

**STATE PERFORMANCE PLAN / ANNUAL PERFORMANCE REPORT:  
PART C**

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

**For reporting on  
FFY 2021**



**PART C DUE  
February 1, 2023**

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

## Introduction

### Instructions

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

### Indicator Data

#### Executive Summary

The Hawaii State 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 2021 (7/1/21 - 6/30/22) there were 18 Early Intervention (EI) programs statewide that served infants and toddlers that met the eligibility criteria below and their families.

#### 1. Developmentally Delayed

Children under the age of three have 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 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 Hawaii 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

Not applicable.

## 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 Hawaii 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: Database Data

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

#### Priority Area 1: 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
- Item 2e: IFSP Team Present for IFSP meeting

#### 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; 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; and 6) the LA Quality Assurance Specialist meets at least quarterly with their assigned Program to provide technical assistance, including identify training needs. 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, as described in the “Family Rights” brochure, which includes an insert of Section 303.400-303.460, the Part C procedural safeguards system. They are also informed of the process on who to contact if they have any concerns about services as well as how to make a formal complaint and the due process procedure. It is recommended that if families have concerns, they should first discuss their concerns with their Care Coordinator (CC) so an IFSP Review meeting can be scheduled, if appropriate. If families feel their concerns are not adequately resolved, they can contact the program's supervisor or the Part C Coordinator prior to filing a written complaint. A written complaint or due process should be filed if the family feels that the Part C program has violated a Part C requirement. Mediation will be offered if a request for a due process hearing is submitted. Programs submit a Concern Log to the Part C LA that tracks complaints to ensure it is being addressed and resolved within required timelines.

The EIS website has a [“Family Resources”](#) category that includes a “Family Rights” section.

### Technical Assistance System:

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

#### Local TA provided:

The Part C LA provides TA to local programs through quarterly mandatory Program Manager meetings, Question & Answer process for specific situations, procedural guidelines, and each EI Program has an assigned State Quality Assurance (QA) Specialist. Additionally, the Part C LA provides TA to local programs and Fee-for-Service contracted providers through 1:1 meetings that may be requested by the agency or the Part C LA to address specific topic areas, as needed.

#### Additional local TA provided includes:

- Quarterly meeting held between State QA Specialist and local Program Manager (PM). The agenda is set by the local Program Manager however, topics may be identified by the State QA Specialist.
- State QA Specialist supports local PM in the implementation of an Action Plan that addresses topic areas identified by the PM and/or monitoring results needing improvement.

### 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. The Primary Service Provider (PSP) Approach to Teaming and Coaching Model in Natural Learning Environments are included in EI Orientation training to all providers. 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.

The State continued to provide technical assistance (TA) to the Programs that included observing teams using the Family Support Team (FST) Observation Tool during FST meetings as coaching practices were utilized for peer-to-peer support, debriefing with the Program Manager, and updating the Program's Action Plan based on the observation and debriefing.

The Part C Lead Agency continued to receive TA from the National Early Childhood Personnel Center (ECPC) until their grant ended in October 2021. Hawaii 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 Hawaii.

The CSPD Leadership 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 Hawaii [UH], UH Center on Disabilities Studies); Hawaii Teacher Standards Board; Early Head Start/Head Start and families (Parent representative, Leadership in Disabilities and Achievement in Hawaii). Hawaii integrated CSPD work will continue and resources on the ECPC website will be accessed.

Hawaii was also selected and received national TA from Zero-To-Three Project and the ECTA related to Infant Mental Health that included workforce development.

### Broad Stakeholder Input:

The mechanisms for soliciting broad stakeholder input on the State's 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).

#### State Performance Plan/Annual Performance Report (SPP/APR) Process

The process to develop Hawaii's SPP/APR for FFY 2021 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 SPP/APR.
2. The Part C LA held multiple stakeholder meetings by topics: Child Find (Indicator 5 and 6); MDE-IFSP and Services (Indicator 1, 2, and 7); Child Outcomes (Indicator 3); Family Outcomes (Indicator 4), Transition (Indicators 8A, 8B, and 8C), and State Systemic Improvement Plan (SSIP) (Indicator 11).
3. Broad dissemination regarding the Stakeholders' Meeting to determine interest by agency, Hawaii Early Intervention Coordinating Council (HEICC), community members, and family 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. Stakeholders were provided with the current indicator targets, FFY 2021 APR data, FFY 2020 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
  - Status updates on activities/initiatives that impacted data
  - Any changes to targets for FFY 2020 – FFY 2025 based on trend data, projections identified from the respective meaningful difference calculators developed by the Center of IDEA Early Childhood Data Systems (DaSy), past initiatives that have impacted data and current/future initiatives that may impact the data
5. Recommendations were reviewed by the identified members of the EI System Improvement Team and the Part C LA.
6. Topical Workgroups (Child Find, Timely MDEs-IFSPs-Services, Transition, SSIP, including Child/Family Outcomes) developed an action plan based on stakeholder input and will meet on a regular basis to implement, review, and evaluate the action plan throughout the year.
7. The APR was drafted by the Part C Coordinator with support from the EI System Improvement Team and the Part C LA.
8. The APR was reviewed and approved by the HEICC. As authorized by the HEICC, the HEICC Chairperson reviewed and signed the APR certification form.
9. The APR was sent to the Director of Health to review.
10. The APR was submitted to OSEP as required.
11. The APR was posted on the HDOH EIS website.

#### Broad Representation

A stakeholder group of approximately 57 individuals provided recommendations to the development of the SPP/APR. Because of Hawaii'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 Hawaii's population. The following stakeholders from the islands of Oahu, Hawaii, Maui, Lanai, Molokai, and Kauai were invited:

- Members of the HEICC

- HDOH administrators, care coordinators (Hawaii's terminology for service coordinators), direct service providers, quality assurance specialists, data staff, personnel training staff, and/or contracted providers from: Family Health Services Division (FHSD); Children with Special Health Needs Branch (CSHNB); Public Health Nursing Branch (PHNB); EIS; and the 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 and Family Support Programs (Family Hui and LDAH)
- Parents/Family members

The Family Engagement flier was distributed by EI Programs statewide, LDAH, Family Hui, DOE Special Education Preschool, and the Community Coordinating Council (CCC) – DOE's network of families.

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

Yes

**Number of Parent Members:**

33

**Parent Members Engagement:**

Describe how the parent members of the Interagency Coordinating Council, parent center staff, parents from local and statewide advocacy and advisory committees, and individual parents were engaged in setting targets, analyzing data, developing improvement strategies, and evaluating progress.

The Part C LA invited members from the Interagency Coordinating Council and Community Children's Council, which consist of parent members of children who are either currently enrolled or received early intervention (EI) services, to the annual Part C LA Stakeholder Meetings (i.e., SPP/APR and SSIP). The Parent Training Institute staff were invited to attend these meetings, as well as other groups such as Family Hui network, Early Childhood Action Strategy network, DOE 619 Special Education Preschool programs which either have parent members or have access to families of children who received EI services. At each of the meetings, attendees participated in breakout sessions to discuss and provide input on targets, data, and strategies to improve the early intervention (EI) system. All stakeholder participants recorded their comments, feedback, suggestions, etc. on a shared electronic whiteboard (i.e., Padlet). The whiteboard and supporting information were made available after the stakeholder meetings for an additional three weeks through the Part C LA website and participants were invited to continue to add comments, suggestions, feedback, etc.

**Activities to Improve Outcomes for Children with Disabilities:**

Describe the activities conducted to increase the capacity of diverse groups of parents to support the development of implementation activities designed to improve outcomes for infants and toddlers with disabilities and their families.

Hawaii invited families to annual stakeholder meetings. It has been challenging to get ongoing family engagement. To address this issue, EIS has modified an open position to focus on diversity, equity, and inclusion (DEI), including family engagement in addition to child find. This position will be responsible to work with national TA centers and gather resources to work with national TA centers to develop training to build parent/stakeholder capacity to fully engage in stakeholder discussions, participate in workgroups, data analysis and target setting, and program improvement activities.

**Soliciting Public Input:**

The mechanisms and timelines for soliciting public input for setting targets, analyzing data, developing improvement strategies, and evaluating progress.

Each year the Part C LA schedules Annual Stakeholder Meetings for the APR and SSIP to solicit input from stakeholders. At the stakeholder meetings, the Part C LA reviews the APR data with all attendees. Suggestions for improvement strategies, evaluate progress, and review/revise targets are done via Padlet, breakout room discussions and/or polls.

The Part C LA updated its website to include a section on Stakeholder engagement to solicit input from stakeholders. Supporting documents and a whiteboard using Padlet were made available for three weeks after the scheduled stakeholder meetings. Stakeholders were also invited to sign-up for on-going engagement through workgroups during the stakeholder meetings and up to 3 weeks after the schedule stakeholder meetings via the Part C LA website.

The Part C LA also proposed to provide quarterly updates of APR indicator data to get ongoing input from the HEICC regarding the data, analysis, and improvement strategies, including evaluating progress. In addition to the existing SSIP implementation workgroups focusing on social emotional development (Professional Development and Technical Assistance, Fiscal Staffing and Telepractice, and Monitoring and Accountability related to Child Outcomes). The following workgroups were developed as a strategy for ongoing stakeholder engagement: Timely MDE-IFSP-Services, Family Outcomes, Child Find and Transition.

**Making Results Available to the Public:**

The mechanisms and timelines for making the results of the target setting, data analysis, development of the improvement strategies, and evaluation available to the public.

The Part C LA will review the input from the stakeholders' meetings on target setting, data analysis, development of the improvement strategies, and evaluation. Based on this information gathered, the Part C LA will compile the results and post them on the Part C LA website within 120 days of the State's submission of the FFY 2021 SPP/APR in February 2023.

**Reporting to the Public:**

How and where the State reported to the public on the FFY 2020 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 2020 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 2020 APR in 2022, is available.

The SPP/APR and performance of each EIS Program in the state for FFY 2020 was posted on the HDOH EIS website (<http://health.hawaii.gov/eis/home/documents-and-reports/>) within 120 days of the State's submission of the FFY 2020 SPP/APR in February 2022.

## Prior FFY Required Actions

The State's determination for both 2020 and 2021 were Needs Assistance. Pursuant to sections 616(1) and 642 of the IDEA and 34. C.F.R. § 303.704(a), OSEP's June 22, 2021, determination letter informed the State that it must report with its FFY 2020 SPP/APR submission, due February 1, 2022, on (1) the technical assistance sources from which the State received assistance; and (2) the actions the State took as a result of that technical assistance.

## Response to actions required in FFY 2020 SPP/APR

National Technical Assistance (TA) Accessed:

The Part C LA continued to meet monthly with Hawaii OSEP State Lead and included the assigned TA Specialists from Early Childhood Technical Assistance (ECTA) Center and The Center for IDEA Early Childhood Data Systems (DaSy). This meeting was used to provide progress reports, address implementation questions, and discuss OSEP specific topics (e.g., Determinations, State Performance Plan/Annual Performance Report (SPP/APR) which guides Hawaii's next steps. In addition, the Part C LA continued monthly meetings with assigned TA Specialists from Early Childhood Technical Assistance (ECTA) Center and The Center for IDEA Early Childhood Data Systems (DaSy) to address implementation questions. This meeting supports the Part C LA by connecting with other TA Specialists for assistance on specific topic areas, reviewing Part C LA reports, procedures, resource documents, etc., and connecting with other Part C states. Hawaii has found these meetings to be effective in accessing the information needed to make changes, develop guidance, and implement them in a timely manner.

Part C LA continued to participate in Community of Practice (CoP), webinars, and on-line conferences to increase Part C LA staff knowledge on specific topics and provide additional information for next steps decision making. These activities provide the Part C LA with opportunities to learn and gather more information from TA Specialists and other States. Benefits for the Part C LA were gaining information on how requirements are implemented, understanding potential challenges, and identifying potential solutions. State-to-State discussions provided the Part C LA with sample forms and tools developed by TA centers and other States, as well as guided the direction and solution options to evaluate and implement.

The Part C LA team participated in the following which is not the complete list of all activities (e.g., conferences, webinars, CoP):

- Part C Coordinator and fiscal team participated in Center for IDEA Fiscal Reporting (CIFR) CoP to increase the team members' knowledge of IDEA Fiscal Reporting and learn from other States.
- Outcomes Coordinator participated in Child Outcomes Summary (COS) and Family Outcomes CoP to discuss topics within each area. The acquired information and tools are applied to Hawaii's COS and Family Outcomes system.
- Part C Coordinator participated in the Data Manager CoP. The topics addressed and information gathered assisted with the addressing the collection and evaluation of data during the pandemic, learning about pivot tables, etc., which were applied as appropriate to support the gathering of valid and reliable data for decision making.
- Part C Coordinator attended Early Childhood Personnel Center State Leads call to stay abreast of the direction, guidance, requirements, etc. for a Comprehensive System for Personnel Development (CSPD) and the information gathered was shared with the Hawaii CSPD Workgroup Leads for implementation, as appropriate. The Part C Coordinator and other CSPD Leadership Team members attended the Cross State Leadership Meeting in August 2021.

Specific TA received related to the SPP/APR:

- Indicator 1 (Timely Initiation of Services; Indicator 7 (Timely MDE and Initial IFSP): The LA updated Telepractice (TP) guidelines and EI Services Guidelines based on discussions with the TA.
- Indicator 3 and 11 (Child Outcomes Summary [COS]): The SSIP Monitoring and Accountability workgroup worked with DASY regarding the COS Fidelity tool. The TAs reviewed Hawaii's COS fidelity tool and informed the workgroup that the tool was missing critical components. Hawaii worked with the TAs to update Hawaii's COS fidelity tool to ensure it was comprehensive and met the intended purpose of determining if providers were implementing the COS process with fidelity. Hawaii also piloted the COS Knowledge Check (KC) and agreed to participate in the first cohort as early adopters of the COS KC with providers. The TAs supported Hawaii in accessing the online system, enrolling all providers and providing ongoing TA regarding the implementation process.
- Indicator 4 (Family Outcomes): Hawaii worked with ECTA regarding the translations of the Family Survey as a strategy to support unbiased responses and representativeness. While not many families requested the translated surveys Hawaii will continue to have the translated services available in the on-line and paper version. Hawaii also worked with DASY to develop a tool to support the collection and analysis of family outcomes data to determine if the data was representative of the population served.
- Indicator 5/6 (Birth to 1 and Birth to 3 Child Count): Hawaii began using the Child Find Self-Assessment tool, developed by ECTA after discussing the need to enhance Hawaii's child find system. However, the work was delayed due to a staff vacancy; however, Hawaii recently hired a temporary Child Find Coordinator/DEI-Family Engagement Specialist during the recruitment process. The Child Find Self-Assessment will be used to help guide the development of the Child Find Action Plan.

# 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 2021 SPP/APR, the data for FFY 2020), and the State did not identify any findings of noncompliance, provide an explanation of why the State did not identify any findings of noncompliance.

## Indicator Data

**Historical Data**

Baseline Year	Baseline Data
2013	63.03%

FFY	2016	2017	2018	2019	2020
Target	100%	100%	100%	100%	100%
Data	57.69%	73.23%	72.00%	74.00%	63.59%

**Targets**

FFY	2021	2022	2023	2024	2025
Target	100%	100%	100%	100%	100%

**FFY 2021 SPP/APR Data**

Number of infants and toddlers with IFSPs who receive the early intervention services on their IFSPs in a timely manner	Total number of infants and toddlers with IFSPs	FFY 2020 Data	FFY 2021 Target	FFY 2021 Data	Status	Slippage
122 + 28 = 150	203	63.59%	100%	73.89%	Target Not Met	No Slippage

Provide reasons for slippage, if applicable

NA
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<p><b>Number of documented delays attributable to exceptional family circumstances</b></p> <p><i>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.</i></p>	28
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Provide reasons for delay, if applicable.

<p>Exceptional Family Circumstances: Twenty-eight of the 203 (14%) infants and toddlers monitored did not receive timely services due to exceptional family circumstances as defined by IDEA Part C. This number is included in both the above numerator and denominator. The two predominate exceptional family circumstances were the family cancelled the appointment and medical reason (family or child sick).</p> <p>Program Reasons for Delays: Fifty-three of the 203 (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.</p>
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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).

<p>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."</p>
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What is the source of the data provided for this indicator?

<p><b>State monitoring</b></p>	Yes
<p>Describe the method used to select EIS programs for monitoring.</p> <p>A total of 270 records of children with IFSPs (no Interim IFSPs) were selected for on-site monitoring within the time period 07/01/21-03/31/22 across all 18 Part C programs. The EI Self-Assessment Monitoring (SAM) Tool was developed by Part C LA with feedback from EI providers was utilized to gather data.</p> <p>For FFY 2021, the Part C LA Monitoring Team completed the SAM tool for each of the EI programs.</p> <p>Identification of Children. To ensure a random selection of children for review with the SAM Tool, the following criteria were followed:</p> <ul style="list-style-type: none"> <li>• Names of all children with an Initial, Review or Annual IFSP between 07/01/21-03/31/22 were obtained by Part C LA from each program.</li> <li>• Part C LA identified 10% of children at each program/section based on the 12/1/21 child count, or a minimum of 15 children to be monitored, unless there was an insufficient number of children who met the above criteria. If there was an insufficient number of children, all were chosen to ensure as complete monitoring as possible. This resulted in a review of 270 charts.</li> <li>• 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 203 children as 67 children had no new services identified on either their Review or Annual IFSP.</li> </ul> <p>Determination of Timeliness: The SAM Tool was completed for each child selected using the specified IFSP (Initial, Review, Annual), following the guidelines developed by Part C LA to determine if services were timely, consistent with Hawaii's definition for timely services. 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.</p> <p>For each service, the following documentation was required to confirm the service was both provided and timely:</p> <ul style="list-style-type: none"> <li>• The 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.</li> <li>• 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 a copy of written documentation.</li> <li>• 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.</li> <li>• 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.</li> <li>• 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.</li> </ul> <p>Self-Assessment Results</p> <ul style="list-style-type: none"> <li>• Raw data was gathered by Part C LA.</li> <li>• Data was inputted into the SAM database, which was developed by Part C LA. Data was analyzed for noncompliance with Timely Services.</li> <li>• Data was given to each program as part of the notification of FFY 2021 findings based on data from FFY 2021.</li> </ul> <p>Verification of Data: The following activities occurred to verify the Self-Assessment results.</p> <ul style="list-style-type: none"> <li>• The SAM results were reviewed to identify any possible inconsistencies.</li> <li>• Program Managers were contacted, as necessary, for additional data to confirm results.</li> </ul> <p>The SAM results were revised, if necessary, based on additional data received.</p>	

<b>State database</b>	No
Provide the time period in which the data were collected (e.g., September through December, fourth quarter, selection from the full reporting period).	
NA	
Describe how the data accurately reflect data for infants and toddlers with IFSPs for the full reporting period.	
NA	

Provide additional information about this indicator (optional)

NA
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**Correction of Findings of Noncompliance Identified in FFY 2020**

<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>
8	3	3	2

**FFY 2020 Findings of Noncompliance Verified as Corrected**

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

<p>The state accounted for all instances of noncompliance through monitoring (refer to preceding section on "Monitoring Process").</p> <p>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).</p> <p>In FFY 2020, eight programs were issued findings of noncompliance for timely services. To verify correction, each of the eight programs were required to submit data ("Worksheet A" from the SAM tool for every child who had an Initial, 6-month Review, and Annual IFSP, that identified timely initiation of new services). The amount of data each program was required to submit varied depending on their monitoring data percentage for Indicator 1 as follows:</p> <ul style="list-style-type: none"> <li>• 95% - 100%: 1 month of data that shows 100% with a minimum of 2 records total.</li> <li>• 90% - 94%: 1 month of data that shows 100% with a minimum of 4 records total.</li> <li>• 80% - 89%: 2 months of data that show 100% with a minimum of 6 records total.</li> <li>• 70% - 79%: 2 consecutive months of data that show 100% with a minimum of 8 records total.</li> <li>• Under 70%: 3 consecutive months that show 100% with a minimum of 10 records total.</li> </ul> <p>The Part C LA reviewed the updated data submitted and verified that six of the eight programs submitted required evidence of correction documentation based on the percentage of noncompliance and were at 100% compliance.</p> <p>Three out of the eight programs demonstrated correction within one year of notification:</p> <ul style="list-style-type: none"> <li>• Two programs submitted two consecutive months of data that showed 100% for a total of 34 (20 and 14 respectively) records.</li> <li>• One program submitted two months of data that showed 100% for a total of 22 records.</li> </ul> <p>Three out of the eight programs demonstrated subsequent correction as outlined above prior to submission of the FFY 2021 APR:</p> <ul style="list-style-type: none"> <li>• One program submitted three consecutive months of data that showed 100% for a total of 11 records.</li> <li>• One program submitted two consecutive months of data that showed 100% for a total of 10 records.</li> <li>• One program submitted two months of data that showed 100% for a total of 21 records.</li> </ul> <p>The two remaining programs have not yet demonstrated correction as of the submittal of FFY 2021 APR.</p>
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Describe how the State verified that each *individual case* of noncompliance was corrected.

<p>The Part C LA verified that the six EI Programs above 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.</p> <p>There were 23 children whose services were not initiated in a timely manner due to program reasons: five children were no longer residing within the jurisdiction of the EI Program before the service was implemented; for one child, the service was discontinued before it was initiated; and the remaining 17 children's services on their IFSP were initiated, although late.</p> <p>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</p>
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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 2020 Findings of Noncompliance Not Yet Verified as Corrected**

Actions taken if noncompliance not corrected

The Agency was required to submit an Agency plan to address the outstanding noncompliance for the two remaining programs and how the agency will support the program in demonstrating compliance. The respective Program Managers were also required to fill out a noncompliance worksheet for the respective indicator to identify strategies to address root causes. One program that had a long-term vacancy for the Program Manager and was recently filled must also submit a weekly status report on the status of their CAPs.

#### **Correction of Findings of Noncompliance Identified Prior to FFY 2020 - NA**

##### **Prior FFY Required Actions**

Because the State reported less than 100% compliance for FFY 2020, the State must report on the status of correction of noncompliance identified in FFY 2020 for this indicator. When reporting on the correction of noncompliance, the State must report, in the FFY 2021 SPP/APR, that it has verified that each EIS program or provider with noncompliance identified in FFY 2020 for this indicator: (1) is correctly implementing the specific regulatory requirements (i.e., achieved 100% compliance) based on a review of updated data such as data subsequently collected through on-site monitoring or a State data system; and (2) has corrected each individual case of noncompliance, unless the child is no longer within the jurisdiction of the EIS program or provider, consistent with OSEP Memo 09-02. In the FFY 2021 SPP/APR, the State must describe the specific actions that were taken to verify the correction.

If the State did not identify any findings of noncompliance in FFY 2020, although its FFY 2020 data reflect less than 100% compliance, provide an explanation of why the State did not identify any findings of noncompliance in FFY 2020.

##### **Response to actions required in FFY 2020 SPP/APR**

Refer to "Correction of Findings of Noncompliance" section where the State addresses the correction of findings of noncompliance identified in FFY 2020. There are two outstanding corrections of findings of noncompliance for Indicator 1 in FFY 2020.

There are no outstanding corrections of findings of noncompliance identified prior to FFY 2020.

## 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 ED Facts 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.

### Indicator Data

**Historical Data**

Baseline Year	Baseline Data
2005	81.10%

FFY	2016	2017	2018	2019	2020
Target>=	90.00%	90.00%	90.00%	95.00%	95.00%
Data	90.80%	95.68%	97.53%	98.29%	99.75%

**Targets**

FFY	2021	2022	2023	2024	2025
Target>=	95.00%	95.00%	95.00%	95.00%	95.00%

**Targets: Description of Stakeholder Input**

Refer to Broad Stakeholder Input section in the Introduction.

**Prepopulated Data**

Source	Date	Description	Data
SY 2021-22 EMAPS IDEA Part C Child Count and Settings Survey; Section A: Child Count and Settings by Age	07.06.22	Number of infants and toddlers with IFSPs who primarily receive early intervention services in the home or community-based settings	1474
SY 2021-22 EMAPS IDEA Part C Child Count and Settings Survey; Section A: Child Count and Settings by Age	07.06.22	Total number of infants and toddlers with IFSPs	1475

**FFY 2021 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 2020 Data	FFY 2021 Target	FFY 2021 Data	Status	Slippage
1474	1475	99.75%	95.00%	99.93%	Target Met	No Slippage

Provide reasons for slippage, if applicable

NA

Provide additional information about this indicator (optional).

NA

**Prior FFY Required Actions**

NA

**Response to actions required in FFY 2021 SPP/APR**

NA

## Indicator 3: Early Childhood Outcomes

### Instructions and Measurement

**Monitoring Priority:** Early Intervention Services In Natural Environments

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

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

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

#### Data Source

State selected data source.

#### Measurement

Outcomes:

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

Progress categories for A, B and C:

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

Summary Statements for Each of the Three Outcomes:

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

#### Measurement for Summary Statement 1:

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

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

#### Measurement for Summary Statement 2:

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

#### Instructions

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

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

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

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

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

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

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

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

## 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

Refer to Broad Stakeholder Input section in the Introduction.

### Historical Data

Outcome	Baseline	FFY	2016	2017	2018	2019	2020
A1	2020	Target>=	53.14%	54.00%	55.00%	55.00%	47.45%
A1	47.45%	Data	56.42%	54.30%	53.35%	53.69%	47.45%
A2	2020	Target>=	79.32%	79.50%	80.00%	80.00%	65.03%
A2	65.03%	Data	73.26%	71.40%	70.15%	70.13%	65.03%
B1	2020	Target>=	70.81%	71.00%	71.50%	71.50%	57.41%
B1	57.41%	Data	69.66%	65.16%	66.67%	62.62%	57.41%
B2	2020	Target>=	65.19%	65.50%	66.00%	66.00%	42.72%
B2	42.72%	Data	55.64%	53.59%	50.64%	45.06%	42.72%
C1	2020	Target>=	67.99%	68.50%	69.00%	69.00%	59.34%
C1	59.34%	Data	71.08%	68.47%	67.76%	61.90%	59.34%
C2	2020	Target>=	80.63%	81.50%	82.00%	82.00%	67.58%
C2	67.58%	Data	77.02%	75.17%	74.76%	71.68%	67.58%

### Targets

FFY	2021	2022	2023	2024	2025
Target A1>=	47.45%	47.45%	47.45%	47.45%	48.00%
Target A2>=	65.03%	65.03%	65.03%	65.03%	65.50%
Target B1>=	57.41%	57.41%	57.41%	57.41%	58.20%
Target B2>=	42.72%	42.72%	42.72%	42.72%	44.10%
Target C1>=	59.34%	59.34%	59.34%	59.34%	60.10%
Target C2>=	67.58%	67.58%	67.58%	67.58%	69.00%

### FFY 2021 SPP/APR Data

Number of infants and toddlers with IFSPs assessed	799
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### Outcome A: Positive social-emotional skills (including social relationships)

Outcome A Progress Category	Number of children	Percentage of Total
a. Infants and toddlers who did not improve functioning	0	0%
b. Infants and toddlers who improved functioning but not sufficient to move nearer to functioning comparable to same-aged peers	218	27.28%
c. Infants and toddlers who improved functioning to a level nearer to same-aged peers but did not reach it	55	6.88%
d. Infants and toddlers who improved functioning to reach a level comparable to same-aged peers	111	13.89%

Outcome A Progress Category	Number of children	Percentage of Total
e. Infants and toddlers who maintained functioning at a level comparable to same-aged peers	388	48.56%

Outcome A	Numerator	Denominator	FFY 2020 Data	FFY 2021 Target	FFY 2021 Data	Status	Slippage
A1. Of those children who entered or exited the program below age expectations in Outcome A, the percent who substantially increased their rate of growth by the time they turned 3 years of age or exited the program	166	384	47.45%	47.45%	43.23%	Target Not Met	Slippage
A2. The percent of infants and toddlers who were functioning within age expectations in Outcome A by the time they turned 3 years of age or exited the program	499	772	65.03%	65.03%	64.64%	Target Not Met	No Slippage

Provide reasons for A1 slippage, if applicable

The children that exited in FFY 2021 may have been negatively impacted by the COVID-19 pandemic and the stress it put on families such as being socially isolated, economic stressors, etc. The children likely entered the system prior to the COVID-19 pandemic and then exited after which may account for the slippage in positive social emotional skills.

Provide reasons for A2 slippage, if applicable

The slippage is not significant based on the meaningful difference calculator and according to OSEP's definition of slippage in the IDEA SPP/ARP User Guide, the 0.4% decrease is not considered slippage since it is under 1%.

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

Outcome B Progress Category	Number of Children	Percentage of Total
a. Infants and toddlers who did not improve functioning	0	0%
b. Infants and toddlers who improved functioning but not sufficient to move nearer to functioning comparable to same-aged peers	294	36.80%
c. Infants and toddlers who improved functioning to a level nearer to same-aged peers but did not reach it	155	19.40%
d. Infants and toddlers who improved functioning to reach a level comparable to same-aged peers	213	26.66%
e. Infants and toddlers who maintained functioning at a level comparable to same-aged peers	110	13.77%

Outcome B	Numerator	Denominator	FFY 2020 Data	FFY 2021 Target	FFY 2021 Data	Status	Slippage
B1. Of those children who entered or exited the program below age expectations in Outcome B, the percent who substantially increased their rate of growth by the time they turned 3 years of age or exited the program	368	662	57.41%	57.41%	55.59%	Target Met	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	323	772	42.72%	42.72%	41.84%	Target Met	No Slippage

Provide reasons for B1 slippage, if applicable

The children that exited in FFY 2021 may have been negatively impacted by the COVID-19 pandemic and the stress it put on families such as being socially isolated, economic stressors, supporting school aged children who were doing remote learning, etc. The children likely entered the system prior to the COVID-19 pandemic and then exited after which may account for the slippage in acquisition and use of knowledge and skills (including early language/communication).

Provide reasons for B2 slippage, if applicable

The slippage is not significant based on the meaningful difference calculator and according to OSEP's definition of slippage in the IDEA SPP/ARP User Guide, the 0.9% decrease is not considered slippage since it is under 1%.



**Outcome C: Use of appropriate behaviors to meet their needs**

Outcome C Progress Category	Number of Children	Percentage of Total
a. Infants and toddlers who did not improve functioning	0	0%
b. Infants and toddlers who improved functioning but not sufficient to move nearer to functioning comparable to same-aged peers	179	22.40%
c. Infants and toddlers who improved functioning to a level nearer to same-aged peers but did not reach it	55	6.88%
d. Infants and toddlers who improved functioning to reach a level comparable to same-aged peers	182	22.78%
e. Infants and toddlers who maintained functioning at a level comparable to same-aged peers	356	44.56%

Outcome C	Numerator	Denominator	FFY 2020 Data	FFY 2021 Target	FFY 2021 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	237	416	59.34%	59.34%	56.97%	Target Not Met	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	538	772	67.58%	67.58%	69.69%	Target Met	No Slippage

Provide reasons for C1 slippage, if applicable

The children that exited in FFY 2021 may have been negatively impacted by the COVID-19 pandemic and the stress it put on families such as being socially isolated, economic stressors, etc. The children likely entered the system prior to the COVID-19 pandemic and then exited after which may account for the slippage in using appropriate behaviors to meet their needs.

Provide reasons for C2 slippage, if applicable

NA

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

Question	Number
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.	<b>1453</b>
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.	<b>627</b>

Sampling Question	Yes/No
Was sampling used?	NO
If yes, has your previously approved sampling plan changed?	NA

Did you use the Early Childhood Outcomes Center (ECO) Child Outcomes Summary (COS) process?	Yes
Provide the criteria for defining "comparable to same-aged peers."	
According to the Early Childhood Technical Assistance Center (ECTA) and The Center for IDEA Early Childhood Data Systems (DaSy), the definition for age anchoring is the process of examining a child's functional abilities skills and behaviors and determining how close that functioning is to the functioning expected for the child's chronological age.	

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 (Batelle Developmental Inventory or Developmental Assessment of Young Children) and/or assessment(s)
2. Professional opinion
3. Parent input
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 been answered as "No" 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).

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).**

Missing Data:

After subtracting the number of children that received services less than six months (627) from the total number of children that exited (1453), the number of children that should have been assessed is 826. However, the actual number of children assessed was 799. Upon review of the data, 27 records did not have complete ratings to calculate the COS ratings.

The new EIS database that was expected to launch by the end of FFY 2021 has a revised projected launch timeframe of June 30, 2023. The new database 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.

**Prior FFY Required Actions**

If the State chooses to reset its baseline data using FFY 2020 data for sub-indicator B1, the State must ensure the data in the Historical Data table is consistent with the data reported in the FFY 2020 Data table.

The State did not provide targets, as required by the measurement table for sub-indicator B1. The State must [provide the required targets for FFY 2020 through FFY 2025 in the FFY 2021 SPP/APR.

**Response to actions required in FFY 2020 SPP/APR**

The State reset its baseline data using FFY 2020 data for sub-indicator B1 and set targets for FFY 2020 - FFY 2025 in the FFY 2020 report; however, there was a typo and the baseline data in the Historical Data table in the FFY 2020 SPP/APR indicated 52.41% instead of 57.41%. The FFY 2020 Target table also had a typo that indicated the FFY 2020 - FFY 2024 targets were 52.41% when it should have been 57.41% which is the actual data for FFY 2020. Stakeholders agreed to use FFY 2020 actual data as the targets for FFY 2020 – FFY 2024 with a 0.79% increase from FFY 2020 actual data for the FFY 2025 target which would be 58.20% instead of 57.20% that was reported in FFY 2020 SPP/APR.

The State has corrected the typos for the baseline data in the Historical Data table above and the typos in the Targe table above for FFY 2020 - 2025 target. The target for FFY 2020 in the Historical Data table cannot be changed and the State has submitted a request to EdFacts.

## 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 and the number of respondent families participating in Part C. The survey response rate is auto calculated using the submitted data.

States will be required to compare the current year's response rate to the previous year(s) response rate(s), and describe strategies that will be implemented which are expected to increase the response rate year over year, particularly for those groups that are underrepresented.

The State must also analyze the response rate to identify potential nonresponse bias and take steps to reduce any identified bias and promote response from a broad cross section of families that received Part C services.

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

States must describe the metric used to determine representativeness (e.g., +/- 3% discrepancy in the proportion of responders compared to target group).

If the analysis shows that the demographics of the infants or toddlers for whom families responded are not representative of the demographics of infants and toddlers receiving services 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.

**Beginning with the FFY 2022 SPP/APR, due February 1, 2024**, when reporting the extent to which the demographics of the infants or toddlers for whom families responded are representative of the demographics of infants and toddlers enrolled in the Part C program, States must include race/ethnicity in its analysis. In addition, the State's analysis must also include at least one of the following demographics: socioeconomic status, parents or guardians whose primary language is other than English and who have limited English proficiency, maternal education, geographic location, and/or another demographic category approved through the stakeholder input process.

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

### Indicator Data

#### Historical Data

Measure	Baseline	FFY	2016	2017	2018	2019	2020
A	2018	Target>=	92.00%	92.00%	92.00%	89.00%	88.08%
A	88.08%	Data	87.38%	91.13%	88.08%	86.66%	83.30%
B	2018	Target>=	94.00%	94.00%	94.00%	89.00%	89.00%
B	87.05%	Data	87.19%	92.61%	87.05%	86.92%	88.01%
C	2018	Target>=	94.00%	94.00%	94.00%	85.00%	85.00%
C	83.54%	Data	82.38%	87.50%	83.54%	84.53%	85.08%

#### Targets

FFY	2021	2022	2023	2024	2025
Target A>=	88.08%	88.08%	88.08%	89.00%	90.00%

FFY	2021	2022	2023	2024	2025
Target B>=	89.00%	89.00%	89.00%	89.50%	90.00%
Target C>=	85.00%	85.00%	85.00%	86.50%	88.00%

**Targets: Description of Stakeholder Input**

Refer to Broad Stakeholder Input section in the Introduction.

**FFY 2021 SPP/APR Data**

The number of families to whom surveys were distributed	1441
Number of respondent families participating in Part C	688
Survey Response Rate	47.74%
A1. Number of respondent families participating in Part C who report that early intervention services have helped the family know their rights	593
A2. Number of responses to the question of whether early intervention services have helped the family know their rights	688
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	605
B2. Number of responses to the question of whether early intervention services have helped the family effectively communicate their children's needs	688
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	576
C2. Number of responses to the question of whether early intervention services have helped the family help their children develop and learn	684

Measure	FFY 2020 Data	FFY 2021 Target	FFY 2021 Data	Status	Slippage
A. Percent of families participating in Part C who report that early intervention services have helped the family know their rights	83.30%	88.08%	86.19%	Target Not Met	No 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	88.01%	89.00%	87.94%	Target Not Met	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.	85.08%	85.00%	84.21%	Target Not Met	No Slippage

Provide reasons for part A slippage, if applicable.

NA

Provide reasons for part B slippage, if applicable.

The slippage is not significant based on the meaningful difference calculator and according to OSEP's definition of slippage in the IDEA SPP/ARP User Guide, the 0.3% decrease is not considered slippage since it is under 1%.

Provide reasons for Part C slippage, if applicable.

The slippage is not significant based on the meaningful difference calculator and according to OSEP's definition of slippage in the IDEA SPP/ARP User Guide, the 0.7% decrease is not considered slippage since it is under 1%.

Sampling Question	Yes/No
Was sampling used?	NO
If yes, has your previously approved sampling plan changed?	NA

Question	Yes/No
Was a collection tool used?	YES
If yes, is it a new or revised collection tool?	NO

Question	Yes/No
The demographics of the infants or toddlers for whom families responded are representative of the demographics of infants and toddlers enrolled in the Part C program. (yes/no)	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 2022, 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. The LA is in the process of establishing a contract for FFY 2023 to provide the survey to families that exit during the respective year prior to the specified survey period.	

**Survey Response Rate**

FFY	2020	2021
Survey Response Rate	34.79%	47.74%

Describe strategies that will be implemented which are expected to increase the response rate year over year, particularly for those groups that are underrepresented.

For FFY 2022, the Part C LA will: 1) continue with the tracking system to ensure program staff contact all families to encourage the submission of surveys in hopes to increase the overall return rate, demonstrate representativeness and to reduce nonresponse bias. The tracking system will be revised to use the list of children from the database that includes the child's ethnicity/race reported and will be closely monitored by the LA to ensure it is completed; 2) A Family Outcomes workgroup has been established and will develop an action plan based on stakeholder input to analyze disaggregated data and gather ideas/strategies to increase the overall return rate and representativeness, including exploring other mechanisms to identify who is responding to surveys to determine nonresponse bias; and 3) EIS has modified an open position to focus on diversity, equity, and inclusion (DEI), including family engagement. The DEI-Family Engagement Specialist will collaborate with the Parent Training Institute and other parent organizations to increase awareness of the importance of the family survey.

For FFY 2023, in addition to the above, 1) The LA secured a contract to include collecting family survey data from families that exit during the respective year prior to the specified annual family survey period in hopes of increasing opportunities for all families to provide input; and 3) The DEI-Family Engagement Specialist will collaborate with the Parent Training Institute and other parent organizations to facilitate parent focus groups to get parent feedback on what motivates/deters them from completing surveys and will analyze data to make any applicable modifications to the survey or process.

Describe the analysis of the response rate including any nonresponse bias that was identified, and the steps taken to reduce any identified bias and promote response from a broad cross section of families that received Part C services.

Surveys were distributed to all families with an active IFSP during the time of the survey collection period (May – June 2022). Surveys are anonymous which makes it challenging to follow up with under-represented groups; therefore, the Programs are to follow up with all families reminding them to complete the survey.

To reduce nonresponsive bias, the LA implemented the following strategies: 1) During COVID-19 the LA shifted to have survey available on-line with the option to complete a paper survey. For FFY 2021, 93% of completed surveys were done online, which was the same as last year; 2) Surveys were translated into 10 foreign languages, in addition to English, and all surveys were available both electronically and on paper in hopes to increase return rates and reduce nonresponse bias. However, only 24 (10 online and 14 paper) foreign language surveys were completed.

The statewide response rate for this year's family outcomes survey is 47.7%. A total of 1442 surveys were distributed—94 paper surveys and 1,348 electronic links. While there was an increase in the response rate, it is still below 50% which may result in a nonresponse bias, despite the strategies implemented. Furthermore, the response rate for the following races were not representative of the population served: African American/Black (1% difference underrepresented) which may be an indication of nonresponse bias, More than One race (7% difference overrepresented) and Hispanic (7% difference over representative).

Of the responses received for families who identified as African American/Black it was a 100% agreement across all three survey questions. Therefore, if more families who identify as African American/Black responded to the survey, the overall state percentages may have increased.

Of the responses received for families identify as Hispanic, "Knowing Your Rights" was at 88.1% (State = 86.4%); "Communicating Your Child's Needs" was at 89.06% (State = 88.1%); and "Helping Your Child Develop and Learn" was at 87.3% (State = 84.3%). Therefore, if families who identified as Hispanic were not overrepresented, the overall state percentages may have decreased.

Of the responses received for families identify as "More Than One Race," "Knowing Your Rights" was at 85.1% (State = 86.4%); "Communicating Your Child's Needs" was at 87.7% (State = 88.1%); and "Helping Your Child Develop and Learn" was at 84.3% (State = 84.3%). Therefore, if families who identified as "More Than One Race" were not overrepresented, the overall state percentages may have increased.

Refer to the section above for additional strategies the State will implement to address nonresponse bias.

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

Comparison by Race and Ethnicity

When examining return rates and representativeness, the Early Childhood Technical Assistance (ECTA) Center's Response Rate and Representativeness Calculator was used when comparing Family Survey return rates and Child Count 618 data by ethnicity. The response rate was representative for the following races: American Indian/Alaska Native, Asian, Native Hawaiian/Pacific Islander, and White. The response rate for the

following races were not representative of the population served: African American/Black (1% difference underrepresented), More than One race (7% difference overrepresented), and Hispanic (7% difference over representative).

Comparison by Age and Length of Time in EI

When examining return rates, representativeness, and comparing Family Survey return rates and Child Count 618 data by the age of the child and comparing it to last year's data, there was no discernible difference to note. The 2-3-year age category, which is the largest age population served, 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.

Describe the metric used to determine representativeness (e.g., +/- 3% discrepancy, age of the infant or toddler, and geographic location in the proportion of responders compared to target group).

The metric varied due to using a statistical formula (i.e., proportional testing) to determine if two percentages are considered different from each other. The ECTA Response Rate and Representativeness calculator, which applies proportional testing, was utilized to determine if the surveys received were representative of the target population (i.e., Child Count).

Provide additional information about this indicator (optional).

NA

**Prior FFY Required Actions**

In the FFY 2021 SPP/APR, the State must report whether its FFY 2021 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 2020 SPP/APR**

Refer to "Question" table above that indicates the State's data is not representative and steps that will be taken to ensure representativeness in the future.

## 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.

(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 ED Facts 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. The data reported in this indicator should be consistent with the State's reported 618 data reported in Table 1. If not, explain why.

### Indicator Data

#### Historical Data

Baseline Year	Baseline Data
2018	0.85%

FFY	2016	2017	2018	2019	2020
Target >=	1.03%	1.03%	1.03%	0.97%	0.97%
Data	0.97%	0.97%	0.85%	1.00%	0.03%

#### Targets

FFY	2021	2022	2023	2024	2025
Target >=	0.97%	0.98%	0.99%	1.00%	1.10%

#### Targets: Description of Stakeholder Input

Refer to Broad Stakeholder Input section in the Introduction.

#### Prepopulated Data

Source	Date	Description	Data
SY 2021-22 EMAPS IDEA Part C Child Count and Settings Survey; Section A: Child Count and Settings by Age	07.06.2022	Number of infants and toddlers birth to 1 with IFSPs	147
Annual State Resident Population Estimates for 6 Race Groups (5 Race Alone Groups and Two or More Races) by Age, Sex, and Hispanic Origin: April 1, 2020 to July 1, 2021	07.06.2022	Population of infants and toddlers birth to 1	15,810

#### FFY 2021 SPP/APR Data

Number of infants and toddlers birth to 1 with IFSPs	Population of infants and toddlers birth to 1	FFY 2020 Data	FFY 2021 Target	FFY 2021 Data	Status	Slippage
147	15,810	0.03	0.97%	0.93%	Target Not Met	No Slippage

Provide reasons for slippage, if applicable

NA

Provide additional information about this indicator (optional).

NA



**Prior FFY Required Actions**

NA

**Response to actions required in FFY 2020 SPP/APR**

NA

## 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.

(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 ED*Facts* 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. The data reported in this indicator should be consistent with the State's reported 618 data reported in Table 1. If not, explain why.

### Indicator Data

#### Historical Data

Baseline Year	Baseline Data
2018	3.09%

FFY	2016	2017	2018	2019	2020
Target >=	2.82%	2.82%	3.63%	3.19%	3.19%
Data	3.08%	3.19%	3.09%	3.58%	0.82%

#### Targets

FFY	2021	2022	2023	2024	2025
Target >=	3.19%	3.22%	3.25%	3.30%	3.32%

#### Targets: Description of Stakeholder Input

Refer to Broad Stakeholder Input section in the Introduction.

#### Prepopulated Data

Source	Date	Description	Data
SY 2021-22 EMAPS IDEA Part C Child Count and Settings Survey; Section A: Child Count and Settings by Age	07.01.2022	Number of infants and toddlers birth to 3 with IFSPs	1475
Annual State Resident Population Estimates for 6 Race Groups (5 Race Alone Groups and Two or More Races) by Age, Sex, and Hispanic Origin: April 1, 2020 to July 1, 2021	07.01.2022	Population of infants and toddlers birth to 3	48,509

#### FFY 2021 SPP/APR Data

Number of infants and toddlers birth to 3 with IFSPs	Population of infants and toddlers birth to 3	FFY 2020 Data	FFY 2021 Target	FFY 2021 Data	Status	Slippage
1475	48,509	0.82%	3.19%	3.04%	Target Not Met	No Slippage

Provide reasons for slippage, if applicable

NA

Provide additional information about this indicator (optional).

NA

**Prior FFY Required Actions**

NA

**Response to actions required in FFY 2020 SPP/APR**

NA

## 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 2021 SPP/APR, the data for FFY 2020), and the State did not identify any findings of noncompliance, provide an explanation of why the State did not identify any findings of noncompliance.

### Indicator Data

**Historical Data**

Baseline Year	Baseline Data
2005	98.00%

FFY	2016	2017	2018	2019	2020
Target	100%	100%	100%	100%	100%
Data	91.98%	84.99%	82.70%	82.67%	88.51%

**Targets**

FFY	2021	2022	2023	2024	2025
Target	100%	100%	100%	100%	100%

**FFY 2021 SPP/APR Data**

Number of eligible infants and toddlers with IFSPs for whom an initial evaluation and assessment and an initial IFSP meeting was conducted within Part C's 45-day timeline	Number of eligible infants and toddlers evaluated and assessed for whom an initial IFSP meeting was required to be conducted	FFY 2020 Data	FFY 2021 Target	FFY 2021 Data	Status	Slippage
676 + 550 = 1226	1300	88.51%	100%	94.31%	Target Not Met	No Slippage

Provide reasons for slippage, if applicable

NA
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<b>Number of documented delays attributable to exceptional family circumstances</b> 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.	550
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Provide reasons for delay, if applicable.

<p>Exceptional Family Circumstances. Of the 1,300 eligible infants and toddlers, 550 (42%) 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 for family reasons were schedule conflict and family's request.</p> <p>Program Reasons for Delays. Of the 1,300 eligible infants and toddlers, 74 (6%) 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 vacancies and schedule full.</p>
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What is the source of the data provided for this indicator?

<b>State monitoring</b>	No
Describe the method used to select EIS programs for monitoring.	

<b>State database</b>	Yes
Provide the time period in which the data were collected (e.g., September through December, fourth quarter, selection from the full reporting period).	
Statewide data was collected for the time period of July 1, 2021 – March 31, 2022.	
Describe how the data accurately reflect data for infants and toddlers with IFSPs for the full reporting period.	
<p>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 July 1, 2021 – March 31, 2022. The timelines were from the date of referral to the initial IFSP meeting and were based on actual, not an average, number of days.</p> <p>The data collected in the first three quarters of the specified FFY accurately reflects data for infants and toddlers with IFSPs for the full reporting year. The Indicator 7 data for the first three quarters was compared to the data for the full reporting year using the online statistical calculator MedCALC (<a href="https://www.medcal.org/calc/comparison_of_proportions.php">https://www.medcal.org/calc/comparison_of_proportions.php</a> MedCALC software Ltd. Comparison of proportions calculator. Version 20.218, accessed on April 21, 2023) and no significant difference was found (P=0.5801).</p> <p>MedCALC uses the "N-1" Chi-squared test as recommended by Campbell (2007) and Richardson (2011). The confidence interval is calculated according to the recommended method given by Atman et al. (2000).</p> <p>Furthermore, using the first three quarters of the full reporting year, provides the State with the last quarter of the full reporting year to compile the data, share it with Programs to confirm their data is valid and reliable, and issue findings within the specified year.</p>	

Provide additional information about this indicator (optional).

NA
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**Correction of Findings of Noncompliance Identified in FFY 2020**

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	6	2	0

**FFY 2020 Findings of Noncompliance Verified as Corrected**

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

<p>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).</p> <p>In FFY 2020, eight programs were issued findings of noncompliance for not conducting initial evaluation and assessment and an initial IFSP meeting within Part C's 45-day timeline. To verify correction, each of the eight programs 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 amount of data each program was required to submit varied depending on their data percentage for indicator 7 as follows:</p> <ul style="list-style-type: none"> <li>• 95% - 100%: 1 month of data that shows 100% with a minimum of 2 records total.</li> <li>• 90% - 94%: 1 month of data that shows 100% with a minimum of 4 records total.</li> <li>• 80% - 89%: 2 months of data that show 100% with a minimum of 6 records total.</li> </ul>
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- 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 reviewed the data submitted and verified that all of the eight programs submitted the required evidence of correction documentation based on the percentage of noncompliance and were at 100%:

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

- One program submitted two consecutive months of data that showed 100% for a total of 59 records.
- Five programs submitted one month of data that showed 100% for a total of 20 (8, 2, 13, 8, and 12 respectively) records.

Two of the eight programs demonstrated subsequent correction as outlined above since the submittal of FFY 2021 APR:

- One program submitted three consecutive months of data that showed 100% for a total of 32 records.
- One program submitted two 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 each of the eight EI Programs with FFY 2020 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 243 infants and toddlers who did not have an initial evaluation/assessment and initial IFSP meeting within Part C's 45-day timeline. Of the 243 infants and toddlers, 178 (73%) infants and toddlers received an initial evaluation/assessment and had an initial IFSP meeting, although untimely, and 65 (27%) infants and toddlers left the jurisdiction of the program before an initial IFSP was completed.

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 2020 Findings of Noncompliance Not Yet Verified as Corrected

Actions taken if noncompliance not corrected

NA

#### Correction of Findings of Noncompliance Identified Prior to FFY 2020

Year Findings of Noncompliance were Identified	Findings of Noncompliance Not Yet Verified as Corrected as of FFY 2020 APR	Findings of Noncompliance Verified as Corrected	Findings Not Yet Verified as Corrected
FFY 2019	1	0	1

#### FFY 2019 Findings of Noncompliance Not Yet Verified as Corrected

Actions taken if noncompliance not corrected

The Agency was required to submit an Agency plan to address the long-standing noncompliance for the one remaining program (Kauai ES) and how the agency will support the program in demonstrating compliance. The respective Program Manager was also required to fill out a noncompliance worksheet for the respective indicator to identify strategies to address root causes. This program had a long-term vacancy of the Program Manager position which was filled less than a year ago.

#### Prior FFY Required Actions

Because the State reported less than 100% compliance for FFY 2020, the State must report on the status of correction of noncompliance identified in FFY 2020 for this indicator. When reporting on the correction of noncompliance, the State must report, in the FFY 2021 SPP/APR, that it has verified that each EIS program or provider with noncompliance identified in FFY 2020 for this indicator: (1) is correctly implementing the specific regulatory requirements (i.e., achieved 100% compliance) based on a review of updated data such as data subsequently collected through on-site monitoring or a State data system; and (2) has corrected each individual case of noncompliance, unless the child is no longer within the jurisdiction of the EIS program or provider, consistent with OSEP Memo 09-02. In the FFY 2021 SPP/APR, the State must describe the specific actions that were taken to verify the correction.

If the State did not identify any findings of noncompliance in FFY 2020, although its FFY 2020 data reflect less than 100% compliance, provide an explanation of why the State did not identify any findings of noncompliance in FFY 2020.

#### Response to actions required in FFY 2020 SPP/APR

Refer to "Correction of Findings of Noncompliance" section where the State addresses the correction of findings of noncompliance identified in FFY 2020.

There is one outstanding correction of findings of noncompliance for Indicator 7 in FFY 2019. See "FFY 2019 Findings of Noncompliance Not Yet Verified as Corrected" for actions taken to address the ongoing noncompliance.

## 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:

- 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;
- Notified (consistent with any opt-out policy adopted by the State) the State educational agency (SEA) and the local educational agency (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
- 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

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

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

#### Instructions

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

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

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

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

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

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

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

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

If the State reported less than 100% compliance for the previous reporting period (e.g., for the FFY 2021 SPP/APR, the data for FFY 2020), and the State did not identify any findings of noncompliance, provide an explanation of why the State did not identify any findings of noncompliance.

### Indicator Data

#### Historical Data

Baseline Year	Baseline Data
2005	86.00%

FFY	2016	2017	2018	2019	2020
Target	100%	100%	100%	100%	100%
Data	93.37%	94.09%	92.28%	92.22%	92.53%

**Targets**

FFY	2021	2022	2023	2024	2025
Target	100%	100%	100%	100%	100%

**FFY 2021 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

Number of children exiting Part C who have an IFSP with transition steps and services	Number of toddlers with disabilities exiting Part C	FFY 2020 Data	FFY 2021 Target	FFY 2021 Data	Status	Slippage
751 + 45 = 796	813	92.53%	100%	97.91%	Target Not Met	No Slippage

Provide reasons for slippage, if applicable

NA

<b>Number of documented delays attributable to exceptional family circumstances</b> 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.	45
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Provide reasons for delay, if applicable.

Exceptional Family Circumstances: Of 813 children exiting Part C, 45 (6%) 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. The predominate family reason was due to COVID-19. Initial IFSPs were late due to COVID-19 because Interim IFSPs were developed during the pandemic. In April 2021, the DAYC-2 was implemented to complete MDEs remotely for new referrals and children with Interim IFSPs based on partial MDEs. Children that exited in the first half of FFY 2021 would have had IFSPs with transition plans done during the COVID-19 pandemic.

Program Reasons for Delays: Of 813 children exiting Part C, 17 (2.1%) 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 predominate program reason that impacted timely and complete Transition Plan in their IFSP was no documentation of late reasons.

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

<b>State monitoring</b>	No
Describe the method used to select EIS programs for monitoring.	
NA	

<b>State database</b>	Yes
Provide the time period in which the data were collected (e.g., September through December, fourth quarter, selection from the full reporting period).	
Statewide data was collected for the time period of July 1, 2021 – March 31, 2022.	
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 Plan for all children who exited Part C in FFY 21 was collected from the EI database for the period July 1, 2021 – March 31, 2022.	
The data collected in the first three quarters of the specified FFY accurately reflects data for infants and toddlers with IFSPs for the full reporting year. The Indicator 8A data for the first three quarters was compared to the data for the full reporting year using the online statistical calculator MedCALC ( <a href="https://www.medcal.org/calc/comparison_of_proportions.php">https://www.medcal.org/calc/comparison_of_proportions.php</a> MedCalc software Ltd. Comparison of proportions calculator. Version 20.218, accessed on April 21, 2023) and no significant difference was found (P=1.0000).	
MedCALC uses the "N-1" Chi-squared test as recommended by Campbell (2007) and Richardson (2011). The confidence interval is calculated according to the recommended method given by Atman et al. (2000).	



Furthermore, using the first three quarters of the full reporting year, provides the State with the last quarter of the full reporting year to compile the data, share it with Programs to confirm their data is valid and reliable, and issue findings within the specified year.

Provide additional information about this indicator (optional).

Children referred and found eligible fewer than 90 days from their third birthday were not included in this calculation. Children that exited prior to the due date with a complete and timely transition plan were included in this calculation.

**Correction of Findings of Noncompliance Identified in FFY 2020**

Findings of Noncompliance Identified	Findings of Noncompliance Verified as Corrected Within One Year	Findings of Noncompliance Subsequently Corrected	Findings Not Yet Verified as Corrected
9	8	1	0

**FFY 2020 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).

For FFY 2020, nine programs were issued findings of noncompliance of developing 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. To verify correction, each of the nine programs 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 amount of data each program was required to submit varied depending on their data percentage for Indicator 8A 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 reviewed the updated data submitted and verified that all nine of the programs submitted required evidence of correction documentation based on the percentage of noncompliance and were at 100%:

Eight of the nine programs demonstrated correction as outlined above within one year of notification:

- Six programs submitted one month of data that showed 100% for a total of 54 (11, 5, 15, 6, 5, and 12) records.
- Two programs submitted two months of data that showed 100% for a total of 20 (13 and 7 respectively) records.

The one remaining program demonstrated subsequent correction as outlined above since the submittal of FFY 2020 APR:

- One program submitted one month of data that showed 100% for a total of 7 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 across the nine programs exited without a complete and timely transition plan because the child exited EI and were no longer under the jurisdiction of Part C.

**FFY 2020 Findings of Noncompliance Not Yet Verified as Corrected**

Actions taken if noncompliance not corrected

NA

**Correction of Findings of Noncompliance Identified Prior to FFY 2020 - NA**

**Prior FFY Required Actions**

Because the State reported less than 100% compliance for FFY 2020, the State must report on the status of correction of noncompliance identified in FFY 2020 for this indicator. In addition, the State must demonstrate, in the FFY 2021 SPP/APR, that the remaining one uncorrected finding of noncompliance identified in FFY 2019 was corrected. When reporting on the correction of noncompliance, the State must report, in the FFY 2021 SPP/APR, that it has verified that each EIS program or provider with noncompliance identified in FFY 2020 for this indicator: (1) is correctly implementing the specific regulatory requirements (i.e., achieved 100% compliance) based on a review of updated data such as data subsequently collected through on-site monitoring or a State data system; and (2) has corrected each individual case of noncompliance, unless the child is no longer within the jurisdiction of the EIS program or provider, consistent with OSEP Memo 09-02. In the FFY 2021 SPP/APR, the State must describe the specific actions that were taken to verify the correction.

If the State did not identify any findings of noncompliance in FFY 2020, although its FFY 2020 data reflect less than 100% compliance, provide an explanation of why the State did not identify any findings of noncompliance in FFY 2020.

**Required Actions in FFY 2020 SPP/APR**

Refer to "Correction of Findings of Noncompliance" section where the State addresses the correction of findings of noncompliance identified in FFY 2020.

## 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:

- 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;
- Notified (consistent with any opt-out policy adopted by the State) the State educational agency (SEA) and the local educational agency (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
- 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

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

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

#### Instructions

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

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

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

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

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

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

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

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

If the State reported less than 100% compliance for the previous reporting period (e.g., for the FFY 2021 SPP/APR, the data for FFY 2020), and the State did not identify any findings of noncompliance, provide an explanation of why the State did not identify any findings of noncompliance.

### Indicator Data

#### Historical Data

Baseline Year	Baseline Data
2005	94.00%

FFY	2016	2017	2018	2019	2020
Target	100%	100%	100%	100%	100%
Data	92.37%	89.03%	85.54%	90.47%	81.16%

**Targets**

FFY	2021	2022	2023	2024	2025
Target	100%	100%	100%	100%	100%

**FFY 2021 SPP/APR Data**

Data include notification to both the SEA and LEA

Yes

If no, please explain

NA

Number of toddlers with disabilities exiting Part C where notification to the SEA and LEA occurred at least 90 days prior to their third birthday for toddlers potentially eligible for Part B preschool services	Number of toddlers with disabilities exiting Part C who were potentially eligible for Part B	FFY 2020 Data	FFY 2021 Target	FFY 2021 Data	Status	Slippage
459	704 - 190 = 514	81.16%	100%	89.30%	Target Not Met	No Slippage

Provide reasons for slippage, if applicable

NA

<p><b>Number of parents who opted out</b>                  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.</p>	190
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Provide reasons for delay, if applicable.

One predominate reason for the delay was that providers forgot to send the Transition Notice by the due date.

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 2021 was collected from the EI database for the period July 1, 2021 – March 31, 2022. 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?

<b>State monitoring</b>	No
Describe the method used to select EIS programs for monitoring.	

<b>State database</b>	Yes
Provide the time period in which the data were collected (e.g., September through December, fourth quarter, selection from the full reporting period).	
Statewide data was collected for the time period of July 1, 2021 – March 31, 2022.	
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 Notice for all children who exited Part C in FFY 21 was collected from the EI database for the period July 1, 2021 – March 31, 2022.	

The data collected in the first three quarters of the specified FFY accurately reflects data for infants and toddlers with IFSPs for the full reporting year. The Indicator 8B data for the first three quarters was compared to the data for the full reporting year using the online statistical calculator MedCALC ([https://www.medcal.org/calc/comparison\\_of\\_proportions.php](https://www.medcal.org/calc/comparison_of_proportions.php) MedCALC software Ltd. Comparison of proportions calculator. Version 20.218, accessed on April 21, 2023) and no significant difference was found (P=0.8661).

MedCALC uses the "N-1" Chi-squared test as recommended by Campbell (2007) and Richardson (2011). The confidence interval is calculated according to the recommended method given by Atman et al. (2000).

Furthermore, using the first three quarters of the full reporting year, provides the State with the last quarter of the full reporting year to compile the data, share it with Programs to confirm their data is valid and reliable, and issue findings within the specified year.

Provide additional information about this indicator (optional).

NA

#### Correction of Findings of Noncompliance Identified in FFY 2020

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

#### FFY 2020 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).

For FFY 2020, seven programs were issued findings of noncompliance for not notifying (consistent with the opt-out policy) the State educational agency (SEA) and the child's home school where the toddler resides at least 90 days prior to the toddler's third birthday for toddlers potentially eligible for Part B preschool services. To verify correction, each of the seven programs 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 amount of data each program was required to submit varied depending on their data percentage for Indicator 8B 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 reviewed the submitted data and verified that six of the seven programs submitted required evidence of correction documentation based on the percentage of noncompliance and were at 100% compliance:

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

- Five programs submitted two months of data that showed 100% for a total of 34 (7, 6, 7, 7, and 7 respectively) records.
- One program submitted one month of data that showed 100% for a total of 6 records.

The one remaining program has not yet demonstrated correction as of the submittal of FFY 2021 APR.

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

The Part C LA verified that all seven EI programs with FFY 2020 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 130 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 76 of those children, although untimely and 54 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 2020 Findings of Noncompliance Not Yet Verified as Corrected

Actions taken if noncompliance not corrected

The Agency was required to submit an Agency plan to address the long-standing noncompliance for the one remaining program and how the agency will support the program in demonstrating compliance. The respective Program Manager was also required to fill out a noncompliance worksheet for

the respective indicator to identify strategies to address root causes. This program had a long-term vacancy of the Program Manager position that was filled less than a year ago.

#### **Correction of Findings of Noncompliance Identified Prior to FFY 2020 - NA**

##### **Prior FFY Required Actions**

Because the State reported less than 100% compliance for FFY 2020, the State must report on the status of correction of noncompliance identified in FFY 2020 for this indicator. When reporting on the correction of noncompliance, the State must report, in the FFY 2021 SPP/APR, that it has verified that each EIS program or provider with noncompliance identified in FFY 2020 for this indicator: (1) is correctly implementing the specific regulatory requirements (i.e., achieved 100% compliance) based on a review of updated data such as data subsequently collected through on-site monitoring or a State data system; and (2) has corrected each individual case of noncompliance, unless the child is no longer within the jurisdiction of the EIS program or provider, consistent with OSEP Memo 09-02. In the FFY 2021 SPP/APR, the State must describe the specific actions that were taken to verify the correction.

If the State did not identify any findings of noncompliance in FFY 2020, although its FFY 2020 data reflect less than 100% compliance, provide an explanation of why the State did not identify any findings of noncompliance in FFY 2020.

##### **Required Actions in FFY 2020 SPP/APR**

Refer to "Correction of Findings of Noncompliance" section where the State addresses the correction of findings of noncompliance identified in FFY 2020.

## Indicator 8C: Early Childhood Transition

### Instructions and Measurement

**Monitoring Priority:** Effective General Supervision Part C / Effective Transition

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

- 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;
- Notified (consistent with any opt-out policy adopted by the State) the State educational agency (SEA) and the local educational agency (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
- 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

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

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

#### Instructions

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

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

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

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

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

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

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

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

If the State reported less than 100% compliance for the previous reporting period (e.g., for the FFY 2021 SPP/APR, the data for FFY 2020), and the State did not identify any findings of noncompliance, provide an explanation of why the State did not identify any findings of noncompliance.

### Indicator Data

#### Historical Data

Baseline Year	Baseline Data
2005	94.00%

FFY	2016	2017	2018	2019	2020
Target	100%	100%	100%	100%	100%
Data	93.29%	95.49%	83.46%	87.57%	82.12%

**Targets**

FFY	2021	2022	2023	2024	2025
Target	100%	100%	100%	100%	100%

**FFY 2021 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
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If no, please explain

NA
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Number of toddlers with disabilities exiting Part C where the transition conference occurred at least 90 days, and at the discretion of all parties not more than nine months prior to the toddler's third birthday for toddlers potentially eligible for Part B	Number of toddlers with disabilities exiting Part C who were potentially eligible for Part B	FFY 2020 Data	FFY 2021 Target	FFY 2021 Data	Status	Slippage
244 + 20 = 264	708 - 393 = 315	82.12%	100%	83.81%	Target Not Met	No Slippage

Provide reasons for slippage, if applicable

NA
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<p><b>Number of toddlers for whom the parent did not provide approval for the transition conference</b> 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.</p>	393
<p><b>Number of documented delays attributable to exceptional family circumstances</b> 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.</p>	20

Provide reasons for delay, if applicable.

<p>Exceptional Family Circumstances. Of the 315 children exiting Part C, 20 (6%) did not have a timely Transition Conference due to exceptional family circumstances. They are included in both the numerator and denominator of indicator calculations. The predominate reason for exceptional family circumstances was that the family did not return calls in a timely manner.</p> <p>Program Reasons. Of the 315 children exiting Part C, 51 (16%) did not have a timely Transition Conference due to program reasons. The predominate program reason was due to no documentation.</p>
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What is the source of the data provided for this indicator?

<b>State monitoring</b>	No
Describe the method used to select EIS programs for monitoring.	

<b>State database</b>	Yes
Provide the time period in which the data were collected (e.g., September through December, fourth quarter, selection from the full reporting period).	
Statewide data was collected for the time period of July 1, 2021 – March 31, 2022.	
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 21 was collected from the EI database for the period July 1, 2021 – March 31, 2022.	
The data collected in the first three quarters of the specified FFY accurately reflects data for infants and toddlers with IFSPs for the full reporting year. The Indicator 8C data for the first three quarters was compared to the data for the full reporting year using the online statistical calculator MedCALC ( <a href="https://www.medcal.org/calc/comparison_of_proportions.php">https://www.medcal.org/calc/comparison_of_proportions.php</a> MedCALC software Ltd. Comparison of proportions calculator. Version 20.218, accessed on April 21, 2023) and no significant difference was found (P=0.0576).	



MedCALC uses the "N-1" Chi-squared test as recommended by Campbell (2007) and Richardson (2011). The confidence interval is calculated according to the recommended method given by Atman et al. (2000).

Furthermore, using the first three quarters of the full reporting year, provides the State with the last quarter of the full reporting year to compile the data, share it with Programs to confirm their data is valid and reliable, and issue findings within the specified year.

Provide additional information about this indicator (optional).

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.

**Correction of Findings of Noncompliance Identified in FFY 2020**

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	3	2	0

**FFY 2020 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 FFY 2020, five programs were issued findings of noncompliance for not conducting 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. To verify correction, each of the five programs 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 amount of data each program was required to submit varied depending on their data percentage for Indicator 8C 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 reviewed the data submitted and verified that the five programs submitted required evidence of correction documentation based on the percentage of noncompliance and were at 100%:

Three of the five programs demonstrated correction as outlined above within one year of notification:

- One program submitted one month of data that showed 100% for a total of 3 records.
- Two programs submitted two months of data that showed 100% for a total of 15 (6 and 9 respectively) records.

Two of the five remaining programs demonstrated subsequent correction as outlined above since the submittal of FFY 2020 APR:

- Two programs submitted 3 consecutive months of data that showed 100% for a total of 22 (11 each) records.

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

The Part C LA verified that each of the five EI programs with FFY 2020 findings of noncompliance for not conducting timely a Transition Conference, conducted a transition conference, although late, for all children with records found out of compliance unless the parent declined to have a Transition Conference, or the child was no longer residing within the jurisdiction of the EI Program.

Of the 76 families across the five programs that did not receive a timely Transition Conference, 56 declined the Transition Conference beyond the due date and are not included in the above count for declined Transition Conference (considered noncompliant) and included in the denominator for indicator calculations; 5 received a Transition Conference, although untimely and 15 children were no longer residing within the jurisdiction of the EI Program prior to having a Transition Conference.

**FFY 2020 Findings of Noncompliance Not Yet Verified as Corrected**

Actions taken if noncompliance not corrected

NA

**Correction of Findings of Noncompliance Identified Prior to FFY 2020**

Year Findings of Noncompliance were Identified	Findings of Noncompliance Not Yet Verified as Corrected as of FFY 2020 APR	Findings of Noncompliance Verified as Corrected	Findings Not Yet Verified as Corrected
2019	2	1	1

**FFY 2019 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).

To verify correction, each of the programs 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 amount of data each program was required to submit varied depending on their data percentage for Indicator 8C 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 reviewed the data submitted and verified that one of the two programs with ongoing noncompliance submitted required evidence of correction documentation based on the percentage of noncompliance and was at 100%:

One of the two programs with ongoing noncompliance demonstrated subsequent correction as outlined above since the submittal of FFY 2020 APR:

- One program submitted two months of data that showed 100% for a total of 6 records.

The one remaining program has not yet demonstrated correction as of the submittal of FFY 2021 APR.

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

The Part C LA verified that the one EI program with FFY 2019 findings of noncompliance for not conducting timely a Transition Conference, conducted a transition conference, although late, for all children with records found out of compliance unless the parent declined to have a Transition Conference, or the child was no longer residing within the jurisdiction of the EI Program.

Of the 5 families in the one program that did not receive a timely Transition Conference, three declined the Transition Conference beyond the due date and are not included in the FFY 2019 count for declined Transition Conference (considered noncompliant) and included in the denominator for indicator calculations; one received a Transition Conference, although untimely and one child was no longer residing within the jurisdiction of the EI Program prior to having a Transition Conference.

**FFY 2019 Findings of Noncompliance Not Yet Verified as Corrected**

Actions taken if noncompliance not corrected

The Agency was required to submit an Agency plan to address the long-standing noncompliance for the one remaining program and how the agency will support the program in demonstrating compliance. The respective Program Manager was also required to fill out a noncompliance worksheet for the respective indicator to identify strategies to address root causes. This program had a long-term vacancy of the Program Manager position which was filled less than a year ago.

**Prior FFY Required Actions**

Because the State reported less than 100% compliance for FFY 2020, the State must report on the status of correction of noncompliance identified in FFY 2020 for this indicator. In addition, the State must demonstrate, in the FFY 2021 SPP/APR, that the remaining one uncorrected finding of noncompliance identified in FFY 2019 was corrected. When reporting on the correction of noncompliance, the State must report, in the FFY 2021 SPP/APR, that it has verified that each EIS program or provider with noncompliance identified in FFY 2020 for this indicator: (1) is correctly implementing the specific regulatory requirements (i.e., achieved 100% compliance) based on a review of updated data such as data subsequently collected through on-site monitoring or a State data system; and (2) has corrected each individual case of noncompliance, unless the child is no longer within the jurisdiction of the EIS program or provider, consistent with OSEP Memo 09-02. In the FFY 2021 SPP/APR, the State must describe the specific actions that were taken to verify the correction.

If the State did not identify any findings of noncompliance in FFY 2020, although its FFY 2020 data reflect less than 100% compliance, provide an explanation of why the State did not identify any findings of noncompliance in FFY 2020.

**Required Actions in the FFY 2020 SPP/APR**

Refer to "Correction of Findings of Noncompliance" section where the State addresses the correction of findings of noncompliance identified in FFY 2020.

There is one outstanding correction of findings of noncompliance for Indicator 8C in FFY 2019. See "FFY 2019 Findings of Noncompliance Not Yet Verified as Corrected" for actions taken to address the ongoing noncompliance.

## 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 under section 615 of the IDEA 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.

### Indicator Data

**Not Applicable**

Select yes if this indicator is not applicable.	Yes
Provide an explanation of why it is not applicable below.	
Hawaii Part C LA did not have any resolution sessions during this reporting period.	

### Prior FFY Required Actions

None
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**OSEP Response**

OSEP notes that this indicator is not applicable.
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**Required Actions**

None
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## 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)) divided by 2.1] 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.

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.

The consensus among mediation practitioners is that 75-85% is a reasonable rate of mediations that result in agreements and is consistent with national mediation success rate data. 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.

### Indicator Data

Select yes to use target ranges [option 1 is without ranges for Targets table, option 2 is with ranges. Historical tables will display any previously reported target ranges in prior years for both options]	No
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. [selection of this option will make all of the numerator and denominator fields in the FFY 2021 SPP/APR table editable]	No
Provide an explanation below	
NA	

### Prepopulated Data

Source	Date	Description	Data
SY 2021-22 EMAPS IDEA Part C Dispute Resolution Survey; Section B: Mediation Requests	11.02.2022	2.1 Mediations held	0
SY 2021-22 EMAPS IDEA Part C Dispute Resolution Survey; Section B: Mediation Requests	11.02.2022	2.1.a.i Mediations agreements related to due process complaints	0
SY 2021-22 EMAPS IDEA Part C Dispute Resolution Survey; Section B: Mediation Requests	11.02.2022	2.1.b.i Mediations agreements not related to due process complaints	0

### Prior FFY Required Actions

None
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### OSEP Response

The State reported fewer than 10 mediations held in FFY 2020. The State is not required to provide targets until any fiscal year in which 10 or more mediations were held.
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### Required Actions

None
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## Indicator 11: State Systemic Improvement Plan

### Instructions and Measurement

**Monitoring Priority:** General Supervision

The State's SPP/APR includes a State Systemic Improvement Plan (SSIP) that meets the requirements set forth for this indicator.

#### Measurement

The State's SPP/APR includes an SSIP that is a comprehensive, ambitious, yet achievable multi-year plan for improving results for infants and toddlers with disabilities and their families. The SSIP includes each of the components described below.

#### Instructions

**Baseline Data:** The State must provide baseline data that must be expressed as a percentage and which is aligned with the State-identified Measurable Result(s) for Infants and Toddlers with Disabilities and their Families.

**Targets:** In its FFY 2021 SPP/APR, due February 1, 2023, the State must provide measurable and rigorous targets (expressed as percentages) for each of the five years from FFY 2021 through FFY 2025. The State's FFY 2025 target must demonstrate improvement over the State's baseline data.

**Updated Data:** In its FFYs 2021 through FFY 2025 SPPs/APRs, due February 1, 2023 through February 1, 2027, the State must provide updated data for that specific FFY (expressed as percentages) and that data must be aligned with the State-identified Measurable Result(s) for Infants and Toddlers with Disabilities and their Families. In its FFYs 2021 through FFY 2025 SPPs/APRs, the State must report on whether it met its target.

#### Overview of the Three Phases of the SSIP

It is of the utmost importance to improve results for infants and toddlers with disabilities and their families by improving early intervention services. Stakeholders, including parents of infants and toddlers with disabilities, early intervention service (EIS) programs and providers, the State Interagency Coordinating Council, and others, are critical participants in improving results for infants and toddlers with disabilities and their families and must be included in developing, implementing, evaluating, and revising the SSIP and included in establishing the State's targets under Indicator 11. The SSIP should include information about stakeholder involvement in all three phases.

##### Phase I: Analysis:

- Data Analysis;
- Analysis of State Infrastructure to Support Improvement and Build Capacity;
- State-identified Measurable Result(s) for Infants and Toddlers with Disabilities and their Families;
- Selection of Coherent Improvement Strategies; and
- Theory of Action.

**Phase II: Plan** (which, in addition to the Phase I content (including any updates) outlined above:

- Infrastructure Development;
- Support for EIS Program and/or EIS Provider Implementation of Evidence-Based Practices; and
- Evaluation.

**Phase III: Implementation and Evaluation** (which, in addition to the Phase I and Phase II content (including any updates) outlined above:

- Results of Ongoing Evaluation and Revisions to the SSIP.

#### Specific Content of Each Phase of the SSIP

Refer to FFY 2013-2015 Measurement Table for detailed requirements of Phase I and Phase II SSIP submissions.

Phase III should only include information from Phase I or Phase II if changes or revisions are being made by the State and/or if information previously required in Phase I or Phase II was not reported.

##### Phase III: Implementation and Evaluation

In Phase III, the State must, consistent with its evaluation plan described in Phase II, assess and report on its progress implementing the SSIP. This includes: (A) data and analysis on the extent to which the State has made progress toward and/or met the State-established short-term and long-term outcomes or objectives for implementation of the SSIP and its progress toward achieving the State-identified Measurable Result for Infants and Toddlers with Disabilities and Their Families (SiMR); (B) the rationale for any revisions that were made, or that the State intends to make, to the SSIP as the result of implementation, analysis, and evaluation; and (C) a description of the meaningful stakeholder engagement. If the State intends to continue implementing the SSIP without modifications, the State must describe how the data from the evaluation support this decision.

##### A. Data Analysis

As required in the Instructions for the Indicator/Measurement, in its FFYs 2021 through FFY 2025 SPP/APR, the State must report data for that specific FFY (expressed as actual numbers and percentages) that are aligned with the SiMR. The State must report on whether the State met its target. In addition, the State may report on any additional data (e.g., progress monitoring data) that were collected and analyzed that would suggest progress toward the SiMR. States using a subset of the population from the indicator (e.g., a sample, cohort model) should describe how data are collected and analyzed for the SiMR if that was not described in Phase I or Phase II of the SSIP.

##### B. Phase III Implementation, Analysis and Evaluation

The State must provide a narrative or graphic representation, e.g., a logic model, of the principal activities, measures and outcomes that were implemented since the State's last SSIP submission (i.e., February 1, 2022). The evaluation should align with the theory of action described in Phase I and the evaluation plan described in Phase II. The State must describe any changes to the activities, strategies, or timelines described in Phase II and include a rationale or justification for the changes. If the State intends to continue implementing the SSIP without modifications, the State must describe how the data from the evaluation support this decision.

The State must summarize the infrastructure improvement strategies that were implemented, and the short-term outcomes achieved, including the measures or rationale used by the State and stakeholders to assess and communicate achievement. Relate short-term outcomes to one or more areas of a systems framework (e.g., governance, data, finance, accountability/monitoring, quality standards, professional development and/or technical assistance) and explain how these strategies support system change and are necessary for: (a) achievement of the SiMR; (b) sustainability of systems improvement efforts; and/or (c) scale-up. The State must describe the next steps for each infrastructure improvement strategy and the anticipated outcomes to be attained during the next fiscal year (e.g., for the FFY 2021 APR, report on anticipated outcomes to be obtained during FFY 2022, i.e., July 1, 2022-June 30, 2023).

The State must summarize the specific evidence-based practices that were implemented and the strategies or activities that supported their selection and ensured their use with fidelity. Describe how the evidence-based practices, and activities or strategies that support their use, are intended to impact

the SiMR by changing program/district policies, procedures, and/or practices, teacher/provider practices (i.e., behaviors), parent/caregiver outcomes, and/or child outcomes. Describe any additional data (i.e., progress monitoring data) that was collected to support the on-going use of the evidence-based practices and inform decision-making for the next year of SSIP implementation.

**C. Stakeholder Engagement**

The State must describe the specific strategies implemented to engage stakeholders in key improvement efforts and how the State addressed concerns, if any, raised by stakeholders through its engagement activities.

**Additional Implementation Activities**

The State should identify any activities not already described that it intends to implement in the next fiscal year (e.g., for the FFY 2021 APR, report on activities it intends to implement in FFY 2022, i.e., July 1, 2022-June 30, 2023) including a timeline, anticipated data collection and measures, and expected outcomes that are related to the SiMR. The State should describe any newly identified barriers and include steps to address these barriers.

**Indicator Data**

**Section A: Data Analysis**

What is the State-identified Measurable Result (SiMR)?

Hawaii's SiMR for Demonstration Sites is Child Outcomes, Summary Statement 1: "Hawaii's eligible infants and toddlers with disabilities will make greater than expected growth in social-emotional skills (including social relationships) by the time they exit early intervention" was established in Phase 1 of the SSIP and has not changed.

Has the SiMR changed since the last SSIP submission? (yes/no)

No

Is the State using a subset of the population from the indicator (e.g., a sample, cohort model)? (yes/no)

Yes

Provide a description of the subset of the population from the indicator.

The State uses data from the four programs that have agreed to be a Demonstration Site for the SSIP.

Is the State's theory of action new or revised since the previous submission? (yes/no)

No

Please provide a description of the changes and updates to the theory of action.

NA

Please provide a link to the current theory of action.

<https://health.hawaii.gov/eis/files/2021/12/Theory-of-Action-Table-04.01.21.pdf>

**Progress toward the SiMR**

Please provide the data for the specific FFY listed below (expressed as actual number and percentages).

Select yes if the State uses two targets for measurement. (yes/no)

No

**Historical Data**

Baseline Year	Baseline Data
2020	45.95

**Targets**

FFY	2021	2022	2023	2024	2025
Target >=	45.95%	45.95%	47.25%	47.50%	48.00%

**FFY 2021 SPP/APR Data**

# of infants and toddlers reported in progress category (c) plus # of infants and toddlers reported in category (d) in Demonstration Sites	# 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) in Demonstration Sites	FFY 2020 Data	FFY 2021 Target	FFY 2021 Data	Status	Slippage
32	105	45.95%	45.95%	30.48%	Did not meet target	Slippage

Provide reasons for slippage, if applicable

The children that exited in FFY 2021 may have been negatively impacted by the COVID-19 pandemic and the stress it put on families such as being socially isolated, economic stressors, etc. The children likely entered the system prior to the COVID-19 pandemic and then exited after which may account for the slippage in positive social emotional skills.

Provide the data source for the FFY 2021 data.

Data is collected via the State database for the specified reporting period (7/1/21 – 3/31/22). The four Demonstration Sites enter EI Child Outcomes ratings into their respective databases on a monthly basis and submit their EI database to the Part C LA.

Please describe how data are collected and analyzed for the SiMR.

**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 (Batelle Developmental Inventory or Developmental Assessment of Young Children) and/or assessment(s)
2. Professional opinion
3. Parent input
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 been answered as "No" 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).



Optional: Has the State collected additional data (i.e., benchmark, CQI, survey) that demonstrates progress toward the SiMR? (yes/no)

Yes

Describe any additional data collected by the State to assess progress toward the SiMR.

The State added three additional COS questions to the Annual Family Outcome Survey to gather data on a family's understanding of the COS process. The three questions were as follows: 1) We understand the COS process related to positive social emotional skills, use of knowledge and skills, and appropriate action to meet their needs; 2) We participated in the COS ratings discussion for our child; and 3) The COS discussion helped us to identify and support the development of the IFSP outcomes for our child. The statewide data based on survey responses was 90.2%, 87.0% and 90.8% respectively.

Did the State identify any general data quality concerns, unrelated to COVID-19, that affected progress toward the SiMR during the reporting period? (yes/no)

Yes

Describe any data quality issues, unrelated to COVID-19, specific to the SiMR data and include actions taken to address data quality concerns.

Three of the four demonstration site programs had missing COS data for one child (three total) and one of the demonstration sites had no missing COS data. The children with missing COS data are not included in the numerator or the denominator. This is an improvement from last year which had 19 children with missing COS data. The Quality Assurance Specialists will continue to work with the programs to ensure COS ratings are completed for all children and entered into the database.

Did the State identify any data quality concerns directly related to the COVID-19 pandemic during the reporting period? (yes/no)

No

If data for this reporting period were impacted specifically by COVID-19, the State must include in the narrative for the indicator: (1) the impact on data completeness, validity and reliability for the indicator; (2) an explanation of how COVID-19 specifically impacted the State's ability to collect the data for the indicator; and (3) any steps the State took to mitigate the impact of COVID-19 on the data collection.

NA

## Section B: Implementation, Analysis and Evaluation

Please provide a link to the State's current evaluation plan.

The following provides a status report on the evaluation performance indicators:

### Professional Development and Technical Assistance:

1. Performance indicator: 100% of EI programs received training to support SE development.

Based on stakeholder input and data related to SE development (Indicator 3A, Summary Statement 1), it is evident that the State needs to explore different trainings to support SE development and have a mechanism in place to support implementation to determine changes in practice.

The State has been in discussion with the Association for Infant Mental Health Hawaii (AIMH-HI) to provide training to all providers on infant mental health competencies. The tentative plan is to offer trainings in March – September 2023 or as soon as the contract is executed.

2. Performance indicator of 100% of EI programs statewide receive the PSP and Coaching training.

While the PSP and Coaching training was provided to all staff, due to COVID-19 and to support the implementation of telepractice, the State provided focused training on the components of the PSP Approach to Teaming and Coaching in Natural Environments as well as technical assistance. The PSP Teaming approaching and coaching practices training/resources are embedded in the required EI Provider Orientation checklist.

3. Performance Indicator of 100% of EI programs identified in respective cohorts of scale up plan will be trained in the coaching fidelity process.

The state is exploring resources needed and reexamining procedures to develop a plan to begin to roll out the coaching fidelity process. Having providers at fidelity will enhance their teaming process with their peers and with families. Due to changes in leadership at the State and local programs and staff vacancies, the scale up of the coaching fidelity process has been postponed.

### Fiscal – Staffing:

1. Performance indicator of 100% of EI Programs will have all components of the teaming structure in place for implementation of the PSP Approach to Teaming.

The state recognizes that the infrastructure needs to be in place to maximize the effectiveness of the PSP Approach to Teaming. The workgroup drafted a Geographic Teams Guidance document to support the State and local programs in identifying geographic teams and appropriate staffing patterns needed. Document will be finalized after feedback from stakeholders.

2. Performance indicator of 100% of Demonstration Sites providers will have an assigned mentor within two weeks of completing the Coaching with Fidelity training.

Personnel resources are needed to have adequate amount of mentors to support providers in achieving coaching practices with fidelity. More mentors are needed to be able to scale up the coaching fidelity process with other EI programs. The State re-described a position to have a full-time mentor in preparation for the scale up of the coaching fidelity process; however, due to staff vacancies, the identified position had to provide direct services.

3. Performance indicator of 100% of all Programs received the Access to PBS Guidelines.

Programs have reported that it is challenging to access providers to support them with behavioral services. It is of utmost importance that the system has qualified and adequate numbers of providers to address behavioral needs.

All programs received the PBS Procedural Guidelines, forms, and resource documents to support access and implementation of PBS services. Procedural guidelines and access to Psychology services were also updated and distributed to all programs.

The State contracted with agencies to provide positive behavioral support (PBS) services to address behavioral needs. Due to the State's new procurement procedures and requirements, the execution of the contracts was delayed.

4. Performance indicator of 100% of all programs received the Recruitment and Retention Strategies handout.

One of the surveys conducted by the Hawaii Comprehensive System of Personnel Development (CSPD) Team was specific to recruitment and retention. The data from the survey is currently being analyzed. The SSIP workgroup will collaborate with the CSPD Recruitment and Retention workgroup to develop Recruitment and Retention Strategies handout.

#### Fiscal – Telepractice

1. Performance indicator of 100% of programs provide telepractice as an option for service delivery.

Telepractice is a service delivery method that provides another avenue to ensure eligible children and their families receive services. Telepractice was made available to all programs and for all families in the wake of COVID-19.

Families may opt to receive services in-person, via telepractice or a blended approach (both in-person and via telepractice). It is indicated on the IFSP.

2. Performance indicator of 100% of programs receive the Annual Telepractice Surveys and distribute it to providers and families.

The workgroup lead retired and due to other competing priorities, the annual telepractice survey was not distributed this year.

3. Performance indicator of 100% of identified applicable changes are addressed in the telepractice training modules, guidelines and/or resources.

The telepractice guidelines and trainings have been updated and have been distributed to all programs.

Refer to the complete evaluation plan for details at the following link: <https://health.hawaii.gov/eis/files/2023/01/SSIP-Evaluation-Plan-FFY-2021.pdf>.

The Part C LA has requested TA support from ECTA and DaSy to review and revise the evaluation plan.

Is the State's evaluation plan new or revised since the previous submission? (yes/no)

No

If yes, provide a description of the changes and updates to the evaluation plan.

NA

If yes, describe a rationale or justification for the changes to the SSIP evaluation plan.

NA

Provide a summary of each infrastructure improvement strategy implemented in the reporting period.

To address the broad improvement strategy to enhance the statewide system of professional development (PD) to ensure implementation of evidence-based practices (EBPs), the PD & TA implementation workgroup accomplished the following infrastructure steps during the reporting period: 1) continued to implement the system to provide TA to all programs that included observing Family Support Team (FST) meetings, debriefing with the Program Manager (PM) and updating the PM's action plan to support implementation of Procedural Guidelines; 2) ongoing implementation of the monthly Mentor Community of Practice meetings for mentor coaching support, workgroup project updates, inter-rater reliability activity, etc.; 3) participated in the national TA provided regarding Infant and Early Childhood Mental Health (IECMH) and Part C and will continue with the interagency team to enhance and implement the action plan; 4) partnering with the Association of Infant Mental Health in Hawaii to provide training to all EI providers on infant mental health competencies and Reflective Supervision for Program Managers and 5) in the process of updating State staff position descriptions to include the PSP teaming approach and coaching with fidelity.

To address the broad improvement strategy to increase the capacity of EI programs to provide services and supports to address SE development, the Fiscal Staffing workgroup accomplished the following infrastructure steps during the reporting period: 1) drafted a Geographic Teams Guidance document to assist programs in identify Geographic Teams that will provide the staffing infrastructure to implement the PSP team approach; 2)

drafted a Mentor Capacity Worksheet to determine how many providers a mentor can coach that can be used to justify having sufficient mentors to support the scale up and sustainability efforts of the evidence-based coaching practices with fidelity; 3) drafted Program Staffing Guidance document to assist programs in identifying the number of qualified staff needed to implement the PSP teaming approach; and 4) PBS guidelines, supporting forms and instructions were developed and distributed to support the implementation of PBS services to address children's social emotional development. The Fiscal Telepractice workgroup accomplished the following infrastructure steps during the reporting period: 1) Revised Telepractice Guidelines to ensure providers have clear procedures to follow regarding telepractice; 2) Revised Telepractice Family Handout to inform families about their option to receive services via telepractice and information about telepractice and troubleshooting; 3) Revised the Telepractice Training module based on feedback from stakeholders; and 4) identified and purchased telepractice equipment for EI programs to ensure the necessary equipment is available if a family opts to receive services via telepractice.

To address the broad improvement strategy to enhance the COS process to ensure data are accurate and reliable and ensure program effectiveness to support EBPs to improve children's SE development, the Monitoring & Accountability workgroup accomplished the following steps during the reporting period: 1) revised the COS Fidelity Tool to ensure it measures fidelity of the process and that it can be used to support individual training plans; 2) accepted to receive national TA regarding rolling out the COS-KC to providers that will inform the Program Managers and the State if providers understand the COS process which will also be used to support individual training plans; and 3) added three questions to the Annual Family Survey to assess a family's understanding of the COS process.

Describe the short-term or intermediate outcomes achieved for each infrastructure improvement strategy during the reporting period including the measures or rationale used by the State and stakeholders to assess and communicate achievement. Please relate short-term outcomes to one or more areas of a systems framework (e.g., governance, data, finance, accountability/monitoring, quality standards, professional development and/or technical assistance) and explain how these strategies support system change and are necessary for: (a) achievement of the SiMR; (b) sustainability of systems improvement efforts; and/or (c) scale-up.

No intermediate outcomes were met during the report period. The following short-term outcomes were met:

#### PD and TA

The short-term outcome that "EI providers will implement EBP (coaching practices in natural learning environments) in delivering EI services" was met in FFY 2020 and also again in FFY 2021. In FFY 2021, 91% of demonstration site staff achieved fidelity for implementing coaching practices. This outcome addresses accountability/monitoring, quality standards, professional development and/or technical assistance components of the system. Coaching practices will support parents/caregivers in meeting their child's needs, including social emotional development. Building parent/caregiver capacity supports progress on achieving the SiMR. EIS planned to scale up but due to staff shortages and key leadership changes at the state and program level, scale up efforts were postponed.

#### Fiscal Telepractice

The short-term outcome that "EI providers will use telepractice data for improving the use of telepractice in providing EI services" was met in FFY 2020 and FFY 2021. This outcome addresses governance, data, fiscal, professional development, and technical assistance components of the system. Due to COVID-19, services delivered via telepractice was scaled up statewide. An annual survey was developed and implemented to gather feedback from providers and families regarding using telepractice as a service delivery option. The Pacific Basin Telehealth Resource Center (PBTRC) assisted in the data analysis of the survey results. Based on the survey results, the TP workgroup revised the TP training module and the TP guidelines. A TP basic trouble shooting guide was also developed. The State has incorporated telepractice as a standard service delivery method whereby families can choose to have services delivered via in-person, telepractice, or blended (combination of in-person and telepractice). The program will check in with the family at least once a quarter with the family to assess if the service delivery method needs to change based on the child's progress or family preference.

#### Monitoring and Accountability

The short-term outcome that "EI providers and families will understand the COS process" was partially met. The performance indicator that "80% of families report that they understand the COS process" was met. This outcome addresses accountability/monitoring, quality standards, professional development and/or technical assistance. The State added three additional COS questions to the Annual Family Outcome Survey to gather data on a family's understanding of the COS process. The three questions were as follows: 1) We understand the COS process related to positive social emotional skills, use of knowledge and skills, and appropriate action to meet their needs; 2) We participated in the COS ratings discussion for our child; and 3) The COS discussion helped us to identify and support the development of the IFSP outcomes for our child. The statewide data based on survey responses was 90.2%, 87.0% and 90.8% respectively. Each program has the data from the Annual Family Survey that can be used for program improvement which will help achieve the SiMR.

Did the State implement any new (newly identified) infrastructure improvement strategies during the reporting period? (yes/no)

No

Describe each new (newly identified) infrastructure improvement strategy and the short-term or intermediate outcomes achieved.

NA

Provide a summary of the next steps for each infrastructure improvement strategy and the anticipated outcomes to be attained during the next reporting period.

The PD & TA workgroup will focus on the following infrastructure activities/steps: 1) establish a contract with the Association for Infant Mental Health of Hawaii to provide trainings on SE competencies for EI providers and reflective supervision and consultation for Program Managers/Supervisors; 2) continue to provide TA to programs through FST observation and debriefing meetings with program managers on staff implementation of evidence-based PSP approach to teaming and Coaching practices to support team conversations; 3) continue with clarification of Consultant Coaching Fidelity

to ensure that coaching fidelity practices are clearly described within our fidelity criteria based on feedback from coaching mentors; 4) Explore use of electronic coaching summary as a mechanism to roll up data; and 5) modify coaching maintenance process.

The Fiscal Staffing workgroup will focus on the following infrastructure activities/steps: 1) develop the system to determine staffing allotment for each geographic team to effectively implement the PSP Approach to Teaming; 2) identify appropriate number of mentors needed for the coaching fidelity process for scale up and maintenance purposes; 3) identify staffing structure needed for mentors; 4) explore national recommendations for recruitment and retention strategies; and 5) collaborate with the state initiative CSPD Recruitment and Retention workgroup on effective recruitment and retention strategies.

The Monitoring & Accountability workgroup will focus on the following infrastructure activities/steps: 1) Implement the COS Fidelity Tool to measure if providers are implementing the COS process with fidelity; 2) explore options to address inter-rater reliability when using the COS Fidelity Tool; 3) Continue working with national TA center on setting up the mechanism to implement the COS-KC that will be used with the COS Fidelity Tool to identify and support individual training plans related to providers understanding of the COS process and implementing it with fidelity; and 3) continue supporting the Programs in using COS data for program improvement.

List the selected evidence-based practices implemented in the reporting period:

Hawaii continues to implement the evidence-based coaching practices in natural learning environment fidelity process as well as the Division of Early Childhood (DEC) recommended practices (RPs) that are explained in more detail in the next section.

Provide a summary of each evidence-based practice.

As identified in Phase II of the SSIP, the State committed to implementing the PSP approach to teaming and the coaching model in natural learning environments. During FFY 2016, the State secured services from M'Lisa Shelden and Dathan Rush, nationally recognized trainers of the PSP Approach to Teaming and Coaching Model in Natural Learning Environments. The training incorporated natural environment practices, parent responsiveness and child learning, all of which are key to SE development.

The PSP approach to teaming builds in the EBP of building parent capacity (e.g., resource-based capacity-building practices, responsive caregiving practices) using coaching practices. The PSP approach to teaming and the coaching model in natural learning environments focuses on supporting and strengthening parents' and other caregivers' abilities in interacting with their child in ways that support their child's learning and development within daily routines and activities and obtaining desired supports and resources. Using this approach will naturally support the child's SE development.

Coaching is an adult learning strategy that allows a person to build upon their skills. This is in alignment with the mission and key principles of early intervention, which was developed by the national workgroup on Principals and Practices in Natural Environments, OSEP TA Community of Practice to support family members/caregivers in enhancing their child's learning and development through daily routines and activities. Coaching is also in alignment with the DEC RPs in Interaction(INT)1: Practitioners promote the child's SE development by observing, interpreting, and responding contingently to the range of the child's emotional expressions; INT2: Practitioners promote the child's SE development by encouraging the child to initiate or sustain positive interactions with other children and adults during routines and activities through modeling, teaching, feedback and /or other types of guided support; Teaming and Collaboration (TC) 1: Practitioners representing multiple disciplines and families work together as a team to plan and implement supports and services to meet the unique needs of each child and family; TC2: Practitioners and families work together as a team to systematically and regularly exchange expertise, knowledge, and information to build team capacity and jointly solve problems, plan, and implement interventions; and TC5: Practitioners and families may collaborate with each other to identify one practitioner from the team who serves as the primary liaison between the family and other team members based on child and family priorities and needs.

Provide a summary of how each evidence-based practices and activities or strategies that support its use, is intended to impact the SiMR by changing program/district policies, procedures, and/or practices, teacher/provider practices (e.g., behaviors), parent/caregiver outcomes, and/or child/outcomes.

The guidelines, forms, handouts, and training were developed to support the following components of the PSP approach to teaming: Family Support Team (FST) Meetings; PSP Selection; Joint Visit Planning; and Coaching Practices were revised based on feedback and were scaled up statewide to all EI providers. The process of coaching with fidelity was not scaled up statewide due to lack of resources; however, it continues in Demonstration Sites. These procedures, guidelines, forms, training, and practices align with the DEC RPs noted above.

The Quality Assurance Specialists provide TA support to programs statewide. They observe FST meetings for each assigned Program once a quarter and are piloting a FST Observation tool that includes the components of the PSP Approach to Teaming. They debrief with the Program Manager and add items, if needed, to a TA Action Plan. This supports professional development and provides technical assistance in improving the implementation of EBPs.

The FST meetings and Joint Visit Planning meetings are billable activities to support the infrastructure needed to implement the PSP approach to teaming. Having these components be billable activities validates the importance and allows providers to carve out time to focus on the implementation of these teaming practices.

A PD resource list is readily accessible for all EI providers through our Google Drive with numerous videos, articles, infographics, and websites to build and sustain providers knowledge and skills in implementing the PSP approach to teaming in natural learning environments and coaching practices, telepractice, child outcomes, and social emotional development to build the capacity of parent/caregivers to help their child learn and grow. Resources are gathered and reviewed by EI personnel from a variety of sources including: ECTA, Family Infant, Preschool Programs (FIPP), Virginia Early Intervention Professional Development (VEIPD), DEC Recommended Practices, various EI Communities of Practices, Military Families Learning Network (MFLN), NCPMI, Pyramids, Zero-to-Three, Center on the Social and Emotional Foundations for Early Learning (CSEFEL), etc. The PD resource list reinforces training provided and is continuously updated with new resources. The State is exploring how to track resources that Programs access, how they use it and how they determine if it has been helpful for providers.

Describe the data collected to monitor fidelity of implementation and to assess practice change.

The State uses Coaching Summary Logs, adapted from Sheldon & Rush, to evaluate progress on practice change regarding implementing coaching practices with fidelity. The provider completes the coaching log in preparation for their mentoring session with their assigned mentor to debrief about the coaching log and identify a plan of what to focus on for the next coaching opportunity that will be logged. The mentor completes the Coaching Log Summary Form after each session. When six (6) sessions are complete, the mentor determines fidelity status using the fidelity criteria established by Sheldon & Rush. The Mentor debriefs with the provider and determines next steps: 1) Practicing fidelity: move to quarterly maintenance schedule or 2) Fidelity in process: continue with coaching logs until practicing with fidelity.

As of June 2022, regarding coaching with fidelity in Demonstration Sites: 90.7% of providers are practicing fidelity (an increase from last year's 81.4%); 7% of providers are expanding fidelity; and 2.3% of providers are beginning fidelity. An additional 16 providers are "in process" and 12 providers resigned during this period. The data shows a 9% improvement since the last reporting period and this year the performance indicator of 75% was exceeded.

The COS monitoring plan is also used to evaluate progress on practice change regarding implementing the COS process with fidelity. At the recommendation of national TA, the COS fidelity tool was revised to be more comprehensive. Due to staff vacancies, the revised COS fidelity tool has not yet been implemented.

Describe any additional data (e.g., progress monitoring) that was collected that supports the decision to continue the ongoing use of each evidence-based practice.

All four Demonstration Sites progressed in the Family Outcomes Indicator 4B that refers to Early Intervention helped the family communicate their child's needs. Two of the four Demonstrations Sites also improved in the Family Outcomes Indicator 4C that refers to Early Intervention helped the family help their child learn and grow. These two indicators reinforce building the family's capacity to support their child via the coaching model in natural learning environments. It also reinforces the DEC RPs Teaming and Collaboration (TC) 1: Practitioners representing multiple disciplines and families work together as a team to plan and implement supports and services to meet the unique needs of each child and family; and TC 2: Practitioners and families work together as a team to systematically and regularly exchange expertise, knowledge, and information to build team capacity and jointly solve problems, plan, and implement interventions.

Provide a summary of the next steps for each evidence-based practices and the anticipated outcomes to be attained during the next reporting period.

The PD & TA workgroup will continue providing TA to all programs regarding implementation of the PSP approach to teaming and coaching model in natural learning environments and supporting the Demonstration Sites in working toward coaching with fidelity.

The Monitoring and Accountability workgroup will use the COS-KC and the COS fidelity tool to support providers in their understanding and implementation of the COS process with fidelity.

The State will work with national TA centers (ECTA and DaSy) to review and revise the evaluation plan to collect qualitative and quantitative data to determine the impact activities are having towards the SiMR.

Does the State intend to continue implementing the SSIP without modifications? (yes/no)

Yes

If no, describe any changes to the activities, strategies or timelines described in the previous submission and include a rationale or justification for the changes.

NA

If yes, describe how evaluation data support the decision to implement without any modifications to the SSIP.

The PD & TA workgroup reported progress on the coaching with fidelity process, therefore, the plan will continue as is with no modifications at this time. Additional activities/steps were included and reported in the last SSIP submission and work continues to address SE competencies and training related to the SE competencies.

The Monitoring & Accountability workgroup had previously developed a COS Fidelity tool to monitor implementation of the COS process. After data analysis and consultation with national TAs, the workgroup revised the COS Fidelity tool as the current tool may not be accurately capturing data to reflect fidelity. Unfortunately, due to staff vacancies, the revised tool was not yet implemented; therefore, this activity is now in process with a revised timeline of 06.30.2025.

## Section C: Stakeholder Engagement

### Description of Stakeholder Input

Refer to Broad Stakeholder Input section in the Introduction.

Describe the specific strategies implemented to engage stakeholders in key improvement efforts.

The State shares information about the SSIP's implementation and evaluation activities and provides opportunities for stakeholders to participate in the development, implementation and evaluation of the SSIP at the following stakeholder events:

1. **SSIP Leadership Team Meetings:** Generally, the Leadership Team meets every other month to discuss the SSIP Action Plan & Progress Report, including the Evaluation Plan and provides feedback to Implementation Workgroups as requested. The Implementation Workgroup Co-Leads provide updates at the Leadership Team meetings, including recommendations and/or discussion with TA providers. The Leadership Team makes decisions as needed so workgroups can proceed with implementing activities. Unfortunately, due to changes in Leadership at the State level and competing priorities, the SSIP Leadership Team did not meet on a regular basis.
2. **Demonstration Site Meetings:** As everything has rolled out statewide with the exception of the coaching with fidelity process, Demonstration Site Meetings have ended; however, meetings may be scheduled as needed and agenda items are determined at monthly Mentor Community of Practice meetings.
3. **Statewide Program Manager Meetings:** The State meets quarterly with EIS Program Managers to share EI updates, provide TA, and obtain input/feedback on items affecting the EI system. The SSIP is a standing agenda item; however, due to COVID-19, more frequent meetings were held and updates on the SSIP focused on SSIP activities that were scaled up statewide. The State has a process for Programs to ask questions or give feedback regarding implementation of procedures. The State responds in writing to questions/feedback and updates applicable procedures and guidelines as needed.
4. **Hawaii Early Intervention Coordinating Council (HEICC) Meetings:** The HEICC meets quarterly to discuss the EI system and how it can advocate and support EIS. The SSIP is a standing agenda item. The SSIP Coordinator provides an annual SSIP update presentation and the Part C Coordinator provides quarterly updates. The Part C Coordinator shares any questions and/or feedback from HEICC members with the SSIP Leadership Team. HEICC members are encouraged to participate in any of the implementation workgroups and the evaluation process.
5. **Annual Early Intervention Stakeholder Meeting (virtual this year):** Broad stakeholders come together annually to learn about the SSIP. The Implementation Workgroup Co-Leads provided updates and obtained input/feedback via Padlet on what has been and will be developed, implemented, and/or evaluated. Input provided to various activities were taken into consideration prior to Implementation Workgroups and/or SSIP Leadership making decisions. Targets are also discussed and revised if needed based on data review and stakeholder input. There were no changes made to targets for FFY 2021 – FFY 2025.
6. **Early Intervention SSIP Annual Briefs** are disseminated and posted on the EIS website.

Stakeholders are also encouraged to participate in any of the implementation workgroups. A family flier was created and disseminated to recruit family participation.

Were there any concerns expressed by stakeholders during engagement activities? (yes/no)

Yes

Describe how the State addressed the concerns expressed by stakeholders.

Staff vacancies make it challenging to respond to the expectations/demands of the job in addition to the changes related to procedural guidelines and other implementation guidelines.

The State shares a draft of new or revised guidelines to get feedback prior to distributing final documents and scheduled additional opportunities to walk through new or revised procedural guidelines to answer any questions. Programs can also ask for TA from their assigned QA.

**Additional Implementation Activities**

List any activities not already described that the State intends to implement in the next fiscal year that are related to the SiMR.

NA

Provide a timeline, anticipated data collection and measures, and expected outcomes for these activities that are related to the SiMR.

NA

Describe any newly identified barriers and include steps to address these barriers.

Vacancies at the State and local program levels in addition to competing priorities has been a challenge in implementing and evaluating the SSIP on a regular basis.

Provide additional information about this indicator (optional).

NA

**Prior FFY Required Actions**

None