

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

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

### D. Intended Outcomes

Type of Outcome	Outcome Description
Short-term	Early Intervention (EI) programs will understand the SE competencies needed to support SE development of infants and toddler.
Short-term	Early Intervention (EI) providers will implement EBP (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)	<p>Output:</p> <ol style="list-style-type: none"> <li>1. SE Competencies</li> </ol> <p>Performance Indicator:</p> <ol style="list-style-type: none"> <li>1. 100% of Demonstration site received SE Competencies</li> </ol>	<ul style="list-style-type: none"> <li>• Distribute SE Competencies to EI providers.</li> <li>• Post the SE Competencies on EIS website.</li> </ul>	<p>Data Collection: Begin 07.01.20 End 06.30.25</p> <p style="color: red;">6.30.26</p>	<p>Initially Completed 03/01/17. The initial SE competencies were identified and incorporated into training.</p> <p>NOTE: Hawaii is revisiting SE Competencies.</p> <p>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.</p> <p>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.</p> <p>Due to changes in leadership, staff vacancies, and other competing priorities at the State and program levels, the timeline has been extended.</p> <p><b>FFY 2022</b> We did not make progress in identifying SE competencies this year.</p> <p>However, EIS has implemented Infant &amp; 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.</p> <p><b>FFY 2023</b> IECMH Foundations training completed. Completed with all EI programs statewide. 172 staff completed the training with 45% (77) completing all 10 sessions and 56% (95) completing between 1 and 9 sessions. Some reasons staff completed partial sessions include staff on extended leave, resigning or being hired midway through the training series. However, additional analysis of the data is needed.</p> <p>RSC training and small groups in process, completion in September 2024 (check date). 36 EIS administrative staff and supervisors and program managers completed the training. 92% (33) completed all sessions and 8% (3) completed partial sessions.</p> <p>We did not make progress in identifying SE competencies this year.</p> <p><b>FFY 2024</b> EIS Adopted the IMH Competencies that were presented by AIMH-HI. EI staff in all EI programs completed IMH Foundations 10 module training that included the competencies below in April 2024. EIS to clarify the SE Competencies used to develop the IMH trainings.</p> <ol style="list-style-type: none"> <li>1. Do Infants Have Mental Health?</li> <li>2. Child Development from Pregnancy to Toddlerhood</li> <li>3. Attachment, Trauma, Separation, Grief &amp; Loss</li> <li>4. Observation of Infant &amp; Toddlers with a Relationship Based Lens</li> <li>5. Creating Change Through Crucial Conversations</li> <li>6. Working with Others</li> <li>7. The Art of Creating a Safe Environment for Exploration</li> </ol>	<p><u>Data Quality Issues and Actions:</u> n/a</p> <p><u>Performance Status Related to Performance Indicator:</u></p> <p><b>FFY 2024:</b> No SE Competencies training completed in FFY 2024. Next SE Competencies training will begin in Feb. 2026.</p> <p><u>Notes:</u></p>

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				<p>8. Strategies to Conceptualize Relationships  9. Becoming an Early Identifier for Infant Mental Health Needs  10. Infant Mental Health as Social Justice</p> <p>AIMHHI- No IMH foundations training was provided in FFY 2024. EIS obtained funding for AIMHHI to conduct an additional round of IMH Foundation Training, to begin in Feb. 2026 (FFY 2025). We have approximately 70 staff that will be completing IMH foundations training. Data on total staff completing this series will not be available until completion in (Nov 2026).</p> <p>EIS will also work with AIMHHI to transfer the IMH foundation training into online modules that can be used when new staff come onboard.</p> <p>July 2024: Mental Health Snapshots Presentation – July 23, 2024. Shared how EI is integrating IMH into our system with other programs for children and youth in Hawaii. Participated in mapping exercise to visually show where IMH services are available for children and families. Networking opportunity amongst community agencies. Discussion of gaps and barriers in IMH services.</p> <p>October 2024: 10.1.25- National Governor's Association (NGA)- <i>Hawai'i Keiki &amp; 'Ōpio Mental Health Navigation Guide</i> event. Objectives were to:</p> <ol style="list-style-type: none"> <li>1. Conduct resource mapping to identify system gaps and develop policies to address Mental Health needs.</li> <li>2. Develop a <i>Hawai'i Keiki &amp; 'Ōpio Mental Health Navigation Guide</i>, in alignment with the NGA pillars of the policy academy, including prevention, community and cultural awareness, access and affordability, training and peer supports.</li> <li>3. Support youth advisors as active participants in the process as policy leaders.</li> </ol> <p>January 2025- RSC training and small groups approved for AIMHHI to continue providing support to PMs. Small groups will begin in March 2025. (4 groups that meet 1x/month for 2 hours with their AIMHHI facilitator).</p> <p>March 2025- RSC small groups started with PMs.</p> <p>6.17.25- AIMHHI completed a presentation on Endorsement process at PM Meeting. Reviewed with PMs who will share with staff. Any interested staff may apply for endorsement. Funding approved for AIMHHI to provide RSC training to new PMs (8). To begin in Feb. 2026.</p> <p>PLAY Project: Additional funding confirmed to train an additional (12) staff for PLAY Project Consultant certification. Cohort 1 is scheduled to begin in fall 2025. Goal is to have one certified PLAY consultant in each program/agency.</p>	
1-2. Identify or develop and implement training for providers that addresses the SE competencies.	<p>Output:</p> <p>1. Trained in SE training that addresses SE competencies selected by the Part C LA.</p> <p>Performance Indicator:</p>	<p>1. Training attendance logs of participants from EI program to be collected for verification.</p>	<p>Data Collection:</p> <p>Begin 01.01.22  End 06.30.25  <b>06.30.26</b></p>	<p>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.</p> <p>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.</p> <p>Due to changes in leadership, staff vacancies, and other competing priorities at the State and program levels, the timeline has been extended.</p> <p>FFY 2022:</p>	<p><u>Data Quality Issues and Actions:</u>  FFY 2024: n/a</p> <p><u>Performance Status Related to Performance Indicator:</u>  1. FFY 2024: n/a</p>

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1. 100% of EI Programs received training to support SE development.				<p>May 2023: EIS has implemented Infant &amp; 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.</p> <p>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.</p> <p>June 2023- Reflective Supervision &amp; Consultation Training Series began. (see 2-4, Retention for details.)</p> <p>FFY 2023 IECMH Foundations training completed. Completed with all EI programs statewide. 172 staff completed the training with 45% (77) completing all 10 sessions and 56% (95) completing between 1 and 9 sessions. Some reasons staff completed partial sessions include staff on extended leave, resigning or being hired midway through the training series. However, additional analysis of the data is needed.</p> <p>RSC training and small groups in process, completion in September 2024. 36 EIS administrative staff and supervisors and program managers completed the training. 92% (33) completed all sessions and 8% (3) completed partial sessions.</p> <p>ECHO Autism Training: 2 EIS Psychologists (4 sessions, 90 min each, from June- July 2024) – PD for autism service providers to enhance autism services through family engagement and culturally responsive practices.</p> <p>PLAY (Parent and Language for Autistic Youngsters) Project: 2 program OTs participating in a parent implemented intensive early intervention program for young children with autism that is evidence based. OTs are going through a certification program as consultants to promote family confidence and competence and strengthen family child relationships. Includes teaching parents using coaching and using their relationship and knowledge of their child to promote engagement. Includes certification course (12 hours) and year-long supervision that includes 15 video recordings and write ups.</p> <p>Child Parent Psychotherapy: EIS Psychologist participated in training in evidence based trauma and relationship focused modality on children age 0-5 and their families.</p> <p>Pyramid Infant Toddler Module Training- June 17, 18, 2024: introduction of SE development, focusing on relationships, responsive routines, schedules, and environments. Understanding behavior, teaching about feelings, positive peer interactions, and individualized teaching. (7 EI staff participated)</p> <p>Added to EI Orientation Checklist: (Feb 2024) Teaming Tidbits that we embedded orientation Mandated Reporter Resources Also offered mandated reporter webinar with DHS in June 25, 2024, and October 2024. And Tentatively scheduled 2x/year in 2025.</p>	<p>FFY 2023: MET – EIS offered IMH Training to all EI staff statewide to support SE development.</p> <p>Notes:</p>

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				<p>FFY 2024: Partner with AIMHHI to develop an online IECMH foundations module for use with all new staff. We were not able to complete this in FFY 2024. EIS obtained funding for AIMHHI to conduct an additional round of IMH Foundation Training, to begin in Feb. 2026. EIS will also work with AIMHHI to transfer the IMH foundation training into online modules that can be used when new staff come onboard.</p> <p>Mandated reporter webinar provided by DHS on: April 28, 2025 and November 4, 2025.</p> <p>Child Parent Psychotherapy: EIS Psychologist participated in training in evidence- based trauma and relationship focused modality on children age 0-5 and their families. Stephanie Milz is participating in the pilot. Due to the closure of Lanakila ECSP in March 2025, and focus on completing outstanding diagnostic evaluations, the CPP Pilot was delayed. Stephanie will be moving forward with implementing the CPP Pilot at the Leeward and Windward ECSPs and anticipate starting the initial roll out in Spring 2026 with our first cases.</p> <p>Stephanie has completed all CPP training requirements up until this point with the exception of actually implementing the intervention. Once she implements with at least 4 families and completes the accompanying documentation for each family she will be considered a rostered CPP provider.</p> <p>PLAY Project: 2 OT's continued to progress in obtaining their consultant certification. They are scheduled to obtain their certification in Fall 2026 (Note: Lori- received her certification in Nov. 2025). EIS also solidified funding in FFY 2024 for additional PLAY consultant certifications, the goal being 1 certified PLAY Consultant per agency. Cohort 1 scheduled to begin in Feb. 2026.</p>	
1-3. Develop and implement training on EBPs (PSP approach to teaming and coaching in natural learning environments) for scale up and sustainability. (Infrastructure and Practice)	<p><b>Output:</b></p> <ol style="list-style-type: none"> <li>1. Updated PSP and Coaching training modules based on feedback.</li> <li>2. Staff trained on implementing the PSP approach to teaming.</li> </ol> <p><b>Performance Indicator</b></p> <ol style="list-style-type: none"> <li>1. 100% of EI Programs statewide receive the PSP and Coaching training.</li> <li>2. 100% of EI programs identified in respective Cohorts of scale up plan to be trained in the coaching fidelity process.</li> </ol>	<ol style="list-style-type: none"> <li>1. Training attendance log of participants from all the EI programs trained.</li> <li>2. Training attendance log of participants from each Cohort (at least one Cohort per year).</li> </ol>	<p><b>Data Collection:</b></p> <p>Begin 07.01.16 End 06.30.2025 <b>6.30.2026</b></p>	<p><b>Previous Years:</b> 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.</p> <p>Shelden and Rush webinars were incorporated into the EI Orientation Checklist for new staff.</p> <p>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.</p> <p>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.</p> <p>July 2020: 100% of EI programs statewide completed training on the PSP Approach to Teaming and Coaching Model in Natural Learning Environments highlighting the FST &amp; JVP process.</p> <p><b>FFY 2021:</b> Identified cohort 1 for scaling up coaching fidelity process; however, due to extreme staff shortages in the programs, this activity has been postponed.</p> <p><b>FFY 2022:</b> EIS continued National TA support (SRI &amp; DaSy) to develop an electronic coaching feedback workbook to collect coaching fidelity criteria data in a consistent and accurate manner. Electronic</p>	<p><b>Data Quality Issues and Actions:</b></p> <p><b>Performance Status Related to Performance Indicator:</b></p> <p><b>Performance Indicator 1:</b> <b>FFY 2024: Met</b> 100% of EI Programs statewide receive the PSP and Coaching training.</p> <p><b>Performance Indicator 2:</b> <b>FFY 2024: Met</b> In FFY 2024, cohort 1 consisted for two programs (Kona and North HI). 100% of programs received the training.</p> <p><b>Notes:</b></p>

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				<p>workbooks were developed to align with NLEP, RBP, and Mentor fidelity criteria and helped to inform and clarify fidelity measurements.</p> <p>Nov2022: Mentor CoP: action/practice criteria description updated due to challenges mentors were having in their current understanding of the description.</p> <p>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.</p> <p>2.1.23- Drafts of coaching fidelity criteria (table format) for NLEP &amp; RBP provided to mentors for feedback.</p> <p>Mentors used the drafted fidelity criteria tables during NLEP &amp; RBP inter-rater coaching log activities. Feedback from Mentor CoP inter-rater activity discussions were used to complete updates to the criteria tables.</p> <ul style="list-style-type: none"> <li>• RBP inter-rater discussions: 12.15.22 and 6.15.23</li> <li>• NLEP inter-rater discussions: 8.18.22, 2.16.23, 10.19.23</li> </ul> <p>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.</p> <p>May 2023- Draft of coaching fidelity criteria (table format) for Mentors provided to all mentors for feedback.</p> <p>FFY 2023:</p> <p>7.1.23 – Coaching fidelity criteria tables revised and distributed for NLEP, RBP, and Mentors.</p> <p>Sept-October 2023:</p> <p>10.1.23: Coaching fidelity criteria for NLEP, RBP, and Mentors were updated with input from all mentors.</p> <p>10.25.23: Coaching Fidelity Training Modules updated and implemented with new demo site providers.</p> <p>10.31.23: New Mentor Training Modules updated and implemented with new state mentors.</p> <p>Nov 2023:</p> <p>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 1<sup>st</sup> mentor session.</p> <p>May 2024: Cohort 1 scheduled to start coaching fidelity process in June 2024.</p> <p>New mentor training (Oct. 31, 2024)</p>	

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				<p>Fidelity trainings completed: October 25, 2024</p> <p>Onboarding training piloted with new mentors with two programs. Modifications made following this training and implemented at the next new mentor training with Cohort 1.</p> <p>Inter-rater NLEP: 10.19.23</p> <p><u>FFY 2024</u></p> <p>EI Orientation (PSP &amp; Coaching Training completed- Day 1 of training)</p> <ul style="list-style-type: none"> <li>• July 2024- 8/8=100% completed</li> <li>• Oct 2024 - 18/18= 100% completed</li> <li>• January 2025- 10/11= 91% completed (1-CC was sick, and completed during May 2025 training)</li> <li>• May 2025- 18/18=100% completed</li> </ul> <p>Cohort 1: Kona and North HI</p> <p>Fidelity Trainings completed: July 8, 2024 (10 new staff)</p> <p>Onboarding completed: July 16 and 17, 2024</p> <p>New Mentor training: July 15, 2024 (3 mentors in training)</p> <p>Inter-rater log activity:</p> <p>Mentor Log- July 2024</p> <p>NLEP Log - scheduled for January 2025</p> <p>CYPS III position (Training specialist) filled March 2024.</p> <p>Mentor Pilot (look at data to see how much time spent doing mentoring (logs, sessions, training, etc.) see Fiscal staffing section.</p> <p>November 2024:</p> <p>Fidelity training completed: November 15, 2024 (3 new staff)</p> <p>March 2025:</p> <p>Plan to add Cohort 2 in June 2025 (Leeward ECSP)</p> <p>Fidelity training scheduled for June 9, 2025</p> <p>New Mentor Training to be scheduled in June 2025.</p> <p>Onboarding to be scheduled.</p> <p>June 2025:</p> <p>Fidelity training and New mentor trainings were updated. Added separate coaching log practice activity with onboarding process as more practice and review time was needed.</p> <p>Coaching Fidelity Training completed: June 9, 2025 and cohort 2 (Leeward ECSP) added</p> <p>New Mentor Training completed: June 23, 2025</p> <p>Coaching log activity and onboarding to be scheduled July-August 2025.</p>	
1-4. Implement EBPs for PSP approach to teaming and coaching in	Output: All programs statewide 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 6.30.26	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.	Data Quality Issues and Actions: n/a Performance Status Related to Performance Indicator: <u>FFY- Performance Indicator 1 – not met because of the 2 programs</u>

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natural learning environments.	<p>Performance Indicator:</p> <ol style="list-style-type: none"> <li>100% of EI programs statewide to implement FST meetings on a weekly basis</li> </ol>			<p>Focused training on PSP selection process completed based on observations and requests by providers.</p> <p>100% of EI programs continue to implement weekly FST meetings. Staff are working on quality of FST meeting discussions.</p> <p><u>FFY 2021:</u></p> <p>QA Specialist continue to observation and debriefing FST meeting with 100% of EI programs statewide.</p> <p>Focused in-service on PSP selection has continued to occur as requested. Training completed with 1 program (9.2021).</p> <p>Training slides for PSP selection section of the EI Orientation 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.</p> <p><u>FFY 2022:</u></p> <p>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.</p> <p>Focused in-services on PSP selection have continued to occur upon program manager request -1 program completed training in 7.14.22 (FFY 2022).</p> <p><u>FFY 2023:</u></p> <p>QA specialists continued to observe FSTs.</p> <p>Challenges: turnover of staff or new PM changes the dynamics of the team. Takes time for new members to learn the process.</p> <p>Mentor position filled- January 2024</p> <p><u>FFY 2024:</u></p> <p>FST- Kailua PM requested, and TA support provided (Sept 2024) to assist PM in building provider understand of the FST process, their role, and the purpose, and how they support each other during FST discussions. Also tied into how they joint plan together and their documentation to support discussions that occurred. (at next FST, see what changes occurred as a result of the training)</p> <p>Personnel Development Coordinator position – TA as of July 2024</p> <p>June 17,2025- discussion with Program managers about PSP selection support needed. Programs had some confusion or questions that the FST guidelines did not clearly address. Therefore, the next step is for Admin Team to review the FST guidelines and provide clarification.</p> <p>Weekly FST Meetings:</p>	<p>(Lanakila ECSP and Sultan ES) had stopped conducting weekly FST meetings.</p> <p>15/17= 88% of programs implementing weekly FST meetings.</p> <p><u>Notes:</u></p>

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				<p>Two programs Easterseals – Sultan EIP (in Quarter 3 of FFY 2024) and Lanakila ECSP (end of Quarter 2 in FFY 2024) suspended holding weekly FST meetings as they had a decrease in providers before the programs closed. All other programs statewide continued to implement weekly FST meetings.</p> <p>Lanakila ECSP closed March 31, 2025. Sultan ES closed on June 30, 2025 as POS contract was awarded to UCP.</p> <p>17 programs total  <math>15/17 = 88\%</math> of programs implementing weekly FST meetings.</p> <p>Extending projected timeline due to 3 new POS program established in FFY 2025 (PCDC-Ewa, UCP-Lanakila, and UCP Honolulu Central, to ensure implementation of weekly FST meetings. (18 programs total)</p>	

## Evaluation of Intended Outcomes

Type of Outcome	Outcome Description	Evaluation Questions	How Will We Know the Intended Outcome Was Achieved? (performance indicator)	Measurement/Data Collection Method/Measurement Intervals/Data Management	Timeline (projected initiation and completion dates)/Analysis Description	Status and Data	Evaluation Notes: Data Quality Issues and Actions, Performance Status Related to Performance Indicator (since the last report submission)																																																
Short-term	EI providers will understand the SE competencies needed to support SE development of infants and toddlers. (Infrastructure)	Pending – will be meeting with national TA's to review entire evaluation plan and engage stakeholders in the process 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.	<p>July 2021- June 2022: Not addressed.</p> <p>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.</p> <p>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.</p> <p>FFY 2023 On hold</p> <p>FFY 2024- continue, on hold</p>	<u>Data Quality Issues and Actions:</u> n/a <u>Performance Status Related to Performance Indicator:</u> n/a <u>Notes:</u>																																																
Short Term	EI providers will implement EBPs in delivering EI services.	Are Demonstration Site Providers implementing EBP (Coaching within natural learning environments) with fidelity?	75% of Demonstration Site Providers are implementing EBP (Coaching within natural learning environments) with fidelity.	<p>Measurement:</p> <ol style="list-style-type: none"> <li>1. Coaching Log Summary Form</li> </ol> <p>Data Collection Method:</p> <ol style="list-style-type: none"> <li>1. Shelden &amp; Rush/Mentors will complete Coaching Log Summary Form.</li> </ol> <p>Measurement Intervals</p> <ol style="list-style-type: none"> <li>1. Monthly, thereafter quarterly when practicing fidelity</li> </ol> <p>Data Management:</p> <ol style="list-style-type: none"> <li>a. By whom data will be entered <ol style="list-style-type: none"> <li>1. Mentors</li> </ol> </li> <li>b. How data will be stored <ol style="list-style-type: none"> <li>1. Microsoft Word</li> </ol> </li> <li>c. How data will be entered <ol style="list-style-type: none"> <li>1. Mentors</li> </ol> </li> <li>d. When data will be entered <ol style="list-style-type: none"> <li>1. Monthly; thereafter, quarterly when practicing fidelity</li> </ol> </li> <li>e. How data will be transmitted <ol style="list-style-type: none"> <li>1. E-mail</li> </ol> </li> </ol>	<p>Data Collection: 1. Begin 4/1/17 End 6/30/2025 <b>6.30.2026</b></p> <p>Analysis: 1: Shelden &amp; Rush analyze coaching logs and determine fidelity</p>	<p>Completed, on-going</p> <p>Summary of Past Data for Practicing Fidelity:</p> <p>FFY 2017: 58%</p> <p>FFY 2018: 59%</p> <p>FFY 2019: 64%</p> <p>FFY 2020: 81%</p> <p>FFY 2021: 91%</p> <p>FFY 2022: 73%</p> <p>FFY 2023: 68%</p> <p>FFY 2024:</p> <table border="1"> <thead> <tr> <th>Fidelity</th> <th>June 2022</th> <th>June 2023</th> <th>June 2024</th> </tr> </thead> <tbody> <tr> <td></td> <td>n= 43</td> <td>N= 33</td> <td>N= 31</td> </tr> <tr> <td>Practicing</td> <td>90.7% (39)</td> <td>73% (24)</td> <td>68% (21)</td> </tr> <tr> <td>Expanding</td> <td>7.0% (3)</td> <td>12% (4)</td> <td>22% (7)</td> </tr> <tr> <td>Beginning</td> <td>2.3% (1)</td> <td>15% (5)</td> <td>10% (3)</td> </tr> <tr> <td>In process</td> <td>37.2% (16)</td> <td>0</td> <td>12 (39%)</td> </tr> <tr> <td>Resigned</td> <td>12</td> <td>No data</td> <td>No data</td> </tr> </tbody> </table> <table border="1"> <thead> <tr> <th>Fidelity</th> <th>June 2023</th> <th>June 2024</th> <th>June 2025</th> </tr> </thead> <tbody> <tr> <td></td> <td>N= 33</td> <td>N= 31</td> <td>N=48</td> </tr> <tr> <td>Practicing</td> <td>73% (24)</td> <td>68% (21)</td> <td>52% (25)</td> </tr> <tr> <td>Expanding</td> <td>12% (4)</td> <td>22% (7)</td> <td>6.25% (3)</td> </tr> <tr> <td>Beginning</td> <td>15% (5)</td> <td>10% (3)</td> <td>0</td> </tr> </tbody> </table>	Fidelity	June 2022	June 2023	June 2024		n= 43	N= 33	N= 31	Practicing	90.7% (39)	73% (24)	68% (21)	Expanding	7.0% (3)	12% (4)	22% (7)	Beginning	2.3% (1)	15% (5)	10% (3)	In process	37.2% (16)	0	12 (39%)	Resigned	12	No data	No data	Fidelity	June 2023	June 2024	June 2025		N= 33	N= 31	N=48	Practicing	73% (24)	68% (21)	52% (25)	Expanding	12% (4)	22% (7)	6.25% (3)	Beginning	15% (5)	10% (3)	0	<u>Data Quality Issues and Actions:</u> n/a <u>Performance Status Related to Performance Indicator:</u> FFY 2024: Target of 75% not met. 52% of identified providers are implementing coaching with fidelity. <u>Notes:</u>
Fidelity	June 2022	June 2023	June 2024																																																				
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						<p>Overall number of staff in fidelity process increased and number of staff at fidelity increased, but overall percentage decreased from 68% to 52%.</p> <p>An additional 10 staff (from the new cohort) completed the training in June 2025, but will complete the coaching log activity and onboarding July-August 2025 before beginning the fidelity process.</p> <p>Programs had staff vacancies and staff turnover which impacted the number of staff at practicing fidelity. New staff were required to begin the fidelity process, taking additional time from mentors. There were a limited number of mentors and mentors have their other job duties. Staff did not consistently submit coaching logs and mentors needed to send reminders and access their Program Manager for support to remind staff to complete logs. Program mentor meetings were used as a check-in point to address challenges in obtaining logs. Mentors did not follow-up with assigned staff timely when coaching logs were not received due to other job duties which further delayed the process.</p>																																					
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.	FFY 2023: On Hold FFY 2024: continue, On Hold				<u>Data Quality Issues and Actions:</u> n/a <u>Performance Status Related to Performance Indicator:</u> n/a <u>Notes:</u>																																	
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	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%	<ul style="list-style-type: none"> <li>• Data captured in HEIDS Child Outcomes Data: COS ratings at entry and exit.</li> </ul> <p>Analysis: Compile COS % ratings for social emotional skills (including social relationships) Summary Statement 1 for Demonstration Sites compared to the established target for Demonstration Sites.</p>	Data Collection: 1. Begin 7/1/2016 End 6/30/2025 6.30.26  Analysis: 1. Complete analysis in July for the preceding	Completed, on-going  Data: <table border="1"> <tr> <td colspan="5">Child Outcomes Positive Social Emotional Skills Summary Statement 1</td> </tr> <tr> <td rowspan="2">Program</td> <td colspan="4">FFY</td> </tr> <tr> <td>2020 % Target: 45.95</td> <td>2021 % Target: 45.95</td> <td>2022 % Target: 45.95</td> <td>2023 % Target: 47.25</td> </tr> <tr> <td>Imua Maui</td> <td>58.73</td> <td>36.17</td> <td>45.35</td> <td>59.09</td> </tr> <tr> <td>Kailua Easter Seals</td> <td>56.52</td> <td>33.33</td> <td>NA</td> <td>NA</td> </tr> <tr> <td>PCDC Waipahu</td> <td>58.49</td> <td>26.67</td> <td>60.78</td> <td>59.09</td> </tr> <tr> <td>Windward ECSP</td> <td>16.67</td> <td>50.00</td> <td>33.33</td> <td>56.41</td> </tr> </table>	Child Outcomes Positive Social Emotional Skills Summary Statement 1					Program	FFY				2020 % Target: 45.95	2021 % Target: 45.95	2022 % Target: 45.95	2023 % Target: 47.25	Imua Maui	58.73	36.17	45.35	59.09	Kailua Easter Seals	56.52	33.33	NA	NA	PCDC Waipahu	58.49	26.67	60.78	59.09	Windward ECSP	16.67	50.00	33.33	56.41			<u>Data Quality Issues and Actions:</u> <u>Performance Status Related to Performance Indicator:</u> The target of 47.50% was met in FFY 2024. The Demonstration Site and Cohort 1 total for Positive Social Emotional Skills Summary Statement 1 is: <ul style="list-style-type: none"> <li>• 51.12% for FFY 2024</li> <li>• 58.55% for FFY 2023</li> <li>• 48.17% for FFY 2022</li> </ul>
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	(child)				federal fiscal year	Demonstration Site TOTAL	45.95	33.33	48.17	58.55	<ul style="list-style-type: none"> <li>• 33.33% for FFY 2021</li> <li>• 45.95% for FFY 2020</li> </ul> <p><u>Notes:</u></p>

Child Outcomes Positive Social Emotional Skills Summary Statement 1				
Program	FFY			
	2021 % Target: 45.95	2022 % Target: 45.95	2023 % Target: 47.25	2024 % Target: 47.50
Imua Maui	36.17	45.35	59.09	41.18
Kona CDP	NA	NA	NA	81.82
North Hawaii CDP	NA	NA	NA	50.00
PCDC Waipahu	26.67	60.78	59.09	47.92
Windward ECSP	50.00	33.33	56.41	63.64
Demonstration Site & Cohort TOTAL	33.33	48.17	58.55	51.12

## VI. 2. SSIP Improvement Strategy and Evaluation Details

### A. Improvement Strategy

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

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

### C. Improving Infrastructure and/or Practice

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

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

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

### D. Intended Outcomes

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

## Evaluation of Improvement Strategy Implementation

Activity	How Will We Know the Activity Happened According to the Plan? (performance indicator)	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)	<p>Output: Geographic team guidance and staffing Guidance will be created and disseminated.</p> <p>Performance Indicator: 100% of EI Programs will have all components of the teaming structure in place for implementation of the PSP Approach to Teaming.</p>	<p>1. Staff patterns – EI Program Staffing Reports &amp; Average enrollment per geo area 2. Input from geo areas with multiple teams 3. Caseload per staff implementing a Primary-Coach Approach to Teaming (Shelden &amp; Rush).</p>	<p>Data collection Begin 7/1/2020 End 06.30.25</p> <p>Analysis: EIS to complete analysis in July 2024 for the preceding federal fiscal year</p>	<p>Previous FFY Years: Initially started with Demonstration Sites using the Checklist for Implementing a Primary-Coach Approach to Teaming (Shelden &amp; Rush). The criteria at that time was to have 8 out of the 9 components. The one component not included was the staffing requirement as staff positions are allocated and may be vacant. The performance indicator of 100% of all Demonstration Sites will have all eight components of the teaming structure in place for implementation of the PSP Approach to teaming was met.</p> <p>When the PSP approach to teaming was officially rolled out statewide in FFY 2020, this activity was moved to the Fiscal Staffing workgroup to address the infrastructure needs.</p> <p>In Process</p> <p>FFY 2020 (October 2019 – September 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 &amp; Rush) by October 31, 2020. One of the programs met the October 2020 deadline and the remaining programs completed it by June 2021 with two of the programs still in process of transferring children.</p> <p>FFY 2021 (October 2020 – September 2021): July 31, 2021: Central Oahu and Sultan completed geo split for their program staff.</p> <p>FFY 2022 (October 2021 – September 2022): 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. 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. 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.</p> <p>FFY 2023 (October 2022 – September 2023):</p>	<p><u>Data Quality Issues and Actions:</u> n/a</p> <p><u>Performance Status Related to Performance Indicator:</u> Performance Indicator = MET FFY 2024: 100% of EI Programs have all components of the teaming structure in place for implementation of the PSP Approach to Teaming.</p> <p><u>Notes:</u></p>

Activity	How Will We Know the Activity Happened According to the Plan? (performance indicator)	Measurement/Data Collection Methods	Timeline (projected initiation and completion dates)	Status	Evaluation Notes: Data Quality Issues and Actions, Performance Status Related to Performance Indicator (since the last report submission)
				<p>02.2023 documents shared with core team and at program manager meeting for feedback.</p> <p>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</p> <p>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.</p> <p>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.</p> <p>Jul-Sep 2023: Document with Core team to finalize</p> <p><a href="#">FFY 2024: Performance Indicator MET</a></p> <p>Oct-Dec: 2023: Document with Core team to finalize. Waiting for approval</p> <p>Jan- Mar: 2024: Document with Core team to finalize. Waiting for core team for approval</p> <p>Apr-Jun 2024: EI Staffing Guidance and Geographic Teams Guidance <b>COMPLETED</b> and <b>DISTRIBUTED</b></p> <p>EIS adjusted EI Program Staffing structure in alignment with the guidelines and EI Program staffing needed for FY25 Contract July 1, 2024 to June 30, 2025 during the Mid-Year Review. EI Programs should now have all components of the teaming structure in place for implementation of the PSP Approach to Teaming.</p> <p>Staffing Guidance was included in the FY26 POS EI Program Request For Proposal Scope for future Contracts starting July 1, 2025.</p> <p><b>Challenges:</b></p> <ul style="list-style-type: none"> <li>• EI Programs may not be hiring 1.0 FTE staff.</li> <li>• Staff Vacancy don't allow the PSP model to be fully implemented.</li> </ul> <p><b>FISCAL STAFFING WORKGROUP COMPLETED STAFFING GUIDANCE. RECOMMEND MOVING ACTIVITY BACK TO THAT PROFESSIONAL DEVELOPMENT WORKGROUP AND TECHNICAL ASSISTANCE WORKGROUP TO MONITOR THAT ALL EI PROGRAMS ARE IMPLEMENTING THE PSP APPROACH TO TEAMING ACCORDINGLY NOW THAT THEY HAVE ACCESS TO EIS STAFFING GUIDANCE.</b></p>	
2-2. Identify and implement teaming structure necessary to implement the coaching model in natural learning environments	<p>Output: Demonstration Site Programs will have mentors to support the coaching with fidelity process in accordance with the established mentor coachee ratio.</p> <p>Mentor Capacity worksheet created and disseminated</p> <p>Performance Indicator: 100% of Demonstration Sites providers will have an assigned mentor within two weeks of</p>	<p>1. Excel Spreadsheet of all demonstration site providers, including date training received, assigned mentor and fidelity status.</p>	<p>Data Collection:</p> <p>Begin: 7/1/2021</p> <p>End: 06.30.25</p> <p>Analysis: EIS Mentor to complete quarterly</p>	<p>FFY 2020 (October 2019 – September 2020):</p> <p>Identified a dedicated mentor in February 2021 and began mentoring in June 2021.</p> <p>FFY 2021 (October 2020 – September 2021):</p> <p>The PD &amp; TA workgroup is reviewing and revising the mentoring guidelines. Based on the revisions, data will be collected to determine the infrastructure needed.</p> <p>FFY 2022 (October 2021 – September 2022):</p>	<p><u>Data Quality Issues and Actions:</u></p> <p><a href="#">FFY: 2024 – none</a></p> <p><u>Performance Status Related to Performance Indicator:</u></p> <p><a href="#">Performance Indicator: MET</a></p> <p><a href="#">FFY 2024: 100% of Demonstration Sites providers are assigned mentor within two weeks of completing the Coaching with Fidelity training.</a></p>

Activity	How Will We Know the Activity Happened According to the Plan? (performance indicator)	Measurement/Data Collection Methods	Timeline (projected initiation and completion dates)	Status	Evaluation Notes: Data Quality Issues and Actions, Performance Status Related to Performance Indicator (since the last report submission)
(Moved from PD & TA workgroup).	completing the Coaching with Fidelity training.			<p>Dedicated mentor is practicing fidelity in January 2022. Will collect data to determine mentor-coachee ratio.</p> <p>Working on Mentor Utilization Worksheet to determine possible caseload per mentor to support scale up efforts. When completed and analyzed guidelines will be created.</p> <p>8.22.22 Updated Mentor capacity worksheet. Shared with workgroup for feedback made revisions and re-shared with workgroup 09.2022.</p> <p>FFY 2023 (October 2022 – September 2023):</p> <p>3.22.23 Shared with core team received feedback and revisions were made.</p> <p>6.1.23 Program Manager meeting shared Mentor capacity worksheet. Received feedback. Responded to all feedback and shared feedback to workgroup and PM's</p> <p>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.</p> <p>6.13.23 Shared to mentor CoP group for feedback.</p> <p>8.15.23: Mentor capacity worksheet revised based on 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.</p> <p><b>FFY 2024: Status MET</b></p> <p>Jan 2024: new Mentor position has been filled. Mentor capacity worksheet is completed and will be implemented by new Mentor. Mentor position will implement and make updates to the document as necessary. At this time the task with the workgroup is considered</p> <p>FISCAL STAFFING WORKGROUP COMPLETED MENTORING CAPACITY GUIDANCE. RECOMMEND MOVING ACTIVITY BACK TO THAT PROFESSIONAL DEVELOPMENT WORKGROUP AND TECHNICAL ASSISTANCE WORKGROUP TO MONITOR THAT ALL EI PROGRAMS ARE IMPLEMENTING COACHING PRACTICES ACCORDINGLY.</p> <p>Assigning of mentors: The previous two trainings (July 2024 (10/10) and November 2024 (3/3)) 100% were assigned prior to completing coaching fidelity trainings. The June 2025 training was 100% (10/10) were assigned a mentor by the next day after training.</p>	
2-3. Develop a process for EI programs to access providers specializing in behavioral support.	<p>Output: Access to Positive Behavioral Services (PBS) Guidelines.</p> <p>Performance Indicator: 100% of all programs receive the Access to PBS Guidelines.</p>	<p>1. All programs will have access to Positive Behavioral Services Guidelines.</p>	<p>Data Collection: 07/1/21-6/30/22 (RFP for adjunct providers to begin on 7/1/22)</p> <p>Analysis: EIS PSU Supervisor to review annually if</p>	<p>FFY 2022 (October 2021 – September 2022): EIS procured for BSS Providers</p> <p>Workgroup to help with drafting PBS Services Guidelines to access BSS Providers</p> <p>FFY 2023 (October 2022 – September 2023):</p> <p>2.1.23 PBS Guidelines &amp; Documents sent out.</p>	<p><u>Data Quality Issues and Actions:</u> n/a</p> <p><u>Performance Status Related to Performance Indicator:</u></p> <p>FFY 2024: N/a, no changes to PBS guidelines.</p> <p>FFY 2023: 100% of EI Programs received the PBS Guidelines.</p>

Activity	How Will We Know the Activity Happened According to the Plan? (performance indicator)	Measurement/Data Collection Methods	Timeline (projected initiation and completion dates)	Status	Evaluation Notes: Data Quality Issues and Actions, Performance Status Related to Performance Indicator (since the last report submission)
			revisions are needed and Programs have access.	<p>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.</p> <p>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.</p> <p><b>FFY 2024 (October 2023 – September 2024):</b> EIS to gather feedback from EI Programs and BSS Providers. Updates to me made to the PBS Guidelines and Forms as needed based on feedback.</p> <p><b>FISCAL STAFFING WORKGROUP COMPLETED PBS GUIDANCE. RECOMMEND MOVING ACTIVITY TO PROFESSIONAL DEVELOPMENT WORKGROUP AND TECHNICAL ASSISTANCE WORKGROUP TO MONITOR THAT ALL EI PROGRAMS ARE ACCESSING PBS SERVICES ACCORDINGLY AND THAT BSS ARE IMPLEMENTING PBS SERVICES ACCORDINGLY.</b></p>	Notes:
2-4. Identify and disseminate effective recruitment and retention strategies.	<p><b>Output:</b> Create Recruitment and retention strategies handout.</p> <p><b>Performance indicator:</b></p> <ol style="list-style-type: none"> <li>100% of all programs received the Recruitment and Retention Strategies handout.</li> <li>Decrease in staff turnover/vacancies.</li> </ol>	<p>1. All programs will have access to the Recruitment and Retention Strategies handout.</p> <p>2. All program to complete Staffing Log</p> <p>3. All program to have distribute Retention Survey to staff</p> <p><b>Data Collection Method:</b></p> <ol style="list-style-type: none"> <li>1. Staffing Log.</li> </ol> <p><b>Measurement Intervals</b></p> <ol style="list-style-type: none"> <li>1. Review Staffing Log every six months.</li> </ol> <p><b>Data Management:</b></p> <ol style="list-style-type: none"> <li>By whom data will be entered           <ol style="list-style-type: none"> <li>1. Program Managers</li> </ol> </li> <li>How data will be stored           <ol style="list-style-type: none"> <li>1. MExcel</li> </ol> </li> <li>How consolidated data will be entered           <ol style="list-style-type: none"> <li>1. EIS to complete HEICC Vacancy Report</li> </ol> </li> <li>When data will be entered           <ol style="list-style-type: none"> <li>1. Quarterly</li> </ol> </li> </ol> <p><b>Data Collection Method:</b></p> <ol style="list-style-type: none"> <li>2. Retention Survey</li> </ol> <p><b>Measurement Intervals</b></p> <ol style="list-style-type: none"> <li>2. Collect Data Annually</li> </ol> <p><b>Data Management:</b></p> <ol style="list-style-type: none"> <li>By whom data will be entered</li> </ol>	<p><b>Data Collection:</b></p> <p>Begin 7/1/2022 End 06/30/2026</p>	<p><b>FFY 2022 (October 2021 – September 2022):</b> 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.</p> <p>Begin to explore national recruiting survey results. If applicable to Hawaii will incorporate.</p> <p><b>FFY 2023 (October 2022 – September 2023):</b> 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 retention 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.</p> <p>June 2023- RSC training series began for all EIS supervisors, administrators, program managers.</p> <p>July 2023: RSC training began for all EIS administrators, supervisors, program managers.</p> <p>August 2023: Recruitment and retention issues and strategy list created in the workgroup.</p> <p><b>FFY 2024 (October 2023 – September 2024):</b> October 2023: APR workgroup (Indicator 1 &amp; 7) shared R&amp;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 sherri.</p> <p>Recruitment flyer created which includes information and links to both state EI and POS program positions available.</p>	<p><b>Data Quality Issues and Actions:</b></p> <ul style="list-style-type: none"> <li>• EI Programs may not have difficult filling positions even with R&amp;R strategies due to limited providers on island.</li> <li>• Long term staff vacancies may impact the retention efforts due to burn out.</li> <li>• Need to determine if there were any decrease to staff turnover and requirement.</li> <li>• Need to determine what R&amp;R strategies are working.</li> </ul> <p><b>Performance Status Related to Performance Indicator:</b></p> <p><b>Performance Indicator 1:</b> <b>FFY 2024: MET</b></p> <p><b>100% of EI Programs received the R&amp;R Strategies handout that can be incorporated into their program efforts to recruit and retain staff.</b></p>

Activity	How Will We Know the Activity Happened According to the Plan? (performance indicator)	Measurement/Data Collection Methods	Timeline (projected initiation and completion dates)	Status	Evaluation Notes: Data Quality Issues and Actions, Performance Status Related to Performance Indicator (since the last report submission)
		<ul style="list-style-type: none"> <li>1. EI program Staff</li> <li>c. How data will be stored <ul style="list-style-type: none"> <li>1. Google Survey/Excel</li> </ul> </li> <li>d. How consolidated data will be entered <ul style="list-style-type: none"> <li>1. Workgroup to consolidate survey responses.</li> </ul> </li> <li>e. When data will be entered <ul style="list-style-type: none"> <li>2. Annually</li> </ul> </li> </ul>		<p>11.6.23: Gathered recruitment and retention ideas and strategies at the partner sharing meeting.</p> <p>December 2023: CPSD Recruitment flyer shared with all EI Programs.</p> <p>CSPD Recruitment flyer distributed at four public job fair events between June – December 2023.</p> <p>02.2024-04.2024: Workgroup consolidated the EIS Recruitment &amp; Retention (R&amp;R) Strategy that were gathered from the community partners meeting. Identified focus strategy areas to develop a consolidated “R&amp;R Strategies List” that will be shared with EI Programs.</p> <p>05.2024: Workgroup reviewed over the entire R&amp;R list and rank by priority and identify the top 10 recruitment and/or retention strategy for the infographic.</p> <p><b>FFY 2024</b></p> <p>7.1.2024-09.2024: Workgroup created and finalized draft of the R&amp;R Strategies Infographic Flyer and shared it with Core Team to finalize.</p> <p>01.2025-03.2025: 2.13.25 -R&amp;R Strategies Infographic Flyer distributed out to EI Programs.</p> <p>Vacancy data pulled for FY 2024 and FY 2025:</p> <ul style="list-style-type: none"> <li>• DOH position vacancies dropped from 37% (134-85=49 vacant positions) to 34% (134-88=46)</li> <li>• POS positions: Vacancies increased from: 23% (671-515= 156 vacant positions) to 27% (676-495=181 vacant positions)</li> </ul> <p>Workgroup to explore creating a “Retention Survey” for EI Programs to use to gather more data reason for staff retention. Workgroup to then distribute the Survey before June 2025. Workgroup to also gather EI Program input on what R&amp;R strategies were used and to determine if there is a positive impact on R&amp;R staff.</p> <p>Workgroup will look at Staffing Log data after 6 months and/or 12 months to see what is happening and if the R&amp;R strategies has been a positive impact on filling positions and retention staff after one year.</p> <p>04.2025-06.2025: Work group is the process of finalizing a draft Retention Survey for SSIP Leadership/Core Team review.</p>	<p>Performance Indicator 2: Not Met</p> <p><b>FFY 2024:</b> When comparing FY 2024 to FY 2025 vacancy data it was found that DOH positions experienced a decrease in vacancies while POS positions experienced an increase in vacancies.</p> <p><u>Notes:</u></p>

## Evaluation of Intended Outcomes

Type of Outcome	Outcome Description	Evaluation Questions	How Will We Know the Intended Outcome Was Achieved? (performance indicator)	Measurement/Data Collection Method/Measurement Intervals/Data Management	Timeline (projected initiation and completion dates)/Analysis Description	Status and Data	Evaluation Notes: Data Quality Issues and Actions, Performance Status Related to Performance Indicator																																																														
Short-term	El 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	<p>Measurement:</p> <ol style="list-style-type: none"> <li>1. On-site monitoring for Indicator 1</li> </ol> <p>Data Collection Method:</p> <ol style="list-style-type: none"> <li>1. Self-Assessment Monitoring (SAM) Tool, Worksheet A; SAM Access Database</li> </ol> <p>Measurement Intervals:</p> <ol style="list-style-type: none"> <li>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)</li> </ol> <p>Data Management:</p> <ol style="list-style-type: none"> <li>a. By whom data will be entered             <ol style="list-style-type: none"> <li>1. Monitoring Team</li> </ol> </li> <li>b. How data will be stored.             <ol style="list-style-type: none"> <li>1. Access database</li> </ol> </li> <li>c. How data will be entered             <ol style="list-style-type: none"> <li>1. Monitors complete SAM Worksheet A</li> <li>Data from SAM Worksheet A will be entered into SAM Access Database</li> </ol> </li> <li>d. When data will be entered,             <ol style="list-style-type: none"> <li>1. Once a year after on-site monitoring (March – May)</li> </ol> </li> <li>e. How data will be transmitted             <ol style="list-style-type: none"> <li>1. Monitoring Team will receive hardcopies of Summary Report generated by SAM Access Database</li> <li>Summary Report generated by SAM Access Database will be shared with respective El Program</li> </ol> </li> </ol>	<p>Data Collection:</p> <p>Begin: 7/1/16 End <b>6/30/19</b> <b>06/30/26</b></p> <p>Analysis:</p> <ol style="list-style-type: none"> <li>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.</li> <li>2. Review Initial/Review/ Annual IFSPs that have new services</li> <li>3. Indicate all services that were timely and not timely (within 30 days of IFSP signature date), including reason why service was late</li> <li>4. At least one service late due to Program Reason = child did not receive all services on IFSP in a timely manner</li> <li>5. Percent of infants and toddlers receiving all IFSP services in a timely</li> </ol>	<p>Completed, on-going</p> <p>1. Timely Services Data:</p> <table border="1"> <thead> <tr> <th colspan="7">Indicator 1: Timely Services</th> </tr> <tr> <th rowspan="2">Program</th> <th colspan="6">FFY</th> </tr> <tr> <th>2020 %</th> <th>2021 %</th> <th>2022 %</th> <th>2023 %</th> <th>2024 %</th> <th>2025 %</th> </tr> </thead> <tbody> <tr> <td>Imua Maui</td> <td>73</td> <td>100</td> <td>100</td> <td>77</td> <td><b>75</b></td> <td></td> </tr> <tr> <td>Kailua Easter Seals</td> <td>90</td> <td>80</td> <td>NA</td> <td>NA</td> <td><b>NA</b></td> <td></td> </tr> <tr> <td>PCDC Waipahu</td> <td>82</td> <td>80</td> <td>100</td> <td>69</td> <td><b>58</b></td> <td></td> </tr> <tr> <td>Windward ECSP</td> <td>67</td> <td>83</td> <td>76.92</td> <td>75</td> <td><b>92</b></td> <td></td> </tr> <tr> <td>Kona CDP</td> <td></td> <td></td> <td></td> <td></td> <td><b>73</b></td> <td></td> </tr> <tr> <td>North HI CDP</td> <td></td> <td></td> <td></td> <td></td> <td><b>70</b></td> <td></td> </tr> </tbody> </table>	Indicator 1: Timely Services							Program	FFY						2020 %	2021 %	2022 %	2023 %	2024 %	2025 %	Imua Maui	73	100	100	77	<b>75</b>		Kailua Easter Seals	90	80	NA	NA	<b>NA</b>		PCDC Waipahu	82	80	100	69	<b>58</b>		Windward ECSP	67	83	76.92	75	<b>92</b>		Kona CDP					<b>73</b>		North HI CDP					<b>70</b>		<p><u>Data Quality Issues and Actions:</u></p> <p><u>Performance Status Related to Performance Indicator:</u></p> <p>1. Timely Services</p> <ul style="list-style-type: none"> <li>• FFY 2024: 75% (None of the sites met the target of 100%)</li> <li>• FFY 2023: 74% (none of the demo sites met the target of 100%)</li> <li>• FFY 2022: 67% (2 of the 3 demo site programs met the target of 100%)</li> <li>• FFY 2021: 25% (1 of 4 programs met the target of 100%)</li> <li>• FFY 2020: 0% (no programs met the target of 100%)</li> </ul> <p><b>Notes:</b></p>
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					manner = # of infants and toddlers that received timely services/# of records reviewed.		
Intermediate	See table F2 in the PD/TA strand section above						
Intermediate							
Long-term							

**VI. 3. SSIP Improvement Strategy and Evaluation Details****A. Improvement Strategy**

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

**B. Key State Improvement Plans or Initiatives That Align with This Improvement Strategy****C. Improving Infrastructure and/or Practice**

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

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

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

**D. Intended Outcomes**

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

## Evaluation of Improvement Strategy Implementation

Activity	How Will We Know the Activity Happened According to the Plan? (performance indicator)	Measurement/Data Collection Methods	Timeline (projected initiation and completion dates)	Status	Evaluation Notes: Data Quality Issues and Actions, Performance Status Related to Performance Indicator (since the last report submission)																								
3-1. Develop or modify and implement COS process training to include: <ul style="list-style-type: none"><li>Purpose of child outcomes (CO)</li><li>COS process, including determining ratings</li><li>Engaging family/team in the process</li></ul> (Infrastructure and practice)	Outputs: COS training module includes all specified components and providers trained.  Performance Indicator: <ol style="list-style-type: none"><li>100% of trainings provided to Demonstration sites include the COS components</li><li>100% of EI providers in Demonstration sites complete COS trainings</li></ol>	<ul style="list-style-type: none"> <li>Verify with trainers that each component was covered in training and record in list of trainings.</li> <li>Demonstration Site Provider Tracking Sheet that includes all providers at Demonstration sites and tracks training attendance</li> </ul> <p>Analysis:</p> <ol style="list-style-type: none"> <li>Each training will have a yes/no for each component included in training delivery</li> <li>Count and % of providers who attended trainings</li> </ol>	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  <table border="1" data-bbox="1893 623 2448 897"> <thead> <tr> <th colspan="3">COS Online training Modules Completion</th> </tr> <tr> <th></th> <th>#</th> <th>%</th> </tr> </thead> <tbody> <tr> <td>IMUA</td> <td>27/27</td> <td>100%</td> </tr> <tr> <td>Kailua</td> <td>14/14</td> <td>100%</td> </tr> <tr> <td>PCDC Waipahu</td> <td>10/10</td> <td>100%</td> </tr> <tr> <td>Windward ECSP</td> <td>7/7</td> <td>100%</td> </tr> <tr> <td>Professional Support</td> <td>10/10</td> <td>100%</td> </tr> <tr> <td>Statewide</td> <td>68/68</td> <td>100%</td> </tr> </tbody> </table>	COS Online training Modules Completion				#	%	IMUA	27/27	100%	Kailua	14/14	100%	PCDC Waipahu	10/10	100%	Windward ECSP	7/7	100%	Professional Support	10/10	100%	Statewide	68/68	100%	Data Quality Issues and Actions: NA  <u>Performance Status Related to Performance Indicator:</u>  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  <u>Notes:</u>
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3-2. Develop and implement a monitoring process to improve implementation of the COS process?  (Infrastructure)	Output: COS monitoring process  Performance Indicator: <ol style="list-style-type: none"><li>85% of providers in Demonstration sites will complete the COS Self-Assessment.</li><li>100% of Demonstration sites will implement monitoring process, that includes the COS Fidelity Tool and the Individualized COS Training Plan.</li><li>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.</li></ol>	<ul style="list-style-type: none"> <li>COS Self-Assessment and report for each Demonstration site</li> </ul> <p>Analysis: count and % of providers in Demonstration sites monitored using COS tool/not monitored using COS tool and "score" on COS Self-Assessment.</p> <ul style="list-style-type: none"> <li>CC Team Leaders assigned to Demonstration Sites will complete the COS Monitoring Training and implement the process with all CCs in the Demonstration Sites.</li> </ul> <p>Analysis: count and % of Team Leaders assigned to Demonstration Sites completed the training AND count and % of Demonstration Site CCs that started the observation process.</p> <ul style="list-style-type: none"> <li>Individualized Training Plan in place for each identified provider.</li> </ul> <p>Analysis: count and % of Care Coordinators in Demonstration Sites who were identified as needing an Individualized Training Plan has one in place.</p>	Data Collection: Begin 1/1/18 End <del>6/30/25</del> <del>6/30/26</del>  Analysis: July for the preceding FFY	In Process  Previously Reported: <ul style="list-style-type: none"> <li>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.</li> <li>The monitoring process was developed in October 2019.</li> <li>The COS Fidelity Tool was completed in September 2019.</li> <li>The COS Fidelity Tool training module was completed and finalized in November 2019 and training of CC Team Leaders was provided in November 2019.</li> <li>Implementation began in January 2020.</li> </ul> <p>FFY 2021:</p> <p>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.</p> <p>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.</p> <p>FFY2022:</p> <p>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</p>	Data Quality Issues and Actions:  <u>Performance Status Related to Performance Indicator:</u>  FFY 2024: Performance Indicator 1- Target previously MET.  Performance Indicator 2: No data as only pilot data was completed for FFY 2024.  Performance Indicator 3: No data as only pilot data was completed for FFY 2024.  <u>Notes</u>																								

Activity	How Will We Know the Activity Happened According to the Plan? (performance indicator)	Measurement/Data Collection Methods	Timeline (projected initiation and completion dates)	Status	Evaluation Notes: Data Quality Issues and Actions, Performance Status Related to Performance Indicator (since the last report submission)
				<p>the various reports available that can provide information on how to support providers in implementing the COS process.</p> <p>December 2022- COS KC initial implementation with lead agency to test COS KC registration, process, and ensure data collection was operational.</p> <p>February 2023-All program managers completed COS KC.</p> <p>March 2023- All EIS providers statewide began implementation of the COS KC.</p> <p>April-June 2023 Revised the COS fidelity tool revisions completed. Co-leads completed revision of the COS fidelity training module</p> <p>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.</p> <p>August 2023- Kelli started as new workgroup co-lead</p> <p>Nov-Dec 2023: Due to program changes and staff shortages, observations were not able to be scheduled.</p> <p>January-March 2024: No changes or updates to this process.</p> <p>April-June 2024: Hawaii version of the COS Fidelity Tool was finalized and observers were trained in July 2023 on the COS Fidelity Tool. Implementation through observation did not occur due to programmatic changes, staff vacancies and annual monitoring, In October 2024, it was determined that observation of the COS process will begin March 2025, once monitoring is completed.</p> <p>FFY 2024:  April-June 2025: COS Fidelity tool was piloted by Windward ECSP. Plan is to complete a minimum of 2 observations per CC by June 20, 2025. Between April and June, Windward ECSP only had one CC, and observer completed 2 observations. Both observations were determined to meet the criteria for fidelity, falling above the 75% threshold. Observer met with co-leads on 05/12/25 to discuss how the process went, and any suggestions for modifying the tool or the process.  In FFY 2025- COS workgroup have completed further piloting of the COS fidelity tool with CCs to obtain feedback. Next steps include drafting the training plan and roll out COS fidelity observations with demonstration sites.</p>	
3-3. Develop and implement training module on using COS data for program improvement	<p>Output: Demonstration Site Program Managers trained on using COS data for program improvement training module</p> <p>Performance Indicator: 100% of Program Managers from Demonstration sites attended training</p>	<p>3. Demonstration Site Provider Tracking Sheet that includes all providers at Demonstration sites and tracks training attendance</p> <p>Analysis: count and % of Demonstration site program managers attending/not attending training.</p>	<p>Data Collection: Begin 8/1/18 End 01/31/20</p> <p>Analysis: Within the quarter following the</p>	<p>Completed, 01.2020</p> <p>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.</p> <p>Trainings occurred in November 2019 and the remaining PM in January of 2020.</p>	<p><u>Data Quality Issues and Actions:</u> NA</p> <p><u>Performance Status Related to Performance Indicator:</u></p>

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(Infrastructure and practice)			scheduled training(s)		Performance Indicator: Met <u>Notes:</u>

## Evaluation of Intended Outcomes

Type of Outcome	Outcome Description	Evaluation Questions	How Will We Know the Intended Outcome Was Achieved? (performance indicator)	Measurement/Data Collection Method/Measurement Intervals/Data Management	Timeline (projected initiation and completion dates)/Analysis Description	Status and Data	Evaluation Notes: Data Quality Issues and Actions, Performance Status Related to Performance Indicator
Short-term	El providers and families will understand the COS process (practice)	1. Did families report they understood the COS process?  2. Did El 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 Self-Assessment results – baseline data  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.  <u>FFY 2020</u>  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.	Data Quality Issues and Actions:  <u>FFY 2024: None</u>  Performance Status Related to Performance Indicator:  <u>FFY 2024: 92.3 % of family report they understand the COS Process</u>  <u>FFY 2024: Target was met (95% of staff successfully passed the COS-KC.</u>

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						<p><b>FFY 2021</b> Added three questions to the Annual Family Outcomes survey if families understand the COS process.</p> <table border="1"> <thead> <tr> <th></th><th>State</th><th>IMUA</th><th>Kailua ES</th><th>PCDC Waipahu</th><th>Windward ECSP</th></tr> </thead> <tbody> <tr> <td>We understand the COS process related to positive social-emotional skills, use of knowledge and skills and appropriate action to meet their needs.</td><td>90.2%</td><td>87.5%</td><td>84.6%</td><td>100.0%</td><td>88.9%</td></tr> <tr> <td>We participated in the COS ratings discussion for our child.</td><td>87.0%</td><td>89.3%</td><td>92.3%</td><td>95.0%</td><td>88.9%</td></tr> <tr> <td>The COS discussion helped us to identify and support the development of the IFSP outcomes for our child.</td><td>90.8%</td><td>94.2%</td><td>92.3%</td><td>100.0%</td><td>88.9%</td></tr> </tbody> </table> <p><b>FFY2022</b> There is no data provided for Kailua since they are no longer a demo site.</p> <table border="1"> <thead> <tr> <th></th><th>State</th><th>IMUA</th><th>Kailua ES</th><th>PCDC Waipahu</th><th>Windward ECSP</th></tr> </thead> <tbody> <tr> <td>We understand the COS process related to positive social-emotional skills, use of knowledge and skills and appropriate action to meet their needs.</td><td>90.9%</td><td>92.2%</td><td></td><td>97.9%</td><td>88.1%</td></tr> <tr> <td>We participated in the COS ratings discussion for our child.</td><td>88.5%</td><td>86.5%</td><td></td><td>97.9%</td><td>95.1%</td></tr> <tr> <td>The COS discussion helped us to identify and support the development of the IFSP outcomes for our child.</td><td>91.5%</td><td>91%</td><td></td><td>97.9%</td><td>95%</td></tr> </tbody> </table> <p>Currently, 95% of EI providers have successfully completed the COS-KC.</p> <p><b>FFY2023</b></p>								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%	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%		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.	90.9%	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%
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Short-term	El program managers will have the access and skills needed to use COS data for program improvement (practice)	Do El 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 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 15 <sup>th</sup> of the next month) e. How data will be transmitted 1. Google Docs 2. E-mail	Data Collection: Begin 8/1/18 End 06.30.26  Analysis: 1. Count and % of Demonstration Site Program Managers' report they can print out COS ratings report in HEIDS 2. Count and % of Demonstration site program managers' completing the CAP process related to Indicator 3A, SS	In process  203 of 210 (96.6%) El Providers have passed the COS-KC.  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.  <u>FFY 2020</u>  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.  <u>FFY 2021</u>  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.  FFY23 June 2024: As part of ongoing support for Program Managers using their data, the workgroup has created scenarios on the COS process at initial IFSP to be presented at a future Program Manager's meeting. Co-leads will further support program managers and programs with follow-up questions to help ensure the COS process is being completed with fidelity.  FFY2024--A training was completed with program managers in FFY2021. EIS has several new program managers due to staff turnover as well as new programs established July 1, 2026. Although program managers are able to pull their COS data rating reports and complete the CAP worksheet and develop strategies.	<u>Data Quality Issues and Actions:</u> n/a  <u>Performance Status Related to Performance Indicator:</u>  <u>FFY2024—</u> Performance Indicator 1: 100% of demonstration site program managers are able to print out COS rating reports in HEIDS.  Performance Indicator 2: 100% of demo sites are able to complete CAP report that includes strategies to address root cases.  <u>Notes:</u>

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						<p>The workgroup co-leads will consider scheduling another training to address the need for the use of COS data for program improvement. There continues to be challenges in identifying root causes. Next steps may include designating time during quarterly Program Manager's meeting to complete Local Contributing Factor Tools in small groups, which would help in identifying root causes and coming up with appropriate high quality strategies.</p>	
Intermediate	Demonstration site CCs are implementing the COS process with fidelity  (Infrastructure and practice)	Are Demonstration Site CCs who participated in the training are implementing the COS process with fidelity?	75% of CCs who participated in the training are implementing the COS process with fidelity.	<p>Measurement:</p> <ol style="list-style-type: none"> <li>Monitoring tool (COS Fidelity Tool)</li> </ol> <p>Data Collection Methods:</p> <ol style="list-style-type: none"> <li>Program Manager/Mentor will complete the COS monitoring process.</li> </ol> <p>Measurement Intervals:</p> <ol style="list-style-type: none"> <li>Before and 6 months after training and annually thereafter in July for the preceding fiscal year.</li> </ol> <p>Data Management</p> <ol style="list-style-type: none"> <li>By whom data will be entered             <ol style="list-style-type: none"> <li>Program Manager/Mentor</li> </ol> </li> <li>How will data be stored             <ol style="list-style-type: none"> <li>Google Docs</li> </ol> </li> <li>How date will be entered             <ol style="list-style-type: none"> <li>Google Docs</li> </ol> </li> <li>When data will be entered             <ol style="list-style-type: none"> <li>Before and 6 months after training and annually thereafter in July for the preceding fiscal year</li> </ol> </li> <li>How data will be transmitted             <ol style="list-style-type: none"> <li>Google Docs</li> </ol> </li> </ol>	<p>Data Collection: Begin 1/1/18 End 06.30.26</p> <p>Analysis: Count &amp; % of CCs in Demonstration sites who attended trainings and met the fidelity criteria for implementing COS process.</p>	<p>In process</p> <p>Previously Reported:</p> <ul style="list-style-type: none"> <li>The implementation of the COS Fidelity tool began in December 2019.</li> </ul> <p><u>FFY 2020:</u></p> <p>January 2021</p> <ul style="list-style-type: none"> <li>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.</li> </ul> <p>March 2021:</p> <ul style="list-style-type: none"> <li>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.</li> <li>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.</li> </ul> <p>April 2021:</p> <ul style="list-style-type: none"> <li>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.</li> </ul> <p>May 2021:</p> <ul style="list-style-type: none"> <li>A meeting was held with team leaders responsible for completing the COS Fidelity Tool to explore the efficacy of</li> </ul>	<p><u>Data Quality Issues and Actions:</u> n/a</p> <p><u>Performance Status Related to Performance Indicator:</u></p> <p><u>FFY 2024:</u> Met, 100% (2 of 2) CC observations met the target of 75% . Note: this was pilot data with additional observations to be done in FFY 2025.</p> <p><u>Notes</u></p>

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						<p>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.</p> <p><u>FFY 2021:</u></p> <p>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.</p> <table border="1"> <thead> <tr> <th></th><th>#</th><th>%</th></tr> </thead> <tbody> <tr> <td><b>IMUA</b></td><td></td><td></td></tr> <tr> <td>At Fidelity</td><td>4/7</td><td>83%</td></tr> <tr> <td>Not at Fidelity</td><td>3/7</td><td>17%</td></tr> <tr> <td><b>Kailua</b></td><td></td><td></td></tr> <tr> <td>At Fidelity</td><td>3/4</td><td>75%</td></tr> <tr> <td>Not at Fidelity</td><td>1/4</td><td>25%</td></tr> <tr> <td><b>PCDC Waipahu</b></td><td></td><td></td></tr> <tr> <td>At Fidelity</td><td>1/4</td><td>25%</td></tr> <tr> <td>Not at fidelity</td><td>3/4</td><td>75%</td></tr> <tr> <td><b>Windward ECSP</b></td><td></td><td></td></tr> <tr> <td>At Fidelity</td><td>1/1</td><td>100%</td></tr> <tr> <td><b>State Total</b></td><td></td><td></td></tr> <tr> <td>At Fidelity</td><td>9/16</td><td>56%</td></tr> <tr> <td>Not at Fidelity</td><td>7/16</td><td>44%</td></tr> </tbody> </table> <p>Outcomes Coordinator consulted with national TAs regarding the current fidelity tool and potential modifications or adjustments. Based on the discussion with the national TAs, the Outcomes Coordinator will explore with the workgroup members to potentially adopt the COS-TC with some modifications for Hawaii</p> <p>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.</p> <p>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</p>		#	%	<b>IMUA</b>			At Fidelity	4/7	83%	Not at Fidelity	3/7	17%	<b>Kailua</b>			At Fidelity	3/4	75%	Not at Fidelity	1/4	25%	<b>PCDC Waipahu</b>			At Fidelity	1/4	25%	Not at fidelity	3/4	75%	<b>Windward ECSP</b>			At Fidelity	1/1	100%	<b>State Total</b>			At Fidelity	9/16	56%	Not at Fidelity	7/16	44%	
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						<p>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 in July 2023.</p> <p>FFY22: Workgroup co-leads updated COS-TC training tools to match updated COS TC (Hawaii version) and trained observers in July 2023.</p> <p>FFY23: Hawaii version of the COS Fidelity Tool was finalized and observers were trained in July 2023 on the COS Fidelity Tool. Implementation through observations did not occur</p> <p>FFY24:</p> <p><a href="#">2 COS Fidelity CC observations completed by Windward ECSP Program Manager in March 2025 Developmental Services Unit Supervisor.</a></p> <ul style="list-style-type: none"> <li>• CC Observation 1: 86%</li> <li>• CC Observation 2: 90%</li> </ul> <p>Team leads will meet with program for feedback and next steps. Meeting was held with Windward ECSP Program Manager, Developmental Services Unit Supervisor and workgroup team leads on February 3, 2025 to review the fidelity tool and discuss expectations. No concerns were identified, and observations will be scheduled.</p>	
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