

# STATE PERFORMANCE PLAN / ANNUAL PERFORMANCE REPORT: PART C

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

For reporting on  
FFY 2019

Hawaii



**PART C DUE**  
February 1, 2021

U.S. DEPARTMENT OF EDUCATION  
WASHINGTON, DC 20202

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## **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 2019 (7/1/19 - 6/30/20) there were 18 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 developmental 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.

### **Additional information related to data collection and reporting.**

The COVID-19 Pandemic did not impact FFY 2019 reporting data and it has been noted in each Indicator. However, for Indicator 7: 45-Day Timeline, the State changed the reporting period from a full year of data to 8-1/2 months of data (7/1/2019 – 3/15/20).

### **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 the Intake Meeting
- Item 6j: Family Rights – discussed and provided during the Intake Meeting
- 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 and at every IFSP meeting, families are informed and provided information regarding their procedural safeguards, including 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.

### **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 such as Early Childhood Personnel Center Intensive TA Institute; and Office of Special Education Leadership Conference to access TA and learn from other States on various topics related to compliance and performance APR indicators. Additionally, the Part C LA participated on webinars and learning collaboratives/community of practices which provided on-going opportunities to hear what other States are doing and gather new ideas/strategies to enhance Hawai'i's system

#### 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; and 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.
- State Quality Assurance Specialists connect with Program Managers on a quarterly basis to develop and review progress on their TA Action Plan.

Due to the COVID-19 Pandemic, additional TA was provided through:

- Additional Program Manager meetings that included Program Managers, State staff that provide local programs with TA, and Agency executives to discuss any procedural changes due to COVID-19 data.
- Development and implementation of revised Procedural Guidelines.
- Collection of COVID-19 related data.
- Creation of the COVID-19 Task Force comprised of Agency Executives of EI Programs and the State Core Team to discuss challenges due to COVID-19, strategies to address the challenges and input into the plan to resume in-person visits.

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:
  - Review and revise Hawai'i's General Supervision system that includes the CAP process
  - 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
  - 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 requires that providers complete the EI Provider Orientation checklist that provides the foundational knowledge of the Early Intervention system. The Part C EI Orientation is part of the EI Provider Orientation Checklist and focuses on implementation of procedural guidelines and best practices. 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.

Due to the COVID-19 Pandemic, telepractice training modules, telepractice guidelines and family handouts were made available to all Programs as the State moved to providing EI services via telepractice. Telepractice modules/videos developed by national TA centers were also shared with the EI Programs.

Training modules developed by the National TA Centers were reviewed and made accessible to Programs for professional development activities. During the COVID-19 Pandemic, optional professional development activities were billable in the State's effort to sustain the EI Programs during the pandemic.

The Part C Lead Agency continues to receive 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 2019 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, including distribution of a family flier via parent support groups (i.e., Family Hui and PTI – Leadership in Disabilities and Achievement in Hawaii (LDAH).
4. Group discussion at the Virtual Stakeholder Meeting on specific indicators. Each group was provided with copies of the Indicator targets, FFY 2019 APR data, FFY 2018 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.
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:
  - Family Health Services Division (FHSD)
  - Children with Special Health Care Needs Branch (CSHNB) Public Health Nursing Branch (PHNB)
  - EIS
  - Home Visiting Network
- Department of Human Services (DHS) administrators Department of Education (DOE) Section 619 District Coordinators Community Members, including representatives from:
  - Early Head Start/Head Start
  - Family Support Programs (Family Hui and LDAH)
- 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 2018 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 2018 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 2018 APR in 2020, is available.**

The SPP/APR and performance of each EIS Program in the State for FFY 2018 was 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

## 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

<b>Baseline</b>	2013	63.03%			
<b>FFY</b>	<b>2013</b>	<b>2014</b>	<b>2015</b>	<b>2016</b>	<b>2017</b>
Target	100%	100%	100%	100%	100%
Data	63.03%	67.14%	67.14%	57.69%	73.23%

### Targets

<b>FFY</b>	<b>2018</b>	<b>2019</b>
Target	100%	100%

### FFY 2019 SPP/APR Data

<b>Number of infants and toddlers with IFSPs who receive the early intervention services on their IFSPs in a timely manner</b>	<b>Total number of infants and toddlers with IFSPs</b>	<b>FFY 2018 Data</b>	<b>FFY 2019 Target</b>	<b>FFY 2019 Data</b>	<b>Status</b>	<b>Slippage</b>
119 + 38 (FR) = 157	213	72%	100%	74%	Did Not Meet Target	No slippage

**Provide reasons for slippage, if applicable**

NA

**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.*

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**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).**

Hawaii'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 7/1/19- 2/29/20 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 2019, 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 7/1/19 – 2/29/20 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 2019 at the time of monitoring.
- Part C LA identified 10% of children at each program/section based on the 12/1/19 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 213 children as 57 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 2020 findings based on data from FFY 2019.

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.

**If needed, provide additional information about this indicator here.**

#### COVID-19 Impact on Data:

The COVID-19 pandemic did not impact data reported for Indicator 1: Timely Provision of Services as the monitoring period was between 7/1/2019 – 2/29/20, prior to the pandemic.

#### FFY 2019 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”).

157 of 213 (74%) of infants and toddlers monitored received EI services on their IFSPs in a timely manner.

Exceptional Family Circumstances. 38 of the 213 (18%) 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. The two predominate exceptional family circumstances were the family cancelled the appointment and medical reason (family or child sick) .

Program Reasons for Delays. 56 of the 213 (26%) 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 2018

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	5	0	0

### FFY 2018 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 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 with the Programs 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 10 records.
- Program 2 submitted two consecutive months of data that showed 100% for a total of 36 records.
- Program 3 submitted two months of data that showed 100% for a total of 23 records.
- Program 4 submitted three consecutive months of data that showed 100% for a total of 16 records.
- Program 5 submitted one month of data that showed 100% for a total of 27 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.

There were 55 children where services were not initiated in a timely manner due to program reasons: four 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 47 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.

**Correction of Findings of Noncompliance Identified Prior to FFY 2018**

<b>Year Findings of Noncompliance Were Identified</b>	<b>Findings of Noncompliance Not Yet Verified as Corrected as of FFY 2018 APR</b>	<b>Findings of Noncompliance Verified as Corrected</b>	<b>Findings Not Yet Verified as Corrected</b>
FFY 2017	1	1	0
FFY 2016	3	2	1
FFY 2014	1	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 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 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 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 FFY18 APR:

- Program 1 submitted three consecutive months of data that showed 100% for a total of 19 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.

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 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 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 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 with the Program and ensured that the program submitted required evidence of correction documentation based on the percentage of noncompliance:

The two of the three remaining programs demonstrated subsequent correction as outlined above since the submittal of FFY18 APR:

- Program 1 submitted two consecutive months of data that showed 100% for a total of 17 records.
- Program 2 submitted three consecutive months 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.

There were 86 children where services were not initiated in a timely manner due to program reasons: 19 children were no longer residing within the jurisdiction of the EI Program before the service was implemented; for three children, the service was discontinued before it was initiated, and the remaining 64 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 2016**

### **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 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

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 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 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 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 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 FFY18 APR:

- Program 1 submitted three consecutive months of data that showed 100% for a total of 27 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.

There were 70 children where services were not initiated in a timely manner due to program reasons: four children were no longer residing within the jurisdiction of the EI Program before the service was implemented and the remaining 66 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.

## 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

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

### Targets

<b>FFY</b>	<b>2018</b>	<b>2019</b>
Target>=	90.00%	95.00%

### Targets: Description of Stakeholder Input

## APR Process

The process to develop Hawai'i's APR for FFY 2019 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, including distribution of a family flier via parent support groups (i.e., Family Hui and PTI – Leadership in Disabilities and Achievement in Hawaii (LDAH)).
4. Group discussion at the Virtual Stakeholder Meeting on specific indicators. Each group was provided with copies of the Indicator targets, FFY 2019 APR data, FFY 2018 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.
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:
  - Family Health Services Division (FHSD)
  - Children with Special Health Care Needs Branch (CSHNB) Public Health Nursing Branch (PHNB)
  - EIS
  - Home Visiting Network

- Department of Human Services (DHS) administrators Department of Education (DOE) Section 619 District Coordinators Community Members, including representatives from:
  - Early Head Start/Head Start
  - Family Support Programs (Family Hui and LDAH)
- Parents

**Prepopulated Data**

Source	Date	Description	Data
SY 2019-20 Child Count/Educational Environment Data Groups	07/08/2020	Number of infants and toddlers with IFSPs who primarily receive early intervention services in the home or community-based settings	1780
SY 2019-20 Child Count/Educational Environment Data Groups	07/08/2020	Total number of infants and toddlers with IFSPs	1811

**FFY 2019 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 2018 Data	FFY 2019 Target	FFY 2019 Data	Status	Slippage
1780	1811	98%	95%	98%	Met Target	No Slippage

**Provide reasons for slippage, if applicable**

N/A

**Provide additional information about this indicator (optional)**

COVID-19 Impact on Data:

The COVID-19 pandemic did not impact data reported for Indicator 2: Services in Natural Environment as the data source was the Child Count and Setting 618 data collected on 12/1/19, prior to the pandemic.

## 2 - Prior FFY Required Actions

None



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

## 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

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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, including distribution of a family flier via parent support groups (i.e., Family Hui and PTI – Leadership in Disabilities and Achievement in Hawaii (LDAH)).
4. Group discussion at the Virtual Stakeholder Meeting on specific indicators. Each group was provided with copies of the Indicator targets, FFY 2019 APR data, FFY 2018 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.
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:
  - Family Health Services Division (FHSD)
  - Children with Special Health Care Needs Branch (CSHNB) Public Health Nursing Branch (PHNB)
  - EIS
  - Home Visiting Network
- Department of Human Services (DHS) administrators Department of Education (DOE) Section 619 District Coordinators Community Members, including representatives from:
  - Early Head Start/Head Start
  - Family Support Programs (Family Hui and LDAH)
- Parents

## Historical Data

	Baseline	FFY	2013	2014	2015	2016	2017
<b>A1</b>	2013	Target>=	53.14%	53.14%	53.14%	53.14%	54.00%
<b>A1</b>	53.14%	Data	53.14%	48.92%	55.52%	56.42%	54.30%
<b>A2</b>	2013	Target>=	79.32%	79.32%	79.32%	79.32%	79.50%
<b>A2</b>	79.32%	Data	79.32%	73.39%	75.19%	73.26%	71.40%
<b>B1</b>	2013	Target>=	70.81%	70.81%	70.81%	70.81%	71.00%
<b>B1</b>	70.81%	Data	70.81%	65.94%	69.25%	69.66%	65.16%
<b>B2</b>	2013	Target>=	65.19%	65.19%	65.19%	65.19%	65.50%
<b>B2</b>	65.19%	Data	65.19%	58.72%	59.61%	55.64%	53.59%
<b>C1</b>	2013	Target>=	67.99%	67.99%	67.99%	67.99%	68.50%
<b>C1</b>	67.99%	Data	67.99%	63.68%	68.31%	71.08%	68.47%
<b>C2</b>	2013	Target>=	80.63%	80.63%	80.63%	80.63%	81.50%

<b>C2</b>	80.63%	Data	80.63%	77.12%	76.23%	77.02%	75.17%
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**Targets**

<b>FFY</b>	<b>2018</b>	<b>2019</b>
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 2019 SPP/APR Data**

**Number of infants and toddlers with IFSPs assessed**

1,356

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

	<b>Number of children</b>	<b>Percentage of Total</b>
a. Infants and toddlers who did not improve functioning	2	0.15%
b. Infants and toddlers who improved functioning but not sufficient to move nearer to functioning comparable to same-aged peers	293	21.61%
c. Infants and toddlers who improved functioning to a level nearer to same-aged peers but did not reach it	110	8.11%
d. Infants and toddlers who improved functioning to reach a level comparable to same-aged peers	232	17.11%
e. Infants and toddlers who maintained functioning at a level comparable to same-aged peers	719	53.02%

	<b>Numerator</b>	<b>Denominator</b>	<b>FFY 2018 Data</b>	<b>FFY 2019 Target</b>	<b>FFY 2019 Data</b>	<b>Status</b>	<b>Slippage</b>
A1. Of those children who entered or exited the program below age expectations in Outcome A, the percent who substantially increased	342	637	53.35%	55.0%	53.7%	Did Not Meet Target	No Slippage

	<b>Nume- rator</b>	<b>Denomi- nator</b>	<b>FFY 2018 Data</b>	<b>FFY 2019 Target</b>	<b>FFY 2019 Data</b>	<b>Status</b>	<b>Slippage</b>
their rate of growth by the time they turned 3 years of age or exited the program							
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	951	1,356	70.15%	80.0%	70.1%	Did Not Meet Target	No Slippage

**Provide reasons for A1 slippage, if applicable**

NA

**Provide reasons for A2 slippage, if applicable**

NA

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

	<b>Number of Children</b>	<b>Percentage of Total</b>
a. Infants and toddlers who did not improve functioning	3	0.22%
b. Infants and toddlers who improved functioning but not sufficient to move nearer to functioning comparable to same-aged peers	422	31.12%
c. Infants and toddlers who improved functioning to a level nearer to same-aged peers but did not reach it	320	23.60%
d. Infants and toddlers who improved functioning to reach a level comparable to same-aged peers	392	28.91%
e. Infants and toddlers who maintained functioning at a level comparable to same-aged peers	219	16.15%

	<b>Nume- rator</b>	<b>Denomi- nator</b>	<b>FFY 2018 Data</b>	<b>FFY 2019 Target</b>	<b>FFY 2019 Data</b>	<b>Status</b>	<b>Slippage</b>
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	712	1,137	66.67%	71.5%	62.6%	Did Not Meet Target	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	611	1,356	50.64%	66.0%	45.1%	Did Not Meet Target	Slippage

**Provide reasons for B1 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.

**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**

	<b>Number of Children</b>	<b>Percentage of Total</b>
a. Infants and toddlers who did not improve functioning	1	0.07%
b. Infants and toddlers who improved functioning but not sufficient to move nearer to functioning comparable to same-aged peers	268	19.76%
c. Infants and toddlers who improved functioning to a level nearer to same-aged peers but did not reach it	115	8.48%
d. Infants and toddlers who improved functioning to reach a level comparable to same-aged peers	322	23.75%

	Number of Children	Percentage of Total
e. Infants and toddlers who maintained functioning at a level comparable to same-aged peers	650	47.94%

	Numerator	Denominator	FFY 2018 Data	FFY 2019 Target	FFY 2019 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	437	706	67.76%	69.0%	61.9%	Did Not Meet Target	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	972	1,356	74.76%	82.0%	71.7%	Did Not Meet Target	Slippage

**Provide reasons for C1 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.

**Provide reasons for C2 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.

**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	1920
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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.	443
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	Yes / No
Was sampling used?	No
Has your previously-approved sampling plan changed?	NA
If the plan has changed, please provide sampling plan.	NA

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

NA

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

Yes

**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)**

##### COVID-19 Impact on Data:

The COVID-19 pandemic did not impact data reported for Indicator 3: Early Childhood Outcomes as the COS process was implemented during the pandemic.

##### Missing Data:

After subtracting the number of children that received services less than 6 months (443) from the total number of children that exited (1920), the number of children that should have been assessed is 1,477. However, the actual number of children assessed was 1,356. Upon review of the data, 121 records did not have complete COS ratings. The 121 records are included in the total number of children exited; however, they are not included in the total number of children with IFSPs assessed. The summary statement formulas do not allow children with incomplete COS ratings to be included in the numerator or denominator for rating category calculations. The State’s current database does not capture the reasons why there are incomplete COS ratings.

The new EIS database that is expected to launch by the end of FFY 2020, will have a tickler system and report mechanism to inform the Program that the COS rating must be completed. The State also monitors Programs on the completion of initial and final COS ratings. If the EI Program does not demonstrate compliance, the Programs must submit evidence that they have implemented program procedures/strategies and data to demonstrate completion of the COS ratings.

Additional Information:

The following activities are a 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 complete 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.
- Demonstration Site Program Managers received training on how to use COS data for program improvement prior to COVID-19 pandemic. The Child Outcomes Coordinator is working with Demonstration Site Program Managers to ensure strategies to address root causes based on data analysis will be incorporated into their CAP process.

3 - Prior FFY Required Actions

None

## 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 Hawai'i's APR for FFY 2019 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, including distribution of a family flier via parent support groups (i.e., Family Hui and PTI – Leadership in Disabilities and Achievement in Hawaii (LDAH)).
4. Group discussion at the Virtual Stakeholder Meeting on specific indicators. Each group was provided with copies of the Indicator targets, FFY 2019 APR data, FFY 2018 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.
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:
  - Family Health Services Division (FHSD)
  - Children with Special Health Care Needs Branch (CSHNB) Public Health Nursing Branch (PHNB)
  - EIS
  - Home Visiting Network
- Department of Human Services (DHS) administrators Department of Education (DOE) Section 619 District Coordinators Community Members, including representatives from:
  - Early Head Start/Head Start
  - Family Support Programs (Family Hui and LDAH)
- Parents

**FFY 2019 SPP/APR Data**

The number of families to whom surveys were distributed	1557
Number of respondent families participating in Part C	682
A1. Number of respondent families participating in Part C who report that early intervention services have helped the family know their rights	591
A2. Number of responses to the question of whether early intervention services have helped the family know their rights	682
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	585
B2. Number of responses to the question of whether early intervention services have helped the family effectively communicate their children's needs	673
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	563
C2. Number of responses to the question of whether early intervention services have helped the family help their children develop and learn	666

	<b>FFY 2018 Data</b>	<b>FFY 2019 Target</b>	<b>FFY 2019 Data</b>	<b>Status</b>	<b>Slippage</b>
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)	88.08%	89%	87%	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)	87.05%	89%	87%	Did Not Meet Target	No 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)	83.54%	85%	85%	Met Target	No Slippage

**Provide reasons for part A slippage, if applicable**

With all aspects of early intervention being provided via telepractice due to the COVID-19 pandemic and with the sudden changes in procedures and service delivery, families may not have understood their rights and/or providers may not have been able to determine if families were understanding their rights while discussing their rights over the phone or via telepractice.

Another possible reason for the slippage could be that with the increase in electronic surveys completed, families may have rated it higher on the hard copy paper forms if they thought they could potentially be identified.

**Provide reasons for part B slippage, if applicable**

N/A.

**Provide reasons for part C slippage, if applicable**

N/A.

	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	N/A
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 2020, 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 (1% difference)
- Asian (2% difference)
- American Indian (0% difference)

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

- Native Hawaiian/Pacific Islander (4% difference)
- Two or more (9% difference)
- Caucasian (6% difference)
- Hispanic (9% difference)

When looking at the variance between child count ethnicities and respondents, this year's data had two striking differences: for the Two or More category, last year's variance was at 4%, while this year's data showed a variance of 9%, and the Hispanic group went from a 5% variance to a 9% variance. What makes this notable is that last year, Hispanics were under-represented in the family survey response rate and this year they were over-represented. Beyond that, no significant movement can be noted, that would impact representativeness in other categories.

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

- there was a decrease in the area of knowing your rights for the Asian population, while communicating your child's needs and helping your child develop and learn increased.
- the Two or More group showed an increase in knowing your rights, however decreased in the other two areas .
- both were almost identical in knowing your rights and helping your child develop and learn, with just a .1% difference. Communicating Their Child's Needs showed the biggest difference between the two groups, but that was just at 1%.
- Scores are once again the lowest on helping your child develop and learn, but they were consistent with responses in the other two areas.
- Scores were relatively consistent across responses in both groups, with the largest difference being in communicating your child's needs. There was a 1% difference between the two groups (87.3% for Asian and 86.3% for the 2+ group).

## Comparison by County of Residence

Except for Kauai County, return rates for the family surveys did not reflect the population served. Programs tracked distribution of surveys and attempted second and third reminders if necessary. Despite the reminders, only 26% of the distributed paper surveys were actually submitted. However, 48% of online surveys distributed were completed. And this year's overall return rate exceeded past return rates since FFY 2012.

Based on the surveys returned:

- Honolulu reported a return rate of 64% of surveys, while serving 75% of the child count population.
- Maui was overrepresented with a return rate of 17%, while serving 10% of the population.
- Kauai showed improvement in representativeness with a 4% return rate, while serving 4% of the child count population.
- Overall child count numbers increased, however the percentage served in Hawaii County decreased just slightly, from almost 12% last year, to just under 11% this year. Despite the decrease in percentage served, Hawaii County nearly doubled the percentage of surveys completed, going from 7.36% last year, to 14.22% this year.
- Of the four counties, Kauai, as in years past, reported higher responses in all three areas.
- Both child count and family survey return rate increased.

## Comparison by Age

When comparing the proportions of Family Surveys returned with the Child Count Data based on the age of the child, and comparing it to last year's data, there was no discernible difference. 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 just slightly in several areas (knowing your rights for 2-3-year group, communicating your child's needs and helping your child develop and learn for both the 1-2 years and 2-3 years. However, surveys that did not indicate an age, reported lower satisfaction in all three areas.

A big difference with this year's surveys, is that, due to the COVID-19 pandemic, the State moved to on-line surveys with the option for paper surveys, which was then mailed to them instead of being hand delivered. This year, 87% of completed surveys were done online, while only 21% were done online last year. In regard to responses, both years showed that online responses to the three questions ran lower than those from the paper responses. The largest difference was in knowing your rights (94.3% on paper surveys, 85.5% online).

## **Provide additional information about this indicator (optional)**

### COVID-19 Impact on Data:

The COVID-19 pandemic did not impact data reported for Indicator 4: Family Outcomes as the Family Survey process was completed during the pandemic.

#### **4 - Prior FFY 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.

#### **Response to actions required in FFY 2018 SPP/APR**

The Part C LA continued its 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.

## 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

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

### Targets

<b>FFY</b>	<b>2018</b>	<b>2019</b>
Target >=	1.03%	0.97%

## Targets: Description of Stakeholder Input

### APR Process

The process to develop Hawai'i's APR for FFY 2019 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, including distribution of a family flier via parent support groups (i.e., Family Hui and PTI – Leadership in Disabilities and Achievement in Hawaii (LDAH).
4. Group discussion at the Virtual Stakeholder Meeting on specific indicators. Each group was provided with copies of the Indicator targets, FFY 2019 APR data, FFY 2018 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.
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:
  - Family Health Services Division (FHSD)
  - Children with Special Health Care Needs Branch (CSHNB) Public Health Nursing Branch (PHNB)
  - EIS

- Home Visiting Network
- Department of Human Services (DHS) administrators Department of Education (DOE) Section 619 District Coordinators Community Members, including representatives from:
  - Early Head Start/Head Start
  - Family Support Programs (Family Hui and LDAH)
- Parents

**Prepopulated Data**

Source	Date	Description	Data
SY 2019-20 Child Count/Educational Environment Data Groups	07/08/2020	Number of infants and toddlers birth to 1 with IFSPs	168
Annual State Resident Population Estimates for 6 Race Groups (5 Race Alone Groups and Two or More Races) by Age, Sex, and Hispanic Origin	06/25/2020	Population of infants and toddlers birth to 1	16,800

**FFY 2019 SPP/APR Data**

Number of infants and toddlers birth to 1 with IFSPs	Population of infants and toddlers birth to 1	FFY 2018 Data	FFY 2019 Target	FFY 2019 Data	Status	Slippage
168	16,800	0.85%	0.97%	1.00%	Met Target	No Slippage

**Provide reasons for slippage, if applicable**

NA

**Compare your results to the national data**

The national average for all states including Washington D.C. is 1.37%. Hawai'i was below the national average for infants and toddlers birth to one with IFSPs by 0.37%. Hawai'i was ranked 36<sup>th</sup> as it served 1.0% of infants and toddlers birth to one with IFSPs.

**Provide additional information about this indicator (optional)**

COVID-19 Impact on Data:

The COVID-19 pandemic did not impact data reported for Indicator 5: Child Find (Birth to One) as the data source was the Child Count and Setting 618 data collected on 12/1/19, prior to the pandemic.

**5 - Prior FFY Required Actions**

None

## 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

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

### Targets

<b>FFY</b>	<b>2018</b>	<b>2019</b>
Target >=	3.63%	3.19%



## Targets: Description of Stakeholder Input

### APR Process

The process to develop Hawai'i's APR for FFY 2019 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, including distribution of a family flier via parent support groups (i.e., Family Hui and PTI – Leadership in Disabilities and Achievement in Hawaii (LDAH).
4. Group discussion at the Virtual Stakeholder Meeting on specific indicators. Each group was provided with copies of the Indicator targets, FFY 2019 APR data, FFY 2018 APR data, and other relevant data so the group could determine:
  - Whether the target was met.
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  - Possible reasons for slippage.
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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:

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  - Children with Special Health Care Needs Branch (CSHNB) Public Health Nursing Branch (PHNB)
  - EIS

- Home Visiting Network
- Department of Human Services (DHS) administrators Department of Education (DOE) Section 619 District Coordinators Community Members, including representatives from:
  - Early Head Start/Head Start
  - Family Support Programs (Family Hui and LDAH)
- Parents

**Prepopulated Data**

Source	Date	Description	Data
SY 2019-20 Child Count/Educational Environment Data Groups	07/08/2020	Number of infants and toddlers birth to 3 with IFSPs	1,811
Annual State Resident Population Estimates for 6 Race Groups (5 Race Alone Groups and Two or More Races) by Age, Sex, and Hispanic Origin	06/25/2020	Population of infants and toddlers birth to 3	50,561

**FFY 2019 SPP/APR Data**

Number of infants and toddlers birth to 3 with IFSPs	Population of infants and toddlers birth to 3	FFY 2018 Data	FFY 2019 Target	FFY 2019 Data	Status	Slippage
1,811	50,561	3.09%	3.19%	3.58%	Met Target	No Slippage

**Provide reasons for slippage, if applicable**

NA

**Compare your results to the national data**

The national average for all states including Washington D.C. is 3.70%. Hawai'i was below the national average for infants and toddlers birth to one with IFSPs by 0.12%. Hawai'i was ranked 22<sup>nd</sup> as it served 3.58% of infants and toddlers birth to three with IFSPs.

**Provide additional information about this indicator (optional)**

COVID-19 Impact on Data:

The COVID-19 pandemic did not impact data reported for Indicator 6: Child Find (Birth to Three) as the data source was the Child Count and Setting 618 data collected on 12/1/19, prior to the pandemic.

## **6 - Prior FFY Required Actions**

None

## 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

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

### Targets

<b>FFY</b>	<b>2018</b>	<b>2019</b>
Target	100%	100%

### FFY 2019 SPP/APR Data

<b>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</b>	<b>Number of eligible infants and toddlers evaluated and assessed for whom an initial IFSP meeting was required to be conducted</b>	<b>FFY 2018 Data</b>	<b>FFY 2019 Target</b>	<b>FFY 2019 Data</b>	<b>Status</b>	<b>Slippage</b>
707 + 452 = 1,159	1,402	83%	100%	83%	Did Not Meet Target	No Slippage

**Provide reasons for slippage, if applicable**

NA

**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.**

452

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

State database

**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 period of 7/1/2019 – 3/15/20.

**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 7/1/19 – 3/15/20. 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)**

COVID-19 Impact on Data:

The COVID-19 pandemic did not impact data reported for Indicator 7: 45-Day Timeline; however as mentioned above, the data was collected was from 7/1/2019 – 3/15/2020 instead of a full reporting year.

The full reporting year was not used due to the COVID-19 Pandemic. Hawai'i was unable to complete the Battelle Developmental Inventory-2 which is the standardized tool used to determine eligibility in Hawai'i. Therefore, a "partial" MDE was completed and children were "presumed eligible." A complete IFSP was developed; however, Hawaii called it an Interim IFSP since eligibility could not be determined without the use of a standardized tool.

FFY 2019 Actual Data Discussion:

1,159 of 1,402 (83%) of infants and toddlers received an initial evaluation/assessment and an initial IFSP meeting within Part C's 45-day timeline.

Exceptional Family Circumstances. 452 of the 1,402 (32%) 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. The two predominate reasons were schedule conflict and family cancellation.

Program Reasons for Delays. 243 of the 1,402 (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 2018**

<b>Findings of Noncompliance Identified</b>	<b>Findings of Noncompliance Verified as Corrected Within One Year</b>	<b>Findings of Noncompliance Subsequently Corrected</b>	<b>Findings Not Yet Verified as Corrected</b>
7	7	0	0

**FFY 2018 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. One program was issued a finding; however, the program closed prior to demonstrating correction and is not included in the number above. 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 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 with the Programs submitted and ensured that the program submitted required evidence of correction documentation based on the percentage of noncompliance:

Seven 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 13 records.
- Program 2 submitted one month of data that showed 100% for a total of 14 records.
- Program 3 submitted one month of data that showed 100% for a total of 5 records.
- Program 4 submitted three consecutive months of data that showed 100% for a total of 19 records.
- Program 5 submitted one month of data that showed 100% for a total of 14 records.
- Program 6 submitted one month of data that showed 100% for a total of 9 records.
- Program 7 submitted one month of data that showed 100% for a total of 13 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.

There were 372 infants and toddlers who did not have an initial evaluation/assessment and initial IFSP meeting within Part C's 45-day timeline. 299 (80%) infants and toddlers received an initial evaluation/assessment and had an initial IFSP meeting, although untimely and 73 infants and toddlers left the program's jurisdiction prior to the completion of the initial evaluation/assessment and initial IFSP meeting when the program closed; however, the EI Program the children transferred to completed the 73 IFSPs, although late.

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 submitted a copy of the signature page of the IFSP to the Part C LA.

### **FFY 2018 Findings of Noncompliance Not Yet Verified as Corrected**

#### **Actions taken if noncompliance not corrected**

NA

### **Correction of Findings of Noncompliance Identified Prior to FFY 2018**

NA

### **7 - Prior FFY Required Actions**

None



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

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**

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

**Targets**

<b>FFY</b>	<b>2018</b>	<b>2019</b>
Target	100%	100%

**FFY 2019 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.

NA

<b>Number of children exiting Part C who have an IFSP with transition steps and services</b>	<b>Number of toddlers with disabilities exiting Part C</b>	<b>FFY 2018 Data</b>	<b>FFY 2019 Target</b>	<b>FFY 2019 Data</b>	<b>Status</b>	<b>Slippage</b>
1,112 + 37 = 1,149	1,246	92%	100%	92%	Did Not Meet Target	No Slippage

Provide reasons for slippage, if applicable

NA

**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.

37

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

State database

**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 (7/1/19 – 6/30/20).

**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 19 was collected from the Hawaii Early Intervention Data System (HEIDS) for the period 7/1/19 - 6/30/20.

**Provide additional information about this indicator (optional)**

COVID-19 Impact on Data:

The COVID-19 pandemic did not impact the data for Indicator 8A: Early Childhood Transition (Transition Plan) as IFSPs, including the development and review of Transition Plans were completed during the pandemic.

FFY 2019 Actual Data Discussion:

1,149 of 1,246 (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. 37 of 1,246 (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 1,246 (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 2018

Findings of Noncompliance Identified	Findings of Noncompliance Verified as Corrected Within One Year	Findings of Noncompliance Subsequently Corrected	Findings Not Yet Verified as Corrected
8	7	1	0

### FFY 2018 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 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:

7 of 8 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 4 records.
- Program 2 submitted two months of data that showed 100% for a total of 9 records.
- Program 3 submitted one month of data that showed 100% for a total of 11 records.
- Program 4 submitted two months of data that showed 100% for a total of 14 records.
- Program 5 submitted one month of data that showed 100% for a total of 8 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 7 records.

The one remaining program demonstrated subsequent correction as outlined above since the submittal of FFY18 APR:

- Program 1 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**

When the Part C LA reviews the Transition Plan data from HEIDS, all children have exited EI; therefore, all 97 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 2018 Findings of Noncompliance Not Yet Verified as Corrected**

**Actions taken if noncompliance not corrected**

NA

**Correction of Findings of Noncompliance Identified Prior to FFY 2018**

NA

**8A - Prior FFY Required Actions**

None

## 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:

- D. 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;
- E. 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
- F. 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

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

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**

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

**Targets**

<b>FFY</b>	<b>2018</b>	<b>2019</b>
Target	100%	100%

**FFY 2019 SPP/APR Data**

**Data include notification to both the SEA and LEA**

Yes

**If no, please explain.**

NA

<b>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</b>	<b>Number of toddlers with disabilities exiting Part C who were potentially eligible for Part B</b>	<b>FFY 2018 Data</b>	<b>FFY 2019 Target</b>	<b>FFY 2019 Data</b>	<b>Status</b>	<b>Slippage</b>
902	1,246 – 249 (opt out) = 997	86%	100%	90%	Did Not Meet Target	No Slippage

**Provide reasons for slippage, if applicable**

NA

**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.

249

**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 2019 was collected from the HEIDS for the period 7/1/19 - 6/30/20. 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

**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 (7/1/19 – 6/30/20)

**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 19 was collected from the HEIDS for the period 7/1/19 - 6/30/20.

**Provide additional information about this indicator (optional)**

COVID-19 Impact on Data:

The COVID-19 pandemic did not impact the data for Indicator 8B Early Childhood Transition (Transition Notification) as Transition Notices to Part B were sent to the SEA and LEA during the pandemic, unless the parent opted out the notifying Part B.

## Correction of Findings of Noncompliance Identified in FFY 2018

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

### FFY 2018 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:

Four 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 4 records.
- Program 2 submitted two consecutive months 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 5 records.
- Program 4 submitted two consecutive months 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 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.

There were 140 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 97 of those children, although untimely and 43 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.

**FFY 2018 Findings of Noncompliance Not Yet Verified as Corrected  
Actions taken if noncompliance not corrected**

NA

**Correction of Findings of Noncompliance Identified Prior to FFY 2018**

<b>Year Findings of Noncompliance Were Identified</b>	<b>Findings of Noncompliance Not Yet Verified as Corrected as of FFY 2018 APR</b>	<b>Findings of Noncompliance Verified as Corrected</b>	<b>Findings Not Yet Verified as Corrected</b>
FFY 2015	1	1	0

**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 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:

The one remaining program demonstrated subsequent correction as outlined above since the submittal of FFY18 APR:

- Program 1 submitted two consecutive 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 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.

There were 79 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 37 of those children, although untimely and 42 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.

**FFY 2015**

**Findings of Noncompliance Not Yet Verified as Corrected**

**Actions taken if noncompliance not corrected**

NA

**8B - Prior FFY Required Actions**

None

## Indicator 8C: Early Childhood Transition

### Instructions and Measurement

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

- G. 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;
- H. 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
- I. 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

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

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

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

### Targets

<b>FFY</b>	<b>2018</b>	<b>2019</b>
Target	100%	100%

### FFY 2019 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.

NA

<b>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</b>	<b>Number of toddlers with disabilities exiting Part C who were potentially eligible for Part B</b>	<b>FFY 2018 Data</b>	<b>FFY 2019 Target</b>	<b>FFY 2019 Data</b>	<b>Status</b>	<b>Slippage</b>
439 + 19=458	1,246 – 723 declines = 523	83%	100%	88%	Did Not Meet Target	No Slippage



**Provide reasons for slippage, if applicable**

NA

**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.

723

**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.

19

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

State database

**Describe the method used to select EIS programs for monitoring.**

NA

**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 (7/1/19 – 6/30/20)

**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 19 was collected from the HEIDS for the period 7/1/19 - 6/30/20.

**Provide additional information about this indicator (optional)**

COVID-19 Impact on Data:

The COVID-19 pandemic did not impact the data for Indicator 8C Early Childhood Transition (Transition Conference) as Transition Conferences were offered and held during the pandemic, unless the parent declined to have a Transition Conference.

## FFY 2019 Actual 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.

- Exceptional Family Circumstances. 19 of 523 (4%) 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. 65 of 523 (12%) children exiting Part C did not have a timely Transition Conference due to program reasons. The predominate program reason was due to no documentation

## **Correction of Findings of Noncompliance Identified in FFY 2018**

<b>Findings of Noncompliance Identified</b>	<b>Findings of Noncompliance Verified as Corrected Within One Year</b>	<b>Findings of Noncompliance Subsequently Corrected</b>	<b>Findings Not Yet Verified as Corrected</b>
6	6	0	0

## **FFY 2018 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 4 records.
- Program 2 submitted two months of data that showed 100% for a total of 3 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 4 records.
- Program 5 submitted one month of data that showed 100% for a total of 4 records.
- Program 6 submitted two months of data that showed 100% for a total of 10 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.

Of the 87 families that did not receive a timely Transition Conference, 39 declined the Transition Conference beyond the due date and are not included in the above count for declined Transition Conference and included in the denominator for indicator calculations; 8 received a Transition Conference, although untimely and 40 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.

**FFY 2018 Findings of Noncompliance Not Yet Verified as Corrected  
Actions taken if noncompliance not corrected**

NA

**Correction of Findings of Noncompliance Identified Prior to FFY 2018**

NA

**8C - Prior FFY Required Actions**

None

## 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

**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.

## 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 ED Facts 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

## Prepopulated Data

Source	Date	Description	Data
SY 2019-20 EMAPS IDEA Part C Dispute Resolution Survey; Section B: Mediation Requests	11/11/2020	2.1 Mediations held	0
SY 2019-20 EMAPS IDEA Part C Dispute Resolution Survey; Section B: Mediation Requests	11/11/2020	2.1.a.i Mediations agreements related to due process complaints	0
SY 2019-20 EMAPS IDEA Part C Dispute Resolution Survey; Section B: Mediation Requests	11/11/2020	2.1.b.i Mediations agreements not related to due process complaints	0

## Targets: Description of Stakeholder Input

### APR Process

The process to develop Hawai'i's APR for FFY 2019 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, including distribution of a family flier via parent support groups (i.e., Family Hui and PTI – Leadership in Disabilities and Achievement in Hawaii (LDAH)).
4. Group discussion at the Virtual Stakeholder Meeting on specific indicators. Each group was provided with copies of the Indicator targets, FFY 2019 APR data, FFY 2018 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.
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:
  - Family Health Services Division (FHSD)
  - Children with Special Health Care Needs Branch (CSHNB) Public Health Nursing Branch (PHNB)
  - EIS
  - Home Visiting Network
- Department of Human Services (DHS) administrators Department of Education (DOE) Section 619 District Coordinators Community Members, including representatives from:
  - Early Head Start/Head Start
  - Family Support Programs (Family Hui and LDAH)
- Parents

## Historical Data

<b>Baseline</b>	2005				
<b>FFY</b>	<b>2013</b>	<b>2014</b>	<b>2015</b>	<b>2016</b>	<b>2017</b>
Target>=	NA	NA	NA	NA	NA
Data	NA	NA	NA	NA	NA

## Targets

<b>FFY</b>	<b>2018</b>	<b>2019</b>
Target>=	NA	NA

## FFY 2019 SPP/APR Data

<b>2.1.a.i Mediation agreements related to due process complaints</b>	<b>2.1.b.i Mediation agreements not related to due process complaints</b>	<b>2.1 Number of mediations held</b>	<b>FFY 2018 Data</b>	<b>FFY 2019 Target</b>	<b>FFY 2019 Data</b>	<b>Status</b>	<b>Slippage</b>
NA	NA	0	NA	NA	NA	NA	NA

## Targets

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

## FFY 2019 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 mediation s held	FFY 2018 Data	FFY 2019 Target (low)	FFY 2019 Target (high)	FFY 2019 Data	Status	Slippage
NA	NA	NA	NA	NA	NA	NA	NA	NA

### Provide reasons for slippage, if applicable

NA

### Provide additional information about this indicator (optional)

COVID-19 Impact on Data:

The COVID-19 pandemic did not impact the data for Indicator 10: Mediation as families could continue to submit complaints and have access to mediation and due process during the pandemic.

### 10 - Prior FFY Required Actions

None