



***Performance Report***  
***Performance Period October 2008–December 2008***

## **Introduction**

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

## Enrollment

### Early Intervention Section

#### Monthly Enrollment

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

Table 1. EIS Monthly Enrollment Data

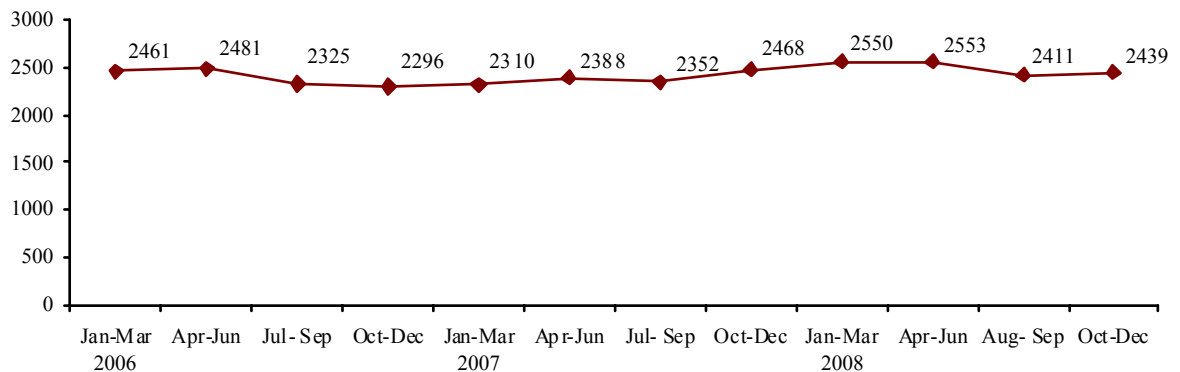
Month	Monthly Enrollment	Island					
		Oahu	Hawaii	Maui	Kauai	Molokai	Lanai
Oct. 2008	2458	1829	243	231	130	16	9
Nov. 2008	2394	1786	234	219	129	17	9
Dec. 2008	2465	1816	253	242	129	17	8

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

#### Quarterly Enrollment

The quarterly enrollments (average monthly enrollment for the quarter) since January 2006 are shown in Graph 1. The quarterly enrollment average this quarter (2439) was a slight increase as compared to the quarterly enrollment for last quarter (2411).

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



#### Child Find

A goal of EIS is to share information regarding early intervention (EI) services with the community. As part of public awareness, brochures on EI were disseminated at a booth at the Children and Youth Day (approximately 225 attendees to the EI booth) at the State Capitol Rotunda, a yearly opportunity to meet families of young children and share information about EI services while children participate in activities. In addition, EIS had a booth at the Hawaii Association for the Education of Young Children Conference, which was attended by approximately 500 service providers and parents.

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 contains information about early intervention services in Hawaii, including federal reports, data, services in Hawaii, and how to access services. The website has a link to the Hawaii Keiki Information Service System (H-KISS) referral form to simplify referrals. It is regularly updated with new information as appropriate. The website will expand to provide other relevant information for both service providers and families. The website will include forms, responses to frequently asked questions, and other administrative information for service providers.

**Healthy Start**

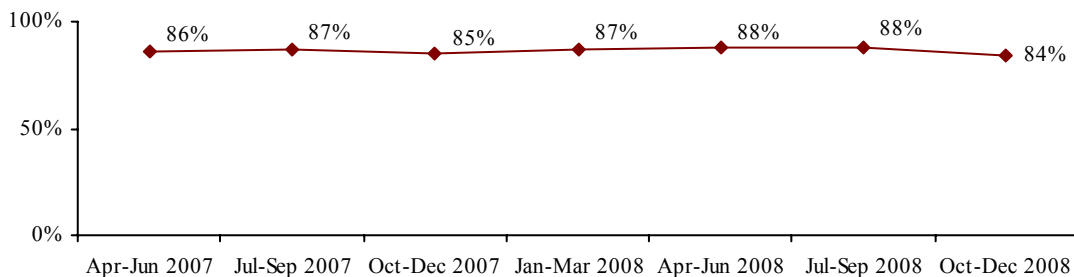
Birth rates for Hawaii for October to December 2008 are as follows:

Month	Births
October	1317
November	1210
December	1228

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

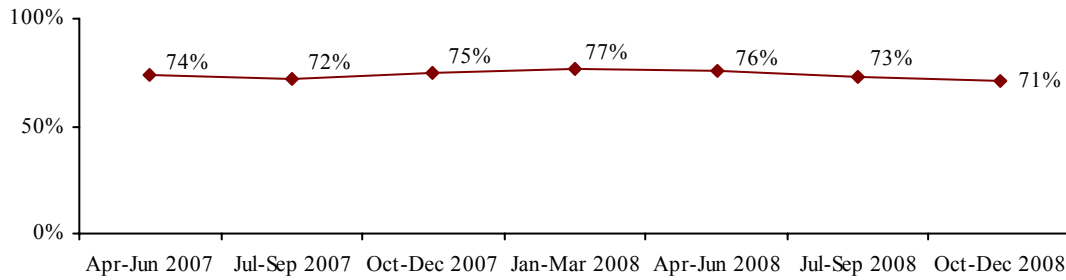
Screen rate: The quarterly early identification (EID) screen rate (Graph 2) decreased slightly from last quarter. This quarter, more families were missed or discharged earlier from the hospital, resulting in fewer screens done. Also, more families refused to do the screen.

Graph 2. Oahu EID Quarterly Screen Rate, April 2007 through December 2008.



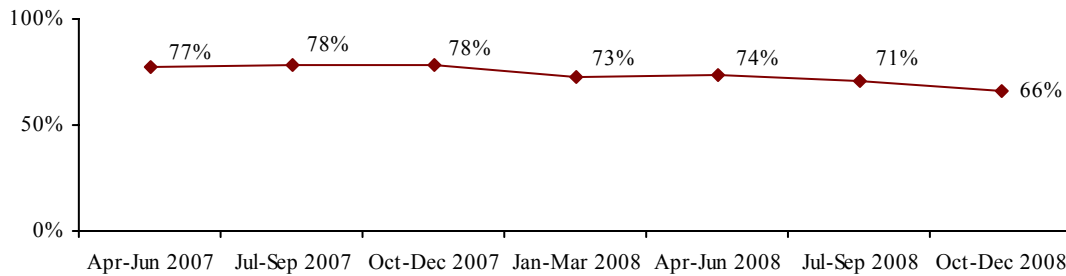
Assessment rate: The quarterly EID assessment rate (Graph 3) decreased slightly from the last quarter. Budget restrictions instituted in August necessitated revising the assessment protocol to allow for enrollment based solely on the family attaining a score of 30 or more on the Family Stress Check list. Also, more families were missed due to early hospital discharge.

Graph 3. Oahu EID Quarterly Assessment Rate, April 2007 through December 2008



**Referral rate:** The quarterly EID referral rate (Graph 4) has also decreased from the last quarter. The referral rate may in part reflect the policy changes to not enroll families whose Family Stress Checklist score was lower than 30. A score of less than 30 indicates the family is low risk for environmental factors and therefore ineligible for services.

Graph 4. Oahu EID Quarterly Referral Rate, April 2007 through December 2008



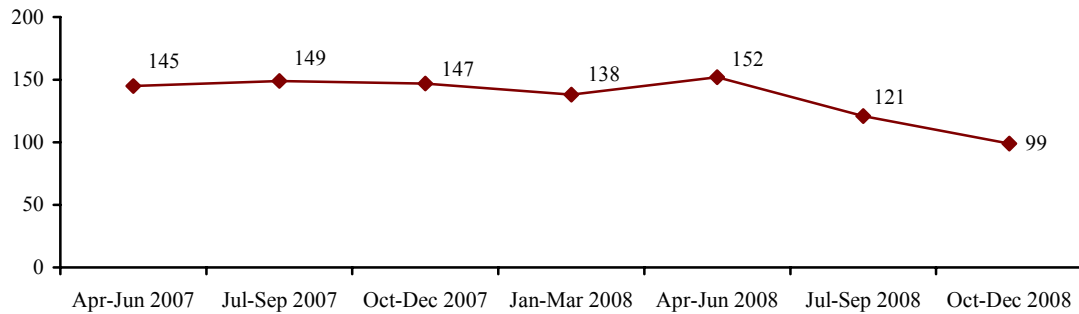
**New Enrollment**

A total of 296 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 October through December, which would bring the total new enrollment to 311. (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 67 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 99 (Graph 5), a decrease of 22 from last quarter. This decrease in enrollment was deliberately designed to remain within a reduced budget and yet still provide services to those families deemed at risk and willing to actively participate in the program.

Table 2. Healthy Start New Enrollment Data from October to December 2008

Month	New Enrollment	Oahu	East Hawaii	West Hawaii	Island Maui/Lanai	Kauai	Molokai
October	129	119	4	0	6	0	0
November	89	75	8	1	3	2	0
December	78	71	2	0	1	4	0

Graph 5. Healthy Start New Monthly Enrollment from April 2007 to December 2008



## Service Gaps

The tables below provide information on service gaps for EIS, PHNB, and Healthy Start providers for October-December 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 43 to 71 this quarter. The average monthly number of children with full gaps was 24, twice the total from last quarter (12). The total number of children with at least one full service gap over the 3 month period also doubled, from 25 last quarter to 50 this quarter (unduplicated quarterly count).

Table 4. Full Service Gaps by Month

Service Gap		October	November	December	Total
Occupational Therapy			4 (Oahu)	2 (Oahu) 1 (Hawaii) 2 (Maui)	<b>6 (Oahu)</b> <b>1 (Hawaii)</b> <b>2 (Maui)</b>
Speech Therapy		29 (Oahu) 1 (Maui)	12 (Oahu) 4 (Hawaii) 1 (Maui)	8 (Oahu) 2 (Hawaii)	<b>49 (Oahu)</b> <b>6 (Hawaii)</b> <b>2 (Maui)</b>
Physical Therapy		1 (Oahu)		1 (Hawaii)	<b>1 (Oahu)</b> <b>1 (Hawaii)</b>
Nursing Services		1 (Oahu)			<b>1 (Oahu)</b>
Vision			1 (Hawaii)	1 (Hawaii)	<b>2 (Hawaii)</b>
<b>Total Number of Monthly Full Gaps</b>	Oahu	31	16	10	<b>57</b>
	Hawaii	0	5	5	<b>10</b>
	Maui	1	1	2	<b>4</b>
	<b>Total</b>	<b>32</b>	<b>22</b>	<b>17</b>	<b>71</b>
<b>Total Number of Children (unduplicated by month)</b>	Oahu	30	16	10	<b>56</b>
	Hawaii	0	5	3	<b>8</b>
	Maui	1	1	2	<b>4</b>
	<b>Total</b>	<b>31</b>	<b>22</b>	<b>15</b>	<b>68</b>
<b>Total Number of Children (unduplicated by quarter)</b>	Oahu				<b>41</b>
	Hawaii				<b>7</b>
	Maui				<b>2</b>
	<b>Total</b>				<b>50</b>

### Partial Service Gaps

The total number of monthly partial service gaps (Table 5) increased from 375 partial gaps last quarter to 525 this quarter. The average monthly number of children with partial gaps increased from 116 children last quarter to 160 children this quarter (average unduplicated monthly count). In addition, two hundred ninety-eight (298) children experienced at least one gap during the quarter, which was higher than last quarter's count of 226 children (unduplicated quarterly count).

Table 5. Partial Service Gaps by Month

Service Gap		October	November	December	Total
Occupational Therapy		10 (Oahu)	22 (Oahu)	15 (Oahu)	<b>47 (Oahu)</b>
		1 (Maui)	1 (Hawaii)	2 (Hawaii)	<b>3 (Hawaii)</b>
Physical Therapy		23 (Oahu)	24 (Oahu)	17 (Oahu)	<b>64 (Oahu)</b>
		3 (Hawaii)	1 (Hawaii)	3 (Maui)	<b>4 (Hawaii)</b>
Special Instruction			6 (Maui)		<b>11 (Maui)</b>
		38 (Oahu)	56 (Oahu)	31 (Oahu)	<b>125 (Oahu)</b>
Speech Therapy			1 (Maui)		<b>1 (Maui)</b>
		59 (Oahu)	45 (Oahu)	42(Oahu)	<b>146 (Oahu)</b>
Family Training		21 (Hawaii)	18 (Hawaii)	13 (Hawaii)	<b>52 (Hawaii)</b>
		4 (Maui)	14 (Maui)	6 (Maui)	<b>24 (Maui)</b>
Care Coordination		4 (Oahu)		1 (Hawaii)	<b>4 (Oahu)</b>
		6 (Maui)	2 (Maui)	5 (Maui)	<b>1 (Hawaii)</b>
Deaf Education					<b>13 (Maui)</b>
		3 (Oahu)	4 (Oahu)	1 (Oahu)	<b>8 (Oahu)</b>
Total Number of Partial Gaps			8 (Hawaii)	1 (Hawaii)	<b>9 (Hawaii)</b>
			1 (Oahu)	4 (Oahu)	<b>5 (Oahu)</b>
Total Number of Children (unduplicated by month)	Oahu	152	152	110	<b>399</b>
	Maui	27	27	17	<b>57</b>
	Hawaii	28	28	17	<b>69</b>
	<b>Total</b>	<b>207</b>	<b>207</b>	<b>144</b>	<b>525</b>
Total Number of Children (unduplicated by quarter)	Oahu	135	135	101	<b>360</b>
	Maui	27	27	12	<b>52</b>
	Hawaii	27	27	17	<b>68</b>
	<b>Total</b>	<b>189</b>	<b>189</b>	<b>130</b>	<b>480</b>
Total Number of Children (unduplicated by quarter)	Oahu				<b>214</b>
	Maui				<b>47</b>
	Hawaii				<b>37</b>
	<b>Total</b>				<b>298</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, for both state and purchase-of-service (POS) programs. This was very apparent for the island of Hawaii, which lost 1 speech therapist at the POS program in East Hawaii, leaving the agency with only a part-time speech therapist. Other than the special educator, all other Kona Early Childhood Services Program (ECSP) professional direct service positions (occupational therapist, physical therapist, and speech-language pathologist) are vacant. Recruitment above minimum (RAM) was approved, but there is currently little interest in the positions from professionals on the island of Hawaii. Extensive recruitment will be initiated on both Oahu and the mainland through professional journals. 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. While programs 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 always available.

Vacation/Sick Leave/Emergencies. Another major reason for gaps is staff leave due to vacation, illness, 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 are 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.

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. The contract was finally approved mid-January, which will hopefully result in decreased service gaps for the Waipahu area.

### **Actions to Reduce Gaps**

- 1) With the increase of children referred to 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. POS programs have the option to subcontract 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.
- 2) 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.
- 3) The POS contract to Waianae Coast Early Childhood Services, Inc. for the Waipahu Parent Child Development Center to serve the Waipahu geographic area is now finalized; this will hopefully result in fewer gaps as the program will be hiring and/or sub-contracting staff to serve this area.

## **Personnel**

### **Goal: 90% of EIS social work positions are filled**

EIS has a total of 51 social work (SW) positions statewide, an increase of 2 from the previous quarter due to the approval to recruit for the 2 additional SW IV positions. Forty-six (46) positions are 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 43 positions that provide care coordination, rather than the original 46.

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 43 DOH social worker/care coordinator positions, by island and statewide as of December 2008. Only thirty (30) of the 43 positions, or 70%, are filled. This does not include 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 December 2008

Island	EIS SW Positions Total #	EIS SW Positions Filled #	EIS SW Positions Filled %
Oahu	36*	24	67%
Hawaii	3	2	67%
Maui	1**	1	100%
Kauai	3***	3	100%
<b>Total</b>	<b>43</b>	<b>30</b>	<b>70%</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 has considered requesting upgrading several SW III positions to SW IV positions to reflect the complexity of children and families served and increase interest in these positions. However, given the state budget deficit, this strategy will be placed on “hold” for the time being.

The other vacant position is in Kona on the island of Hawaii. Of the two filled social work positions, the SW III in Kona was downgraded to a SW II due to staff qualifications. The vacant SW IV position was filled in January 2009 as a Human Services Professional IV.

The two new EIS SW IV positions, when filled, will have similar responsibilities as the current 3 EIS SW IV positions. They will focus on providing social work supervision, training and mentoring new SW staff, and supporting quality assurance around the development of IFSPs. They will provide care coordination only if needed.

Table 7 provides information on the status of the approved POS SW/Care Coordinator positions, by island and statewide. All twenty-six (26) 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 December 2008

Island	POS SW Positions Total #	POS SW Positions Filled #	POS SW Positions Filled %
Oahu	13*	13**	100%
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>26</b>	<b>100%</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

It is noteworthy that all POS social worker positions are filled, whereas only 70% of the state civil service positions are filled. It appears that POS programs have less difficulty in filling SW 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 December 2008, 31 of the 42 direct service positions, or 74%, 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 December 2008

Island	Direct Service Positions – Total #	Direct Service Positions – Filled #	Direct Service Positions – Filled %	Vacant Positions*
Oahu	36	29	81%	PT III; PMA III; SPED IV- Vision; C&Y IV-Hearing; SPED III (2); SLP IV
Hawaii	6	2	33%	OT III; SLP IV; PMA III; PT III
<b>Total</b>	<b>42</b>	<b>31</b>	<b>74%</b>	–

\* C&Y=Children & Youth Program Specialist; OT=occupational therapist; PMA=paramedical assistant; PT=physical therapist; SLP=speech-language pathologist; SPED=special educator.

As shown in Table 8 and discussed in the section on service gaps, 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 previously 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.

Contracted providers help ensure that children receive all services identified on their IFSPs, but do not replace the need for state therapy staff. Although EIS continues to maintain over forty contracts with fee-for-service (FFS) providers to support vacancies and other service needs throughout the state, there frequently are insufficient FFS providers to meet the need.

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. 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. 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; 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.

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 subcontract direct service staff, the program is not yet providing services and children continue to receive services from the Kona ECSP.

There have been discussions with all Oahu programs to possibly expand the service areas of the POS programs while "shrinking" the boundaries of the ECSPs. This would result in an increased number of children served by POS programs. Unfortunately this cannot happen on the island of Hawaii due to the geographic distances between programs.

**Goal: 90% of EIS and Healthy Start central administration positions are filled**

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

There are currently 60 administrative positions. These 60 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 (NHSP). These administrative positions exclude the three vacant Children & Youth Program Specialist IV quality assurance positions (1 each on the islands of Oahu, Hawaii, and Maui) for which hiring is delayed because of the budget deficit. New administrative positions are the Baby Hearing Evaluation and Access to Services and Resources (Baby HEARS) Project Coordinator and Parent Coordinator. The Children with Special Health Needs Branch received grant funding for the Baby HEARS project from the federal Maternal and Child Health Bureau to increase the number of infants who receive timely newborn hearing screening, diagnostic evaluation, and referral to early intervention services, and to provide support to families of children with hearing loss.

Of the 60 administrative positions, 50 (83%) were filled by the end of December 2008. All vacant positions are on Oahu. The vacant positions include: 2 Public Health Supervisor I positions, C&Y V and C&Y IV for EIS quality assurance (QA)/monitoring, C&Y IV for training, Hospital Billing Clerk I positions, 2 Office Assistant positions, NHSP Coordinator (filled in January 2009), and Baby HEARS Project Coordinator (filled in January 2009). One Office Assistant position is filled through emergency-hire.

Seven (7) of the ten vacant administrative positions are Level IV or higher and make it more challenging to assure that federal Part C requirements are being met, and that corrective actions for non-compliance are being implemented.

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

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

Island	Administrative Positions – Total #	Administrative Positions – Filled #	Administrative Positions – Filled %	Vacant Positions
Oahu	56	46	82%	Public Health Supervisor I (2); C&Y V; C&Y IV (2) (EIS QA & Training); Office Assistant (2); Hospital Billing Clerk I; NHSP Coordinator; Baby HEARS Project Coordinator
Hawaii	4	4	100%	
<b>Total</b>	<b>60</b>	<b>50</b>	<b>83%</b>	–

### *Healthy Start*

Healthy Start is fully staffed with 7 administrative positions based in Oahu: Program Head, Registered Nurse, Child and Youth Program Specialist, Research Statistician, Statistics Clerk, Accountant, and Account Clerk. The number of administrative positions decreased by two positions, with the recruitment being held for the vacant Social Worker and Office Assistant positions which may be deleted from the Healthy Start budget beginning 7/1/09.

### **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 48% is a decrease from the previous quarter which was 60%. Percentages have decreased on Oahu (from 60% to 48%), Hawaii (from 83% to 67%), and Maui (from 100% to 67%). The decrease is due to an increased number of vacant positions as well as an increase of children enrolled on the island of Maui and Kauai. In addition, newly hired social workers generally have reduced caseloads as they need time to be mentored in their new position and learn about the early intervention system requirements. The three (3) emergency-hire social workers are included in the table below. A concern is that high caseloads may potentially impact the completion of documentation necessary to fulfill all the requirements of the Office of Special Education Programs (OSEP).

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

Island	# Social Workers Providing Care Coordination as of December 2008	Number with Caseloads No More than 35	Percent with Caseloads No More than 35
Oahu	35*	13	37%
Hawaii	6*	4	67%
Maui	7	4	57%
Kauai	4 **	3	75%
Molokai	1 ***	1	100%
Lanai	1 ***	1	100%
<b>Total</b>	<b>54</b>	<b>26</b>	<b>48%</b>

\* Does not include SW IV supervisory positions (3-Oahu; 1-Hawaii); nor the SW III on maternity leave.

\*\* Includes 1 SW at 0.75 FTE

\*\*\* SW is at 0.5 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	1430	33
Hawaii	7*	7.00	214	31
Maui	7	6.50	198	30
Kauai	4**	3.75	109	29
Molokai	1**	0.50	5	10
Lanai	1**	0.50	6	12
<b>Total</b>	<b>64</b>	<b>61.25</b>	<b>1962</b>	<b>32</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) Two DOH SW III positions from Hawaii were transferred to Oahu to support increased care coordination needs on Oahu. Recruitment has started.
- 2) EIS SW IV positions have increased their direct social work services.
- 3) 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.
- 4) Some public health nurses (PHNs) have assumed care coordination responsibilities in geographic areas where the caseloads are exceptionally high.
- 5) Social workers/care coordinators are no longer expected to be liaisons with PHNs 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 October through December 2008 impacted 977 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 94 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. A specialized IFSP training was provided to 10 Windward ECSP staff.
- **HELP/CDE Training.** EIS provided one 2-day training on the Hawaii Early Learning Profile (HELP)/Comprehensive Developmental Evaluation (CDE) for 42 staff on Oahu. It was attended by EIS, PHNB, Healthy Start, and Enhanced Healthy Start staff. 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.
- **Supporting Children with Challenging Behaviors.** The Keiki Care Project Coordinator provided 6 trainings for 102 staff at community preschools on the topic “Young Children with Challenging Behaviors.” Two workshops on related topics were presented at the Hawaii Association for the Education of Young Children (HAEYC) Conference, for 95 attendees. Two other similar workshops were held for the Hawaii Leadership Symposium and the Early Childhood Comprehensive System (ECCS) Early Childhood Leadership Conference for 165 people. Lise Fox, Ph.D., University of South Florida, presented to all EI providers statewide, via videoconference on “Best Practices to Support Social-Emotional Competence” to 125 providers. Finally, an EIS psychologist provided consultation to 4 staff at an early intervention program that related to challenging behavior.
- **Early Intervention and Vision Services.** The Part C Coordinator spoke to 35 parents, teachers, and persons with visual impairments at the 2008 Hawaii Association of Persons with Visual Impairments.
- **Keiki Tech.** An Overview of Keiki Tech Services, which included a demonstration on various technologies, was provided to 40 ECSP staff.
- **Transition.** The Inclusion Project Coordinator provided training on transition from Part C to 5 Wahiawa ECSP staff.
- **Support for Community Preschools.** The Inclusion Specialist provided 3 workshops for 195 Kamaaina preschool staff on “Overview of Early Intervention in Hawaii and Inclusion.” A workshop on “Using Stages of Parenthood to Build

Healthy Family Relationships” was presented at the HAEYC Conference. The Keiki Care Coordinator spoke on the “Needs of Boys in Early Childhood Education” to 15 attendees at the Oahu Family Childcare Business Association.

- **DOH Security/Confidentiality.** A training on “Confidentiality Requirements for Part C, HIPAA (Health Insurance Portability and Accountability Act) and FERPA (Family Educational Rights and Privacy Act)” were provided to 40 ECSP staff.
- **Informal Trainings/Consultations.** A training on nutrition was provided to 10 early intervention staff on the island of Molokai.

### ***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 (QA) 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: the provision of timely services, 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 these data as well as other data required by OSEP.

### **Monitoring Activities**

A major focus of QA during the October-December 2008 quarter was to support programs in completing the Self-Assessment process which was used to provide compliance data to OSEP, due in the February 2009 Annual Performance Report (APR). In addition, the collection of data to demonstrate the correction of previously identified non-compliance was also a priority, as this is also a required component of the APR. The Lead Agency QA staff worked with the agency administrators for EIS, PHNB, and Healthy Start, which included monthly meetings to review corrections, discuss data needed to support the corrections, and discuss successful strategies. A C&Y IV, hired to lead these activities for EIS programs, has been temporarily assigned to the C&Y V position. The delayed hiring of 3 C&Y positions to support QA activities on Oahu, Maui, and Hawaii may make it more challenging to be in compliance with Part C of IDEA and correct previously identified non-compliance. This is of critical importance as OSEP identified Hawaii as a "Needs Assistance 2" state in June 2008 due to its inability to show sufficient and timely correction of previously identified non-compliance and to provide timely services.

### **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 were sent directly to the contracted provider to analyze. This information will be included in the February 2009 APR and will be shared with individual programs for use in supporting program changes.

**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 the extent that the system supports the child and family. Thirty-two (32) children (30 from Oahu and 2 from Maui) will be tested during the period February through June 5, 2009. Children to be tested are those who have high needs and multiple agency involvement, and are expected to be eligible for DOE special education services.

EIS also reviews children who reside in DOE complexes that did not pass the previous year (i.e., Kaiser, Maui High and Baldwin).

**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 (Table 12). 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	18,441,370 (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	10,194,497 (f)
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 12/31/08
- (e) Information as of 9/30/08
- (f) Information as of 12/31/08

EIS also receives federal Part C funds (Table 13) for early intervention services. These funds decreased from \$2,138,714 for FY 2008 to \$2,135,315 for FY 2009.

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	2,349,064 (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	632,033 (f)
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) Information as of 12/31/08
- (e) Information as of 9/30/08
- (f) Information as of 12/31/08

### ***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, Temporary Assistance to Needy Families (TANF) funds of \$1,660,409, and early intervention special funds of \$2,600,000. In the 4<sup>th</sup> Quarter of FY 2008, the Grant in Aid (GIA) 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 reduction 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
<i>Fiscal year 2009</i>			
1st quarter – Jul.-Sept. 2008	11,016,063 (c)	11,016,063	1,776,352
2nd quarter – Oct.-Dec. 2008	558,152 (d)	11,574,215	8,866,713 (e)
3rd quarter – Jan.-Mar. 2009	158,152	11,732,367	
4th quarter – Apr.-June 2009	758,152 (f)	12,490,519	

(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 (restricted) and added \$2,600,000 from EIS special fund.

(c) Includes TANF Funds of \$1,461,160.

(d) Includes early intervention special fund of \$400,000.

(e) Estimate. The FAMIS report as of 12/31/08 is not yet available.

(f) Includes early intervention special fund of \$600,000 (pending).

## Summary

Strengths in the early intervention system from October-December 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, problem-solve, and discuss their corrective actions and to what extent they have corrected their non-compliance.
- ⇒ The POS contract to serve the Waipahu area was signed in January 2009.
- ⇒ 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 work 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.
- ⇒ 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 October-December 2008 include:

- ⇒ The state fiscal crisis has impacted both EIS and Healthy Start programs. Healthy Start has reduced contract funding to provider agencies and changed program policies and protocols. The state fiscal crisis has resulted in EIS delaying the hiring of several vacant administrative quality assurance positions.
- ⇒ There are an increased number of both full and partial service gaps.
- ⇒ There is an increased number/percentage of vacant positions, as well as an increased number of care coordinators above the current care coordination caseload ratio.
- ⇒ POS providers continue to have difficulty hiring sufficient direct service staff due to the increase in private sector salaries as well as the reduction of funds to support early intervention.
- ⇒ Hawaii was determined to be a “Needs Assistance 2” state due to the inability to correct previously identified non-compliance within the required one-year timeline and to provide timely services.
- ⇒ 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.