



Performance Report

Performance Period April 2007-June 2007

Introduction

This report presents information about the performance of operations and services of the Early Intervention Section (EIS) and Healthy Start from April through June 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 April through June 2007 are summarized.

Enrollment

Early Intervention Section

Monthly Enrollment

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

Table 1. EIS Monthly Enrollment Data

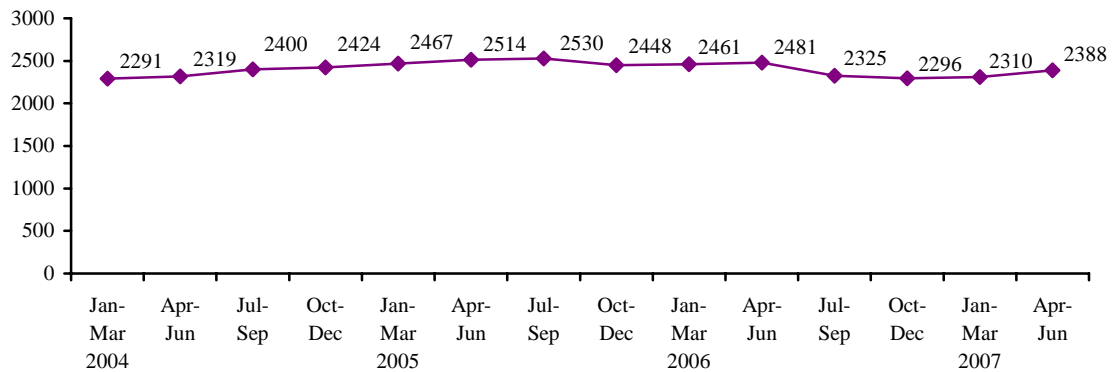
Month	Monthly Enrollment	Island					
		Oahu	Hawaii	Maui	Kauai	Molokai	Lanai
April 2007	2360	1711	273	218	128	24	6
May 2007	2399	1739	269	234	128	23	6
June 2007	2407	1756	265	222	136	23	5

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 from 2310 in the January-March quarter to 2388 in the April-June 2007 quarter. As can be seen by the graph below, enrollment has been relatively constant over the past 3 years.

Graph 1. EIS Quarterly Enrollment from January 2004 to June 2007



Child Find

A goal of EIS is to share information regarding early intervention services with the community. Public Awareness activities that occurred this quarter included representation at the Special Parent Information Network, the Foster Parent Association Conference in April 2007 and the Hawaii Public Health Association Conference in May 2007. 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. Data on the status of each indicator reported in Hawaii’s Annual Performance Report to the U.S. Department of Education Office of Special Education Programs (OSEP) for each Part C

program, including EIS, PHNB, and Healthy Start, is now on the EIS website as required by OSEP. The website has a link to the H-KISS referral form to simplify referrals. The website will continue to be expanded to provide other relevant information.

Healthy Start

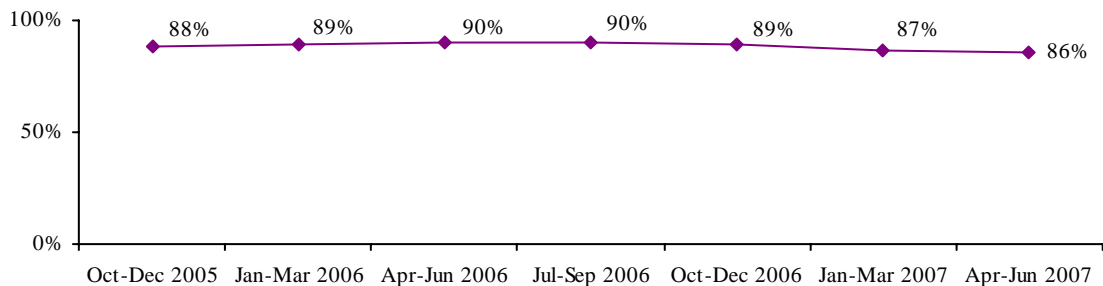
Birth rates for Hawaii for April to June 2007 are as follows:

Month	Births
April	1244
May	1265
June	1292

Screen, Assessment, and Accepted Referral Rates

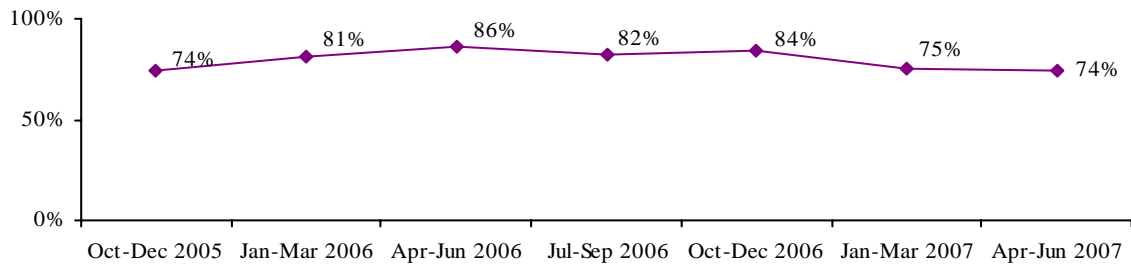
Screen rate: The quarterly early identification (EID) screen rate (Graph 2) has been relatively stable over the past 21 months.

Graph 2. Oahu EID Quarterly Screen Rate, October 2005 through June 2007.



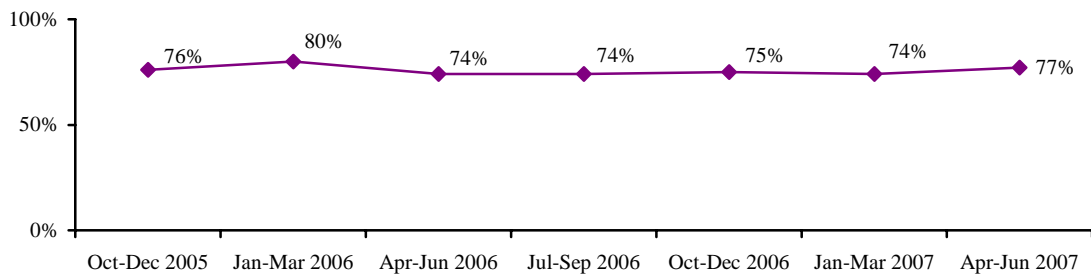
Assessment rate: The quarterly EID assessment rate (Graph 3) decreased over the past two quarters. During the January-March 2007 quarter, there were concerns that families were experiencing “dual” referrals to PHN and Healthy Start. EID was instructed to not enter the Intermediate Care Nursery, and to allow those infants to enter the Early Intervention System via HKISS. At one point in time there were approximately 50 infants who came through the nursery (some via NICU) who were not assessed by EID. The process has since been revised and EID is able to screen and assess these families. Also during the January-March 2007 quarter, the largest EID provider on Oahu was short staffed. Infants missed in the hospital are routinely placed in a “phone file” for later telephone interview follow up. During February and March, the Maternal and Child Health Branch and the EID contractor began piloting a project to increase prenatal referrals. This required 2 staff being pulled off of regular hospital duties to attend 2 months of training to enable them to participate in WIC clinics.

Graph 3. Oahu EID Quarterly Assessment Rate, October 2005 through June 2007



Referral rate: The quarterly EID referral rate (Graph 4) has increased slightly to 77% over 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. 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, October 2005 through June 2007



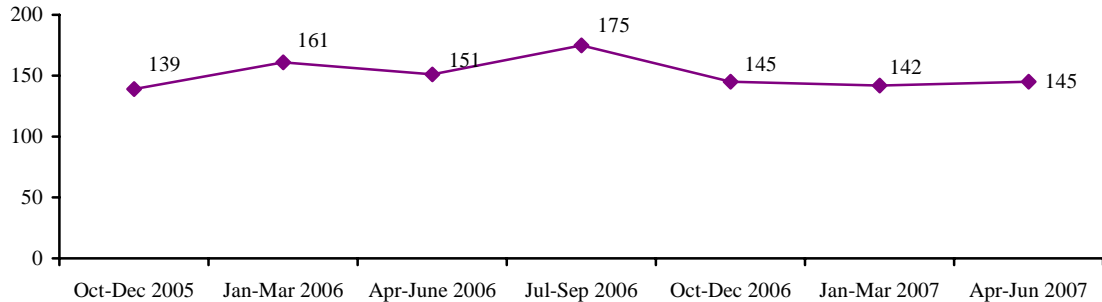
New Enrollment

A total of 434 infants were newly enrolled in home visiting services during this quarter (Table 2). New enrollment numbers for the Enhanced Healthy Start Program totaled 17 for April through June, which would bring the total new enrollment to 451. (The Healthy Start database was changed in November 2006 to separate out the Enhanced numbers.) Total new enrollment, which includes the Enhanced program, increased by 26 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 145 (Graph 5), an increase of 3 from last quarter.

Table 2. Healthy Start New Enrollment Data from April to June 2007

Month	New Enrollment	Island					
		Oahu	East Hawaii	West Hawaii	Maui/Lanai	Kauai	Molokai
April	148	112	7	1	21	7	0
May	132	93	10	8	15	6	0
June	154	117	15	8	12	2	0

Graph 5. Healthy Start New Monthly Enrollment from October 2005 to June 2007



Active Enrollment

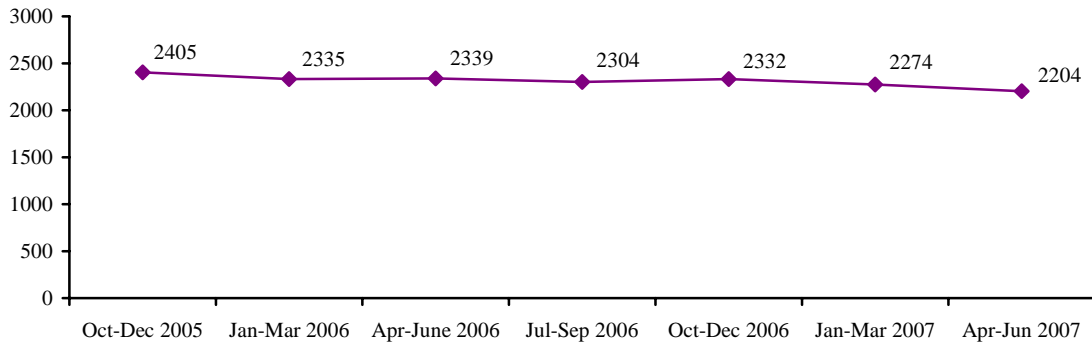
The monthly active enrollment (children in home visiting services) is shown in Table 3. The average active monthly enrollment statewide for this quarter is 2,204. The average monthly enrollment per quarter (Graph 6) decreased by 70 children from the last quarter (January to March 2007). The average active monthly enrollment for the Enhanced program was 368 for this quarter. The Enhanced program experienced an increase in enrollment (+70 for the quarter).

The overall enrollment data reflects earlier issues with the assessment rate decreases. The Enhanced increases may reflect the overall increase in referrals by the CWS worker as per new CAPTA guidelines issued in October 2006. The age for CWS referral was increased above the regular Healthy Start age limits. Enrollment is also affected at the assessment point when normal universal screening and assessment does not occur for those families known to CWS at the time of the child’s birth. Assessment may occur if the caregiver is known, (i.e., EID will assess and refer an eligible foster family), however when CWS is involved, a foster placement may not yet be determined during the hospitalization.

Table 3. Healthy Start Monthly Active Enrollment for April to June 2007

Month	Active Enrollment	Island					
		Oahu	East Hawaii	West Hawaii	Maui/Lanai	Kauai	Molokai
April	2247	1588	182	146	175	112	44
May	2194	1549	170	141	183	105	46
June	2172	1534	171	138	180	103	46

Graph 6. Healthy Start Average Quarterly Enrollment from October 2005 to June 2007



Service Gaps

The tables below provide information on service gaps for EIS, PHNB, and Healthy Start providers for April-June 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 decreased from 37 full gaps last quarter to 33 full gaps this quarter. The average monthly number of children with full gaps was consistent with last quarter, from 9 children last quarter to 10 children this quarter (average unduplicated monthly count). However, the total number of children with full service gaps increased slightly, from 19 to 25 children this quarter (unduplicated quarterly count). (Table 4)

Table 4. Full Service Gaps by Month

Service Gap	April	May	June	Total
Occupational Therapy	1 (Oahu)		1 (Oahu) 1 (Hawaii)	2 (Oahu) 1 (Hawaii)
Physical Therapy		1 (Hawaii)	3 (Hawaii)	4 (Hawaii)
Speech Therapy	7 (Oahu)	5 (Oahu)	8 (Oahu)	20 (Oahu)
Special Instruction	1 (Oahu)	2 (Oahu)	2 (Oahu) 1 (Hawaii)	5 (Oahu) 1 (Hawaii)
Total Number of Full Gaps	9	8	16	33
Total Number of Monthly Full Gaps	Oahu	9	7	11
	Maui			0
	Hawaii		1	5
	Kauai			0
	Molokai			0
	Total	9	8	16
Total Number of Children (unduplicated by month)	Oahu	8	5	10
	Maui			0
	Hawaii		1	5
	Kauai			0
	Molokai			0
	Total			
Total Number of Children (unduplicated by quarter)	Oahu			19
	Maui			0
	Hawaii			6
	Kauai			0
	Molokai			0
	Total			

Partial Service Gaps

The total number of monthly partial service gaps (Table 5) increased from 235 partial gaps last quarter to 432 this quarter. The average monthly number of children with partial gaps also increased, from 76 children last quarter to 132 children this quarter (average unduplicated monthly count). Two hundred forty-nine (249) children experienced at least one gap during the quarter, which was an increase from last quarter's count of 139 children (unduplicated quarterly count). The main reasons were due to staff resignations, especially in Waianae, Central Oahu, and Waipahu. Staff vacations and personal leave also accounted for the increased numbers of gaps during this period. One early intervention program reported that three (3) speech pathologists have tendered their resignations due to increased salary offers from the Department of Education, so it is uncertain whether the gaps will decrease during the July-September quarter.

Table 5. Partial Service Gaps by Month

Service Gap		April	May	June	Total
Occupational Therapy		32 (Oahu) 2 (Maui)	39 (Oahu)	17 (Oahu) 1 (Hawaii) 2 (Maui)	88 (Oahu) 1 (Hawaii) 4 (Maui)
Physical Therapy		28 (Oahu) 1 (Maui)	26 (Oahu) 3 (Hawaii)	45 (Oahu) 2 (Hawaii) 1 (Maui)	99 (Oahu) 5 (Hawaii) 2 (Maui)
Special Instruction		34 (Oahu)	41 (Oahu)	61 (Oahu)	136 (Oahu)
Speech Therapy		29 (Oahu) 3 (Hawaii) 2 (Maui)	24 (Oahu) 2 (Hawaii) 2 (Maui)	30 (Oahu) 3 (Hawaii)	83 (Oahu) 8 (Hawaii) 4 (Maui)
Intensive Behavioral Supt.		2 (Oahu)			2 (Oahu)
Total Number of Partial Gaps		133	137	162	432
Total Number of Partial Gaps	Oahu	125	130	153	408
	Maui	5	2	3	10
	Hawaii	3	5	6	14
	Lanai				
	Total	133	137	162	432
Total Number of Children (unduplicated by month)	Oahu	117	121	135	373
	Maui	5	2	3	10
	Hawaii	3	5	5	13
	Lanai				
	Total				396
Total Number of Children (unduplicated by quarter)	Oahu				229
	Maui				10
	Hawaii				10
	Lanai				
	Total				249

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 and speech-language pathologists, mainly on Oahu, 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, as noted above, success is frequently related to increased and more competitive salaries. The Kona Early Childhood Program currently has vacancies in Occupational Therapy, Physical Therapy, and Speech-Language Pathology. 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.

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. Funding issues need to be reviewed, as without adequate staff, gaps will continue and will impact meeting the service needs identified in the IFSPs and children's developmental progress.
- 2) POS 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).
- 3) 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. Or, even if they use this option, there is not always staff available to provide consultative services, which is a cornerstone of the transdisciplinary model. There continues to be 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.

EIS is working on revised reporting requirements as well as providing additional training 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. Staffing issues will impact the timing of the implementation of this change.

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 40 positions intended to provide care coordination, instead of the original 44. Using this new denominator (40), at the end of June 2007, 34 of the 40 state social worker/care coordinator positions, or 85%, were filled.

Because of the continued difficulty of recruiting on the islands of Hawaii and Maui, the Family Health Services Division (FHSD), 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. All three (3) positions were transferred and are included in the Oahu data above (2 of 3 are filled). Funds were provided to the POS programs so that they could recruit for these three positions to ensure there were sufficient care coordinators; these positions remain filled.

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 either the above SW count or the count of direct service providers. In addition, there are 2 vacant SW positions on the island of Hawaii that are also not included in the above SW count, since these positions are not currently needed on that island and will not be filled until a need is determined. 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 2 vacant social work positions.

Table 6 provides information on the 40 DOH social worker/care coordinator positions, by island and statewide as of June 2007.

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

Island	EIS SW Positions Total #	EIS SW Positions Filled #	EIS SW Positions Filled %
Oahu	32*	27	84%
Hawaii	3	3	100%
Maui	2**	1	50%
Kauai	3***	3	100%
Total	40	34	85%

* Includes 3 positions that provide 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

Five of the six vacant DOH SW positions are on Oahu; one is on Maui. However, as of mid-July, the Maui position and one Oahu position were filled, leaving only four (4) Oahu positions vacant. Although there has been active recruitment and offers have been made, there have been several declines due to increased wages and higher salary range levels elsewhere in the State. EIS is planning to revise position descriptions to upgrade some of the EIS positions due to the complexity of many of the children and families served. It is hoped that once accomplished, there will be increased successful recruitment and retention.

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 June 2007

Island	POS SW Positions Total #	POS SW Positions Filled #	POS SW Positions Filled %
Oahu	14*	11	79%
Hawaii	4	4	100%
Maui	6**	5	83%
Kauai	1	1	100%
Molokai	1***	1	100%
Lanai	1***	1	100%
Total	27	23	85%

* 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. Similar to DOH Oahu positions, POS programs have experienced recent resignations due to the availability of higher paying positions in both the Department of Education and the private sector. Further investigation of salary discrepancies is needed to determine if the funds provided to the POS programs are sufficient to retain staff. As vacancies continue, the ability of the State to remain in compliance with OSEP requirements is a concern because, as caseloads increase, meeting federal and state required timelines may decrease.

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

EIS has 42 direct service positions statewide. (This was reduced from 43 last quarter as a PMA II position was recently abolished by legislative adjustment.) 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 June 2007, 36 of the 42 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 June 2007

Island	Direct Service Positions – Total #	Direct Service Positions – Filled #	Direct Service Positions – Filled %	Vacant Positions
Oahu	36	33	92%	SPED IV-Vision; SPED III; SLP IV
Hawaii	6	3	50%	OT III; PT III; SLP IV
Total	42	36	86%	–

Note: OT = occupational therapist; PT = physical 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, the SLP position has been vacant for 2 years, and the PT recently retired. Advertisements have been included in newsletters of national associations. If this additional recruitment is unsuccessful, there may need to be a review of options to hire above the minimum salary. While EIS continues to have over fifty contracts with fee-for-service providers to support vacancies and other service needs throughout the State, these contractors do not replace the need for state therapy staff.

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, as well as children served by the EIS Care Coordination Unit. Finding available fee-for-service providers on the island of Hawaii has been difficult. An Oahu SLP flies to Kona weekly to support the speech-language and communication needs of enrolled children. It is hoped that when the new POS contracts with broader geographic areas (and reduced areas for the state ECSPs) are implemented, the need for fee-for-service providers will decrease. Contracted fee-for-service providers also help support the children served by the EIS Care Coordination Unit, by providing direct services to the children not served by state or POS early intervention programs.

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 increased as the number of children with autism and/or challenging behaviors has also increased. The number of children who were approved for intensive behavioral support due to an autism

spectrum disorder or extreme challenging behaviors increased from 145 in FY 2006 to 170 in FY 2007.

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 Public Health Administrative Officer. 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 Specialist (C&Y) 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 vacant positions include 9 on Oahu and 1 each on the island of Hawaii and Maui. The vacant positions include: C&Y V to oversee EIS POS programs; C&Y V for Lead Agency quality assurance/monitoring; 4 of the 5 C&Y IV positions for EIS quality assurance/monitoring (2 on Oahu and 1 each on the islands of Hawaii and Maui); Secretary II; 3 clerical positions and 1 Hospital Billing clerk (to be recruited by FHSD). The only remaining C&Y IV for EIS quality assurance/monitoring has submitted her resignation. When the exempt C&Y IV positions for EIS quality assurance were re-described as civil service positions, salaries were lowered, which resulted in vacancies and difficulty recruiting qualified individuals. The main concern is that 6 of the 11 vacant positions are Level IV or V, and have major responsibility in the EIS. These vacancies have greatly impacted EIS.

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

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

Island	Administrative Positions – Total #	Administrative Positions – Filled #	Administrative Positions – Filled %	Vacant Positions
Oahu	55	46	84%	C&Y V – 2 (EIS POS & Lead Agency QA); C&Y IV (EIS QA) – 2; Secretary II; Hosp. Billing Clerk I; Clerk-Typist-3
Hawaii	5	4	80%	C&Y IV (EIS QA)
Maui	1	0	0%	C&Y IV (EIS QA)
Total	61	50	82%	–

Healthy Start

Healthy Start has 9 administrative positions based in 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 (54%) has decreased over the previous 3 quarters (71% to 69% to 63% to 54%). Of major concern is the continued decrease in percentage on Oahu, from 70% to 59% to 57% to the current 40%, due to staff vacancies in both DOH and POS programs. Of the 41.75 FTE social work positions on Oahu, 6.75 FTE positions are vacant.

Table 10. Social Work Positions (DOH and POS) with Non-Weighted Caseloads Not More than 35, by Island, as of June 2007

Island	# Social Workers Providing Care Coordination as of June 2007	Number with Caseloads No More than 35	Percent with Caseloads No More than 35
Oahu	35*	14	40%
Hawaii	7	5	71%
Maui	6	5	83%
Kauai	4	3	75%
Molokai	1	1	100%
Lanai	1	1	100%
Total	54	29	54%

*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. However, it is unknown when and if all positions will be filled. 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	43*	41.75	1335	32
Hawaii	7*	7.00	213	30
Maui	8	7.00	161	23
Kauai	4	3.75	113	30
Molokai	1**	.50	10	20
Lanai	1**	.50	5	10
Total	64	60.50	1837	30

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

**These positions have responsibilities in addition to providing care coordination.

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 and one from Hawaii have been transferred to Oahu. Two of the three are filled. The Hawaii position was just transferred and recruitment is in process.
- 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) Other early intervention staff (program managers and direct service staff) continue 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.
- 5) 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.
- 6) 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 April through June 2007 impacted 1044 individuals, as described below, of which 53 were family members. The 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 Oahu (60 staff) and in Hilo (88 staff), for a total of 148 individuals (EIS, PHNB, and HS staff) participating over the 4 days. In addition, an overview of early intervention in Hawaii was presented to 28 University of Hawaii students. The Keiki Care Project (KCP) Coordinator also was a guest speaker for UH Maui Community College on Children with Special Needs to 17 attendees from Kahului, Hana, Kaunakakai, and Lanai City.
- **Comprehensive Developmental Evaluation.** Three 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 (2 sessions) – 96 attendees and Hilo – 38 attendees, for a total of 134 individuals. Representatives from EIS, PHNB and Healthy Start attended.
- **Transition from Early Intervention to 619 Services.** The Inclusion Specialist provided information on the transition process to 26 attendees at this year's annual Special Parent Information Network (SPIN) Conference, of which approximately 12 were family members.
- **Supporting Children with Challenging Behaviors and Autism.** Two EIS staff, a psychologist and the OT who specializes in sensory issues presented a workshop at this year's annual SPIN Conference. Fifty-seven individuals, of which approximately 30 were family members, attended. The EIS psychologist also presented a workshop to 9 staff of the Kapiolani Medical Center Early Intervention Program on the signs of autism in infants. The Keiki Care Project

(KCP) Coordinator provided 7 trainings at community preschools (5 on Oahu and 1 each on Maui and in Hilo) to support preschool staff serving young children with challenging behaviors, which impacted 84 preschool teachers, as well as presenting at the Hawaii Association of Education of Young Children Conference to 85 attendees.

- **Supporting Infants, Toddlers with Hearing Loss and their Families.** The EIS specialist for children with hearing loss supported a variety of trainings for early intervention and other staff which impacted 113 individuals and 2 family members. The workshops included: one designed for the ECSP staff (50 staff) which was a review of services for infants and toddlers with hearing loss as well as the lending library materials; one designed for teachers from the Micronesia Islands in collaboration with the University of Hawaii (UH) Deaf-Blind Project (13 professionals, 2 family members); one for staff of the North Hawaii Child Development Program (7 staff); and one for the statewide Newborn Hearing Screening Coordinators. In addition, a Vision In-Service was provided to 28 early intervention staff.
- **Assistive Technology.** EIS Keiki Tech provided a number of workshops to increase knowledge of how assistive technology can support a child's development. Keiki Tech staff participated in a mini-technology fair at Sultan Easter Seals (20 individuals) and Hilo Easter Seals (20 individuals), in collaboration with Department of Education (DOE), Kapiolani Medical Center, Aloha Special Technology Access Center and UH Special Education. In addition, information was provided to staff of the Sultan site in Kaimuki (10 staff) and to a UH Early Childhood class (30 individuals). A total of 80 individuals were impacted through these presentations.
- **Update on Future Directions of EIS and OSEP Data.** The EIS Supervisor presented to 50 ECSP staff, on the status of the FHSD Reorganization, OSEP data by individual program which will be placed, as required, on the EIS website, and other issues as identified by the ECSP staff.
- **Supporting Infants and Toddlers in the Court System.** Hawaii's Family Court Early Intervention team, which included the EIS Supervisor, in collaboration with staff from the Child Welfare System (CWS), Family Court, Kapiolani Medical Center, National Council of Juvenile and Family Court Judges, and various experts from the Miami Model Court, University of Miami, and Louisiana State University, presented a half-day workshop and 2 full-day conferences on "Serving Infants and Toddlers: Early Intervention and Prevention." Attendees included judges; guardians ad litem; staff from EIS, PHNB, Healthy Start, Enhanced Healthy Start, FHSD, and Department of Human Services, Child Welfare Services; and other community members. Approximately 210 individuals attended the conferences and workshop.
- **SPIN Conference.** EIS paid registration and travel (for neighbor island attendees) for staff and families to attend the SPIN Conference. Thirty-two (32) individuals, including 9 family members, attended.

- **First Aid and CPR.** All EIS staff who works directly with families must have current CPR (cardiopulmonary resuscitation) and First Aid Certifications. CPR certification is valid for one year; first aid certification is valid for three (3) years. During this quarter there were four (4) CPR classes that certified 32 staff and three (3) first aid classes that certified 22 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:

April:

4/10 Understanding the Effects of Childhood Trauma 9-12
4/17 Cultural Sensitivity 9-12
4/23-27 Core Training: Family Support Worker

May:

5/8-9 Foundation Training: Preventions of Child Abuse and Neglect
5/23 Living in the World of Abuse and Neglect (cancelled)
5/24 Early Child Development Pt. 1 (rescheduled)
5/30 Early Child Development Pt. 2 (rescheduled)
5/31 Early Child Development Pt. 3 (rescheduled)

June:

6/4-8 Core Training: Family Support Worker
6/18-22 Core Training: Early Identification (ID) Worker
6/22 Advanced Training for the FSW (rescheduled)
6/28 Advanced Training for the FSW on Molokai

In addition to the POSP mandated trainings, the program was the recipient of supplemental training funded by the Hawaii Family Support Institute which specifically addressed “Risk Factors” – an issue that was identified for additional training by the Maternal and Child Health Branch (MCHB) monitoring team. The trainings were held

on May 14, 2007 and June 12, 2007. Providers were asked to send “teams” to the training; and case presentations were incorporated into the training exercises. Participants found the training to be directly applicable and there are plans to continue case presentations and sharing in a “grand rounds” format.

Healthy Start administrative staff have also continued a 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, 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.

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 EIS data management system is being revised to collect the data required by OSEP.

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 April-June 2007 quarter was to gather follow-up data on the number of “declines” for both the required Transition Notice and Transition Conference. The remaining EIS QA staff reviewed data from all programs to identify why there are so many “declines” in order to reduce this number.

The Lead Agency Quality Assurance Team (LAQuAT) is in the process of preparing for the monitoring that will be submitted with next year’s Annual Performance Report, due to OSEP in February 2008.

Contractual Monitoring

The LAQuAT is also in the process of preparing for the monitoring of all purchase-of-service contracts. This activity is required once per contract period, and with the resignation of the Children & Youth Specialist V, the LAQuAT will take responsibility for this activity. The monitoring will take place during July-September 2007.

Child/Family Outcomes

Data is also being collected on child/family outcomes, as required by OSEP, to determine the effectiveness of EI in supporting outcomes of children and their families. The data compares how children enrolled in early intervention programs compare with their typically developing peers. This information will continue to be collected at each child's Initial, Review, and Annual IFSP and will be summarized in the Annual Performance Report due in February 2008.

External Reviews

External Reviews (previously called "Internal Reviews" and 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, in order to determine how to improve transition collaboration between Parts B (DOE Preschool Special Education Programs) and C.

Because DOE is only reviewing complexes that did not pass, the EI system will, as part of its quality assurance system, review at least two (2) children in each early intervention program, not just the complexes that are being reviewed by the DOE.

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 External 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 4 vacancies. With the impending resignation of the newly hired Oahu QA, there will be no filled positions. 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.

Contract monitoring which focused on qualitative measures continues with 3 of the 5 contracts completed. Consultation and assistance was provided to one program site specifically to address staff morale, staff retention, and caseload management.

Funding

Early Intervention Section

For FY 2007, the original EIS appropriation was \$10,900,021 (\$8,900,021 state funds and \$2,000,000 EI Special Funds). The EIS allocation is \$15,745,232 (\$13,745,232 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. In the 4th quarter, an emergency appropriation of \$4,419,644 was received and used by EIS for the provision of additional services.

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	4,494,644**	15,745,232	15,761,973***

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

** Includes an emergency appropriation of \$4,419,644 in April 2007

*** Information as of 7/16/07

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 for FY 2006 to \$2,138,714 for 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	1,737,406*

* Information as of 7/16/07

Healthy Start

For FY 2007, Healthy Start was allocated a total of \$14,374,785, which was comprised of State funds of \$11,920,665 and Early Intervention Special Funds of \$2,454,120.

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	11,647,794	11,647,794	11,439,725
2nd quarter – Oct.-Dec. 2006	897,625**	12,545,419	12,361,751
3rd quarter – Jan.-Mar. 2007	941,743***	13,487,162	13,331,469
4th quarter – Apr.-June 2007	887,623****	14,374,785	14,424,517*****

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

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

*** Includes \$854,120 additional EIS special fund

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

***** This excess cumulative expenditures/encumbrances of approximately \$49,732 was funded by other programs under Maternal & Child Health Branch (HTH 550). Note the figure of \$14,424,517 is an estimate, the FAMIS report as of 6/30/07 is not yet available.

Summary

Strengths in the early intervention system from April-June 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.
- ⇒ 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.
- ⇒ EIS has increased collaboration with the Child Welfare System. All children under age 3 in CWS are automatically referred to H-KISS to assure that appropriate services are provided. The majority of these children are referred to the Enhanced Healthy Start system of services.
- ⇒ There will be two new EIS POS programs, for East Honolulu and Ka'u on the island of Hawaii when the EIS POS contracts are implemented. It is expected that with these 2 new programs, there will be increased services to the infants and toddlers with developmental delays and their families in Hawaii.
- ⇒ The DOH received an emergency appropriation for early intervention services, which has been used to pay the unpaid invoices on hold in EIS.
- ⇒ The DOH's legislative request for additional biennium funds for EIS was approved. These funds will support the increased cost of early intervention services. As a result it is hoped that there will no longer be a need to request emergency funds.

Challenges to the early intervention system from April-June 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.
- ⇒ EIS has experienced increased vacancies, both with state and POS positions. A review of POS costs is needed to determine if the funds provided to the POS programs are sufficient to hire therapy staff.
- ⇒ 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. This is partly due to the increased number of vacant positions on Oahu.