



***Performance Report***  
***Performance Period July 2008-September 2008***

## **Introduction**

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

## Enrollment

### Early Intervention Section

#### Monthly Enrollment

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

Table 1. EIS Monthly Enrollment Data

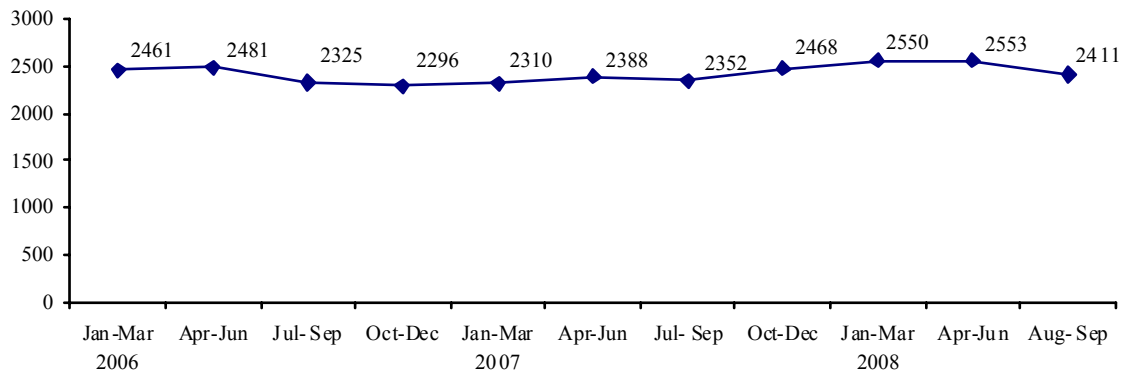
Month	Monthly Enrollment	Island					
		Oahu	Hawaii	Maui	Kauai	Molokai	Lanai
July 2008	2501	1889	257	217	115	14	9
August 2008	2352	1784	238	202	107	13	8
September 2008	2381	1767	236	234	122	15	7

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 2006 are shown in Graph 1. The quarterly enrollment average (2411) was approximately 5.5% lower than last quarter (2553). Since children who become age 3 years before December 31 are able to start Department of Education (DOE) preschool in August, it is not unusual for the numbers to drop during August and September.

Graph 1. EIS Quarterly Enrollment from January 2006 to September 2008



#### Child Find

A goal of EIS is to share information regarding early intervention services with the community. As part of public awareness, brochures on early intervention (EI) were disseminated at a booth at the Office of Language Affairs Fair (approximately 300 attendees) at the State Capitol Rotunda, which focused on reaching out to non-English speaking populations, and at a booth at the P-3 Conference for DOE principals and early intervention care coordinators on transitioning children to DOE Preschool Special Education and Kindergarten.

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**

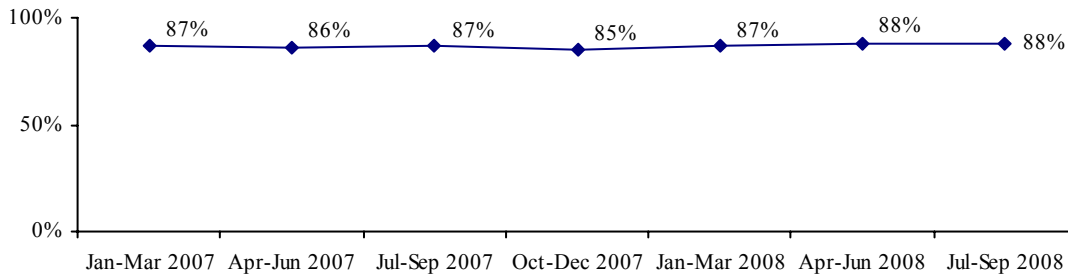
Birth rates for Hawaii for July to September 2008 are as follows:

Month	Births
July	1276
August	1227
September	1365

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

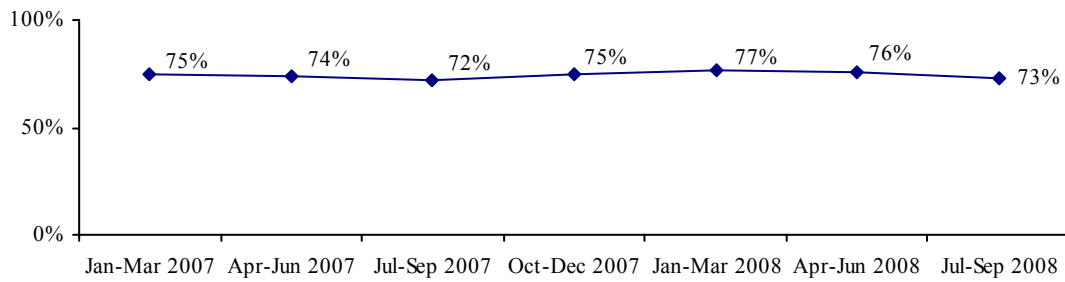
Screen rate: The quarterly early identification (EID) screen rate (Graph 2) has been relatively stable over the past 12 months.

Graph 2. Oahu EID Quarterly Screen Rate, January 2007 through September 2008.



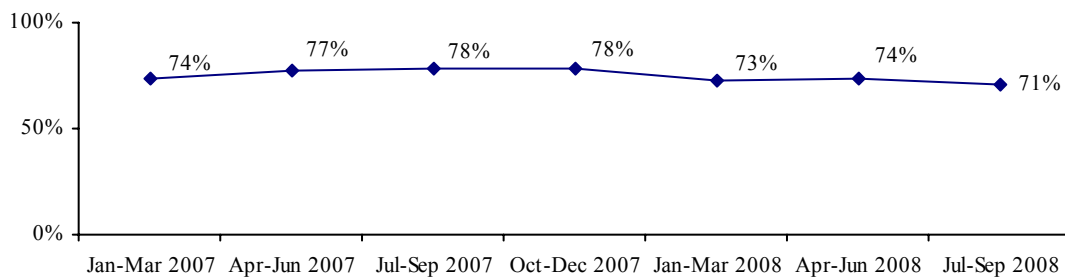
Assessment rate: The quarterly EID assessment rate (Graph 3) decreased slightly from the last quarter. Budget restrictions instituted in August necessitated revising the assessment protocol to disallow the practice of a full assessment even if the screen was negative, if the assessment worker determined that there were other factors suggesting the need for a risk assessment (“clinically positive”). Although the screen rate remained stable at 88%, more families this quarter refused an assessment (181 last quarter vs. 226 this quarter) and more families were missed or discharged from the hospital earlier (105 last quarter vs. 145 this quarter).

Graph 3. Oahu EID Quarterly Assessment Rate, January 2007 through September 2008



**Referral rate:** The quarterly EID referral rate (Graph 4) has also decreased slightly from the last quarter. The referral rate may in part reflect the policy changes due to the budget restrictions. Prior referral rates included “clinically positive” cases where the family was screened or assessed “negative”, but there were other factors that the assessment worker identified; and the family was referred for home visiting services. It is expected that this trend will continue as the full impact of the budget restrictions are felt in the coming quarters.

Graph 4. Oahu EID Quarterly Referral Rate, January 2007 through September 2008



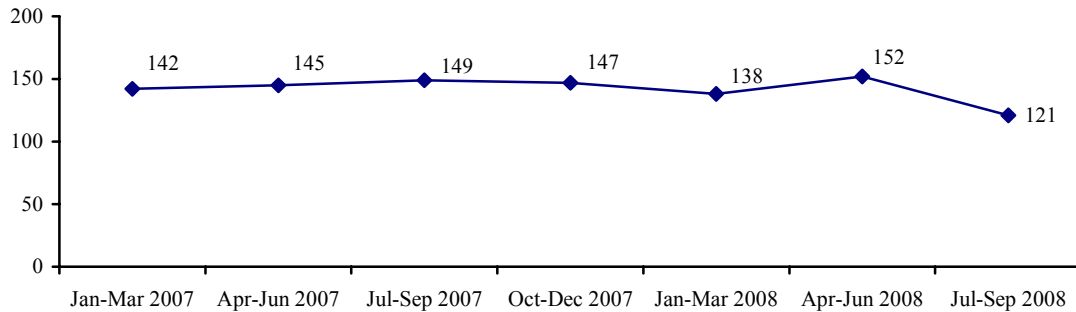
### New Enrollment

A total of 363 infants were newly enrolled in home visiting services during this quarter (Table 2). New enrollment numbers for the Enhanced Healthy Start Program totaled 15 for July through September, which would bring the total new enrollment to 378. (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 96 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 121 (Graph 5), a decrease of 31 from last quarter. This decrease in enrollment was deliberately designed as the budget restrictions mandated staffing cuts and program policy changed to disallow “clinically positive referrals”. Less staff to screen, assess, and refer translates into a larger “phone file”, because those families who are not contacted in the hospital are placed in a phone file for follow up via a telephone interview. This increasing trend for larger phone files will likely continue when the full impact of the budget restrictions are felt. Overall active enrollment will also continue to decrease, since program policy changes mandated discharging those families on a quarterly home visiting schedule, as well as eliminating outreach services.

Table 2. Healthy Start New Enrollment Data from July to September 2008

Month	New Enrollment	Island					
		Oahu	East Hawaii	West Hawaii	Maui/Lanai	Kauai	Molokai
July	147	104	15	8	11	9	0
August	116	86	10	14	9	7	0
September	100	84	4	2	6	3	1

Graph 5. Healthy Start New Monthly Enrollment from January 2007 to September 2008



## Service Gaps

The tables below provide information on service gaps for EIS, PHNB, and Healthy Start providers for July-September 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 (Table 4) increased from 29 to 43 this quarter. The average monthly number of children with full gaps was 12, slightly higher than last quarter (10). The total number of children with at least one full service gap over the 3 month period decreased slightly, increased from 21 to 25 this quarter (unduplicated quarterly count).

Table 4. Full Service Gaps by Month

<b>Service Gap</b>	<b>July</b>	<b>August</b>	<b>September</b>	<b>Total</b>	
Occupational Therapy	6 (Oahu) 1 (Hawaii)	1 (Oahu) 2 (Hawaii)	2 (Oahu)	<b>9(Oahu)</b> <b>3 (Hawaii)</b>	
Speech Therapy	7 (Oahu)	4 (Oahu)	5 (Oahu) 5 (Hawaii)	<b>16 (Oahu)</b> <b>5 (Hawaii)</b>	
Physical Therapy	1 (Oahu)	1 (Oahu)	2 (Oahu)	<b>4 (Oahu)</b>	
Special Instruction	1 (Oahu)	1 (Oahu)		<b>2 (Oahu)</b>	
Nursing Services			1 (Oahu)	<b>1 (Oahu)</b>	
Intensive Behavioral Support	2 (Oahu)	1 (Oahu)		<b>3 (Oahu)</b>	
<b>Total Number of Full Gaps</b>	<b>18</b>	<b>10</b>	<b>15</b>	<b>43</b>	
<b>Total Number of Monthly Full Gaps</b>	Oahu	17	8	10	<b>35</b>
	Hawaii	1	2	5	<b>8</b>
	<b>Total</b>	<b>18</b>	<b>10</b>	<b>15</b>	<b>43</b>
<b>Total Number of Children (unduplicated by month)</b>	Oahu	15	5	8	<b>28</b>
	Hawaii	1	2	5	<b>8</b>
	<b>Total</b>	<b>16</b>	<b>7</b>	<b>13</b>	<b>36</b>
<b>Total Number of Children (unduplicated by quarter)</b>	Oahu				<b>23</b>
	Hawaii				<b>2</b>
	<b>Total</b>				<b>25</b>

### Partial Service Gaps

The total number of monthly partial service gaps (Table 5) increased slightly, from 358 partial gaps last quarter to 375 this quarter. The average monthly number of children with partial gaps increased from 104 children last quarter to 116 children this quarter (average unduplicated monthly count). Two hundred twenty-six (226) children experienced at least one gap during the quarter, which was somewhat lower from last quarter's count of 257 children (unduplicated quarterly count).

Table 5. Partial Service Gaps by Month

<b>Service Gap</b>	<b>July</b>	<b>August</b>	<b>September</b>	<b>Total</b>
Occupational Therapy	23 (Oahu) 8 (Maui)	9 (Oahu) 2 (Hawaii) 9 (Maui)	3 (Oahu) 1 (Hawaii)	<b>35 (Oahu)</b> <b>3 (Hawaii)</b> <b>17 (Maui)</b>
Physical Therapy	9 (Oahu) 6 (Maui)	15 (Oahu) 2 (Maui)	17 (Oahu)	<b>41 (Oahu)</b> <b>8 (Maui)</b>
Special Instruction	14 (Oahu)	11 (Oahu)	32 (Oahu)	<b>57 (Oahu)</b>
Education (Teacher)	7 (Oahu)	2 (Oahu)		<b>9 (Oahu)</b>
Speech Therapy	24 (Oahu) 9 (Hawaii) 8 (Maui)	15 (Oahu) 21 (Hawaii) 14 (Maui)	57 (Oahu) 24 (Hawaii) 7 (Maui)	<b>96 (Oahu)</b> <b>54 (Hawaii)</b> <b>29 (Maui)</b>
Intensive Behavioral Support	1 (Oahu)	3 (Oahu)	2 (Oahu)	<b>6 (Oahu)</b>
Family Training	3 (Oahu)	2 (Oahu)	1 (Oahu)	<b>6 (Oahu)</b>
Care Coordination	3 (Oahu)	5 (Oahu)	6 (Oahu)	<b>14 (Oahu)</b>
<b>Total Number of Partial Gaps</b>	<b>115</b>	<b>110</b>	<b>150</b>	<b>375</b>
<b>Total Number of Partial Gaps</b>	Oahu	84	62	118
	Maui	22	25	7
	Hawaii	9	23	25
	<b>Total</b>	<b>115</b>	<b>110</b>	<b>150</b>
<b>Total Number of Children (unduplicated by month)</b>	Oahu	75	57	106
	Maui	22	25	7
	Hawaii	9	21	25
	<b>Total</b>	<b>106</b>	<b>103</b>	<b>138</b>
<b>Total Number of Children (unduplicated by quarter)</b>	Oahu			142
	Maui			41
	Hawaii			43
	<b>Total</b>			<b>226</b>

### 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 Individualized Family Support Plan (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.

Program Changes. Due to contractual changes, EIS was responsible for serving children in the Waipahu geographical area. This led to increased gaps as there were fewer providers available.

#### **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 49 social work (SW) positions statewide. Forty-four (44) positions were intended to provide care coordination services. The remaining 5 positions are administrative and are included in the data on administrative positions. However, due to issues identified below, there are currently 41 positions intended to provide care coordination, instead of the original 44. The 41 positions include the two positions transferred from the island of Hawaii to Oahu to support the need for additional care

coordinators in the Waipahu geographical area; although they are not filled, the positions are in the recruitment process.

The three (3) positions not counted include two social work positions, one each on Maui and Hawaii, which 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. Because reorganization must be completed before recruitment, these positions are not included in either the SW count or the direct service provider count. Also not included in the count is an early intervention social worker on Maui who is currently working with other populations over age 3 years.

Table 6 provides information on the 41 DOH social worker/care coordinator positions, by island and statewide as of September 2008. Only twenty-nine (29) of the 41 positions, or 71%, are filled. This does not include 4 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 September 2008

Island	EIS SW Positions Total #	EIS SW Positions Filled #	EIS SW Positions Filled %
Oahu	34*	23	68%
Hawaii	3	2	67%
Maui	1**	1	100%
Kauai	3***	3	100%
<b>Total</b>	<b>41</b>	<b>29</b>	<b>71%</b>

\* Includes 3 positions that provide care coordination only if needed

\*\* Includes 1 position that provides care coordination at 0.5 FTE

\*\*\* Includes 1 position that provides care coordination at 0.75 FTE

All but one vacant position are on the island of Oahu. Some Oahu vacancies are due to the salaries of SW III positions not being competitive with private sector positions. EIS is in the process of upgrading some SW III positions to SW IV positions to reflect the complexity of children and families served, which may increase interest in these positions. The recruitment of three SW positions continues to be “on-hold” while awaiting completion of a related personnel matter. Although one of the two social work positions on the island of Hawaii is now filled, the position is now a SW II related to staff qualifications. 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. Four SW III positions are filled by emergency hire. 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. Twenty-five (25) of the twenty-six (26) POS SW/care coordinator positions, or 96%, are filled. The vacant position is a 0.5 FTE position.

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

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

\* 2 positions are funded at 0.5 FTE

\*\* 1 of the 0.5 FTE positions is filled; 1 is vacant

\*\*\* 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, ease in hiring, or a shorter hiring process.

**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 September 2008, 33 of the 42 direct service positions, or 79%, were filled. In addition, a PT III positions is filled via emergency-hire.

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

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

Island	Direct Service Positions – Total #	Direct Service Positions – Filled #	Direct Service Positions – Filled %	Vacant Positions*
Oahu	36	31	89%	PT III; PMA III; SPED IV-Vision; SPED III; SLP IV
Hawaii	6	2	33%	OT III; SLP IV; PMA III; PT III e-hired
<b>Total</b>	<b>42</b>	<b>33</b>	<b>79%</b>	–

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

As shown in Table 8, recruiting for therapy staff on the island of Hawaii continues to be difficult, as the OT position has been vacant for over a year and the SLP position has been vacant for 2 years. The PT position is filled by an emergency-hired physical therapist who had retired from that position. The Hawaii District Health Office has received approval to hire above the minimum due to the difficulty of filling the vacant positions. Advertisements will include this information. EIS continues to have over forty 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. A POS contract was awarded for the Ka'u region of the island of Hawaii. However due to the agency's inability to hire or sub-contract direct service staff, the program is not yet providing services. The children continue to receive services from the Kona ECSP.

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***

The number of administrative positions in EIS was reduced from 61 positions statewide to 58 positions. Due to the budget deficit, a decision was made not to fill three (3) vacant Children & Youth Program Specialist IV quality assurance positions (1 each on the islands of Oahu, Hawaii, and Maui). The remaining 58 administrative positions include unit supervisors and specialists in the areas of contracts, internal service testing, public awareness, and training; computer support staff; accounting staff; clerical and billing staff; Public Health Administrative Officer; 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); ECSP managers (Public Health Supervisor I); two Children & Youth Program Specialist (C&Y) IV positions who support quality assurance activities statewide; and the statewide coordinator for the Newborn Hearing Screening Program.

Of the 58 administrative positions, 49 (84%) are filled. All vacant positions are on Oahu. The vacant positions include: 2 Public Health Supervisor I positions, C&Y V, C&Y IV for EIS quality assurance/monitoring, 2 Hospital Billing Clerk I positions, and 2 Clerk-Typist positions. Two of the vacant positions (Clerk-Typist and Hospital Billing Clerk) are filled through emergency-hire.

Four (4) of the nine 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. These vacancies impact 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 September 2008

Island	Administrative Positions – Total #	Administrative Positions – Filled #	Administrative Positions – Filled %	Vacant Positions
Oahu	54	45	83%	Public Health Sup. I (2); C&Y V; C&Y IV (EIS QA); SW II; Clerk-Typist (2); Hosp. Billing Clerk I (2)
Hawaii	4	4	100%	
<b>Total</b>	<b>58</b>	<b>49</b>	<b>84%</b>	–

### *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 60% is an increase from the previous quarter which was 50%. Percentages have increased on Oahu (from 37% to 48%), Hawaii (from 40% to 83%), and Maui (from 75% to 100%). The reason for the increase is due to the decrease in the number of children enrolled in September 2008, which resulted in lower caseloads for the social work staff.

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

Island	# Social Workers Providing Care Coordination as of September 2008	Number with Caseloads No More than 35	Percent with Caseloads No More than 35
Oahu	36*	16	48%
Hawaii	6*	5	83%
Maui	7	7	100%
Kauai	4 **	3	75%
Molokai	1 ***	1	100%
Lanai	1 ***	1	100%
<b>Total</b>	<b>55</b>	<b>33</b>	<b>60%</b>

\* 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 30 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	44*	43.00	1359	32
Hawaii	7*	7.00	203	29
Maui	7	6.50	184	28
Kauai	4**	3.75	104	28
Molokai	1**	.50	3	6
Lanai	1**	.50	5	10
<b>Total</b>	<b>64</b>	<b>61.25</b>	<b>1858</b>	<b>30</b>

\* 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. Recruitment has now started.
- 3) All the children in the south Honolulu area and care coordinated by EIS have been transferred to the United Cerebral Palsy (UCP) 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 was 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) Some PHNs have taken over care coordination in geographic areas where the case loads are exceptionally high.
- 7) Social workers/care coordinators are no longer expected to be liaisons with public health nurses and Healthy Start Family Support Workers when they serve children in common. The role of the liaison has been transferred to the family's primary provider as this individual is more knowledgeable about the needs of the child and family.

## Training Opportunities

### *Early Intervention Section*

Training provided and/or supported by EIS for July through September 2008 impacted 869 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 84 participants and a 3-day orientation on Molokai for 24 participants. These are mandatory trainings 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 one 2-day training on the Hawaii Early Learning Profile (HELP)/Comprehensive Developmental Evaluation (CDE) for 16 public health nurses on the island of Maui. The purpose of this mandated training is to increase the number of individuals who can participate in the CDE as part of the multi-disciplinary team. Although they were not included in this training, social workers and Healthy Start Child Development Specialists and Clinical Specialists also receive this training.
- **First Aid/CPR Training.** Yearly first aid and CPR training is required for all Part C providers. During this past quarter, there were five (5) separate trainings for CPR which impacted 56 staff. There were 2 First Aid training which impacted 11 staff.
- **Supporting Children with Challenging Behaviors.** The Keiki Care Project Coordinator provided 2 trainings at community preschools on “Young Children with Challenging Behaviors” that impacted 22 individuals. An EIS psychologist and the EIS OT for sensory issues provided 2 trainings to 39 Oahu public health nurses on “Early Signs of Behavioral Concerns.” The EIS OT also provided training to 8 Kauai EI and PHN staff on the role of the OT and psychologists to support behavioral issues.
- **Serving Children with Autism.** An update on autism was provided to 40 ECSP staff by Dr. Dan Ulrich. As Dr. Ulrich is also a parent of children with autism who received early intervention services, his presentation merged the professional and family point of views.
- **Supporting Infants, Toddlers with Hearing Loss and their Families.** The EIS specialist for children with hearing loss provided 2 trainings (Maui and Kona) for 40 early intervention professionals and family members that focused on the services available to children with hearing loss. One of the trainings (Ohana Training) was specifically for families.
- **Transdisciplinary Service Provision.** Forty ECSP staff received additional training on how to support the transdisciplinary service methodology. While multiple trainings have been provided on this topic, some staff continue to revisit this strategy so that they are more comfortable with this methodology.
- **Transition.** The Inclusion Project Coordinator provided training on transition from Part C as part of the P-3 Principals Partnership for Transition Summit. Three hundred twenty (320) attended and included DOE principals, DOE 619 (preschool) coordinators, early childhood teachers, teachers of kindergarten–grade 3, EIS staff and community preschool directors and administrators. Training was also provided to 40 ECSP staff.

- **Support for Community Preschools.** The Inclusion Specialist provided 3 consultations to two community preschools regarding how to support a child with special needs. Eleven preschool and family members were present. The Keiki Care Coordinator also provided 3 trainings to community preschools on the following topics: “Young Children with Special Needs” (21 staff); “Building Collaborative Relationships with Families” (23 staff); and “Second Step: A Violence Prevention Curriculum” (22 staff).
- **DOH Security/Confidentiality.** Three trainings were provided to 52 EIS Program Managers and staff on security and confidentiality, to ensure that DOH procedures are followed.
- **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 response to new contracts that began on July 1, 2008, TIFFE is currently revising its training schedule into a more flexible and accessible system which will coincide with the curriculum training that will begin in the next quarter. Nurturing Parenting curriculum training will be rolled out statewide during the next quarter. By January, 2009, all programs will be trained in this new curriculum.

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

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

## Quality Assurance

### ***Early Intervention Section***

The EIS has two major quality assurance focuses. The first is to assure that all children under age 3 years 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 quality assurance (QA) during the July-September 2008 quarter was to continue working with the agencies and EIS programs to collect data that demonstrate the correction of previously identified non-compliance which was identified in the programs' Corrective Action Plans. These data will be included in the Annual Performance Report (APR) due February 2009. The Lead Agency QA staff worked with the agency administrators for EIS, PHNB, and Healthy Start, which included monthly meetings to review their corrections, discuss data needed to support the corrections, and discuss successful strategies. A Children & Youth Program Specialist IV, hired to lead these activities for EIS programs, has been temporarily assigned to the Children & Youth Program Specialist V position.

### **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 are being collected and will be reported in the February 2009 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**

Roles and responsibilities of the EIS QA Specialists include:

- 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.

The above roles and responsibilities, as well as programs on which to focus, will be prioritized, since three QA positions will not be filled as a result of the EIS budget deficit. However, it is anticipated that SW IV positions will assist the remaining two QA positions.

### ***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.

MCHB did contract monitoring for its Early Identification program. New Requests for Proposals for the EID contracts were issued.

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

## Funding

### *Early Intervention Section*

For FY 2009, the EIS appropriation was \$16,141,585 in state funds. The EIS allocation was \$16,545,114 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.

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 2008</i>			
1st quarter – July-Sept. 2007	5,605,000	5,605,000	5,027,236 (a)
2nd quarter – Oct.-Dec. 2007	4,404,000	10,009,000	9,378,686 (b)
3rd quarter – Jan.-Mar. 2008	5,050,000	15,059,000	14,358,997 (c)
4th quarter – Apr.-June 2008	1,497,607	16,556,607	18,443,144 (d)
<i>Fiscal Year 2009</i>			
1st quarter – July-Sept. 2008	9,250,000	9,250,000	7,746,936 (e)
2nd quarter – Oct.-Dec. 2008	4,146,409	13,396,409	
3rd quarter – Jan.-Mar. 2009	2,753,529	16,149,938	
4th quarter – Apr.-June 2009	395,176	16,545,114	

- (a) Information as of 9/25/07
- (b) Information as of 12/28/07
- (c) Information as of 4/15/08
- (d) Information as of 9/30/08
- (e) Information as of 9/30/08.

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 2008</i>			
1st quarter – July-Sept. 2007	778,152	778,152	275,864 (a)
2nd quarter – Oct.-Dec. 2007	630,000	1,408,152	642,828 (b)
3rd quarter – Jan.-Mar. 2008	650,500	2,058,652	1,096,694 (c)
4th quarter – Apr.-June 2008	80,062	2,138,714	2,627,427 (d)
<i>Fiscal Year 2009</i>			
1st quarter – July-Sept. 2008	655,000	655,000	0 (e)
2nd quarter – Oct.-Dec. 2008	690,000	1,345,000	
3rd quarter – Jan.-Mar. 2009	690,000	2,035,000	
4th quarter – Apr.-June 2009	736,557	2,771,557	

(a) Information as of 9/20/07

(b) Information as of 12/27/07

(c) Information as of 4/15/08

(d/e) Information as of 9/30/08

### ***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 4<sup>th</sup> 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 the total allocation from \$16,314,676 to \$16,214,676.

For FY 2009, Healthy Start was allocated a total of \$12,490,519 which was comprised of State funds of \$10,029,359, TANF funds of \$1,461,160 and Early Intervention Special funds of \$1,000,000, respectively. These amounts include a general fund restriction of \$1,942,943 and a TANF restriction of \$199,249.

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 2008</i>			
1st quarter – Jul.-Sept. 2007	11,485,846	11,485,846	11,439,657
2nd quarter – Oct.-Dec. 2007	1,916,549 (a)	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 (b)	16,214,676	16,134,041 (c)
<i>Fiscal year 2009</i>			
1st quarter – Jul.-Sept. 2008	11,215,312 (d)	11,215,312	1,776,352
2nd quarter – Oct.-Dec. 2008	158,152	11,373,464	
3rd quarter – Jan.-Mar. 2009	158,152	11,531,616	
4th quarter – Apr.-June 2009	1,158,152 (e)	12,689,768	

- (a) Includes \$1,660,409 TANF funds and \$100,000 grant to Friends of the Future  
 (b) Reduced General fund allocation by \$100,000 Friends of the Future GIA was restricted and added \$2,600,000 from EIS special fund  
 (c) Figure of \$16,134,041 is an estimate, the FAMIS report as of 6/30/08 is not yet available.  
 (d) Includes TANF Funds of \$1,461,160.  
 (e) Includes early intervention special fund of \$1,000,000.

## Summary

Strengths in the early intervention system from July-September 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.
- ⇒ H-KISS has developed a triage matrix to support the appropriate referrals of infants and toddlers based on referral indicators.
- ⇒ The care coordination ratio has decreased due to fewer children served.
- ⇒ A committee consisting of DOH staff and Hawaii Early Intervention Coordinating Council (HEICC) members are meeting to determine how to increase funding to the Part C programs. Possible additional funding sources include insurance coverage of early intervention services and sliding fees from families as part of family cost participation.

Challenges to the early intervention system July-September 2008 include:

- ⇒ Budget concerns have greatly impacted both EIS and Healthy Start programs. To reduce costs, EIS is postponing the hiring of vacant administrative positions and using more of the federal Part C funds to support services. Healthy Start is reducing contract funding to provider agencies and changing program policies and protocols. The impact of these cuts is unknown at this time.
- ⇒ One of the EIS POS providers 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.
- ⇒ 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.