



Performance Report

Performance Period October 2006-December 2006

Introduction

This report presents information about the performance of operations and services of the Early Intervention Section (EIS) and Healthy Start from October through December 2006.

Data are presented in six performance areas:

- *Enrollment:* Data are provided on the number of children who were served, by island and statewide.
- *Service Gaps:* Data include the number of Part C eligible infants and toddlers who experienced service gaps, by island and statewide.
- *Personnel:* Information on personnel, by island and statewide, is collected to ensure there are sufficient personnel to serve the eligible population. Personnel data for EIS are divided by roles: social work, direct service, and central administration. Caseload data include the number and percentage of social workers that have non-weighted caseloads of no more than 1:35. Personnel data for Healthy Start staff (central administration positions) are provided.
- *Training Opportunities:* Training data include the number of early intervention (EI) staff, families, and other community providers (including Department of Education preschool special education teachers, community preschool staff, etc.) who participated in training activities. Information includes trainings provided or supported by EIS and Healthy Start.
- *Quality Assurance:* Information on quality assurance activities for EIS and Healthy Start are provided.
- *Funding:* Data on appropriations, allocations, and expenditures are provided.

Strengths and challenges to the early intervention system for October through December 2006 are summarized.

Enrollment

Early Intervention Section

Monthly Enrollment

Monthly enrollment data for infants and toddlers served by EIS from October through December 2006 are shown in Table 1.

Table 1. EIS Monthly Enrollment Data

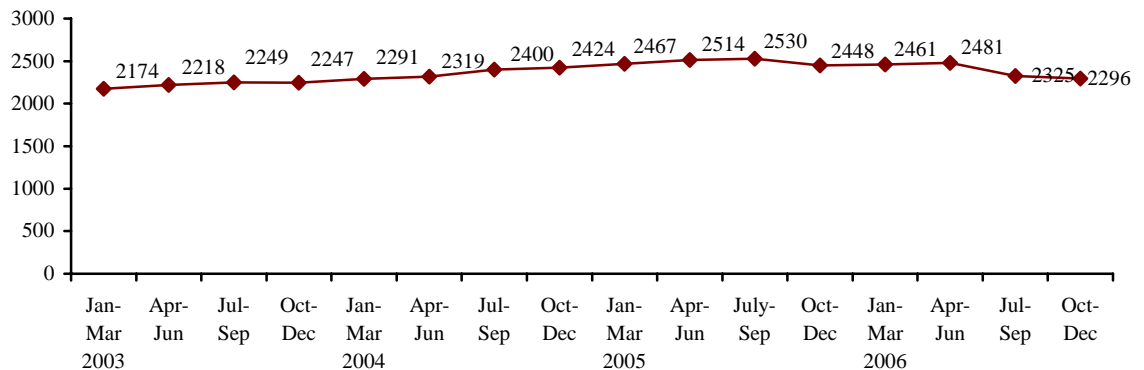
Month	Monthly Enrollment	Island					
		Oahu	Hawaii	Maui	Kauai	Molokai	Lanai
October 2006	2286	1673	262	197	125	21	8
November 2006	2291	1669	246	204	114	22	6
December 2006	2310	1685	259	200	138	21	7

Note: Enrollment information includes children provided care coordination by EIS (including Early Childhood Services Programs [ECSP]), Purchase of Service programs (POSP), Public Health Nurses (PHN), and Healthy Start.

Quarterly Enrollment

The quarterly enrollments (average monthly enrollment for the quarter) since January 2003 are shown in Graph 1. The quarterly enrollment decreased slightly from 2325 in the July-September quarter to 2296 in the October-December quarter.

Graph 1. EIS Quarterly Enrollment from Jan.-Mar. 2003 to Oct.-Dec. 2006.



Child Find

A goal of EIS is to share information regarding early intervention services with the community. EIS participated in one major public awareness activity this quarter, the Children and Youth Day, which attracted several thousand families with young children. With the Public Awareness position now filled, it is expected that broad-based public awareness activities will increase. Trainings for community preschool teachers, day care providers and other community providers, as well as dissemination of EI brochures, expand the awareness and knowledge of EI services and the referral process (see section on Training Opportunities). The “Ohana Time” workshop at the Honolulu Zoo attracted several hundred families. While this workshop focused on supporting children with hearing loss, it provided information on the importance of “good” hearing and early intervention services.

The EIS website is regularly updated with new information as appropriate. The website has a link to the H-KISS referral form to simplify referrals. The website will be expanded to provide other relevant information.

Healthy Start

Birth rates for Hawaii for October to December 2006 are as follows:

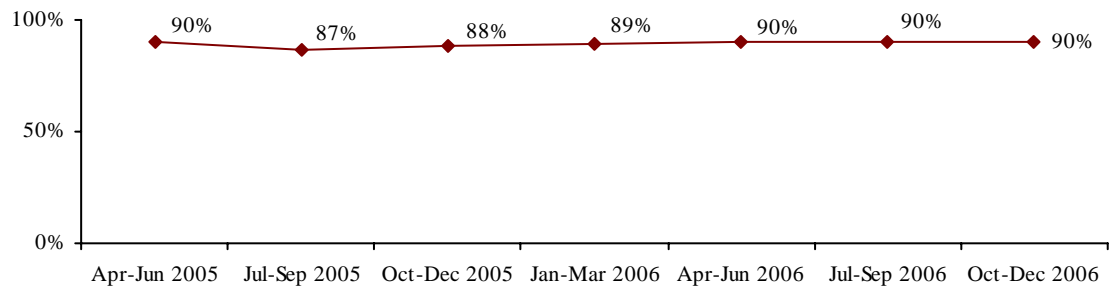
Month	Births
October	1335
November	1217
December	1239

The total birth rate decreased by 140 this quarter (from 3931 births for July to September, to 3791 births for October to December).

Screen, Assessment, and Accepted Referral Rates

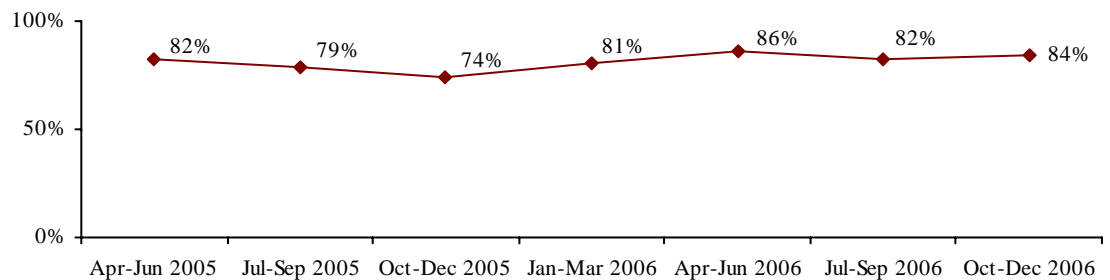
Screen rate: The quarterly early identification (EID) screen rate (Graph 2) has been relatively stable over the past 21 months.

Graph 2. Oahu EID Quarterly Screen Rate, April 2005 through December 2006.



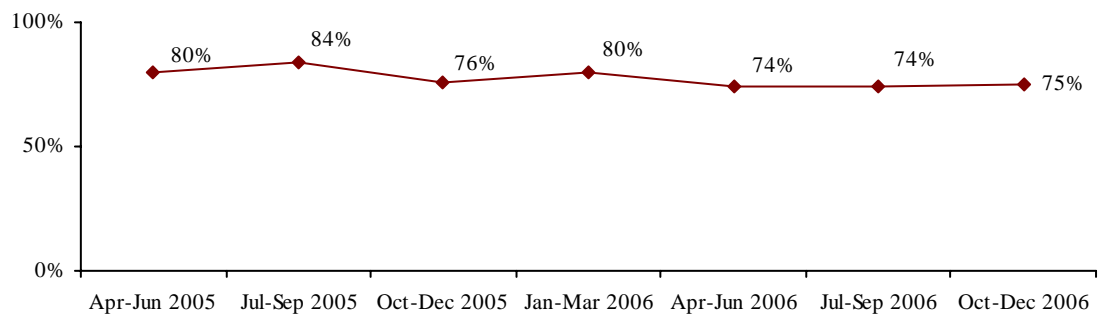
Assessment rate: The quarterly EID assessment rate (Graph 3) increased slightly since the last quarter.

Graph 3. Oahu EID Quarterly Assessment Rate, April 2005 through December 2006.



Referral rate: The quarterly EID referral rate (Graph 4) has remained stable at 74-75% for the past 9 months. The referral rate may in part reflect deferral of referrals following early identification, if a family is determined to be known to Child Welfare Services (CWS). The referral is dependent on the CWS case worker assessing whether the Enhanced Healthy Start program is more appropriate than the basic Healthy Start program. The Enhanced Healthy Start Program is a Department of Human Services secondary purchase on the Department of Health Request for Proposals. Referral numbers to the Enhanced Program from the Hawaii Keiki Information Service System (H-KISS) for the quarter totaled 52, which, if included in the regular Healthy Start numbers, would bring the referral rate to 76%. The EID worker has also been more cognizant that families who may initially decline services are welcome to return to the Healthy Start program at any time during their child’s first year of life. Therefore, the slight fluctuation in referral rates may also indicate families’ exercising their prerogative to defer referral until a later time.

Graph 4. Oahu EID Quarterly Referral Rate, April 2005 through December 2006.



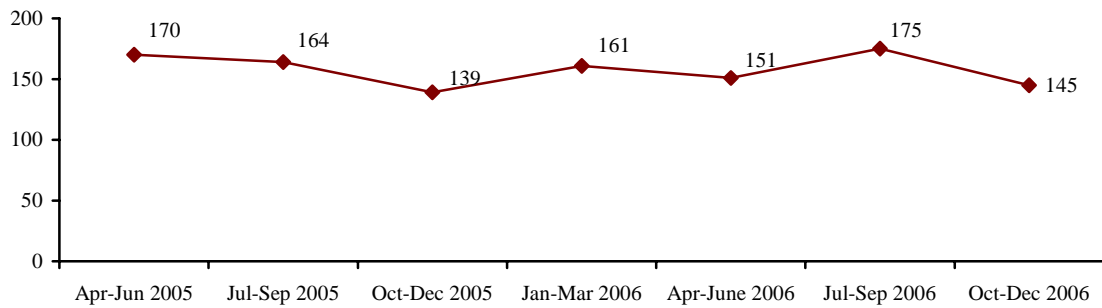
New Enrollment

A total of 424 infants were newly enrolled in home visiting services during this quarter (Table 2). New enrollment numbers for the Enhanced program totaled 12 for November and December, which would bring the total new enrollment to 436. (The Healthy Start database was changed in November to separate out the Enhanced numbers.) Enrollment decreased by 88 from the previous quarter (the revised new enrollment total for July-September quarter was 524 because the Maui count for July was not included). Factors contributing to fluctuation in enrollment include varying number of births, varying number of positive screens/assessments, voluntary nature of acceptance of referrals to home visiting services, staff turnover, and protocols for addressing barriers to acceptance. The average monthly new enrollment statewide for this quarter is 145 (Graph 5), a decrease of 30 from last quarter.

Table 2. Healthy Start New Enrollment Data from October to December 2006

Month	New Enrollment	Island					
		Oahu	East Hawaii	West Hawaii	Maui/Lanai	Kauai	Molokai
October	153	113	21	7	7	5	0
November	145 (+7enh)	111(+4)	15(+1)	10	8(+2)	1	0
December	126(+5enh)	99(+3)	9	8	5(+1)	5(+1)	0

Graph 5. Healthy Start New Monthly Enrollment from April 2005 to December 2006



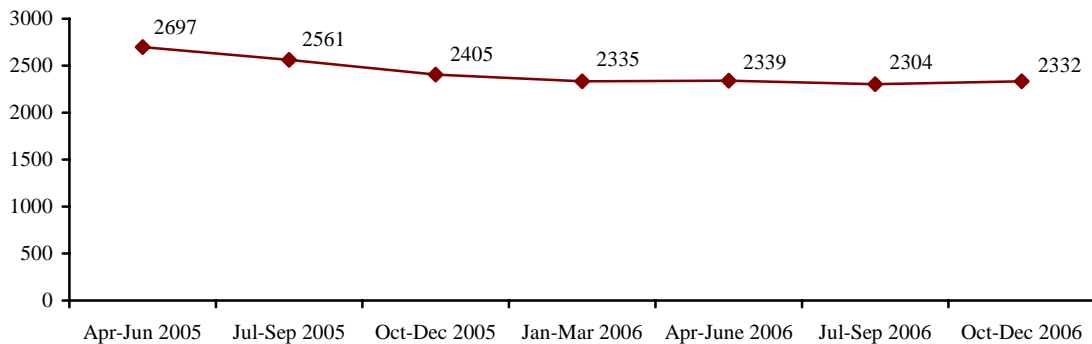
Active Enrollment

The monthly active enrollment (children in home visiting services) is shown in Table 3. The average active monthly enrollment statewide for this quarter is 2,332. The average monthly enrollment per quarter (Graph 6) increased by 28 children from the last quarter (July to September 2006). Active enrollment number for the Enhanced program was 879 for the last quarter, which would bring the overall active quarterly enrollment average to 2,625.

Table 3. Healthy Start Monthly Active Enrollment for October to December 2006

Month	Active Enrollment	Island					
		Oahu	East Hawaii	West Hawaii	Maui/Lanai	Kauai	Molokai
October	2338	1620	238	141	199	106	34
November	2335	1635	228	139	195	104	34
December	2324	1646	219	140	180	106	33

Graph 6. Healthy Start Average Quarterly Enrollment from April 2005 to December 2006.



Service Gaps

The tables below provide information on service gaps for EIS, PHNB, and Healthy Start providers for October-December 2006. Service gaps are divided into two types: full service gaps where no services were provided to the child, and partial service gaps where some services were provided but are not consistent with the services identified in the child’s Individual Family Support Plan (IFSP). For children receiving multiple services,

when a specific therapist is not available, there is generally a partial service gap, since another therapist, using a transdisciplinary format, will provide services. If the child requires only 1 service (e.g., speech therapy) and a therapist is unavailable to provide direct services, there will be a full service gap. When this occurs, the care coordinator typically will provide information on activities that the family can use with their child to support his/her development until a provider is available.

Full Service Gaps

The total number of monthly full service gaps decreased from 33 full gaps last quarter to 29 full gaps this quarter. The average monthly number of children with full gaps increased slightly, from 8.3 children last quarter to 9 children this quarter (average unduplicated monthly count). The total children with full service gaps decreased from 23 children last quarter to 16 children this quarter (unduplicated quarterly count). (Table 4)

Table 4. Full Service Gaps by Month

Service Gap		October	November	December	Total
Occupational Therapy					
Physical Therapy				1 (Oahu) 1 (Maui)	1 (Oahu) 1 (Maui)
Speech Therapy		1 (Oahu) 3 (Hawaii)	4 (Oahu) 4 (Hawaii) 1 (Maui)	2 (Oahu) 4 (Hawaii) 1 (Maui)	7 (Oahu) 2 (Maui) 11 (Hawaii)
Special Instruction		1 (Maui)	1 (Oahu) 2 (Maui)	1 (Oahu) 1 (Maui)	2 (Oahu) 4 (Maui)
Nursing Services		1 (Maui)			1 (Maui)
Total Number of Full Gaps		6	12	11	29
Total Number of Monthly Full Gaps	Oahu	1	5	4	10
	Maui	2	3	3	8
	Hawaii	3	4	4	11
	Kauai	0	0	0	0
	Molokai	0	0	0	0
	Total	6	12	11	29
Total Number of Children (unduplicated by month)	Oahu	1	4	4	9
	Maui	2	2	3	7
	Hawaii	3	4	4	11
	Kauai	0	0	0	0
	Molokai	0	0	0	0
	Total	6	10	11	27
Total Number of Children (unduplicated by quarter)	Oahu				7
	Maui				4
	Hawaii				5
	Kauai				0
	Molokai				0
	Total				16

Partial Service Gaps

The total number of monthly partial service gaps (Table 5) increased slightly from 304 partial gaps last quarter to 330 this quarter. The average monthly number of children with partial gaps also increased slightly from 98 children last quarter to 103 children this quarter (average unduplicated monthly count). However, only 202 children experienced

at least one gap during the quarter, which was fewer than last quarter's count of 208 children (unduplicated quarterly count).

Table 5. Partial Service Gaps by Month

Service Gap		October	November	December	Total
Occupational Therapy		21 (Oahu) 1 (Lanai)	14 (Oahu) 2 (Hawaii)	22 (Oahu) 1 (Maui)	57 (Oahu) 2 (Hawaii) 1 (Maui) 1 (Lanai)
Physical Therapy		1 (Oahu) 2 (Maui)	13 (Oahu)	15 (Oahu)	29 (Oahu) 2 (Maui)
Special Instruction		25 (Oahu)	26 (Oahu) 2 (Maui)	55 (Oahu)	106 (Oahu) 2 (Maui)
Speech Therapy		23 (Oahu) 9 (Hawaii)	18 (Oahu) 10 (Hawaii)	52 (Oahu) 10 (Hawaii) 1 (Maui)	93 (Oahu) 29 (Hawaii) 1 (Maui)
Family Training		0	2 (Oahu) 2 (Hawaii)	1 (Hawaii)	2 (Oahu) 3 (Hawaii)
Vision Services			1 (Oahu)	1 (Oahu)	2 (Oahu)
Total Number of Partial Gaps		82	90	158	330
Total Number of Partial Gaps	Oahu	70	73	145	289
	Maui	2	2	2	6
	Hawaii	9	14	11	34
	Lanai	1	0	0	1
	Total	82	90	158	330
Total Number of Children (unduplicated by month)	Oahu	69	68	131	268
	Maui	2	2	2	6
	Hawaii	9	14	11	34
	Lanai	1	0	0	1
	Total	81	84	144	309
Total Number of Children (unduplicated by quarter)	Oahu				181
	Maui				7
	Hawaii				14
	Lanai				0
	Total				202

Reasons for Gaps

There are several reasons for gaps, which are consistent across islands:

Staff Shortage/Extended Leave. The main reason for gaps (both full and partial) continues to be staff shortages due to vacancies. There were vacancies in both occupational therapists and speech-language pathologists; there was an extended sick leave for 1 special education teacher. Although programs continually recruit for staff to fill vacant positions or to meet the increased need for services, success is frequently related to increased and more competitive salaries. Programs will generally attempt to sub-contract for providers while they recruit, but they are not frequently successful (this is especially true on neighbor islands). Although programs will revise their schedules to provide some services to all children, this still results in a partial gap as the complete array of services isn't available.

Vacation/Sick Leave/Emergencies. Gaps also occur when staff is on vacation and/or sick leave or when there are family emergencies, as there generally are not “substitute” providers to fill in and meet service requirements. This was particularly noticeable during December, probably as staff vacationed around the holidays. There were 158 partial gaps in December as compared to 90 in November. As noted in the section above, programs usually respond by revising schedules so that all children receive at least some services identified, but this continues to result in partial service gaps.

Providing Services on Weekends or After Work Hours and at Homes of Families. Although there is more flexibility and more services provided after the typical workday, there were still several instances where a schedule that supported the family and therapist could not be worked out. While programs attempt to schedule services at times and places convenient to families, there are generally fewer service options during weekends and after hours. If families are unavailable during the weekday and must wait for services, the result is a full or partial service gap.

Scheduling Errors/Lack of Documentation. While rare, there were several situations where either the program staff forgot to contact families to schedule a service identified on the IFSP, or forgot to write it on the family’s calendar, resulting in a missed appointment. As soon as this is identified, however, the family is contacted to schedule the missing appointment, but it may still result in a service gap. Similarly, staff sometime inadvertently failed to document that a service did occur, resulting in difficulty confirming that the service occurred.

Actions to Reduce Gaps

- 1) With the increase of children referred to purchase-of-service (POS) programs from H-KISS and other care coordinators (PHNB and Healthy Start), the POS programs are recruiting for additional staff. As noted above, recruiting is both a time-intensive and expensive process, as it entails advertising in mainland papers and discipline-specific journals. While many POS programs have increased their salary ranges and offered signing bonuses in order to attract and retain therapists, salary increases are limited by the funding available to the POS programs.
- 2) EIS continues to work with EI program staff to review different service delivery models, including the use of transdisciplinary services, with consultation by other therapists, to meet the outcomes listed on the IFSP. While many children enrolled in early intervention programs receive transdisciplinary services, some therapists do not use this service option. There will be a focus of additional training in the transdisciplinary service delivery method to ensure that recommended IFSP services are appropriate.

Most children served at an early intervention program (unlike children receiving services from fee-for-service providers), who had a partial service gap, received other services, generally through a transdisciplinary model of service delivery to support the overall needs of the child and family. So, even though gaps still continue, only 16 children received no services (had full gaps) over the 3-month period, as noted in Table 4.

Revised Definition of “Service Gap”

It is Hawaii’s goal to revise the service gap definition to “*Percent of infants and toddlers with IFSPs who receive the early intervention services on their IFSPs in a timely manner*”. By revising the definition, the data reported monthly will be consistent with

the data on “timely services” which has to be reported to the U.S. Department of Education Office of Special Education Program (OSEP) on the Annual Performance Reports. Hawaii’s Part C program has adopted OSEP’s definition, “within 30 days from when the parent provides consent for the IFSP service or as projected based on the date provided in the IFSP and identified by the IFSP team.” This will be calculated by the number of infants/toddlers whose services on their Initial, Review or Annual IFSPs each month were timely, divided by the total number of infants/toddlers with an Initial, Review or Annual IFSP that month. By changing the data collected, progress on providing timely services can be determined. This change will be consistent with OSEP reporting requirements.

Before this can be reported, revised reporting requirements need to be developed and training provided to all EIS programs, PHNB sections, and Healthy Start programs. Therefore, the current reporting will continue until training has been provided to ensure data is being reported correctly.

Personnel

Goal: 90% of EIS social work positions are filled.

EIS has a total of 48 social work (SW) positions statewide. Forty-four (44) positions were intended to provide care coordination services. The remaining 4 positions are administrative and are included in the data on administrative positions. However, due to issues identified below, there are currently 39 positions intended to provide care coordination, instead of the original 44. Using this new data, at the end of December 2006, 35 of the 39 state social worker/care coordinator positions, or 90%, were filled.

Because of the continued difficulty of recruiting on the islands of Hawaii and Maui, the Family Health Services Division, with EIS, and the District Health Officers on Hawaii and Maui jointly agreed to transfer two (2) Maui social work positions and one (1) Hawaii social work position to Oahu to support the increased need for social work/care coordinator positions on Oahu. The two Maui positions were transferred and are included in the Oahu data above (both are filled). The Hawaii position is in the process of being transferred and is not included in either the Oahu or Hawaii count. Funds were provided to the POS programs so that they could recruit for these three positions. The recruitment was successful and the POS programs, with a combination of state and private social work/care coordinator positions, now have sufficient filled positions to meet the social work/care coordination needs.

It was also decided that one social work position on both Maui and Hawaii would be re-described to a Psychologist Assistant IV, to support children with challenging behaviors and to be a liaison for children diagnosed with an autism spectrum disorder. The re-description process has not yet been completed; these positions are not included in the above SW count.

The remaining three vacant social work/care coordinator positions on the island of Hawaii are also not included in the above SW count, since these positions are not currently needed on that island and will not be filled. FHSD, EIS, and the District Health Offices for Hawaii, Maui, and Kauai will continue to review the early intervention

personnel needs statewide to determine how to best use the 3 vacant social work positions.

Table 6 provides information on the 39 DOH social worker/care coordinator positions, by island and statewide as of December 2006.

Table 6. Percentage of EIS Civil Service Social Work/Care Coordinator Positions that are Filled, by Island, as of December 2006.

Island	EIS SW Positions Total #	EIS SW Positions Filled #	EIS SW Positions Filled %
Oahu	31*	28	90%
Hawaii	3	2	67%
Maui	2**	2	100%
Kauai	3***	3	100%
Total	39	35	90%

* Includes 3 positions that provides care coordination only if needed

** Includes 1 position that provides care coordination at 0.5 FTE

*** Includes 1 position that provides care coordination at 0.75 FTE

Table 7 shows the approved POS SW/care coordinator positions, by island and statewide.

Table 7. Percentage of POS Social Work/Care Coordinator Positions that are Filled, by Island, as of December 2006.

Island	POS SW Positions Total #	POS SW Positions Filled #	POS SW Positions Filled %
Oahu	13*	13	100%
Hawaii	4	4	100%
Maui	5**	4	80%
Kauai	1	1	100%
Molokai	1***	1	100%
Lanai	1***	1	100%
Total	25	24	96%

* Includes 1 position funded at 0.5 FTE and 1 position at 0.25 FTE.

** Includes 1 position funded at 0.5 FTE.

*** Position is funded at 0.5 FTE.

EIS works closely with the District Health Officers and the POS Program Managers to be aware of personnel changes and to problem-solve with them.

Goal: 90% of EIS direct service positions are filled.

EIS has 43 direct service positions statewide. These positions include early intervention therapists (speech-language pathologists, occupational therapists and physical therapists), psychologists, special education teachers, vision and hearing specialists, a nutritionist, and paraprofessionals. Not included are the Early Childhood Services Unit (ECSU) supervisor and ECSP Managers, as they spend the majority of their time providing administrative supervision and support to program staff. They are included in the count of administrative positions in Table 9. At the end of December 2006, 38 of the 43 direct service positions, or 88%, were filled. Table 8 below provides information on direct service positions statewide and by island.

Table 8. EIS Direct Service Positions by Island, as of December 2006.

Island	Direct Service Positions – Total #	Direct Service Positions – Filled #	Direct Service Positions – Filled %	Vacant Positions
Oahu	36	34	94%	Clinical Psych. Asst. IV; PMA III-1
Hawaii	7	4	57%	OT III-1; SLP IV-1; PMA II-1
Total	43	38	88%	–

Note: OT = occupational therapist; SLP = speech-language pathologist; SPED = Special Educator; PMA = paramedical assistant

As shown in Table 8, recruiting for therapy staff on the island of Hawaii continues to be difficult, as the OT position has been vacant for over a year, and the SLP position has been vacant for 2 years. EIS is currently contracting for staff to meet these service needs, but finding available fee-for-service providers on the island of Hawaii is also difficult. To support speech-language needs, an Oahu SLP flies to Kona twice monthly (total of 4 days per month) to support the communication needs of enrolled children. EIS still continues to have over fifty contracts with fee-for-service providers to support vacancies and other service needs.

Contracted providers help ensure that children receive all services identified on their IFSPs. There are two types of fee-for-service providers. The first group consists of OT, PT, and SLP providers. These providers support the ECSP programs when there are staff vacancies and/or increases in referrals that cannot be met by the ECSP staff. They also help support the children served by the EIS Care Coordination Unit, by providing direct services to the children not served by early intervention programs (state or POS programs). The need for these providers has decreased now that the three new POS early intervention programs are operational and other POS programs (e.g., Sultan Easter Seals) have increased the number of interventionist to serve enrolled children.

The other group of fee-for-service providers includes audiologists, nutritionists, intensive behavioral support staff (who serve children with autism), and psychologists (who support EIS psychologists). The need for psychological services has not decreased as the number of children with autism has not decreased. Although EIS has psychologists and a nutritionist, they cannot meet the need for these services in the communities statewide.

Goal: 90% of EIS and Healthy Start central administration positions are filled.

Early Intervention Section

EIS has 61 administrative positions statewide, including unit supervisors and specialists in the areas of contracts, internal service testing, public awareness, training, computer support staff, accounting staff, clerical and billing staff, and the Public Health Administrative Officer (PHAO). Also included in the count of administrative positions are the Social Worker V who supervises the Care Coordination Unit social workers, two Social Worker II positions who support H-KISS, Social Worker IV on the island of Hawaii who supervises seven social workers, ECSU supervisor and ECSP managers, five Children & Youth (C&Y) Specialist IV positions who support quality assurance (QA) activities statewide, and the statewide coordinator for the Newborn Hearing Screening Program.

Of the 61 administrative positions, 50 (82%) are filled. There are now 10 vacant administrative positions are on Oahu: 2 staff to support third party billing (1 position is being recruited by FHSD to support EI data needs), C&Y IV position that supervises H-KISS; all 3 C&Y IV positions for EIS quality assurance/ monitoring; C&Y V position for Lead Agency quality assurance/monitoring; the OT IV that is the Wahiawa ECSP Manager; and 2 clerk-typists. The C&Y IV for EIS quality assurance on the island of Hawaii is also vacant. When exempt positions were re-described to civil service positions, salaries were lowered, which has resulted in 5 vacancies.

Table 9 provides information on the administrative positions statewide and by island.

Table 9. EIS Administrative Positions by Island, as of December 2006.

Island	Administrative Positions – Total #	Administrative Positions – Filled #	Administrative Positions – Filled %	Vacant Positions
Oahu	55	45	82%	Hosp. Billing Clerk I; Hosp. Billing Clerk II-1; C&Y Specialist (H-KISS Supervisor); C&Y IV (EIS QA)-3; C&Y V (Lead Agency QA); OT IV; Clerk-Typist-2
Hawaii	5	4	80%	C&Y IV (EIS QA)-1
Maui	1	1	100%	–
Total	61	50	82%	–

Healthy Start

Healthy Start has 9 administrative positions on Oahu: Program Head, Registered Nurse, Social Worker, Child and Youth Specialist, Research Statistician, Statistics Clerk, Accountant, Account Clerk, and Clerk Steno staff. Currently 8 of the 9 Healthy Start administrative positions are filled. The Research Statistician position was vacated in July 2006 and the Social Worker position was filled in November 2006.

Goal: 90% of EIS caseloads will be no more than 1:35 (non-weighted).

Table 10 provides information on the percentage of social workers, by island, that have a current caseload of no more than 1:35. The current percentage (69%) has decreased slightly from the last quarter (71%). Four islands (Hawaii, Maui, Molokai, and Lanai) are now equal or under the recommended 1:35 caseload. Of concern is the decrease in percentage on Oahu, from 70% to 59%. In some situations it is due to vacant positions. However, several programs are fully staffed but have increased caseloads. Further analysis is needed to determine possible solutions.

Table 10. Social Work Positions (DOH and POS) with Non-Weighted Caseloads Not More than 35, by Island, as of December 2006.

Island	# Social Workers Providing Care Coordination as of December 2006	Number with Caseloads No More than 35	Percent with Caseloads No More than 35
Oahu	41	24	59%
Hawaii	6	6	100%
Maui	6	6	100%
Kauai	4	3	75%
Molokai	1	1	100%
Lanai	1	1	100%
Total	59	41	69%

Table 11 provides information on the status of care coordination ratio if all positions were filled. When all positions are filled, the care coordination ratio will be less than 1:35. EIS continues to actively monitor caseloads and make adjustments when necessary.

Table 11. Projected Average Caseloads When All the Social Work Positions (DOH and POS) are Filled and Providing Care Coordination

Island	# Social Worker Positions for Care Coordination	# FTE Social Worker Positions for Care Coordination	Total Caseload	Average Caseload (Projected)
Oahu	41*	39.75	1256	31
Hawaii	7*	7.00	196	28
Maui	7	6.00	147	25
Kauai	4	3.75	114	30
Molokai	1	.50	10	20
Lanai	1	.50	6	12
Total	61	57.50	1729	30

*Does not include SW IV supervisory positions (3-Oahu; 1-Hawaii)

The following actions have successfully supported care coordination:

- 1) Contract modifications and additional DOH funds allowed POS programs to hire additional social work/care coordinators.
- 2) Two DOH SW positions from Maui have been transferred to Oahu and both are filled.
- 3) As more children are referred to community-based early intervention programs, the EIS social work positions have been assigned to support ECSP and POS programs.
- 4) The Request for Proposals (RFP) for POS programs for FY 2008 will show revised boundaries of the state Early Childhood Services Programs (ECSP) to ensure they can meet the needs of their enrolled children. A caveat is included in the RFP to allow POS programs to serve children outside their geographical areas (who should be served by ECSPs) when needed.
- 5) Other early intervention staff (program managers and direct service staff) continues to support care coordination when there are social worker/care coordinator vacancies or newly hired social workers/care coordinators. However, this is a short-term solution that can result in more service gaps if the direct service providers must reduce their direct service time to assist in providing care coordination.
- 6) Overtime has been approved for EIS care coordinators so they can meet the needs of their families served and complete necessary paperwork. It is expected that as the new positions are filled, overtime will no longer be needed.

- 7) Social workers/care coordinators are no longer expected to be liaisons with public health nurses and Healthy Start Family Support Workers when they serve children in common. The role of the liaison has been transferred to the family's primary provider as this individual is more knowledgeable about the needs of the child and family.

Training Opportunities

Early Intervention Section

Training provided and/or supported by EIS for October through December 2006 impacted 460 early interventionists, public health nurses, Healthy Start providers, Early Head Start staff, fee-for-service providers, community preschool staff, other community providers, and family members. Following is a list of training topics and number of attendees during this quarter:

- **Part C Orientation.** EIS provided two 4-day Part C orientations on the islands of Oahu and Kauai. Total attendance was 144 included: Oahu – 120; Kauai – 24.
- **EIS Overview.** An overview on Part C, including transition, was provided to Leeward District providers, including EI providers, DOE staff, and other community partners; 50 people participated.
- **Training on Required Child and Family Outcome Measures.** OSEP has developed child and family indicators that all Part C programs must track. Because these are new indicators to Hawaii's Part C system, this is a priority and extensive training must be provided to all early intervention providers, including EIS, PHNB, and Healthy Start. Five all-day trainings were provided this quarter, 2 on Oahu, 2 on Maui, and 1 on Molokai. During this quarter, training on the new OSEP indicators was provided to 99 individuals.
- **Supporting Children with Challenging Behaviors and Autism.** The Keiki Care Project (KCP) Coordinator provided 2 trainings to support preschool staff serving young children with challenging behaviors (Bougainville Child Development Center and Calvary Child Care Center) – 16 staff. The KCP Coordinator coordinated a panel at the Hawaii Early Childhood Conference on social/ emotional development that was attended by 20 individuals. The Inclusion Project Coordinator also provided training in this topical area to 2 preschools, St. Philomena's Early Learning Center and the Petersen Child Development Center – 8 staff. The KCP also worked with DOH Child and Adolescent Mental Health Division and the Community Pediatrics Institute in developing a DVD on Young Children with Challenging Behaviors, which includes 3 Hawaii case-studies of young children with challenging behaviors and their family members, pediatricians, early childhood educators, and the KCP Coordinator. The DVD is intended to be used with trainings in this area. A total of 44 individuals were impacted by the trainings.

- **Signs of Autism in Children Under Age 1.** An EIS psychologist developed and presented this training to early intervention staff from 4 programs – 41 individuals attended.
- **Supporting Infants, Toddlers with Hearing Loss and their Families.** Two trainings on “See What I Say Too” were provided to 9 staff at the Kona ECSP and 7 staff at Waianae PCDC. In addition, an “Ohana Time” workshop was held at the Honolulu Zoo, which is described in the section on Public Awareness.
- **Assistive Technology.** EIS Keiki Tech staff participated in a Tech Fair that attracted 40 special needs therapists and parents. The focus was the variety of computer and communication equipment and activities for children of all ages. The staff also presented to a University of Hawaii Special Education class (14 students) and shared how assistive technology equipment supported 3 specific children.
- **Other Trainings.** The Part C Coordinator and H-KISS Supervisor met with all DHS CWS Supervisors to discuss and problem-solve referral procedures to H-KISS. Twelve supervisors and staff attended.
- **Informal Trainings/Consultants.** In addition to the more formal training discussed above, staff often provide informal, in-person and telephone support to families and staff of early intervention programs and community preschools.

Healthy Start

The Healthy Start POSP completed its catalogue of training sessions for all Healthy Start providers (Family Support Workers, Family Assessment Workers, Child Development Specialists, Clinical Specialists, Clinical Supervisors, and Directors/Managers). This extensive catalogue can be found on The Institute for Family Enrichment (TIFFE) website. TIFFE currently offers the following mandatory hours of training for the following disciplines:

Family Support Worker: 194 hours
 Family Assessment Worker: 119 hours
 Child Development Specialist: 102 hours
 Clinical Specialist: 96 hours
 Clinical Supervisor: 244 hours
 Director/Manager: 66 hours

During the last quarter the following sessions were conducted:

October, 2006

10/2, 10/23	Relationships in Development
10/4	Family Violence
10/9 – 10/13	FSW Role Specific Training
10/16 – 10/17	Advanced FSW Training
10/24 – 10/25	Supervising Home Visitors Family Dynamics
10/26	Substance Abuse
10/31	Boundaries and Ethics

November, 2006

11/8	Understanding the Effects of Childhood Trauma
11/9	Advanced Substance Abuse
11/14	Cultural Sensitivity
11/27	Advanced Boundaries
11/28	Dynamics of Child Abuse and Neglect
11/28	Advanced FSW Training
11/29	Introduction to Nurturing Fathers

December, 2006

12/4	Relationships in Development
12/5	Living in the World of Abuse and Neglect
12/11	Change Agent in Development

Healthy Start administrative staff continues to partner with EIS and Public Health Nursing Branch to train participants from all three entities on Early Intervention regulations (EIS Orientation training).

In October, special training to implement and pilot the newly developed “Family Progress Worksheet” – a tool developed to monitor a family’s progress was conducted with 2 selected program sites (Windward Oahu and West Hawaii Island). This tool will be piloted for the next 6 months before evaluation and possible statewide implementation.

Quality Assurance

Early Intervention Section

The EIS has two major quality assurance focuses. The first is that of the lead agency for Part C, which must assure to the Office of Special Education Programs (OSEP) that all programs that serve Part C eligible children (EIS, PHNB, Maternal and Child Health Branch [MCHB] Healthy Start) meet compliance with Part C. This is achieved through the development and implementation of statewide monitoring and data collection. EIS works closely with administrators of EIS, PHNB, and MCHB who have the responsibility to monitor and gather data from all their programs.

The second focus is to assure that all children under the age of 3 with developmental delays and their families are provided, through a family-centered, community-based, coordinated process, the necessary early intervention services to meet their needs and that all services are provided in conformance with federal Individuals with Disabilities Education Act (IDEA) Part C and state requirements.

Monitoring Activities

A major focus during the October-December 2006 quarter was to gather data for inclusion in both the Special Conditions Report due to OSEP February 1, 2007 and the Annual Performance Report, also due to OSEP February 1, 2007. This included:

- Ensuring that PHNB Sections and Healthy Start contracts were monitored on their compliance with IDEA 2004 regulations. Because the EIS programs all

reached at least 95% compliance in the February 2006 monitoring, they did not require re-monitoring during this quarter. The monitoring results for 2006 will be reported to OSEP, to support the increased compliance of Hawaii's Part C program in correcting previously identified areas of non-compliance.

- Gathering data on timely IFSPs, timely services and timely transition activities through review of data from EIS, PHNB, Healthy Start databases as well as chart reviews of selected EIS, PHNB, and Healthy Start programs.
- Verifying data on timely Comprehensive Developmental Evaluations, IFSPs, Transition Plans, Transition Notices, and Transition Conferences to ensure that the data found in the databases was supported by anecdotal notes in children's charts.

The data collected and reported will indicate improved compliance in all areas.

Child/Family Outcomes

Activities will continue to determine the effectiveness of EI in supporting outcomes of children and their families. As required by OSEP, entry data was collected, at either the Initial IFSP or the Review IFSP (if the child was under or equal to 4 months of age upon enrollment in EIS), and will be reported to OSEP in the revised State Performance Plan, due February 1, 2007, on how children enrolled in early intervention programs compare with typically developing children. This information will continue to be collected at each child's Initial, Review, and Annual IFSP. Next year's Annual Performance Report will provide baseline data, which is the difference between entry and exit data on how children enrolled in early intervention programs compare with typically developing children.

Internal Reviews

Internal Reviews (which utilize the Felix Service Testing protocol) are on-going. They provide the opportunity for an objective observation of a child's and family's progress and to what extent the system supports the child and family. The focus this year continues to be on children who are either in the transition process to DOE Preschool Special Education or were recently transitioned. This additional information will be used to determine how to improve transition collaboration between Parts B (DOE Preschool Special Education Programs) and C.

Roles and Responsibilities of EIS Quality Assurance Specialists

Following are the roles and responsibilities of the EIS QA Specialists.:

- Monitor child charts.
- Review quarterly monitoring data with Program Managers to help determine how to increase compliance.
- Support programs in developing and implementing Improvement Plans to meet identified needs based on monitoring results.
- Facilitate statewide IFSP trainings.
- Participate in collaborative meetings for staff of different agencies that serve the same child (e.g., Imua Family Services, Healthy Start, and PHNB).
- Act as a resource regarding IDEA Part C requirements.
- Participate in the Internal Review process.
- Attend DOE Complex/District Quality Assurance meetings.
- Participate in STEPS teams.
- Attend Community Council meetings.

- Attend EIS Program Manager meetings to support their understanding of issues that impact all early intervention programs.

Unfortunately, since the positions were changed from exempt to civil service, 4 of the 5 QA Specialists resigned. The impact on the continuing compliance of EIS program to Part C requirements is yet unknown.

Healthy Start

Routine monthly monitoring continues for IDEA/OSEP requirements, which include timely compliance with comprehensive developmental evaluations, documentation of the child's level of development, and appropriate and timely development of transition plans. The program's data management system is continuously reviewed and revised to maintain valid and real-time data for program monitoring purposes.

The program also maintains a Help Desk for providers to access data management assistance. Internal data management systems are being developed and initiated in a continuing effort to stay current with OSEP guidelines and program needs.

Administrative staff from Healthy Start conducted on-site monitoring with each contractor. This was completed in October with 95% compliance targeted. Monitoring results yielded compliance falling within a low of 71% to a high of 95%. All contractors demonstrated significant improvement in compliance with OSEP requirements.

Funding

Early Intervention Section

For FY 2007, the EIS appropriation is \$10,400,021 (\$8,900,021 state funds and \$1,500,000 EI Special Funds). The EIS allocation is \$10,875,588 (\$9,375,588 state funds and \$1,500,000 EI Special Funds), which includes additional funds for collective bargaining increases. The majority of the first quarter allocation supports POS and fee-for-service contracts. Due to a projected deficit, an emergency appropriation request for EIS for FY 2007 is being proposed.

Table 12. EIS Allocations and Expenditures/Encumbrances – State Funds and Early Intervention Special Funds (Source: FAMIS report)

	Allocation	Cumulative Allocation to End of Quarter	Cumulative Expenditures/Encumbrances at End of Quarter
<i>Fiscal Year 2006</i>			
1st quarter – July-Sept. 2005	6,448,381	6,448,381	6,554,284
2nd quarter – Oct.-Dec. 2005	1,341,815	7,790,196	7,959,242
3rd quarter – Jan.-Mar. 2006	2,185,000	9,975,196	10,115,989
4th quarter – Apr.-June 2006	3,390,753*	13,365,949	13,630,243
<i>Fiscal Year 2007</i>			
1st quarter – July-Sept. 2006	6,131,250	6,131,250	6,070,449**
2nd quarter – Oct.-Dec. 2006	1,946,250	8,477,500	8,375,127***
3rd quarter – Jan.-Mar. 2007	2,273,088	10,750,588	
4th quarter – Apr.-June 2007	125,000	10,875,588	

* Includes an emergency appropriation of \$3,200,928 in May 2006.

** Estimate as of 10/02/06.

*** Information as of 1/2/07

EIS also receives federal Part C funds (Table 13) for early intervention services. These funds decreased from \$2,194,384 for FY 2005 to \$2,160,317 in FY 2006 and to \$2,138,714 in FY 2007.

Table 13. EIS Allocations and Expenditures/Encumbrances – Federal Part C Funds (Source: FAMIS report)

	Allocation	Cumulative Allocation to End of Quarter	Cumulative Expenditures/Encumbrances at End of Quarter
<i>Fiscal Year 2006</i>			
1st quarter – July-Sept. 2005	1,113,693	1,113,693	750,228
2nd quarter – Oct.-Dec. 2005	448,500	1,562,193	980,581
3rd quarter – Jan.-Mar. 2006	445,000	2,007,193	1,301,122
4th quarter – Apr.-June 2006	450,898	2,458,091	1,699,089
<i>Fiscal Year 2007</i>			
1st quarter – July-Sept. 2006	970,000	970,000	638,772**
2nd quarter – Oct.-Dec. 2006	582,000	1,552,000	1,012,718***
3rd quarter – Jan.-Mar. 2007	585,000	2,137,000	
4th quarter – Apr.-June 2007	634,557	2,771,557	

** Estimate as of 9/30/06.

*** Information as of 1/2/07.

Healthy Start

For FY 2007, a total of \$12,740,665 in State funds and EI Special funds were allocated. It is expected that the projected deficit will be covered by Med-QUEST revenues deposited into the EI Special Fund.

Table 14. Healthy Start Allocations and Expenditures/Encumbrances (Source: FAMIS report)

	Allocation	Cumulative Allocation to End of Quarter	Cumulative Expenditures/Encumbrances at End of Quarter
<i>Fiscal year 2006</i>			
1st quarter – Jul.-Sept. 2005	11,615,881	11,615,881	5,091,227
2nd quarter – Oct.-Dec. 2005	2,087,185	13,703,066	7,671,154
3rd quarter – Jan.-Mar. 2006	87,185	13,790,251	7,592,540
4 th quarter – Apr.-June 2006	1,087,184*	14,877,435	14,916,848
<i>Fiscal year 2007</i>			
1st quarter – Jul.-Sept. 2006	12,447,794	12,447,794	12,130,665
2nd quarter – Oct.-Dec. 2006	97,625	12,545,419	12,361,751**
3rd quarter – Jan.-Mar. 2007	97,623	12,643,042	
4th quarter – Apr.-June 2007	97,623	12,740,665	

* Includes an emergency appropriation of \$1,000,000 in May 2006.

** Estimate as of 12/29/06.

Summary

Strengths in the early intervention system from October-December 2006 include:

- ⇒ EIS continues to provide extensive training to support the increased understanding of federal and state early intervention requirements.
- ⇒ EIS, PHNB, and MCHB meet monthly to review, analyze, and problem-solve issues related to OSEP compliance.
- ⇒ EIS, PHNB, and Healthy Start monthly data show increased compliance.
- ⇒ EIS, PHNB, and Healthy Start monitoring data show increased correction of previously identified areas of non-compliance.
- ⇒ Fewer children had service gaps that lasted the entire quarter as compared to last quarter.
- ⇒ EIS, PHNB, and MCHB continue to collaborate extensively to ensure that programs are aware of changes that must be implemented to support Part C compliance.
- ⇒ All Part C programs are working diligently to correct the areas of non-compliance identified by OSEP.
- ⇒ The care coordination ratio has decreased with the addition of new social work/care coordination positions. When all positions are filled, the goal of 1:35 will be met.
- ⇒ Dedicated direct service staff at EIS and public and private early intervention programs is working diligently to meet the needs of the expanding number of children identified with developmental delays statewide and their families.
- ⇒ Ongoing collaboration with DOE support the transition of children from DOH Part C programs to DOE preschool programs.
- ⇒ The Department of Health has proposed a legislative request for an emergency appropriation and an increase in the baseline biennium budget appropriation for the Early Intervention Section.

Challenges to the early intervention system from October-December 2006 include:

- ⇒ Although there has been extensive improvement in correcting non-compliance with Part C requirements, areas of non-compliance continue to exist.
- ⇒ There is not one unified Part C data system to track Part C children or to gather monthly data. Each Agency must adapt or develop its own system to collect the required data. The multiple systems impact the ease of analyzing and comparing data to determine the strengths and needs of the EI system and report to OSEP.
- ⇒ Costs continue to exceed the budgeted amounts for EIS and Healthy Start. Although allocations and expenditures are monitored to identify funding needs, deficits are projected for FY2007. Emergency appropriation requests to cover the cost of services for FY2007 and increases in base budgets for FY 2008 have been submitted.
- ⇒ The number of vacant positions in EIS continues to increase. For example, only 1 of the 5 Quality Assurance positions is now filled. The resignations were due to the salaries lowered when their exempt status was changed to civil service. These vacancies as well as other administrative resignations and retirements will impact the ability of EIS meeting all requirements and required deadlines.