



Performance Report

Performance Period January 2008-March 2008

Introduction

This report presents information about the performance of operations and services of the Early Intervention Section (EIS) and Healthy Start from January through March 2008.

Data are presented in six performance areas:

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

Strengths and challenges to the early intervention system for January through March 2008 are summarized.

Enrollment

Early Intervention Section

Monthly Enrollment

Monthly enrollment data for infants and toddlers served by EIS from January through March 2008 are shown in Table 1.

Table 1. EIS Monthly Enrollment Data

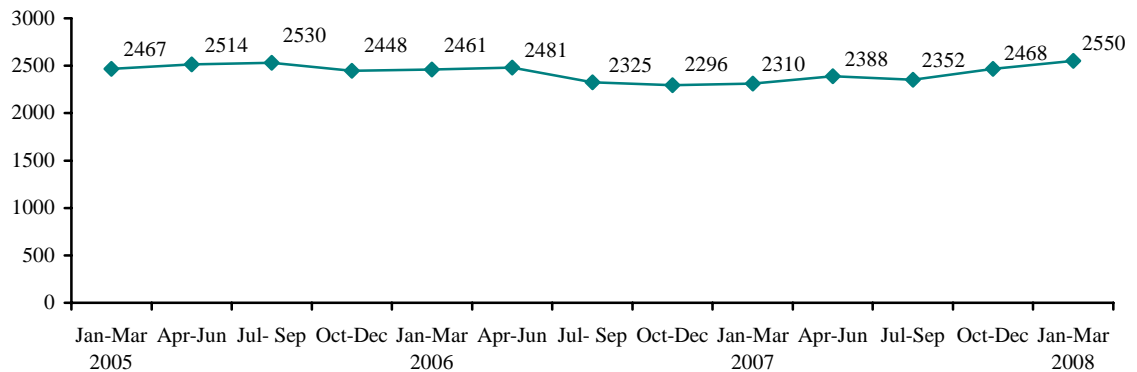
Month	Monthly Enrollment	Island					
		Oahu	Hawaii	Maui	Kauai	Molokai	Lanai
January 2008	2528	1828	302	249	120	19	10
February 2008	2537	1837	295	253	124	20	8
March 2008	2586	1867	314	255	124	18	8

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

Quarterly Enrollment

The quarterly enrollments (average monthly enrollment for the quarter) since January 2005 are shown in Graph 1. The quarterly enrollment average increased from 2468 in the October-December 2007 quarter to 2550 in the January-March 2008 quarter. This quarter's enrollment is the highest in the past 3 years.

Graph 1. EIS Quarterly Enrollment from January 2005 to March 2008



Child Find

A goal of EIS is to share information regarding early intervention services with the community. While there were no specific child find activities during the quarter, EIS worked closely with the Special Parents Information Network (SPIN) to plan its April conference.

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. The website now includes data on the status of each indicator that was reported to U.S. Department of Education Office of Special Education Programs (OSEP) in last year's Hawaii's Annual

Performance Report. The website has a link to the Hawaii Keiki Information Service System (H-KISS) referral form to simplify referrals. The website will expand to provide other relevant information.

Healthy Start

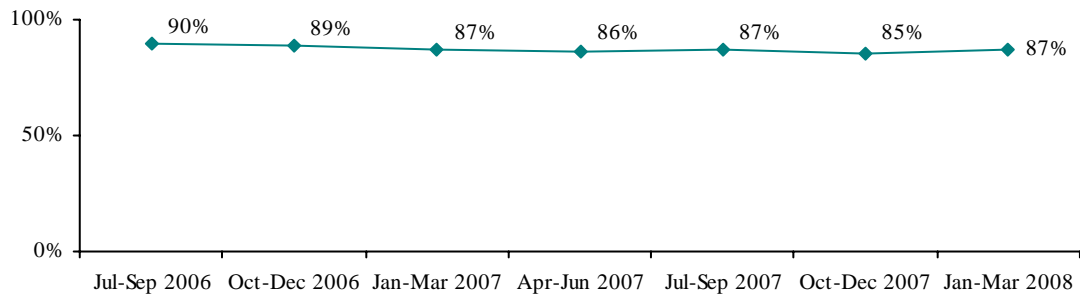
Birth rates for Hawaii for January to March 2008 are as follows:

Month	Births
January	1334
February	1191
March	1269

Screen, Assessment, and Accepted Referral Rates

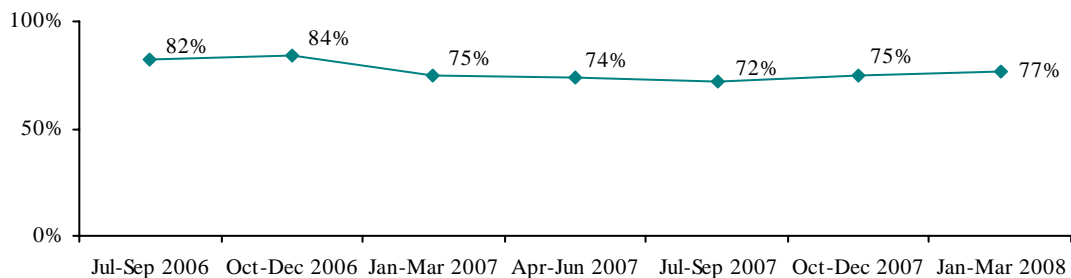
Screen rate: The quarterly early identification (EID) screen rate (Graph 2) has been relatively stable over the past 12 months.

Graph 2. Oahu EID Quarterly Screen Rate, July 2006 through March 2008.



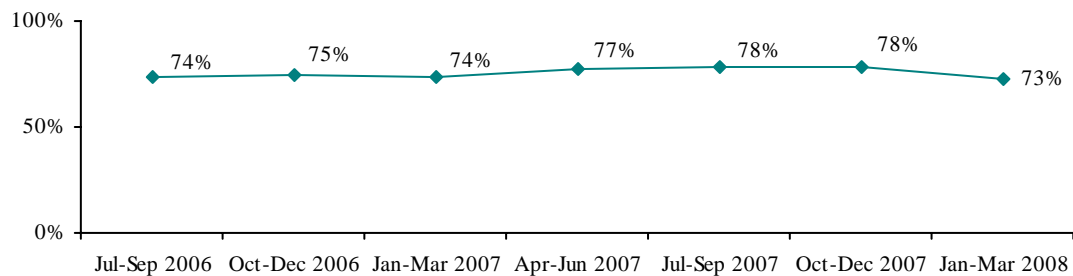
Assessment rate: The quarterly EID assessment rate (Graph 3) increased slightly over the past two quarters. Staffing to complete the assessments had been a challenge for the Oahu EID provider; however, with staffing issues addressed, caseload ratios and completed assessments have improved. New policy and procedure changes with H-KISS and how referrals from the Neonatal Intensive Care Unit and the Intermediate Care Nurseries would be processed have also been implemented. The Oahu contractor has also continued to dedicate one assessment worker to participate in WIC clinics to increase prenatal referrals.

Graph 3. Oahu EID Quarterly Assessment Rate, July 2006 through March 2008



Referral rate: The quarterly EID referral rate (Graph 4) has decreased slightly from the last quarter. 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, July 2006 through March 2008



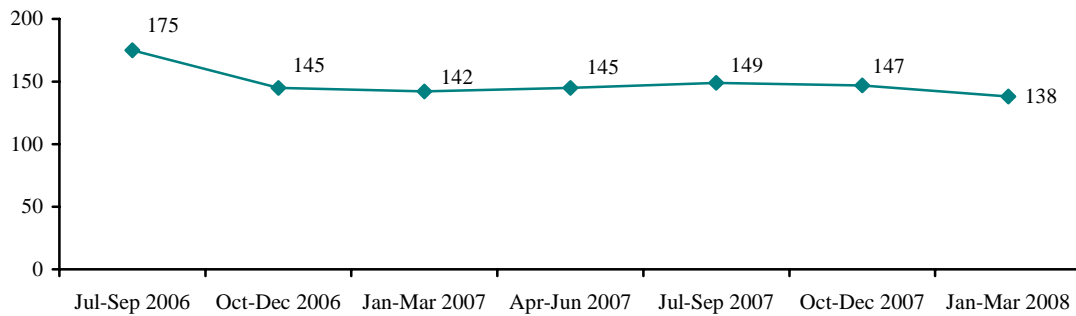
New Enrollment

A total of 415 infants were newly enrolled in home visiting services during this quarter (Table 2). New enrollment numbers for the Enhanced Healthy Start Program totaled 21 for January through March, which would bring the total new enrollment to 436. (The Healthy Start database was changed in November 2006 to separate out the Enhanced numbers.) Total new enrollment, which includes the Enhanced program, decreased by 30 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 138 (Graph 5), a decrease of 9 from last quarter. Overall, despite a slight decrease in overall enrollment, the Enhanced program enrollment continues to increase.

Table 2. Healthy Start New Enrollment Data from January to March 2008

Month	New Enrollment	Island					
		Oahu	East Hawaii	West Hawaii	Maui/Lanai	Kauai	Molokai
January	146	99	12	11	14	9	1
February	149	111	10	11	10	6	1
March	120	89	9	11	9	2	0

Graph 5. Healthy Start New Monthly Enrollment from July 2006 to March 2008



Active Enrollment

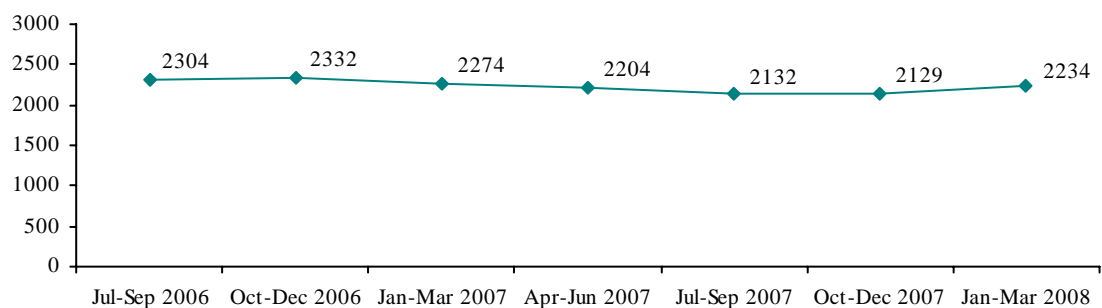
The monthly active enrollment (children in home visiting services) is shown in Table 3. The average active monthly enrollment statewide for this quarter is 2,234. The average monthly enrollment per quarter (Graph 6) increased by 105 children from the last quarter (October to December 2007). The average active monthly enrollment for the Enhanced program was 471 for this quarter, an increase of 21 from the last quarter.

The overall enrollment data reflect the assessment rate. 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.

Table 3. Healthy Start Monthly Active Enrollment for January to March 2008

Month	Active Enrollment	Island					
		Oahu	East Hawaii	West Hawaii	Mauai/Lanai	Kauai	Molokai
January	2204	1445	184	157	236	117	65
February	2212	1440	189	161	238	119	65
March	2287	1495	192	170	252	113	65

Graph 6. Healthy Start Average Quarterly Enrollment from July 2006 to March 2008



Service Gaps

The tables below provide information on service gaps for EIS, PHNB, and Healthy Start providers for January-March 2008. 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 27 full gaps last quarter to 31 this quarter. The average monthly number of children with full gaps increased, from 9 children last quarter to 10 this quarter (average unduplicated monthly count). The total number of children with at least one full service gap over the 3 month period increased from 21 children last quarter to 24 this quarter (unduplicated quarterly count). (Table 4)

Table 4. Full Service Gaps by Month

Service Gap	January	February	March	Total	
Occupational Therapy	1 (Oahu)		2 (Oahu)	3 (Oahu)	
Speech Therapy	8 (Oahu)	12 (Oahu)	3 (Oahu)	23 (Oahu)	
Physical Therapy	1 (Oahu)			1 (Oahu)	
Special Instruction	1 (Oahu)	1 (Oahu)	1 (Oahu)	3 (Oahu)	
Care Coordination		1 (Hawaii)		1 (Hawaii)	
Total Number of Full Gaps					
	Oahu	11	13	6	30
	Maui				
Total Number of Monthly Full Gaps	Hawaii		1		1
	Kauai				
	Molokai				
	Total	11	14	6	31
		Oahu	11	13	6
	Maui				
Total Number of Children (unduplicated by month)	Hawaii		1		1
	Kauai				
	Molokai				
	Total	11	14	6	31
		Oahu			
	Maui				
Total Number of Children (unduplicated by quarter)	Hawaii				1
	Kauai				
	Molokai				
	Total				24

Partial Service Gaps

The total number of monthly partial service gaps (Table 5) decreased from 297 partial gaps last quarter to 236 this quarter. The average monthly number of children with partial gaps decreased from 93 children last quarter to 75 children this quarter (average unduplicated monthly count). One hundred sixty-one (161) children experienced at least one gap during the quarter, which was a decrease from last quarter's count of 202 children (unduplicated quarterly count).

Table 5. Partial Service Gaps by Month

Service Gap	January	February	March	Total
Occupational Therapy	2 (Oahu) 6 (Maui)	18 (Oahu) 2 (Maui)	23 (Oahu) 5 (Lanai)	43 (Oahu) 8 (Maui) 5 (Lanai)
Physical Therapy	21 (Oahu) 2 (Maui)	15 (Oahu) 2 (Maui)	14 (Oahu) 1 (Maui)	50 (Oahu) 5 (Maui)
Special Instruction	18 (Oahu)	19 (Oahu)	19 (Oahu)	56 (Oahu)
Education (Teacher)			1 (Oahu)	1 (Oahu)
Speech Therapy	19 (Oahu) 1 (Maui) 1 (Hawaii)	15 (Oahu) 5 (Maui)	22 (Oahu) 1 (Maui)	56 (Oahu) 7 (Maui) 1 (Hawaii)
Family Training		1 (Maui)	2 (Oahu)	2 (Oahu) 1 (Maui)
Social Work		1 (Oahu)		1 (Oahu)
Total Number of Partial Gaps	70	78	88	236
Total Number of Partial Gaps	Oahu	60	68	81
	Maui	9	10	2
	Hawaii	1		
	Lanai			5
	Total	70	78	88
Total Number of Children (unduplicated by month)	Oahu	60	61	76
	Maui	9	10	2
	Hawaii	1		
	Lanai			5
	Total	70	71	83
Total Number of Children (unduplicated by quarter)	Oahu			138
	Maui			17
	Hawaii			1
	Lanai			5
	Total			161

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, success is frequently related to increased and more competitive salaries. 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 identified on the child's IFSP 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 are less amenable to working after work hours and on weekends, 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. 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 have the option to sub-contract for providers while they recruit. However, they are often limited by the unavailability of therapy staff (this is especially true on neighbor islands).
- 3) More programs utilize the transdisciplinary model of service delivery, which could decrease gaps. However, staff shortages and vacation/sick leave continue to impact the ability to meet services listed on the IFSPs.

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”

EIS has not yet been able to collect data on the initiation of “timely services” as new forms are still being developed. Until the forms are developed, tested, and all Part C staff (EIS, PHNB, and Healthy Start) are trained, the collection of on-going service gaps will continue.

Personnel

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

EIS has a total of 48 social work (SW) positions statewide. Forty-four (44) positions were intended to provide care coordination services. The remaining 4 positions are administrative and are included in the data on administrative positions. However, due to issues identified below, there are currently 39 positions intended to provide care coordination, instead of the original 44.

Two social work positions, one each on Maui and Hawaii, are in the process of being re-described to Psychologist Assistant IV positions, 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. Finally, an early intervention social worker on Maui is currently working with other populations over age 3 and is therefore not included in the count of SW positions.

Table 6 provides information on the 39 DOH social worker/care coordinator positions, by island and statewide as of March 2008. Thirty-five (35) of the 39 positions, or 90%, are filled. This includes 5 positions filled by emergency-hire staff (4 on Oahu, 1 on the island of Hawaii).

Table 6. Percentage of EIS Civil Service Social Work/Care Coordinator Positions that are Filled, by Island, as of March 2008

Island	EIS SW Positions Total #	EIS SW Positions Filled #	EIS SW Positions Filled %
Oahu	32*	30	94%
Hawaii	3	1	33%
Maui	1**	1	100%
Kauai	3***	3	100%
Total	39	35	90%

* 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

Vacant DOH SW positions are on Oahu and the island of Hawaii. Although there has been active recruitment and offers have been made for the Oahu positions, several applicants have declined due to higher salary offers elsewhere in the State. EIS is revising some SW III position descriptions to reflect the complexity of children and families served; an upgrade to SW IV positions would increase recruitment and retention. Recruiting on the island of Hawaii is generally more difficult than on Oahu due to the lack of qualified applicants. It is noteworthy that the only filled SW position on the island of Hawaii is an emergency-hire position.

Table 7 provides information on the status of the approved POS SW/care coordinator positions, by island and statewide. Twenty-three (23) of the 25 positions, or 92%, are filled.

Table 7. Percentage of POS Social Work/Care Coordinator Positions that are Filled, by Island, as of March 2008

Island	POS SW Positions Total #	POS SW Positions Filled #	POS SW Positions Filled %
Oahu	13	11	85%
Hawaii	4	4	100%
Maui	5	5	100%
Kauai	1	1	100%
Molokai	1*	1	100%
Lanai	1*	1	100%
Total	25	23	92%

* Position is funded at 0.5 FTE

The proportion of filled DOH and POS SW/care coordinator positions appears to be similar when comparing statewide data (90% DOH filled; 92% POS filled). However, a difference is that 4 of the filled DOH SW positions are emergency hires, so there are fewer permanently filled positions. POS programs may have fewer difficulties in hiring SW positions as compared to hiring civil service positions, possibly due to more flexibility around salaries or ease in hiring. EIS works closely with the POS Program Managers to be aware of personnel changes and to problem-solve.

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

EIS has 42 direct service positions statewide. These positions include early intervention therapists (speech-language pathologists, occupational therapists and physical therapists), psychologists, special education teachers, vision and hearing specialists, a nutritionist, and paraprofessionals. Not included are the Early Childhood Services Unit (ECSU) supervisor and ECSP Managers, as they spend the majority of their time providing administrative supervision and support to program staff. They are included in the count of administrative positions in Table 9. At the end of March 2008, 35 of the 42 direct service positions, or 83%, were filled.

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

Table 8. EIS Direct Service Positions by Island, as of March 2008

Island	Direct Service Positions – Total #	Direct Service Positions – Filled #	Direct Service Positions – Filled %	Vacant Positions*
Oahu	36	32	89%	SPED IV-Vision; SPED III; SLP IV (2)
Hawaii	6	3	50%	OT III; SLP IV; PMA III
Total	42	35	83%	–

* OT=occupational therapist; SLP=speech-language pathologist; SPED=special educator; PMA=paramedical assistant.

As shown in Table 8, recruiting for therapy staff on the island of Hawaii continues to be difficult, as the OT position has been vacant for over a year and the SLP position has been vacant for 2 years. A physical therapist (PT) retired recently but is working in an

emergency-hire capacity. Advertisements have been included in newsletters of national associations. The Hawaii District Health Office has requested permission to hire above the minimum due to the difficulty of filling the vacant positions. 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.

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 (Public Health Supervisor II) and ECSP managers (Public Health Supervisor I), five Children & Youth Program 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 (81%) are filled. The vacant positions include 9 on Oahu and 1 each on the island of Hawaii and Maui. The vacant positions include: Public Health Supervisor II, Public Health Supervisor I, 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 (Respite), 1 clerical position, Hospital Billing Clerk II, and a 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. This difficulty continues as all positions remain vacant. Four Oahu positions are filled with emergency

hires. While emergency hires provide some support, they generally cannot assume all position responsibilities, since they are generally in the position for a very short time.

Seven of the vacant administrative positions are Level IV or higher and are directly involved with ensuring that appropriate services are provided to children enrolled in EIS POS and state early intervention programs. The continuation of these vacant positions impacts the ability of the State to assure that federal requirements are being met and that corrective actions are in place.

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

Table 9. EIS Administrative Positions by Island, as of March 2008

Island	Administrative Positions – Total #	Administrative Positions – Filled #	Administrative Positions – Filled %	Vacant Positions
Oahu	55	46	84%	Public Health Sup. II; Public Health Sup. I; C&Y IV (EIS QA) – 3; Social Service Asst. V; Hosp. Billing Clerk II; Hosp. Billing Clerk I; Clerk-Typist-1
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 Program Specialist, Research Statistician, Statistics Clerk, Accountant, Account Clerk, and Clerk Steno staff. Currently 7 of the 9 Healthy Start administrative positions are filled. The Social Worker position and clerk steno positions are vacant and currently 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 of 49% is a decrease from the previous quarter which was 55%. This low percentage, especially on the islands of Oahu, Hawaii, and Maui, is of great concern as it impacts the ability of the social work staff to provide the necessary support to families, meet state and federal requirements including timelines, and complete all required forms.

Table 10. Social Work Positions (DOH and POS) with Non-Weighted Caseloads Not More than 35, by Island, as of March 2008

Island	# Social Workers Providing Care Coordination as of March 2008	Number with Caseloads No More than 35	Percent with Caseloads No More than 35
Oahu	38*	16	42%
Hawaii	5*	2	40%
Maui	6	3	50%
Kauai	4 **	4	100%
Molokai	1 ***	1	100%
Lanai	1 ***	1	100%
Total	55	27	49%

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

** Includes 1 SW at .75 FTE

*** SW is at .5 FTE

Table 11 provides information on the status of care coordination ratio if all positions were filled. If all positions are filled, the care coordination ratio will be 33 to each social worker/care coordinator. 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	42*	42.00	1438	34
Hawaii	7*	7.00	252	36
Maui	7	6.50	210	32
Kauai	4**	3.75	102	27
Molokai	1**	.50	7	14
Lanai	1**	.50	6	12
Total	62	60.25	2015	33

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

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

The following actions have been implemented to support care coordination:

- 1) Contract modifications and additional DOH funds allowed POS programs to hire additional social work/care coordinators when their caseloads increased.
- 2) Two DOH SW positions from Maui and one from Hawaii have been transferred to Oahu to support increased care coordination needs on Oahu.
- 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 January through March 2008 impacted 644 individuals, including Part C direct service and care coordination staff (EIS, PHNB, and Healthy Start), community preschool teachers, family members, and interested community members. Following is a list of training topics and the number of attendees that were trained during this quarter:

- **Part C Orientation.** EIS completed four 4-day Part C orientations on the islands of Oahu (117 participants), Maui (36 participants), Hawaii (120 participants), and Kauai (62 participants). This 4-day training is a mandatory training for all new Part C employees, including EIS, PHNB, Healthy Start and Enhanced Healthy Start staff. This training is generally scheduled quarterly to ensure all new staff are knowledgeable of Part C philosophy and requirements.
- **HELP/CDE Training.** EIS provided a two-day Hawaii Early Learning Profile (HELP)/Comprehensive Developmental Evaluation (CDE) training. There were a total of 32 attendees at this training (16 each day).
- **Supporting Children with Challenging Behaviors.** The Keiki Care Project (KCP) Coordinator provided 10 trainings that impacted 207 individuals. All focused on supporting children with challenging behaviors. Seven (7) were at community preschools (6 on Oahu and 1 in Kona) to support preschool staff serving young children with challenging behaviors. In addition, one training was for Healthy Start staff in Waianae (10 attendees), one was for the Hawaii Association for the Education of Young Children (HAEYC) Maui Chapter Conference (40 attendees), and one was a collaboration with the University of Hawaii John A. Burns School of Medicine for Seagull Schools staff (65 attendees).
- **Supporting Infants, Toddlers with Hearing Loss and their Families.** The EIS specialist for children with hearing loss provided 1 training for 10 early intervention speech pathologists to increase their knowledge of cochlear implants and how they are appropriate for some, but not all, children who are deaf.
- **Assistive Technology.** EIS Keiki Tech provided a workshop for ten (10) Waipahu Easter Seals staff. This workshop included demonstration of various assistive technology interventions for communication, learning, and motor areas.
- **Training for Early Childhood Service Program (ECSP) Staff.** The EIS Supervisor provided an update/discussion with all ECSP staff on: status of the

corrective action plans, importance of social work/care coordination staff participating in comprehensive developmental evaluations, issues that impact successful transdisciplinary service delivery, 3-5 taskforce recommendations, and issues that impact successful transition out of early intervention. An EIS Children and Youth Specialist updated ECSP staff on how to avoid future security breaches and the importance of protecting personal information. Approximately 50 ECSP staff attended. Future trainings on Family Educational Rights and Privacy Act (FERPA) and Health Insurance Portability and Accountability Act (HIPAA) will be scheduled.

- **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.

Training over the past quarter have included 6 sessions in January covering Core Family Support Worker Training and an opportunity for individual case consultation. In February, 5 sessions were held on Substance Abuse, Clinical Supervision, Working with Teens, and another opportunity for individual case consultation. In March, 10 sessions were held on Core Early Identification, Clinical Specialist training, Addressing Concerns, and IFSP development, with another opportunity for individual case consultations.

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).

In January, MCHB began training one pilot site (YWCA – Hilo) to begin implementation of the Nurturing Families curriculum. This curriculum will provide better guidance to

paraprofessionals for parent-child interaction activities as well as education for attitudinal and behavior changes for more positive parenting styles.

Quality Assurance

Early Intervention Section

The EIS has two major quality assurance focuses. The first 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.

The second focus is that of the lead agency for Part C, to 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.

Routine monthly monitoring continues for the following IDEA/OSEP requirements: timely compliance with comprehensive developmental evaluations, timely compliance with IFSP development, complete transition plans, transition notices, and timely transition conferences. The EIS data management system is being revised to collect this data as well as other data required by OSEP.

Monitoring Activities

A major focus during the January-March 2008 quarter was to provide data to each Part C program (EIS, PHNB, and Healthy Start) on their program's or section's compliance with the OSEP indicators and Hawaii Part C priorities. As a result of this data, each program or section must complete a Corrective Action Plan (CAP) for any indicator that was below 95% or "substantial compliance." The CAPs were due mid-March to their Agency Administrator. Each Agency Administrator will summarize the corrective actions by indicator and program and share with the EIS Supervisor. On-going work will focus on correcting the non-compliance and reporting the data to the Agency Administrator, who then updates the EIS Supervisor.

Child/Family Outcomes

Data are 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 compare children enrolled in early intervention programs with their typically developing peers, at entry and exit into Part C. This information will continue to be collected at each child's Initial, Review, and Annual IFSP as well as at the time the child exits early intervention. Progress data which compare entry and exit data were summarized as part of the State Performance Report, which was submitted to OSEP along with the Annual Performance Report in January 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 (Part B) or were recently transitioned, in order to determine how to improve transition collaboration between Parts B 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 Sequenced Transition to Education in the Public Schools (STEPS) teams.
- Attend Community Council meetings.
- Attend EIS Program Manager meetings to support their understanding of issues that impact all early intervention programs.

Since the QA positions were changed from exempt to civil service, all continue to be vacant and the above activities are not being regularly implemented. 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.

With the completion of Home Visiting contract monitoring, MCHB has begun contract monitoring for its Early Identification program. Results of monitoring findings will help in developing new Requests for Proposals for the EID contracts.

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	15,769,927 (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	9,378,686 (d)
3rd quarter – Jan.-Mar. 2008	5,050,000	15,059,000	14,358,997 (e)
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 12/14/07

(c) Information as of 9/25/07

(d) Information as of 12/28/07

(e) Information as of 4/15/08

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	2,191,205 (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	642,828 (c)
3rd quarter – Jan.-Mar. 2008	650,500	2,058,652	1,096,694 (d)
4th quarter – Apr.-June 2008	80,062	2,138,714	

(a) Information as of 12/21/07

(b) Information as of 9/20/07

(c) Information as of 12/27/07

(d) Information as of 4/15/08

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 TANF fund of \$1,660,409 respectively.

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
2nd quarter – Oct.-Dec. 2007	1,916,549 (e)	13,402,395	11,559,492
3rd quarter – Jan.-Mar. 2008	156,140	13,558,535	13,344,826 (f)
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) Includes \$1,660,409 TANF funds and \$100,000 grant to Friends of the Future

(f) Note the figure of \$13,344,826 is an estimate, the FAMIS report as of 03/31/08 is not yet available

* Grant in Aid (GIA) for \$100,000 to Friends of the Future will be restricted in FY08, resulting in a reduction in general funds appropriation from \$12,054,267 to \$11,954,267

Summary

Strengths in the early intervention system from January-March 2008 include:

- ⇒ EIS continues to provide extensive training to support the increased understanding of federal and state early intervention requirements.
- ⇒ EIS, PHNB, and MCHB meet monthly to review, analyze, and problem-solve and ensure correction of issues related to OSEP compliance.
- ⇒ All Part C programs are working to correct any areas of non-compliance based on monitoring results.
- ⇒ Dedicated direct service staff at EIS and public and private early intervention programs are 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.
- ⇒ H-KISS has developed a triage matrix to support the appropriate referrals of infants and toddlers based on referral indicators.

Challenges to the early intervention system January-March 2008 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 is in the process of developing an interim data system to meet the increased OSEP requirements. When functional, the data system will be shared with other Part C programs.
- ⇒ Vacant positions have increased, which has impacted Hawaii's early intervention system. The vacancies in administrative and quality assurance positions negatively impact the ability of EIS to meet its responsibilities and provide sufficient oversight to the statewide early intervention programs. The increased vacancies for social work/care coordinators also impact timely services as well as timely CDEs and IFSPs. While staff has been supportive and accepting of additional responsibilities, there is a concern of staff burnout and efficiency. Plans to support recruitment for civil service positions include expanded recruitment via discipline-specific journals (e.g., speech-language pathology) and requesting approval to hire above the minimum. Plans to support recruitment for private POS positions include comparing data on salaries and reviewing POS programs' need for additional funds for salaries.
- ⇒ Care coordination ratios have increased due to an increase in the number of children served. This has resulted in a decrease of care coordinators with a caseload of 35 or less.
- ⇒ There are concerns related to increased program costs. EIS and Healthy Start are closely monitoring costs, to determine if additional funding resources will be needed.