

State Systemic Improvement Plan (SSIP) Evaluation Plan

I. State: Hawaii

II. Part B: Part C:

III. SSIP Leadership Team Members, Role and Organization Represented

Name	Position/Role	Organization/Agency
Carrie Pisciotto, M.SpEd	Developmental Services Unit Supervisor	Department of Health (DOH) Early Intervention Section (EIS)
Charlene Robles, M.B.A., SLP	Supervisor/Part C Coordinator	DOH EIS
Christopher Pelayo, LSW	Care Coordinator Team Leader	DOH EIS
Clayton Takemoto, ACSW, LSW	Social Worker Services Unit Supervisor	DOH EIS
Esther Preisser, M.ECE	Public Awareness Coordinator/Quality Assurance (QA) Specialist	DOH EIS
Jeffrey Lee, BA Public Health Administration	Hawaii Early Intervention Coordinating Council Coordinator/QA Specialist	DOH EIS
Julia Fujiki, Psychologist, Ph.D.	Program Support Unit Supervisor	DOH EIS
Kathy Kubo, MPH	Outcomes Coordinator/QA Specialist	DOH EIS
Keiko Nitta, MA English	Early Childhood Systems Coordinator	DOH Children with Special Health Needs Branch (CSHNB)
Myrna Castro, OTR	Early Intervention Program Manager	Kapiolani Medical Center Early Intervention Program
Patricia Heu, MD, MPH	Chief	DOH CSHNB
Sheri Umakoshi, LSW	Personnel Development Coordinator/QA Specialist	DOH EIS
Stacy Kong, BA Ed., Special Ed, BS Health Care Management	System Improvement Unit Supervisor/SSIP Coordinator	DOH EIS
Wendy Li, SLP	Care Coordinator Team Leader	DOH EIS

IV. State-Identified Measurable Result(s)

Infants and toddlers with disabilities in Demonstration sites will have substantially increased their rate of growth in social-emotional skills (including social relationships) by the time they exit early intervention.

V. Improvement Strategies (list all)

Improvement Strategy 1: Enhance the statewide system of professional development (PD) to ensure implementation of evidence-based practices (EBPs) around Primary Service Provider (PSP) Approach to Teaming and Coaching model in the natural learning environment to support social-emotional (SE) development with fidelity

Improvement Strategy 2: Increase the capacity of early intervention programs to provide services and supports to address social-emotional development.

Improvement Strategy 3: Enhance the childhood outcomes summary (COS) process to ensure data are accurate and reliable and ensure program effectiveness to support evidence-based practices to improve children’s social-emotional development.

NOTE: changes are indicated in red font and new information is indicated in blue font

VI. 1. SSIP Improvement Strategy and Evaluation Details

A. Improvement Strategy

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

B. Key State Improvement Plans or Initiatives That Align with This Improvement Strategy

State Initiative Action Strategy “Quality Early Learning Programs” Workgroup is focused on training early intervention providers on the Hawaii Early Learning Developmental Standards (which include a social-emotional component) and developing an Early Childhood Professional Development Center.

C. Improving Infrastructure and/or Practice

1. Is this improvement strategy intended to improve one or more infrastructure components? If so, check all that apply.

Governance	<input checked="" type="checkbox"/>	Accountability	<input checked="" type="checkbox"/>	Professional development	<input checked="" type="checkbox"/>	Finance	<input type="checkbox"/>
Data	<input type="checkbox"/>	Quality standards	<input checked="" type="checkbox"/>	Technical assistance	<input checked="" type="checkbox"/>		

2. Is this strategy intended to directly improve practices? Yes No

D. Intended Outcomes

Type of Outcome	Outcome Description
Short-term	Early Intervention (EI) programs will understand the SE competencies needed to support SE development of infants and toddler.
Short-term	Early Intervention (EI) providers will implement EBP (PSP Approach to Teaming and Coaching Model in natural learning environments) in delivering EI services.
Intermediate	EI providers will implement EBP (Coaching Model in natural learning environments) to support SE development with fidelity.
Long-Term	Infants and toddlers with disabilities in Demonstration sites will have substantially increased their rate of growth in SE skills (including social relationships) by the time they exit EI.

Evaluation of Improvement Strategy Implementation

Activity	How Will We Know the Activity Happened According to the Plan? (performance indicator)	Data Collection Methods	Timeline (projected initiation and completion dates)	Status and Data	Evaluation Notes: Data Quality Issues and Actions, Performance Status Related to Performance Indicator (since the last report submission)
1-1. Update SE competencies to support PD for EI providers. (Infrastructure)	Output: 1. SE Competencies Performance Indicator: 1. 100% of Demonstration site received SE Competencies	1. Distribute SE Competencies to EI providers and post the SE Competencies on EIS website.	Data Collection: Begin 7/1/16 End 12/30/17 Begin 07.01.20 End 12.31.2022	Completed 03/01/17. The initial SE competencies were identified and incorporated into training. EIS has had conversations with The Pyramid Model Consortium and National Center on Pyramid Model Innovations (NCPMI) for Part C to discuss the model and how it can be incorporated into the existing system without overburdening providers. EIS has also had conversations with the Association for Infant Mental Health in Hawaii (AIMH-HI) regarding Reflective Supervision and the Infant Mental Health Consultancy Model. Due to the COVID-19 pandemic and other competing priorities at the State and program levels, the timeline has been extended.	Data Quality Issues and Actions: No data at this time as this has not been initiated yet. Performance Status Related to Performance Indicator: NA Notes:
1-2. Identify or develop and implement training for providers that addresses the SE competencies.	Output: 1. Trained in SE training that addresses SE competencies selected by the Part C LA. Performance Indicator: 1. 100% of EI Programs received training to support SE development.	1. Training attendance logs of participants from EI program to be collected for verification.	Data Collection: Begin 01.01.22 End 12.31.2022	Feb. 2021- Stakeholders provided input on SE competency resources and agencies providing SE trainings to explore. March-June 2021: workgroup reviewed SE competency resources and agencies from stakeholders. SE resources including articles, websites, were added to PD resources list and posted for all EI providers. EIS conducted meeting with AIMHI to explore endorsement certification process, competency alignment crosswalk in development of infant SE systems. EIS also conducted meetings with NCPMI to explore their online pyramid modules, SE competencies, and how other states utilizing Pyramids along with the Shelden & Rush Coaching Fidelity Process. July-Sept 2021: EIS in process of selecting organization to deliver training on SE competencies. Pyramids Module and AIM-Hi endorsement certification w/ reflective supervision are the two organizations under final consideration. Oct-Dec 2021: EIS has had conversations with The Pyramid Model Consortium and National Center on Pyramid Model Innovations (NCPMI) for Part C to discuss the model and how it can be incorporated into the existing system without overburdening providers. EIS has also had conversations with the Association for Infant Mental Health in Hawaii (AIMH-HI) regarding Reflective Supervision and the Infant Mental Health Consultancy Model. Due to the COVID-19 pandemic and other competing priorities at the State and program levels, the timeline has been extended.	Data Quality Issues and Actions: No data at this time as this has not been initiated yet. Performance Status Related to Performance Indicator: NA Notes:
1-3. Develop and implement training on EBPs (PSP approach to teaming and coaching in natural learning environments) for scale up and sustainability. (Infrastructure and	Output: 1. Updated PSP and Coaching training modules based on feedback. 2. Staff trained on implementing the PSP approach to teaming. Performance Indicator 1. 100% of EI Programs statewide receive the PSP and Coaching training.	1. Training attendance log of participants from all the EI programs trained. 2. Training attendance log of participants from each Cohort (at least one Cohort per year).	Data Collection: Begin 07.01.16 End 06.30.2026	Previous Years: Shelden and Rush completed initial webinars on PSP Approach to Teaming and Coaching Model in Natural Learning Environments to all staff. Demo Sites and State identified staff received coaching to fidelity and mentoring training. Shelden and Rush webinars were incorporated into the EI Orientation Checklist for new staff. EIS developed PSP Approach to Teaming and Coaching Model in Natural Learning Environments modules that was then incorporated into the EI Orientation. EIS developed the Coaching to Fidelity Process and Mentoring training modules for Demo Site and State identified staff. EIS modules were revised and updated based on feedback from Mentors and Demo Sites.	Data Quality Issues and Actions: No data quality issues were encountered. Performance Status Related to Performance Indicator: Performance Indicator 1: met; 100% of EI Programs statewide receive the PSP and Coaching

Activity	How Will We Know the Activity Happened According to the Plan? (performance indicator)	Data Collection Methods	Timeline (projected initiation and completion dates)	Status and Data	Evaluation Notes: Data Quality Issues and Actions, Performance Status Related to Performance Indicator (since the last report submission)
Practice)	2. 100% of EI programs identified in respective Cohorts of scale up plan to be trained in the coaching fidelity process.			<p>A statewide refresher webinar on PSP Approach to Teaming and Coaching Model in Natural Learning Environments was presented to all staff in Sept. 2019.</p> <p>March-June 2020:</p> <p>In response to COVID-19 and moving to telepractice service delivery, it was imperative that providers utilized coaching practices and strengthened their teaming practices. Therefore, the PSP Approach to Teaming and Coaching Model in Natural Learning Environments were reviewed with providers and training highlighting the FST and JVP components that the Demo Sites identified as vital component to the PSP teaming process.</p> <p>July 2020: 100% of EI programs statewide completed training on the PSP Approach to Teaming and Coaching Model in Natural Learning Environments highlighting the FST & JVP process.</p>	<p>training.</p> <p>07.2020</p> <p>Performance Indicator 2: not met; roll out for coaching fidelity process has not been initiated to date.</p> <p><u>Notes:</u></p>
1-4. Implement EBPs for PSP approach to teaming and coaching in natural learning environments.	<p>Output:</p> <p>All programs statewide implement FST meetings on a weekly basis.</p> <p>Performance Indicator:</p> <p>1. 100% of EI programs statewide to implement FST meetings on a weekly basis</p>	1. Schedule of each program FST meetings and tracking sheet of Quarterly FST observation and debriefs for all programs.	<p>Data Collection:</p> <p>Begin 01.01.21 End 06.30.2026</p>	<p>COMPLETED, ongoing</p> <p>07.2020: Updated FST guidelines and supporting documents were distributed to support implementation.</p> <p>8.2020 – FST Meeting and JVP implemented.</p> <p>09.2020 – QA staff began observation and debriefing of FST meetings. TA’s continue to support managers in improving the quality of their FST meetings.</p> <ul style="list-style-type: none"> - Completion of agenda - Developing quarterly tracking system - Improving team discussions during PCO, Quarterly updates, and PSP selection. - Identify and improve CC facilitation of FST <p>12.2020- Program identified need for focused in-service on PSP selection. Inservice training was developed from demo-site pilot. Training was completed with program in Dec. 2020 with (1) program.</p> <p>Jan-June 2021: 100% of EI programs continue to implement weekly FST meetings. Staff are working on quality of FST meeting discussions. Focused in-service on PSP selection has occurred for 3 programs.</p> <p><u>FFY 2021:</u></p> <p>QA Specialist continue to observation and debriefing FST meeting with 100% of EI programs statewide.</p> <p>Oct-Dec 2021:</p> <p>Focused in-service on PSP selection has continued to occur as requested. Training completed with 1 program (9.2021).</p> <p>Training slides for PSP selection section of the EI Orientation will be modified to include more clarification on PSP selection process based on the focused in-service PSP selection trainings. This will be implemented in the Feb. 2022 training.</p>	<p><u>Data Quality Issues and Actions:</u></p> <p>No data quality issues were encountered.</p> <p><u>Performance Status Related to Performance Indicator:</u></p> <p>The performance indicator of 100% was met in FFY 2020. 100% of EI programs statewide to implement FST meetings on a weekly basis</p> <p><u>Notes:</u></p>

Evaluation of Intended Outcomes

Type of Outcome	Outcome Description	Evaluation Questions	How Will We Know the Intended Outcome Was Achieved? (performance indicator)	Measurement/Data Collection Method/Measurement Intervals/Data Management	Timeline (projected initiation and completion dates)/Analysis Description	Status and Data	Evaluation Notes: Data Quality Issues and Actions, Performance Status Related to Performance Indicator (since the last report submission)																		
Short-term	EI providers will understand the SE competencies needed to support SE development of infants and toddlers. (Infrastructure)	Pending – will be meeting with national TA’s to review entire evaluation plan and engage stakeholders in the process.	Pending – will be meeting with national TA’s to review entire evaluation plan and engage stakeholders in the process.	Pending – will be meeting with national TA’s to review entire evaluation plan and engage stakeholders in the process.	Pending – will be meeting with national TA’s to review entire evaluation plan and engage stakeholders in the process.	July 2020- June 2021: Not addressed. The SE competencies have not yet been identified. When the SE competencies are identified, and the vendor is selected EIS will update the measurement and data collection process utilizing the vendor’s tools/process.	<u>Data Quality Issues and Actions:</u> No data at this time as this has not been initiated yet. <u>Performance Status Related to Performance Indicator:</u> NA <u>Notes:</u>																		
Short Term	EI providers will implement EBPs in delivering EI services.	Are Demonstration Site Providers implementing EBP (Coaching within natural learning environments) with fidelity?	75% of Demonstration Site Providers are implementing EBP (Coaching within natural learning environments) with fidelity.	Measurement: 1. Coaching Log Summary Form Data Collection Method: 1. Shelden & Rush/Mentors will complete Coaching Log Summary Form. Measurement Intervals 1. Monthly, thereafter quarterly when practicing fidelity Data Management: a. By whom data will be entered 1. Mentors b. How data will be stored 1. Microsoft Word c. How data will be entered 1. Mentors d. When data will be entered 1. Monthly; thereafter, quarterly when practicing fidelity e. How data will be transmitted E-mail	Data Collection: 1. Begin 4/1/17 End 6/30/2021 End 6/30/2026 Analysis: 1: Shelden & Rush analyze coaching logs and determine fidelity	Completed, on-going Summary of Past Data for Practicing Fidelity: FFY 2017: 58% FFY 2018: 59% FFY 2019: 64% FFY 2020: 81% <table border="1"> <thead> <tr> <th>Fidelity</th> <th>Dec 2020</th> <th>June 2021</th> </tr> </thead> <tbody> <tr> <td></td> <td>n= 45</td> <td>n= 43</td> </tr> <tr> <td>Practicing</td> <td>73.3% (33)</td> <td>81.4% (35)</td> </tr> <tr> <td>Expanding</td> <td>13.3% (6)</td> <td>11.6% (5)</td> </tr> <tr> <td>Beginning</td> <td>13.3% (6)</td> <td>7.0% (3)</td> </tr> <tr> <td>In process</td> <td>41.5% (32 of 77)</td> <td>46% (43)</td> </tr> </tbody> </table>	Fidelity	Dec 2020	June 2021		n= 45	n= 43	Practicing	73.3% (33)	81.4% (35)	Expanding	13.3% (6)	11.6% (5)	Beginning	13.3% (6)	7.0% (3)	In process	41.5% (32 of 77)	46% (43)	<u>Data Quality Issues and Actions:</u> No data quality issues were encountered. <u>Performance Status Related to Performance Indicator:</u> The performance indicator of 75% was met in FFY 2020. 81.4% of Demonstration Site Providers are implementing EBP (Coaching within natural learning environments) with fidelity. <u>Notes:</u>
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Intermediate	EI Providers will implement EBPs to support SE development with fidelity.	Pending – discussing various SE trainings (i.e., reflective supervision, Infant Mental Health Consultancy Model, Pyramid for Early Intervention) and will determine fidelity tools/process associated with the respective training.	Pending – will be meeting with national TA’s to review entire evaluation plan and engage stakeholders in the process.	Pending – will be meeting with national TA’s to review entire evaluation plan and engage stakeholders in the process.	Pending – will be meeting with national TA’s to review entire evaluation plan and engage stakeholders in the process.		<u>Data Quality Issues and Actions:</u> No data collected as the State is in the process of determining what SE training will be implemented. <u>Performance Status Related to Performance Indicator:</u> NA <u>Notes:</u>																		

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<p>Long-term</p>	<p>Infants and toddlers with disabilities in Demonstration sites will have substantially increased their rate of growth in social-emotional skills (including social relationships) by the time they exit EI (child)</p>	<p>Did children from Demonstration sites substantially increase their rate of growth by the time they exited EI for SE skills (including social relationships)?</p>	<p>Combined Demonstration Sites data meet Positive SE Summary Statement 1 Targets for: FFY 2015: 49.28% FFY 2016: 49.28% FFY 2017: 49.50% FFY 2018: 50.00%</p>	<ul style="list-style-type: none"> Data captured in HEIDS Child Outcomes Data: COS ratings at entry and exit. Analysis: Compile COS % ratings for social emotional skills (including social relationships) Summary Statement 1 for Demonstration Sites compared to the established target for Demonstration Sites. 	<p>Data Collection: Begin 7/1/16 End 6/30/19 End 6/30/2026</p> <p>Analysis:</p> <ul style="list-style-type: none"> Complete analysis in July for the preceding federal fiscal year 	<p>Completed, on-going</p> <p>Data:</p> <table border="1" data-bbox="1827 429 2520 808"> <thead> <tr> <th colspan="5">Child Outcomes Positive Social Emotional Skills Summary Statement 1</th> </tr> <tr> <th rowspan="2">Program</th> <th colspan="4">FFY</th> </tr> <tr> <th>2017 % Target: 49.50</th> <th>2018 % Target: 50.00</th> <th>2019 % Target: 50.00</th> <th>2020 % Target: 45.94</th> </tr> </thead> <tbody> <tr> <td>Imua Maui</td> <td>60.24</td> <td>58.73</td> <td>74.07</td> <td>58.73</td> </tr> <tr> <td>Kailua Easter Seals</td> <td>53.33</td> <td>56.52</td> <td>43.14</td> <td>56.52</td> </tr> <tr> <td>PCDC Waipahu</td> <td>62.50</td> <td>58.49</td> <td>56.34</td> <td>58.49</td> </tr> <tr> <td>Windward ECSP</td> <td>45.45</td> <td>16.67</td> <td>07.14</td> <td>16.67</td> </tr> <tr> <td>Demonstration Site TOTAL</td> <td>57.77</td> <td>55.17</td> <td>56.67</td> <td>45.95</td> </tr> </tbody> </table>	Child Outcomes Positive Social Emotional Skills Summary Statement 1					Program	FFY				2017 % Target: 49.50	2018 % Target: 50.00	2019 % Target: 50.00	2020 % Target: 45.94	Imua Maui	60.24	58.73	74.07	58.73	Kailua Easter Seals	53.33	56.52	43.14	56.52	PCDC Waipahu	62.50	58.49	56.34	58.49	Windward ECSP	45.45	16.67	07.14	16.67	Demonstration Site TOTAL	57.77	55.17	56.67	45.95	<p><u>Data Quality Issues and Actions:</u></p> <p>No data quality issues were encountered.</p> <p><u>Performance Status Related to Performance Indicator:</u></p> <p>The target of 45.94% was met in FFY 2020. The Demonstration Site total for Positive Social Emotional Skills Summary Statement 1 is:</p> <ul style="list-style-type: none"> 45.95% for FFY 2020 56.67% for FFY 2019 55.17% for FFY 2018 57.77% for FFY 2017 62.37% for FFY 2016 55.71% for FFY 2015 <p><u>Notes:</u></p>
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VI. 2. SSIP Improvement Strategy and Evaluation Details

A. Improvement Strategy

Increase the capacity to provide services and supports to address social-emotional (SE) development.

B. Key State Improvement Plans or Initiatives That Align with This Improvement Strategy

C. Improving Infrastructure and/or Practice

1. Is this improvement strategy intended to improve one or more infrastructure components? If so, check all that apply.

Governance <input checked="" type="checkbox"/>	Accountability <input type="checkbox"/>	Professional development <input checked="" type="checkbox"/>	Finance <input checked="" type="checkbox"/>
Data <input type="checkbox"/>	Quality standards <input checked="" type="checkbox"/>	Technical assistance <input checked="" type="checkbox"/>	

2. Is this strategy intended to directly improve practices? Yes No

D. Intended Outcomes

Type of Outcome	Outcome Description
Short-term	EI providers will have sufficient staff to implement evidence-based practices (EBP) and supports to children and families.
Short-term	EI providers will use telepractice data for improving the use of telepractice in providing EI services.
Intermediate	EI providers will implement evidence-based practices (EBP) to support SE development with fidelity.
Long-term	Infants and toddlers with disabilities in Demonstration sites will have substantially increased their rate of growth in SE skills (including social relationships) by the time they exit EI.

Evaluation of Improvement Strategy Implementation

Activity	How Will We Know the Activity Happened According to the Plan? (performance indicator)	Data Collection Methods	Timeline (projected initiation and completion dates)	Status	Evaluation Notes: Data Quality Issues and Actions, Performance Status Related to Performance Indicator (since the last report submission)
<p>2-1. Identify and implement the teaming structure necessary to implement the PSP approach to teaming. (Moved from PD & TA workgroup)</p> <p>(Infrastructure)</p>	<p>Output: Programs will complete the Teaming Checklist to determine if they have adequate staffing to implement the PSP approach to teaming.</p> <p>Performance Indicator: 100% of EI Programs will have all components of the teaming structure in place for implementation of the PSP Approach to Teaming.</p>	<p>1. Checklist for Implementing a Primary-Coach Approach to Teaming (Shelden & Rush).</p>	<p>Data collection</p> <p>Begin 7/1/2020 End 6/30/2021 End 6/30/2023</p> <p>Analysis: Complete analysis in July for the preceding federal fiscal year</p>	<p>Previous Years:</p> <p>Initially started with Demonstration Sites using the Checklist for Implementing a Primary-Coach Approach to Teaming (Shelden & Rush). The criteria at that time was to have 8 out of the 9 components. The one component not included was the staffing requirement as staff positions are allocated and may be vacant. The performance indicator of 100% of all Demonstration Sites will have all eight components of the teaming structure in place for implementation of the PSP Approach to teaming was met.</p> <p>When the PSP approach to teaming was officially rolled out statewide in FFY 2020, this activity was moved to the Fiscal Staffing workgroup to address the infrastructure needs.</p> <p>In Process</p> <p><u>FFY 2020:</u></p> <p>Following the training in July 2020 with an implementation date of August 1, 2020, the five programs were identified to establish two geographic teams based on the number of children served and geographic area served (Shelden & Rush) by October 31, 2020. One of the programs met the October 2020 deadline and the remaining programs completed it by June 2021 with two of the programs still in process of transferring children.</p> <p><u>FFY 2021:</u></p> <p>July 31, 2021: Central Oahu and Sultan completed geo split for their program staff. November 2021: checklist distributed to programs. January 2022: Data submitted and compiled. Data analysis pending.</p>	<p><u>Data Quality Issues and Actions:</u></p> <p>This activity stalled due to COVID19 and competing priorities.</p> <p>Also, both co-leads for the workgroup resigned from their positions.</p> <p>One co-lead position was filled in July 2021 and the other co-lead position was filled in November 2021.</p> <p><u>Performance Status Related to Performance Indicator:</u></p> <p>NA</p> <p><u>Notes:</u></p>
<p>2-2. Identify and implement teaming structure necessary to implement the coaching model in natural learning environments.</p> <p>(Infrastructure).</p>	<p>Output: Demonstration Site Programs will have mentors to support the coaching with fidelity process in accordance with the established mentor provider ratio.</p> <p>Performance Indicator: 100% of Demonstration Sites providers will have an assigned mentor within two weeks of completing the Coaching with Fidelity training.</p>	<p>1. Excel Spreadsheet of all demonstration site providers, including date training received, assigned mentor and fidelity status.</p>	<p>Data Collection:</p> <p>Begin: 7/1/2021 End: 6/30/2023</p> <p>Analysis: Complete quarterly</p>	<p>In process</p> <p>FFY 2020:</p> <p>Identified a dedicated mentor in February 2021, provided training and began mentoring in June 2021.</p> <p>FFY 2021:</p> <p>The PD & TA workgroup is reviewing and revising the mentoring guidelines. Based on the revisions, data will be collected to determine the infrastructure needed.</p> <p>Dedicated mentor is practicing fidelity January 2022. Will collect data to determine mentor-provider ratio.</p>	<p><u>Data Quality Issues and Actions:</u></p> <p>This activity stalled due to COVID19 and competing priorities.</p> <p>Also, both co-leads for the workgroup resigned from their positions.</p> <p>One co-lead position was filled in July 2021 and the other co-lead position was filled in November 2021.</p> <p><u>Performance Status Related to Performance Indicator:</u></p> <p>NA</p>

Activity	How Will We Know the Activity Happened According to the Plan? (performance indicator)	Data Collection Methods	Timeline (projected initiation and completion dates)	Status	Evaluation Notes: Data Quality Issues and Actions, Performance Status Related to Performance Indicator (since the last report submission)
<p>2-3. Develop a process for EI programs to access providers specializing in behavioral support.</p> <p>(Infrastructure)</p>	<p>Output: Access to Positive Behavioral Services (PBS) Guidelines.</p> <p>Performance Indicator: 100% of all programs receive the Access to PBS Guidelines.</p>	<p>1. All programs will have access to Positive Behavioral Services Guidelines (email distribution and uploaded on shared Google Drive)</p>	<p>Data Collection: 07/1/21-6/30/22 (RFP for adjunct providers to begin on 7/1/22).</p> <p>Analysis: 1. Review annually if revisions are needed and Programs have access.</p>	<p>Not initiated in FFY 2020; In process</p> <p>FFY 2021: Reviewed the provider requirements from the RFP for BSS services.</p>	<p>Notes:</p> <p><u>Data Quality Issues and Actions:</u> This section has stalled due to COVID19 and competing priorities. Also, both co-leads for the workgroup resigned from their positions. One co-lead position was filled in July 2021 and the other co-lead position was filled in November 2021.</p> <p><u>Performance Status Related to Performance Indicator:</u> NA</p> <p><u>Notes:</u> PBS guidelines were previously distributed and since this activity was developed, EIS opened a new Request for Proposal that changed the requirements for the BSSs. The entire system and process needs to be revisited. The State is also exploring implementing the Pyramid Model for Part C and the Infant Mental Health Consultancy model. Both models include intensive training and trainees will be able to support the team in addressing a child’s SE development.</p>
<p>2-4. Identify and disseminate effective recruitment and retention strategies.</p>	<p>Output: Create Recruitment and retention strategies handout.</p>	<p>1. All programs will have access to the Recruitment and Retention Strategies handout. 2. Staffing Log</p>	<p>Data Collection: Begin 7/1/2022 End 06/30/23</p> <p>Analysis:</p>	<p>Not initiated</p>	<p><u>Data Quality Issues and Actions:</u> This section has stalled due to COVID19 and competing priorities. Also, both co-leads for the</p>

Activity	How Will We Know the Activity Happened According to the Plan? (performance indicator)	Data Collection Methods	Timeline (projected initiation and completion dates)	Status	Evaluation Notes: Data Quality Issues and Actions, Performance Status Related to Performance Indicator (since the last report submission)
(Infrastructure)	<p>Performance indicator:</p> <ol style="list-style-type: none"> 100% of all programs received the Recruitment and Retention Strategies handout. Decrease in staff turnover/vacancies. 		<ol style="list-style-type: none"> Review annually if revisions are needed and Programs have access. Review every 6 months. Count and percent of filled positions. 		<p>workgroup resigned from their positions.</p> <p>One co-lead position was filled in July 2021 and the other co-lead position was filled in November 2021.</p> <p><u>Performance Status Related to Performance Indicator:</u></p> <p>NA</p> <p><u>Notes:</u></p> <ul style="list-style-type: none"> Co-leads will review past surveys and recruitment and retention plan to identify applicable items. Workgroup will review findings from the CSPD Recruitment and Retention Workgroup.
<p>2-5. Develop and implement telepractice capability and procedures</p> <p>(Infrastructure)</p>	<p>Output: Telepractice implemented at each early intervention program (scale up).</p> <p>Performance Indicator:</p> <p>100% of Programs provide telepractice as an option for service delivery.</p>	<ol style="list-style-type: none"> Excel tracking sheet of IFSP service delivery options. 	<p>Data Collection:</p> <p>Begin 6/30/18 End 6/30/19 End 06/30/21</p> <p>Analysis:</p> <ol style="list-style-type: none"> Review data within one month of receiving data. <p>Count and percent of # of Programs reporting at least one family receiving services via telepractice.</p>	<p>Completed.</p> <p>Previously Reported:</p> <p>For Demonstration Sites and Program Support Unit the following were completed:</p> <ol style="list-style-type: none"> TP technology available. TP training based on procedural guidelines. Implementation of telepractice. <p>FFY 2020:</p> <p>Due to COVID-19, telepractice was scaled up and instituted in all early intervention programs statewide.</p> <ul style="list-style-type: none"> TP training was available to all EI providers, including guidelines and zoom licenses were purchased/provided to each EI program. 100% of programs implemented TP and reported the number of families that received services via TP each month. 	<p><u>Data Quality Issues and Actions:</u></p> <ol style="list-style-type: none"> No data quality issues encountered. <p><u>Performance Status Related to Performance Indicator:</u></p> <p>Performance indicator was met: 100% of programs provide telepractice as an option for service delivery.</p> <p><u>Notes:</u></p>
<p>2-6. Develop and implement an Annual Telepractice Survey for providers and families.</p>	<p>Output:</p> <ol style="list-style-type: none"> Provider Telepractice Survey. Family Telepractice Survey. <p>Performance Indicator:</p> <p>100% of Programs receive both surveys</p>	<ol style="list-style-type: none"> E-mail to all programs for distribution. 	<p>Data Collection:</p> <p>Begin 7/1/20 End 6/30/21</p> <p>Analysis:</p> <p>Ensure all programs received the email</p>	<p>Completed; on-going.</p> <p>FFY 2020:</p> <ul style="list-style-type: none"> 10/2020 surveys were finalized. 12/1/20 surveys were emailed for distribution with 12/15/20 deadline to complete surveys. 	<p><u>Data Quality Issues and Actions:</u></p> <p>No data quality issues encountered.</p> <p><u>Performance Status Related to Performance Indicator:</u></p>

Activity	How Will We Know the Activity Happened According to the Plan? (performance indicator)	Data Collection Methods	Timeline (projected initiation and completion dates)	Status	Evaluation Notes: Data Quality Issues and Actions, Performance Status Related to Performance Indicator (since the last report submission)
(infrastructure)	to distribute to providers and families.		with the surveys.		<p>Performance indicator was met: 100% of programs received and distributed surveys to providers and families.</p> <p><u>Notes:</u></p> <p>Due to the number of open questions for comments it was difficult to compile and analyze the open-ended comments. In collaboration with PBTRC the workgroup is in the process of revising the survey to have drop-down selections to questions based on responses to make future analysis easier.</p>

Evaluation of Intended Outcomes

Type of Outcome	Outcome Description	Evaluation Questions	How Will We Know the Intended Outcome Was Achieved? (performance indicator)	Measurement/Data Collection Method/Measurement Intervals/Data Management	Timeline (projected initiation and completion dates)/Analysis Description	Status and Data	Evaluation Notes: Data Quality Issues and Actions, Performance Status Related to Performance Indicator																																																
Short-term	EI programs will have sufficient staff and services to implement EBP and supports to children and families (Infrastructure)	1. Do programs in Demonstration sites deliver timely services?	1. Each Demonstration sites provide timely services by achieving 100% for APR indicator	Measurement: 1. On-site monitoring for Indicator 1 Data Collection Method: 1. Self-Assessment Monitoring (SAM) Tool, Worksheet A; SAM Access Database Measurement Intervals: 1. Once a year in July for preceding federal fiscal year (APR Reporting data for each Demonstration sites) Data Management: a. By whom data will be entered 1. Monitoring Team b. How data will be stored. 1. Access database c. How data will be entered 1. Monitors complete SAM Worksheet A Data from SAM Worksheet A will be entered into SAM Access Database d. When data will be entered, 1. Once a year after on-site monitoring (March – May) e. How data will be transmitted 1. Monitoring Team will receive hardcopies of Summary Report generated by SAM Access Database Summary Report generated by SAM Access Database will be shared with respective EI Program	Data Collection: Begin: 7/1/16 End: 6/30/19 End: 06/30/26 Analysis: 1. Sampling of infants and toddlers (10% of Dec. 1 child count or at least 15 records) received IFSP services in each of Demonstration Site If there were no new services, that record was removed from the sampling. <ul style="list-style-type: none"> Review Initial/Review/ Annual IFSPs that have new services Indicate all services that were timely and not timely (within 30 days of IFSP signature date), including reason why service was late At least one service late due to Program Reason = child did not receive all services on IFSP in a timely manner Percent of 	Completed, on-going 1. Timely Services Data: <table border="1" data-bbox="1811 479 2533 721"> <thead> <tr> <th colspan="7">Indicator 1: Timely Services</th> </tr> <tr> <th rowspan="2">Program</th> <th colspan="6">FFY</th> </tr> <tr> <th>2020 %</th> <th>2021 %</th> <th>2022 %</th> <th>2023 %</th> <th>2024 %</th> <th>2025 %</th> </tr> </thead> <tbody> <tr> <td>Imua Maui</td> <td>73</td> <td></td> <td></td> <td></td> <td></td> <td></td> </tr> <tr> <td>Kailua Easter Seals</td> <td>90</td> <td></td> <td></td> <td></td> <td></td> <td></td> </tr> <tr> <td>PCDC Waipahu</td> <td>82</td> <td></td> <td></td> <td></td> <td></td> <td></td> </tr> <tr> <td>Windward ECSP</td> <td>67</td> <td></td> <td></td> <td></td> <td></td> <td></td> </tr> </tbody> </table>	Indicator 1: Timely Services							Program	FFY						2020 %	2021 %	2022 %	2023 %	2024 %	2025 %	Imua Maui	73						Kailua Easter Seals	90						PCDC Waipahu	82						Windward ECSP	67						Data Quality Issues and Actions: No data quality issues were encountered. Performance Status Related to Performance Indicator: 1. Timely Services <ul style="list-style-type: none"> FFY 2020: 0% (no programs met the target of 100%) FFY 2019: 25% (one of four programs met the target of 100%) FFY 2018: 0% (no programs met the target of 100%) FFY 2017: 0% (no programs met the target of 100%) FFY 2016: 25% (one of four programs met the target of 100%) Notes:
Indicator 1: Timely Services																																																							
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					infants and toddlers receiving all IFSP services in a timely manner = # of infants and toddlers that received timely services/# of records reviewed		
Short-term	Telepractice data will be used for improving the use of telepractice in providing EI services.	Are telepractice training modules, guidelines and/or resources revised or developed based on feedback from providers and families?	100% of identified applicable changes are addressed in the telepractice training modules, guidelines and/or resources.	<p>Measurement:</p> <ol style="list-style-type: none"> Tracking sheet of identified needs, if applicable or not and where/how it was addressed. <p>Data Collection Method:</p> <ol style="list-style-type: none"> Survey Responses <p>Measurement Intervals:</p> <ol style="list-style-type: none"> Annually <p>Data Management:</p> <ol style="list-style-type: none"> By whom data will be entered <ol style="list-style-type: none"> Workgroup based on surveys completed by providers and families. How data will be stored. <ol style="list-style-type: none"> Excel from Google Survey How data will be entered <ol style="list-style-type: none"> Workgroup Leads enter date in excel spreadsheet When data will be entered, <ol style="list-style-type: none"> Once a year after survey data is compiled. How data will be transmitted <ol style="list-style-type: none"> E-mail 	<p>Data Collection:</p> <p>Begin: 7/1/20 End: 06/30/26</p> <p>Analysis:</p> <p>Address needs in training modules, guidelines, and/or resources.</p>	<p>Completed; on-going.</p> <p>FFY 2020:</p> <p>Oct – Dec:</p> <ul style="list-style-type: none"> Surveys were developed and distributed in December 2020 to all Programs. <p>Jan – Mar:</p> <ul style="list-style-type: none"> Survey results shared at Stakeholder Meeting. Identified changes needed based on survey responses. <p>Apr – June:</p> <ul style="list-style-type: none"> PBTRC also created a family video that can be used for training and public awareness purposes. <p>July – Sept.:</p> <ul style="list-style-type: none"> Workgroup drafted revisions to guidelines and Telepractice Troubleshooting Guide <p>Oct – Dec:</p> <ul style="list-style-type: none"> Workgroup finalized draft and submitted to EIS for final review. PBTRC drafted an Annual Survey report. <p>FFY 2021:</p> <p>July – Sept.:</p> <ul style="list-style-type: none"> Updated the definition of telepractice. <p>Oct - Dec:</p> <ul style="list-style-type: none"> A Telepractice Troubleshooting Guide was developed based on annual survey responses and submitted to EIS for final review. Telepractice guidelines revised to include strategies to address child touching equipment. 	<p><u>Data Quality Issues and Actions:</u></p> <p>Data not collected due to competing priorities.</p> <p><u>Performance Status Related to Performance Indicator:</u></p> <p>NA</p> <p>Notes:</p> <p>Will be meeting with national TA’s to review entire evaluation plan and engage stakeholders in the process.</p>
Intermediate	See table F2 in the PD/TA strand section above						
Intermediate							
Long-term							

VI. 3. SSIP Improvement Strategy and Evaluation Details

A. Improvement Strategy

Enhance the child outcomes summary (COS) process to ensure data are accurate and reliable and ensure program effectiveness to support evidence-based practices (EBP) to improve children’s social-emotional (SE) development.

B. Key State Improvement Plans or Initiatives That Align with This Improvement Strategy

C. Improving Infrastructure and/or Practice

1. Is this improvement strategy intended to improve one or more infrastructure components? If so, check all that apply.

Governance	<input checked="" type="checkbox"/>	Accountability	<input checked="" type="checkbox"/>	Professional development	<input checked="" type="checkbox"/>	Finance	<input type="checkbox"/>
Data	<input checked="" type="checkbox"/>	Quality standards	<input type="checkbox"/>	Technical assistance	<input checked="" type="checkbox"/>		

2. Is this strategy intended to directly improve practices? Yes No

D. Intended Outcomes

Type of Outcome	Outcome Description
Short-term	Early Intervention (EI) providers and families will understand the COS process.
Short-term	EI program managers will have the access and skills needed to use COS data for program improvement.
Intermediate	EI providers will implement evidence-based practices (EBP) (Primary Service Provider [PSP] Approach to Teaming and Coaching Model in natural learning environments) to support SE development with fidelity.
Intermediate	EI providers will implement the COS process with fidelity.
Long-term	Infants and toddlers with disabilities in Demonstration sites will have substantially increased their rate of growth in SE skills (including social relationships) by the time they exit EI.

Evaluation of Improvement Strategy Implementation

Activity	How Will We Know the Activity Happened According to the Plan? (performance indicator)	Measurement/Data Collection Methods	Timeline (projected initiation and completion dates)	Status	Evaluation Notes: Data Quality Issues and Actions, Performance Status Related to Performance Indicator (since the last report submission)																								
<p>3-1. Develop or modify and implement COS process training to include:</p> <ul style="list-style-type: none"> • Purpose of child outcomes (CO) • COS process, including determining ratings • Engaging family/team in the process <p>(Infrastructure and practice)</p>	<p>Outputs: COS training module includes all specified components and providers trained.</p> <p>Performance Indicator:</p> <ol style="list-style-type: none"> 1. 100% of trainings provided to Demonstration sites include the COS components 2. 100% of EI providers in Demonstration sites complete COS trainings 	<ul style="list-style-type: none"> • Verify with trainers that each component was covered in training and record in list of trainings. • Demonstration Site Provider Tracking Sheet that includes all providers at Demonstration sites and tracks training attendance <p>Analysis:</p> <ol style="list-style-type: none"> 1. Each training will have a yes/no for each component included in training delivery 2. Count and % of providers who attended trainings 	<p>Data Collection: Begin 4/1/17 End: 6/30/2021</p> <p>Analysis: Within the next quarter after the scheduled training</p>	<p>Completed</p> <ol style="list-style-type: none"> 1. ECTA online training modules include the three COS components. 2. EI Providers complete the COS Training Modules <p>September 2020</p> <table border="1" data-bbox="1805 600 2340 862"> <thead> <tr> <th colspan="3">COS Online training Modules Completion</th> </tr> <tr> <th></th> <th>#</th> <th>%</th> </tr> </thead> <tbody> <tr> <td>IMUA</td> <td>27/27</td> <td>100%</td> </tr> <tr> <td>Kailua</td> <td>14/14</td> <td>100%</td> </tr> <tr> <td>PCDC Waipahu</td> <td>10/10</td> <td>100%</td> </tr> <tr> <td>Windward ECSP</td> <td>7/7</td> <td>100%</td> </tr> <tr> <td>Professional Support</td> <td>10/10</td> <td>100%</td> </tr> <tr> <td>Statewide</td> <td>68/68</td> <td>100%</td> </tr> </tbody> </table>	COS Online training Modules Completion				#	%	IMUA	27/27	100%	Kailua	14/14	100%	PCDC Waipahu	10/10	100%	Windward ECSP	7/7	100%	Professional Support	10/10	100%	Statewide	68/68	100%	<p>Data Quality Issues and Actions:</p> <p>NA</p> <p>Performance Status Related to Performance Indicator:</p> <ol style="list-style-type: none"> 1. Performance indicator met as ECTA online training module includes all three COS components. 2. Performance indicator met: 100% of providers completed the COS training modules <p>Notes: COS on-line training modules has been added to the EI Provider Orientation Checklist that must be completed within two weeks of hire and is a pre-requisite to the EI Orientation.</p>
COS Online training Modules Completion																													
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Professional Support	10/10	100%																											
Statewide	68/68	100%																											
<p>3-2. Develop and implement a monitoring process to improve implementation of the COS process?</p> <p>(Infrastructure)</p>	<p>Output: COS monitoring process</p> <p>Performance Indicator:</p> <ol style="list-style-type: none"> 1. 85% of providers in Demonstration sites will complete the COS Self-Assessment. 2. 100% of Demonstration sites will implement monitoring process, that includes the COS Fidelity Tool and the Individualized COS Training Plan. 3. 100% of Demonstration site providers identified as needing additional training/support based on the monitoring tool (COS Fidelity Tool) will have an individualized training plan. 	<ul style="list-style-type: none"> • COS Self-Assessment and report for each Demonstration site <p>Analysis: count and % of providers in Demonstration sites monitored using COS tool/not monitored using COS tool and “score” on COS Self-Assessment.</p> <ul style="list-style-type: none"> • CC Team Leaders assigned to Demonstration Sites will complete the COS Monitoring Training and implement the process with all CCs in the Demonstration Sites. <p>Analysis: count and % of Team Leaders assigned to Demonstration Sites completed the training AND count and % of Demonstration Site CCs that started the observation process.</p> <ul style="list-style-type: none"> • Individualized Training Plan in place for each identified provider. <p>Analysis: count and % of Care Coordinators in Demonstration Sites who were identified as needing an Individualized Training Plan has one in place.</p>	<p>Data Collection: Begin 1/1/18 End 6/30/19 End 6/30/26</p> <p>Analysis: July for the preceding FFY</p>	<p>In Process</p> <p>Previously Reported:</p> <ul style="list-style-type: none"> • COS Self-Assessment was completed and the performance indicator was met in 1/2018 with 96% of providers completing the COS Self-Assessment. The COS Self-Assessment no longer being implemented. • The monitoring process was developed in October 2019. • The COS Fidelity Tool was completed in September 2019. • The COS Fidelity Tool training module was completed and finalized in November 2019 and training of CC Team Leaders provided in November 2019. • Implementation began in January 2020. 	<p>Data Quality Issues and Actions:</p> <p>Team Leaders had difficulty scheduling with care coordinators for observations due in part to conflicts in both schedules and families rescheduling due to COVID-19 and competing priorities.</p> <p>Team Leaders collaborated with the Program Manager to ensure CC’s participation.</p> <p>Performance Status Related to Performance Indicator:</p> <ol style="list-style-type: none"> 1. Performance indicator met: 96% 2. Performance indicator met: 100% of Demonstration Sites implemented the monitoring process 3. No data for individualized training plan <p>Notes</p>																								

Activity	How Will We Know the Activity Happened According to the Plan? (performance indicator)	Measurement/Data Collection Methods	Timeline (projected initiation and completion dates)	Status	Evaluation Notes: Data Quality Issues and Actions, Performance Status Related to Performance Indicator (since the last report submission)
3-3. Develop and implement training module on using COS data for program improvement (Infrastructure and practice)	Output: Demonstration Site Program Managers trained on using COS data for program improvement training module Performance Indicator: 100% of Program Managers from Demonstration sites attended training	<ul style="list-style-type: none"> Demonstration Site Provider Tracking Sheet that includes all providers at Demonstration sites and tracks training attendance Analysis: count and % of Demonstration site program managers attending/not attending training.	Data Collection: Begin 8/1/18 End: 1/31/20 Analysis: Within the quarter following the scheduled training(s)	Completed, 01.2020 Based on survey responses related to Demo Site PMs use of COS data for program improvement and guidelines drafted, the PowerPoint was developed and finalized in October 2019. Trainings occurred in November 2019 and the remaining PM in January of 2020.	<u>Data Quality Issues and Actions:</u> NA <u>Performance Status Related to Performance Indicator:</u> Performance Indicator: Met <u>Notes:</u>

Evaluation of Intended Outcomes

Type of Outcome	Outcome Description	Evaluation Questions	How Will We Know the Intended Outcome Was Achieved? (performance indicator)	Measurement/Data Collection Method/Measurement Intervals/Data Management	Timeline (projected initiation and completion dates)/Analysis Description	Status and Data	Evaluation Notes: Data Quality Issues and Actions, Performance Status Related to Performance Indicator
Short-term	EI providers and families will understand the COS process (practice)	Did families report they understood the COS process? Did EI providers who attended the trainings report they understood the COS process?	1. 80% of families report that they understand the COS process 2. Pending COS-KC	Measurement: 1. Annual Family Survey 2. Pending COS-KC Data Collection Method: 1. Family Outcomes Survey 2. Pending COS-KC Measurement Intervals: 1. Annually 2. Pending COS-KC Data Management: a. By whom data will be entered 1. Vendor 2. Pending COS-KC b. How data will be stored 1. Microsoft Excel 2. Pending COS-KC c. How data will be entered 1. Vendor 2. Pending COS-KC d. When data will be entered 1. Annually after survey closes 2. Pending COS-KC e. How data will be transmitted 1. Web & Mail 2. Pending COS-KC	Data Collection: Begin 1/1/18 End 6/30/19 Analysis: 1. Family Questionnaire a. Track count of families that participated in COS ratings and gave a positive rating (“yes”) on family questionnaire that they understood the COS process 2. Pending COS-KC 1. Count and % of providers who completed the training with rating increase on self-assessment	Completed; In process as it’s being revised Previously reported: 1. Family Questionnaire: 93% of the families 28 out of 30 (93%) families that completed the questionnaire reported that they fully understood the COS process. Previously discontinued. 2. COS Self-Assessment results – baseline data FFY 2018: 56 of 63 (89%) of providers completed the COS Self-Assessment. FFY 2018: 75% of providers maintained or improved their self-assessment rating after completing the online modules. FFY 2019: 77% of providers maintained or improved their self-assessment rating after completing the online modules. Self-Assessment discontinued. Hawaii participated in the COS-KC (knowledge check) developed by the national TA centers (ECTA, DaSy) that was being field tested in May 2019. FFY 2020 Hawaii inquired about participating in the pilot during the summer of 2020 and the contact person confirmed they would be back in touch with Hawaii regarding the pilot. Hawaii assumes that the project stalled due to COVID-19. Hawaii is planning on implementing the COS-KC, when it is available, to determine if providers understand the COS process. FFY 2021 Explore adding a question to the Annual Family Outcomes survey if families understand the COS process.	Data Quality Issues and Actions: The measurements previously identified were discontinued and progress stalled in this area due to COVID-19 and competing priorities. Performance Status Related to Performance Indicator: NA Notes:
Short-term	EI program managers will have the access and skills needed to use COS data for program improvement	Do EI program managers from Demonstration sites have: 1. access and 2. the skills needed to use data for program	Among program managers from Demonstration sites: 1. 100% report that they can print out COS rating reports in HEIDS 2. 100% of Demonstration Site Program Managers complete the CAP	Measurement: 1. COS Data Use Training Survey 2. Complete CAP process that includes using data for program improvement Data Collection Methods: Demonstration Site Program Managers will	Data Collection: Begin 8/1/18 End 6/30/19 End 6/30/2023 Analysis: 1. Count and % of	Completed 10/2021 Jan 2020 <ul style="list-style-type: none"> 100% of Demo Site Program Managers reported that they could print out COS data from HEIDS. 80% felt they could use their data program improvement. 	Data Quality Issues and Actions: This section stalled due to COVID-19 and competing priorities in FFY 2020. Performance Status Related to Performance Indicator:

Type of Outcome	Outcome Description	Evaluation Questions	How Will We Know the Intended Outcome Was Achieved? (performance indicator)	Measurement/Data Collection Method/Measurement Intervals/Data Management	Timeline (projected initiation and completion dates)/Analysis Description	Status and Data	Evaluation Notes: Data Quality Issues and Actions, Performance Status Related to Performance Indicator
	(practice)	improvement?	process that includes. strategies to address the identified root causes in their CAP, specific to positive social emotional skills.	Demonstration Site Program will: <ol style="list-style-type: none"> Complete the COS Data Use Training Survey Complete the CAP process Measurement Intervals: <ol style="list-style-type: none"> Before and after the training Monthly basis after written notification of findings and monitoring results for the preceding FFY. Data Management <ol style="list-style-type: none"> By whom data will be entered <ol style="list-style-type: none"> 1./2. Demonstration Site Program Managers How will data be stored <ol style="list-style-type: none"> Google Docs Monthly CAP Report How data will be entered <ol style="list-style-type: none"> Google Docs Monthly CAP Report When data will be entered <ol style="list-style-type: none"> Before and after COS Data Use for Program Improvement Training Monthly (by the 15th of the next month) How data will be transmitted <ol style="list-style-type: none"> Google Docs E-mail 	Demonstration Site Program Managers' report they can print out COS ratings report in HEIDS <ol style="list-style-type: none"> Count and % of Demonstration site program managers' completing the CAP process related to Indicator 3A, SS 	FFY 2020 Oct-Dec 2020 A draft template was created to present to workgroup as a potential update to the CAP process to address the use of their COS data for program improvement. FFY 2021 May 2021-- Emailed demo site program managers to gather data on how they are currently utilizing COS data for program improvement. Responses received indicated that COS data has not been used for program improvement due to not having adequate time to focus on data analysis with competing priorities. Oct 2021 <ul style="list-style-type: none"> CAP template was revised to: <ul style="list-style-type: none"> ✓ expand root cause section to include identify the source used to identify the root cause (Local Contributing Factor Tool, monitoring data, program data, etc.). ✓ Clarify that strategies to address root causes need to be measurable. 	Performance Indicator 1: met. Performance Indicator 2: not met; still in process <u>Notes:</u> QAs will provide TA to program managers to support them with the enhanced CAP process.
Intermediate	Demonstration site CCs are implementing the COS process with fidelity (Infrastructure and practice)	Are Demonstration Site CCs who participated in the COS training implement the COS process with fidelity?	75% of CCs who participated in the training are implementing the COS process with fidelity.	Measurement: <ol style="list-style-type: none"> Monitoring tool (COS Fidelity Tool) Data Collection Methods: <ol style="list-style-type: none"> Program Manager/Mentor will complete the COS monitoring process. Measurement Intervals: <ol style="list-style-type: none"> Before and 6 months after training and annually thereafter in July for the preceding fiscal year. Data Management	Data Collection: <p>Begin 1/1/18 End 6/30/19 End 6/30/23</p> Analysis: <p>Count & % of CCs in Demonstration sites who attended trainings and met the fidelity criteria for implementing COS process.</p>	In process Previously Reported: <ul style="list-style-type: none"> The implementation of the COS Fidelity tool began in December 2019. FFY 2020: January 2021 <ul style="list-style-type: none"> Of the 16 care coordinators in Early Intervention, nine (56%) are at fidelity, three (18%) are progressing, and four (25%) are new hires who have not yet begun the training. One CC is on extended deployment and there is currently no anticipated return date. 	<u>Data Quality Issues and Actions:</u> This section stalled due to COVID-19 and competing priorities in FFY 2020. <u>Other identified issues were:</u> <ol style="list-style-type: none"> Staff turnover and the impact on attaining the performance indicator. While the data showed that the COS process was being implemented with fidelity, other data warranted a review of the fidelity tool. Based on consultation with national TA

Type of Outcome	Outcome Description	Evaluation Questions	How Will We Know the Intended Outcome Was Achieved? (performance indicator)	Measurement/Data Collection Method/Measurement Intervals/Data Management	Timeline (projected initiation and completion dates)/Analysis Description	Status and Data	Evaluation Notes: Data Quality Issues and Actions, Performance Status Related to Performance Indicator																																																																																										
				a. By whom data will be entered 1. Program Manager/Mentor b. How will data be stored 1. Google Docs c. How data will be entered 1. Google Docs d. When data will be entered 1. Before and 6 months after training and annually thereafter in July for the preceding fiscal year e. How data will be transmitted 1. Google Docs		<table border="1" data-bbox="1936 338 2402 751"> <thead> <tr> <th></th> <th>#</th> <th>%</th> </tr> </thead> <tbody> <tr> <td>IMUA</td> <td></td> <td></td> </tr> <tr> <td>Fidelity</td> <td>4/6</td> <td>67%</td> </tr> <tr> <td>Not at Fidelity</td> <td>2/6</td> <td>33%</td> </tr> <tr> <td>Kailua</td> <td></td> <td></td> </tr> <tr> <td>Fidelity</td> <td>3/4</td> <td>75%</td> </tr> <tr> <td>Not at Fidelity</td> <td>1/4</td> <td>25%</td> </tr> <tr> <td>PCDC Waipahu</td> <td></td> <td></td> </tr> <tr> <td>Fidelity</td> <td>2/5</td> <td>40%</td> </tr> <tr> <td>Not at Fidelity</td> <td>3/5</td> <td>60%</td> </tr> <tr> <td>Windward ECSP</td> <td></td> <td></td> </tr> <tr> <td>At Fidelity</td> <td>1/1</td> <td>100%</td> </tr> <tr> <td>Statewide Total</td> <td></td> <td></td> </tr> <tr> <td>At Fidelity</td> <td>10/16</td> <td>62.5%</td> </tr> <tr> <td>Not at Fidelity</td> <td>6/16</td> <td>37.5%</td> </tr> </tbody> </table> <p data-bbox="1805 788 1951 812">March 2021:</p> <ul data-bbox="1858 848 2511 969" style="list-style-type: none"> Since the last update, ten care coordinators (62.5%) are at fidelity, three (19%) are progressing, two (12.5%) are new hires and one provider (6%) is still on extended military leave. <table border="1" data-bbox="1936 1003 2402 1417"> <thead> <tr> <th></th> <th>#</th> <th>%</th> </tr> </thead> <tbody> <tr> <td>IMUA</td> <td></td> <td></td> </tr> <tr> <td>At Fidelity</td> <td>5/6</td> <td>83%</td> </tr> <tr> <td>Not at Fidelity</td> <td>1/6</td> <td>17%</td> </tr> <tr> <td>Kailua</td> <td></td> <td></td> </tr> <tr> <td>At Fidelity</td> <td>3/4</td> <td>75%</td> </tr> <tr> <td>Not at Fidelity</td> <td>1/4</td> <td>25%</td> </tr> <tr> <td>PCDC Waipahu</td> <td></td> <td></td> </tr> <tr> <td>At Fidelity</td> <td>2/5</td> <td>40%</td> </tr> <tr> <td>Not at fidelity</td> <td>3/5</td> <td>60%</td> </tr> <tr> <td>Windward ECSP</td> <td></td> <td></td> </tr> <tr> <td>At Fidelity</td> <td>1/1</td> <td>100%</td> </tr> <tr> <td>State Total</td> <td></td> <td></td> </tr> <tr> <td>At Fidelity</td> <td>11/16</td> <td>69%</td> </tr> <tr> <td>Not at Fidelity</td> <td>5/16</td> <td>31%</td> </tr> </tbody> </table> <ul data-bbox="1858 1453 2511 1604" style="list-style-type: none"> Fidelity tools were reviewed to determine if there were any trends or training needs identified. No identified trends or training needs could be identified due to the tools not capturing enough data or identifying next steps for those who reached fidelity. <p data-bbox="1805 1639 1951 1663">April 2021:</p> <ul data-bbox="1858 1675 2511 1786" style="list-style-type: none"> Based on discussion with SI Coordinator regarding child outcome data and review of completed Fidelity observation tools, the need for a meeting regarding the current fidelity tool and process was identified. 		#	%	IMUA			Fidelity	4/6	67%	Not at Fidelity	2/6	33%	Kailua			Fidelity	3/4	75%	Not at Fidelity	1/4	25%	PCDC Waipahu			Fidelity	2/5	40%	Not at Fidelity	3/5	60%	Windward ECSP			At Fidelity	1/1	100%	Statewide Total			At Fidelity	10/16	62.5%	Not at Fidelity	6/16	37.5%		#	%	IMUA			At Fidelity	5/6	83%	Not at Fidelity	1/6	17%	Kailua			At Fidelity	3/4	75%	Not at Fidelity	1/4	25%	PCDC Waipahu			At Fidelity	2/5	40%	Not at fidelity	3/5	60%	Windward ECSP			At Fidelity	1/1	100%	State Total			At Fidelity	11/16	69%	Not at Fidelity	5/16	31%	<p data-bbox="2588 308 2986 429">providers, the workgroup is currently exploring the adoption of the COS-TC Quality of Practices Checklist developed by DaSy and ECTA.</p> <p data-bbox="2542 449 2868 510"><u>Performance Status Related to Performance Indicator:</u></p> <p data-bbox="2542 540 2961 631">Performance Indicator of 75% not met: FFY 2020 = 62.5% of Demonstration Site providers are currently at fidelity</p> <p data-bbox="2542 701 2613 725"><u>Notes</u></p> <p data-bbox="2542 758 2986 909">Team Leaders had difficulty scheduling with care coordinators for observations due in part to conflicts in both schedules and families rescheduling due to COVID-19 and competing priorities.</p> <p data-bbox="2542 943 2971 1034">Team Leaders collaborated with the Program Manager to ensure care coordinator's participated in the process.</p>
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						<p>May 2021:</p> <ul style="list-style-type: none"> A meeting was held with team leaders responsible for completing the COS Fidelity Tool to explore the efficacy of the fidelity process. Team Leaders reported the CCs shared that the debriefing following the observation was valuable, but they continue to have difficulties in engaging all team members in the COS discussion to determine the most accurate rating. Next step identified: Outcomes Coordinator to connect with national TA providers for guidance. <p>FFY 2021:</p> <p>October 2021: Nine (56%) CCs are currently at fidelity, three (19%) are progressing, and four (25%) are new hires. (Two care coordinator who were at fidelity left Early Intervention.)</p> <table border="1" data-bbox="1933 868 2402 1282"> <thead> <tr> <th></th> <th>#</th> <th>%</th> </tr> </thead> <tbody> <tr> <td>IMUA</td> <td></td> <td></td> </tr> <tr> <td>At Fidelity</td> <td>4/7</td> <td>83%</td> </tr> <tr> <td>Not at Fidelity</td> <td>3/7</td> <td>17%</td> </tr> <tr> <td>Kailua</td> <td></td> <td></td> </tr> <tr> <td>At Fidelity</td> <td>3/4</td> <td>75%</td> </tr> <tr> <td>Not at Fidelity</td> <td>1/4</td> <td>25%</td> </tr> <tr> <td>PCDC Waipahu</td> <td></td> <td></td> </tr> <tr> <td>At Fidelity</td> <td>1/4</td> <td>25%</td> </tr> <tr> <td>Not at fidelity</td> <td>3/4</td> <td>75%</td> </tr> <tr> <td>Windward ECSP</td> <td></td> <td></td> </tr> <tr> <td>At Fidelity</td> <td>1/1</td> <td>100%</td> </tr> <tr> <td>State Total</td> <td></td> <td></td> </tr> <tr> <td>At Fidelity</td> <td>9/16</td> <td>56%</td> </tr> <tr> <td>Not at Fidelity</td> <td>7/16</td> <td>44%</td> </tr> </tbody> </table> <p>Outcomes Coordinator consulted with national TAs regarding the current fidelity tool and potential modifications or adjustments. Based on the discussion with the national TAs, the Outcomes Coordinator will explore with the workgroup members to potentially adopt the COS-TC with some modifications for Hawaii</p>		#	%	IMUA			At Fidelity	4/7	83%	Not at Fidelity	3/7	17%	Kailua			At Fidelity	3/4	75%	Not at Fidelity	1/4	25%	PCDC Waipahu			At Fidelity	1/4	25%	Not at fidelity	3/4	75%	Windward ECSP			At Fidelity	1/1	100%	State Total			At Fidelity	9/16	56%	Not at Fidelity	7/16	44%	
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SSIP ACRONYMS

Acronym	Definition
AOTA	American Occupational Therapy Association
APTA	American Physical Therapy Association
ASHA	American Speech-Language-Hearing Association
CAP	Corrective Action Plan
CFS	Child and family Services
COS	Child Outcome Summary
CSEFEL	Center on the Social and Emotional Foundations for Early Learning
CSHNB	Children with Special Health Needs Branch
CSPD Coordinator	Comprehensive System of Personnel Development Coordinator
DaSy	The Center for IDEA Early Childhood Data Systems
DEC	Division of Early Childhood
DHS-BESSD	Department of Human Services-Benefit, Employment and Support Services Division
DOH	Department of Health
DOH IT	Department of Health Information Technician
PHAO	Public Health Administrative Officer
EBP	Evidence-Based Practices
ECO	Early Childhood Outcomes
ECTA	Early Childhood Technical Assistance
EI	Early Intervention
EIS	Early Intervention Section
FHSD	Family Health Services Division
HAIMH	Hawai'i Association for Infant Mental Health
HCYC	Hawai'i Careers with Young Children
HEIDS	Hawai'i Early Intervention Data System
HELDS	Hawai'i Early Learning and Development Standards
IDC TA	IDEA Data Center Technical Assistance
IDEA	Individuals with Disabilities Education Act
IFSP	Individualized Family Support Plan
MCHB	Maternal Child Health Branch
MDE	Multi-Disciplinary Evaluation
MIECHVN	Maternal, Infant, and Early Childhood Home Visiting Network
PACT	Parents and Children Together
PATCH	People Attentive to Children
PD	Professional Development
PHN	Public Health Nursing
PSP	Primary Service Provider
SE	Social/Emotional
SIO	System Improvement and Outcomes
SSIP	State Systemic Improvement Plan
TACSEI	Technical Assistance Center on Social Emotional Intervention