State Systemic Improvement Plan (SSIP) Evaluation Plan

I. **State: Hawaii**

II. **Part B:** ☐ **Part C:** ☒

III. **State-Identified Measurable Result(s)**

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

IV. **Improvement Strategies (list all)**

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

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

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

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

V. 1. SSIP Improvement Strategy and Evaluation Details

    A. Improvement Strategy

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

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

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

    C. Improving Infrastructure and/or Practice

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

Governance	☒	Accountability	☒	Professional development	☒	Finance	☐
Data	☐	Quality standards	☒	Technical assistance	☒		

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

    D. Intended Outcomes

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

Evaluation of Improvement Strategy Implementation

Activity	How Will We Know the Activity Happened According to the Plan? (performance indicator)	Measurement/Data Collection Methods	Timeline (projected initiation and completion dates)	Status and Data	Evaluation Notes: Data Quality Issues and Actions, Performance Status Related to Performance Indicator (since the last report submission)
1-1. Update SE competencies to support PD for EI providers. (Infrastructure)	Output: 1. SE Competencies Performance Indicator: 1. 100% of Demonstration site received SE Competencies	• Distribute SE Competencies to EI providers. • Post the SE Competencies on EIS website.	Data Collection: Begin 07.01.20 End ~~06.30.23~~ 06.30. 25	Completed 03/01/17. The initial SE competencies were identified and incorporated into training. EIS has had conversations with The Pyramid Model Consortium and National Center on Pyramid Model Innovations (NCPMI) for Part C to discuss the model and how it can be incorporated into the existing system without overburdening providers. EIS has also had conversations with the Association for Infant Mental Health in Hawaii (AIMH-HI) regarding Reflective Supervision and the Infant Mental Health Consultancy Model. Due to changes in leadership, staff vacancies, and other competing priorities at the State and program levels, the timeline has been extended. FFY 2022 We did not make progress in identifying SE competencies this year. However, EIS has implemented Infant & Early Childhood Mental Health (IECMH) Foundations training series for all leadership and direct services staff statewide with AIMH-HI beginning in May 18, 2023 with the Leadership Cohort which includes EIS administrative staff and supervisors, program managers. Cohorts 2-5 which includes direct services staff began 6.1.23. THE IECMH consists of 10, 3-hour trainings held monthly focused on infant mental health competencies.	Data Quality Issues and Actions: No data at this time as this has not been initiated yet. Performance Status Related to Performance Indicator: NA Notes:
1-2. Identify or develop and implement training for providers that addresses the SE competencies.	Output: 1. Trained in SE training that addresses SE competencies selected by the Part C LA. Performance Indicator: 1. 100% of EI Programs received training to support SE development.	1. Training attendance logs of participants from EI program to be collected for verification.	Data Collection: Begin 01.01.22 End 06.30.25	EIS has had conversations with The Pyramid Model Consortium and National Center on Pyramid Model Innovations (NCPMI) for Part C to discuss the model and how it can be incorporated into the existing system without overburdening providers. EIS has also had conversations with the Association for Infant Mental Health in Hawaii (AIMH-HI) regarding Reflective Supervision and the Infant Mental Health Consultancy Model. Due to changes in leadership, staff vacancies, and other competing priorities at the State and program levels, the timeline has been extended. FFY 2022: May 2023: EIS has implemented Infant & Early Childhood Mental Health (IECMH) Foundations training series for all leadership and direct services staff statewide with AIMH-HI beginning in May 18, 2023 with the Leadership Cohort which includes EIS administrative staff and supervisors, program managers. THE IECMH training series consists of 10, 3-hour trainings held monthly. June 2023: Cohorts 2-5 which includes direct services staff began 6.1.23. THE IECMH training series consists of 10, 3-hour trainings held monthly. June 2023- Reflective Supervision & Consultation Training Series began. (see 2-4, Retention for details.)	Data Quality Issues and Actions: No data quality issues were encountered. Performance Status Related to Performance Indicator: 100% of providers registered and are currently receiving the training that started in May 2023. Notes:
1-3. Develop and implement training on EBPs (PSP approach to teaming and coaching in	Output: 1. Updated PSP and Coaching training modules based on feedback.	1. Training attendance log of participants from all the EI programs trained. 2. Training attendance log of participants from each Cohort (at least one Cohort per year).	Data Collection: Begin 07.01.16 End 06.30.2025	Previous Years: Shelden and Rush completed initial webinars on PSP Approach to Teaming and Coaching Model in Natural Learning Environments to all staff. Demo Sites and State identified staff received coaching to fidelity and mentoring training. Shelden and Rush webinars were incorporated into the EI Orientation Checklist for new staff.	Data Quality Issues and Actions: No data quality issues were encountered.

Activity	How Will We Know the Activity Happened According to the Plan? (performance indicator)	Measurement/Data Collection Methods	Timeline (projected initiation and completion dates)	Status and Data	Evaluation Notes: Data Quality Issues and Actions, Performance Status Related to Performance Indicator (since the last report submission)
natural learning environments) for scale up and sustainability. (Infrastructure and Practice)	2. Staff trained on implementing the PSP approach to teaming. Performance Indicator 1. 100% of EI Programs statewide receive the PSP and Coaching training. 2. 100% of EI programs identified in respective Cohorts of scale up plan to be trained in the coaching fidelity process.			EIS developed PSP Approach to Teaming and Coaching Model in Natural Learning Environments modules that was then incorporated into the EI Orientation. EIS developed the Coaching to Fidelity Process and Mentoring training modules for Demo Site and State identified staff. EIS modules were revised and updated based on feedback from Mentors and Demo Sites. A statewide refresher webinar on PSP Approach to Teaming and Coaching Model in Natural Learning Environments was presented to all staff in Sept. 2019. July 2020: 100% of EI programs statewide completed training on the PSP Approach to Teaming and Coaching Model in Natural Learning Environments highlighting the FST & JVP process. FFY 2021: Identified cohort 1 for scaling up coaching fidelity process; however, due to extreme staff shortages in the programs, this activity has been postponed. FFY 2022: EIS continued National TA support (SRI & DaSy) to develop an electronic coaching feedback workbook to collect coaching fidelity criteria data in a consistent and accurate manner. Electronic workbooks were developed to align with NLEP, RBP, and Mentor fidelity criteria and helped to inform and clarify fidelity measurements. Nov2022: Mentor CoP: action/practice criteria description updated due to challenges mentors were having in their current understanding of the description. Dec 2022: Mentor CoP: feedback from mentors that the current fidelity document (word version) was difficult to follow. Other states used a table format which mentors liked as it was visually easier to follow, and information was more organized. Mentors also requested examples be added each criteria where applicable so that mentors share foundational information more consistently. Decision made to transition fidelity criteria for NLEP, RBP, and Mentor to a table format. 2.1.23- Drafts of coaching fidelity criteria (table format) for NLEP & RBP provided to mentors for feedback. Mentors used the drafted fidelity criteria tables during NLEP & RBP inter-rater coaching log activities. Feedback from Mentor CoP inter-rater activity discussions were used to complete updates to the criteria tables. • RBP inter-rater discussions: 12.15.22 and 6.15.23 • NLEP inter-rater discussions: 8.18.22, 2.16.23, 10.19.23 April 2023- A data roll-up was initially drafted and tested as method to analyze data and provide coaching fidelity data points to inform our EIS system on the fidelity process to inform scale up and sustainability. May 2023- Draft of coaching fidelity criteria (table format) for Mentors provided to all mentors for feedback. FFY 2023: 7.1.23 – Coaching fidelity criteria tables revised and distributed for NLEP, RBP, and Mentors.	Performance Status Related to Performance Indicator: Performance Indicator 1: met; 100% of EI Programs statewide receive the PSP and Coaching training. Performance Indicator 2: not met; roll out for coaching fidelity process has not been initiated to date. Notes:

Activity	How Will We Know the Activity Happened According to the Plan? (performance indicator)	Measurement/Data Collection Methods	Timeline (projected initiation and completion dates)	Status and Data	Evaluation Notes: Data Quality Issues and Actions, Performance Status Related to Performance Indicator (since the last report submission)
				Sept-October 2023: 10.1.23: Coaching fidelity criteria for NLEP, RBP, and Mentors were updated with input from all mentors. 10.25.23: Coaching Fidelity Training Modules updated and implemented with new demo site providers. 10.31.23: New Mentor Training Modules updated and implemented with new state mentors. Nov 2023: Onboarding PPT is being drafted for mentors to use with all new providers prior to submitting their initial coaching log. This onboarding process is intended to be a way to review coaching log and mentor meeting expectations, review guidance documents and resources, and answer questions, and schedule the initial coaching log due date and 1st mentor session.	
1-4. Implement EBPs for PSP approach to teaming and coaching in natural learning environments.	Output: All programs statewide implement FST meetings on a weekly basis. Performance Indicator: 1. 100% of EI programs statewide to implement FST meetings on a weekly basis	1. Tracking sheet of Quarterly FST observation and debriefs for all programs.	Data Collection: Begin 01.01.21 End 06.30.2025	COMPLETED, ongoing Previous Years: FST guidelines and supporting documents were distributed to support implementation and updated based on feedback. Scaled up in July 2020. Ongoing quarterly TA provided to all programs, including observation of FST meetings. Focused training on PSP selection process completed based on observations and requests by providers. 100% of EI programs continue to implement weekly FST meetings. Staff are working on quality of FST meeting discussions. FFY 2021: QA Specialist continue to observation and debriefing FST meeting with 100% of EI programs statewide. Focused in-service on PSP selection has continued to occur as requested. Training completed with 1 program (9.2021). Training slides for PSP selection section of the EI Orientation was modified to include more clarification on PSP selection process based on the focused in-service PSP selection trainings. This was implemented in the Feb. 2022 training. FFY 2022: QA specialists continue observations and debriefing FST meetings with EI programs statewide. However due to 2 QA vacancies EIS was unable to consistently conduct these observations and debriefs. Focused in-services on PSP selection have continued to occur upon program manager request -1 program completed training in 7.14.22 (FFY 2022).	Data Quality Issues and Actions: No data quality issues were encountered. Performance Status Related to Performance Indicator: The performance indicator of 100% was met in FFY 2020. 100% of EI programs statewide to implement FST meetings on a weekly basis Notes:

Evaluation of Intended Outcomes

Type of Outcome	Outcome Description	Evaluation Questions	How Will We Know the Intended Outcome Was Achieved? (performance indicator)	Measurement/Data Collection Method/Measurement Intervals/Data Management	Timeline (projected initiation and completion dates)/Analysis Description	Status and Data	Evaluation Notes: Data Quality Issues and Actions, Performance Status Related to Performance Indicator (since the last report submission)
Short-term	EI providers will understand the SE competencies needed to support SE development of infants and toddlers. (Infrastructure)	Pending – will be meeting with national TA's to review entire evaluation plan and engage stakeholders in the process once SE competencies are identified and vendor selected.	Pending – will be meeting with national TA's to review entire evaluation plan and engage stakeholders in the process once SE competencies are identified and vendor selected.	Pending – will be meeting with national TA's to review entire evaluation plan and engage stakeholders in the process once SE competencies are identified and vendor selected.	Pending – will be meeting with national TA's to review entire evaluation plan and engage stakeholders in the process once SE competencies are identified and vendor selected.	July 2021- June 2022: Not addressed. The SE competencies have not yet been identified. When the SE competencies are identified, and the vendor is selected EIS will update the measurement and data collection process utilizing the vendor's tools/process. FFY 2022- 1.31.23- AIMHHI was selected as the vendor to conduct IECMH training series to address SE competencies. IECMH training series began in May 2023. EIS will work with AIMHHI to update SE measurements and data collection process.	Data Quality Issues and Actions: No data at this time as this has not been initiated yet. Performance Status Related to Performance Indicator: NA Notes:
Short Term	EI providers will implement EBPs in delivering EI services.	Are Demonstration Site Providers implementing EBP (Coaching within natural learning environments) with fidelity?	75% of Demonstration Site Providers are implementing EBP (Coaching within natural learning environments) with fidelity.	Measurement: 1. Coaching Log Summary Form Data Collection Method: 1. Shelden & Rush/Mentors will complete Coaching Log Summary Form. Measurement Intervals 1. Monthly, thereafter quarterly when practicing fidelity Data Management: a. By whom data will be entered 1. Mentors b. How data will be stored 1. Microsoft Word c. How data will be entered 1. Mentors d. When data will be entered 1. Monthly; thereafter, quarterly when practicing fidelity e. How data will be transmitted 1. E-mail	Data Collection: 1. Begin 4/1/17 End 6/30/2025 Analysis: 1: Shelden & Rush analyze coaching logs and determine fidelity	Completed, on-going Summary of Past Data for Practicing Fidelity: FFY 2017: 58% FFY 2018: 59% FFY 2019: 64% FFY 2020: 81% FFY 2021: 91% FFY 2022: 73%	Data Quality Issues and Actions: No data quality issues were encountered. Performance Status Related to Performance Indicator: The performance indicator of 75% was met in FFY 2020. 81.4% of Demonstration Site Providers are implementing EBP (Coaching within natural learning environments) with fidelity. Notes: FY 2022- Kailua ES pulled out of being a demo site on June 30, 2022. Therefore, coaching fidelity data was not included for FFY 2022 which dropped the total count.

Status and Data tables (within the second row, "Status and Data" column):

Fidelity	June 2021	June 2022
	n= 43	n= 43
Practicing	81.4% (35)	90.7% (39)
Expanding	11.6% (5)	7.0% (3)
Beginning	7.0% (3)	2.3% (1)
In process	46% (43)	37.2% (16)
Resigned	17	12

Fidelity	June 2023
	N=33
Practicing	73% (24)
Expanding	12% (4)
Beginning	15% (5)
In process	0% (none)
Resigned	No data

Type of Outcome	Outcome Description	Evaluation Questions	How Will We Know the Intended Outcome Was Achieved? (performance indicator)	Measurement/Data Collection Method/Measurement Intervals/Data Management	Timeline (projected initiation and completion dates)/Analysis Description	Status and Data	Evaluation Notes: Data Quality Issues and Actions, Performance Status Related to Performance Indicator (since the last report submission)
Intermediate	EI Providers will implement EBPs to support SE development with fidelity.	Pending – discussing various SE trainings (i.e., reflective supervision, Infant Mental Health Consultancy Model, Pyramid for Early Intervention) and will determine fidelity tools/process associated with the respective training.	Pending – will be meeting with national TA's to review entire evaluation plan and engage stakeholders in the process once SE competencies are identified and vendor selected.	Pending – will be meeting with national TA's to review entire evaluation plan and engage stakeholders in the process once SE competencies are identified and vendor selected.	Pending – will be meeting with national TA's to review entire evaluation plan and engage stakeholders in the process once SE competencies are identified and vendor selected.		Data Quality Issues and Actions: No data collected as the State is in the process of determining what SE training will be implemented. Performance Status Related to Performance Indicator: NA Notes:
Long-term	Infants and toddlers with disabilities in Demonstration sites will have substantially increased their rate of growth in social-emotional skills (including social relationships) by the time they exit EI (child)	Did children from Demonstration sites substantially increase their rate of growth by the time they exited EI for SE skills (including social relationships)?	Combined Demonstration Sites data meet Positive SE Summary Statement 1 Targets for: FFY 2020: 45.95% FFY 2021: 45.95% FFY 2022: 45.95% FFY 2023: 47.25% FFY 2024: 47.50% FFY 2025: 48.00%	• Data captured in HEIDS Child Outcomes Data: COS ratings at entry and exit. Analysis: Compile COS % ratings for social emotional skills (including social relationships) Summary Statement 1 for Demonstration Sites compared to the established target for Demonstration Sites.	Data Collection: 1. Begin 7/1/2016 End 6/30/2025 Analysis: 1. Complete analysis in July for the preceding federal fiscal year	Completed, on-going Data: See table below.	Data Quality Issues and Actions: No data quality issues were encountered. Performance Status Related to Performance Indicator: The target of 45.95% was not met in FFY 2021. The Demonstration Site total for Positive Social Emotional Skills Summary Statement 1 is: • 48.17% for FFY 2022 • 33.33% for FFY 2021 • 45.95% for FFY 2020 Notes:

Child Outcomes Positive Social Emotional Skills Summary Statement 1				
	FFY			
Program	2020 % Target: 45.95	2021 % Target: 45.95	2022 % Target: 45.95	2023 % Target: 47.25
Imua Maui	58.73	36.17	45.35	
Kailua Easter Seals	56.52	33.33	NA	
PCDC Waipahu	58.49	26.67	60.78	
Windward ECSP	16.67	50.00	33.33	
Demonstration Site TOTAL	**45.95**	**33.33**	**48.17**	

VI. 2. SSIP Improvement Strategy and Evaluation Details

    A. Improvement Strategy

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

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

    C. Improving Infrastructure and/or Practice

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

Governance	☒	Accountability	☐	Professional development	☒	Finance	☒
Data	☐	Quality standards	☒	Technical assistance	☒		

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

    D. Intended Outcomes

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

Evaluation of Improvement Strategy Implementation

Activity	How Will We Know the Activity Happened According to the Plan? (performance indicator)	Measurement/Data Collection Methods	Timeline (projected initiation and completion dates)	Status	Evaluation Notes: Data Quality Issues and Actions, Performance Status Related to Performance Indicator (since the last report submission)
2-1. Identify and implement the teaming structure necessary to implement the PSP approach to teaming. (Moved from PD & TA workgroup) (Infrastructure)	Output: Geographic team guidance and staffing Guidance will be created and disseminated. Performance Indicator: 100% of EI Programs will have all components of the teaming structure in place for implementation of the PSP Approach to Teaming.	1. Staff patterns – EI Program Staffing Reports Average enrollment per geo area Input from geo areas with multiple teams Caseload per staff Implementing a Primary-Coach Approach to Teaming (Shelden & Rush).	Data collection Begin 7/1/2020 End 6/30/2023 06.30.25 Analysis: Complete analysis in July for the preceding federal fiscal year	Previous Years: Initially started with Demonstration Sites using the Checklist for Implementing a Primary-Coach Approach to Teaming (Shelden & Rush). The criteria at that time was to have 8 out of the 9 components. The one component not included was the staffing requirement as staff positions are allocated and may be vacant. The performance indicator of 100% of all Demonstration Sites will have all eight components of the teaming structure in place for implementation of the PSP Approach to teaming was met. When the PSP approach to teaming was officially rolled out statewide in FFY 2020, this activity was moved to the Fiscal Staffing workgroup to address the infrastructure needs. In Process FFY 2020: Following the training in July 2020 with an implementation date of August 1, 2020, the five programs were identified to establish two geographic teams based on the number of children served and geographic area served (Shelden & Rush) by October 31, 2020. One of the programs met the October 2020 deadline and the remaining programs completed it by June 2021 with two of the programs still in process of transferring children. FFY 2021: July 31, 2021: Central Oahu and Sultan completed geo split for their program staff. November 2021: checklist distributed to programs. January 2022: Data submitted and compiled. April-June 2022: Data shared with workgroup members and used the discussion to drive the development of the geographic team needs. Compiled data was used to aid in the guidance of creating a draft of the Program Staffing Guidance document to help programs understand when to split into 2 teams or more. FFY 2022: NOTE: Components of the teaming structure in place. Staffing patterns may need to be adjusted based on guidelines and contract staffing patterns need to be aligned with the guidelines in the next contract cycle. 07.20.2022 EI Staffing Guidance Proposal created. 08.2022 Updated Geographic Team Guidance. 09.2022 Shared the EI Staffing Guidance and Geographic Teams Guidance with workgroup for feedback made revisions and re-shared with workgroup.	Data Quality Issues and Actions: No data quality issues were encountered. Performance Status Related to Performance Indicator: 100% of the EI Programs have the components of the teaming structure in place. Notes: The current staffing structure set up in the contracts pose challenges as the model requires full time providers and currently it's based on utilization hours. Furthermore, the staff vacancies compound the issue. In FFY 2022 there were inconsistent participation from workgroup members.

Activity	How Will We Know the Activity Happened According to the Plan? (performance indicator)	Measurement/Data Collection Methods	Timeline (projected initiation and completion dates)	Status	Evaluation Notes: Data Quality Issues and Actions, Performance Status Related to Performance Indicator (since the last report submission)
				02.2023 documents shared with core team and at program manager meeting for feedback.	
				5.4.23 revised Geo team guidance. PM Feedback with SSIP/EIS Response Document will be shared with Program Manager for the PM Meeting 06.14.2023	
				6.1.23 re-shared with workgroup EI Staffing Guidance and Geographic Teams Guidance revision with PM and Part C LA. Workgroup provided feedback for Part C LA consideration.	
				The Part C LA will continue to have discussions with the EI Programs to make applicable changes to the Request for Proposal process to address the staffing infrastructure.	
2-2. Identify and implement teaming structure necessary to implement the coaching model in natural learning environments.	Output: Demonstration Site Programs will have mentors to support the coaching with fidelity process in accordance with the established mentor coachee ratio. Mentor Capacity worksheet created and disseminated Performance Indicator: 100% of Demonstration Sites providers will have an assigned mentor within two weeks of completing the Coaching with Fidelity training.	1. Excel Spreadsheet of all demonstration site providers, including date training received, assigned mentor and fidelity status.	Data Collection: Begin: 7/1/2021 End: 6/30/2023 Analysis: Complete quarterly	Completed FFY 2020: Identified a dedicated mentor in February 2021 and began mentoring in June 2021. FFY 2021: The PD & TA workgroup is reviewing and revising the mentoring guidelines. Based on the revisions, data will be collected to determine the infrastructure needed. Dedicated mentor is practicing fidelity January 2022. Will collect data to determine mentor-coachee ratio. Working on Mentor Utilization Worksheet to determine possible caseload per mentor to support scale up efforts. When completed and analyzed guidelines will be created. FFY 2022 8.22.22 Updated Mentor capacity worksheet. Shared with workgroup for feedback made revisions and re-shared with workgroup 09.2022. 3.22.23 Shared with core team received feedback and revisions were made. 6.1.23 Program Manager meeting shared Mentor capacity worksheet. Received feedback. Responded to all feedback and shared feedback to workgroup and PM's 6.5.23- State CYPS IV position approved and open for recruitment. Primary responsibility for this position is to provide mentoring to providers and conduct coaching fidelity training. This position will also pilot the mentor capacity worksheet. 6.13.23 Shared to mentor CO-op group for feedback. FFY 2023 8.15.23 Mentor capacity worksheet revised based off of mentor co-op feedback. Sits with Core Team. Will be implemented when the Mentor position is staffed. Feedback from the mentor could lead to revisions as necessary.	Data Quality Issues and Actions: No data quality issues were encountered. Performance Status Related to Performance Indicator: The target of 100% was met in FFY 2020 - 2022. Notes: Inconsistent participation from workgroup members.
2-3. Develop a process for EI programs to access	Output: Access to Positive Behavioral Services (PBS) Guidelines.	1. All programs will have access to Positive Behavioral Services Guidelines.	Data Collection: 07/1/21-6/30/22	Completed FFY 2021:	Data Quality Issues and Actions: No data quality issues were encountered.

Activity	How Will We Know the Activity Happened According to the Plan? (performance indicator)	Measurement/Data Collection Methods	Timeline (projected initiation and completion dates)	Status	Evaluation Notes: Data Quality Issues and Actions, Performance Status Related to Performance Indicator (since the last report submission)
providers specializing in behavioral support.	Performance Indicator: 100% of all programs receive the Access to PBS Guidelines.		(RFP for adjunct providers to begin on 7/1/22) Analysis: 1. Review annually if revisions are needed and Programs have access.	PBS Services Guidelines were developed and distributed to all EI Programs and Fee-for-Service contract providers. It was also uploaded into the shared drive for easy access. In addition to PBS Service Guidelines, the following forms and instructions were also developed and distributed to support PBS services: Functional Behavioral Assessment Report, PBS Plan, PBS Plan Goal Attainment Scaling Instructions, and PBS Plan Report. FFY 2022 2.1.23 PBS Guidelines & Documents sent out. COMPLETED	Performance Status Related to Performance Indicator: The target of 100% was met in FFY 2021. Notes:

2-4. Identify and disseminate effective recruitment and retention strategies.	Output:
	
	Create Recruitment and retention strategies handout.
	
	Performance indicator:
	1. 100% of all programs received the Recruitment and Retention Strategies handout.
	2. Decrease in staff turnover/vacancies.
		1. All programs will have access to the Recruitment and Retention Strategies handout.
		2. Staffing Log
		3. ~~RSC training attendance record for EIS to verify participation?~~
		
		Data Collection Method:
		1. E-mail distribution list and access to the shared Google Drive.
		2. Excel spreadsheet of Staffing Log.
		
		Measurement Intervals
		1. Within two weeks of creating the document and when it is revised.
		2. Every six months.
		
		Data Management:
		a. By whom data will be entered
		   1. Program Managers
		b. How data will be stored
		   1. Microsoft Excel
		c. How data will be entered
		   1. Workgroup Leads will review and compile data to update the Microsoft Excel sheet
		d. When data will be entered
		   1. Annually, within two weeks of receiving Checklist from Programs
		e. How data will be transmitted
		   1. Program Managers will e-mail Checklist to the Workgroup Leads
			Data Collection:
			
			Begin 7/1/2022
			End ~~06/30/23~~
			06/30/25
				FFY 2022
				July-Sep 2022: Send out to programs Infographic from results of CSPD survey if workgroup approves. Awaiting leadership team approval to send out CSPD infographics to EI Programs.
				
				Begin to explore national recruiting survey results. If applicable to Hawaii will incorporate.
				
				1.31.23- AIMHHI identified as the vendor to provide a 12-month long Reflective Supervision and Consultation (RSC) training series to all EIS supervisors/program managers and administration (which includes SW team leaders, quality assurance staff and contract specialist). This training includes 3, 6 hour blocks of RSC training and twice a month small group implementation sessions. This training series is a retention strategy to provide a supervisors, program managers, and administration with an increase in staff retainment and increase the quality of early childhood services provided. Reflective Supervision training series aims to increase skills and experience necessary to provide high-quality Reflective Supervision to staff.
				
				June 2023- RSC training series began for all EIS supervisors, administrators, program managers.
				
				FFY 2023
				July 2023- RSC training began for all EIS administrators, supervisors, program managers.
				August 2023- Recruitment and retention issues and strategy list created in the workgroup
				
				October 2023: APR workgroup (Indicator 1 & 7) shared R&R strategies received from community partner meeting on 8.30.23. Strategies and considerations were around recruitment, competitive compensation, and retention. See email on 10.10.23 from sheri.
				
				October 2023- Recruitment flyer created which includes information and links to both state EI and POS program positions available.
				
				11.6.23 asked for recruitment and retention ideas and strategies at the partner sharing meeting.
				
				12.2023: Recruitment flyer shared with all EI Programs.
				
				Recruitment flyer distributed at four public job fair events between June – December 2023.
					Data Quality Issues and Actions:
					
					This section has stalled due to competing priorities and waiting for the analysis of the Recruitment and Retention Survey completed by the Comprehensive System of Personnel Development (CSPD) Team.
					
					Performance Status Related to Performance Indicator:
					
					NA
					
					Notes:
					• Co-leads will review past surveys and recruitment and retention plan to identify applicable items.
					
					• Workgroup will review findings from the CSPD Recruitment and Retention Workgroup.

Activity	How Will We Know the Activity Happened According to the Plan? (performance indicator)	Measurement/Data Collection Methods	Timeline (projected initiation and completion dates)	Status	Evaluation Notes: Data Quality Issues and Actions, Performance Status Related to Performance Indicator (since the last report submission)
2-5. Develop and implement telepractice capability and procedures (Infrastructure)	Output: Telepractice implemented at each early intervention program (scale up). Performance Indicator: 100% of Programs provide telepractice as an option for service delivery.	Measurement: 1. All programs provide telepractice as a service delivery option. Data Collection Method: 1. Excel spreadsheet. Measurement Intervals 1. Monthly. Data Management: a. By whom data will be entered 　1. Program Managers b. How data will be stored 　1. Excel spreadsheet c. How data will be entered 　1. Program Managers will enter # of families that received services via TP. d. When data will be entered 　1. Monthly. e. How data will be transmitted E-mail	Data Collection: Begin 6/30/18 End 06/30/21 Analysis: 1. Review data within one month of receiving data. Count and percent of # of Programs reporting at least one family receiving services via telepractice.	Completed. Previously Reported: For Demonstration Sites and Program Support Unit the following were completed: 1. TP technology available. 2. TP training based on procedural guidelines. 3. Implementation of telepractice. Due to COVID-19, telepractice was scaled up and instituted in all early intervention programs statewide. 　• TP training was available to all EI providers, including guidelines and zoom licenses were purchased/provided to each EI program. 100% of programs implemented TP and reported the number of families that received services via TP each month. FFY 2021: Telepractice continues to be offered as a method of service delivery. An EI Service Delivery Method Guideline document was developed and distributed to all programs. TP PGs and TP training are being updated to reflect how TP is currently being provided. FFY 2022: TP PGs updated and will be embedded into current EI PGs TP training updated, uploaded to orientation checklist 7.12.23.	Data Quality Issues and Actions: 1. No data quality issues encountered. Performance Status Related to Performance Indicator: Performance indicator was met: 100% of programs provide telepractice as an option for service delivery. Notes:

Evaluation of Intended Outcomes

Type of Outcome	Outcome Description	Evaluation Questions	How Will We Know the Intended Outcome Was Achieved? (performance indicator)	Measurement/Data Collection Method/Measurement Intervals/Data Management	Timeline (projected initiation and completion dates)/Analysis Description	Status and Data	Evaluation Notes: Data Quality Issues and Actions, Performance Status Related to Performance Indicator
Short-term	EI programs will have sufficient staff and services to implement EBP and supports to children and families

(Infrastructure) | 1. Do programs in Demonstration sites deliver timely services? | 1. Each Demonstration sites provide timely services by achieving 100% for APR indicator 1. | Measurement:
1. On-site monitoring for Indicator 1

Data Collection Method:
1. Self-Assessment Monitoring (SAM) Tool, Worksheet A; SAM Access Database

Measurement Intervals:
1. Once a year in July for preceding federal fiscal year (APR Reporting data for each Demonstration sites for FFY 2015, FFY 2016, FFY 2017, FFY 2018)

Data Management:
a. By whom data will be entered
    1. Monitoring Team
b. How data will be stored.
    1. Access database
c. How data will be entered
    1. Monitors complete SAM Worksheet A Data from SAM Worksheet A will be entered into SAM Access Database
d. When data will be entered,
    1. Once a year after on-site monitoring (March – May)
e. How data will be transmitted
    1. Monitoring Team will receive hardcopies of Summary Report generated by SAM Access Database Summary Report generated by SAM Access Database will be shared with respective EI Program | Data Collection:
 Begin: 7/1/16
 End 6/30/19

Analysis:
1. Sampling of infants and toddlers (10% of Dec. 1 child count or at least 15 records) received IFSP services in each of Demonstration Site If there were no new services, that record was removed from the sampling.
2. Review Initial/Review/ Annual IFSPs that have new services
3. Indicate all services that were timely and not timely (within 30 days of IFSP signature date), including reason why service was late
4. At least one service late due to Program Reason = child did not receive all services on IFSP in a timely manner
5. Percent of infants and toddlers receiving all IFSP services in a timely manner = # of | Completed, on-going

1. Timely Services Data:

Indicator 1: Timely Services

| Program | 2020 % | 2021 % | 2022 % | 2023 % | 2024 % | 2025 % |
|---|---|---|---|---|---|---|
| Imua Maui | 73 | 100 | 100 | | | |
| Kailua Easter Seals | 90 | 80 | NA | | | |
| PCDC Waipahu | 82 | 80 | 100 | | | |
| Windward ECSP | 67 | 83 | 76.92 | | | | | Data Quality Issues and Actions:

No data quality issues were encountered.

Performance Status Related to Performance Indicator:

1. Timely Services
• FFY 2022: 67% (2 of the 3 demo site programs met the target of 100%)
• FFY 2021: 25% (1 of 4 programs met the target of 100%)
• FFY 2020: 0% (no programs met the target of 100%)

Notes: |

Type of Outcome	Outcome Description	Evaluation Questions	How Will We Know the Intended Outcome Was Achieved? (performance indicator)	Measurement/Data Collection Method/Measurement Intervals/Data Management	Timeline (projected initiation and completion dates)/Analysis Description	Status and Data	Evaluation Notes: Data Quality Issues and Actions, Performance Status Related to Performance Indicator
					infants and toddlers that received timely services/# of records reviewed.		
Short-term	EI providers will use telepractice data for improving the use of telepractice in providing EI services.	1. Are TP annual surveys distributed to all families and EI providers? Are all applicable changes made to the training and/or TP guidelines?	1. 100% of the programs/FFS agencies will report that they have distributed the survey 2. 100% of the identified needs will be reviewed and if applicable, changes will be made to the TP training and/or guidelines	Measurement 1: 1. TP Annual Survey will be distributed to all EI families and providers 2. TP Training and/or guidelines will be updated as needed. Data Collection Method: 1. Excel Tracking Sheet 2. List of applicable changes and revised TP training module and/or guidelines. Data Management: a. By whom data will be entered 　1. Workgroup co-leads 　2. Workgroup b. How data will be stored 　1. Excel 　2. Excel c. How data will be entered 　1. Workgroup co-lead will enter responses from Programs when the survey was distributed. 　2. Workgroup co-lead will enter identified applicable changes and indicate if the change was made to the TP training and/or TP guidelines. d. When data will be entered 　1. Annually, distribute within two weeks of receiving survey. 　2. Review survey responses and identify applicable changes needed within two months of end of survey date. 　Update TP training and/or guidelines within four months of end of survey date. e. How data will be transmitted 　1. Programs and families will receive on-line survey link via email.	Data Collection: Begin: 7/1/20 End 6/30/25	Met and discontinued. Since telepractice has been embedded into the system as a method of service delivery and guidelines and trainings have been updated based on stakeholder feedback, the annual telepractice survey will no longer be conducted. Providers assess with the family any changes in service delivery method needed to address progress on IFSP outcomes. Providers will also use the established Question and Answer process to bring any issues/concerns from providers and families regarding telepractice. Any procedural guidelines are updated if needed based on questions/issues raised. Telepractice guidelines and trainings were updated based on stakeholder feedback and TP survey results.	Data Quality Issues and Actions: No data quality issues were encountered. Performance Status Related to Performance Indicator: 1. Performance Indicator met in FFY 2020. 2. Performance Indicator met in FFY 2021. 　• FFY 2021: 25% (1 of 4 programs met the target of 100%) 　• FFY 2020: 0% (no programs met the target of 100%) Notes:

Type of Outcome	Outcome Description	Evaluation Questions	How Will We Know the Intended Outcome Was Achieved? (performance indicator)	Measurement/Data Collection Method/Measurement Intervals/Data Management	Timeline (projected initiation and completion dates)/Analysis Description	Status and Data	Evaluation Notes: Data Quality Issues and Actions, Performance Status Related to Performance Indicator
				2. Workgroup Co-lead will receive survey data via Google Survey 3. Workgroup will receive survey results by email.			
Intermediate	See table F2 in the PD/TA strand section above						
Intermediate							
Long-term							

VI. 3. SSIP Improvement Strategy and Evaluation Details

    A. Improvement Strategy

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

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

    C. Improving Infrastructure and/or Practice

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

Governance	☒	Accountability	☒	Professional development	☒	Finance	☐
Data	☒	Quality standards	☐	Technical assistance	☒		

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

    D. Intended Outcomes

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

Evaluation of Improvement Strategy Implementation

Activity	How Will We Know the Activity Happened According to the Plan? (performance indicator)	Measurement/Data Collection Methods	Timeline (projected initiation and completion dates)	Status	Evaluation Notes: Data Quality Issues and Actions, Performance Status Related to Performance Indicator (since the last report submission)
3-1. Develop or modify and implement COS process training to include: • Purpose of child outcomes (CO) • COS process, including determining ratings • Engaging family/team in the process (Infrastructure and practice)	Outputs: COS training module includes all specified components and providers trained. Performance Indicator: 1. 100% of trainings provided to Demonstration sites include the COS components 2. 100% of EI providers in Demonstration sites complete COS trainings	• Verify with trainers that each component was covered in training and record in list of trainings. • Demonstration Site Provider Tracking Sheet that includes all providers at Demonstration sites and tracks training attendance Analysis: 1. Each training will have a yes/no for each component included in training delivery 2. Count and % of providers who attended trainings	Data Collection: Begin 4/1/17 End: 6/30/2021 Analysis: Within the next quarter after the scheduled training	Completed 1. ECTA online training modules include the three COS components. 2. EI Providers complete the COS Training Modules September 2020 COS Online training Modules Completion |	#	%
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IMUA	27/27	100%
Kailua	14/14	100%
PCDC Waipahu	10/10	100%
Windward ECSP	7/7	100%
Professional Support	10/10	100%
Statewide	68/68	100%		Data Quality Issues and Actions: NA Performance Status Related to Performance Indicator: 1. Performance indicator met as ECTA online training module includes all three COS components. 2. Performance indicator met: 100% of providers completed the COS training modules Notes: COS on-line training modules has been added to the EI Provider Orientation Checklist that must be completed within two weeks of hire and is a pre-requisite to the EI Orientation.
3-2. Develop and implement a monitoring process to improve implementation of the COS process? (Infrastructure)	Output: COS monitoring process Performance Indicator: 1. 85% of providers in Demonstration sites will complete the COS Self-Assessment. 2. 100% of Demonstration sites will implement monitoring process, that includes the COS Fidelity Tool and the Individualized COS Training Plan. 3. 100% of Demonstration site providers identified as needing additional training/support based on the monitoring tool (COS Fidelity Tool) will have an individualized training plan.	• COS Self-Assessment and report for each Demonstration site Analysis: count and % of providers in Demonstration sites monitored using COS tool/not monitored using COS tool and "score" on COS Self-Assessment. • CC Team Leaders assigned to Demonstration Sites will complete the COS Monitoring Training and implement the process with all CCs in the Demonstration Sites. Analysis: count and % of Team Leaders assigned to Demonstration Sites completed the training AND count and % of Demonstration Site CCs that started the observation process. • Individualized Training Plan in place for each identified provider. Analysis: count and % of Care Coordinators in Demonstration Sites who were identified as needing an Individualized Training Plan has one in place.	Data Collection: Begin 1/1/18 End 6/30/25 Analysis: July for the preceding FFY	In Process Previously Reported: • COS Self-Assessment was completed and the performance indicator was met in 1/2018 with 96% of providers completing the COS Self-Assessment. The COS Self-Assessment no longer being implemented. • The monitoring process was developed in October 2019. • The COS Fidelity Tool was completed in September 2019. • The COS Fidelity Tool training module was completed and finalized in November 2019 and training of CC Team Leaders was provided in November 2019. • Implementation began in January 2020. FFY 2021: Hawaii revised the COS fidelity tool at the recommendation of the national TA providers. Implementation of the COS fidelity tool was stalled due to vacancies at the State level who could conduct the observations needed for the COS fidelity tool. Hawaii was selected as one of the States to implement the COS Knowledge Check (KC). Hawaii has been working with the national TA providers to begin implementation in January 2023.	Data Quality Issues and Actions: This activity stalled due to changes in leadership and staff vacancies at the State and Local Demonstration Sites. Performance Status Related to Performance Indicator: 1. Performance indicator met: 96% 2. Performance indicator met: 100% of Demonstration Sites implemented the monitoring process 3. No data for individualized training plan Notes Implementation of the new COS Fidelity Tool did not occur due to severe staff shortages, and both program managers and observers are currently providing direct

Activity	How Will We Know the Activity Happened According to the Plan? (performance indicator)	Measurement/Data Collection Methods	Timeline (projected initiation and completion dates)	Status	Evaluation Notes: Data Quality Issues and Actions, Performance Status Related to Performance Indicator (since the last report submission)
				FFY2022: August 2022 -Met with National TA providers on a monthly basis to teach Hawaii about the COS KC database (registration, designations, and reports) as the lead for Hawaii's COS-KC data. Reviewed the various reports available that can provide information on how to support providers in implementing the COS process. December 2022- COS KC initial implementation with lead agency to test COS KC registration, process, and ensure data collection was operational. February 2023-All program managers completed COS KC. March 2023- All EIS providers statewide began implementation of the COS KC. April-June 2023 Revised the COS fidelity tool revisions completed. Co-leads completed revision of the COS fidelity training module FFY 2023: July 13, 2023: With the revision of the COS Fidelity Tool, all future observers were re-trained in July 2023. Observers include QA specialists and SW team leaders. August 2023- Kelli started as new workgroup co-lead Nov-Dec 2023: working on observation details (process, schedule, data collection) January 2024: Projected to begin COS observations.	service. There are also vacancies in the Systems Improvement section, which impacts ability to complete COS observations.
3-3. Develop and implement training module on using COS data for program improvement (Infrastructure and practice)	Output: Demonstration Site Program Managers trained on using COS data for program improvement training module Performance Indicator: 100% of Program Managers from Demonstration sites attended training	3. Demonstration Site Provider Tracking Sheet that includes all providers at Demonstration sites and tracks training attendance Analysis: count and % of Demonstration site program managers attending/not attending training.	Data Collection: Begin 8/1/18 End 01/31/20 Analysis: Within the quarter following the scheduled training(s)	Completed, 01.2020 Based on survey responses related to Demo Site PMs use of COS data for program improvement and guidelines drafted, the Powerpoint was developed and finalized in October 2019. Trainings occurred in November 2019 and the remaining PM in January of 2020.	Data Quality Issues and Actions: NA Performance Status Related to Performance Indicator: Performance Indicator: Met Notes:

Evaluation of Intended Outcomes

Type of Outcome	Outcome Description	Evaluation Questions	How Will We Know the Intended Outcome Was Achieved? (performance indicator)	Measurement/Data Collection Method/Measurement Intervals/Data Management	Timeline (projected initiation and completion dates)/Analysis Description	Status and Data	Evaluation Notes: Data Quality Issues and Actions, Performance Status Related to Performance Indicator
Short-term	EI providers and families will understand the COS process (practice)	1. Did families report they understood the COS process? 2. Did EI providers who attended the trainings report they understood the COS process?	1. 80% of families report that they understand the COS process 2. 80% of providers will pass the COS-KC.	Measurement: 1. Annual Family Survey 2. COS-KC Data Collection Method: 1. Family Outcomes Survey 2. Pending COS-KC Measurement Intervals: 1. Annually 2. COS-KC Data Management: a. By whom data will be entered 1. Vendor 2. COS-KC b. How data will be stored 1. Microsoft Excel 2. COS-KC c. How data will be entered 1. Vendor 2. COS-KC d. When data will be entered 1. Annually after survey closes 2. COS-KC e. How data will be transmitted 1. Web & Mail 2. COS-KC	Data Collection: Begin 1/1/18 End 06/30/25 Analysis: 1. Family Questionnaire a. Track count of families that participated in COS ratings and gave a positive rating ("yes") on family questionnaire that they understood the COS process 2. COS-KC a. Count and % of providers who pass the COS-KC.	Completed; In process as it's being revised Previously reported: 1. Family Questionnaire: 93% of the families 28 out of 30 (93%) families that completed the questionnaire reported that they fully understood the COS process. Previously discontinued. 2. COS Self-Assessment results – baseline data FFY 2018: 56 of 63 (89%) of providers completed the COS Self-Assessment. FFY 2018: 75% of providers maintained or improved their self-assessment rating after completing the online modules. FFY 2019: 77% of providers maintained or improved their self-assessment rating after completing the online modules. Self-Assessment discontinued. Hawaii participated in the COS-KC (knowledge check) developed by the national TA centers (ECTA, DaSy) that was being field tested in May 2019. FFY 2020 Hawaii inquired about participating in the pilot during the summer of 2020 and the contact person confirmed they would be back in touch with Hawaii regarding the pilot. Hawaii assumes that the project stalled due to COVID-19. Hawaii is planning on implementing the COS-KC, when it is available, to determine if providers understand the COS process. FFY 2021 Added three questions to the Annual Family Outcomes survey if families understand the COS process.	Data Quality Issues and Actions: None Performance Status Related to Performance Indicator: 1. Performance indicator met as 90% of families that responded to the question in the Annual Family Survey reported that they understood the COS process. 2. Performance Indicator met as 95% of EI providers successfully completed and passed the COS KC. Notes: Next steps are to add the COS-KC to the New Hire Orientation Checklist to ensure all new staff successfully complete the COS-KC. Workgroup to discuss frequency of completing for all EI staff moving forward.

	State	**IMUA**	**Kailua ES**	**PCDC Waipahu**	**Windward ECSP**
We understand the COS process related to positive social-emotional skills, use of knowledge and skills and appropriate action to meet their needs.	90.2%	87.5%	84.6%	100.0%	88.9%

Type of Outcome	Outcome Description	Evaluation Questions	How Will We Know the Intended Outcome Was Achieved? (performance indicator)	Measurement/Data Collection Method/Measurement Intervals/Data Management	Timeline (projected initiation and completion dates)/Analysis Description	Status and Data	Evaluation Notes: Data Quality Issues and Actions, Performance Status Related to Performance Indicator
						Status and Data content: |				
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We participated in the COS ratings discussion for our child.	87.0%	89.3%	92.3%	95.0%	88.9%
The COS discussion helped us to identify and support the development of the IFSP outcomes for our child.	90.8%	94.2%	92.3%	100.0%	88.9% | FFY2022 There is no data provided for Kailua since they are no longer a demo site. |	State	IMUA	Kailua ES	PCDC Waipahu	Windward ECSP
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We understand the COS process related to positive social-emotional skills, use of knowledge and skills and appropriate action to meet their needs.	90.9%	92.2%		97.9%	88.1%
We participated in the COS ratings discussion for our child.	88.5%	86.5%		97.9%	95.1%
The COS discussion helped us to identify and support the development of the IFSP outcomes for our child.	91.5%	91%		97.9%	95%	 Currently, 95% of EI providers have successfully completed the COS-KC.	

Short-term	EI program managers will have the access and skills needed to use COS data for program improvement
	
	(practice)
		Do EI program managers from Demonstration sites have:
		1. access and
		2. the skills needed to use data for program improvement?
			Among program managers from Demonstration sites:
			1. 100% report that they can print out COS rating reports in HEIDS
			2. 100% of Demonstration Site Program Managers complete the CAP process that includes strategies to address the identified root causes in their CAP, specific to positive social emotional skills.
				Measurement:
				1. COS Data Use Training Survey
				2. Complete CAP process that includes using data for program improvement
				
				Data Collection Methods:
				Demonstration Site Program Managers will Demonstration Site Program will:
				1. Complete the COS Data Use Training Survey
				2. Complete the CAP process
				
				Measurement Intervals:
				
				1. Before and after the training
					Data Collection:
					Begin 8/1/18
					End 6/30/19
					End 6/30/2023
					
					Analysis:
					
					1. Count and % of Demonstration Site Program Mangers' report they can print out COS ratings report in HEIDS
					2. Count and % of Demonstration
						In process
						
						Jan 2020
						  b. 100% of Demo Site Program Managers reported that they could print out COS data from HEIDS.
						  c. 80% felt they could use their data program improvement.
						
						FFY 2020
						
						Oct-Dec 2020
						A draft template was created to present to workgroup as a potential update to the CAP process to address the use of their COS data for program improvement.
							Data Quality Issues and Actions:
							
							This section stalled due to COVID-19 and competing priorities in FFY 2020.
							
							Performance Status Related to Performance Indicator:
							
							Performance Indicator 1: met.
							Performance Indicator 2: not met; still in process
							
							Notes:

Type of Outcome	Outcome Description	Evaluation Questions	How Will We Know the Intended Outcome Was Achieved? (performance indicator)	Measurement/Data Collection Method/Measurement Intervals/Data Management	Timeline (projected initiation and completion dates)/Analysis Description	Status and Data	Evaluation Notes: Data Quality Issues and Actions, Performance Status Related to Performance Indicator

				2. Monthly basis after written notification of findings and monitoring results for the preceding FFY.
				
				Data Management
				
				a. By whom data will be entered
				  1./2. Demonstration Site Program Managers
				b. How will data be stored
				  1. Google Docs
				  2. Monthly CAP Report
				c. How date will be entered
				  1. Google Docs
				  2. Monthly CAP Report
				d. When data will be entered
				  1. Before and after COS Data Use for Program Improvement Training
				  2. Monthly (by the 15th of the next month)
				e. How data will be transmitted
				  1. Google Docs
				  2. E-mail
					site program managers' completing the CAP process related to Indicator 3A, SS	**FFY 2021**
						
						May 2021-- Emailed demo site program managers to gather data on how they are currently utilizing COS data for program improvement. Responses received indicated that COS data has not been used for program improvement due to not having adequate time to focus on data analysis with competing priorities.
						
						Oct 2021
						• CAP template was revised to:
						  ✓ expand root cause section to include identify the source used to identify the root cause (Local Contributing Factor Tool, monitoring data, program data, etc.).
						  ✓ Clarify that strategies to address root causes need to be measurable.
						
						FFY22: No current update.
							QAs will provide TA to program managers to support them with the enhanced CAP process.
							
							Program Managers have tried to use the CAP report as outlined, but due to staff vacancies, and program managers having to do direct service, this has not systematically occurred.

Intermediate	Demonstration site CCs are implementing the COS process with fidelity
	
	(Infrastructure and practice)
		Are Demonstration Site CCs who participated in the COS training implement the COS process with fidelity?	75% of CCs who participated in the training are implementing the COS process with fidelity.	Measurement:
				
				1. Monitoring tool (COS Fidelity Tool)
				
				Data Collection Methods:
				
				1. Program Manager/Mentor will complete the COS monitoring process.
				
				Measurement Intervals:
				
				1. Before and 6 months after training and annually thereafter in July for the preceding fiscal year.
				
				Data Management
				
				a. By whom data will be entered
				  1. Program Manager/Mentor
				b. How will data be stored
				  1. Google Docs
				c. How date will be entered
				  1. Google Docs
				d. When data will be entered
				  1. Before and 6 months after training and annually thereafter in July for the preceding fiscal year
					Data Collection: Begin 1/1/18 End 6/30/23
					
					Analysis:
					
					Count & % of CCs in Demonstration sites who attended trainings and met the fidelity criteria for implementing COS process.
						In process
						
						Previously Reported:
						
						• The implementation of the COS Fidelity tool began in December 2019.
						
						FFY 2020:
						
						January 2021
						• Of the 16 care coordinators in Early Intervention, 10 (62.5%%) are at fidelity, and 6 (37.5%) are not at fidelity. This number includes new hires who have not started the fidelity process, CCs who are in process, as well as one CC who is on extended deployment and there is currently no anticipated return date.
						
						March 2021:
						
						• Since the last update, 11 care coordinators (69%) are at fidelity, and 5 are not at fidelity. This number includes new hires who have not started the fidelity process, CCs who are in process, as well as one CC who is on extended deployment and there is currently no anticipated return date.
							Data Quality Issues and Actions:
							
							Due to staff vacancies and observers covering caseloads at programs, no observations have taken place.
							
							Performance Status Related to Performance Indicator:
							
							NA – new fidelity tool has not yet been implemented.
							
							Notes

Type of Outcome	Outcome Description	Evaluation Questions	How Will We Know the Intended Outcome Was Achieved? (performance indicator)	Measurement/Data Collection Method/Measurement Intervals/Data Management	Timeline (projected initiation and completion dates)/Analysis Description	Status and Data	Evaluation Notes: Data Quality Issues and Actions, Performance Status Related to Performance Indicator
				e. How data will be transmitted 1. Google Docs		• Fidelity tools were reviewed to determine if there were any trends or training needs identified. No identified trends or training needs could be identified due to the tools not capturing enough data or identifying next steps for those who reached fidelity. April 2021: • Based on discussion with SI Coordinator regarding child outcome data and review of completed Fidelity observation tools, the need for a meeting regarding the current fidelity tool and process was identified. May 2021: • A meeting was held with team leaders responsible for completing the COS Fidelity Tool to explore the efficacy of the fidelity process. Team Leaders reported the CCs shared that the debriefing following the observation was valuable, but they continue to have difficulties in engaging all team members in the COS discussion to determine the most accurate rating. <u>FFY 2021:</u> October 2021: 9 (56%) CCs are currently at fidelity and seven are not at fidelity (44%) are new hires. This number includes new hires who have not started the fidelity process, CCs who are in process, as well as one CC who is on extended deployment and there is currently no anticipated return date.	

	#	%
IMUA		
At Fidelity	4/7	83%
Not at Fidelity	3/7	17%
Kailua		
At Fidelity	3/4	75%
Not at Fidelity	1/4	25%
PCDC Waipahu		
At Fidelity	1/4	25%
Not at fidelity	3/4	75%
Windward ECSP		
At Fidelity	1/1	100%
State Total		
At Fidelity	9/16	56%
Not at Fidelity	7/16	44%

Outcomes Coordinator consulted with national TAs regarding the current fidelity tool and potential modifications or adjustments. Based on the discussion with the national TAs, the Outcomes Coordinator will explore with the workgroup members to potentially adopt the COS-TC with some modifications for Hawaii

Type of Outcome	Outcome Description	Evaluation Questions	How Will We Know the Intended Outcome Was Achieved? (performance indicator)	Measurement/Data Collection Method/Measurement Intervals/Data Management	Timeline (projected initiation and completion dates)/Analysis Description	Status and Data	Evaluation Notes: Data Quality Issues and Actions, Performance Status Related to Performance Indicator
						Hawaii revised the COS fidelity tool at the recommendation of the national TA providers. Implementation of the COS fidelity tool was stalled due to vacancies at the State level who could conduct the observations needed for the COS fidelity tool. Next steps: COS trainers would complete a 1 day-long training on the COS- TC ToolKit so they are able to train observers to use the COS fidelity tool. Once observers (at state level) are identified, they would complete the COS-TC Toolkit training (consists of a checklist of quality practices, descriptions and examples that expand on the checklist, and associated video clips) so they are able to identify, observe, and assess recommended team collaboration practices during implementation of the COS process. Proposed timeline to complete trainings is June 2023. Observations would begin is July 2023. FFY22: Workgroup co-leads updated COS-TC training tools to match updated COS TC (Hawaii version) and trained observers in July 2023.	
Intermediate	See table F2 in the PD/TA strand section above						
Intermediate							
Long-term							

SSIP ACRONYMS

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