



Performance Report

Performance Period April 2008-June 2008

Introduction

This report presents information about the performance of operations and services of the Early Intervention Section (EIS) and Healthy Start from April through June 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 April through June 2008 are summarized.

Enrollment

Early Intervention Section

Monthly Enrollment

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

Table 1. EIS Monthly Enrollment Data

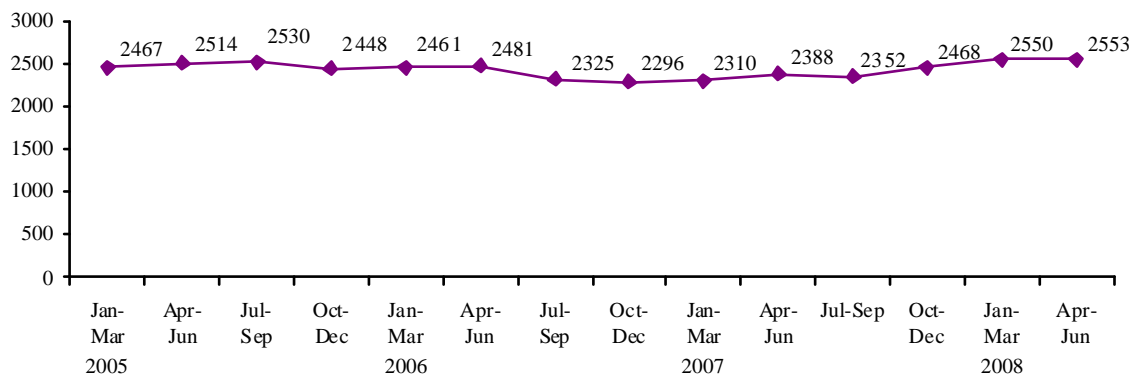
Month	Monthly Enrollment	Island					
		Oahu	Hawaii	Maui	Kauai	Molokai	Lanai
April 2008	2583	1877	308	263	115	16	8
May 2008	2598	1906	293	257	119	14	9
June 2008	2477	1875	280	189	110	14	9

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 this quarter (2553) was similar to that for the previous quarter (2550).

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



Child Find

A goal of EIS is to share information regarding early intervention services with the community. There were four (4) public awareness activities during this quarter. They included: Central Sequenced Transition to Education in Public Schools (STEPS) Transition Fair at Pearlridge Mall (approximately 75 family members); Special Parent Information Network (SPIN) Conference (approximately 225 attendees, including both service providers and family members); Head Start Community Outreach event (approximately 150 family members); and St. Patrick Preschool Annual Family Day (approximately 125 family members). Brochures on early intervention are disseminated at all public awareness events. An activity for children at some events provides additional opportunities to talk with families.

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 this 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

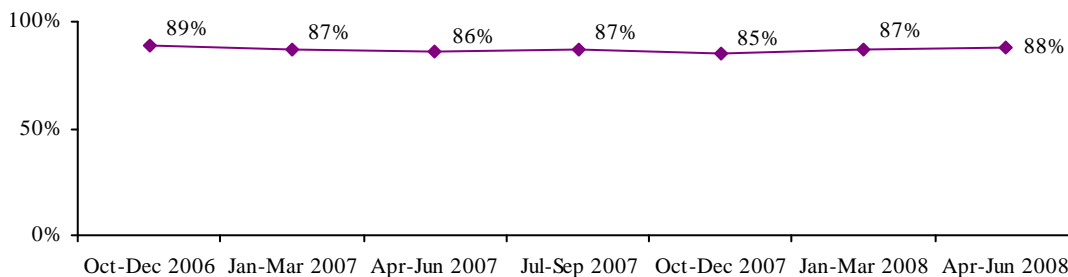
Birth rates for Hawaii for April to June 2008 are as follows:

Month	Births
April	1262
May	1257
June	1235

Screen, Assessment, and Accepted Referral Rates

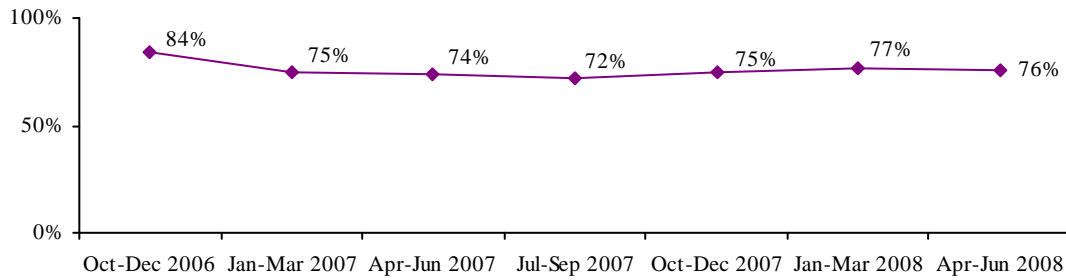
Screen rate: The quarterly early identification (EID) screen rate (Graph 2) has been relatively stable over the past 12 months.

Graph 2. Oahu EID Quarterly Screen Rate, October 2006 through June 2008.



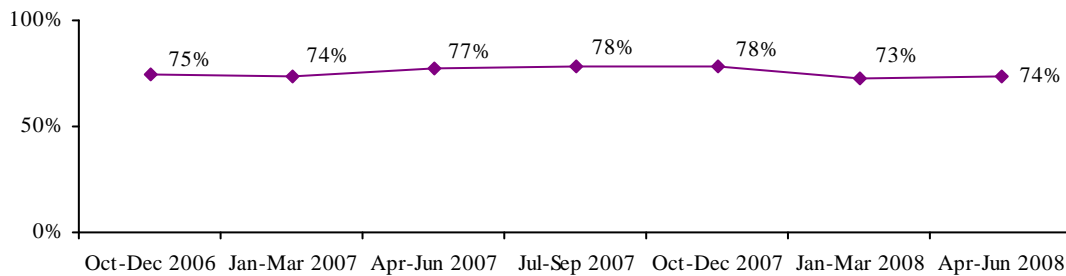
Assessment rate: The quarterly EID assessment rate (Graph 3) has been relatively stable over the past two quarters. Staffing to complete the assessments had been a challenge for the Oahu EID provider; however, with staffing issues addressed, caseload ratios and completed assessments have improved. New 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, October 2006 through June 2008



Referral rate: The quarterly EID referral rate (Graph 4) has increased 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, October 2006 through June 2008



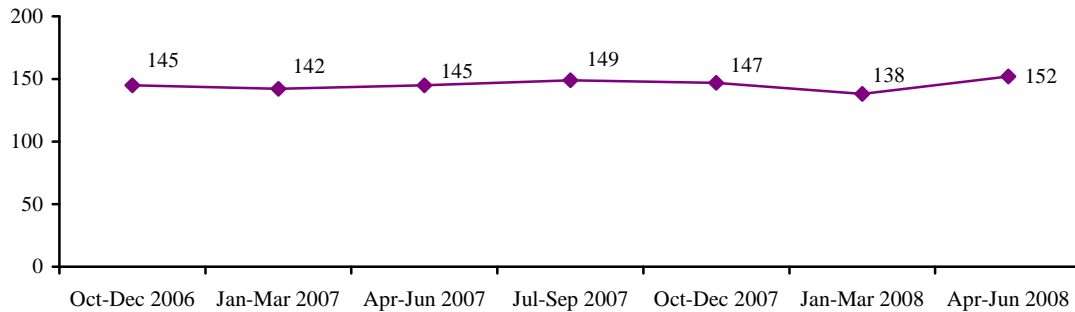
New Enrollment

A total of 457 infants were newly enrolled in home visiting services during this quarter (Table 2). New enrollment numbers for the Enhanced Healthy Start Program totaled 17 for April through June, which would bring the total new enrollment to 474. (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 38 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 152 (Graph 5), an increase of 14 from last quarter.

Table 2. Healthy Start New Enrollment Data from April to June 2008

Month	New Enrollment	Island					
		Oahu	East Hawaii	West Hawaii	Maui/Lanai	Kauai	Molokai
April	160	117	14	5	17	7	0
May	138	119	8	6	2	3	0
June	159	127	8	4	15	5	0

Graph 5. Healthy Start New Monthly Enrollment from October 2006 to June 2008



Active Enrollment

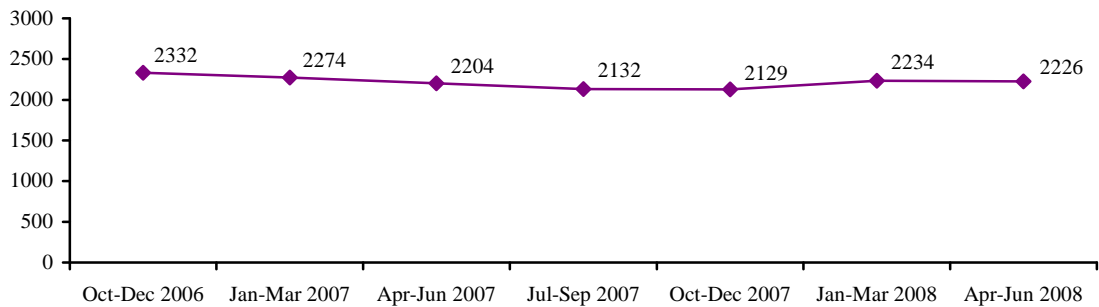
The monthly active enrollment (children in home visiting services) is shown in Table 3. The average active monthly enrollment statewide for this quarter is 2,226. The average monthly enrollment per quarter (Graph 6) decreased by 8 children from the last quarter (January to March 2008). The average active monthly enrollment for the Enhanced program was 485 for this quarter, an increase of 14 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 April to June 2008

Month	Active Enrollment	Island					
		Oahu	East Hawaii	West Hawaii	Maui/Lanai	Kauai	Molokai
April	2254	1460	187	175	255	110	67
May	2214	1451	177	164	246	109	67
June	2210	1473	171	159	245	99	63

Graph 6. Healthy Start Average Quarterly Enrollment from October 2006 to June 2008



Service Gaps

The tables below provide information on service gaps for EIS, PHNB, and Healthy Start providers for April-June 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 decreased slightly from 31 full gaps last quarter to 29 this quarter. The average monthly number of children with full gaps (10) was the same as last quarter. The total number of children with at least one full service gap over the 3 month period decreased slightly, from 24 children last quarter to 21 this quarter (unduplicated quarterly count). (Table 4)

Table 4. Full Service Gaps by Month

Service Gap		April	May	June	Total
Occupational Therapy		3 (Oahu)	3 (Oahu)	1 (Oahu)	7 (Oahu)
Speech Therapy		7 (Oahu)	4 (Oahu)	9 (Oahu)	20 (Oahu)
Physical Therapy					
Special Instruction			1 (Oahu)	1 (Oahu)	2 (Oahu)
Care Coordination					
Total Number of Full Gaps		10	8	11	29
Total Number of Monthly Full Gaps	Oahu	10	8	11	29
	Maui				
	Hawaii				
	Kauai				
	Molokai				
	Total	10	8	11	29
Total Number of Children (unduplicated by month)	Oahu	10	7	9	26
	Maui				
	Hawaii				
	Kauai				
	Molokai				
	Total	10	7	9	26
Total Number of Children (unduplicated by quarter)	Oahu				21
	Maui				
	Hawaii				
	Kauai				
	Molokai				
	Total				21

Partial Service Gaps

The total number of monthly partial service gaps (Table 5) increased greatly, from 236 partial gaps last quarter to 358 this quarter. The average monthly number of children with partial gaps increased from 75 children last quarter to 104 children this quarter (average unduplicated monthly count). Two hundred fifty-seven (257) children experienced at least one gap during the quarter, which was an increase from last quarter's count of 161 children (unduplicated quarterly count).

Table 5. Partial Service Gaps by Month

Service Gap		April	May	June	Total
Occupational Therapy		49 (Oahu)	42 (Oahu) 6 (Maui) 4 (Lanai)	18 (Oahu)	109 (Oahu) 6 (Maui) 4 (Lanai)
Physical Therapy		17 (Oahu)	12 (Oahu) 4 (Maui)	15 (Oahu) 3 (Maui)	44 (Oahu) 7 (Maui)
Special Instruction		26 (Oahu)	15 (Oahu)	6 (Oahu)	47 (Oahu)
Education (Teacher)		14 (Oahu)	1 (Oahu) 1 (Lanai)	3 (Oahu)	18 (Oahu) 1 (Lanai)
Speech Therapy		25 (Oahu) 4 (Hawaii) 14 (Maui)	25 (Oahu) 4 (Hawaii) 4 (Maui)	12 (Oahu) 27 (Hawaii)	62 (Oahu) 35 (Hawaii) 18 (Maui)
Deaf Education		2 (Oahu)		1 (Oahu)	3 (Oahu)
Family Training			4 (Lanai)		4 (Lanai)
Social Work					
Total Number of Partial Gaps		151	122	85	358
Total Number of Partial Gaps	Oahu	133	95	55	283
	Maui	14	14	3	31
	Hawaii	4	4	27	35
	Lanai		9		9
	Total	151	122	85	358
Total Number of Children (unduplicated by month)	Oahu	119	79	45	243
	Maui	14	13	3	30
	Hawaii	4	4	27	35
	Lanai		5		5
	Total	137	101	75	313
Total Number of Children (unduplicated by quarter)	Oahu				194
	Maui				29
	Hawaii				29
	Lanai				5
	Total				257

Reasons for Gaps

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

Staff Shortages. A major 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. Another major reason for gaps is when staff are unavailable due to vacation, sick leave, or family emergencies, since there generally are not "substitute" providers to fill in and meet service requirements. While this cannot be prevented, this impacts 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) or insufficient funds to subcontract.
- 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, 2 vacant SW positions formerly on the island of Hawaii are also not included in the above SW count. These positions have been transferred to Oahu to support the need for additional care coordinators in the Waipahu geographical area, but have not yet been approved for recruitment. 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 June 2008. Thirty-four (34) of the 39 positions, or 87%, are filled. This includes 3 positions filled by emergency-hire staff on Oahu.

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

Island	EIS SW Positions Total #	EIS SW Positions Filled #	EIS SW Positions Filled %
Oahu	32*	29	91%
Hawaii	3	1	33%
Maui	1**	1	100%
Kauai	3***	3	100%
Total	39	34	87%

* 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; both vacant SW positions are with the Kona ECSP, leaving the program with no SW/care coordinators. Two (2) new SW IV positions that were approved by the legislature last year are in the review process; it is hoped that recruitment for these positions will be imminent. These positions, similar to the current EIS SW IV positions, will focus on supporting quality assurance and training new SW staff. They will provide care coordination only if needed. The provision of timely services is impacted by the lengthy recruitment/hiring process.

Table 7 provides information on the status of the approved POS SW/care coordinator positions, by island and statewide. All twenty-five (25) POS SW/care coordinator positions, or 100%, are filled.

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

Island	POS SW Positions Total #	POS SW Positions Filled #	POS SW Positions Filled %
Oahu	12	12	100%
Hawaii	4	4	100%
Maui	6	6	100%
Kauai	1	1	100%
Molokai	1*	1	100%
Lanai	1*	1	100%
Total	25	25	100%

* Position is funded at 0.5 FTE

POS programs may have fewer difficulties in hiring SW positions as compared to the State hiring civil service positions, possibly due to more flexibility around salaries or ease in hiring.

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 June 2008, 34 of the 42 direct service positions, or 81%, were filled.

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

Table 8. EIS Direct Service Positions by Island, as of June 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 (2); SLP IV
Hawaii	6	2	33%	OT III; PT III; SLP IV; PMA III
Total	42	34	81%	–

* 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, but this is still in process. 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, three 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 (82%) 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, C&Y V; all 5 C&Y IV positions for EIS quality assurance/monitoring (3 on Oahu and 1 each on the islands of Hawaii and Maui), and 2 Hospital Billing Clerk I positions. 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 continue to remain vacant. Two 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.

Eight (8) 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 June 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 V; C&Y IV (EIS QA) – 3; SW II; Hosp. Billing Clerk I (2)
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 caseload of no more than 1:35. The current percentage of 50% is a decrease from the previous quarter which was 55%. The low percentages on the islands of Oahu (37%) and Hawaii (40%) are of great concern, since high caseloads impact 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. On Oahu, the proportion of social workers with a caseload no more than 1:35 decreased from 42% last quarter to 37% this quarter. It is expected that bringing 2 SW positions from the island of Hawaii to Oahu will support Oahu's need. For the island of Hawaii, the percentage remained at 40%; although a Hilo state position was filled, the Kona ECSP position became vacant when the emergency-hire social worker accepted another position elsewhere.

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

Island	# Social Workers Providing Care Coordination as of June 2008	Number with Caseloads No More than 35	Percent with Caseloads No More than 35
Oahu	38*	14	37%
Hawaii	5*	2	40%
Maui	7	6	86%
Kauai	4 **	4	100%
Molokai	1 ***	1	100%
Lanai	1 ***	1	100%
Total	56	28	50%

* 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	41*	41.00	1467	36
Hawaii	7*	7.00	229	33
Maui	7	6.50	160	25
Kauai	4**	3.75	93	25
Molokai	1**	.50	3	6
Lanai	1**	.50	7	14
Total	61	59.25	1959	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 III positions from Hawaii have been transferred to Oahu to support increased care coordination needs on Oahu. The transfer is still in process and recruitment has not yet started.
- 3) All the children in the south Honolulu area and care coordinated by EIS have been transferred to the United Cerebral Palsy early intervention program. The EIS social workers serving these children are now assigned to the UCP program.
- 4) Other early intervention staff (program managers and direct service staff) continue to support care coordination when there are social worker/care coordinator vacancies or newly hired social workers/care coordinators. However, this is a short-term solution that can result in more service gaps if the direct service providers must reduce their direct service time to assist in providing care coordination.
- 5) Overtime has been approved for EIS care coordinators so they can meet the needs of their families served, especially in the evenings and on weekends, and complete

necessary paperwork. It is expected that as the new positions are filled, overtime will no longer be needed.

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

Training Opportunities

Early Intervention Section

Training provided and/or supported by EIS for April through June 2008 impacted 308 individuals, including Part C direct service and care coordination staff (EIS, PHNB, and Healthy Start), community preschool teachers, family members, and interested community members. The following is a list of training topics and number of attendees that were trained during this quarter:

- **Part C Orientation**. EIS completed one 4-day Part C orientation on Oahu, with 92 participants. This 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 three 2-day trainings on the Hawaii Early Learning Profile (HELP)/Comprehensive Developmental Evaluation (CDE), on the islands of Oahu (32), Kauai (16), and the Big Island (18), for a total of 66 individuals. The purpose of this mandated training is to train SWs, PHNs, and Healthy Start Child Development Specialists and Clinical Specialists to participate in the CDE as part of the multi-disciplinary team.
- **Supporting Children with Challenging Behaviors**. The Keiki Care Project Coordinator provided 3 trainings at community preschools on "Young Children with Challenging Behaviors" that impacted 46 individuals. All focused on supporting children with challenging behaviors. An additional preschool was provided training on "Child Sexuality: What is Healthy and Natural" that was attended by 15 individuals.
- **Supporting Infants, Toddlers with Hearing Loss and their Families**. The EIS specialist for children with hearing loss provided training for 9 early intervention professionals that focused on the role of early intervention services for children who are deaf or hard of hearing.
- **Assistive Technology**. EIS Keiki Tech provided a workshop for three (3) Kauai Easter Seals staff. This workshop included demonstration of the light box and how it can support young children with special needs.
- **Transition**. The Inclusion Project Coordinator provided training on transition from Part C as part of the SPIN Conference. This was attended by 40

individuals, including both parents and professionals. The Keiki Care Coordinator provided training on transition to 21 staff at a community preschool.

- **DOH Security/Confidentiality.** Training was provided for 35 EIS Program Managers and other supervisory staff on security and confidentiality, to ensure that they follow DOH procedures.
- **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 core Family Assessment Worker training, training on Understanding the Effects of Childhood Trauma, Cultural Sensitivity, foundation training on the Dynamics of Child Abuse and Neglect, and Living in the World of Abuse and Neglect.

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 of EI programs during the April-June 2008 quarter was to work on correcting the non-compliance identified in the programs' Corrective Action Plans. EI staff provided training, support, and technical assistance to support the correction of non-compliance. There is a monthly meeting with the Agency Administrators to review their corrections, discuss data needed to support the corrections, and discuss successful strategies. The Children & Youth Program Specialist V to support EIS programs is emergency-hired. The Children & Youth Specialist V to support Lead Agency quality assurance activities was also recently hired and is working closely with the Agency Administrators.

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 is being collected that will be reported in the February 2009 Annual Performance Report (APR).

Family Satisfaction

All Part C families were provided surveys, hand-delivered by one of their service providers, to determine their satisfaction with early intervention and whether early intervention supports their needs and supports their children's development. The surveys are sent directly to the contracted provider to analyze. Results are expected in August, by

Part C program, type of program (EIS, PHNB, Healthy Start), and statewide. This information will be included in the February 2009 APR.

External Reviews

External Reviews (which utilize the Felix Service Testing protocol) are ongoing. 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. The C&Y V is supporting all EIS programs to the extent possible.

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.

MCHB staff have also identified specific program sites which require additional technical assistance and monitoring for clinical interventions for risk factors. This program site received additional team building consultations from TIFFE and more frequent MCHB site visits.

All Healthy Start programs also submitted Corrective Action Plans based on the EIS Self Assessment Tool utilized to monitor for OSEP requirements. All programs will submit updated findings with their quarterly report due July 31, 2008.

Funding

Early Intervention Section

For FY 2008, the EIS appropriation was \$16,117,754 in state funds. The EIS allocation was \$16,556,607 in state funds, which included additional funds for collective bargaining increases. The majority of the first quarter allocation supported 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	16,823,539 (f)

(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

(f) Information as of 7/11/08. Includes \$266,932 in EI special funds.

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	2,196,847 (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	1,918,928 (e)

- (a) Information as of 7/1/08
 (b) Information as of 9/20/07
 (c) Information as of 12/27/07
 (d) Information as of 4/15/08
 (e) Information as of 6/27/08

Healthy Start

For FY 2008, Healthy Start was allocated a total of \$16,314,676 which was comprised of State funds of \$12,054,267, TANF funds of \$1,660,409 and Early Intervention Special funds of \$2,600,000, respectively. In the 4th Quarter of FY 2008, the Grant in Aid for \$100,000 to Friends of the Future was restricted, resulting in a decrease in general fund allocation from \$12,054,267 to \$11,954,267, thereby reducing our total allocation from \$16,314,676 to \$16,214,676.

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
4th quarter – Apr.-June 2008	2,656,141 (f)	16,214,676	16,134,041 (g)

- (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) Reduced General fund allocation by \$100,000 Friends of the Future GIA was restricted and added \$2,600,000 from EIS special fund
- (g) Figure of \$16,134,041 is an estimate, the FAMIS report as of 6/30/08 is not yet available.

Summary

Strengths in the early intervention system from April-June 2008 include:

- ⇒ EIS continues to provide 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 discuss their corrective actions and to what extent they have corrected their non-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 staff attend the Part B Stakeholders' Meeting and are following up with additional meetings to support the Improvement Activities identified in both the Part B and Part C APRs.
- ⇒ 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 April-June 2008 include:

- ⇒ 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.
- ⇒ One of the contracted EIS POS contracts did not sign the contract to provide services to children/families living in the Waipahu geographical area. The contract was not signed due to their inability to meet salary requirements and the inability of EIS to increase funds until the next fiscal year, based on State Procurement Office Policies. To address the need in this area, EIS developed and disseminated a new RFP to identify a new provider, to be effective October 1. In the interim, EIS is providing care coordination and services, using both

POS and state staff. The following strategies are in place to ensure provision of services: 1) Some children were transferred to other POS programs. 2) Overtime has been requested for state staff to provide services after work hours or on weekends. 3) POS staff are providing services to children in addition to those in their specific geographical community. As POS programs are paid by direct service hours, they are being paid for this additional time.

- ⇒ Care coordination ratios have increased due to both an increase in the number of children served as well as vacant SW positions. 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 both facing deficits. Healthy Start has shortened the time allowed for “creative outreach” as well as increased the score needed to be eligible for Part C services, as strategies to decrease the program costs. EIS and Healthy Start are exploring possibilities to increase funding. Program costs are being closely monitored. How the deficit will be met is still to be determined.
- ⇒ 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.