with

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recruitment and retention. While all areas are important, some are being addressed through other SSIP workgroups or fall under EI system improvement to be addressed at the State EIS and/or Agency/Program levels.

Table 2

Areas	Initiatives example	Information sharing with/ Being addressed by
Sustainable Financing	<ul style="list-style-type: none"> • EI budget/funding increase • Review of contracting and billing • Medicaid reimbursement 	EIS SSIP Fiscal/Staffing HEICC
Recruitment and Retention	<ul style="list-style-type: none"> • Vacancy lists & updates • Targeted recruitment • Review of staffing/credentials • Tele-health based remote staff recruitment 	Agencies/Programs SSIP Fiscal/Staffing EIS
Professional (in-service) and Personnel (pre-service) Development	<ul style="list-style-type: none"> • Increased professional development & mentoring opportunities • Partnerships with secondary and tertiary institutions on personnel development/recruitment • Explore Continuing Education Unit accreditation by EIS 	SSIP Professional Development CSPD
Program and System Improvement	<ul style="list-style-type: none"> • Web-based database • Centralized platform for guidelines and forms • Efficient scheduling and coordination 	EIS Programs SSIP Fiscal/Tele-health
Management, Communication, and Accountability	<ul style="list-style-type: none"> • Open communication and teamwork • Clearly defined benchmarks & reviews • Management and leadership training 	Agencies/Programs EIS

The Telepractice Implementation Workgroup developed and implemented procedural guidelines and training modules to ensure providers have the knowledge and skills to use telepractice to deliver services and supports.

Having a staffing plan to address recruitment and retention and using technology in service delivery are critical infrastructure components to increase the demonstration

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sites' ability to provide SE services and supports to families in their respective programs.

The Monitoring and Accountability (M &A) Implementation Workgroup implemented the on-line training modules developed by ECTA to include the purpose of the Child Outcomes Summary (COS) process and how to engage family/team in the process. Hawaii's COS procedures and forms continue to be included in the EI Part C Orientation for new providers.

The COS on-line training module developed by ECTA has been added to the EI Provider Orientation Checklist to ensure all new Demo Site providers complete the COS on-line training module.

The Implementation Workgroup also worked on building infrastructure components such as developing and implementing a family questionnaire to get the families' perspective of the process and conducting a provider COS Self-Assessment regarding the COS process that will be used to support individual provider's training plans.

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

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

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

As identified in Phase II of the SSIP, the State committed to implement the PSP Approach to Teaming and the Coaching Model in Natural Learning Environments. During FFY 2016, the State secured services from M'Lisa Shelden and Dathan Rush, nationally recognized trainers of the PSP Approach to Teaming and Coaching Model in Natural Learning Environments.

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

As reported in the previous SSIP report, Shelden and Rush conducted pre-training webinars (October – December 2016) and the on-site training (January 2017) for providers and mentors. The structured EBP (PSP Approach to Teaming and Coaching in Natural Learning Environments) was implemented in January 2018. Providers and mentors participated in six (6) coaching calls with Shelden and Rush to work towards

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implementing the EBPs (PSP Approach to Teaming and Coaching in Natural Learning Environments) with fidelity. Practice change and fidelity data were collected and reported in the SSIP Action Plan Progress Report (Appendix A).

In addition to the six coaching calls, Sheldon and Rush piloted the “Hawaii SE Competency Coaching Log Review” that they developed, based on Hawaii’s SE competencies. The process rates the providers’ implementation of practices that reflect each of Hawaii’s SE competencies. Mentors struggled with using the tool and there were no fidelity criteria established. Therefore, the State extended Sheldon & Rush’s contract to provide additional support. Sheldon & Rush hosted a webinar on March 13, 2018 to train staff on determining providers’ coaching in natural learning environments fidelity status using their fidelity criteria and provided training on using the Hawaii SE Competency Coaching Log Review. Practice change and fidelity data was collected and reported on in the SSIP Action Plan Progress Report (Appendix A).

Based on feedback from mentors, the use of the Hawaii SE Competency Coaching Log Review has been revised this past year. No fidelity criteria will be established. Instead, the Hawaii SE competency Coaching Log Review will be used as part of the mentoring process. Data gathered from the SE Competency Coaching Log Review will be used to complete the Mentoring SE Assessment. The information will then be used to develop the Individual Training Plan.

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

In Phase III, Year 2, the SSIP Coordinator and the Part C Coordinator worked closely with national TA consultants to streamline the evaluation plan to appropriately identify the intended impacts of the activities. The SSIP Leadership Team participated in two webinar series (Evaluating Infrastructure and Evaluating Practices) provided by national TA providers (DaSy and ECTA). Based on the webinars, additional changes were made to evaluation outcomes to ensure it aligned with the activities outlined in the plan. Analysis of the data was added to the evaluation plan and timelines were adjusted accordingly based on the timeline changes of steps for the improvement activities.

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

The evaluation activity completed and reported in previous SSIP reports is listed in Table 3 below. “Completed, on-going” indicates that activity was initially completed, but on-going because data/updates will be collected and reported on through June 2019.

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Table 3

Improvement Activity	Type	Output	Status
1-1. Identify competencies related to SE development and incorporate them into EBPs (PSP Approach to Teaming and Coaching Model in Natural Learning Environments) training	Infrastructure	<ol style="list-style-type: none"> 1. SE Competencies 2. Competencies incorporated into trainings 	Completed 3/1/17
1-2. Develop or modify and implement provider self-assessment tool regarding SE competencies and EBPs (PSP Approach to Teaming and Coaching Model in Natural Learning Environments)	Infrastructure	<ul style="list-style-type: none"> • Providers complete self-assessment tool regarding SE competencies using the PSP Approach and Coaching Model 	Completed, on-going
1-3. Develop and implement a training plan for providers that addresses the SE competencies and EBPs (PSP Approach to Teaming and Coaching Model in Natural Learning Environments)	Infrastructure and Practice	<p>State training plan that includes the following regarding SE competencies and EBP (PSP Approach to Teaming and Coaching in Natural Learning Environments):</p> <ol style="list-style-type: none"> a. Training modules b. List of training resources/opportunities c. Individual training plan incorporating a & b above as 	<p>Completed, on-going:</p> <ol style="list-style-type: none"> a. completed, on-going b. completed, on-going c. see table 4

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Improvement Activity	Type	Output	Status
		needed	
2-1. Hire and/or retain appropriate number of qualified staff to support children with SE needs	Infrastructure	<ol style="list-style-type: none"> 1. Allocated positions are filled 2. Staffing plan includes components to address applicable staffing needs based on survey results 	<ol style="list-style-type: none"> 1. See table 4 2. completed, on-going
2-2. Develop and implement telepractice capability and procedures	Infrastructure	<p>Telepractice implemented at each Demonstration Site.</p> <ol style="list-style-type: none"> 1. Technology established 2. Telepractice training module based on procedural guidelines 3. Services delivered via telepractice 	Completed, on-going
3-1. Develop or modify and implement COS process training to include: <ul style="list-style-type: none"> • Purpose of COS • COS process, including determining ratings • Engaging family/team in the process 	Infrastructure	COS training module includes all specified components and providers trained	Completed, on-going

The evaluation activities completed or in process in Phase III of the SSIP are outlined below, including a summarized status report. “Completed, on-going” indicates that activity was initially completed, but on-going because data/updates will be collected and reported on through June 2019.

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Table 4

Improvement Activity	Type	Output	Status
1-3. Develop and implement a training plan for providers that addresses the SE competencies and EBPs (PSP Approach to Teaming and Coaching Model in Natural Learning Environments)	Infrastructure and Practice	State training plan that includes the following regarding SE competencies and EBP (PSP Approach to Teaming and Coaching in Natural Learning Environments): a. Training modules b. List of training resources/opportunities c. Individual training plan incorporating a & b above as needed	In Process: a. See Table 3 b. See Table 3 c. scheduled for FFY 2019
2-1. Hire and/or retain appropriate number of qualified staff to support children with SE needs	Infrastructure	1. Allocated positions are filled 2. Staffing plan includes components to address applicable staffing needs based on survey results	In process 1. In process 2. See Table 3
3-2. Develop and implement a monitoring process to improve implementation of the COS process.	Infrastructure	<ul style="list-style-type: none"> COS Monitoring Process 	In Process
3-3. Develop and implement training module on using COS data for	Infrastructure and practice	<ul style="list-style-type: none"> Demonstration site Program Managers 	In process

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Improvement Activity	Type	Output	Status
program improvement.		trained on using COS data for program improvement training module	

The evaluation outcomes achieved or in process, including the ones previously reported are outlined below, including a summarized status report. "Achieved, on-going" indicates that the outcome was achieved, but on-going because data/updates will be collected and reported on through June 2019.

Table 5

Outcome	Type	Performance Indicator	Status
<u>Short-Term (PD & TA)</u> EI Demonstration Sites will have the team structure necessary to implement EBP PSP Approach to Teaming.	Infrastructure	1. 100% of demonstration sites will have eight components (of the teaming structure) in place for implementation of the PSP Approach to Teaming.	Achieved
<u>Short-Term (PD & TA)</u> EI providers will report improved quality implementation of EBP (Coaching Model in natural learning environments) to support SE development.	Provider Practice	1. 75% of providers at demonstration sites will report being at level III-Triadic Relationships for at least 7 competencies on the SE Competency Self-Assessment	In process
<u>Short Term (Fiscal)</u> EI Programs will have sufficient staff and services to implement EBPs and supports to children and families	Infrastructure	1. Each demonstration site provides timely services by achieving 100% on APR Indicator 1	In Process
<u>Short Term (M & A)</u> EI providers and families will understand the COS process.	Provider Practice	1. 80% of families who complete the Family Questionnaire report that they understand the COS process 2. 90% of training attendees maintained or	In process 1. achieved, on-going 2. In process

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Outcome	Type	Performance Indicator	Status
		improved from pre-post training self-assessment scores for questions related to the COS process	
<u>Intermediate (All)</u> EI providers will implement EBP (PSP Approach to Teaming and Coaching Model in Natural Learning Environments) to support SE development with fidelity	Provider Practice	1. 75% of demonstration site providers are implementing EBP (coaching in natural learning environments) with fidelity.	In process 1. in process
<u>Long-Term (All)</u> Infants and toddlers with disabilities in demonstration sites will have substantially increased their rate of growth in SE skills (including social relationships) by the time they exit EI	Child	Combined demonstration sites data meet Positive SE Summary Statement 1 Targets for: FFY 2015: 49.28% FFY 2016: 49.28% FFY 2017: 49.50% FFY 2018: 50.00%	Completed, on-going

5. Highlights of changes to implementation and improvement strategies

There were some wording changes in steps to implement activities and in the evaluation plan for clarity and alignment purposes. Some timelines changed primarily due to competing priorities that are described in the Implementation Notes of the Action Plan Progress Report table. Changes are indicated in red in the SSIP Action Plan Progress Report (Appendix A) and justifications are in blue for new information added to the table.

Table 6 below lists outcomes and steps to achieve improvement activities that have been deleted:

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Table 6

Outcome/Steps	Justification for Deletion
3-3b. Modify Hawaii Early Intervention Data System (HEIDS) to accept multiple COS ratings and OSEP category definitions	This step was deleted because changes cannot be made to the existing HEIDS and the State is currently in the process of acquiring a web-based data system.
3-3c. Update and distribute to Demonstration sites HEIDS database manual to include multiple COS ratings	This step was deleted because the existing HEIDS cannot be updated and the State is currently in the process of acquiring a web-based data system. The current database manual will be obsolete.

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B. Progress in Implementing the SSIP

1. Description of the State’s SSIP implementation progress

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

The Action Plan Progress Report (Appendix A) captures progress on the implementation of the improvement activities and steps that included how stakeholders were engaged, quarterly status (completed, in process, or not initiated) and evidence for each step and implementation notes. Implementation Notes identified barriers to implementation, actions to address barriers, description of adjustments and implications of adjustments.

Main barriers that impacted implementation of activities according to intended timelines were competing priorities which resulted in adjustment to timelines for some activities. Barriers for each step in more detail can be found in the Action Plan Progress Report (Appendix A).

The prioritized strategies and activities developed in Phase II of the SSIP are outlined in Tables 7-9 below, including a summarized status report of implementation during Phase III. “Completed, on-going” indicates that activity was initially completed, but on-going because data/updates will be collected and reported on through June 2019.

Strand 1: Professional Development and Technical Assistance

Improvement Strategy: Enhance the statewide system of professional development to ensure implementation of evidence-based practices (EBPs) around Primary Service Provider (PSP) Approach to Teaming and Coaching Model in Natural Learning Environments to support SE development with fidelity.

Table 7

Improvement Activities	Type	# of Steps	Status of Steps
1-1. Identify competencies related to SE development and incorporate them into EBPs (PSP Approach to Teaming and Coaching Model in Natural Learning Environments) trainings.	Infrastructure	3	<ul style="list-style-type: none"> • 3 completed (reported in SSIP FFY 2015)
1-2. Develop or modify and implement provider self-assessment tool regarding		4	<ul style="list-style-type: none"> • 2 completed • 1 completed, on-going

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Improvement Activities	Type	# of Steps	Status of Steps
SE competencies and EBPs (PSP Approach to Teaming and Coaching Model in Natural Learning Environments)	Infrastructure		<ul style="list-style-type: none"> 1 in process
1-3. Develop and implement a training plan for providers that addresses the SE competencies and EBPs (PSP Approach to Teaming and Coaching Model in Natural Learning Environments)	Infrastructure and Practice	8	<ul style="list-style-type: none"> 6 completed 1 completed, on-going 1 in process

Strand 2: Fiscal

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

Table 8

Improvement Activities	Type	# of Steps	Status of Steps
2-1. Hire and/or retain appropriate number of qualified staff to support children with SE needs	Infrastructure	5	<ul style="list-style-type: none"> 3 completed 2 completed, on-going
2-2. Develop and implement Telepractice capability and procedures	Infrastructure	5	<ul style="list-style-type: none"> 4 completed 1 completed, on-going

Strand 3: Monitoring and Accountability

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

Table 9

Improvement Activities	Type	# of Steps	Status of Steps
3-1. Develop or modify and implement COS process training to include:	Infrastructure	5	<ul style="list-style-type: none"> 5 completed

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Improvement Activities	Type	# of Steps	Status of Steps
<ul style="list-style-type: none"> Purpose of COS COS process, including determining ratings Engaging family/team in the process 	and Practice		
3-2. Develop and implement a monitoring process to improve the implementation of the COS process.	Infrastructure and practice	6	<ul style="list-style-type: none"> 2 completed 1 completed, on-going 3 in process
3-3. Develop and implement training module on using COS data for program improvement.	Infrastructure	6	<ul style="list-style-type: none"> 1 completed 2 in process 3 not initiated <p>NOTE: 2 deleted and 2 revised (refer to Action Plan Progress Report, (Appendix A))</p>

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

The Evaluation Plan, which is embedded in the Action Plan Progress Report (Appendix A), was revised in FFY 2016 to include measurement intervals and data management in the Measurement/Data Collection Method column and analysis description in the Timeline column for clarification purposes.

Some outputs have been completed as a result of the implementation activities and there has been progress in achieving components of outputs. Table 10 below outlines the status of output components and conclusions based on the completion of the respective portion of the output completed.

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Table 10

Activity	Output	Status	Conclusion
1-1. Identify competencies related to SE development and incorporate them into EBP (PSP Approach to teaming and Coaching model within natural learning environments) training.	<ol style="list-style-type: none"> 1. SE Competencies 2. SE Competencies incorporated in trainings 	Completed 3/1/17	Performance Indicators met: <ol style="list-style-type: none"> 1. 100% of Demonstration sites received SE Competencies 2. 100% of SE competencies were addressed across Sheldon & Rush webinars and trainings
1-2. Develop or modify and implement provider Self-Assessment tool regarding SE competencies and EBP (PSP Approach to Teaming and Coaching in Natural Learning Environments).	Providers complete Self-Assessment tool regarding SE competencies and EBP (PSP Approach to Teaming and Coaching in Natural Learning Environments).	Completed, on-going Intervals: <ol style="list-style-type: none"> a. Prior to training: completed b. 6-months after the training: completed c. 1-year after the training: completed d. At-least once each following fiscal year: scheduled for June 2019 for respective FFY. 	Performance Indicators met: At least 85% of providers completed the SE Competency Self-Assessment at interval a, b, and c; <ol style="list-style-type: none"> a. 93% b. 85% c. 94% d. N/A – scheduled for June 2019
1-3. Develop and implement training plan for providers that address SE competencies and EBP (PSP Approach to Teaming and	State training plan that includes the following regarding SE competencies and EBP (PSP Approach to Teaming and	In process <ol style="list-style-type: none"> a. Training modules: completed b. List of training resources/opportunities: 	Performance Indicator not met 100% of EI providers identified as needing additional training based on SE

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Activity	Output	Status	Conclusion
Coaching in Natural Learning Environments).	Coaching in Natural Learning Environments): a. Training modules b. List of training resources/ opportunities c. Individual training plan incorporating a & b above as needed based on SE Competency – Mentor Assessment.	completed c. Individual training plans: scheduled for FFY 2019	Competencies - Mentor Assessment have an individualized training plan. (scheduled for FFY 2019)
2-1. Hire and/or retain appropriate number of qualified staff to support children with SE needs.	1. Allocated positions are filled 2. Staffing plan includes components to address applicable staffing needs based on survey results.	In process 1. Staffing list completed and data collected on a quarterly basis 2. Staffing plan developed in FFY 2018	Performance Indicator #1 not met and #2 met 1. 90% of all positions in demonstration sites are filled 2. Staffing plan includes components to addresses 100% of applicable staffing needs identified in staffing survey.
2-2. Develop and implement telepractice capability and procedures.	1. Technology established 2. Telepractice training module based on procedural guidelines 3. Services delivered via telepractice	Completed; on-going 1. Technology available 2. Training implemented 3. Services offered via telepractice	Performance indicators #1 & #2 met; #3 not met 1. 100% of technology is available at each demonstration site 2. 100% of

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Activity	Output	Status	Conclusion
			<p>demonstration site providers participated in telepractice training</p> <p>3. 100% of Demonstration sites providers will increase delivering services via telepractice by two-hours per quarter - not met, currently 0% increased by 2 hours.</p>
<p>3-1. Develop or modify and implement COS process training to include:</p> <ul style="list-style-type: none"> • Purpose of Child Outcomes • COS process, including determining ratings • Engaging family/team in the process 	<p>COS training module includes all specified components and providers trained.</p>	<p>Completed; on-going</p> <ol style="list-style-type: none"> 1. Training module: completed 2. Training completed in January 2018 	<p>Performance Indicators met</p> <ol style="list-style-type: none"> 1. Training module has all three components; therefore, performance measure met 2. 98% of providers completed training module; therefore, performance indicator was met and data will be collected and reported on an on-going basis.
<p>3-2. Develop and implement a monitoring process to improve implementation of the COS process.</p>	<p>COS monitoring process</p>	<p>In process</p> <ol style="list-style-type: none"> 1. COS Self-Assessment completed in January 2018 (baseline data) 	<p>Performance Indicator #1 met; Indicators #2 & #3 not met</p> <ol style="list-style-type: none"> 1. 85% of providers completed the

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Activity	Output	Status	Conclusion
		obtained) 2. Implement monitoring process scheduled for FFY 2019. 3. Individual training plans: scheduled for FFY 2019.	COS Self-Assessment; therefore, the performance indicator was met. 2. Scheduled for FFY 2019 3. Scheduled for FFY 2019
3-3. Develop and implement training module on using COS data for program improvement	Demonstration Site Program Managers trained on using COS data for program improvement training module	In process 1. Develop training module 2. Implement training module	Performance Indicator not met. Training has not been implemented to date.

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

2. Stakeholder involvement in SSIP implementation

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

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

Table 11 below outlines the different stakeholders and how they are informed of ongoing implementation of the SSIP.

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

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

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

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participation on the SSIP Leadership Team and/or Implementation Workgroups, they were involved in the discussions and part of the decision-making process.

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

- PD & TA Implementation Workgroup did not make any changes to existing outcomes and activities during this reporting period.
- Staffing Implementation Workgroup did not make any changes to existing outcomes and activities; however, they made changes while implementing the activities. The Staffing Workgroup decided to identify which items from the Staffing Survey would be incorporated into the Staffing Plan as other items are being addressed by other EIS workgroups outside of the SSIP.
- Telepractice Implementation Workgroup did not make any changes to existing outcomes and activities.
- The M & A Implementation Workgroup did not make any changes to existing outcomes and activities. However, they did make changes to some of the steps to implement activities. For example, two steps that were related to HEIDS were deleted because changes cannot be currently be made to HEIDS and the State is in the process of contracting with a vendor to develop a new web-based data system.

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

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Table 11

Stakeholders	Meeting Frequency	Purpose	Informed	Decision-making
SSIP Leadership Team (roster included in the SSIP Action Plan Progress Report – Appendix A)	Monthly	Discussion of SSIP Action Plan and Evaluation Plan and provides feedback to Implementation Workgroups as requested.	Implementation Workgroups provide updates at meetings and/or e-mail. Recommendations and/or discussion with TA providers	Made decisions as needed so workgroups can proceed with implementing activities.
SSIP Implementation Workgroups (roster Appendix D)	Monthly	Develop, implement, and evaluate respective section of the SSIP Action Plan and Evaluation Plan.	Co-Leads participated as members of the SSIP Leadership Team so they can share information about their respective workgroups regarding the SSIP Action Plan, including the evaluation plan.	Made decisions about implementation activities and/or changes needed as a result of data analysis based on input from various stakeholder
Statewide Program Managers	Quarterly	Meeting to share EI up- dates, provide TA, get input/feedback on items affecting the EI system. SSIP is a standing agenda item.	Updates are provided and SSIP Implementation Workgroups get input/feedback on what has been and will be developed, implemented, and/or evaluated.	Provided input to various activities that were taken into consideration prior to Implementation Workgroups and/or SSIP Leadership making decisions

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Stakeholders	Meeting Frequency	Purpose	Informed	Decision-making
Demonstration Site Program Managers	Monthly	Discussion of implementation and evaluation of the SSIP. Program Managers review forms, documents (process, procedural guidelines), provide input/feedback on what is happening at the program level.	Updates are provided and SSIP Implementation Workgroups get input/feedback on what has been and will be developed, implemented, and/or evaluated.	Made decisions on various implementation items that support the SSIP activities. Provided input to various activities prior to Implementation Workgroups and/or SSIP Leadership making decisions
Demonstration Site Program Leadership Team	Monthly	Discussion of implementation and evaluation of the SSIP at the program level.	Program Managers review forms, documents (process, procedural guidelines), discuss how the SSIP impacts the program, generate questions for the SSIP State Leadership Team to address.	Made decisions on how at the program level SSIP activities will be implemented.
Hawaii Early Intervention Coordinating Council (HEICC)	Quarterly	Advisory board and advocates for EI. SSIP is a standing agenda item. Members of the HEICC participate on different Implementation Workgroups	A presentation was done regarding the SSIP and updates. The Part C Coordinator provides quarterly updates.	Provided input to various activities that were taken into consideration prior to Implementation Workgroups and/or SSIP Leadership making

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Stakeholders	Meeting Frequency	Purpose	Informed	Decision-making
		and are invited to the Annual Stakeholder Meeting.		decisions
Broad Stakeholders	Annually	To share information and data and get input/feedback on the SSP/APR and the SSIP Action Plan, including the evaluation plan. Implementation Workgroups get input/feedback on forms, procedural guidelines, documents, etc.	Update of the SSIP is presented and Implementation Workgroups get input/feedback on their respective sections.	Provided input to various activities that were taken into consideration prior to Implementation Workgroups and/or SSIP Leadership making decisions

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C. Data on Implementation and Outcomes

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

a. How evaluation measures align with the TOA

As reported in the FFY 2016 SSIP report, the SSIP Coordinator and Co-Leads of the Implementation Workgroups participated in the DaSy/ECTA SSIP Evaluation Webinars in January – March of 2018. Based on the webinars, changes were made to the evaluation plan, TOA and the Logic Model for alignment purposes.

The TOA broadly describes the outcomes that will be achieved if activities are implemented. The Logic Models describes the activity, resulting output and associated outcomes that is hoped to be achieved. The Logic Models include more details than the TOA but it reflects what is in the TOA. The evaluation questions and performance indicators associated with identified outputs and outcomes are aligned with the Logic Models.

Although changes were made to implementation steps and the evaluation plan, modifications to the TOA was not necessary as it was still aligned.

b. Data sources for each key measure

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

Table 12

Data Source	Data Source Measuring Description
Demonstration Site Provider Tracking Sheet	Tracks list of providers in demonstration sites and whether the providers: <ul style="list-style-type: none"> • Attended various trainings (PSP & Coaching, Tele-Practice, COS, COS Data Use) • Completed Self-Assessments
Checklist for Implementing a Primary-Coach Approach to Teaming – Preparedness Component	Measures necessary components to implement the PSP Approach to Teaming and Coaching Model.
Coaching Log Summary Form	Captures Mentors’ ratings of providers implementation of EBPs to determine fidelity.
EI Personnel List	Measures percentage of filled positions in demonstration sites

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Data Source	Data Source Measuring Description
Self-Assessment Monitoring (SAM) tool	Measures percentage of timely services for children monitored in demonstration sites
COS Family Questionnaire Tracking Sheet	Tracks CCs and families completing Family Questionnaire, including their responses.
HEIDS	<ul style="list-style-type: none"> COS Report – list of children with COS rating of ≤ 5 for Positive SE Skills COS Report – Child Outcome A (positive SE skills) Summary Statement 1 percentage based on entry and exit ratings

c. Description of baseline data for key measures

Previous SSIP reports included baseline data that was collected for improvement activities and output/performance indicators and can also be found in the SSIP Action Plan Progress Report (Appendix A) in the “Status and Data” column of the Evaluation Plan. Table 13 includes baseline data for one output/performance indicator that was collected since the last report submission.

Table 13

Improvement Activity	Output/Performance Indicator
2-2. Develop and implement telepractice capability and procedures.	1. 100% of Demonstration Sites will increase delivering services via telepractice by two hours each quarter.

There was no baseline data collected for any outcome/performance Indicators since the last report submission.

d. Data collection procedures and associated timelines

Data collection procedures and associated timelines are included in detail in the SSIP Action Plan Progress Report (Appendix A) for each evaluation item. Some data collection tools used are tracking sheets, self-assessments, checklists, logs, monitoring tools, and HEIDS. Generally, after baseline data, data is collected quarterly, 6-month and/or annual intervals.

e. Sampling Procedures

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

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Monitoring Process

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

1. Identification of Children. To ensure a random selection of children for review with the SAM Tool, the following criteria were followed:
 - Names of all children with an Initial, Review or Annual IFSP between July and two months prior to the on-site monitoring of the reporting FFY were obtained by Part C LA for each demonstration site. The timeframe was chosen to ensure that there was at least one month to confirm that services were provided in a timely manner within the reporting FFY.
 - Part C LA identified 10% of children at each demonstration site based on the December 1 Child Count, or a minimum of fifteen (15) children to be monitored, unless there were an insufficient number of children who met the above criteria. If there were an insufficient number of children, all were chosen to ensure as complete monitoring as possible.
 - An Initial, Review, or Annual IFSP for each selected child was reviewed to determine if new services were timely. If the Review or Annual IFSP was the identified IFSP and there were no new services, N/A was noted for this indicator.
2. Determination of Timeliness: The SAM Tool was completed for each child selected using the specified IFSP (Initial, Review, Annual), following the guidelines developed by Part C LA to determine if services were timely, consistent with Hawaii's definition for timely services.

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

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

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- If there was no documentation that the service was provided, it was considered a program reason and therefore did not meet the definition of timely services.
3. Self-Assessment Results
 - Raw data was gathered by Part C LA.
 - Part C LA inputted the data into the SAM database, which was developed by Part C LA.
 - Part C LA analyzed the data for noncompliance with Timely Services. The data was given to each demonstration site as part of the notification of noncompliance.
 4. Verification of Data: The following activities occurred to verify the Self-Assessment results.
 - The SAM results were reviewed to identify any possible inconsistencies.
 - Program Managers/Supervisors were contacted, as necessary, for additional data to confirm results.
 - The SAM results were revised, if necessary, based on additional data received.
- f. Planned data comparisons

Most of the SSIP outcomes/outputs being evaluated are measured through comparison of data to a standard (e.g. 90% of all positions in demonstration sites are filled). Several outcomes/outputs, included in Table 14 below, compare data between time 1 and time 2 such as pre- and post- measures.

Table 14

Outcome/Output	Description of Data Comparison
<u>Short-Term (PD & TA) Outcome</u> EI providers will report improved quality implementation of EBP (Coaching Model in Natural Learning Environments) to support SE development.	Pre-training SE Competency Self-Assessment ratings by providers in demonstration sites will be compared to post-training SE Competency Self-Assessment done 6-months following the training and annually thereafter regarding how to support SE development.
Output (Fiscal): Allocated positions are filled	Pre- Staffing Plan implementation percentage of allocated positions in demonstration sites will be compared to Post- Staffing Plan implementation to assess if implementation plan is affecting the filled staffing position percentages.
Output (Fiscal): Telepractice implemented at each Demonstration Site.	Data for the first quarter after implementation will be compared to quarterly reports thereafter.

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Outcome/Output	Description of Data Comparison
Short-Term (Fiscal) EI Programs will have sufficient staff and services to implement EBPs and supports to children and families.	Pre-implementation of EBP (PSP Approach to Team and Coaching in the Natural Environments) will be compared to annual data for timely services.
<u>Short Team (M & A)</u> EI providers and families will understand the COS process	Pre-training COS Self-Assessment ratings by providers in demonstration sites will be compared to post-training COS Self-Assessment done 6-months following the training and annually thereafter regarding their understanding of the COS process. Pre- training Family Questionnaire rating by families in demonstration sites will be compared to Post- Training Family Questionnaire rating done 6 months following the training and annually thereafter regarding their understanding of the COS process.
<u>Intermediate (All)</u> EI providers will implement EBP (PSP Approach to Teaming and Coaching in Natural Learning Environments) to support SE development with fidelity.	Initial log (baseline data) will be compared to data after six coaching calls by Sheldon and Rush to determine fidelity status. For those not at fidelity, data will be collected on a quarterly basis to determine if fidelity was met effective April 2018.
<u>Intermediate (M&A)</u> Demonstration Site CCs are implementing the COS process with fidelity.	Pre-training and post training data from monitoring process will be compared.
<u>Long-Term (All)</u> Infants and toddlers with disabilities in demonstration sites will have substantially increased their rate of growth in SE skills (including social relationships) by the time they exit EI.	Pre- SSIP implementation percentage of combined demonstration sites data of Positive SE Skills (including social relationships) Summary Statement 1 will be compared on an annual basis as SSIP improvement activities are implemented.

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

As previously reported, Implementation Workgroups utilized the Action Plan Progress Report (Appendix A) to ensure Implementation Workgroups stayed on track. The

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Implementation Workgroup submits the Action Plan Progress Report (Appendix A) for their respective sections to the SSIP Coordinator on a quarterly basis.

In FFY 2016, with guidance from national TA consultants, “Measurement intervals, Data Management and Analysis Description” was added to the Header Columns. The SSIP Coordinator revised the reporting format to ensure each category was addressed in the evaluation plan. No format changes were made to the Action Plan Progress Report since the changes that were made in FFY 2016.

Implementation Workgroups are responsible for collecting and analyzing the data for their respective sections and make changes to implementation activities and/or evaluation plan based on data analysis. For example, the PD & TA Implementation Workgroup will continue analyzing data collected from the SE Competency Self-Assessment. They will determine if any changes need to be made to the SE Competency Self-Assessment to ensure data is accurate and meaningful. Also, Self-Assessment data is part of the mentoring process to determine individualized training needs (one competency consistently low may indicate a training need). The Staffing Implementation Workgroup reviewed data collected from the Staffing Survey and used the data to develop the staffing plan to address recruitment and retention. The Telepractice Implementation Workgroup developed and implemented a survey to obtain feedback about the implementation of telepractice. Based on the survey, Zoom instructions were developed and disseminated and training and support will be provided based on further analysis of the feedback provided by Demonstration Site providers.

Data and analysis were and will continue to be shared with other stakeholders and input will be obtained if any changes to the implementation and evaluation of the SSIP are recommended based on the data analysis.

2. How the State has demonstrated progress and made modifications to the SSIP as necessary
 - a. How the State has reviewed key data that provide evidence regarding progress toward achieving intended improvements to infrastructure and the SiMR

Data was collected and analyzed as outlined in the SSIP Action Plan Progress Report (Appendix A). Data was analyzed based on the measures and analysis plan identified for each outcome. The analysis determined if performance indicators were met or not and if outcomes were achieved or not.

Of the 8 performance indicators reported on this reporting period, five (5) targets were met and three (3) were not met. There were four (4) performance indicators not reported on this year due to data not yet collected. Refer to the Action Plan Progress Report (Appendix A) for more details.

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The five (5) performance indicators that were met were related to the completion of the SE Competency Self-Assessment, Staffing Plan, Telepractice technology and equipment availability, COS training, and COS Self-Assessment. Meeting the targets is showing evidence regarding progress to achieving infrastructure improvements and the SIMR.

The three (3) performance indicators that were not met were related to filled positions, participation in telepractice training and delivering services via telepractice. While the targets have not been met, things are in place to support progress to achieving infrastructure improvements and SIMR. Implementation of the staffing plan will support meeting the target of filled positions; telepractice training has been added to the EI Provider Orientation Checklist to ensure providers complete the training; and additional training and support has been offered to providers to increase service delivery via telepractice. The State has also contracted with an Agency that provides services via telepractice.

As mentioned in C.1g above, the Implementation Workgroups used the Action Plan Progress Report (Appendix A) and submitted it to the State via the SSIP Coordinator of their progress. The Implementation Workgroup is responsible for implementing the activities outlined in the SSIP Action Plan Progress Report (Appendix A) and documenting progress, including evidence to support the progress noted. The Implementation Workgroup also collected and analyzed data and made and/or proposed changes with stakeholder input based on the data analysis. Justification for any proposed changes were included in their report.

The SSIP Coordinator reviewed the SSIP Action Plan Progress Report with input from Stakeholders and national TA consultants to ensure the State continues to work towards achieving the SiMR.

b. Evidence of change to baseline data for key measures

No changes were made to baseline data reported this year and baseline data previously established is being used.

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

The SSIP Action Plan Progress Report (Appendix A) identifies changes in the Improvement plan, barriers, actions to address barriers, description of adjustments and implications of the adjustments. However, no major changes have been made to implementation and improvement strategies at this time.

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

Table 17 and 18 below outlines data collected in Phase III and the next steps regarding data collection and implementation activities. Many of the activities are in process or not yet initiated at the time of the SSIP Report submittal so the intent is to continue the activities in process and begin the activities not yet initiated based on revised timelines. The SSIP Action Plan Progress Report (Appendix A) outlines the activities and steps with adjusted timelines.

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Table 17

Activity	Performance Indicator	Data Collected	Conclusion	Next Steps
1-2. Develop or modify and implement provider self-assessment tool regarding SE competencies and EBPs (PSP Approach to Teaming and Coaching Model within natural learning environments)	85% of all providers (including new staff) in the demonstration sites complete the SE Competency Self-Assessment prior to the training, 6-months after the training, and at least once each following fiscal year.	Demonstration Site Providers completed the SE Competency Self-Assessment 1/2017: 67/72 (93%) 7/2017: 61/72 (85%) 1/2018: 58/62 (94%)	Performance Indicator of 85% was met at each interval for existing staff.	<ul style="list-style-type: none"> • Continue using the on-line survey as response rates have exceeded the target. • Continue data collection based on specified intervals.
1-3. Develop and implement training plan for providers that address SE competencies and EBP (PSP Approach to Teaming and Coaching Model in Natural Learning Environments).	100% of EI providers identified as needing additional training based on the Hawaii SE Competency - Mentor Assessment will have an individualized training plan.	Data collected for: Provider SE Competency Self-Assessment & Mentoring Assessment	Data not yet collected – in process	<ul style="list-style-type: none"> • Data will be used to develop individualized training plans Programs • At the program level, Program Managers can identify training needs for the program At the State level, data will be reviewed to identify state trends for training needs and develop a plan address needs identified.

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Activity	Performance Indicator	Data Collected	Conclusion	Next Steps
2-1. Hire and/or retain appropriate number of qualified staff to support children with SE needs	90% of all positions in each demonstration site are filled FFY 2016 Quarter 1: (7/1/16 – 9/30/16) was baseline data	FFY 2016 Q1 to FFY 2018 Q3 comparison: • 1 of 4 (25%) improved slightly & exceeded target. • 3 of 4 (75%) decreased and did not meet the target.	Performance Indicator of 90% not met	<ul style="list-style-type: none"> • Data will be used to identify which types of positions needs to be filled and target recruitment efforts • Identify programs that may need targeted recruitment efforts. • Staffing plan will be revised as needed.

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Activity	Performance Indicator	Data Collected	Conclusion	Next Steps
2-2. Develop and implement telepractice capability and procedures	<ol style="list-style-type: none"> 1. 100% of demonstration sites will participate in training based on the procedural guidelines training regarding implementation of telepractice 2. 100% of demonstration sites will increase delivering services via telepractice by two hours per quarter 	<ol style="list-style-type: none"> 1. 80% attendance at trainings 2. 0% increased delivery services via telepractice 	<ol style="list-style-type: none"> 1. Target not met 2. Target not met 	<ul style="list-style-type: none"> • Continue to collect data on implementation of telepractice • Determine if telepractice is supporting programs staffing shortages • Determine additional supports and/or training needed for programs to implement telepractice <p>Explore easier ways to track implementation of telepractice</p>
3-1. Develop or modify and implement COS process training to include: <ul style="list-style-type: none"> • Purpose of child outcomes (CO) • COS process, including determining ratings • Engaging family/team in the process 	100% of EI providers in demonstration sites complete COS trainings	97% providers completed the COS training modules.	Performance Indicator of 100% was not met	Use the EI Provider Orientation Checklist to ensure new providers complete the COS modules

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Outcome	Performance Indicator	Data Collected	Conclusion	Next Steps
<p><u>Short-term:</u> EI providers will report improved quality implementation of EBP (Coaching Model in natural learning environments) to support SE development.</p>	<p>75% of Demonstration Site providers will report being at level III: Triadic Relationships for at least 7 competencies on the SE Competency Self-Assessment.</p>	<p>Providers report at being at Level III for at-least 7 competencies:</p> <p style="text-align: center;">1/2017: 23% 7/2017: 30% 1/2018: 31%</p>	<p>Performance Indicator of 75% not met</p>	<ul style="list-style-type: none"> • Develop Individualized Training Plan
<p><u>Short-term:</u> EI programs will have sufficient staff and services to implement EBPs and supports to children and families.</p>	<p>Each Demonstration Site provide timely services by achieving 100% for APR indicator 1.</p>	<p>Timely Services Data:</p> <p>FFY 2015: 2 of 6 (33%) programs FFY 2016: 1 of 4 (25%) programs FFY 2017: 0 of 4 (0%) programs</p>	<p>Performance indicator of 100% not met</p>	<ul style="list-style-type: none"> • Identify staffing shortages that are impacting timely service delivery

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Table 18

Outcome	Performance Indicator	Data Collected	Conclusion	Next Steps
<p><u>Short-term:</u> EI providers and families will understand the COS process.</p>	<ol style="list-style-type: none"> 1. 80% of families who complete the Family Questionnaire report that they understand the COS process 2. 90% of training attendees maintained or improved from the pre-training to the post-training on the COS self-assessment. 	<ol style="list-style-type: none"> 1. 28 of 30 (93%) of families that completed the questionnaire reported that they fully understand the COS process. 2. Baseline data obtained. 	<ol style="list-style-type: none"> 1. Performance indicator of 80% was met 2. Need comparison data 	<ul style="list-style-type: none"> • Develop an Individualized Training Plan • Explore other ways to gather family input other than phone calls (on-line survey, include as part of Annual Family Survey, etc.)
<p><u>Intermediate:</u> EI providers will implement EBPs (PSP Approach to Teaming and Coaching Model in natural learning environments) to support SE development with fidelity.</p>	<ol style="list-style-type: none"> 1. 75% of Demonstration Site Providers are implementing EBP (Coaching Model in natural learning environments) with fidelity. 	<ol style="list-style-type: none"> 1. 15% of providers are coaching with fidelity 2. 2% of providers are practicing fidelity in supporting caregivers regarding child's SE development with fidelity. 	<ol style="list-style-type: none"> 1. Performance indicator not met. 2. Performance indicator not met. 	<ul style="list-style-type: none"> • Determine additional training and/or support needed at the program level and at the State level

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Outcome	Performance Indicator	Data Collected	Conclusion	Next Steps
	2. 75% of Demonstration Site Providers reach an average of 80% in supporting parent/caregiver level on the Hawaii SE Competencies Coaching Log Review.			
<p><u>Long-Term:</u> Infants and toddler with disabilities in Demonstration Sites will have substantially increased their rate of growth in social-emotional skills (including social relationships) by the time they exit EI.</p>	<p>Combined Demonstration Sites data meeting positive SE Summary Statement 1.</p> <p>Targets: FFY 2015: 49.28% FFY 2016: 49.28% FFY 2017: 40.50% FFY 2018: 50.00%</p>	<p>Positive SE Summary Statement 1:</p> <p>FFY 2015: 55.71% FFY 2016: 62.37% FFY 2017: 57.77%</p>	<p>Performance target met for FFY 2015 and FFY 2016.</p>	<ul style="list-style-type: none"> • If targets not met and/or if no progress is being made, revise activities as needed • If targets are met and/or there is progress, continue implementing plan

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

There were no changes to intended outcomes; however, there were changes made to the evaluation questions/performance indicators and/or measurement/data collection method/measurement intervals/data management for clarity and alignment purposes. It was addressed in Section A of this report and in the SSIP Action Plan Progress Report (Appendix A).

The challenges that impact the implementation of the SSIP are competing priorities for Implementation Co-Leads and staffing turnover/vacancies at the Demonstration Site Programs. Although some timelines were adjusted and it slowed some of implementation activities/steps, the State is confident that it is on track to achieve the SIMR.

The following table highlights the status of performance indicators for the respective workgroups that supports the SSIP is on the right path. Refer to the SSIP Action Plan Progress Report (Appendix A) for actual data and additional information regarding implementation activities and evaluation activities and outcomes.

Table 19

Implementation Workgroup	Activity	Performance Indicator	Status
PD & TA	1-1. Identify competencies related to SE development and incorporate them into EBPs (PSP Approach to Teaming and Coaching Model in Natural Learning Environments)	1. 100% of demonstration sites received SE Competencies 2. 100% of SE competencies are addressed across Shelden & Rush webinars and trainings	Completed 1. 100% of demonstration sites received the SE Competencies 2. 100% of SE competencies were addressed in the either the webinars and/or the trainings

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Implementation Workgroup	Activity	Performance Indicator	Status
Fiscal Staffing	1-2. Develop or modify and implement provider self- assessment tool regarding SE competencies and EBPs (PSP Approach to Teaming and Coaching Model in Natural Learning Environments)	85% of all providers (including new staff) in the demonstration sites complete the SE Competency Self- Assessment prior to the training, 6-months after the training, and at least once each following fiscal year.	<p>In Process</p> <p>Completion of the SE Competency Self-Assessment by providers:</p> <ul style="list-style-type: none"> • 93% prior to the training (baseline) • 85% (6 months after training, 7/2017) • 94% (1 year after training, 1/2018)
	1-3. Develop and implement a training plan for providers that addresses the SE competencies and EBPs (PSP Approach to Teaming and Coaching Model in Natural Learning Environments)	100% of EI providers identified as needing additional training based on SE Competencies Self-Assessment have an individualized training plan.	<p>In Process</p> <ul style="list-style-type: none"> • Tracking sheet developed to include all SE Competency Self-Assessment ratings/responses over time • Training Plan finalized • Workgroup is on track to implement other steps based on revised timelines
	2-1. Hire and/or retain appropriate number of qualified staff to support children with SE needs	<ol style="list-style-type: none"> 1. 90% of all positions in each demonstration site are filled 2. Staffing plan addresses 100% of staffing needs identified in staffing survey 	<p>In Process</p> <ul style="list-style-type: none"> • Staffing list data analyzed • Staffing Survey completed • Staffing Plan developed based on Staffing Survey (refer to Table 2) • Workgroup is on target to implement staffing plan based on revised timelines

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Implementation Workgroup	Activity	Performance Indicator	Status
Fiscal Telepractice	2-2. Develop and implement telepractice capability and procedures	100% of demonstration sites will increase delivering services via Tele-Practice by two hours per quarter	<p>In Process</p> <ul style="list-style-type: none"> • Equipment disseminated • Training developed and implemented based on procedural guidelines • Telepractice implemented
Monitoring & Accountability	3-1. Develop or modify and implement COS process training to include: <ul style="list-style-type: none"> • Purpose of COS • COS process including determining ratings • Engaging family/team in the process 	<ol style="list-style-type: none"> 1. 100% of trainings provided to demonstration sites include the COS components 2. 100% of EI providers in demonstration sites complete COS trainings 	<p>In Process</p> <ul style="list-style-type: none"> • Adopted ECTA's on-line COS training module • Training implemented at Demonstration Sites • Training included in EI Provider Orientation Checklist
	3-2. Develop and implement a monitoring process to improve implementation of the COS process.	<ol style="list-style-type: none"> 1. 85% of Care Coordinators (CCs) in demonstration sites will implement the COS Self-Assessment. 2. 100% of Demonstration Site will implement the COS monitoring process 3. 100% of Demonstration Site providers- 	<p>In Process</p> <ul style="list-style-type: none"> • COS Self-Assessment tool developed and implemented • COS Self-Assessment data analyzed • Workgroup is on target to develop and implement monitoring process based on revised timelines. • COS Self-

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Implementation Workgroup	Activity	Performance Indicator	Status
		identified as needing additional trainings/ support based on COS Self-Assessment and monitoring tool will have an individualized training plan.	Assessment included in EI Provider Orientation Checklist

No changes were made to the SIMR. FFY 2015 – FFY 2017 data exceeded the target established in Phase II of the SSIP. There was a slight decrease from FFY 2016 to FFY 2017; however, based on the meaningful difference calculator, the decrease is not significant. Since there has been progress compared to baseline data, the State is on the right path. There are many activities in progress such as coaching with fidelity, individualized training plans, recruiting and retaining staff, telepractice, COS process with fidelity, and using COS data for program improvement. When these activities are fully implemented, we intend to see an increase in the percentage of infants and toddlers making greater than expected growth in SE skills. Data will continue to be reviewed with stakeholders to determine if targets need to be adjusted.

a. Stakeholders involvement in the SSIP evaluation

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

The evaluation plan is part of the SSIP Action Plan Progress Report. Refer to Table 11 in Section B2 of this report for stakeholder involvement and how they were informed of ongoing evaluation of the SSIP.

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

Stakeholders participated in Implementation Workgroups that were responsible for collecting, managing, and analyzing evaluation data and the State Leadership Team where decisions were made. Stakeholders were also given opportunities to provide input prior to decisions being made as well as reviewing the SSIP Action Plan Progress Report that includes the evaluation plan. The State Team met with the Demonstration Site Program Managers monthly and they collected and provided data as well as feedback throughout the implementation process.

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Changes to implementation activities and/or evaluation plan were made according to data analysis. Refer to Section C.1g for examples of how stakeholders in implementation workgroups made decisions in implementation based on data analysis.

Refer to Table 11 in Section B2 of this report for stakeholder involvement and how they were involved in decision-making of ongoing evaluation of the SSIP.

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D. Data Quality Issues

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

Table 20 highlights the following components related to data quality:

- a. Concern or limitations related to the quality or quantity of the data used to report progress or results
- b. Implications for assessing progress or results
- c. Plans for improving data quality

Table 20

a. Concerns or Limitations	b. Implications	c. Plans for Improvement
Errors found in Demonstration Sites Staffing List	Contracts Coordinator corrects the errors found to ensure data is accurate and reliable.	Workgroup Co-Leads will work one on one with Demonstration Site Program Managers to ensure they understand how to complete the form. Based on feedback, instructions will be revised.
One program did not complete the COS training.	Incomplete data.	Program Managers will follow-up with providers and ensure they complete the training modules by April 30, 2018.

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E. Progress Toward Achieving Intended Improvements

1. Assessment of progress toward achieving intended improvements

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

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

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

In addition to what has previously been reported for the PD & TA Implementation Workgroup, work this past year focused on sustainability. The following activities were done to build the State's internal capacity for sustainability of the infrastructure needed to implement EBPs:

- Developed and implemented training modules so the State can provide training instead of contracting with Shelden and Rush:
 - ✓ PSP Approach to Teaming & Coaching Approach
 - ✓ MentoringNOTE: both modules were revised based on feedback from mentors and training participants
- Revised training and mentoring plan based on feedback from mentors. Mentoring portion of the plan includes peer mentoring and timelines. The State needs a pool of mentors to continue to provide mentoring to providers so the State does not need to contract with Shelden and Rush.
- Added on-line modules/webinars to EI Provider Orientation Checklist (required to be completed within two weeks of hire and a pre-requisite for the EI Orientation training). Training resources can also be used for existing staff as part of their Individualized Training Plan.
 - ✓ Early Intervention-Early Childhood Professional Development Community of Practice Modules:
 - Mission and Key Principles
 - Pillars of Early Intervention
 - Authentic Assessment
 - Child Outcomes

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- ✓ Sheldon & Rush Webinars
 - Natural Learning Environments
 - Coaching
 - PSP Approach to Teaming
- ✓ Telepractice (Demo sites only)

The Fiscal Staffing Implementation Workgroup confirmed for EIS through the staffing survey that compensation is an important factor in recruitment and retention. As a result, EIS submitted a request for funding increase based on the independent salary study. The State was awarded a \$2.7 million increase to the base budget (on-going) to support Purchase of Service Programs. The State also increased the differential pay for therapists in State Programs.

EIS also adjusted billable activities to support the non-direct service activities that supports the implementation of EBPs. For example, Demonstration Site Providers can bill for Family Support Team (FST) meetings and joint planning. This acknowledges the importance of the teaming process.

The development of the Staffing Plan will ensure programs have the appropriate number of qualified staff needed to support children with SE needs.

The Telepractice Implementation Workgroup worked with Pacific Basin Telehealth Resource Center to redo the training module to eliminate background noise so it can be used on an ongoing basis for new staff.

The Monitoring and Accountability Implementation Workgroup is in the process of finalizing a monitoring process that will be used to develop an individualized training plan as needed to support providers in implementing the COS process with fidelity. Training on how to use COS data for program improvement will be developed based on the COS Data Use Survey. The workgroup will also be exploring how to use existing processes (i.e., Corrective Action Plan) to assess Program Manager's ability to use COS data for program improvement.

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

The State developed a scale-up plan as part of sustainability efforts. In addition to the Demonstration Sites, four self-identified programs will be part of Cohort 1 for piloting the scaling up process. Due to State staff availability and time constraints, the following items have been selected for scaling up of EBPs (PSP Approach to Teaming and Coaching in Natural Learning Environments):

- Team structure
- Structured Family Support Team meetings
- Selecting the Primary Service Provider

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

As previously reported, Hawaii contracted with nationally recognized trainers Sheldon and Rush for training on EBPs (PSP Approach to Teaming and Coaching Model in Natural Learning Environments).

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

All the Demonstration Site providers participated in the training by Sheldon and Rush and received six (6) follow-up coaching calls. Of those that participated, 15% were practicing coaching fidelity by September 2017.

Based on the fidelity status results, the State extended Sheldon and Rush's contract to support other providers and mentors who are not yet practicing with fidelity. After the training and six (6) follow-up coaching calls, Sheldon and Rush's contract was extended which resulted in an increase in providers (58%) practicing coaching with fidelity by June 2018.

When Sheldon and Rush's contract ended, the State continued with mentors supporting providers to practicing coaching with fidelity. By March 2019, 59.5% of providers were practicing coaching with fidelity.

To support sustainability efforts, the mentoring plan was revised to ensure peer mentoring and mentoring meetings have been scheduled for peer support.

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

Tables 7-9 in Section A of this report summarizes the status of the short-term, intermediate and long-term outcomes. Further details are included in the SSIP Action Plan Progress Report (Appendix A).

Based on the revised implementation timelines, data comparisons and evidence of change for outputs and outcomes are expected to be reported next year (Table 18 & 19).

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- d. Measurable improvements in the SiMR in relation to targets

The SiMR target for FFY 2017 has been met. Further details are included in the SSIP Action Plan Progress Report (Appendix A).

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F. Plans for Next Year

1. Additional activities to be implemented next year, with timelines

Tables 3-5 in Section A of this report outline the Improvement Activities and status of the steps to achieve the improvement activities. All the steps that have not been initiated are targeted to be initiated and reported on next year.

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

While all the activities/steps in the Action Plan Progress Report (Appendix A) are important, Table 21 below highlights critical activities/steps the respective implementation workgroups will be developing and/or implementing next year to ensure progress towards achieving the SiMR.

Table 21

Implementation Workgroup	Activity Steps/Data Collection & Analysis
PD & TA	<ul style="list-style-type: none"> • Implement the SE Competency – Mentor Assessment to develop individual training plans • Continue supporting providers and Mentors in reaching fidelity of EBPs (Primary Service Provider and Coaching Model in Natural Learning Environments) • Implement Individualized Training Plan as part of the mentoring process to support providers implementation and maintenance of coaching practices with fidelity.
Fiscal – Staffing	<ul style="list-style-type: none"> • Implement staffing plan to address recruitment and retention.
Fiscal – Telepractice	<ul style="list-style-type: none"> • Continue implementing telepractice to utilize resources efficiently and address staff shortages.
M & A	<ul style="list-style-type: none"> • Develop monitoring tool to be used in the monitoring process. • Develop and implement monitoring process to determine if providers are implementing the COS process with fidelity and develop an individual training plan. • Develop and implement training on using COS data for program improvement to support the Program Managers in using COS data for program improvement.

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

Tables 3-5 in Section A of this report outline the Evaluation Activities and Outcomes that include the status of data collection and Table 10 in Section B of this report outlines the Status of output components and conclusions based on the completion of the respective portion of the output completed. All the activities and outcomes where data collection has not been initiated are targeted to be initiated and reported on next year:

- Professional Development and Technical Assistance Implementation Workgroup will collect and report data on development and implementation of individualized training plans related to SE competencies
- Staffing Implementation Workgroup plans to collect and report data related to the implementation of the staffing plan
- Telepractice Implementation Workgroup plans to collect and report data on:
 - ✓ Participation in Telepractice Training
 - ✓ Services delivered via telepractice
- Monitoring and Accountability Implementation Workgroup will collect and report data on:
 - ✓ Implementation of the COS monitoring process
 - ✓ Development and implementation of individualized training plans
 - ✓ Participation in COS Data Use for Program Improvement training
 - ✓ COS Data Use Self-Assessment
 - ✓ Implementing the COS process with fidelity

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

3. Anticipated barriers and steps to address those barriers

While the SSIP is important to enhancing Hawaii's early intervention system, competing priorities continues to be a challenge for implementation workgroups as the SSIP work is an added responsibility to staffs' existing job duties.

Currently the Action Plan Progress Report is submitted to the SSIP Coordinator on a quarterly basis. Effective July 2018, implementation workgroups update their Action Plan Progress Report within one month of receiving feedback from the SSIP Coordinator in addition to their quarterly submissions.

Staff turnovers and vacancies continue to be a barrier. When programs lost staff, resources had to shift to training new staff and providing mentoring to new staff.

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

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

Hawaii will continue to access TA around the overall implementation and evaluation of the SSIP. Specific TA will be requested based on need. For example, Anne Lucas will provide TA directly related to PD & TA (Strand 1); ECTA and NCSI will provide TA related to Telepractice (Strand 2), and Amy Nichols will provide TA directly related to the COS process (Strand 3). DaSy and NCSI (Margaret Gillis and Kathryn Morrison) will provide TA with data analysis across all three strands. In addition, Hawaii has been selected to be part of the Early Childhood Personnel Center Cohort 3 to develop the Comprehensive System of Personnel Development.

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

APPENDICES:

Appendix A: SSIP Action Plan Progress Report

Appendix B: Theory of Action

Appendix C: Logic Models

Strand 1: Professional Development and Technical Assistance

Strand 2: Fiscal

Strand 3: Monitoring and Accountability