



Performance Report

Performance Period July 2007-September 2007

Introduction

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

Enrollment

Early Intervention Section

Monthly Enrollment

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

Table 1. EIS Monthly Enrollment Data

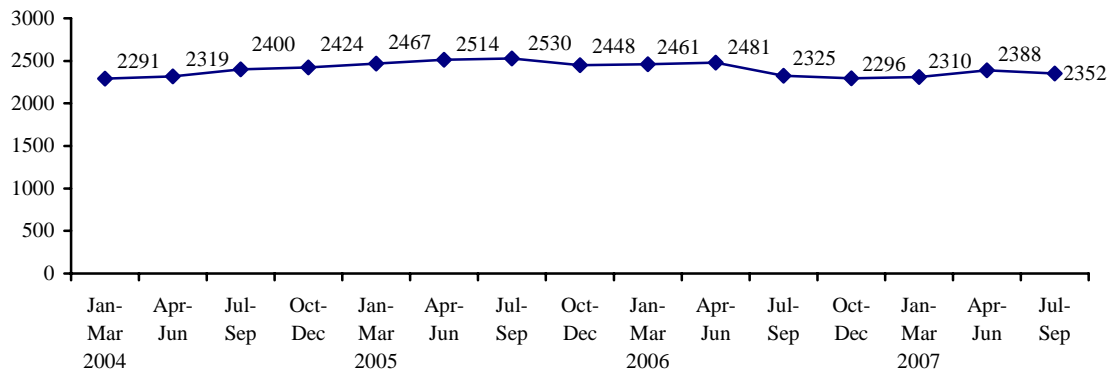
Month	Monthly Enrollment	Island					
		Oahu	Hawaii	Maui	Kauai	Molokai	Lanai
July 2007	2409	1761	255	234	133	19	7
August 2007	2333	1681	252	239	136	18	7
September 2007	2314	1670	254	237	126	20	7

Note: Enrollment information includes children provided care coordination by EIS (including Early Childhood Services Programs [ECSP]), Purchase of Service programs (POSP), Public Health Nursing Branch (PHNB), 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 decreased slightly from 2388 in the April-June 2007 quarter to 2352 in the July-September 2007 quarter. 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. There were no public awareness activities during the quarter, although there are several planned for the month of October. Trainings for community preschool teachers, child 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

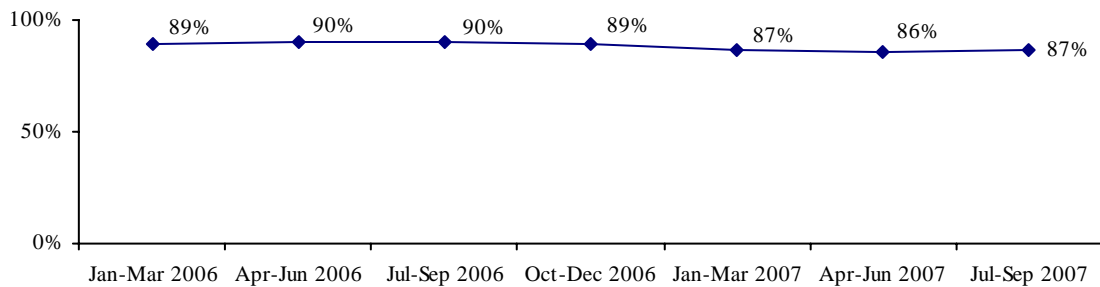
Birth rates for Hawaii for July to September 2007 are as follows:

Month	Births
July	1232
August	1307
September	1317

Screen, Assessment, and Accepted Referral Rates

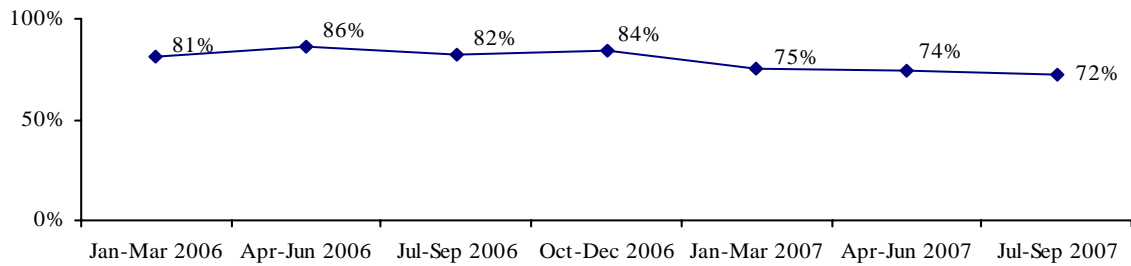
Screen rate: The quarterly early identification (EID) screen rate (Graph 2) has been relatively stable over the past 12 months.

Graph 2. Oahu EID Quarterly Screen Rate, January 2006 through September 2007.



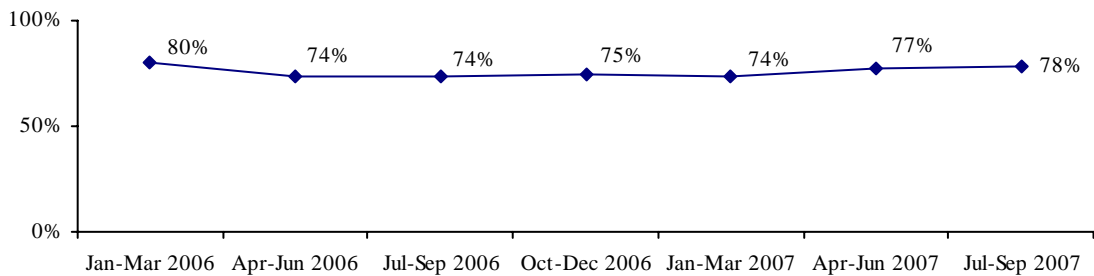
Assessment rate: The quarterly EID assessment rate (Graph 3) decreased over the past two quarters. Staffing to complete the assessments for positive screens has been a significant factor in the decrease. Wahiawa General Hospital no longer delivers babies and the Oahu EID provider has experienced a decrease by 2 part-time positions. Four new staff were hired to fill vacancies, however this means at least 4 months before staff persons are capable of a full rotation and caseload. Policy and procedure changes with the Hawaii Keiki Information Service System (H-KISS), and how referrals from the Neonatal Intensive Care Unit and the Intermediate Care Nurseries would be processed have also contributed toward the decrease in assessments. Procedural changes have fluctuated between allowing the EID worker into the Intermediate Care Nursery vs. NOT assessing families, but waiting until the referral comes through H-KISS. Procedures have since been clarified. The Oahu contractor has also continued to dedicate one assessment worker to participate in WIC clinics to increase prenatal referrals, and this has decreased the regular staffing for hospital screens and assessments.

Graph 3. Oahu EID Quarterly Assessment Rate, January 2006 through September 2007



Referral rate: The quarterly EID referral rate (Graph 4) has increased slightly to 78% 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, January 2006 through September 2007



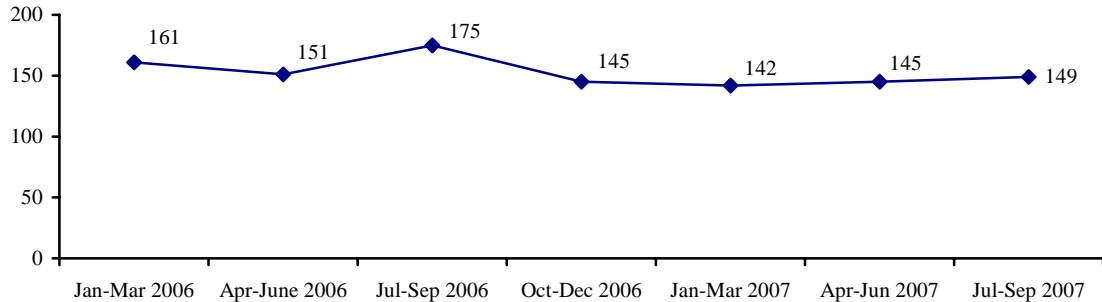
New Enrollment

A total of 446 infants were newly enrolled in home visiting services during this quarter (Table 2). New enrollment numbers for the Enhanced Healthy Start Program totaled 27 for July through September, which would bring the total new enrollment to 473. (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 22 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 149 (Graph 5), an increase of 4 from last quarter.

Table 2. Healthy Start New Enrollment Data from July to September 2007

Month	New Enrollment	Island					
		Oahu	East Hawaii	West Hawaii	Maui/Lanai	Kauai	Molokai
July	153	115	13	8	13	4	0
August	164	131	17	10	6	0	0
September	129	107	5	4	10	3	0

Graph 5. Healthy Start New Monthly Enrollment from January 2006 to September 2007



Active Enrollment

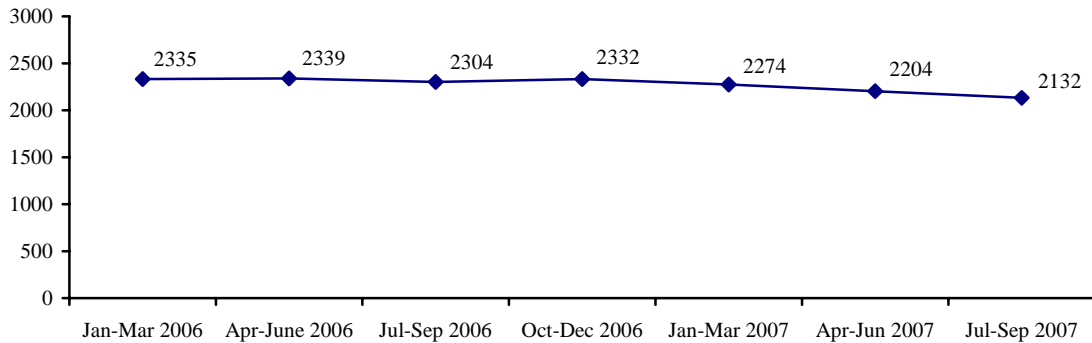
The monthly active enrollment (children in home visiting services) is shown in Table 3. The average active monthly enrollment statewide for this quarter is 2,132. The average monthly enrollment per quarter (Graph 6) decreased by 72 children from the last quarter (April to June 2007). The average active monthly enrollment for the Enhanced program was 405 for this quarter. The Enhanced program experienced an increase in enrollment (+37 for the quarter).

The overall enrollment data reflects earlier issues with the assessment rate decreases. The Enhanced program increases may reflect the overall increase in referrals by the CWS worker as per new Child Abuse Prevention and Treatment Act (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. A change in H-KISS procedures to expedite referrals from CWS to the Enhanced program, rather than H-KISS triaging and possibly diverting cases to an Early Intervention program or Public Health Nursing services, may also explain the increase in Enhanced enrollment.

Table 3. Healthy Start Monthly Active Enrollment for July to September 2007

Month	Active Enrollment	Island					
		Oahu	East Hawaii	West Hawaii	Maui/Lanai	Kauai	Molokai
July	2152	1496	174	149	180	103	50
August	2146	1493	178	142	182	98	53
September	2099	1457	169	141	185	98	49

Graph 6. Healthy Start Average Quarterly Enrollment from January 2006 to September 2007



Service Gaps

The tables below provide information on service gaps for EIS, PHNB, and Healthy Start providers for July-September 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 33 full gaps last quarter to 38 full gaps this quarter. The average monthly number of children with full gaps increased slightly, from 10 children last quarter to 12 children this quarter (average unduplicated monthly count). The total number of children with full service gaps was the same as last quarter, 25 children (unduplicated quarterly count). (Table 4)

Table 4. Full Service Gaps by Month

Service Gap		July	August	September	Total
Occupational Therapy		2 (Oahu) 1 (Maui)	3 (Oahu)	1 (Oahu) 1 (Hawaii)	6 (Oahu) 1 (Hawaii) 1 (Maui)
Physical Therapy		2 (Oahu)	1 (Hawaii)	1 (Hawaii)	2 (Oahu) 2 (Hawaii)
Speech Therapy		2 (Oahu)	4 (Oahu) 3 (Hawaii)	11 (Oahu)	17 (Oahu) 3 (Hawaii)
Special Instruction		1 (Oahu)	1 (Oahu)	1 (Hawaii)	2 (Oahu) 1 (Hawaii)
Family Training			2 (Hawaii)	1 (Hawaii)	3 (Hawaii)
Total Number of Full Gaps		8	14	16	38
Total Number of Monthly Full Gaps	Oahu	7	8	12	27
	Maui	1			1
	Hawaii		6	4	10
	Kauai				
	Molokai				
	Total	8	14	16	38
Total Number of Children (unduplicated by month)	Oahu	7	7	12	26
	Maui	1			1
	Hawaii		5	4	9
	Kauai				
	Molokai				
	Total	8	12	16	36
Total Number of Children (unduplicated by quarter)	Oahu				18
	Maui				1
	Hawaii				6
	Kauai				
	Molokai				
	Total				25

Partial Service Gaps

The total number of monthly partial service gaps (Table 5) decreased from 432 partial gaps last quarter to 280 this quarter. The average monthly number of children with partial gaps also decreased, from 132 children last quarter to 87 children this quarter (average unduplicated monthly count). One hundred sixty-six (166) children experienced at least one gap during the quarter, which was a decrease from last quarter's count of 249 children (unduplicated quarterly count).

Table 5. Partial Service Gaps by Month

Service Gap	July	August	September	Total	
Occupational Therapy	8 (Oahu) 1 (Hawaii) 15 (Maui)	7 (Oahu) 8 (Maui)	10 (Oahu) 5 (Maui)	25 (Oahu) 1 (Hawaii) 28 (Maui)	
Physical Therapy	22 (Oahu) 4 (Maui)	22 (Oahu) 3 (Maui)	18 (Oahu)	62 (Oahu) 7 (Maui)	
Special Instruction	28 (Oahu)	47 (Oahu)	22 (Oahu)	97 (Oahu)	
Speech Therapy	7 (Oahu) 2 (Hawaii) 2 (Maui)	13 (Oahu) 4 (Hawaii) 6 (Maui)	18 (Oahu) 2 (Hawaii)	38 (Oahu) 8 (Hawaii) 8 (Maui)	
Intensive Behavioral Supt.		1 (Oahu)	1 (Oahu)	2 (Oahu)	
Family Training	1 (Maui)	3 (Maui)		4 (Maui)	
Total Number of Partial Gaps	90	114	76	280	
Total Number of Partial Gaps	Oahu	65	90	69	224
	Maui	22	20	5	47
	Hawaii	3	4	2	8
	Lanai				
	Total	90	114	76	280
Total Number of Children (unduplicated by month)	Oahu	58	86	62	206
	Maui	21	19	5	45
	Hawaii	3	3	2	8
	Lanai				
	Total	82	108	69	259
Total Number of Children (unduplicated by quarter)	Oahu				121
	Maui				40
	Hawaii				5
	Lanai				
	Total				166

Reasons for Gaps

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

Staff Shortages. The main reason for gaps (both full and partial) continues to be staff shortages. 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 and Speech-Language Pathology; the Physical Therapist (PT) has retired but is providing some services via emergency hire. 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 instances where a schedule between the family and therapist cannot 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. In addition, some state employees do not wish to work at times other than during the official work hours, which impacts the ability of ECSPs to appropriately and adequately meet the needs of families.

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. This will be implemented as soon as the methodology has been completed and staff is trained on the new reporting format.

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.

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 positions are filled). Funds were provided to the POS programs so that they could recruit for the three positions that previously were intended to serve Maui and Hawaii to ensure there were sufficient care coordinators.

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 September 2007. Thirty-seven (37) of the 40 positions, or 93%, are filled.

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

Island	EIS SW Positions Total #	EIS SW Positions Filled #	EIS SW Positions Filled %
Oahu	32*	29	91%
Hawaii	3	3	100%
Maui	2**	2	100%
Kauai	3***	3	100%
Total	40	37	93%

* 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

All of the vacant DOH SW positions are on Oahu. Although there has been active recruitment and offers have been made for the Oahu positions, there have been several declinations 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. Twenty-four (24) of the 26 positions, or 93%, are filled. This is an increase from the 85% that were filled as of June 2007.

Table 7. Percentage of POS Social Work/Care Coordinator Positions that are Filled, by Island, as of September 2007

Island	POS SW Positions Total #	POS SW Positions Filled #	POS SW Positions Filled %
Oahu	14*	12	86%
Hawaii	4	4	100%
Maui	5**	5	100%
Kauai	1	1	100%
Molokai	1***	1	100%
Lanai	1***	1	100%
Total	26	24	93%

* 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 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 42 direct service positions statewide. (This was reduced from 43 last quarter as a Paramedical Assistant 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 September 2007, 37 of the 42 direct service positions, or 88%, were filled.

Table 8 below provides information on direct service positions statewide and by island.

Table 8. EIS Direct Service Positions by Island, as of September 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	4	67%	OT III; SLP IV
Total	42	37	88%	–

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

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. The PT recently retired but is working in an emergency-hire capacity. Advertisements have been included in newsletters of national associations. If this additional recruitment effort 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, 49 (80%) are filled. The vacant positions include 10 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; all 5 C&Y IV positions for EIS quality assurance/monitoring (3 on Oahu and 1 each on the islands of Hawaii and Maui); Social Services Assistant V; Secretary II; 2 clerical positions and 1 Hospital Billing clerk (to be recruited by FHSD). 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. A major concern is that 7 of the 12 vacant positions are Level IV or V, and have major responsibility in the EIS. These vacancies have greatly impacted the EIS ability to meet departmental timelines.

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

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

Island	Administrative Positions – Total #	Administrative Positions – Filled #	Administrative Positions – Filled %	Vacant Positions
Oahu	55	45	82%	C&Y V – 2 (EIS POS & Lead Agency QA); C&Y IV (EIS QA) – 3; Social Service Asst. V; Secretary II; Hosp. Billing Clerk I; Clerk-Typist-2
Hawaii	5	4	80%	C&Y IV (EIS QA)
Maui	1	0	0%	C&Y IV (EIS QA)
Total	61	49	80%	–

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 7 of the 9 Healthy Start administrative positions are filled. The Research Statistician position was recently filled, however the Social Worker position and clerk steno positions were recently vacated and are 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, 70%, is an increase from the previous 3 quarters (69% to 63% to 54% to 70%). While the ratio for Oahu has increased from 40% (last quarter) to 59% this quarter, it is still below what is needed to support care coordination staff to complete their required activities in a timely manner.

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

Island	# Social Workers Providing Care Coordination as of September 2007	Number with Caseloads No More than 35	Percent with Caseloads No More than 35
Oahu	37*	22	59%
Hawaii	7*	6	86%
Maui	7	6	86%
Kauai	4	4	100%
Molokai	1	1	100%
Lanai	1	1	100%
Total	57	40	70%

*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	43*	41.75	1253	30
Hawaii	7*	7.00	209	30
Maui	7	6.50	185	28
Kauai	4	3.75	103	27
Molokai	1**	.50	9	18
Lanai	1**	.50	5	12
Total	63	60.00	1765	29

* 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.
- 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 July through September 2007 impacted 555 individuals, as described below, of which 9 were family members. The following is a list of training topics and number of attendees during this quarter:

- **Part C Orientation.** EIS provided three 4-day Part C orientations. Two were held on Oahu (180 staff) and on Maui (88 staff), for a total of 268 individuals (EIS, PHNB, and Healthy Start staff) participating over the 4 days.
- **Supporting Children with Challenging Behaviors.** The Keiki Care Project (KCP) Coordinator provided 9 trainings at community preschools (7 on Oahu and 1 each on Maui and Kauai) to support preschool staff serving young children with challenging behaviors. A total of 134 preschool teachers were impacted, 111 on Oahu, 13 on Kauai and 10 on Maui. In addition, an EIS psychologist and psychological assistant shared techniques on supporting children with challenging behaviors with 45 Easter Seals staff.
- **Supporting Infants, Toddlers with Hearing Loss and their Families.** The EIS specialist for children with hearing loss supported 2 trainings for early intervention and other staff which impacted 22 professionals and 7 family members. One workshop was designed for families of children with cochlear implants, and one was an overview of hearing services and lending library materials. In addition, 14 early intervention staff and 2 family members attended a 2-day workshop presented by the University of Hawaii Deaf/Blind Training Project.
- **Assistive Technology.** EIS Keiki Tech provided a workshop at the Easter Seals Annual Training on switch-making, access devices and the "Bookshelf Computer Program" which was developed to support literacy in toddlers. Twelve individuals attended this workshop.
- **First Aid and CPR.** All EIS staff who work 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 EIS supported one (1) CPR/First Aid class that certified 13 staff.
- **Other Trainings.** The Keiki Care Specialist provided an overview of *Children with Special Needs* to 13 preschool teachers and a workshop on *Childhood Sexuality Development* to 13 preschool teachers. The Inclusion Project Specialist presented information on transition to 12 members of the Windward Interagency Committee.

- **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 contracted training provider, The Institute for Family Enrichment (TIFFE) continues its core and ongoing training sessions for all direct service staff for all contracted Healthy Start programs. Total training hours for each discipline are:

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

TIFFE maintains a comprehensive training catalogue and schedule which is posted on their website.

In addition to the mandated trainings, TIFFE partners with the Maternal and Child Health Branch (MCHB) in conducting quarterly discipline meetings for the Child Development Specialists, Clinical Specialists, Clinical Supervisors, and Program Directors. TIFFE assists with the coordination and dissemination of information, and uses these meetings to identify ongoing training and technical assistance issues.

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 and implement corrective action plans as necessary.

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. However, a follow-up letter, dated June 15, 2007, informed the State that its Part C program was determined to "need assistance" as all of the Annual Performance Report data did not meet at least 90% in all compliance indicators.

Monitoring Activities

A major focus during the July-September 2007 quarter was to continue to develop the Part C General Supervision system, including self-assessment protocols and instruments to determine each Part C program's or section's compliance with the OSEP indicators and other Part C regulations. The protocols and instruments were shared with Healthy Start and Public Health Nursing administrators as well as all EIS Program Managers. Some of the data to be collected will be included in the OSEP Annual Performance Report due in February 2008 to support progress. All of the data will be used to identify any areas of non-compliance and support corrective activities, which must be completed and corrected within one year of its identification.

Contractual Monitoring

The Lead Agency Quality Assurance Team (LAQuAT) is also in the process of completing all 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 has added this additional responsibility to its other tasks. The monitoring will be completed during the October-December quarter.

Child/Family Outcomes

Data is also being collecting 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, and is compared at entry and exit into Part C. This information will continue to be collected at each child's Initial, Review, and Annual IFSP. Progress data will be summarized in the Annual Performance Report due in February 2008.

External Reviews

External 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, 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, all are vacant. The impact on the continuing compliance of EIS programs 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 for home visiting providers, which focused on qualitative measures, has been completed. Consultation and assistance was provided to one program site specifically to address staff morale, staff retention, and caseload management. Fiscal monitoring is midway and MCHB will shortly commence with monitoring of Early Identification programs and Training contractors.

Funding

Early Intervention Section

For FY 2008, the original EIS appropriation was \$16,117,754 in state funds and \$2,000,000 EI Special Funds. The EIS allocation is \$16,556,607 in state funds, which includes additional funds for collective bargaining increases. The majority of the first quarter allocation supports POS and fee-for-service contracts. A biennium budget increase of \$6,753,704 is included in the figures for FY 2008 below.

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

	Allocation	Cumulative Allocation to End of Quarter	Cumulative Expenditures/Encumbrances at End of Quarter
<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 (a)	15,745,232	15,770,146 (b)
<i>Fiscal Year 2008</i>			
1st quarter – July-Sept. 2007	5,605,000	5,605,000	5,027,236 (c)
2nd quarter – Oct.-Dec. 2007	4,404,000	10,009,000	
3rd quarter – Jan.-Mar. 2008	5,050,000	15,059,000	
4th quarter – Apr.-June 2008	1,497,607	16,556,607	

(a) Includes an emergency appropriation of \$4,419,644 in April 2007

(b) Information as of 9/17/07

(c) Information as of 9/25/07

EIS also receives federal Part C funds (Table 13) for early intervention services. These funds decreased from \$2,160,317 for FY 2006 to \$2,138,714 for FY 2007 and remained at this level for FY 2008.

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 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	1,714	2,138,714	2,178,347 (a)
<i>Fiscal Year 2008</i>			
1st quarter – July-Sept. 2007	778,152	778,152	275,864 (b)
2nd quarter – Oct.-Dec. 2007	630,000	1,408,152	
3rd quarter – Jan.-Mar. 2008	650,500	2,058,652	
4th quarter – Apr.-June 2008	80,062	2,138,714	

(a) Information as of 10/2/07

(b) Information as of 9/20/07

Healthy Start

For FY 2008, Healthy Start was allocated a total of \$13,714,676 which was comprised of State funds of \$12,054,267 and Early Intervention Special Funds of \$1,660,409.

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 2007</i>			
1st quarter – Jul.-Sept. 2006	11,647,794	11,647,794	11,439,725
2nd quarter – Oct.-Dec. 2006	897,625 (a)	12,545,419	12,361,751
3rd quarter – Jan.-Mar. 2007	941,743 (b)	13,487,162	13,331,469
4th quarter – Apr.-June 2007	887,623 (c)	14,374,785	14,425,140 (d)
<i>Fiscal year 2008</i>			
1st quarter – Jul.-Sept. 2007	11,485,846	11,485,846	11,439,657 (f)
2nd quarter – Oct.-Dec. 2007	1,916,549 (e)	13,402,395	
3rd quarter – Jan.-Mar. 2008	156,140	13,558,535	
4th quarter – Apr.-June 2008	156,141	13,714,676	

- (a) Includes \$800,000 additional EIS special fund
- (b) Includes \$854,120 additional EIS special fund
- (c) Includes \$800,000 additional EIS special fund
- (d) This excess cumulative expenditure/encumbrances of \$50,355 was funded by other program under Maternal and Child Health Branch (HTH 550)
- (e) Pending allocation of \$1,660,409 TANF funds from DHS.
- (f) Note the figure of \$11,439,637 is an estimate, the FAMIS report as of 9/30/07 is not yet available.

Summary

Strengths in the early intervention system from July-September 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.
- ⇒ 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 will be utilizing the same self-assessment instruments to determine compliance with Part C regulations.
- ⇒ 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.

- ⇒ EIS was able to pay past invoices with the emergency appropriation as well as the biennium appropriation.
- ⇒ There has been an increase in positions filled, statewide, in EIS.
- ⇒ There has also been an increase in the number of care coordinators with a caseload of no more than 1:35.

Challenges to the early intervention system from July-September 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.
- ⇒ While previously vacant positions have been filled, the EIS vacancies in administrative and quality assurance positions negatively impacts the ability of EIS to meet its responsibilities and provide sufficient oversight to the statewide early intervention programs. All quality assurance positions are vacant. While staff has been supportive and accepting of additional responsibilities, there is a concern of staff burnout and efficiency.
- ⇒ A procurement violation resulted in the necessity to re-do the Request for Proposal for the EIS Purchase of Service Programs. Because of this, the addition of new POS programs will be postponed until July 2008.
- ⇒ Hawaii's Part C system was determined as a "needs assistance" state, due to all compliance data not reaching at least 90% statewide.
- ⇒ It is expected that the additional funds to EIS via the biennium budget will not cover all expected costs. Expenditures will be closely monitored to determine if additional funding resources are needed.