



## *Performance Report*

*Performance Period January 2007 – March 2007*

### Introduction

This report presents information about the performance of operations and services of the Early Intervention Section (EIS) and Healthy Start from January through March 2007.

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 January through March 2007 are summarized.

## Enrollment

### Early Intervention Section

#### Monthly Enrollment

Monthly enrollment data for infants and toddlers served by EIS from January through March 2007 are shown in Table 1.

Table 1. EIS Monthly Enrollment Data

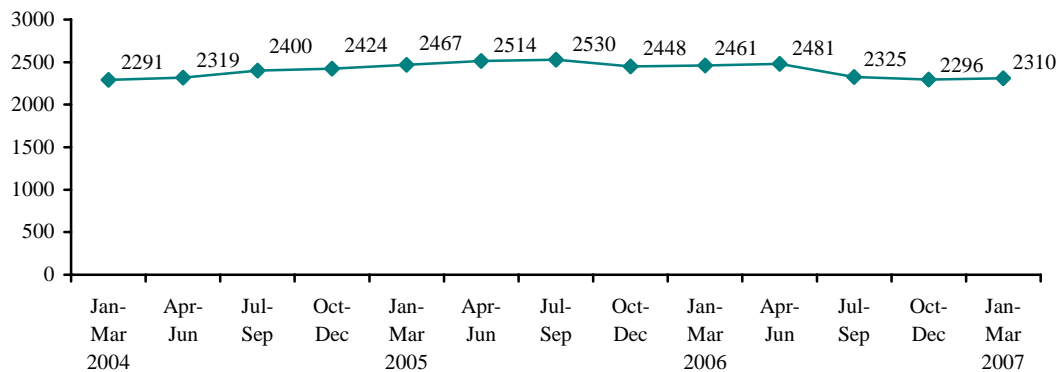
Month	Monthly Enrollment	Island					
		Oahu	Hawaii	Maui	Kauai	Molokai	Lanai
January 2007	2301	1668	262	217	125	22	7
February 2007	2278	1664	261	197	127	23	6
March 2007	2352	1704	262	225	131	23	7

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 2004 are shown in Graph 1. The quarterly enrollment average increased slightly from 2296 in the October-December quarter to 2310 in the January-March 2007 quarter.

Graph 1. EIS Quarterly Enrollment from Jan.-Mar. 2004 to Jan.-Mar. 2007:



#### Child Find

A goal of EIS is to share information regarding early intervention services with the community. With the Public Awareness position now filled, it is expected that public awareness activities will increase. EIS will be represented at two conferences in April 2007, the Special Parent Information Network and the Foster Family Conference. 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 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**

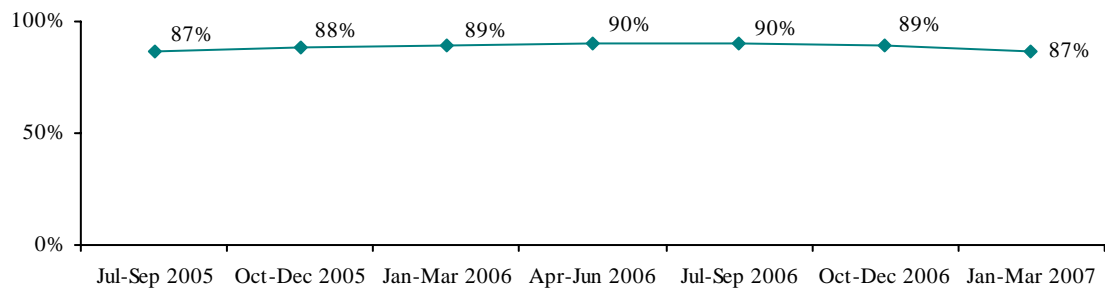
Birth rates for Hawaii for January to March 2007 are as follows:

Month	Births
January	1245
February	1193
March	1353

**Screen, Assessment, and Accepted Referral Rates**

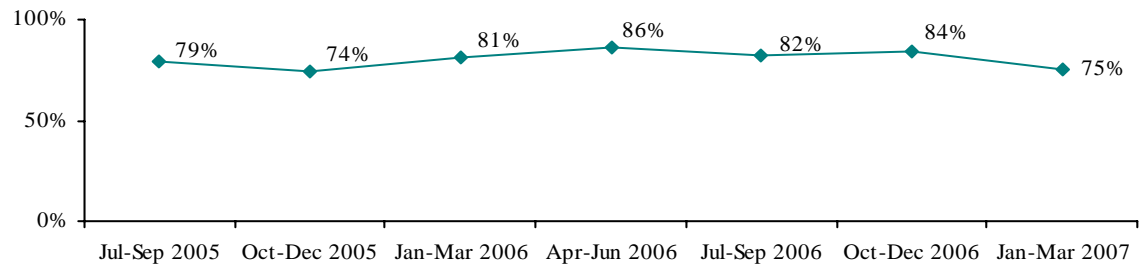
Screen rate: The quarterly early identification (EID) screen rate (Graph 2) has been relatively stable over the past 21 months.

Graph 2. Oahu EID Quarterly Screen Rate, July 2005 through March 2007.



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

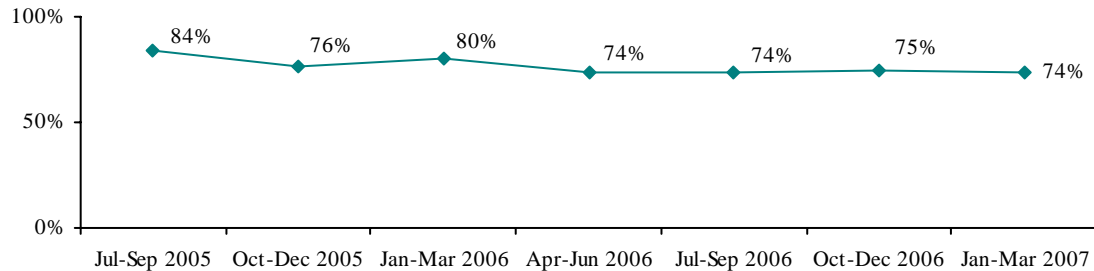
Graph 3. Oahu EID Quarterly Assessment Rate, July 2005 through March 2007.



Referral rate: The quarterly EID referral rate (Graph 4) has remained stable at 74-75% for the past 12 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 program at any time during their child’s first year of life. Therefore, the slight fluctuation in referral rates may also be indicative of families’ exercising their prerogative to defer referral until a later time.

Graph 4. Oahu EID Quarterly Referral Rate, July 2005 through March 2007.



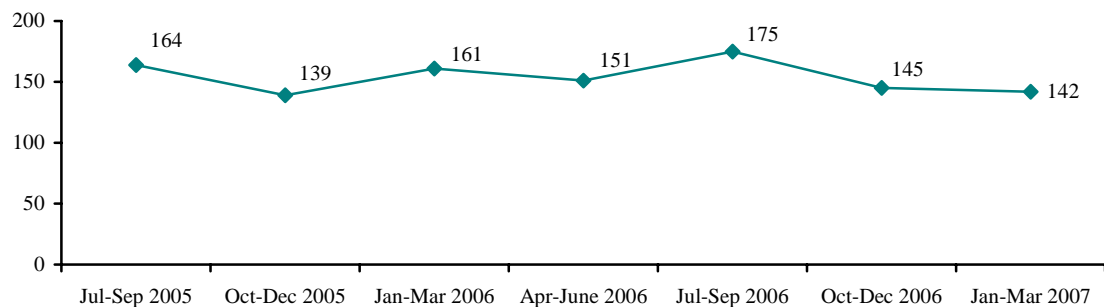
**New Enrollment**

A total of 410 infants were newly enrolled in home visiting services during this quarter (Table 2). New enrollment numbers for the Enhanced program totaled 15 for January through March, which would bring the total new enrollment to 425. (The Healthy Start database was changed in November to separate out the Enhanced numbers.) Enrollment decreased by 11 from the previous quarter. 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 142 (Graph 5), a decrease of 3 from last quarter. The decrease in enrollment may also have been influenced by new procedures whereby families with a biologically at risk infant, who accept home visiting services, have deferred enrollment into Healthy Start until a Public Health Nurse assesses the infant to triage and determine appropriate services.

Table 2. Healthy Start New Enrollment Data from January to March 2007

Month	New Enrollment	Island					
		Oahu	East Hawaii	West Hawaii	Maui/Lanai	Kauai	Molokai
January	149	109	13	12	11	4	0
February	120	108	6	2	3	1	0
March	141	119	7	4	6	5	0

Graph 5. Healthy Start New Monthly Enrollment from July 2005 to March 2007



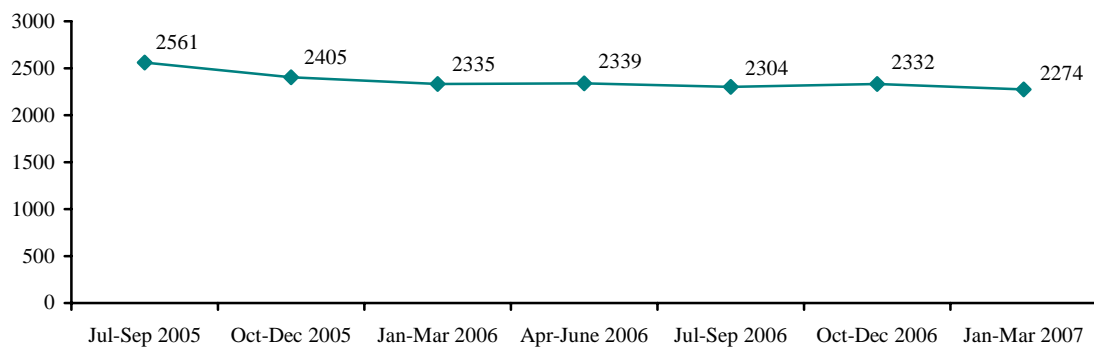
**Active Enrollment**

The monthly active enrollment (children in home visiting services) is shown in Table 3. The average active monthly enrollment statewide for this quarter is 2,274. The average monthly enrollment per quarter (Graph 6) decreased by 58 children from the last quarter (October to December 2006). Active enrollment number for the Enhanced program was 1,033 for this quarter, which would bring the overall active quarterly enrollment average to 2,618, a decrease of 7 from the previous quarter’s average. The Enhanced program experienced a significant increase in enrollment (+154 for the quarter).

Table 3. Healthy Start Monthly Active Enrollment for January to March 2007

Month	Active Enrollment	Island					
		Oahu	East Hawaii	West Hawaii	Mauil/Lanai	Kauai	Molokai
January	2327	1649	218	148	185	99	28
February	2270	1630	195	141	176	101	27
March	2225	1610	187	136	160	105	27

Graph 6. Healthy Start Average Quarterly Enrollment from July 2005 to March 2007.



**Service Gaps**

The tables below provide information on service gaps for EIS, PHNB, and Healthy Start providers for January-March 2007. 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 increased from 29 full gaps last quarter to 37 full gaps this quarter. The average monthly number of children with full gaps increased slightly, from 9 children last quarter to 12 children this quarter (average

unduplicated monthly count). The total children with full service gaps also increased slightly, from 16 to 19 children this quarter (unduplicated quarterly count). (Table 4)

Table 4. Full Service Gaps by Month

Service Gap	January	February	March	Total
Occupational Therapy			1 (Hawaii)	<b>1 (Hawaii)</b>
Physical Therapy	1 (Maui)			<b>1 (Maui)</b>
Speech Therapy	1 (Oahu) 8 (Hawaii)	4 (Oahu) 8 (Hawaii)	6 (Oahu) 7 (Hawaii)	<b>11 (Oahu)</b> <b>23 (Hawaii)</b>
Special Instruction	1 (Maui)			<b>1 (Maui)</b>
Nursing Services				
<b>Total Number of Full Gaps</b>	<b>11</b>	<b>12</b>	<b>14</b>	<b>37</b>
<b>Total Number of Monthly Full Gaps</b>	Oahu	1	4	6
	Maui	2		
	Hawaii	8	8	8
	Kauai			
	Molokai			
<b>Total</b>	<b>11</b>	<b>12</b>	<b>14</b>	<b>37</b>
<b>Total Number of Children (unduplicated by month)</b>	Oahu	1	4	6
	Maui	2		
	Hawaii	8	8	8
	Kauai			
	Molokai			
<b>Total</b>	<b>11</b>	<b>12</b>	<b>14</b>	<b>37</b>
<b>Total Number of Children (unduplicated by quarter)</b>	Oahu			7
	Maui			2
	Hawaii			10
	Kauai			
	Molokai			
<b>Total</b>				<b>19</b>

### Partial Service Gaps

The total number of monthly partial service gaps (Table 5) decreased from 330 partial gaps last quarter to 235 this quarter. The average monthly number of children with partial gaps also decreased, from 103 children last quarter to 76 children this quarter (average unduplicated monthly count). Only 139 children experienced at least one gap during the quarter, which was fewer than last quarter's count of 202 children (unduplicated quarterly count).

Table 5. Partial Service Gaps by Month

Service Gap		January	February	March	Total
Occupational Therapy		4 (Oahu) 1 (Maui)	8 (Oahu) 6 (Maui)	4 (Oahu)	<b>16 (Oahu)</b> <b>7 (Maui)</b>
Physical Therapy		8 (Oahu)	10 (Oahu)	23 (Oahu)	<b>41 (Oahu)</b>
Special Instruction		30 (Oahu)	18 (Oahu)	30 (Oahu)	<b>78 (Oahu)</b>
Speech Therapy		27 (Oahu) 5 (Hawaii) 1 (Maui)	26 (Oahu) 5 (Hawaii) 1 (Maui)	20 (Oahu) 7 (Hawaii)	<b>73 (Oahu)</b> <b>2 (Maui)</b> <b>17 (Hawaii)</b>
Intensive Behavioral Supt.			1 (Oahu)		<b>1 (Oahu)</b>
Family Training					
Vision Services					
<b>Total Number of Partial Gaps</b>		<b>76</b>	<b>75</b>	<b>84</b>	<b>235</b>
<b>Total Number of Partial Gaps</b>	Oahu	69	63	77	<b>209</b>
	Maui	2	7		<b>9</b>
	Hawaii	5	5	7	<b>17</b>
	Lanai				
	<b>Total</b>	<b>76</b>	<b>75</b>	<b>84</b>	<b>235</b>
<b>Total Number of Children (unduplicated by month)</b>	Oahu	67	62	76	<b>205</b>
	Maui	2	7		<b>9</b>
	Hawaii	3	5	7	<b>15</b>
	Lanai				
	<b>Total</b>	<b>72</b>	<b>74</b>	<b>83</b>	<b>229</b>
<b>Total Number of Children (unduplicated by quarter)</b>	Oahu				<b>123</b>
	Maui				<b>9</b>
	Hawaii				<b>7</b>
	Lanai				
	<b>Total</b>				<b>139</b>

### 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 special educators (Oahu) and speech-language pathologists (Oahu and Hawaii), and a special education teacher was on extended leave due to a family emergency. 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 is not 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. While this cannot be prevented, they impact the provision of services to meet the IFSP requirements.

Providing Services on Weekends or After Work Hours and at Homes of Families. Although there is more flexibility and more services are provided after the typical workday, there were still several instances where a schedule between 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 this concern is decreasing, there are situations when there is difficulty contacting families to schedule services, as well as incidents when program staff forgets to contact families to schedule a service identified on the IFSP. As soon as this is identified 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 EI 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.

### **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 do not 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 denominator (39), at the end of March 2007, 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 meet 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 has been transferred to Oahu and is in the recruitment process. Funds were provided to the POS programs so that they could recruit for these three positions to ensure there were sufficient care coordinators. The POS recruitment was successful, although there currently is a vacant DOH position on Maui.

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; therefore, 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 March 2007.

Table 6. Percentage of EIS Civil Service Social Work/Care Coordinator Positions that are Filled, by Island, as of March 2007.

Island	EIS SW Positions Total #	EIS SW Positions Filled #	EIS SW Positions Filled %
Oahu	31*	28	90%
Hawaii	3	3	100%
Maui	2**	1	50%
Kauai	3***	3	100%
<b>Total</b>	<b>39</b>	<b>35</b>	<b>90%</b>

\* 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 March 2007.

Island	POS SW Positions Total #	POS SW Positions Filled #	POS SW Positions Filled %
Oahu	13*	12	92%
Hawaii	4	4	100%
Maui	6**	6	100%
Kauai	1	1	100%
Molokai	1***	1	100%
Lanai	1***	1	100%
<b>Total</b>	<b>26</b>	<b>25</b>	<b>96%</b>

\* 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 March 2007, 37 of the 43 direct service positions, or 86%, 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 March 2007.

Island	Direct Service Positions – Total #	Direct Service Positions – Filled #	Direct Service Positions – Filled %	Vacant Positions
Oahu	37	33	89%	Clinical Psych.; Clinical Psych. Asst. IV; PMA III-1; PMA II
Hawaii	6	4	67%	OT III-1; SLP IV-1
<b>Total</b>	<b>43</b>	<b>37</b>	<b>86%</b>	–

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. An Oahu SLP flies to Kona weekly to support the speech-language and communication needs of enrolled children. EIS continues to have over fifty contracts with fee-for-service providers to support vacancies and other service needs throughout the State.

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. The 10 vacant administrative positions on Oahu include: Secretary II position; 2 staff to support third party billing (1 position is being recruited by FHSD to support EI data needs, and recruitment for the other position is on hold due to a personnel matter); 2 of the 3 C&Y IV positions for EIS quality assurance/monitoring; C&Y V position for Lead Agency quality assurance/monitoring; OT IV that is the Wahiawa ECSP Manager; and 3 clerk-typists (recruitment for 1 position is on hold due to a personnel matter). The C&Y IV for EIS quality assurance on the island of Hawaii is also vacant. The C&Y IV for EIS quality assurance for Maui County and Kauai, while currently filled, will be vacant by the end of April. When exempt positions were re-described to civil service positions, salaries were lowered, which resulted in vacancies and difficulty recruiting qualified individuals.

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

Table 9. EIS Administrative Positions by Island, as of March 2007.

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

### *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 continues to be under recruitment.

**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 (63%) has decreased over the previous 2 quarters (71% to 69% to 63%). Four islands (Hawaii, Maui, Molokai, and Lanai) are now equal or under the recommended 1:35 caseload. Of concern is the continued decrease in percentage on Oahu, from 70% to 59% to 57%, as well as the decrease in Maui from 100% to 33% due to the loss of 2 care coordinator positions. On Oahu there is an inequity of positions across programs, whereby some programs are fully staffed and under the 1:35 ratio, and other programs are fully staffed and over the 1:35 ratio. 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 March 2007.

Island	# Social Workers Providing Care Coordination as of March 2007	Number with Caseloads No More than 35	Percent with Caseloads No More than 35
Oahu	37*	21	57%
Hawaii	7	7	100%
Maui	6	2	33%
Kauai	4	3	75%
Molokai	1	1	100%
Lanai	1	1	100%
<b>Total</b>	<b>56</b>	<b>35</b>	<b>63%</b>

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

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	1283	32
Hawaii	7*	7.00	206	29
Maui	8	7.00	165	24
Kauai	4	3.75	103	27
Molokai	1	.50	12	24
Lanai	1	.50	6	12
<b>Total</b>	<b>62</b>	<b>58.50</b>	<b>1775</b>	<b>30</b>

\*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, especially in the evenings and on weekends, 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 January through March 2007 impacted 764 individuals, as described below, including at least 26 family members. The following is a list of training topics and number of attendees during this quarter:

- **Part C Orientation.** EIS provided one 4-day Part C orientation on Oahu for a total of 64 individuals (EIS, PHNB, and HS staff).
- **Comprehensive Developmental Evaluation.** Five 2-day trainings on how to utilize the Hawaii Early Learning Profile (HELP) in order to complete the required Comprehensive Developmental Evaluation (CDE) were provided on the following islands: Oahu 3 sessions – 120 attendees; Kauai – 36 attendees; Kona – 24 attendees, for a total of 180 individuals. Representatives from EIS, PHNB and HS attended
- **Transition from Early Intervention to 619 Services.** The Inclusion Specialist provided information on the transition process to 25 attendees at the Central Oahu Community Resource Fair.
- **Training on Transdisciplinary Service Provision.** Fifty (50) early interventionists, including EIS program managers, as well as some social workers and speech-language pathologists, were provided training in providing services via the transdisciplinary model of service provision.
- **Supporting Children with Challenging Behaviors and Autism.** The Keiki Care Project (KCP) Coordinator provided 9 trainings (8 on Oahu and 1 on Kauai) to support preschool staff serving young children with challenging behaviors, which impacted 84 preschool teachers. The KCP also provided information on how to support children with challenging behaviors to the 135 attendees of the workshops for the Hawaii (2 workshops) and Maui (2 workshops) Chapters of the Hawaii Association of the Education of Young Children. Training on this topic was provided by an EIS Psychologist at PACT and Kapolei Easter Seals, for 21 individuals who included 3 parents.
- **Supporting Infants, Toddlers with Hearing Loss and their Families.** The Baby HEARS project supported a variety of trainings for early intervention staff, audiologists, pediatricians and family members by Dr. Christie Yoshinaga-Itano, an internationally known expert on children with hearing loss. One hundred

thirty (130) early interventionists and pediatricians and 23 family members participated in the trainings. In addition the EIS Deaf Educator trained 16 staff at the KMC early intervention programs on this topic.

- **Assistive Technology.** EIS Keiki Tech staff presented information on assistive technology to 15 community college students and 3 adults at the Home School Electronics Class at Leeward Community College.
- **Other Trainings.** The Part C Coordinator provided, as part of a panel, information on Hawaii's Part C program to 50 judges, attorneys and child welfare workers at a Juvenile Justice Conference in San Diego, California. In addition, information was provided at Social Work Fairs held at three Kaiser Hospital Clinics on Oahu, which was attended by approximately 100 individuals.
- **Informal Trainings/Consultations.** 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 catalog 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 catalog 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 (FSW): 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:

#### January, 2007

1/8	Families in Progress Part 3: Change Agent in Development
1/8	Families in Progress Part 3: IFSPs that Empower Relationships
1/10	Core Training: Clinical Supervision
1/16	Families in Progress Part 3: Change Agent/IFSP
1/18	Working with Teens
1/22-25	FSW Role Specific
1/26	FSW Role Specific – Supervisors
1/29	Families in Progress Part 3: Change Agent in Development
1/29	Families in Progress Part 3: IFSPs that Empower Relationships

February, 2007

2/9 Boundaries and Ethics  
2/21 FSW Training Part 2  
2/27-28 Core Training: Clinical Specialist

March, 2007

3/6 Supervising Home Visitors Family Dynamics (Supervisors)  
3/14 Nurturing Principles & Practices  
3/19 Substance Abuse Part 1  
3/23 Substance Abuse Part 2  
3/28 Boundaries & Ethics Part 1

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

## 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.

Hawaii has increased its compliance with Part C requirements, as documented by data submitted to the Office of Special Education Programs (OSEP). A letter, dated April 18, 2007 informed the Department of Health that the DOH has demonstrated compliance with the remaining area of Special Conditions, timely correction of noncompliance, and the state is no longer under Special Conditions. This achievement was due to the hard work of all staff at EIS programs, PHNB sections, and Healthy Start Programs, and the oversight by the administrators of these programs.

### **Monitoring Activities**

A major focus during the January-March 2007 quarter was to gather follow-up data on specific indicators that EIS programs continued to identify non-compliance.

### **Child/Family Outcomes**

Activities will continue to determine the effectiveness of EI in supporting outcomes of children and their families, including how children enrolled in early intervention

programs compare with typically developing children. 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 was submitted to OSEP in the 2/1/07 revised State Performance Plan submitted February 1, 2007. 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**

The 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, there are currently 3 vacancies. However, with the impending resignation of the Maui QA, there will be only 1 QA Specialists, residing on Oahu. 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.

Monitoring was conducted in February, with one agency requiring on site consultation and assistance. Follow up monitoring will be conducted in late April.

## Funding

### *Early Intervention Section*

For FY 2007, the EIS appropriation is \$10,900,021 (\$8,900,021 state funds and \$2,000,000 EI Special Funds). The EIS allocation is \$11,375,588 (\$9,375,588 state funds and \$2,000,000 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 services for FY 2007 was submitted to the 2007 State Legislature.

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	2,346,250	8,477,500	9,125,127***
3rd quarter – Jan.-Mar. 2007	2,773,088	11,250,588	11,272,598****
4th quarter – Apr.-June 2007	125,000	11,375,588	

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

\*\* Estimate as of 10/02/06.

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

\*\*\*\* Information as of 4/5/07.

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	1,012,708***
3rd quarter – Jan.-Mar. 2007	585,000	2,137,000	1,371,789****
4th quarter – Apr.-June 2007	634,557	2,771,557	

\*\* Estimate as of 9/30/06.

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

\*\*\*\* Information as of 4/5/07.

### ***Healthy Start***

For FY 2007, a total of \$13,540,665 in State funds and EI Special funds were allocated. It is expected that a 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
4th 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	12,378,589
3rd quarter – Jan.-Mar. 2007	897,623**	12,643,042	13,277,348 ***
4th quarter – Apr.-June 2007	97,623	13,540,665	

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

\*\* Includes \$800,000 additional EIS special fund.

\*\*\* Estimate as of 3/30/07.

## Summary

Strengths in the early intervention system from January-March 2007 include:

- ⇒ Hawaii's Part C program is no longer under Special Conditions. All findings of non-compliance were corrected.
- ⇒ EIS continues to provide extensive training to support the increased understanding of federal and state early intervention requirements.
- ⇒ PHNB and MCHB staff co-train in federal and state early intervention requirements.
- ⇒ EIS, PHNB, and MCHB meet monthly to review, analyze, and problem-solve and ensure correction of issues related to OSEP compliance. All Part C programs follow the same correction requirements. Because of this, monthly data shows increased compliance as well as increased correction of previously identified areas of non-compliance.
- ⇒ EIS, PHNB, and Healthy Start monthly data show increased compliance.
- ⇒ EIS, PHNB, and Healthy Start monitoring data show that fewer children had service gaps as compared to last quarter.
- ⇒ 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 supports the transition of children from DOH Part C programs to DOE preschool programs.
- ⇒ The Department of Health's legislative request for an emergency appropriation has been passed and is awaiting Governor's signature. The collaboration of public and private programs and families was instrumental in passing the appropriate bills.

Challenges to the early intervention system from January-March 2007 include:

- ⇒ 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. An emergency appropriation to cover the cost of services for FY2007 and an increase in base budget for FY 2008 were requested.
- ⇒ The presence of vacant positions in EIS continues to impact the efficiency of work being completed as it results in staff members being overwhelmed with additional responsibilities. While staff have been supportive and accepting of additional responsibilities, there is a major concern of staff burnout and efficiency.
- ⇒ There has been a decrease in the number of care coordinators with a caseload of no more than 1:35.