

**State Performance Plan / Annual Performance Report:
Part C**

**for
STATE FORMULA GRANT PROGRAMS
under the
Individuals with Disabilities Education Act**

**For reporting on
FFY18**

Hawaii



PART C DUE February 3, 2020

**U.S. DEPARTMENT OF EDUCATION
WASHINGTON, DC 20202**

Introduction

Instructions

Provide sufficient detail to ensure that the Secretary and the public are informed of and understand the State's systems designed to drive improved results for infants and toddlers with disabilities and their families and to ensure that the Lead Agency (LA) meets the requirements of Part C of the IDEA. This introduction must include descriptions of the State's General Supervision System, Technical Assistance System, Professional Development System, Stakeholder Involvement, and Reporting to the Public.

Intro - Indicator Data

Executive Summary

The Hawai'i Department of Health (HDOH) is designated as the Lead Agency (LA) for Part C of the Individuals with Disabilities Education Act (IDEA) and ensures the provision of early intervention (EI) services to eligible infants and toddlers with special needs and their families in accordance with the provision of Part C through the HDOH Early Intervention Section (EIS). EIS is under the supervision of the Children with Special Health Needs Branch within the Family Health Services Division, Health Resources Administration.

For FFY 2018 (7/1/18 - 6/30/19) there were 18 Early Intervention (EI) programs statewide that served infants and toddlers that met the eligibility criteria below and their families.

1. Developmentally Delayed

Children under the age of three (3) has a significant delay in one or more of the following areas of development: physical; cognitive; communication; social or emotional; and adaptive based on one of the following criteria:

- <-1.0 SD in at least two or more areas or sub-areas of development
- <-1.4 SD in at least one area or sub-area of development
- Multidisciplinary team observations and informed clinical opinion when the child's scores cannot be measured by the evaluation instrument.

2. Biological Risk

Children under the age of three (3) with a signed statement or report by a qualified provider that includes a diagnosis of a physical or mental condition that has a high probability of resulting in developmental delay if early intervention services are not provided. This includes, but is not limited to the following conditions:

- Chromosomal abnormalities
- Genetic or congenital disorders
- Severe sensory impairments
- Inborn errors of metabolism
- Disorders reflecting disturbance of the development of the nervous system
- Congenital infections
- Disorders secondary to exposure to toxic substances, including fetal alcohol syndrome
- Severe attachment disorders
- Autism Spectrum Disorder

The State of Hawai'i is committed to providing early intervention services to infants and toddlers with special needs and their families in accordance with Part C of IDEA. The provision of EI is guided by the following principles:

- A spirit of our island community embraces and values every child, woman, and man and is continually enriched by the diversity of its members.
- The community recognizes that families are the most important influence in their child's life.
- The development of infants and toddlers are best applied within the context of the family environment. Infants and toddlers with special needs and their families have inherent strengths and challenges and will be treated with respect and kindness.
- Families are viewed holistically and therefore, must be empowered to use their strengths in gaining access to resources for their child across agencies and disciplines. These resources must be nurturing, value cultural diversity, and aimed at improvement outcomes that involve developmental growth, safety, health, education, and economic security.
- All early intervention efforts are collaborative and work towards outcomes that are based on the changing priorities and needs of children with special needs and their families.
- The combined early intervention efforts and individual accountability across public and private agencies and providers help make this vision a reality.

General Supervision System

The systems that are in place to ensure that IDEA Part C requirements are met, e.g., monitoring systems, dispute resolution systems.

A. Monitoring System

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

Step 1: Monitoring

All Part C EI programs are monitored annually. Data is gathered from the Hawai'i Early Intervention Data System (HEIDS), 618 data, and on-site monitoring utilizing the Self-Assessment Monitoring (SAM) tool to ensure that all programs are in compliance with IDEA Part C requirements. The following data sources are used to gather and report data in the Annual Performance Report (APR):

- Indicator 1: SAM data
- Indicator 2: 618 Data
- Indicator 3: Database Data
- Indicator 4: Statewide Family Survey
- Indicator 5: 618 Data

- Indicator 6: 618 Data
- Indicator 7: Database Data
- Indicator 8: Database Data
- Indicator 9: 618 Data
- Indicator 10: 618 Data
- Indicator 11: N/A

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

Priority Area 1: Timeliness

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

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

Priority Area 2: IFSP Development

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

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

Priority Area 3: EI Child Outcomes

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

- Item 3a: Initial EI Child Outcomes ratings were completed
- Item 3b: Exit EI Child Outcomes ratings were completed

Priority Area 4: Procedural Safeguards

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

- Item 4a: Family Education Rights and Privacy Act (FERPA) Notice - Explained/provided at Intake and explained/offered at IFSP Meetings
- Item 4b: Procedural Safeguards Brochure and IDEA Regulations – Explained /provided at Intake and explained/offered at IFSP Meetings
- Item 4c: Written Prior Notice provided prior to MDE, at eligibility determination, and prior to IFSP meeting
- Item 4d: Written Consent for MDE obtained
- Item 4e: Written Consent Prior to Initiation of EI Services

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

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

- Item 5a: Appropriate individuals were invited to the transition conference.

Priority Area 6: Data Validation

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

- Item 6a: Date of Birth
- Item 6b: Part C Referral Date
- Item 6c: Initial IFSP
- Item 6d: Service Location
- Item 6e: Exit Date
- Item 6f: Transition Plan
- Item 6g: Transition Notice – Date sent or "opt out"
- Item 6h: Transition Conference – Date of conference or "decline"
- Item 6i: FERPA Notice – discussed and provided during
- Intake Item 6j: Family Rights – discussed and provided during
- Intake Item 6k: MDE Consent
- Item 6l: EI Goals Initial Rating Date
- Item 6m: EI Goals Rating 1B
- Item 6n: EI Goals Rating 2B
- Item 6o: EI Goals Rating 3B
- Item 6p: EI Goals Exit Rating Date
- Item 6q: EI Goals Exit Rating 1A
- Item 6r: EI Goals Exit Rating 1B
- Item 6s: EI Goals Exit Rating 2A
- Item 6t: EI Goals Exit Rating 2B
- Item 6u: EI Goals Exit Rating 3A
- Item 6v: EI Goals Exit Rating 3B

Step 2: Part C LA Responsibilities

The Part C LA is responsible for ensuring that: 1) EI Programs provide data, as required, to show that their programs meet IDEA Part C compliance; 2) feedback is provided to each EI Programs as to whether the program's data is sufficient to show compliance; 3) areas of non-compliance are identified; 4) EI Programs are notified of areas of non-compliance; and 5) required actions are taken such as developing a Corrective Action Plan (CAP), submitting evidence to show correction, as well as, developing program specific improvement strategies to address non-compliance. In addition, the Part C LA conducts data validation as part of the SAM process. If the required actions are insufficient to show progress toward compliance, Part C LA may impose sanctions on the EI Programs.

B. Dispute Resolution

At Intake, families are provided information regarding their procedural safeguards, as described in the "Family Rights" brochure, which includes an insert of Section 303.400-303.460, the Part C procedural safeguards system. They are also informed of the process on who to contact if they have any concerns about services as well as, how to make a formal complaint and the due process procedure. It is recommended that if families have concerns, they should first discuss their concerns with their Care Coordinator (CC) so an IFSP Review meeting can be scheduled, if appropriate. If families feel their concerns are not adequately resolved, they can contact the program's supervisor or the Part C Coordinator prior to filing a written complaint. A written complaint or due process should be filed if the family feels that the Part C program has violated a Part C requirement. Mediation will be offered if a request for a due process hearing is submitted. Procedural safeguards are also explained, and written information is offered at every IFSP meeting, when the family expresses concerns and is part of the Prior Written Notice.

Technical Assistance System:

The mechanisms that the State has in place to ensure the timely delivery of high quality, evidenced based technical assistance and support to early intervention service (EIS) programs.

National Technical Assistance (TA) Accessed:

The Part C LA consulted with the Early Childhood Technical Assistance (ECTA) Center, The Center for IDEA Early Childhood Data Systems (DaSy), and the National Center for Systemic Improvement (NCSI) on how to improve compliance and performance across APR indicators. ECTA, DaSy and NCSI provided clarification on DEC recommended practices, child outcomes, social-emotional development, Primary Service Provider Approach to Teaming, Coaching Model and shared resources. The Part C LA sent representatives to various conferences to access TA such as: Early Childhood Personnel Center Leadership Institute; and Social and Emotional Outcomes Cross State Learning Collaborative.

The Part C LA participated on webinars and learning collaboratives/community of practices which provided an on-going opportunity to hear what other States are doing as well as, ideas/strategies to enhance Hawai'i's system.

In response to Hawai'i's targeted TA from OSEP during an on-site visit in January 2019, the Part C LA continued to work with national TA consultants to explore revising Hawai'i's General Supervision (GS) process to address long standing noncompliance, especially Indicator 1: Timely Services.

Local TA provided:

- At quarterly Program Manager meetings, Program Managers and State staff that provide local programs with TA are informed of any updates to procedural guidelines and opportunities are provided if clarification is needed regarding the EI system and delivery of services.
- Programs e-mail the Part C LA if any questions arise related to the EIS Policies and Procedures using a "Q & A" template that includes: question(s); written resources accessed; Program Manager response.
- Programs may request on-site TA as needed.
- Programs submit a technical assistance form on a quarterly basis so the State can track TA being provided to Programs related to indicators with on-going noncompliance.

As a result of OSEP's Differential Monitoring and Support (DMS) official letter with required actions regarding timely service provisions, Hawai'i reported to OSEP:

- How providers are aware of the timely service provision requirement
- Changes made within the Corrective Action Plan (CAP) process which is part of the General Supervision system
- National TA accessed to:
 - o Review and revise Hawai'i's General Supervision system that includes the CAP process
 - o Connect Hawai'i with other States that have long standing noncompliance and to gather information on strategies they implemented to support correction for timely service provision
 - o Help with data analysis
- Updates to Hawai'i's EI system that were identified as strategies to help with meeting the timely service provision requirement such as the web-based data system, State Systemic Improvement Plan (SSIP) workgroups, especially the staffing implementation and telepractice workgroups. If the workgroups meet their outcomes, it will help the State improve timely services. National TA consultants from ECTA, DaSy, and NCSI provided Hawai'i with guidance, resources, and linked Hawai'i with other States regarding telepractice.

Professional Development System:

The mechanisms the State has in place to ensure that service providers are effectively providing services that improve results for infants and toddlers with disabilities and their families.

The Part C Lead Agency provides a four-day Part C EI Orientation for all new staff that is also open to any existing staff that requests to attend. Annual Refresher trainings are offered at least once a year and may be on a specific topic to address a need identified through monitoring or training needs assessment. On-line training modules on the COS Process were piloted with all providers in the SSIP Demonstration Sites and will be implemented to all programs statewide. The Part C LA collaborated with ECTA/DaSy/NCSI to provide training on writing functional outcomes to all programs statewide. SSIP Demonstration Sites also completed the Social Emotional Competencies Self-Assessment pre and post training and it will be used on an annual basis to develop an individualized training plan. It will also be used by the State as an assessment of statewide training that may be needed.

The Part C Lead Agency receives TA from the National Early Childhood Personnel Center (ECPC). Hawai'i transitioned from the Leadership Cohort to the Intensive early childhood comprehensive system of personnel development (CSPD) Cohort in 2019 to continue its work to create an integrated early CSPD that will result in a collaborative, knowledgeable and highly qualified workforce. This workforce will provide culturally and linguistically responsive early learning services to children birth to five with special needs and their families that are linked to national standards and integrated within personnel systems in Hawai'i.

The Core Planning Team consists of representatives from the following organizations: Part C EI (DOH), Part B 619 Preschool Special Education (DOE), Early Childhood (DOH, Executive Office of Early Learning, Early Childhood Action Strategy), Higher Education/University Center of Excellence

on Developmental Disabilities (University of Hawai'i (UH), UH Center on Disabilities Studies), Hawai'i Teacher Standards Board; Early Head Start/Head Start and families (Parent representative, Leadership in Disabilities and Achievement in Hawai'i).

Hawai'i held a strategic planning meeting in March of 2019 to complete a needs assessment and initial planning using the ECTA/ECPC Systems Framework for personnel development. Workgroups have been formed to address the six (6) CSPD components identified in the ECTA/ECPC Systems Framework.

Stakeholder Involvement:

The mechanism for soliciting broad stakeholder input on targets in the SPP/APR, and any subsequent revisions that the State has made to those targets, and the development and implementation of Indicator 11, the State's Systemic Improvement Plan (SSIP).

APR Process

The process to develop Hawai'i's APR for FFY 2018 included:

1. The HDOH, EIS which is identified as the Part C LA worked with the EI System Improvement Team to address specific indicators as identified in the approved APR/State Performance Plan (SPP).
2. On-going meetings with the identified EI System Improvement and Training Team were held to prepare them to facilitate workgroups at the statewide Annual Stakeholders' Meeting.
3. Broad dissemination regarding the Stakeholders' Meeting to determine interest by agency, Hawai'i Early Intervention Coordinating Council (HEICC), and community members to ensure appropriate input into the review process.
4. Group discussion at the Stakeholder Meeting on specific indicators. Each group was provided with copies of the Indicator targets, FFY 2018 APR data, FFY 2017 APR data, and other relevant data so the group could determine:
 - Whether the target was met.
 - The extent of progress/slippage for each indicator. Possible reasons for slippage.
 - If performance indicator targets should be revised, including justification for any revisions.
5. Final recommendations by indicator were presented to all stakeholders.
6. Recommendations were reviewed by the identified members of the EI System Improvement Team and the Part C LA.
7. The APR was drafted by members of the EI System Improvement Team and the Part C LA.
8. The APR draft was reviewed and revised, as necessary, by the Part C Coordinator.
9. The APR was reviewed and approved by the HEICC. As authorized by the HEICC, the HEICC Chairperson reviewed and signed the APR certification form.
10. The APR was sent to the Director of Health to review.
11. The APR was submitted to OSEP as required.
12. The APR was posted on the HDOH EIS website.

Broad Representation

A stakeholder group of approximately 75 individuals provided recommendations to the development of the APR. Because of Hawai'i's broad eligibility and geography, it was important that there was broad representation that included: Part C EI service providers and family members from all islands, from urban and rural areas, as well as the different ethnic and cultural groups that represent Hawai'i's population. The following stakeholders from the islands of Oahu, Hawai'i, Maui County, and Kauai were invited:

- Members of the HEICC
- HDOH administrators, care coordinators (Hawai'i's terminology for service coordinators), direct service providers, quality assurance specialists, data staff, personnel training staff, and contracted providers from:

- o Family Health Services Division (FHSD)
- o Children with Special Health Care Needs Branch (CSHNB) Public Health Nursing Branch (PHNB)
- o EIS
- o Home Visiting Network

- Department of Human Services (DHS) administrators Department of Education (DOE) Section 619 District Coordinators Community Members, including representatives from:

- o Early Head Start/Head Start
- o Parent Training Institute (Learning Disability Association of Hawai'i)

- Parents

Apply stakeholder involvement from introduction to all Part C results indicators (y/n)

YES

Reporting to the Public:

How and where the State reported to the public on the FFY 2017 performance of each EIS Program located in the State on the targets in the SPP/APR as soon as practicable, but no later than 120 days following the State's submission of its FFY 2017 APR, as required by 34 CFR §303.702(b)(1)(i)(A); and a description of where, on its website, a complete copy of the State's SPP/APR, including any revision if the State has revised the targets that it submitted with its FFY 2017 APR in 2019, is available.

The SPP/APR and performance of each EIS Program in the State for FFY 2017 will be posted on the HDOH EIS website (<http://health.Hawai'i.gov/eis/home/documents-and-reports/>) within 120 days of the State's submission of the FFY 2018 SPP/APR in February 2020.

Intro - Prior FFY Required Actions

None

Response to actions required in FFY 2017 SPP/APR

Intro - OSEP Response

The State's determinations for both 2018 and 2019 were Needs Assistance. Pursuant to sections 616(e)(1) and 642 of the IDEA and 34 C.F.R. § 303.704(a), OSEP's June 18, 2019 determination letter informed the State that it must report with its FFY 2018 SPP/APR submission, due February 3, 2020, on: (1) the technical assistance sources from which the State received assistance; and (2) the actions the State took as a result of that technical assistance. The State provided the required information.

States were instructed to submit Phase III, Year Four, of the State Systemic Improvement Plan (SSIP), indicator C-11, by April 1, 2020. The State provided the required information. The State provided a target for FFY 2019 for this indicator, and OSEP accepts the target.

OSEP issued a monitoring report to the State on July 18, 2019. OSEP is currently reviewing the State's response submitted on October 15, 2019 and will respond under separate cover.

Intro - Required Actions

In the FFY 2019 SPP/APR, the State must report FFY 2019 data for the State-identified Measurable Result (SiMR). Additionally, the State must, consistent with its evaluation plan described in Phase II, assess and report on its progress in implementing the SSIP. Specifically, the State must provide: (1) a narrative or graphic representation of the principal activities implemented in Phase III, Year Five; (2) measures and outcomes that were implemented and achieved since the State's last SSIP submission (i.e., April 1, 2020); (3) a summary of the SSIP's coherent improvement strategies, including infrastructure improvement strategies and evidence-based practices that were implemented and progress toward short-term and long-term outcomes that are intended to impact the SiMR; and (4) any supporting data that demonstrates that implementation of these activities is impacting the State's capacity to improve its SiMR data.

Indicator 1: Timely Provision of Services

Instructions and Measurement

Monitoring Priority: Early Intervention Services In Natural Environments

Compliance indicator: Percent of infants and toddlers with Individual Family Service Plans(IFSPs) who receive the early intervention services on their IFSPs in a timely manner. (20 U.S.C. 1416(a)(3)(A) and 1442)

Data Source

Data to be taken from monitoring or State data system and must be based on actual, not an average, number of days. Include the State's criteria for "timely" receipt of early intervention services (i.e., the time period from parent consent to when IFSP services are actually initiated).

Measurement

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

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

Instructions

If data are from State monitoring, describe the method used to select early intervention service (EIS) programs for monitoring. If data are from a State database, describe the time period in which the data were collected (e.g., September through December, fourth quarter, selection from the full reporting period) and how the data accurately reflect data for infants and toddlers with IFSPs for the full reporting period.

Targets must be 100%.

Describe the results of the calculations and compare the results to the target. Describe the method used to collect these data and if data are from the State's monitoring, describe the procedures used to collect these data. States report in both the numerator and denominator under Indicator 1 on the number of children for whom the State ensured the timely initiation of new services identified on the IFSP. Include the timely initiation of new early intervention services from both initial IFSPs and subsequent IFSPs. Provide actual numbers used in the calculation.

The State's timeliness measure for this indicator must be either: (1) a time period that runs from when the parent consents to IFSP services; or (2) the IFSP initiation date (established by the IFSP Team, including the parent).

States are not required to report in their calculation the number of children for whom the State has identified the cause for the delay as exceptional family circumstances, as defined in 34 CFR §303.310(b), documented in the child's record. If a State chooses to report in its calculation children for whom the State has identified the cause for the delay as exceptional family circumstances documented in the child's record, the numbers of these children are to be included in the numerator and denominator. Include in the discussion of the data, the numbers the State used to determine its calculation under this indicator and report separately the number of documented delays attributable to exceptional family circumstances.

Provide detailed information about the timely correction of noncompliance as noted in the Office of Special Education Programs' (OSEP's) response table for the previous SPP/APR. If the State did not ensure timely correction of the previous noncompliance, provide information on the extent to which noncompliance was subsequently corrected (more than one year after identification). In addition, provide information regarding the nature of any continuing noncompliance, methods to ensure correction, and any enforcement actions that were taken.

If the State reported less than 100% compliance for the previous reporting period (e.g., for the FFY 2018 SPP/APR, the data for FFY 2017), and the State did not identify any findings of noncompliance, provide an explanation of why the State did not identify any findings of noncompliance.

1 - Indicator Data

Historical Data

Baseline	2013	63.03%			
FFY	2013	2014	2015	2016	2017
Target	100%	100%	100%	100%	100%
Data	63.03%	67.14%	67.14%	57.69%	73.23%

Targets

FFY	2018	2019
Target	100%	100%

FFY 2018 SPP/APR Data

Number of infants and toddlers with IFSPs who receive the early intervention services on their IFSPs in a timely manner	Total number of infants and toddlers with IFSPs	FFY 2017 Data	FFY 2018 Target	FFY 2018 Data	Status	Slippage
116	198	73.23%	100%	72.22%	Did Not Meet Target	Slippage

Provide reasons for slippage, if applicable

Staff shortages and staff turnover impacts the program in implementing all aspects of early intervention. When there are staff shortages, there are delays in providing timely services (within 30 days of the signed IFSP). Staff shortages results in providers having higher caseloads which results in full schedules and incomplete and/or untimely documentation of services and attempts to schedule service sessions with the family.

Number of documented delays attributable to exceptional family circumstances

This number will be added to the "Number of infants and toddlers with IFSPs who receive their early intervention services on their IFSPs in a timely manner" field above to calculate the numerator for this indicator.

27

Include your State's criteria for "timely" receipt of early intervention services (i.e., the time period from parent consent to when IFSP services are actually initiated).

Hawai'i's definition of timely services is consistent with OSEP's direction as included in the Frequently Asked Questions (FAQ) document of 10/13/06. Timely services are defined as: "within 30 days from when the parent provides consent for the IFSP service."

What is the source of the data provided for this indicator?

State monitoring

Describe the method used to select EIS programs for monitoring.

A total of 270 records were selected for on-site monitoring within the time period 7/1/18- 6/30/19 across all 18 Part C programs. The EI Self-Assessment Monitoring (SAM) Tool which was developed by Part C LA with feedback from EI providers was utilized to gather data.

For FFY 2018, the Part C LA Monitoring Team completed the SAM tool for each of the EI programs.

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 7/1/18 – 3/31/19 were obtained by Part C LA from each program. The timeframe was chosen to ensure that there were 30 days to confirm that services were provided in a timely manner within FFY 2018 at the time of monitoring.
- Part C LA identified 10% of children at each program/section based on the 12/1/18 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. This resulted in a review of 270 charts.
- 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. Therefore, for this indicator the results were based on new and timely services for 198 children as 72 children had no new services identified on either their Review or Annual IFSP.

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 Hawai'i's definition for timely services. If a child/family had multiple services listed on the IFSP, all services must have been initiated within 30 days for the services to be considered timely for the child/family.

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

- Service provided must be documented and signed and dated by the provider in accordance with Part C LA documentation guidelines and filed in the child's official record.
- If the service was provided by a PHN, the provider must verbally inform the service coordinator of the date services were initiated (the CC documents the conversation) or provide copy of written documentation.
- If the service was not timely due to an "exceptional family reason," the family reason, using the Late Reason List (e.g., child was sick; family on vacation) must be documented in the child's official record.
- If the service was late, and there was no documentation of an exceptional family reason (only a date of when the service occurred), it was considered a program reason and therefore did not meet the definition of timely services.
- If there was no documentation that the service was provided, it was considered a program reason and therefore did not meet the definition of timely services.

Self-Assessment Results

- Raw data was gathered by Part C LA.
- Data was inputted into the SAM database, which was developed by Part C LA. Data was analyzed for noncompliance with Timely Services.
- Data was given to each program as part of the notification of FFY 2019 findings based on data from FFY 2018.

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 were contacted, as necessary, for additional data to confirm results.
- The SAM results were revised, if necessary, based on additional data received.

Provide the time period in which the data were collected (e.g., September through December, fourth quarter, selection from the full reporting period).

XXX

Describe how the data accurately reflect data for infants and toddlers with IFSPs for the full reporting period.

XXX

If needed, provide additional information about this indicator here.

FFY 2018 Actual Data Discussion:

Data for the percent of infants and toddlers with IFSPs who received the EI services on their IFSPs in a timely manner was from on-site monitoring data (refer to the section above for a description of the "Monitoring Process").

143 of 198 (72%) of infants and toddlers monitored received EI services on their IFSPs in a timely manner.

Exceptional Family Circumstances. 27 of the 198 (14%) infants and toddlers monitored did not receive timely services due to exceptional family circumstances as defined by IDEA Part C. This number is included in both the above numerator and denominator.

Program Reasons for Delays. 55 of the 198 (28%) infants and toddlers monitored did not receive timely services due to program reasons. The two predominate program reasons that impacted the provision of timely services were no documentation and staff vacancies

Correction of Findings of Noncompliance Identified in FFY 2017

Findings of Noncompliance Identified	Findings of Noncompliance Verified as Corrected Within One Year	Findings of Noncompliance Subsequently Corrected	Findings Not Yet Verified as Corrected
5	4	0	1

FFY 2017 Findings of Noncompliance Verified as Corrected

Describe how the State verified that the source of noncompliance is correctly implementing the regulatory requirements

The state accounted for all instances of noncompliance through on-site monitoring (refer to preceding section on “Monitoring Process”).

All Programs were notified in writing of any noncompliance. Programs are required to develop a Corrective Action Plan (CAP), change policies and procedures, as appropriate, and demonstrate correction of all noncompliance (e.g., child specific and up-dated data) as soon as possible but no later than one year of identification (i.e., date of written notification).

In verifying correction of noncompliance, the state determined that each of the EI programs with identified noncompliance was correctly implementing the requirements. Programs with identified noncompliance were required to complete “Worksheet A” from the SAM tool for every child who had an Initial, 6-month Review, and Annual IFSP. The Programs were required to submit updated data to demonstrate correction based on the monitoring data percentage as follows:

- 95% - 100%: 1 month of data that shows 100% with a minimum of 2 records total
- 90% - 94%: 1 month of data that shows 100% with a minimum of 4 records total
- 80% - 89%: 2 months of data that show 100% with a minimum of 6 records total
- 70% - 79%: 2 months of data that show 100% with a minimum of 8 records total
- Under 70%: 3 consecutive months that show 100% with a minimum of 10 records total

The Part C LA verified with the Programs and ensured that the program submitted required evidence of correction documentation based on the percentage of noncompliance:

- 4 programs demonstrated correction as outlined above within one year of notification:
- Program 1 submitted two consecutive months of data that showed 100% for a total of 31 records.
 - Program 2 submitted three consecutive months of data that showed 100% for a total of 10 records.
 - Program 3 submitted three consecutive months of data that showed 100% for a total of 36 records.
 - Program 4 submitted one month of data that showed 100% for a total of 18 records.

Describe how the State verified that each individual case of noncompliance was corrected

The Part C LA verified that each of the EI Programs with findings of noncompliance for not initiating services in a timely manner, initiated all services, although late, unless the child was no longer residing within the jurisdiction of the EI Program. As previously reported in FFY 2017 APR:

There were 53 children where services were not initiated in a timely manner due to program reasons: six children were no longer residing within the jurisdiction of the EI Program before the service was implemented; for four children, the service was discontinued before it was initiated, and the remaining 43 children’s services on their IFSP were initiated, although late.

At the time of the on-site monitoring, “Worksheet A” from the SAM tool was completed by the monitors. The actual start date of each service was documented on Worksheet A and verified at the time of the on-site monitoring. If the service(s) did not occur prior to the monitoring date, the Program had to immediately correct by providing those services(s) on the IFSP, although late, and submit documentation to the Part C LA that indicated when the service was initiated.

FFY 2017 Findings of Noncompliance Not Yet Verified as Corrected

Actions taken if noncompliance not corrected

The one Program with on-going noncompliance was required to complete the Local Contributing Factor Tool (LCFT) for Indicators 1 and 9 (Indicator 9 LCFT focuses on long standing noncompliance) that addresses underlying factors impacting local performance and to develop meaningful CAPs. Strategies to address root causes and progress on the strategies were to be included in their respective monthly CAP report. In addition, the Program was required to complete the Programming On-going Noncompliance Worksheet that included the following components:

- System to track timely services
- Tracking attempts to schedule visits and reasons why a service is late
- Barrier(s) and possible solutions to providing timely services
- Does the documented reason why a service is late match determined barriers to providing timely services
- What technical assistance (TA) they have accessed from the State
- Additional TA requests from the State

Due to inconsistency of submitting monthly CAP reports, the Program was also instructed to submit weekly status reports of all indicators with long-standing noncompliance. The State LA calls the Program every two weeks to check in regarding the provision of timely services and to provide technical assistance as needed regarding tracking and implementation of the requirement.

Effective October 1, 2019, the Program was required to submit the Timely Service Summary Log with their monthly CAP to ensure documentation of service delivery and the reason why a service was late or still pending. If the service was provided and there was no documentation, the provider was required to do a late entry for the provision of service. It also identifies services late by provider so the Program Manager can identify root causes and develop appropriate strategies for program improvement.

Correction of Findings of Noncompliance Identified Prior to FFY 2017

Year Findings of Noncompliance Were Identified	Findings of Noncompliance Not Yet Verified as Corrected as of FFY 2017 APR	Findings of Noncompliance Verified as Corrected	Findings Not Yet Verified as Corrected
FFY 2016	3	0	3
FFY 2015	1	1	0

Year Findings of Noncompliance Were Identified	Findings of Noncompliance Not Yet Verified as Corrected as of FFY 2017 APR	Findings of Noncompliance Verified as Corrected	Findings Not Yet Verified as Corrected
FFY 2014	1	0	1

FFY 2016

Findings of Noncompliance Verified as Corrected

Describe how the State verified that the source of noncompliance is correctly implementing the *regulatory requirements*

XXX

Describe how the State verified that each *individual case* of noncompliance was corrected

XXX

FFY 2016

Findings of Noncompliance Not Yet Verified as Corrected

Actions taken if noncompliance not corrected

The three Programs with on-going noncompliance were required to complete the Local Contributing Factor Tool (LCFT) for Indicators 1 and 9 (Indicator 9 LCFT focuses on long standing noncompliance) that addresses underlying factors impacting local performance and to develop meaningful CAPs. Strategies to address root causes and progress on the strategies were to be included in their respective monthly CAP report. In addition, the Programs were required to complete the Programming On-going Noncompliance Worksheet that included the following components:

- System to track timely services
- Tracking attempts to schedule visits and reasons why a service is late
- Barrier(s) and possible solutions to providing timely services
- Does the documented reason why a service is late match determined barriers to providing timely services
- What technical assistance (TA) they have accessed from the State
- Additional TA requests from the State

The State LA calls the Program every two weeks to check in regarding the provision of timely services and to provide technical assistance as needed regarding tracking and implementation of the requirement.

Effective October 1, 2019, the Program was required to submit the Timely Service Summary Log with their monthly CAP to ensure documentation of service delivery and the reason why a service was late or still pending. If the service was provided and there was no documentation, the provider was required to do a late entry for the provision of service. It also identifies services late by provider so the Program Manager can identify root causes and develop appropriate strategies for program improvement.

FFY 2015

Findings of Noncompliance Verified as Corrected

Describe how the State verified that the source of noncompliance is correctly implementing the *regulatory requirements*

The state accounted for all instances of noncompliance identified through on-site monitoring (refer to preceding section on "Monitoring Process").

All Programs were notified in writing of any noncompliance. Programs were required to develop a Corrective Action Plan (CAP), change policies and procedures, as appropriate, and demonstrate correction of all noncompliance (e.g., child specific and up-dated data) as soon as possible but no later than one year of identification (i.e., date of written notification).

In verifying correction of noncompliance, the state determined that each of the EI programs with identified noncompliance was correctly implementing the requirements. Programs with identified noncompliance were required to complete "Worksheet A" from the SAM tool for every child who had an Initial, 6-month Review, and Annual IFSP. The Programs were required to submit this updated data to demonstrate correction based on the monitoring data percentage as follows:

- 95% - 100%:1 month of data that shows 100% with a minimum of 2 records total
- 90% - 94%:1 month of data that shows 100% with a minimum of 4 records total
- 80% - 89%:2 months of data that show 100% with a minimum of 6 records total
- 70% - 79%: 2 months of data that show 100% with a minimum of 8 records total
- Under 70%:3 consecutive months that show 100% with a minimum of 10 records total

The Part C LA verified with the Program and ensured that the program submitted required evidence of correction documentation based on the percentage of noncompliance:

The one remaining program demonstrated subsequent correction as outlined above since the submittal of FFY17 APR:

- Program 1 submitted two months of data that show 100% for a total of 17 records

Describe how the State verified that each *individual case* of noncompliance was corrected

The Part C LA verified that each of the EI Programs with findings of noncompliance for not initiating services in a timely manner, initiated all services, although late, unless the child was no longer residing within the jurisdiction of the EI Program. As previously reported in FFY 2015 APR:

There were 69 children where services were not initiated in a timely manner due to program reasons; seven children were no longer residing within the jurisdiction of the EI Program before the service was implemented; and the remaining 62 children's services on their IFSP were initiated, although late.

At the time of the on-site monitoring, "Worksheet A" from the SAM tool was completed by the monitors. The actual start date of each service was documented on Worksheet A and verified at the time of the on-site monitoring. If the service(s) did not occur prior to the monitoring date, the Program had to immediately correct by providing those services(s) on the IFSP, although late, and submit documentation to the Part C LA that indicated when the service was initiated.

FFY 2015

Findings of Noncompliance Not Yet Verified as Corrected

Actions taken if noncompliance not corrected

XXX

FFY 2014

Findings of Noncompliance Verified as Corrected

Describe how the State verified that the source of noncompliance is correctly implementing the *regulatory requirements*

XXX

Describe how the State verified that each *individual case of noncompliance* was corrected

XXX

FFY 2014

Findings of Noncompliance Not Yet Verified as Corrected

Actions taken if noncompliance not corrected

The one Program with on-going noncompliance was required to complete the Local Contributing Factor Tool (LCFT) for Indicators 1 and 9 (Indicator 9 LCFT focuses on long standing noncompliance) that addresses underlying factors impacting local performance and to develop meaningful CAPs. Strategies to address root causes and progress on the strategies were to be included in their respective monthly CAP report. In addition, the Program was required to complete the Programming On-going Noncompliance Worksheet that included the following components:

- System to track timely services
- Tracking attempts to schedule visits and reasons why a service is late
- Barrier(s) and possible solutions to providing timely services
- Does the documented reason why a service is late match determined barriers to providing timely services
- What technical assistance (TA) they have accessed from the State
- Additional TA requests from the State

The State LA calls the Program every two weeks to check in regarding the provision of timely services and to provide technical assistance as needed regarding tracking and implementation of the requirement.

Effective October 1, 2019, the Program was required to submit the Timely Service Summary Log with their monthly CAP to ensure documentation of service delivery and the reason why a service was late or still pending. If the service was provided and there was no documentation, the provider was required to do a late entry for the provision of service. It also identifies services late by provider so the Program Manager can identify root causes and develop appropriate strategies for program improvement.

1 - Prior FFY Required Actions

None

Response to actions required in FFY 2017 SPP/APR

1 - OSEP Response

Because the State reported less than 100% compliance for FFY 2018, the State must report on the status of correction of noncompliance identified in FFY 2018 for this indicator. In addition, the State must demonstrate, in the FFY 2019 SPP/APR, that the remaining five uncorrected findings of noncompliance identified in FFYs 2017 (one finding), 2016 (three findings), and 2014 (one finding) were corrected.

When reporting on the correction of noncompliance, the State must report, in the FFY 2019 SPP/APR, that it has verified that each EIS program or provider with findings of noncompliance identified in FFY 2018 and each EIS program or provider with remaining noncompliance identified in FFYs 2017, 2016, and 2014: (1) is correctly implementing the specific regulatory requirements (i.e., achieved 100% compliance) based on a review of updated data such as data subsequently collected through on-site monitoring or a State data system; and (2) has corrected each individual case of noncompliance, unless the child is no longer within the jurisdiction of the EIS program or provider, consistent with OSEP Memo 09-02. In the FFY 2019 SPP/APR, the State must describe the specific actions that were taken to verify the correction.

If the State did not identify any findings of noncompliance in FFY 2018, although its FFY 2018 data reflect less than 100% compliance, provide an explanation of why the State did not identify any findings of noncompliance in FFY 2018.

1 - Required Actions

Indicator 2: Services in Natural Environments

Instructions and Measurement

Monitoring Priority: Early Intervention Services In Natural Environments

Results indicator: Percent of infants and toddlers with IFSPs who primarily receive early intervention services in the home or community-based settings. (20 U.S.C. 1416(a)(3)(A) and 1442)

Data Source

Data collected under section 618 of the IDEA (IDEA Part C Child Count and Settings data collection in the EDFacts Metadata and Process System (EMAPS)).

Measurement

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

Instructions

Sampling from the State's 618 data is not allowed.

Describe the results of the calculations and compare the results to the target.

The data reported in this indicator should be consistent with the State's 618 data reported in Table 2. If not, explain.

2 - Indicator Data

Historical Data

Baseline	2005	81.10%			
FFY	2013	2014	2015	2016	2017
Target>=	90.00%	90.00%	90.00%	90.00%	90.00%
Data	90.64%	89.74%	90.06%	90.80%	95.68%

Targets

FFY	2018	2019
Target>=	90.00%	95.00%

Targets: Description of Stakeholder Input

APR Process

The process to develop Hawai'i's APR for FFY 2018 included:

1. The HDOH, EIS which is identified as the Part C LA worked with the EI System Improvement Team to address specific indicators as identified in the approved APR/State Performance Plan (SPP).
2. On-going meetings with the identified EI System Improvement and Training Team were held to prepare them to facilitate workgroups at the statewide Annual Stakeholders' Meeting.
3. Broad dissemination regarding the Stakeholders' Meeting to determine interest by agency, Hawai'i Early Intervention Coordinating Council (HEICC), and community members to ensure appropriate input into the review process.
4. Group discussion at the Stakeholder Meeting on specific indicators. Each group was provided with copies of the Indicator targets, FFY 2018 APR data, FFY 2017 APR data, and other relevant data so the group could determine:
 - Whether the target was met.
 - The extent of progress/slippage for each indicator. Possible reasons for slippage.
 - If performance indicator targets should be revised, including justification for any revisions.
5. Final recommendations by indicator were presented to all stakeholders.
6. Recommendations were reviewed by the identified members of the EI System Improvement Team and the Part C LA.
7. The APR was drafted by members of the EI System Improvement Team and the Part C LA.
8. The APR draft was reviewed and revised, as necessary, by the Part C Coordinator.
9. The APR was reviewed and approved by the HEICC. As authorized by the HEICC, the HEICC Chairperson reviewed and signed the APR certification form.
10. The APR was sent to the Director of Health to review.
11. The APR was submitted to OSEP as required.
12. The APR was posted on the HDOH EIS website.

Broad Representation

A stakeholder group of approximately 75 individuals provided recommendations to the development of the APR. Because of Hawai'i's broad eligibility and geography, it was important that there was broad representation that included: Part C EI service providers and family members from all islands, from urban and rural areas, as well as the different ethnic and cultural groups that represent Hawai'i's population. The following stakeholders from the islands of Oahu, Hawai'i, Maui County, and Kauai were invited:

- Members of the HEICC
- HDOH administrators, care coordinators (Hawai'i's terminology for service coordinators), direct service providers, quality assurance specialists, data staff, personnel training staff, and contracted providers from:
 - o Family Health Services Division (FHSD)

- o Children with Special Health Care Needs Branch (CSHNB) Public Health Nursing Branch (PHNB)
- o EIS
- o Home Visiting Network

• Department of Human Services (DHS) administrators Department of Education (DOE) Section 619 District Coordinators Community Members, including representatives from:

- o Early Head Start/Head Start
- o Parent Training Institute (Learning Disability Association of Hawai'i)

• Parents

Justification for setting the target to 95% for FFY 2019 is that the national mean is 95% and programs have made improvements in this area over the years. The average for the last two years was 97%. All but two of the programs had 95% or higher last year.

Prepopulated Data

Source	Date	Description	Data
SY 2018-19 Child Count/Educational Environment Data Groups	07/10/2019	Number of infants and toddlers with IFSPs who primarily receive early intervention services in the home or community-based settings	1,579
SY 2018-19 Child Count/Educational Environment Data Groups	07/10/2019	Total number of infants and toddlers with IFSPs	1,619

FFY 2018 SPP/APR Data

Number of infants and toddlers with IFSPs who primarily receive early intervention services in the home or community-based settings	Total number of Infants and toddlers with IFSPs	FFY 2017 Data	FFY 2018 Target	FFY 2018 Data	Status	Slippage
1,579	1,619	95.68%	90.00%	97.53%	Met Target	No Slippage

Provide reasons for slippage, if applicable

XXX

Provide additional information about this indicator (optional)

2 - Prior FFY Required Actions

None

Response to actions required in FFY 2017 SPP/APR

2 - OSEP Response

The State provided a FFY 2019 target for this indicator, and OSEP accepts that target

2 - Required Actions

Indicator 3: Early Childhood Outcomes

Instructions and Measurement

Monitoring Priority: Early Intervention Services In Natural Environments

Results indicator: Percent of infants and toddlers with IFSPs who demonstrate improved:

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

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

Data Source

State selected data source.

Measurement

Outcomes:

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

Progress categories for A, B and C:

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

Summary Statements for Each of the Three Outcomes:

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

Measurement for Summary Statement 1:

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

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

Measurement for Summary Statement 2:

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

Instructions

Sampling of infants and toddlers with IFSPs is allowed. When sampling is used, submit a description of the sampling methodology outlining how the design will yield valid and reliable estimates. (See General Instructions page 2 for additional instructions on sampling.)

In the measurement, include in the numerator and denominator only infants and toddlers with IFSPs who received early intervention services for at least six months before exiting the Part C program.

Report: (1) the number of infants and toddlers who exited the Part C program during the reporting period, as reported in the State's Part C exiting data under Section 618 of the IDEA; and (2) the number of those infants and toddlers who did not receive early intervention services for at least six months before exiting the Part C program.

Describe the results of the calculations and compare the results to the targets. States will use the progress categories for each of the three Outcomes to calculate and report the two Summary Statements.

Report progress data and calculate Summary Statements to compare against the six targets. Provide the actual numbers and percentages for the five reporting categories for each of the three outcomes.

In presenting results, provide the criteria for defining "comparable to same-aged peers." If a State is using the Early Childhood Outcomes Center (ECO) Child Outcomes Summary Process (COS), then the criteria for defining "comparable to same-aged peers" has been defined as a child who has been assigned a score of 6 or 7 on the COS.

In addition, list the instruments and procedures used to gather data for this indicator, including if the State is using the ECO COS.

If the State's Part C eligibility criteria include infants and toddlers who are at risk of having substantial developmental delays (or "at-risk infants and toddlers") under IDEA section 632(5)(B)(i), the State must report data in two ways. First, it must report on all eligible children but exclude its at-risk infants and toddlers (i.e., include just those infants and toddlers experiencing developmental delay (or "developmentally delayed children") or having a diagnosed physical or mental condition that has a high probability of resulting in developmental delay (or "children with diagnosed conditions")). Second, the State must separately report outcome data on either: (1) just its at-risk infants and toddlers; or (2) aggregated performance data on all of the infants and toddlers it serves under Part C (including developmentally delayed children, children with diagnosed conditions, and at-risk infants and toddlers).

3 - Indicator Data

Does your State's Part C eligibility criteria include infants and toddlers who are at risk of having substantial developmental delays (or "at-risk infants and toddlers") under IDEA section 632(5)(B)(i)? (yes/no)

NO

Targets: Description of Stakeholder Input

APR Process

The process to develop Hawai'i's APR for FFY 2018 included:

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 - Whether the target was met.
 - The extent of progress/slippage for each indicator. Possible reasons for slippage.
 - If performance indicator targets should be revised, including justification for any revisions.
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7. The APR was drafted by members of the EI System Improvement Team and the Part C LA.
8. The APR draft was reviewed and revised, as necessary, by the Part C Coordinator.
9. The APR was reviewed and approved by the HEICC. As authorized by the HEICC, the HEICC Chairperson reviewed and signed the APR certification form.
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- Members of the HEICC
- HDOH administrators, care coordinators (Hawai'i's terminology for service coordinators), direct service providers, quality assurance specialists, data staff, personnel training staff, and contracted providers from:
 - o Family Health Services Division (FHSD)
 - o Children with Special Health Care Needs Branch (CSHNB) Public Health Nursing Branch (PHNB)
 - o EIS
 - o Home Visiting Network
- Department of Human Services (DHS) administrators Department of Education (DOE) Section 619 District Coordinators Community Members, including representatives from:
 - o Early Head Start/Head Start
 - o Parent Training Institute (Learning Disability Association of Hawai'i)
- Parents

Historical Data

	Baseline	FFY	2013	2014	2015	2016	2017
A1	2013	Target>=	53.14%	53.14%	53.14%	53.14%	54.00%
A1	53.14%	Data	53.14%	48.92%	55.52%	56.42%	54.30%
A2	2013	Target>=	79.32%	79.32%	79.32%	79.32%	79.50%
A2	79.32%	Data	79.32%	73.39%	75.19%	73.26%	71.40%
B1	2013	Target>=	70.81%	70.81%	70.81%	70.81%	71.00%
B1	70.81%	Data	70.81%	65.94%	69.25%	69.66%	65.16%
B2	2013	Target>=	65.19%	65.19%	65.19%	65.19%	65.50%
B2	65.19%	Data	65.19%	58.72%	59.61%	55.64%	53.59%

C1	2013	Target>=	67.99%	67.99%	67.99%	67.99%	68.50%
C1	67.99%	Data	67.99%	63.68%	68.31%	71.08%	68.47%
C2	2013	Target>=	80.63%	80.63%	80.63%	80.63%	81.50%
C2	80.63%	Data	80.63%	77.12%	76.23%	77.02%	75.17%

Targets

FFY	2018	2019
Target A1>=	55.00%	55.00%
Target A2>=	80.00%	80.00%
Target B1>=	71.50%	71.50%
Target B2>=	66.00%	66.00%
Target C1>=	69.00%	69.00%
Target C2>=	82.00%	82.00%

FFY 2018 SPP/APR Data

Number of infants and toddlers with IFSPs assessed

1,169

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

	Number of children	Percentage of Total
a. Infants and toddlers who did not improve functioning	0	0.00%
b. Infants and toddlers who improved functioning but not sufficient to move nearer to functioning comparable to same-aged peers	251	21.47%
c. Infants and toddlers who improved functioning to a level nearer to same-aged peers but did not reach it	98	8.38%
d. Infants and toddlers who improved functioning to reach a level comparable to same-aged peers	189	16.17%
e. Infants and toddlers who maintained functioning at a level comparable to same-aged peers	631	53.98%

	Numerator	Denominator	FFY 2017 Data	FFY 2018 Target	FFY 2018 Data	Status	Slippage
A1. Of those children who entered or exited the program below age expectations in Outcome A, the percent who substantially increased their rate of growth by the time they turned 3 years of age or exited the program	287	538	54.30%	55.00%	53.35%	Did Not Meet Target	No Slippage
A2. The percent of infants and toddlers who were functioning within age expectations in Outcome A by the time they turned 3 years of age or exited the program	820	1,169	71.40%	80.00%	70.15%	Did Not Meet Target	Slippage

Provide reasons for A1 slippage, if applicable

XXX

Provide reasons for A2 slippage, if applicable

Slippage may be due to staff shortages/turnovers which may result in not having the entire team participate in the ratings and/or having new staff or different members of the team determining entry and exit ratings.

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

	Number of Children	Percentage of Total
a. Infants and toddlers who did not improve functioning	0	0.00%
b. Infants and toddlers who improved functioning but not sufficient to move nearer to functioning comparable to same-aged peers	323	27.63%

	Number of Children	Percentage of Total
c. Infants and toddlers who improved functioning to a level nearer to same-aged peers but did not reach it	254	21.73%
d. Infants and toddlers who improved functioning to reach a level comparable to same-aged peers	392	33.53%
e. Infants and toddlers who maintained functioning at a level comparable to same-aged peers	200	17.11%

	Numerator	Denominator	FFY 2017 Data	FFY 2018 Target	FFY 2018 Data	Status	Slippage
B1. Of those children who entered or exited the program below age expectations in Outcome B, the percent who substantially increased their rate of growth by the time they turned 3 years of age or exited the program	646	969	65.16%	71.50%	66.67%	Did Not Meet Target	No Slippage
B2. The percent of infants and toddlers who were functioning within age expectations in Outcome B by the time they turned 3 years of age or exited the program	592	1,169	53.59%	66.00%	50.64%	Did Not Meet Target	Slippage

Provide reasons for B1 slippage, if applicable

XXX

Provide reasons for B2 slippage, if applicable

Slippage may be due to staff shortages/turnovers which may result in not having the entire team participate in the ratings and/or having new staff or different members of the team determining entry and exit ratings.

Outcome C: Use of appropriate behaviors to meet their needs

	Number of Children	Percentage of Total
a. Infants and toddlers who did not improve functioning	0	0.00%
b. Infants and toddlers who improved functioning but not sufficient to move nearer to functioning comparable to same-aged peers	196	16.77%
c. Infants and toddlers who improved functioning to a level nearer to same-aged peers but did not reach it	99	8.47%
d. Infants and toddlers who improved functioning to reach a level comparable to same-aged peers	313	26.78%
e. Infants and toddlers who maintained functioning at a level comparable to same-aged peers	561	47.99%

	Numerator	Denominator	FFY 2017 Data	FFY 2018 Target	FFY 2018 Data	Status	Slippage
C1. Of those children who entered or exited the program below age expectations in Outcome C, the percent who substantially increased their rate of growth by the time they turned 3 years of age or exited the program	412	608	68.47%	69.00%	67.76%	Did Not Meet Target	No Slippage
C2. The percent of infants and toddlers who were functioning within age expectations in Outcome C by the time they turned 3 years of age or exited the program	874	1,169	75.17%	82.00%	74.76%	Did Not Meet Target	No Slippage

Provide reasons for C1 slippage, if applicable

XXX

Provide reasons for C2 slippage, if applicable

XXX

Will your separate report be just the at-risk infants and toddlers or aggregated performance data on all of the infants and toddlers it serves under Part C?

XXX

Historical Data

	Baseline	FFY	2013	2014	2015	2016	2017
A1	XXX	Target >=	XXX	XXX	XXX	XXX	XXX
A1	XXX	Data	XXX	XXX	XXX	XXX	XXX
A1 AR	XXX	Target >=	XXX	XXX	XXX	XXX	XXX
A1 AR	XXX	Data	XXX	XXX	XXX	XXX	XXX
A2	XXX	Target >=	XXX	XXX	XXX	XXX	XXX
A2	XXX	Data	XXX	XXX	XXX	XXX	XXX
A2 AR	XXX	Target >=	XXX	XXX	XXX	XXX	XXX
A2 AR	XXX	Data	XXX	XXX	XXX	XXX	XXX
B1	XXX	Target >=	XXX	XXX	XXX	XXX	XXX
B1	XXX	Data	XXX	XXX	XXX	XXX	XXX
B1 AR	XXX	Target >=	XXX	XXX	XXX	XXX	XXX
B1 AR	XXX	Data	XXX	XXX	XXX	XXX	XXX
B2	XXX	Target >=	XXX	XXX	XXX	XXX	XXX
B2	XXX	Data	XXX	XXX	XXX	XXX	XXX
B2 AR	XXX	Target >=	XXX	XXX	XXX	XXX	XXX
B2 AR	XXX	Data	XXX	XXX	XXX	XXX	XXX
C1	XXX	Target >=	XXX	XXX	XXX	XXX	XXX
C1	XXX	Data	XXX	XXX	XXX	XXX	XXX
C1 AR	XXX	Target >=	XXX	XXX	XXX	XXX	XXX
C1 AR	XXX	Data	XXX	XXX	XXX	XXX	XXX
C2	XXX	Target >=	XXX	XXX	XXX	XXX	XXX
C2	XXX	Data	XXX	XXX	XXX	XXX	XXX
C2 AR	XXX	Target >=	XXX	XXX	XXX	XXX	XXX
C2 AR	XXX	Data	XXX	XXX	XXX	XXX	XXX

Targets

FFY	2018	2019
Target A1 >=	XXX	XXX
A1 AR	XXX	
Target A2 >=	XXX	XXX
A2 AR	XXX	XXX
Target B1 >=	XXX	XXX
B1 AR	XXX	XXX

Target B2 >=	XXX	XXX
B2 AR	XXX	XXX
Target C1 >=	XXX	XXX
C1 AR	XXX	XXX
Target C2 >=	XXX	XXX
C2 AR	XXX	XXX

FFY 2018 SPP/APR Data

Number of infants and toddlers with IFSPs assessed

XXX

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

Not including at-risk infants and toddlers	Number of children	Percentage of Total
a. Infants and toddlers who did not improve functioning	XXX	XXX
b. Infants and toddlers who improved functioning but not sufficient to move nearer to functioning comparable to same-aged peers	XXX	XXX
c. Infants and toddlers who improved functioning to a level nearer to same-aged peers but did not reach it	XXX	XXX
d. Infants and toddlers who improved functioning to reach a level comparable to same-aged peers	XXX	XXX
e. Infants and toddlers who maintained functioning at a level comparable to same-aged peers	XXX	XXX

Just at-risk infants and toddlers/All infants and toddlers	Number of children	Percentage of Total
a. Infants and toddlers who did not improve functioning	XXX	XXX
b. Infants and toddlers who improved functioning but not sufficient to move nearer to functioning comparable to same-aged peers	XXX	XXX
c. Infants and toddlers who improved functioning to a level nearer to same-aged peers but did not reach it	XXX	XXX
d. Infants and toddlers who improved functioning to reach a level comparable to same-aged peers	XXX	XXX
e. Infants and toddlers who maintained functioning at a level comparable to same-aged peers	XXX	XXX

Not including at-risk infants and toddlers	Numerator	Denominator	FFY 2017 Data	FFY 2018 Target	FFY 2018 Data	Status	Slippage
A1. Of those children who entered or exited the program below age expectations in Outcome A, the percent who substantially increased their rate of growth by the time they turned 3 years of age or exited the program	XXX	XXX	XXX	XXX	XXX	XXX	XXX
A2. The percent of infants and toddlers who were functioning within age expectations in Outcome A by the time they turned 3 years of age or exited the program	XXX	XXX	XXX	XXX	XXX	XXX	XXX

Provide reasons for A1 slippage, if applicable

XXX

Provide reasons for A2 slippage, if applicable

XXX

Just at-risk infants and toddlers/All infants and toddlers	Numerator	Denominator	FFY 2017 Data	FFY 2018 Target	FFY 2018 Data	Status	Slippage
A1. Of those children who entered or exited the program below age expectations in Outcome A, the percent who substantially increased their rate of growth by the time they turned 3 years of age or exited the program	XXX	XXX	XXX	XXX	XXX	XXX	XXX
A2. The percent of infants and toddlers who were functioning within age expectations in Outcome A by the time they turned 3 years of age or exited the program	XXX	XXX	XXX	XXX	XXX	XXX	XXX

Provide reasons for A1 AR/ALL slippage, if applicable

XXX

Provide reasons for A2 AR/ALL slippage, if applicable

XXX

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

Not including at-risk infants and toddlers	Number of Children	Percentage of Total
a. Infants and toddlers who did not improve functioning	XXX	XXX
b. Infants and toddlers who improved functioning but not sufficient to move nearer to functioning comparable to same-aged peers	XXX	XXX
c. Infants and toddlers who improved functioning to a level nearer to same-aged peers but did not reach it	XXX	XXX
d. Infants and toddlers who improved functioning to reach a level comparable to same-aged peers	XXX	XXX
e. Infants and toddlers who maintained functioning at a level comparable to same-aged peers	XXX	XXX

Just at-risk infants and toddlers/All infants and toddlers	Number of Children	Percentage of Total
a. Infants and toddlers who did not improve functioning	XXX	XXX
b. Infants and toddlers who improved functioning but not sufficient to move nearer to functioning comparable to same-aged peers	XXX	XXX
c. Infants and toddlers who improved functioning to a level nearer to same-aged peers but did not reach it	XXX	XXX
d. Infants and toddlers who improved functioning to reach a level comparable to same-aged peers	XXX	XXX
e. Infants and toddlers who maintained functioning at a level comparable to same-aged peers	XXX	XXX

Not including at-risk infants and toddlers	Numerator	Denominator	FFY 2017 Data	FFY 2018 Target	FFY 2018 Data	Status	Slippage
B1. Of those children who entered or exited the program below age expectations in Outcome B, the percent who substantially increased their rate of growth by the time they turned 3 years of age or exited the program	XXX	XXX	XXX	XXX	XXX	XXX	XXX
B2. The percent of infants and toddlers who were functioning within age expectations in Outcome B by the time they turned 3	XXX	XXX	XXX	XXX	XXX	XXX	XXX

Not including at-risk infants and toddlers	Numerator	Denominator	FFY 2017 Data	FFY 2018 Target	FFY 2018 Data	Status	Slippage
years of age or exited the program							

Provide reasons for B1 slippage, if applicable

XXX

Provide reasons for B2 slippage, if applicable

XXX

Just at-risk infants and toddlers/All infants and toddlers	Numerator	Denominator	FFY 2017 Data	FFY 2018 Target	FFY 2018 Data	Status	Slippage
B1. Of those children who entered or exited the program below age expectations in Outcome B, the percent who substantially increased their rate of growth by the time they turned 3 years of age or exited the program	XXX	XXX	XXX	XXX	XXX	XXX	XXX
B2. The percent of infants and toddlers who were functioning within age expectations in Outcome B by the time they turned 3 years of age or exited the program	XXX	XXX	XXX	XXX	XXX	XXX	XXX

Provide reasons for B1 AR/ALL slippage, if applicable

XXX

Provide reasons for B2 AR/ALL slippage, if applicable

XXX

Outcome C: Use of appropriate behaviors to meet their needs

Not including at-risk infants and toddlers	Number of Children	Percentage of Total
a. Infants and toddlers who did not improve functioning	XXX	XXX
b. Infants and toddlers who improved functioning but not sufficient to move nearer to functioning comparable to same-aged peers	XXX	XXX
c. Infants and toddlers who improved functioning to a level nearer to same-aged peers but did not reach it	XXX	XXX
d. Infants and toddlers who improved functioning to reach a level comparable to same-aged peers	XXX	XXX
e. Infants and toddlers who maintained functioning at a level comparable to same-aged peers	XXX	XXX

Just at-risk infants and toddlers/All infants and toddlers	Number of Children	Percentage of Total
a. Infants and toddlers who did not improve functioning	XXX	XXX
b. Infants and toddlers who improved functioning but not sufficient to move nearer to functioning comparable to same-aged peers	XXX	XXX
c. Infants and toddlers who improved functioning to a level nearer to same-aged peers but did not reach it	XXX	XXX
d. Infants and toddlers who improved functioning to reach a level comparable to same-aged peers	XXX	XXX
e. Infants and toddlers who maintained functioning at a level comparable to same-aged peers	XXX	XXX

Not including at-risk infants and toddlers	Numerator	Denominator	FFY 2017 Data	FFY 2018 Target	FFY 2018 Data	Status	Slippage
C1. Of those children who entered or exited the program below age expectations in Outcome C, the percent who substantially increased their rate of growth by the time they	XXX	XXX	XXX	XXX	XXX	XXX	XXX

Not including at-risk infants and toddlers	Numerator	Denominator	FFY 2017 Data	FFY 2018 Target	FFY 2018 Data	Status	Slippage
turned 3 years of age or exited the program							
C2. The percent of infants and toddlers who were functioning within age expectations in Outcome C by the time they turned 3 years of age or exited the program	XXX	XXX	XXX	XXX	XXX	XXX	XXX

Provide reasons for C1 slippage, if applicable

XXX

Provide reasons for C2 slippage, if applicable

XXX

Just at-risk infants and toddlers/All infants and toddlers	Numerator	Denominator	FFY 2017 Data	FFY 2018 Target	FFY 2018 Data	Status	Slippage
C1. Of those children who entered or exited the program below age expectations in Outcome C, the percent who substantially increased their rate of growth by the time they turned 3 years of age or exited the program	XXX	XXX	XXX	XXX	XXX	XXX	XXX
C2. The percent of infants and toddlers who were functioning within age expectations in Outcome C by the time they turned 3 years of age or exited the program	XXX	XXX	XXX	XXX	XXX	XXX	XXX

Provide reasons for C1 AR/ALL slippage, if applicable

XXX

Provide reasons for C2 AR/ALL slippage, if applicable

XXX

The number of infants and toddlers who did not receive early intervention services for at least six months before exiting the Part C program.

The number of infants and toddlers who exited the Part C program during the reporting period, as reported in the State's part C exiting 618 data	2,030
The number of those infants and toddlers who did not receive early intervention services for at least six months before exiting the Part C program.	776

	Yes / No
Was sampling used?	NO
Has your previously-approved sampling plan changed?	
If the plan has changed, please provide sampling plan.	

Describe the sampling methodology outlining how the design will yield valid and reliable estimates.

Did you use the Early Childhood Outcomes Center (ECO) Child Outcomes Summary Form (COS) process? (yes/no)

YES

Provide the criteria for defining "comparable to same-aged peers."

List the instruments and procedures used to gather data for this indicator.

Tool:

The EI Outcomes Measurement tool is based on the Early Childhood Outcomes (ECO) Center's COS form. The Design Team revised the COS form based on parent and provider input prior to the initial implementation of the COS form in FFY 2008. The form was revised again in June 2015 to include the decision tree, created by ECO, as part of the COS form.

Measurement:

Initial Rating: The initial rating on child status is recorded at the Initial IFSP meeting and/or prior to initiation of services.

Exit Rating: The exit rating on child status is collected at the Exit IFSP or within three (3) months preceding exit from the program.

On-Going Data collection:

For each of the three (3) EI Child Outcomes, the IFSP team assigns an initial and exit rating to each child. A rating compares the child's status to typical development and progress is calculated by comparing entry and exit ratings.

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

1. Developmental evaluation and/or assessment(s);
2. Professional opinion;
3. Parent input; and
4. Level of achievement of IFSP outcomes relevant to the child outcome

Reporting:

EI programs enter EI Child Outcomes ratings into their respective EI databases on a monthly basis and submit their EI database to the Part C LA.

How data are analyzed:

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

1. If the "Yes/No" question (which asks whether the child's functioning improved at all from the last rating occasion) on the COS form has not been answered as "Yes" at exit, then the child is counted in category (a).
2. If the "Yes/No" question (which asks whether the child's functioning improved at all from the last rating occasion) on the COS form has been answered "Yes" at exit, but the child's development is not enough to move the child's functioning closer to typically developing peers, the child is counted in category (b).
3. If ratings of child functioning compared to typically developing same aged peers are higher at exit than ratings at entry (but not at age level expectations), then they will be counted in category (c).
4. If ratings of child functioning compared to typically developing same aged peers at entry are below age expectations, but at exit they are at age level expectations, then the children will be counted in category (d).
5. If ratings of child functioning compared to typically developing same aged peers at entry and exit are both at age level expectations, then children will be counted in category (e).

Provide additional information about this indicator (optional)

The following activities are as result of the State Systemic Improvement Plan (SSIP) to enhance the COS process and improve outcomes for children receiving EI services:

- Effective July 1, 2019, all new providers are required to watch the on-line training modules regarding child outcomes that were developed by National TA Centers. Programs that do not meet the Child Outcome Summary targets, may require all providers to watch the modules as a strategy to increase their providers awareness of the COS process.
- Effective January 2020 assigned State Mentors will be piloting an observation-assessment tool to determine if Care Coordinators in Demonstration Sites are implementing the COS process with fidelity and if not, what supports are needed.
- Demonstration Site Program Managers will receive training on how to use COS data for program improvement by March 31, 2020.

3 - Prior FFY Required Actions

None

Response to actions required in FFY 2017 SPP/APR

3 - OSEP Response

The State provided FFY 2019 targets for this indicator, and OSEP accepts those targets.

3 - Required Actions

Indicator 4: Family Involvement

Instructions and Measurement

Monitoring Priority: Early Intervention Services In Natural Environments

Results indicator: Percent of families participating in Part C who report that early intervention services have helped the family:

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

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

Data Source

State selected data source. State must describe the data source in the SPP/APR.

Measurement

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

Instructions

Sampling of families participating in Part C is allowed. When sampling is used, submit a description of the sampling methodology outlining how the design will yield valid and reliable estimates. (See General Instructions page 2 for additional instructions on sampling.)

Provide the actual numbers used in the calculation.

Describe the results of the calculations and compare the results to the target.

While a survey is not required for this indicator, a State using a survey must submit a copy of any new or revised survey with its SPP/APR.

Report the number of families to whom the surveys were distributed.

Include the State's analysis of the extent to which the demographics of the families responding are representative of the demographics of infants, toddlers, and families enrolled in the Part C program. States should consider categories such as race and ethnicity, age of the infant or toddler, and geographic location in the State.

If the analysis shows that the demographics of the families responding are not representative of the demographics of infants, toddlers, and families enrolled in the Part C program, describe the strategies that the State will use to ensure that in the future the response data are representative of those demographics. In identifying such strategies, the State should consider factors such as how the State distributed the survey to families (e.g., by mail, by e-mail, on-line, by telephone, in-person), if a survey was used, and how responses were collected.

States are encouraged to work in collaboration with their OSEP-funded parent centers in collecting data.

4 - Indicator Data

Historical Data

	Baseline	FFY	2013	2014	2015	2016	2017
A	2006	Target >=	92.00%	92.00%	92.00%	92.00%	92.00%
A	91.00%	Data	86.94%	88.44%	90.50%	87.38%	91.13%
B	2006	Target >=	94.00%	94.00%	94.00%	94.00%	94.00%
B	93.00%	Data	87.74%	88.44%	90.14%	87.19%	92.61%
C	2006	Target >=	94.00%	94.00%	94.00%	94.00%	94.00%
C	93.00%	Data	83.87%	85.13%	85.96%	82.38%	87.50%

Targets

FFY	2018	2019
Target A >=	92.00%	89.00%
Target B >=	94.00%	89.00%
Target C >=	94.00%	85.00%

Targets: Description of Stakeholder Input

APR Process

The process to develop Hawaii's APR for FFY 2018 included:

1. The HDOH, EIS which is identified as the Part C LA worked with the EI System Improvement Team to address specific indicators as identified in the approved APR/State Performance Plan (SPP).

2. On-going meetings with the identified EI System Improvement and Training Team were held to prepare them to facilitate workgroups at the statewide Annual Stakeholders' Meeting.
3. Broad dissemination regarding the Stakeholders' Meeting to determine interest by agency, Hawai'i Early Intervention Coordinating Council (HEICC), and community members to ensure appropriate input into the review process.
4. Group discussion at the Stakeholder Meeting on specific indicators. Each group was provided with copies of the Indicator targets, FFY 2018 APR data, FFY 2017 APR data, and other relevant data so the group could determine:
 - Whether the target was met.
 - The extent of progress/slippage for each indicator. Possible reasons for slippage.
 - If performance indicator targets should be revised, including justification for any revisions.
5. Final recommendations by indicator were presented to all stakeholders.
6. Recommendations were reviewed by the identified members of the EI System Improvement Team and the Part C LA.
7. The APR was drafted by members of the EI System Improvement Team and the Part C LA.
8. The APR draft was reviewed and revised, as necessary, by the Part C Coordinator.
9. The APR was reviewed and approved by the HEICC. As authorized by the HEICC, the HEICC Chairperson reviewed and signed the APR certification form.
10. The APR was sent to the Director of Health to review.
11. The APR was submitted to OSEP as required.
12. The APR was posted on the HDOH EIS website.

Broad Representation

A stakeholder group of approximately 75 individuals provided recommendations to the development of the APR. Because of Hawai'i's broad eligibility and geography, it was important that there was broad representation that included: Part C EI service providers and family members from all islands, from urban and rural areas, as well as the different ethnic and cultural groups that represent Hawai'i's population. The following stakeholders from the islands of Oahu, Hawai'i, Maui County, and Kauai were invited:

- Members of the HEICC
- HDOH administrators, care coordinators (Hawai'i's terminology for service coordinators), direct service providers, quality assurance specialists, data staff, personnel training staff, and contracted providers from:
 - o Family Health Services Division (FHSD)
 - o Children with Special Health Care Needs Branch (CSHNB) Public Health Nursing Branch (PHNB)
 - o EIS
 - o Home Visiting Network
- Department of Human Services (DHS) administrators Department of Education (DOE) Section 619 District Coordinators Community Members, including representatives from:
 - o Early Head Start/Head Start
 - o Parent Training Institute (Learning Disability Association of Hawai'i)
- Parents

Based on stakeholder input, the State proposes to reset the baseline using FFY 2018 data. The justification for the change is the current baseline used in FFY 2006, included the environmentally at-risk population. Hawaii changed its eligibility definition in FFY 2013 to no longer serve the environmentally at-risk population. As a result, the number of children and families served in Part C declined significantly and the needs of the population of children and families served changed. Therefore, the data currently being collected is not comparable to the baseline data collected in FFY 2006.

Stakeholders reviewed trend data since the change in eligibility in FFY 2013 and took the average of actual data over the past six years to establish targets for FFY 2019. These targets are higher than the FFY 2018 baseline data.

FFY 2018 baseline data: 4A is 88%; 4B is 87%; 4C is 84%.

FFY 2019 targets: 4A is 89%; 4B is 89%; 4C is 85%.

FFY 2018 SPP/APR Data

The number of families to whom surveys were distributed	1,629
Number of respondent families participating in Part C	584
A1. Number of respondent families participating in Part C who report that early intervention services have helped the family know their rights	510
A2. Number of responses to the question of whether early intervention services have helped the family know their rights	579
B1. Number of respondent families participating in Part C who report that early intervention services have helped the family effectively communicate their children's needs	504
B2. Number of responses to the question of whether early intervention services have helped the family effectively communicate their children's needs	579
C1. Number of respondent families participating in Part C who report that early intervention services have helped the family help their children develop and learn	482
C2. Number of responses to the question of whether early intervention services have helped the family help their children develop and learn	577

	FFY 2017 Data	FFY 2018 Target	FFY 2018 Data	Status	Slippage
A. Percent of families participating in Part C who report that early intervention services have helped the family know their rights (A1 divided by A2)	91.13%	92.00%	88.08%	Did Not Meet Target	Slippage
B. Percent of families participating in Part C who report that early intervention services have helped the family effectively communicate their children's needs (B1 divided by B2)	92.61%	94.00%	87.05%	Did Not Meet Target	Slippage
C. Percent of families participating in Part C who report that early intervention services have helped the family help their children develop and learn (C1 divided by C2)	87.50%	94.00%	83.54%	Did Not Meet Target	Slippage

Provide reasons for part A slippage, if applicable

Staff shortages and staff turnover impacts the program in implementing all aspects of early intervention. When there are staff shortages and/or new staff going through the training process, it impacts service delivery.

Provide reasons for part B slippage, if applicable

Staff shortages and staff turnover impacts the program in implementing all aspects of early intervention. When there are staff shortages and/or new staff going through the training process, it impacts service delivery.

Provide reasons for part C slippage, if applicable

Staff shortages and staff turnover impacts the program in implementing all aspects of early intervention. When there are staff shortages and/or new staff going through the training process, it impacts service delivery.

	Yes / No
Was sampling used?	NO
If yes, has your previously-approved sampling plan changed?	
If the plan has changed, please provide the sampling plan.	

Describe the sampling methodology outlining how the design will yield valid and reliable estimates.

	Yes / No
Was a collection tool used?	YES
If yes, is it a new or revised collection tool?	NO
If your collection tool has changed, upload it here	XXX
The demographics of the families responding are representative of the demographics of infants, toddlers, and families enrolled in the Part C program.	NO

If not, describe the strategies that the State will use to ensure that in the future the response data are representative of those demographics.

For FFY 2019, the Part C LA will continue with the tracking system to ensure program staff follow up with all families to increase the submission of surveys and have representativeness. The tracking system will be closely monitored by the LA to ensure it is completed.

Include the State's analysis of the extent to which the demographics of the families responding are representative of the demographics of infants, toddlers, and families enrolled in the Part C program.

Representative of the State's Population

Three (3) factors were considered when determining whether the returned surveys were representative of the early intervention population:

- Ethnicity
- County of residence
- Age of the child

Comparison by Ethnicity:

When using the Early Childhood Technical Assistance (ECTA) Center's Response Rate and Representativeness Calculator when comparing Family Survey return rates and Child Count 618 data by ethnicity:

The response rate for the following ethnicities were representative of the population served:

- African American/Black (0% difference)
- Asian (3% difference)
- American Indian (0% difference)

The response rate for the following ethnicities were not representative of the population served:

- Native Hawai'ian/Pacific Islander (5% difference)
- Two or more (4% difference)
- Caucasian (5% difference)
- Hispanic (5% difference)

When looking at the variance between child count ethnicities and respondents, this year's data showed improvement for the Two or More category, with

last year's variance being 11% and this year 4%. However the variance for the Caucasian group increased taking it from representative last year to not representative this year. Beyond that, no significant movement can be noted, that would impact representativeness in other categories.

When comparing the two largest ethnic groups served in Hawai'i, (Two or more and Asians):

- there was an overall decrease in the three outcome areas, with the exception of knowing their rights for the Asian population, which reported 90%, as they did last year.
- the Two or More group, however, dropped by 5% in this same outcome area.
- both were very similar in Communicating Their Child's Needs, with only a 1% difference.
- the biggest difference was in both Knowing Their Rights with a 4% variation between these groups, compared to just 1% last year.
- there seems to be more consistency between the three outcomes amongst the respondents in the two or more category when compared to the Asian category. The highest outcome rating for two or more (effectively communicate their children's needs at 88%) is only 3% different from the lowest outcome rating (help their children develop and learn at 85%), whereas for the Asian population the scores varied by 8%.
- both struggle with helping their child develop and learn. Regarding ethnicity categories, the two or more-group dropped more compared to what they reported last year, decreased by 7%, whereas the Asian group decreased by 2%.
- when comparing last year's results to this year, families citing two or more ethnicities outscored the Asian group in two of the three outcome areas.
- most notable here, though, would be the drop-in responses for the two or more population when comparing them to last year. Knowing their rights dropped by 5%, effectively communicating their children's needs dropped by 6% and helping their child develop and learn dropped by 7%
- in contrast, for the Asian population the difference for effectively communicating their children's needs only dropped by 3%, helping their children develop and learn by 2% and knowing their rights stayed the same, as mentioned above.

Comparison by County of Residence:

Family Survey return rates by county were not as evenly proportionate to the population served as it was last year. The tracking system mentioned above improved the return rate and representativeness from last year and will be utilized again this year. Maui county also sent the on-line survey link via text message to families which may account for their high return rate; however, the State cannot require Programs to use their personal cell phones to text the family the on-line survey link.

Based on the surveys returned, with the exception of Maui County, all counties reported servicing a slightly larger percentage of children compared to last year, while having slightly smaller return rates for surveys, making the difference slightly bigger:

- Hawai'i county reported a return rate of 7%, while serving 12% of the child count population, a -5% difference.
- Honolulu county reported a return rate of 67% of surveys, while serving 75% of the child count population, a -8% difference.
- Maui county was overrepresented with a return rate of 23%, while serving 9% of the population, a 14% difference.
- Kauai county remained steady when compared to last year's returns, with a 2% return rate, while serving 4% of the child count population, a -2% difference.

The only county that reported an increase in results was Kaua'i County, and results showed that 100% of families reported "Knowing their rights" and "communicating their child's needs," and 93% for "Helping their child develop and learn. In comparison, Kaua'i was at 82% last year for knowing their rights and 100% for helping their children develop and learn, with both years being at 100% for effectively communicating their children's needs.

Comparison by Age

When comparing the proportions of Family Surveys returned with the Child Count Data based on the age of the child, there was no discernible difference to note. The 2-3-year age category continues to be the highest reporting category. Each age range increases based on progression in age. Also, at this point, many families are actively going through the transition process, and may feel they have more to share about their experience in Early Intervention than before.

When comparing the survey responses by age, outcome results increased across the board. Surveys that did not indicate an age, reported 100% satisfaction. Online survey completion showed an increase to 21.2% of all responses returned compared to 13.4% last year. We will continue to work on this area to improve both our return rate as well as our representativeness. The State is weighing various options for survey format and distribution to choose the best option for families.

Provide additional information about this indicator (optional)

FFY 2018 Actual Data Discussion:

Each of the three (3) outcome areas are derived from Section B of the Early Childhood Outcomes (ECO) Family Outcomes Survey: "Helpfulness of Early Intervention." Each section is made up of multiple questions which are added together to come up with a mean score. For a family's response to be considered in agreement with the outcome, the mean score must be four (4) or above. "Knowing Your Rights" is made up of five (5) questions, and "Communicating Your Child's Needs," and "Helping Your Child Develop and Learn" are each made up of six (6) questions. If a family did not answer a minimum of four (4) questions regarding "Knowing Your Rights," and five (5) questions for "Communicating Your Child's Needs," and "Helping Your Child Develop and Learn," their response was not part of the overall score.

- Of the 1629 surveys that were distributed, 584 (462 paper surveys and 122 web-based surveys) were completed and returned for a 36% statewide return rate, a 5% decrease from last year.
- Programs that did not meet the target for each specific Family Outcome were not issued a finding since this is a performance indicator; however, they were required to complete the Local Contributing Factor Tool and develop strategies in their CAP to address the specific Family Outcome.

In FFY 2012, Public Health Nurses no longer provided Care Coordination services; therefore, they were no longer considered an EI Program. In FFY 2013 Hawai'i's eligibility criteria changed. Scores peaked in FFY 2011, and showed significant drops in FFY2012, hitting the lowest scores in FFY2013. It has remained consistent with ebbs and flows since. This downward trend is also reflected in percentage of completed surveys. Since 2013, the average return rate was 37.8%, with this past year being at 35.9%. The EI programs were challenged with staff shortages and staff turnovers, including vacancies and changes in leadership (Program Managers). All of this impacted the programs' ability to disseminate surveys and follow up with families, resulting in a lower return rates and possibly lower scores as service implementation may have been affected.

4 - Prior FFY Required Actions

In the FFY 2018 SPP/APR, the State must report whether its FFY 2018 response data are representative of the demographics of infants, toddlers, and families enrolled in the Part C program, and, if not, the actions the State is taking to address this issue. The State must also include its analysis of the extent to which the demographics of the families responding are representative of the population.

Response to actions required in FFY 2017 SPP/APR

4 - OSEP Response

The State has revised the baseline for this indicator, using data from FFY 2018, and OSEP accepts that revision. In its FFY 2019 SPP/APR submission, the State must revise the "Historical Data" table to reflect that the baseline year for this indicator is FFY 2018.

The State provided FFY 2019 targets for this indicator, and OSEP accepts those targets.

4 - Required Actions

In the FFY 2019 SPP/APR, the State must report whether its FFY 2019 response data are representative of the demographics of infants, toddlers, and families enrolled in the Part C program , and, if not, the actions the State is taking to address this issue. The State must also include its analysis of the extent to which the demographics of the families responding are representative of the population.

Indicator 5: Child Find (Birth to One)

Instructions and Measurement

Monitoring Priority: Effective General Supervision Part C / Child Find

Results indicator: Percent of infants and toddlers birth to 1 with IFSPs compared to national data. (20 U.S.C. 1416(a)(3)(B) and 1442)

Data Source

Data collected under section 618 of the IDEA (IDEA Part C Child Count and Settings data collection in the EDFacts Metadata and Process System (EMAPS)) and Census (for the denominator).

Measurement

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

Instructions

Sampling from the State's 618 data is not allowed.

Describe the results of the calculations and compare the results to the target and to national data. The data reported in this indicator should be consistent with the State's reported 618 data reported in Table 1. If not, explain why.

5 - Indicator Data

Historical Data

Baseline	2010	0.96%			
FFY	2013	2014	2015	2016	2017
Target >=	1.03%	1.03%	1.03%	1.03%	1.03%
Data	0.99%	0.91%	0.85%	0.97%	0.97%

Targets

FFY	2018	2019
Target >=	1.03%	0.97%

Targets: Description of Stakeholder Input

APR Process

The process to develop Hawai'i's APR for FFY 2018 included:

1. The HDOH, EIS which is identified as the Part C LA worked with the EI System Improvement Team to address specific indicators as identified in the approved APR/State Performance Plan (SPP).
2. On-going meetings with the identified EI System Improvement and Training Team were held to prepare them to facilitate workgroups at the statewide Annual Stakeholders' Meeting.
3. Broad dissemination regarding the Stakeholders' Meeting to determine interest by agency, Hawai'i Early Intervention Coordinating Council (HEICC), and community members to ensure appropriate input into the review process.
4. Group discussion at the Stakeholder Meeting on specific indicators. Each group was provided with copies of the Indicator targets, FFY 2018 APR data, FFY 2017 APR data, and other relevant data so the group could determine:
 - Whether the target was met.
 - The extent of progress/slippage for each indicator. Possible reasons for slippage.
 - If performance indicator targets should be revised, including justification for any revisions.
5. Final recommendations by indicator were presented to all stakeholders.
6. Recommendations were reviewed by the identified members of the EI System Improvement Team and the Part C LA.
7. The APR was drafted by members of the EI System Improvement Team and the Part C LA.
8. The APR draft was reviewed and revised, as necessary, by the Part C Coordinator.
9. The APR was reviewed and approved by the HEICC. As authorized by the HEICC, the HEICC Chairperson reviewed and signed the APR certification form.
10. The APR was sent to the Director of Health to review.
11. The APR was submitted to OSEP as required.
12. The APR was posted on the HDOH EIS website.

Broad Representation

A stakeholder group of approximately 75 individuals provided recommendations to the development of the APR. Because of Hawai'i's broad eligibility and geography, it was important that there was broad representation that included: Part C EI service providers and family members from all islands, from urban and rural areas, as well as the different ethnic and cultural groups that represent Hawai'i's population. The following stakeholders from the islands of Oahu, Hawai'i, Maui County, and Kauai were invited:

- Members of the HEICC
- HDOH administrators, care coordinators (Hawai'i's terminology for service coordinators), direct service providers, quality assurance specialists, data staff, personnel training staff, and contracted providers from:
 - o Family Health Services Division (FHSD)
 - o Children with Special Health Care Needs Branch (CSHNB) Public Health Nursing Branch (PHNB)
 - o EIS
 - o Home Visiting Network

- Department of Human Services (DHS) administrators Department of Education (DOE) Section 619 District Coordinators Community Members, including representatives from:

- o Early Head Start/Head Start
- o Parent Training Institute (Learning Disability Association of Hawai'i)

- Parents

Based on stakeholder input, the State proposes to reset the baseline using FFY 2018 data of 0.85%. The current baseline used was set in FFY 2010. Hawai'i's eligibility became more stringent in October of 2013 (FFY 2013) and since FFY 2010, Hawai'i no longer served the environmentally at-risk population. The proposed target for FFY 2019 is 0.97%, the highest actual data since after the change in eligibility.

Prepopulated Data

Source	Date	Description	Data
SY 2018-19 Child Count/Educational Environment Data Groups	07/10/2019	Number of infants and toddlers birth to 1 with IFSPs	146
Annual State Resident Population Estimates for 6 Race Groups (5 Race Alone Groups and Two or More Races) by Age, Sex, and Hispanic Origin	06/20/2019	Population of infants and toddlers birth to 1	17,224

FFY 2018 SPP/APR Data

Number of infants and toddlers birth to 1 with IFSPs	Population of infants and toddlers birth to 1	FFY 2017 Data	FFY 2018 Target	FFY 2018 Data	Status	Slippage
146	17,224	0.97%	1.03%	0.85%	Did Not Meet Target	Slippage

Provide reasons for slippage, if applicable

The State Public Awareness position has been vacant since April 2016. Due to the vacancy, there has been a lack of coordination of child find activities. The position has been filled in January 2020.

Furthermore, with staff shortages in programs, less time can be spent participating in child find activities such as community fairs and connecting with referral sources within the community.

Compare your results to the national data

The national average for all states including Washington D.C. is 1.25%. Hawai'i was below the national average for infants and toddlers birth to one with IFSPs by 0.4%. Hawai'i was ranked 41st as it served 0.85% of infants and toddlers birth to one with IFSPs.

Provide additional information about this indicator (optional)

5 - Prior FFY Required Actions

None

Response to actions required in FFY 2017 SPP/APR

5 - OSEP Response

The State provided FFY 2019 targets for this indicator, and OSEP accepts those targets.

5 - Required Actions

Indicator 6: Child Find (Birth to Three)

Instructions and Measurement

Monitoring Priority: Effective General Supervision Part C / Child Find

Results indicator: Percent of infants and toddlers birth to 3 with IFSPs compared to national data. (20 U.S.C. 1416(a)(3)(B) and 1442)

Data Source

Data collected under IDEA section 618 of the IDEA (IDEA Part C Child Count and Settings data collection in the EDFacts Metadata and Process System (EMAPS)) and Census (for the denominator).

Measurement

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

Instructions

Sampling from the State's 618 data is not allowed.

Describe the results of the calculations and compare the results to the target and to national data. The data reported in this indicator should be consistent with the State's reported 618 data reported in Table 1. If not, explain why.

6 - Indicator Data

Baseline	2010	3.62%			
FFY	2013	2014	2015	2016	2017
Target >=	2.82%	2.82%	2.82%	2.82%	2.82%
Data	3.07%	2.74%	3.11%	3.08%	3.19%

Targets

FFY	2018	2019
Target >=	3.63%	3.19%

Targets: Description of Stakeholder Input

APR Process

The process to develop Hawai'i's APR for FFY 2018 included:

1. The HDOH, EIS which is identified as the Part C LA worked with the EI System Improvement Team to address specific indicators as identified in the approved APR/State Performance Plan (SPP).
2. On-going meetings with the identified EI System Improvement and Training Team were held to prepare them to facilitate workgroups at the statewide Annual Stakeholders' Meeting.
3. Broad dissemination regarding the Stakeholders' Meeting to determine interest by agency, Hawai'i Early Intervention Coordinating Council (HEICC), and community members to ensure appropriate input into the review process.
4. Group discussion at the Stakeholder Meeting on specific indicators. Each group was provided with copies of the Indicator targets, FFY 2018 APR data, FFY 2017 APR data, and other relevant data so the group could determine:
 - Whether the target was met.
 - The extent of progress/slippage for each indicator. Possible reasons for slippage.
 - If performance indicator targets should be revised, including justification for any revisions.
5. Final recommendations by indicator were presented to all stakeholders.
6. Recommendations were reviewed by the identified members of the EI System Improvement Team and the Part C LA.
7. The APR was drafted by members of the EI System Improvement Team and the Part C LA.
8. The APR draft was reviewed and revised, as necessary, by the Part C Coordinator.
9. The APR was reviewed and approved by the HEICC. As authorized by the HEICC, the HEICC Chairperson reviewed and signed the APR certification form.
10. The APR was sent to the Director of Health to review.
11. The APR was submitted to OSEP as required.
12. The APR was posted on the HDOH EIS website.

Broad Representation

A stakeholder group of approximately 75 individuals provided recommendations to the development of the APR. Because of Hawai'i's broad eligibility and geography, it was important that there was broad representation that included: Part C EI service providers and family members from all islands, from urban and rural areas, as well as the different ethnic and cultural groups that represent Hawai'i's population. The following stakeholders from the islands of Oahu, Hawai'i, Maui County, and Kauai were invited:

- Members of the HEICC
- HDOH administrators, care coordinators (Hawai'i's terminology for service coordinators), direct service providers, quality assurance specialists, data staff, personnel training staff, and contracted providers from:
 - o Family Health Services Division (FHSD)
 - o Children with Special Health Care Needs Branch (CSHNB) Public Health Nursing Branch (PHNB)
 - o EIS
 - o Home Visiting Network
- Department of Human Services (DHS) administrators Department of Education (DOE) Section 619 District Coordinators Community Members,

including representatives from:

- o Early Head Start/Head Start
- o Parent Training Institute (Learning Disability Association of Hawai'i)

• Parents

Based on stakeholder input, the State proposes to reset the baseline using FFY 2018 data of 3.04%. The current baseline used was set in FFY 2010. Hawai'i's eligibility became more stringent in October of 2013 (FFY 2013) and since FFY 2010, Hawai'i no longer served the environmentally at-risk population. The proposed target for FFY 2019 is 3.19%, the highest actual data since after the change in eligibility.

Prepopulated Data

Source	Date	Description	Data
SY 2018-19 Child Count/Educational Environment Data Groups	07/10/2019	Number of infants and toddlers birth to 3 with IFSPs	1,619
Annual State Resident Population Estimates for 6 Race Groups (5 Race Alone Groups and Two or More Races) by Age, Sex, and Hispanic Origin	06/20/2019	Population of infants and toddlers birth to 3	52,317

FFY 2018 SPP/APR Data

Number of infants and toddlers birth to 3 with IFSPs	Population of infants and toddlers birth to 3	FFY 2017 Data	FFY 2018 Target	FFY 2018 Data	Status	Slippage
1,619	52,317	3.19%	3.63%	3.09%	Did Not Meet Target	Slippage

Provide reasons for slippage, if applicable

The State Public Awareness position has been vacant since April 2016. Due to the vacancy, there has been a lack of coordination of child find activities. The position has been filled in January 2020.

Furthermore, with staff shortages in programs, less time can be spent participating in child find activities such as community fairs and connecting with referral sources within the community.

Compare your results to the national data

The national average for all states including Washington D.C. is 1.25%. Hawai'i was below the national average for infants and toddlers birth to one with IFSPs by 0.4%. Hawai'i was ranked 41st as it served 0.85% of infants and toddlers birth to one with IFSPs.

Provide additional information about this indicator (optional)

6 - Prior FFY Required Actions

None

Response to actions required in FFY 2017 SPP/APR

6 - OSEP Response

The State provided a FFY 2019 target for this indicator, and OSEP accepts that target.

6 - Required Actions

Indicator 7: 45-Day Timeline

Instructions and Measurement

Monitoring Priority: Effective General Supervision Part C / Child Find

Compliance indicator: Percent of eligible infants and toddlers with IFSPs for whom an initial evaluation and initial assessment and an initial IFSP meeting were conducted within Part C's 45-day timeline. (20 U.S.C. 1416(a)(3)(B) and 1442)

Data Source

Data to be taken from monitoring or State data system and must address the timeline from point of referral to initial IFSP meeting based on actual, not an average, number of days.

Measurement

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

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

Instructions

If data are from State monitoring, describe the method used to select EIS programs for monitoring. If data are from a State database, describe the time period in which the data were collected (e.g., September through December, fourth quarter, selection from the full reporting period) and how the data accurately reflect data for infants and toddlers with IFSPs for the full reporting period.

Targets must be 100%.

Describe the results of the calculations and compare the results to the target. Describe the method used to collect these data and if data are from the State's monitoring, describe the procedures used to collect these data. Provide actual numbers used in the calculation.

States are not required to report in their calculation the number of children for whom the State has identified the cause for the delay as exceptional family circumstances, as defined in 34 CFR §303.310(b), documented in the child's record. If a State chooses to report in its calculation children for whom the State has identified the cause for the delay as exceptional family circumstances documented in the child's record, the numbers of these children are to be included in the numerator and denominator. Include in the discussion of the data, the numbers the State used to determine its calculation under this indicator and report separately the number of documented delays attributable to exceptional family circumstances.

Provide detailed information about the timely correction of noncompliance as noted in OSEP's response table for the previous SPP/APR. If the State did not ensure timely correction of the previous noncompliance, provide information on the extent to which noncompliance was subsequently corrected (more than one year after identification). In addition, provide information regarding the nature of any continuing noncompliance, methods to ensure correction, and any enforcement actions that were taken.

If the State reported less than 100% compliance for the previous reporting period (e.g., for the FFY 2018 SPP/APR, the data for FFY 2017), and the State did not identify any findings of noncompliance, provide an explanation of why the State did not identify any findings of noncompliance.

7 - Indicator Data

Historical Data

Baseline	2005	98.00%			
FFY	2013	2014	2015	2016	2017
Target	100%	100%	100%	100%	100%
Data	90.27%	90.27%	93.71%	91.98%	84.99%

Targets

FFY	2018	2019
Target	100%	100%

FFY 2018 SPP/APR Data

Number of eligible infants and toddlers with IFSPs for whom an initial evaluation and assessment and an initial IFSP meeting was conducted within Part C's 45-day timeline	Number of eligible infants and toddlers evaluated and assessed for whom an initial IFSP meeting was required to be conducted	FFY 2017 Data	FFY 2018 Target	FFY 2018 Data	Status	Slippage
1,026	2,150	84.99%	100%	82.70%	Did Not Meet Target	Slippage

Provide reasons for slippage, if applicable

Staff shortages and staff turnover impacts the program in implementing all aspects of early intervention. When there are staff shortages, there are delays in completely MDEs and IFSPs. Staff shortages results in providers having higher caseloads which results in full schedules and incomplete and/or untimely documentation of services and attempts to schedule evaluations/assessments and IFSP meetings.

Number of documented delays attributable to exceptional family circumstances

This number will be added to the "Number of eligible infants and toddlers with IFSPs for whom an initial evaluation and assessment and an initial IFSP meeting was conducted within Part C's 45-day timeline" field above to calculate the numerator for this indicator.

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What is the source of the data provided for this indicator?

State database

Describe the method used to select EIS programs for monitoring.

XXX

Provide the time period in which the data were collected (e.g., September through December, fourth quarter, selection from the full reporting period).

Data collected for the full reporting period (7/1/18 – 6/30/19).

Describe how the data accurately reflect data for infants and toddlers with IFSPs for the full reporting period.

Statewide data for all eligible infants and toddlers with IFSPs for whom an initial evaluation and initial assessment and an initial IFSP meeting were conducted within Part C's 45-day timeline was collected from the EI database for the period 7/1/18 - 6/30/19. The timelines were from the date of referral to the initial IFSP meeting and were based on actual, not an average, number of days.

Provide additional information about this indicator (optional)

FFY 2018 Actual Data Discussion:

Statewide data for eligible infants and toddlers with IFSPs for who an initial evaluation/assessment and an initial IFSP meeting were conducted within Part C's 45-day timeline was collected from HEIDS for the period 7/1/18-6/30/19. The timelines were from the date of referral to the initial IFSP meeting and were based on actual, not an average, number of days.

1,778 of 2,150 (83%) of infants and toddlers received an initial evaluation/assessment and an initial IFSP meeting were conducted within Part C's 45-day timeline.

Exceptional Family Circumstances. 752 of the 2,150 (35%) infants and toddlers did not have an initial evaluation/assessment and initial IFSP meeting within Part C's 45-day timeline due to exceptional family circumstances as defined by IDEA Part C. This number is included in both the numerator and denominator.

Program Reasons for Delays. 372 of the 2,150 (17%) infants and toddlers did not have an initial evaluation/assessment and initial IFSP meeting within Part C's 45-day timeline due to program reasons. The two predominate program reasons that impacted timely initial evaluation/assessments and initial IFSP meetings were staff vacancies and staff schedules full.

Correction of Findings of Noncompliance Identified in FFY 2017

Findings of Noncompliance Identified	Findings of Noncompliance Verified as Corrected Within One Year	Findings of Noncompliance Subsequently Corrected	Findings Not Yet Verified as Corrected
6	5	1	0

FFY 2017 Findings of Noncompliance Verified as Corrected

Describe how the State verified that the source of noncompliance is correctly implementing the regulatory requirements

The state accounted for all instances of noncompliance through on-site monitoring (refer to preceding section on "Monitoring Process").

All Programs were notified in writing of any noncompliance. Programs are required to develop a Corrective Action Plan (CAP), change policies and procedures, as appropriate, and demonstrate correction of all noncompliance (e.g., child specific and up-dated data) as soon as possible but no later than one year of identification (i.e., date of written notification).

In verifying correction of noncompliance, the state determined that each of the IE programs with identified noncompliance was correctly implementing the requirements. Programs with identified noncompliance were required to submit a copy of the signature page of all the Initial IFSPs completed along with a list from the HEIDS that includes the child's name, Part C referral date, 45-day due date, and date of the Initial IFSP. The Programs were required to submit this updated data to demonstrate correction based on the monitoring data percentage as follows:

- 95% - 100%: 1 month of data that shows 100% with a minimum of 2 records total
- 90% - 94%: 1 month of data that shows 100% with a minimum of 4 records total
- 80% - 89%: 2 months of data that show 100% with a minimum of 6 records total
- 70% - 79%: 2 months of data that show 100% with a minimum of 8 records total
- Under 70%: 3 consecutive months that show 100% with a minimum of 10 records total

The Part C LA verified with the Programs submitted and ensured that the program submitted required evidence of correction documentation based on the percentage of noncompliance:

Five programs demonstrated correction as outlined above within one year of notification:

- Program 1 submitted one month of data that showed 100% for a total of 9 records.
- Program 2 submitted one month of data that showed 100% for a total of 17 records.
- Program 3 submitted one month of data that showed 100% for a total of 15 records.
- Program 4 submitted one month of data that showed 100% for a total of 15 records.
- Program 5 submitted two months of data that showed 100% for a total of 9 records.

The one remaining program demonstrated subsequent correction as outlined above since the submittal of FFY17 APR:

- Program 1 submitted one month of data that showed 100% for a total of 14 records.

Describe how the State verified that each individual case of noncompliance was corrected

The Part C LA verified that each of the EI Programs with findings of noncompliance for not conducting an initial evaluation/assessment and initial IFSP within Part C's 45-day timeline, completed all evaluations/assessments and initial IFSPs, although late, unless the child was no longer within the jurisdiction of the EI Program. As previously reported in FFY 2017 APR:

There were 312 infants and toddlers who did not have an initial evaluation/assessment and initial IFSP meeting within Part C's 45-day timeline. 236 (76%) infants and toddlers received an initial evaluation/assessment and had an initial IFSP meeting, although untimely and 76 infants and toddlers left the program's jurisdiction prior to the completion of the initial evaluation/assessment and initial IFSP meeting.

The indicator report from HEIDS includes the actual date of the Initial IFSP and calculates how many days late it was from the 45-day timeline. If the initial IFSP did not occur prior to the date the data was pulled and the child is still enrolled in Part C, the Program must immediately correct by completing the initial IFSP, although late and submit a copy of the signature page of the IFSP to the Part C LA.

FFY 2017 Findings of Noncompliance Not Yet Verified as Corrected

Actions taken if noncompliance not corrected

XXX

Correction of Findings of Noncompliance Identified Prior to FFY 2017

Year Findings of Noncompliance Were Identified	Findings of Noncompliance Not Yet Verified as Corrected as of FFY 2017 APR	Findings of Noncompliance Verified as Corrected	Findings Not Yet Verified as Corrected
FFY 2016	1	1	0
FFY 2014	1	1	0

FFY 2016

Findings of Noncompliance Verified as Corrected

Describe how the State verified that the source of noncompliance is correctly implementing the regulatory requirements

The state accounted for all instances of noncompliance through HEIDS.

All Programs were notified in writing of any noncompliance. Programs are required to develop a Corrective Action Plan (CAP), change policies and procedures, as appropriate, and demonstrate correction of all noncompliance (e.g., child specific and up-dated data) as soon as possible but no later than one year of identification (i.e., date of written notification).

In verifying correction of noncompliance, the state determined that each of the EI programs with identified noncompliance was correctly implementing the requirements. Programs with identified noncompliance were required to submit a copy of the signature page of all the Initial IFSPs completed along with a list from the HEIDS that includes the child’s name, Part C referral date, 45-day due date, and date of the Initial IFSP. The Programs were required to submit this updated data to demonstrate correction based on the monitoring data percentage as follows:

- 95% - 100%: 1 month of data that shows 100% with a minimum of 2 records total
- 90% - 94%: 1 month of data that shows 100% with a minimum of 4 records total
- 80% - 89%: 2 months of data that show 100% with a minimum of 6 records total
- 70% - 79%: 2 months of data that show 100% with a minimum of 8 records total
- Under 70%: 3 consecutive months that show 100% with a minimum of 10 records total

The Part C LA verified and ensured that the program submitted required evidence of correction documentation based on the percentage of noncompliance:

The one remaining program demonstrated subsequent correction as outlined above since the submittal of FFY17 APR:

- Program 1 submitted three consecutive months of data that showed 100% for a total of 15 records.

Describe how the State verified that each individual case of noncompliance was corrected

The Part C LA verified that each of the EI Programs with findings of noncompliance for not conducting an initial evaluation/assessment and initial IFSP within Part C’s 45-day timeline, completed all evaluations/assessments and initial IFSPs, although late, unless the child was no longer resides within the jurisdiction of the EI Program. As previously reported in FFY 2016 APR:

There were 154 infants and toddlers who did not have an initial evaluation/assessment and initial IFSP meeting within Part C’s 45-day timeline. 148 (9%) infants and toddlers received an initial evaluation/assessment and had an initial IFSP meeting, although untimely and 6 infants and toddlers left the program’s jurisdiction prior to the completion of the initial evaluation/assessment and initial IFSP meeting.

The indicator report from HEIDS includes the actual date of the Initial IFSP and calculates how many days late it was from the 45-day timeline. If the initial IFSP did not occur prior to the date the data was pulled and the child is still enrolled in Part C, the Program must immediately correct by completing the initial IFSP, although late and submit a copy of the signature page of the IFSP to the Part C LA.

FFY 2016

Findings of Noncompliance Not Yet Verified as Corrected

Actions taken if noncompliance not corrected

XXX

FFY 2014

Findings of Noncompliance Verified as Corrected

Describe how the State verified that the source of noncompliance is correctly implementing the regulatory requirements

The state accounted for all instances of noncompliance through on-site monitoring (refer to preceding section on “Monitoring Process”).

All Programs were notified in writing of any noncompliance. Programs are required to develop a Corrective Action Plan (CAP), change policies and procedures, as appropriate, and demonstrate correction of all noncompliance (e.g., child specific and up-dated data) as soon as possible but no later than one year of identification (i.e., date of written notification).

In verifying correction of noncompliance, the state determined that each of the IE programs with identified noncompliance was correctly implementing the requirements. Programs with identified noncompliance were required to submit a copy of the signature page of all the Initial IFSPs completed along with a list from the HEIDS that includes the child’s name, Part C referral date, 45-day due date, and date of the Initial IFSP. The Programs were required to submit this updated data to demonstrate correction based on the monitoring data percentage as follows:

- 95% - 100%: 1 month of data that shows 100% with a minimum of 2 records total

- 90% - 94%: 1 month of data that shows 100% with a minimum of 4 records total
- 80% - 89%: 2 months of data that show 100% with a minimum of 6 records total
- 70% - 79%: 2 months of data that show 100% with a minimum of 8 records total
- Under 70%: 3 consecutive months that show 100% with a minimum of 10 records total

The Part C LA verified with the Programs submitted and ensured that the program submitted required evidence of correction documentation based on the percentage of noncompliance:

The one remaining program demonstrated subsequent correction as outlined above since the submittal of FFY17 APR:

- Program 1 submitted two months of data that showed 100% for a total of 8 records.

Describe how the State verified that each *individual case of noncompliance was corrected*

The state accounted for all instances of noncompliance through HEIDS.

All Programs were notified in writing of any noncompliance. Programs are required to develop a Corrective Action Plan (CAP), change policies and procedures, as appropriate, and demonstrate correction of all noncompliance (e.g., child specific and up-dated data) as soon as possible but no later than one year of identification (i.e., date of written notification).

In verifying correction of noncompliance, the state determined that each of the IE programs with identified noncompliance was correctly implementing the requirements. Programs with identified noncompliance were required to submit a copy of the signature page of all the Initial IFSPs completed along with a list from the HEIDS that includes the child's name, Part C referral date, 45-day due date, and date of the Initial IFSP. The Programs were required to submit this updated data to demonstrate correction based on the monitoring data percentage as follows:

- 95% - 100%: 1 month of data that shows 100% with a minimum of 2 records total
- 90% - 94%: 1 month of data that shows 100% with a minimum of 4 records total
- 80% - 89%: 2 months of data that show 100% with a minimum of 6 records total
- 70% - 79%: 2 months of data that show 100% with a minimum of 8 records total
- Under 70%: 3 consecutive months that show 100% with a minimum of 10 records total

The Part C LA verified and ensured that the program submitted required evidence of correction documentation based on the percentage of noncompliance:

The one remaining program demonstrated subsequent correction as outlined above since the submittal of FFY17 APR:

- Program 1 submitted two months of data that showed 100% for a total of 8 records.

FFY 2014

Findings of Noncompliance Not Yet Verified as Corrected

Actions taken if noncompliance not corrected

XXX

Findings of Noncompliance Verified as Corrected

Describe how the State verified that the source of noncompliance is correctly implementing the *regulatory requirements*

XXX

Describe how the State verified that each *individual case of noncompliance was corrected*

XXX

Findings of Noncompliance Not Yet Verified as Corrected

Actions taken if noncompliance not corrected

XXX

7 - Prior FFY Required Actions

None

Response to actions required in FFY 2017 SPP/APR

7 - OSEP Response

Because the State reported less than 100% compliance for FFY 2018, the State must report on the status of correction of noncompliance identified in FFY 2018 for this indicator. When reporting on the correction of noncompliance, the State must report, in the FFY 2019 SPP/APR, that it has verified that each EIS program or provider with noncompliance identified in FFY 2018 for this indicator: (1) is correctly implementing the specific regulatory requirements (i.e., achieved 100% compliance) based on a review of updated data such as data subsequently collected through on-site monitoring or a State data system; and (2) has corrected each individual case of noncompliance, unless the child is no longer within the jurisdiction of the EIS program or provider, consistent with OSEP Memo 09-02. In the FFY 2019 SPP/APR, the State must describe the specific actions that were taken to verify the correction.

If the State did not identify any findings of noncompliance in FFY 2018, although its FFY 2018 data reflect less than 100% compliance, provide an explanation of why the State did not identify any findings of noncompliance in FFY 2018.

7 - Required Actions

Indicator 8A: Early Childhood Transition

Instructions and Measurement

Monitoring Priority: Effective General Supervision Part C / Effective Transition

Compliance indicator: The percentage of toddlers with disabilities exiting Part C with timely transition planning for whom the Lead Agency has:

- A. Developed an IFSP with transition steps and services at least 90 days, and at the discretion of all parties, not more than nine months, prior to the toddler's third birthday;
- B. Notified (consistent with any opt-out policy adopted by the State) the SEA and the LEA where the toddler resides at least 90 days prior to the toddler's third birthday for toddlers potentially eligible for Part B preschool services; and
- C. Conducted the transition conference held with the approval of the family at least 90 days, and at the discretion of all parties, not more than nine months, prior to the toddler's third birthday for toddlers potentially eligible for Part B preschool services.

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

Data Source

Data to be taken from monitoring or State data system.

Measurement

- A. Percent = [(# of toddlers with disabilities exiting Part C who have an IFSP with transition steps and services at least 90 days, and at the discretion of all parties not more than nine months, prior to their third birthday) divided by the (# of toddlers with disabilities exiting Part C)] times 100.
- B. Percent = [(# of toddlers with disabilities exiting Part C where notification (consistent with any opt-out policy adopted by the State) to the SEA and LEA occurred at least 90 days prior to their third birthday for toddlers potentially eligible for Part B preschool services) divided by the (# of toddlers with disabilities exiting Part C who were potentially eligible for Part B)] times 100.
- C. Percent = [(# of toddlers with disabilities exiting Part C where the transition conference occurred at least 90 days, and at the discretion of all parties not more than nine months, prior to the toddler's third birthday for toddlers potentially eligible for Part B) divided by the (# of toddlers with disabilities exiting Part C who were potentially eligible for Part B)] times 100.

Account for untimely transition planning under 8A, 8B, and 8C, including the reasons for delays.

Instructions

Indicators 8A, 8B, and 8C: Targets must be 100%.

Describe the results of the calculations and compare the results to the target. Describe the method used to collect these data. Provide the actual numbers used in the calculation.

Indicators 8A and 8C: If data are from the State's monitoring, describe the procedures used to collect these data. If data are from State monitoring, also describe the method used to select EIS programs for monitoring. If data are from a State database, describe the time period in which the data were collected (e.g., September through December, fourth quarter, selection from the full reporting period) and how the data accurately reflect data for infants and toddlers with IFSPs for the full reporting period.

Indicators 8A and 8C: States are not required to report in their calculation the number of children for whom the State has identified the cause for the delay as exceptional family circumstances, as defined in 34 CFR §303.310(b), documented in the child's record. If a State chooses to report in its calculation children for whom the State has identified the cause for the delay as exceptional family circumstances documented in the child's record, the numbers of these children are to be included in the numerator and denominator. Include in the discussion of the data, the numbers the State used to determine its calculation under this indicator and report separately the number of documented delays attributable to exceptional family circumstances.

Indicator 8B: Under 34 CFR §303.401(e), the State may adopt a written policy that requires the lead agency to provide notice to the parent of an eligible child with an IFSP of the impending notification to the SEA and LEA under IDEA section 637(a)(9)(A)(ii)(I) and 34 CFR §303.209(b)(1) and (2) and permits the parent within a specified time period to "opt-out" of the referral. Under the State's opt-out policy, the State is not required to include in the calculation under 8B (in either the numerator or denominator) the number of children for whom the parents have opted out. However, the State must include in the discussion of data, the number of parents who opted out. In addition, any written opt-out policy must be on file with the Department of Education as part of the State's Part C application under IDEA section 637(a)(9)(A)(ii)(I) and 34 CFR §§303.209(b) and 303.401(d).

Indicator 8C: The measurement is intended to capture those children for whom a transition conference must be held within the required timeline and, as such, only children between 2 years 3 months and age 3 should be included in the denominator.

Indicator 8C: Do not include in the calculation, but provide a separate number for those toddlers for whom the parent did not provide approval for the transition conference.

Indicators 8A, 8B, and 8C: Provide detailed information about the timely correction of noncompliance as noted in OSEP's response table for the previous SPP/APR. If the State did not ensure timely correction of the previous noncompliance, provide information on the extent to which noncompliance was subsequently corrected (more than one year after identification). In addition, provide information regarding the nature of any continuing noncompliance, methods to ensure correction, and any enforcement actions that were taken.

If the State reported less than 100% compliance for the previous reporting period (e.g., for the FFY 2018 SPP/APR, the data for FFY 2017), and the State did not identify any findings of noncompliance, provide an explanation of why the State did not identify any findings of noncompliance.

8A - Indicator Data

Historical Data

Baseline	2005	86.00%			
FFY	2013	2014	2015	2016	2017
Target	100%	100%	100%	100%	100%
Data	96.97%	99.10%	93.62%	93.37%	94.09%

Targets

FFY	2018	2019
Target	100%	100%

FFY 2018 SPP/APR Data

Data include only those toddlers with disabilities exiting Part C with timely transition planning for whom the Lead Agency has developed an IFSP with transition steps and services at least 90 days, and at the discretion of all parties, not more than nine months, prior to the toddler's third birthday. (yes/no)

YES

If no, please explain.

Number of children exiting Part C who have an IFSP with transition steps and services	Number of toddlers with disabilities exiting Part C	FFY 2017 Data	FFY 2018 Target	FFY 2018 Data	Status	Slippage
1,124	1,257	94.09%	100%	92.28%	Did Not Meet Target	Slippage

Provide reasons for slippage, if applicable

Programs experienced high staff vacancies and turnovers which impacted the development of timely and complete transition plans.

Number of documented delays attributable to exceptional family circumstances

This number will be added to the "Number of children exiting Part C who have an IFSP with transition steps and services" field to calculate the numerator for this indicator.

36

What is the source of the data provided for this indicator?

State database

Describe the method used to select EIS programs for monitoring.

XXX

Provide the time period in which the data were collected (e.g., September through December, fourth quarter, selection from the full reporting period).

Data collected for the full reporting period (7/1/18 – 6/30/19).

Describe how the data accurately reflect data for infants and toddlers with IFSPs for the full reporting period.

Statewide data for the timely Transition Planning for all children who exited Part C in FFY 18 was collected from the Hawaii Early Intervention Data System (HEIDS) for the period 7/1/18 - 6/30/19.

Provide additional information about this indicator (optional)

FFY 2018 Actual Data Discussion:

1,160 of 1,257 (92%) children exiting Part C had a timely and complete Transition Plan in their IFSP that was completed at least 90 days prior to the child's third birthday or had delays in the completion of the transition plan that were documented as due to exceptional family circumstances. Children referred and found eligible fewer than 90 days from their third birthday were not included in this calculation.

Exceptional Family Circumstances. 36 of 1,257 (3%) children exiting Part C did not receive a timely and complete Transition Plan in their IFSP due to exceptional family circumstances as defined by IDEA Part C. This number is included in both the numerator and denominator.

Program Reasons for Delays. 97 of 1,257 (8%) children exiting Part C did not have a timely and complete Transition Plan in their IFSP, based on Hawaii's requirements for a complete Transition Plan. To be considered "complete," Hawaii requires the Transition Plan to be updated at each IFSP meeting and it must include steps and services listed in the IDEA, Part C regulations. The two predominate program reasons that impacted timely and complete Transition Plan in their IFSP were staff vacancies and staff schedules full.

Correction of Findings of Noncompliance Identified in FFY 2017

Findings of Noncompliance Identified	Findings of Noncompliance Verified as Corrected Within One Year	Findings of Noncompliance Subsequently Corrected	Findings Not Yet Verified as Corrected
6	6	0	0

FFY 2017 Findings of Noncompliance Verified as Corrected

Describe how the State verified that the source of noncompliance is correctly implementing the regulatory requirements

All Programs were notified in writing of any noncompliance. Programs were required to develop a Corrective Action Plan (CAP), change policies and procedures, as appropriate, and demonstrate correction of all noncompliance (e.g., child specific and up-dated data) as soon as possible but no later than one year of identification (i.e., date of written notification).

In verifying correction of noncompliance, the state determined that each of the EI programs with identified noncompliance was correctly implementing the requirement. Programs with identified noncompliance were required to submit a copy of the transition plan along with a list from HEIDS that includes the child's name, date of birth, exit date, and transition due date (at least 90 days prior to exiting Part C). The Programs were required to submit this

updated data to demonstrate correction based on the monitoring data percentage as follows:

- 95% - 100%: 1 month of data that shows 100% with a minimum of 2 records total
- 90% - 94%: 1 month of data that shows 100% with a minimum of 4 records total
- 80% - 89%: 2 months of data that show 100% with a minimum of 6 records total
- 70% - 79%: 2 months of data that show 100% with a minimum of 8 records total
- Under 70%: 3 consecutive months that show 100% with a minimum of 10 records total

The Part C LA verified that the programs submitted required evidence of correction documentation based on the percentage of noncompliance:

6 of 6 programs demonstrated correction as outlined above within one year of notification:

- Program 1 submitted one month of data that showed 100% for a total of 8 records.
- Program 2 submitted one month of data that showed 100% for a total of 8 records.
- Program 3 submitted one month of data that showed 100% for a total of 4 records.
- Program 4 submitted one month of data that showed 100% for a total of 2 records.
- Program 5 submitted one month of data that showed 100% for a total of 7 records.
- Program 6 submitted one month of data that showed 100% for a total of 2 records.

Describe how the State verified that each individual case of noncompliance was corrected

When the Part C LA reviews the Transition Plan data from HEIDS, all children have exited EI; therefore, all 65 children exited without a complete and timely transition plan because the child exited EI and were no longer under the jurisdiction of Part C.

FFY 2017 Findings of Noncompliance Not Yet Verified as Corrected

Actions taken if noncompliance not corrected

XXX

Correction of Findings of Noncompliance Identified Prior to FFY 2017

Year Findings of Noncompliance Were Identified	Findings of Noncompliance Not Yet Verified as Corrected as of FFY 2017 APR	Findings of Noncompliance Verified as Corrected	Findings Not Yet Verified as Corrected

Findings of Noncompliance Verified as Corrected

Describe how the State verified that the source of noncompliance is correctly implementing the regulatory requirements

XXX

Describe how the State verified that each individual case of noncompliance was corrected

XXX

Findings of Noncompliance Not Yet Verified as Corrected

Actions taken if noncompliance not corrected

XXX

Findings of Noncompliance Verified as Corrected

Describe how the State verified that the source of noncompliance is correctly implementing the regulatory requirements

XXX

Describe how the State verified that each individual case of noncompliance was corrected

XXX

Findings of Noncompliance Not Yet Verified as Corrected

Actions taken if noncompliance not corrected

XXX

Findings of Noncompliance Verified as Corrected

Describe how the State verified that the source of noncompliance is correctly implementing the regulatory requirements

XXX

Describe how the State verified that each individual case of noncompliance was corrected

XXX

Findings of Noncompliance Not Yet Verified as Corrected

Actions taken if noncompliance not corrected

XXX

8A - Prior FFY Required Actions

None

Response to actions required in FFY 2017 SPP/APR

8A - OSEP Response

Because the State reported less than 100% compliance for FFY 2018, the State must report on the status of correction of noncompliance identified in FFY 2018 for this indicator. When reporting on the correction of noncompliance, the State must report, in the FFY 2019 SPP/APR, that it has verified that each EIS program or provider with noncompliance identified in FFY 2018 for this indicator: (1) is correctly implementing the specific regulatory requirements (i.e., achieved 100% compliance) based on a review of updated data such as data subsequently collected through on-site monitoring or a State data system; and (2) has corrected each individual case of noncompliance, unless the child is no longer within the jurisdiction of the EIS program or provider, consistent with OSEP Memo 09-02. In the FFY 2019 SPP/APR, the State must describe the specific actions that were taken to verify the correction.

If the State did not identify any findings of noncompliance in FFY 2018, although its FFY 2018 data reflect less than 100% compliance, provide an explanation of why the State did not identify any findings of noncompliance in FFY 2018.

8A - Required Actions

Indicator 8B: Early Childhood Transition

Instructions and Measurement

Monitoring Priority: Effective General Supervision Part C / Effective Transition

Compliance indicator: The percentage of toddlers with disabilities exiting Part C with timely transition planning for whom the Lead Agency has:

- A. Developed an IFSP with transition steps and services at least 90 days, and at the discretion of all parties, not more than nine months, prior to the toddler's third birthday;
- B. Notified (consistent with any opt-out policy adopted by the State) the SEA and the LEA where the toddler resides at least 90 days prior to the toddler's third birthday for toddlers potentially eligible for Part B preschool services; and
- C. Conducted the transition conference held with the approval of the family at least 90 days, and at the discretion of all parties, not more than nine months, prior to the toddler's third birthday for toddlers potentially eligible for Part B preschool services.

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

Data Source

Data to be taken from monitoring or State data system.

Measurement

- A. Percent = [(# of toddlers with disabilities exiting Part C who have an IFSP with transition steps and services at least 90 days, and at the discretion of all parties not more than nine months, prior to their third birthday) divided by the (# of toddlers with disabilities exiting Part C)] times 100.
- B. Percent = [(# of toddlers with disabilities exiting Part C where notification (consistent with any opt-out policy adopted by the State) to the SEA and LEA occurred at least 90 days prior to their third birthday for toddlers potentially eligible for Part B preschool services) divided by the (# of toddlers with disabilities exiting Part C who were potentially eligible for Part B)] times 100.
- C. Percent = [(# of toddlers with disabilities exiting Part C where the transition conference occurred at least 90 days, and at the discretion of all parties not more than nine months, prior to the toddler's third birthday for toddlers potentially eligible for Part B) divided by the (# of toddlers with disabilities exiting Part C who were potentially eligible for Part B)] times 100.

Account for untimely transition planning under 8A, 8B, and 8C, including the reasons for delays.

Instructions

Indicators 8A, 8B, and 8C: Targets must be 100%.

Describe the results of the calculations and compare the results to the target. Describe the method used to collect these data. Provide the actual numbers used in the calculation.

Indicators 8A and 8C: If data are from the State's monitoring, describe the procedures used to collect these data. If data are from State monitoring, also describe the method used to select EIS programs for monitoring. If data are from a State database, describe the time period in which the data were collected (e.g., September through December, fourth quarter, selection from the full reporting period) and how the data accurately reflect data for infants and toddlers with IFSPs for the full reporting period.

Indicators 8A and 8C: States are not required to report in their calculation the number of children for whom the State has identified the cause for the delay as exceptional family circumstances, as defined in 34 CFR §303.310(b), documented in the child's record. If a State chooses to report in its calculation children for whom the State has identified the cause for the delay as exceptional family circumstances documented in the child's record, the numbers of these children are to be included in the numerator and denominator. Include in the discussion of the data, the numbers the State used to determine its calculation under this indicator and report separately the number of documented delays attributable to exceptional family circumstances.

Indicator 8B: Under 34 CFR §303.401(e), the State may adopt a written policy that requires the lead agency to provide notice to the parent of an eligible child with an IFSP of the impending notification to the SEA and LEA under IDEA section 637(a)(9)(A)(ii)(I) and 34 CFR §303.209(b)(1) and (2) and permits the parent within a specified time period to "opt-out" of the referral. Under the State's opt-out policy, the State is not required to include in the calculation under 8B (in either the numerator or denominator) the number of children for whom the parents have opted out. However, the State must include in the discussion of data, the number of parents who opted out. In addition, any written opt-out policy must be on file with the Department of Education as part of the State's Part C application under IDEA section 637(a)(9)(A)(ii)(I) and 34 CFR §§303.209(b) and 303.401(d).

Indicator 8C: The measurement is intended to capture those children for whom a transition conference must be held within the required timeline and, as such, only children between 2 years 3 months and age 3 should be included in the denominator.

Indicator 8C: Do not include in the calculation, but provide a separate number for those toddlers for whom the parent did not provide approval for the transition conference.

Indicators 8A, 8B, and 8C: Provide detailed information about the timely correction of noncompliance as noted in OSEP's response table for the previous SPP/APR. If the State did not ensure timely correction of the previous noncompliance, provide information on the extent to which noncompliance was subsequently corrected (more than one year after identification). In addition, provide information regarding the nature of any continuing noncompliance, methods to ensure correction, and any enforcement actions that were taken.

If the State reported less than 100% compliance for the previous reporting period (e.g., for the FFY 2018 SPP/APR, the data for FFY 2017), and the State did not identify any findings of noncompliance, provide an explanation of why the State did not identify any findings of noncompliance.

8B - Indicator Data

Historical Data

Baseline	2005	94.00%			
FFY	2013	2014	2015	2016	2017
Target	100%	100%	100%	100%	100%
Data	91.40%	88.81%	90.80%	92.37%	89.03%

Targets

FFY	2018	2019
Target	100%	100%

FFY 2018 SPP/APR Data

Data include notification to both the SEA and LEA

YES

If no, please explain.

Number of toddlers with disabilities exiting Part C where notification to the SEA and LEA occurred at least 90 days prior to their third birthday for toddlers potentially eligible for Part B preschool services	Number of toddlers with disabilities exiting Part C who were potentially eligible for Part B	FFY 2017 Data	FFY 2018 Target	FFY 2018 Data	Status	Slippage
828	1,257	89.03%	100%	85.54%	Did Not Meet Target	Slippage

Provide reasons for slippage, if applicable

Programs experienced high staff vacancies and turnovers which impacted timely documentation and submittal of timely transition notices to DOE.

Number of parents who opted out

This number will be subtracted from the "Number of toddlers with disabilities exiting Part C who were potentially eligible for Part B" field to calculate the denominator for this indicator.

289

Describe the method used to collect these data

Statewide data for the timely notification via Part C Transition Notice for all children who exited Part C in FFY 2018 was collected from the HEIDS for the period 7/1/18 - 6/30/19. Children referred and found eligible less than 90 days prior to their third (3rd) birthday were not included in the numerator and denominator. Parents who opted out of sending the Transition Notice to Part B were not included in the denominator.

Do you have a written opt-out policy? (yes/no)

YES

If yes, is the policy on file with the Department? (yes/no)

YES

What is the source of the data provided for this indicator?

State database

Describe the method used to select EIS programs for monitoring.

XXX

Provide the time period in which the data were collected (e.g., September through December, fourth quarter, selection from the full reporting period).

Data collected for the full reporting period (7/1/18 – 6/30/19)

Describe how the data accurately reflect data for infants and toddlers with IFSPs for the full reporting period.

Statewide data for the timely Transition Planning for all children who exited Part C in FFY 18 was collected from the HEIDS for the period 7/1/18 - 6/30/19.

Provide additional information about this indicator (optional)

FFY 2018 Actual Target Data Discussion:

828 of 968 (86%) of children exiting Part C and potentially eligible for Part B 619 services exited with timely notification to the SEA and the child's home school. The Part B and C programs mutually decided that any child eligible for Part C is "potentially eligible for Part B 619 services." Therefore, it is a requirement that, at minimum, directory information on all children exiting Part C with a developmental delay or medical condition with a high probability of resulting in a developmental delay be forwarded to Part B 619 unless the family opts out of this requirement. Hawaii's Part B has a unitary system so they do not have a LEA. However, at Part B's request, Part C has agreed to send notification to the child's home school in addition to the SEA. Children referred and found eligible less than 90 days prior to their third birthday were not included in the calculation.

Opt Out Option. 289 children exiting Part C and potentially eligible for Part B 619 services exited without providing notification to the SEA and child's home school due to the family exercising the "opt out" policy. The "opt out" policy was presented to the community at a public hearing held on May 4, 2009. The policy was officially forwarded to OSEP as part of the Part C Grant Application mailed to OSEP on May 14, 2009 and is officially on file. These children were not included in the above numerator or denominator. Due to the high number of "opt outs" for the Transition Notice, the HEIDS was revised to track reasons why families were "opting out" of the Transition Notice. The predominate reason why families "opted out" of the Transition Notice was that they were not interested in having their child referred to DOE Part B 619 program.

Program Reasons for Delays. 140 of 968 (14%) children exiting Part C and potentially eligible for Part B exited without timely notification to the SEA and child's home school due to program reasons. It is Hawaii's policy that the transition notice must be sent to the SEA and the child's home school at least 90 days prior to the child's third birthday. The timeline is in place to support Part B's child find efforts to ensure that all children who are potentially eligible for Part B services can receive a timely evaluation and start the Part B program by the third birthday. The two predominate program reasons that impacted timely notification to the SEA and home school were that the program waited for an in-person meeting with the family and forgetting to complete the transition notice by the due date.

Correction of Findings of Noncompliance Identified in FFY 2017

Findings of Noncompliance Identified	Findings of Noncompliance Verified as Corrected Within One Year	Findings of Noncompliance Subsequently Corrected	Findings Not Yet Verified as Corrected
13	10	3	0

FFY 2017 Findings of Noncompliance Verified as Corrected

Describe how the State verified that the source of noncompliance is correctly implementing the regulatory requirements

The programs were notified in writing of any noncompliance. The programs were required to develop a Corrective Action Plan (CAP), change policies and procedures, as appropriate, and demonstrate correction of all noncompliance (e.g., child specific and up-dated data) as soon as possible but no later than one year of identification (i.e., date of written notification).

In verifying correction of noncompliance, the state determined that the EI programs with identified noncompliance were correctly implementing the requirement. The programs with identified noncompliance were required to submit a copy of the documentation of when the transition notice was sent to the SEA and child's home school, along with a list from HEIDS that includes the child's name, date of birth, exit date, and transition due date (at least 90 days prior to exiting Part C). The programs were required to submit this updated data to demonstrate correction based on the monitoring data percentage as follows:

- 95% - 100%: 1 month of data that shows 100% with a minimum of 2 records total
- 90% - 94%: 1 month of data that shows 100% with a minimum of 4 records total
- 80% - 89%: 2 months of data that show 100% with a minimum of 6 records total
- 70% - 79%: 2 consecutive months of data that show 100% with a minimum of 8 records total
- Under 70%: 3 consecutive months that show 100% with a minimum of 10 records total

The Part C LA verified that the programs submitted required evidence of correction documentation based on the percentage of noncompliance:

Ten programs demonstrated correction as outlined above within one year of notification:

- Program 1 submitted one month of data that showed 100% for a total of 8 records.
- Program 2 submitted one month of data that showed 100% for a total of 2 records.
- Program 3 submitted two months of data that showed 100% for a total of 7 records.
- Program 4 submitted one month of data that showed 100% for a total of 5 records.
- Program 5 submitted one month of data that showed 100% for a total of 2 records.
- Program 6 submitted one month of data that showed 100% for a total of 5 records.
- Program 7 submitted one month of data that showed 100% for a total of 4 records.
- Program 8 submitted one month of data that showed 100% for a total of 4 records.
- Program 9 submitted one month of data that showed 100% for a total of 3 records.
- Program 10 submitted one month of data that showed 100% for a total of 4 records.

The three remaining programs demonstrated subsequent correction as outlined above since the submittal of FFY17 APR:

- Program 1 submitted two months of data that showed 100% for a total of 10 records.
- Program 2 submitted one month of data that showed 100% for a total of 4 records.
- Program 3 submitted one month of data that showed 100% for a total of 5 records.

Describe how the State verified that each individual case of noncompliance was corrected

The Part C LA verified that the EI programs with findings of noncompliance for not providing timely notification to the SEA and child's home school of potentially eligible children for Part B services, have issued notification to the SEA and child's home school, although late, for all children with records found out of compliance unless the child was no longer residing within the jurisdiction of the EI Program. As previously reported in FFY 2017APR:

There were 93 children who exited without timely notification to the SEA and the child's home school, notification was provided to the SEA and the child's home school for 52 of those children, although untimely and 41 children were no longer residing within the jurisdiction of the EI Program prior to issuing the SEA and the child's home school notification.

The report from HEIDS includes the actual date the notification was sent to both the SEA and the child's home school. If the notice was sent on two separate dates, the later date is entered into HEIDS. It also includes if it was late, how many days late it occurred.

FFY 2017 Findings of Noncompliance Not Yet Verified as Corrected

Actions taken if noncompliance not corrected

XXX

Correction of Findings of Noncompliance Identified Prior to FFY 2017

Year Findings of Noncompliance Were Identified	Findings of Noncompliance Not Yet Verified as Corrected as of FFY 2017 APR	Findings of Noncompliance Verified as Corrected	Findings Not Yet Verified as Corrected
FFY 2015	1	0	1

FFY 2015

Findings of Noncompliance Verified as Corrected

Describe how the State verified that the source of noncompliance is correctly implementing the regulatory requirements

XXX

Describe how the State verified that each individual case of noncompliance was corrected

XXX

FFY 2015

Findings of Noncompliance Not Yet Verified as Corrected

Actions taken if noncompliance not corrected

The one Program with on-going noncompliance was required to complete the Local Contributing Factor Tool (LCFT) for Indicators 8B and 9 (Indicator 9 LCFT focuses on long standing noncompliance) that addresses underlying factors impacting local performance and develop meaningful CAPs. Strategies to address root causes and progress on the strategies were to be included in their monthly CAP report. In addition, the Program was required to complete the Programming On-going Noncompliance Worksheet that included the following components:

- System to track Transition Notice (notification to SEA and child's home school)
- Staff analysis (how many Care Coordinators (CC) are submitting Transition Notices by due date) Barrier(s) and possible solutions to providing timely Transition Notices
- Support offered to CCs who are not consistently submitting timely Transition Notices
- What TA they have accessed from the State
- Additional TA requests from the State

Due to inconsistency of submitting monthly CAP reports, the Program was also instructed to submit weekly status reports of all indicators with long-standing noncompliance. The State LA calls the Program every two weeks to check in regarding timely notification to the SEA and home school and to provide technical assistance as needed regarding tracking and implementation of the requirement.

Findings of Noncompliance Verified as Corrected

Describe how the State verified that the source of noncompliance is correctly implementing the *regulatory requirements*

XXX

Describe how the State verified that each *individual case* of noncompliance was corrected

XXX

Findings of Noncompliance Not Yet Verified as Corrected

Actions taken if noncompliance not corrected

XXX

Findings of Noncompliance Verified as Corrected

Describe how the State verified that the source of noncompliance is correctly implementing the *regulatory requirements*

XXX

Describe how the State verified that each *individual case* of noncompliance was corrected

XXX

Findings of Noncompliance Not Yet Verified as Corrected

Actions taken if noncompliance not corrected

XXX

8B - Prior FFY Required Actions

None

Response to actions required in FFY 2017 SPP/APR

8B - OSEP Response

Because the State reported less than 100% compliance for FFY 2018, the State must report on the status of correction of noncompliance identified in FFY 2018 for this indicator. In addition, the State must demonstrate, in the FFY 2018 SPP/APR, that the remaining one uncorrected finding of noncompliance identified in FFY 2015 was corrected.

When reporting on the correction of noncompliance, the State must report, in the FFY 2019 SPP/APR, that it has verified that each EIS program or provider with findings of noncompliance identified in FFY 2018 and each EIS program or provider with remaining noncompliance identified in FFY 2015 (1) is correctly implementing the specific regulatory requirements (i.e., achieved 100% compliance) based on a review of updated data such as data subsequently collected through on-site monitoring or a State data system; and (2) has corrected each individual case of noncompliance, unless the child is no longer within the jurisdiction of the EIS program or provider, consistent with OSEP Memo 09-02. In the FFY 2019 SPP/APR, the State must describe the specific actions that were taken to verify the correction.

If the State did not identify any findings of noncompliance in FFY 2018, although its FFY 2018 data reflect less than 100% compliance, provide an explanation of why the State did not identify any findings of noncompliance in FFY 2018.

8B - Required Actions

Indicator 8C: Early Childhood Transition

Instructions and Measurement

Monitoring Priority: Effective General Supervision Part C / Effective Transition

Compliance indicator: The percentage of toddlers with disabilities exiting Part C with timely transition planning for whom the Lead Agency has:

- A. Developed an IFSP with transition steps and services at least 90 days, and at the discretion of all parties, not more than nine months, prior to the toddler's third birthday;
- B. Notified (consistent with any opt-out policy adopted by the State) the SEA and the LEA where the toddler resides at least 90 days prior to the toddler's third birthday for toddlers potentially eligible for Part B preschool services; and
- C. Conducted the transition conference held with the approval of the family at least 90 days, and at the discretion of all parties, not more than nine months, prior to the toddler's third birthday for toddlers potentially eligible for Part B preschool services.

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

Data Source

Data to be taken from monitoring or State data system.

Measurement

- A. Percent = [(# of toddlers with disabilities exiting Part C who have an IFSP with transition steps and services at least 90 days, and at the discretion of all parties not more than nine months, prior to their third birthday) divided by the (# of toddlers with disabilities exiting Part C)] times 100.
- B. Percent = [(# of toddlers with disabilities exiting Part C where notification (consistent with any opt-out policy adopted by the State) to the SEA and LEA occurred at least 90 days prior to their third birthday for toddlers potentially eligible for Part B preschool services) divided by the (# of toddlers with disabilities exiting Part C who were potentially eligible for Part B)] times 100.
- C. Percent = [(# of toddlers with disabilities exiting Part C where the transition conference occurred at least 90 days, and at the discretion of all parties not more than nine months, prior to the toddler's third birthday for toddlers potentially eligible for Part B) divided by the (# of toddlers with disabilities exiting Part C who were potentially eligible for Part B)] times 100.

Account for untimely transition planning under 8A, 8B, and 8C, including the reasons for delays.

Instructions

Indicators 8A, 8B, and 8C: Targets must be 100%.

Describe the results of the calculations and compare the results to the target. Describe the method used to collect these data. Provide the actual numbers used in the calculation.

Indicators 8A and 8C: If data are from the State's monitoring, describe the procedures used to collect these data. If data are from State monitoring, also describe the method used to select EIS programs for monitoring. If data are from a State database, describe the time period in which the data were collected (e.g., September through December, fourth quarter, selection from the full reporting period) and how the data accurately reflect data for infants and toddlers with IFSPs for the full reporting period.

Indicators 8A and 8C: States are not required to report in their calculation the number of children for whom the State has identified the cause for the delay as exceptional family circumstances, as defined in 34 CFR §303.310(b), documented in the child's record. If a State chooses to report in its calculation children for whom the State has identified the cause for the delay as exceptional family circumstances documented in the child's record, the numbers of these children are to be included in the numerator and denominator. Include in the discussion of the data, the numbers the State used to determine its calculation under this indicator and report separately the number of documented delays attributable to exceptional family circumstances.

Indicator 8B: Under 34 CFR §303.401(e), the State may adopt a written policy that requires the lead agency to provide notice to the parent of an eligible child with an IFSP of the impending notification to the SEA and LEA under IDEA section 637(a)(9)(A)(ii)(I) and 34 CFR §303.209(b)(1) and (2) and permits the parent within a specified time period to "opt-out" of the referral. Under the State's opt-out policy, the State is not required to include in the calculation under 8B (in either the numerator or denominator) the number of children for whom the parents have opted out. However, the State must include in the discussion of data, the number of parents who opted out. In addition, any written opt-out policy must be on file with the Department of Education as part of the State's Part C application under IDEA section 637(a)(9)(A)(ii)(I) and 34 CFR §§303.209(b) and 303.401(d).

Indicator 8C: The measurement is intended to capture those children for whom a transition conference must be held within the required timeline and, as such, only children between 2 years 3 months and age 3 should be included in the denominator.

Indicator 8C: Do not include in the calculation, but provide a separate number for those toddlers for whom the parent did not provide approval for the transition conference.

Indicators 8A, 8B, and 8C: Provide detailed information about the timely correction of noncompliance as noted in OSEP's response table for the previous SPP/APR. If the State did not ensure timely correction of the previous noncompliance, provide information on the extent to which noncompliance was subsequently corrected (more than one year after identification). In addition, provide information regarding the nature of any continuing noncompliance, methods to ensure correction, and any enforcement actions that were taken.

If the State reported less than 100% compliance for the previous reporting period (e.g., for the FFY 2018 SPP/APR, the data for FFY 2017), and the State did not identify any findings of noncompliance, provide an explanation of why the State did not identify any findings of noncompliance.

8C - Indicator Data

Historical Data

Baseline	2005	94.00%			
FFY	2013	2014	2015	2016	2017
Target	100%	100%	100%	100%	100%
Data	88.43%	90.34%	90.41%	93.29%	95.49%

Targets

FFY	2018	2019
Target	100%	100%

FFY 2018 SPP/APR Data

Data reflect only those toddlers for whom the Lead Agency has conducted the transition conference held with the approval of the family at least 90 days, and at the discretion of all parties, not more than nine months, prior to the toddler's third birthday for toddlers potentially eligible for Part B preschool services (yes/no)

YES

If no, please explain.

Number of toddlers with disabilities exiting Part C where the transition conference occurred at least 90 days, and at the discretion of all parties not more than nine months prior to the toddler's third birthday for toddlers potentially eligible for Part B	Number of toddlers with disabilities exiting Part C who were potentially eligible for Part B	FFY 2017 Data	FFY 2018 Target	FFY 2018 Data	Status	Slippage
410	1,257	95.49%	100%	83.46%	Did Not Meet Target	Slippage

Provide reasons for slippage, if applicable

Programs experienced high staff vacancies and turnovers which impacted timely scheduling and documentation of transition conferences.

Number of toddlers for whom the parent did not provide approval for the transition conference

This number will be subtracted from the "Number of toddlers with disabilities exiting Part C who were potentially eligible for Part B" field to calculate the denominator for this indicator.

731

Number of documented delays attributable to exceptional family circumstances

This number will be added to the "Number of toddlers with disabilities exiting Part C where the transition conference occurred at least 90 days, and at the discretion of all parties not more than nine months prior to the toddler's third birthday for toddlers potentially eligible for Part B" field to calculate the numerator for this indicator.

29

What is the source of the data provided for this indicator?

State database

Describe the method used to select EIS programs for monitoring.

XXX

Provide the time period in which the data were collected (e.g., September through December, fourth quarter, selection from the full reporting period).

Data collected for the full reporting period (7/1/18 – 6/30/19)

Describe how the data accurately reflect data for infants and toddlers with IFSPs for the full reporting period.

Statewide data for the timely Transition Planning regarding Transition Conference for all children who exited Part C in FFY 18 was collected from the HEIDS for the period 7/1/18 - 6/30/19.

Provide additional information about this indicator (optional)

FFY 2018 Actual Target Data Discussion:

Hawaii's policy is to offer a Transition Conference for all children exiting from Hawaii's Part C program, as they are all potentially eligible for Part B services.

439 of 526 (83%) children exiting Part C received a timely transition conference.

Transition Conference Decline. 731 families declined a Transition Conference and are not included in either the numerator or denominator of indicator calculations. Due to the high number of declines for a Transition Conference, the database was revised to track reasons why families were declining Transition Conferences. The two predominate reasons why families declined the Transition Conference were that they decided on a setting and that they were familiar with their options.

Exceptional Family Circumstances. 29 of 526 (6%) children exiting Part C did not have a timely Transition Conference due to exceptional family circumstances. They are included in both the numerator and denominator of indicator calculations.

Program Reasons for Delays. 87 of 526 (17%) children exiting Part C did not have a timely Transition Conference due to program reasons. The predominate program reason that impacted having a timely transition conference was that there was no documentation of the Transition Conference being held.

Correction of Findings of Noncompliance Identified in FFY 2017

Findings of Noncompliance Identified	Findings of Noncompliance Verified as Corrected Within One Year	Findings of Noncompliance Subsequently Corrected	Findings Not Yet Verified as Corrected
7	6	1	0

FFY 2017 Findings of Noncompliance Verified as Corrected

Describe how the State verified that the source of noncompliance is correctly implementing the regulatory requirements

All Programs were notified in writing of any noncompliance. Programs are required to develop a Corrective Action Plan (CAP), change policies and procedures, as appropriate, and demonstrate correction of all noncompliance (e.g., child specific and up-dated data) as soon as possible but no later than one year of identification (i.e., date of written notification).

In verifying correction of noncompliance, the state determined that each of the EI programs with identified noncompliance was correctly implementing the requirement. Programs with identified noncompliance were required to submit a copy of the anecdotal note documenting the transition conference or family decline, along with a list from HEIDS that includes the child's name, date of birth, exit date, and transition due date (at least 90 days prior to exiting Part C). The Programs were required to submit this updated data to demonstrate correction based on the monitoring data percentage as follows:

- 95% - 100%: 1 month of data that shows 100% with a minimum of 2 records total
- 90% - 94%: 1 month of data that shows 100% with a minimum of 4 records total
- 80% - 89%: 2 months of data that show 100% with a minimum of 6 records total
- 70% - 79%: 2 consecutive months of data that show 100% with a minimum of 8 records total
- Under 70%: 3 consecutive months that show 100% with a minimum of 10 records total

The Part C LA verified that the programs submitted required evidence of correction documentation based on the percentage of noncompliance:

Six programs demonstrated correction as outlined above within one year of notification:

- Program 1 submitted two months of data that showed 100% for a total of 8 records.
- Program 2 submitted two months of data that showed 100% for a total of 6 records.
- Program 3 submitted one month of data that showed 100% for a total of 3 records.
- Program 4 submitted two months of data that showed 100% for a total of 7 records.
- Program 5 submitted two months of data that showed 100% for a total of 6 records.
- Program 6 submitted one month of data that showed 100% for a total of 5 records.

The one remaining program demonstrated subsequent correction as outlined above since the submittal of FFY17 APR:

- Program 1 submitted two months of data that showed 100% for a total of 7 records.

Describe how the State verified that each individual case of noncompliance was corrected

The Part C LA verified that each of the EI Programs with findings of noncompliance for not conducting a timely transition conference, all children had a transition conference, although late, unless the child was no longer residing within the jurisdiction of the EI Program. As previously reported in FFY 2017 APR:

There were 37 families that did not receive a timely Transition Conference. Two received a Transition Conference, although untimely and 35 children were no longer residing within the jurisdiction of the EI Program prior to having a Transition Conference.

The report from HEIDS includes the transition due date (at least 90 days prior to the child exiting Part C) and the actual date of the transition conference. It also includes if it was late, how many days late it occurred.

FFY 2017 Findings of Noncompliance Not Yet Verified as Corrected

Actions taken if noncompliance not corrected

XXX

Correction of Findings of Noncompliance Identified Prior to FFY 2017

Year Findings of Noncompliance Were Identified	Findings of Noncompliance Not Yet Verified as Corrected as of FFY 2017 APR	Findings of Noncompliance Verified as Corrected	Findings Not Yet Verified as Corrected

Findings of Noncompliance Verified as Corrected

Describe how the State verified that the source of noncompliance is correctly implementing the regulatory requirements

XXX

Describe how the State verified that each individual case of noncompliance was corrected

XXX

Findings of Noncompliance Not Yet Verified as Corrected

Actions taken if noncompliance not corrected

XXX

Findings of Noncompliance Verified as Corrected

Describe how the State verified that the source of noncompliance is correctly implementing the *regulatory requirements*

XXX

Describe how the State verified that each *individual case* of noncompliance was corrected

XXX

Findings of Noncompliance Not Yet Verified as Corrected

Actions taken if noncompliance not corrected

XXX

Findings of Noncompliance Verified as Corrected

Describe how the State verified that the source of noncompliance is correctly implementing the *regulatory requirements*

XXX

Describe how the State verified that each *individual case* of noncompliance was corrected

XXX

Findings of Noncompliance Not Yet Verified as Corrected

Actions taken if noncompliance not corrected

XXX

8C - Prior FFY Required Actions

None

Response to actions required in FFY 2017 SPP/APR

8C - OSEP Response

Because the State reported less than 100% compliance for FFY 2018, the State must report on the status of correction of noncompliance identified in FFY 2018 for this indicator. When reporting on the correction of noncompliance, the State must report, in the FFY 2019 SPP/APR, that it has verified that each EIS program or provider with noncompliance identified in FFY 2018 for this indicator: (1) is correctly implementing the specific regulatory requirements (i.e., achieved 100% compliance) based on a review of updated data such as data subsequently collected through on-site monitoring or a State data system; and (2) has corrected each individual case of noncompliance, unless the child is no longer within the jurisdiction of the EIS program or provider, consistent with OSEP Memo 09-02. In the FFY 2019 SPP/APR, the State must describe the specific actions that were taken to verify the correction.

If the State did not identify any findings of noncompliance in FFY 2018, although its FFY 2018 data reflect less than 100% compliance, provide an explanation of why the State did not identify any findings of noncompliance in FFY 2018.

8C - Required Actions

Indicator 9: Resolution Sessions

Instructions and Measurement

Monitoring Priority: Effective General Supervision Part C / General Supervision

Results indicator: Percent of hearing requests that went to resolution sessions that were resolved through resolution session settlement agreements (applicable if Part B due process procedures are adopted). (20 U.S.C. 1416(a)(3)(B) and 1442)

Data Source

Data collected under section 618 of the IDEA (IDEA Part C Dispute Resolution Survey in the ED Facts Metadata and Process System (EMAPS)).

Measurement

Percent = (3.1(a) divided by 3.1) times 100.

Instructions

Sampling from the State's 618 data is not allowed.

This indicator is not applicable to a State that has adopted Part C due process procedures under section 639 of the IDEA.

Describe the results of the calculations and compare the results to the target.

States are not required to establish baseline or targets if the number of resolution sessions is less than 10. In a reporting period when the number of resolution sessions reaches 10 or greater, the State must develop baseline and targets and report them in the corresponding SPP/APR.

States may express their targets in a range (e.g., 75-85%).

If the data reported in this indicator are not the same as the State's 618 data, explain.

States are not required to report data at the EIS program level.

9 - Indicator Data

Not Applicable

Select yes if this indicator is not applicable.

NA

Provide an explanation of why it is not applicable below.

The State has adopted Part C due process procedures under section 639 of the IDEA.

Select yes to use target ranges.

NA

Select yes if the data reported in this indicator are not the same as the State's data reported under section 618 of the IDEA.

NA

Provide an explanation below.

NA

Prepopulated Data

Source	Date	Description	Data
SY 2018-19 EMAPS IDEA Part C Dispute Resolution Survey; Section C: Due Process Complaints	11/11/2019	3.1 Number of resolution sessions	NA
SY 2018-19 EMAPS IDEA Part C Dispute Resolution Survey; Section C: Due Process Complaints	11/11/2019	3.1(a) Number resolution sessions resolved through settlement agreements	NA

Targets: Description of Stakeholder Input

APR Process

The process to develop Hawai'i's APR for FFY 2018 included:

1. The HDOH, EIS which is identified as the Part C LA worked with the EI System Improvement Team to address specific indicators as identified in the approved APR/State Performance Plan (SPP).
2. On-going meetings with the identified EI System Improvement and Training Team were held to prepare them to facilitate workgroups at the statewide Annual Stakeholders' Meeting.
3. Broad dissemination regarding the Stakeholders' Meeting to determine interest by agency, Hawai'i Early Intervention Coordinating Council (HEICC), and community members to ensure appropriate input into the review process.
4. Group discussion at the Stakeholder Meeting on specific indicators. Each group was provided with copies of the Indicator targets, FFY 2018 APR data, FFY 2017 APR data, and other relevant data so the group could determine:
 - Whether the target was met.
 - The extent of progress/slippage for each indicator. Possible reasons for slippage.
 - If performance indicator targets should be revised, including justification for any revisions.
5. Final recommendations by indicator were presented to all stakeholders.
6. Recommendations were reviewed by the identified members of the EI System Improvement Team and the Part C LA.
7. The APR was drafted by members of the EI System Improvement Team and the Part C LA.
8. The APR draft was reviewed and revised, as necessary, by the Part C Coordinator.
9. The APR was reviewed and approved by the HEICC. As authorized by the HEICC, the HEICC Chairperson reviewed and signed the APR certification form.
10. The APR was sent to the Director of Health to review.
11. The APR was submitted to OSEP as required.
12. The APR was posted on the HDOH EIS website.

Broad Representation

A stakeholder group of approximately 75 individuals provided recommendations to the development of the APR. Because of Hawai'i's broad eligibility and geography, it was important that there was broad representation that included: Part C EI service providers and family members from all islands, from urban and rural areas, as well as the different ethnic and cultural groups that represent Hawai'i's population. The following stakeholders from the islands of Oahu, Hawai'i, Maui County, and Kauai were invited:

- Members of the HEICC
- HDOH administrators, care coordinators (Hawai'i's terminology for service coordinators), direct service providers, quality assurance specialists, data staff, personnel training staff, and contracted providers from:

- o Family Health Services Division (FHSD)
- o Children with Special Health Care Needs Branch (CSHNB) Public Health Nursing Branch (PHNB)
- o EIS
- o Home Visiting Network

- Department of Human Services (DHS) administrators Department of Education (DOE) Section 619 District Coordinators Community Members, including representatives from:

- o Early Head Start/Head Start
- o Parent Training Institute (Learning Disability Association of Hawai'i)

- Parents

NA

Historical Data

Baseline	NA	NA			
FFY	2013	2014	2015	2016	2017
Target>=	NA	NA	NA	NA	NA
Data	NA	NA	NA	NA	NA

Targets

FFY	2018	2019
Target>=	NA	NA

FFY 2018 SPP/APR Data

3.1(a) Number resolutions sessions resolved through settlement agreements	3.1 Number of resolutions sessions	FFY 2017 Data	FFY 2018 Target	FFY 2018 Data	Status	Slippage
NA	NA	NA	NA	NA	NA	NA

Targets

FFY	2018 (low)	2018 (high)	2019 (low)	2019 (high)
Target	NA	NA	NA	NA

FFY 2018 SPP/APR Data

3.1(a) Number resolutions sessions resolved through settlement agreements	3.1 Number of resolutions sessions	FFY 2017 Data	FFY 2018 Target (low)	FFY 2018 Target (high)	FFY 2018 Data	Status	Slippage
NA	NA	NA	NA	NA	NA	NA	NA

Provide reasons for slippage, if applicable

NA

Provide additional information about this indicator (optional)

NA

9 - Prior FFY Required Actions

None

9 - OSEP Response

OSEP notes that this indicator is not applicable.

9 - Required Actions

Indicator 10: Mediation

Instructions and Measurement

Monitoring Priority: Effective General Supervision Part C / General Supervision

Results indicator: Percent of mediations held that resulted in mediation agreements. (20 U.S.C. 1416(a)(3)(B) and 1442)

Data Source

Data collected under section 618 of the IDEA (IDEA Part C Dispute Resolution Survey in the EDFacts Metadata and Process System (EMAPS)).

Measurement

Percent = $((2.1(a)(i) + 2.1(b)(i)) \text{ divided by } 2.1) \text{ times } 100$.

Instructions

Sampling from the State's 618 data is not allowed.

Describe the results of the calculations and compare the results to the target.

States are not required to establish baseline or targets if the number of mediations is less than 10. In a reporting period when the number of mediations reaches 10 or greater, the State must develop baseline and targets and report them in the corresponding SPP/APR.

States may express their targets in a range (e.g., 75-85%).

If the data reported in this indicator are not the same as the State's 618 data, explain.

States are not required to report data at the EIS program level.

10 - Indicator Data

Select yes to use target ranges

Target Range not used

Select yes if the data reported in this indicator are not the same as the State's data reported under section 618 of the IDEA.

NO

Provide an explanation below

Prepopulated Data

Source	Date	Description	Data
SY 2018-19 EMAPS IDEA Part C Dispute Resolution Survey; Section B: Mediation Requests	11/11/2019	2.1 Mediations held	0
SY 2018-19 EMAPS IDEA Part C Dispute Resolution Survey; Section B: Mediation Requests	11/11/2019	2.1.a.i Mediations agreements related to due process complaints	0
SY 2018-19 EMAPS IDEA Part C Dispute Resolution Survey; Section B: Mediation Requests	11/11/2019	2.1.b.i Mediations agreements not related to due process complaints	0

Targets: Description of Stakeholder Input

APR Process

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3. Broad dissemination regarding the Stakeholders' Meeting to determine interest by agency, Hawai'i Early Intervention Coordinating Council (HEICC), and community members to ensure appropriate input into the review process.
4. Group discussion at the Stakeholder Meeting on specific indicators. Each group was provided with copies of the Indicator targets, FFY 2018 APR data, FFY 2017 APR data, and other relevant data so the group could determine:
 - Whether the target was met.
 - The extent of progress/slippage for each indicator. Possible reasons for slippage.
 - If performance indicator targets should be revised, including justification for any revisions.
5. Final recommendations by indicator were presented to all stakeholders.
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Broad Representation

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of Oahu, Hawai'i, Maui County, and Kauai were invited:

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- o Family Health Services Division (FHSD)
- o Children with Special Health Care Needs Branch (CSHNB) Public Health Nursing Branch (PHNB)
- o EIS
- o Home Visiting Network

- Department of Human Services (DHS) administrators Department of Education (DOE) Section 619 District Coordinators Community Members, including representatives from:

- o Early Head Start/Head Start
- o Parent Training Institute (Learning Disability Association of Hawai'i)

- Parents

Historical Data

Baseline	2005				
FFY	2013	2014	2015	2016	2017
Target>=					
Data					

Targets

FFY	2018	2019
Target>=		

FFY 2018 SPP/APR Data

2.1.a.i Mediation agreements related to due process complaints	2.1.b.i Mediation agreements not related to due process complaints	2.1 Number of mediations held	FFY 2017 Data	FFY 2018 Target	FFY 2018 Data	Status	Slippage
		0				N/A	N/A

Targets

FFY	2018 (low)	2018 (high)	2019 (low)	2019 (high)
Target	XXX	XXX	XXX	XXX

FFY 2018 SPP/APR Data

2.1.a.i Mediation agreements related to due process complaints	2.1.b.i Mediation agreements not related to due process complaints	2.1 Number of mediations held	FFY 2017 Data	FFY 2018 Target (low)	FFY 2018 Target (high)	FFY 2018 Data	Status	Slippage
XXX	XXX	XXX	XXX	XXX	XXX	XXX	XXX	XXX

Provide reasons for slippage, if applicable

XXX

Provide additional information about this indicator (optional)

10 - Prior FFY Required Actions

None

Response to actions required in FFY 2017 SPP/APR

10 - OSEP Response

The State reported fewer than ten mediations held in FFY 2018. The State is not required to provide targets until any fiscal year in which ten or more mediations were held.

10 - Required Actions

Certification

Instructions

Choose the appropriate selection and complete all the certification information fields. Then click the "Submit" button to submit your APR.

Certify

I certify that I am the Director of the State's Lead Agency under Part C of the IDEA, or his or her designee, and that the State's submission of its IDEA Part C State Performance Plan/Annual Performance Report is accurate.

Select the certifier's role

Designated Lead Agency Director

Name and title of the individual certifying the accuracy of the State's submission of its IDEA Part C State Performance Plan/Annual Performance Report.

Name:

Charlene Robles

Title:

Part C Coordinator

Email:

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Submitted on: