



Performance Report

Performance Period January 2009-March 2009

Introduction

This report presents information about the performance of operations and services of the Early Intervention Section (EIS) and Healthy Start from January through March 2009.

Data are presented in six performance areas:

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

Strengths and challenges to the early intervention system for January through March 2009 are summarized.

Enrollment

Early Intervention Section

Monthly Enrollment

Monthly enrollment data for infants and toddlers served by EIS from January through March 2009 are shown in Table 1.

Table 1. EIS Monthly Enrollment Data

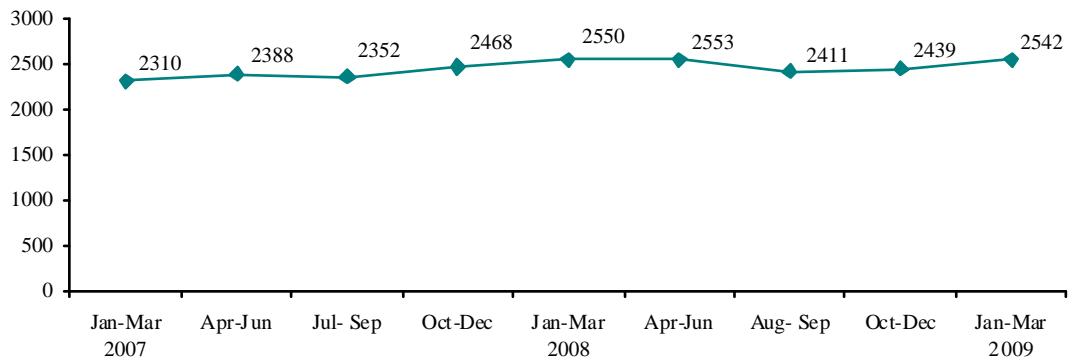
Month	Monthly Enrollment	Island					
		Oahu	Hawai'i	Maui	Kauai	Molokai	Lanai
Jan. 2009	2486	1829	254	249	131	16	7
Feb. 2009	2534	1868	263	252	125	18	8
Mar. 2009	2606	1888	293	258	142	19	6

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 2007 are shown in Graph 1. The quarterly enrollment average this quarter (2542) was a 4.2% increase as compared to the quarterly enrollment for last quarter (2439).

Graph 1. EIS Quarterly Enrollment from January 2007 to March 2009



Child Find

A goal of EIS is to share information regarding early intervention (EI) services with the community. EIS was represented at the following events: Windward Transition Fair (200 families); Brigham Young University (BYU) Health Fair (100 families); Micronesian Cultural Awareness Project (50 families); Hilo’s Transitioning Our Tots Successfully (TOTS) Resource Fair (50 families); and the Waipahu Neighborhood Board Meeting (30). Brochures about early intervention are disseminated and activities for children are provided.

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 has expanded, and now contains information about early intervention services in Hawai’i, including federal reports, applications to the Office of Special

Education Programs (OSEP), data, services in Hawai‘i, how to access services, and any public notices or hearings. The website has a link to the Hawai‘i Keiki Information Service System (H-KISS) referral form to simplify referrals. It is regularly updated with new information as appropriate. The website will continue to 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

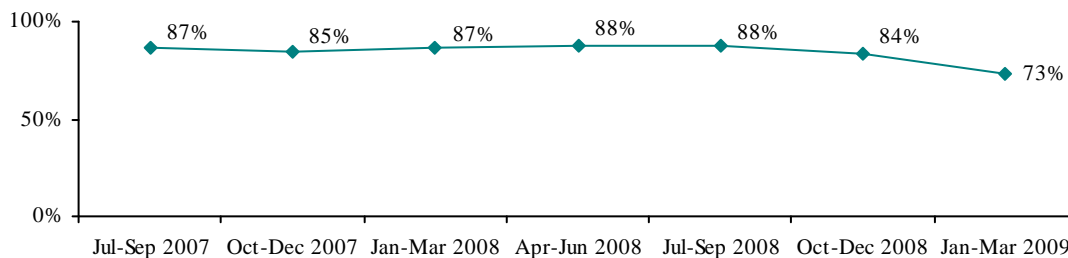
Birth rates for Hawai‘i for January to March 2009 are as follows:

Month	Births
January	1267
February	1089
March	982

Screen, Assessment, and Accepted Referral Rates

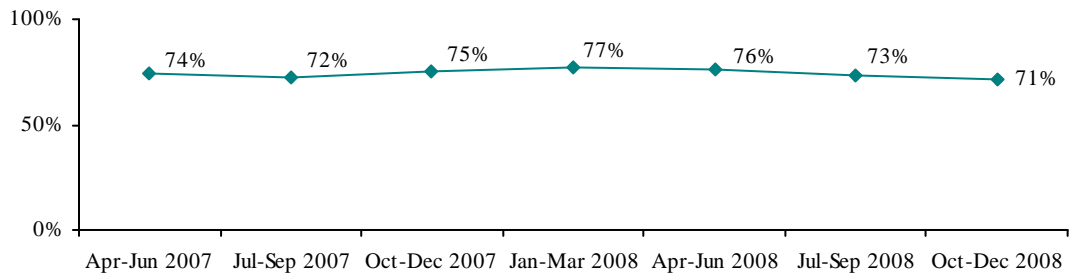
Screen rate: As expected, the screen rate (EID) decreased significantly due to a change in the eligibility criteria (Graph 2). The program prioritized screening for low income families. Staffing for hospital screens and assessments were also decreased, with less time available for onsite interviews and a longer phone file.

Graph 2. Oahu EID Quarterly Screen Rate, July 2007 through March 2009.



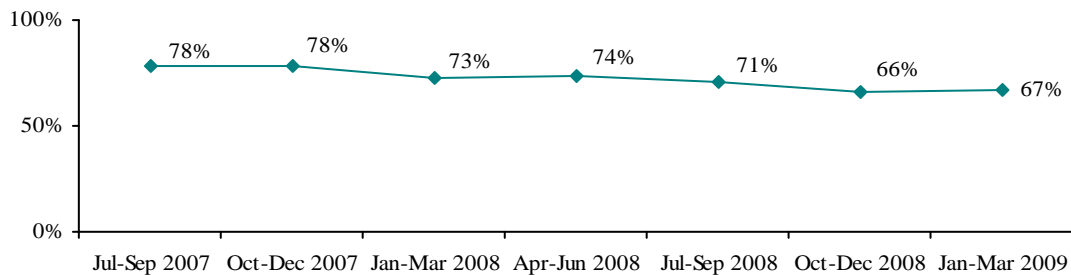
Assessment rate: The Healthy Start program raised the Kempe Family Stress Checklist score from 30 to 40, thereby changing the overall eligibility criteria to focus on low income families with the highest risk for child maltreatment and poor child health outcomes. This revised eligibility is reflected in the drop in assessments (Graph 3).

Graph 3. Oahu EID Quarterly Assessment Rate, July 2007 through March 2009.



Referral rate: The re-focused screens and assessments and more stringent eligibility criteria is reflected in the decreased referral rate (Graph 4).

Graph 4. Oahu EID Quarterly Referral Rate, July 2007 through March 2009



New Enrollment

A total of 161 infants were newly enrolled in home visiting services during this quarter (Table 2) New enrollment numbers for the Enhanced Healthy Start Program totaled 10 for January through March, which would bring the total new enrollment to 171. Total new enrollment, which includes the Enhanced program decreased by 140 from the previous quarter. This is a direct reflection on the new eligibility criteria instituted in February.

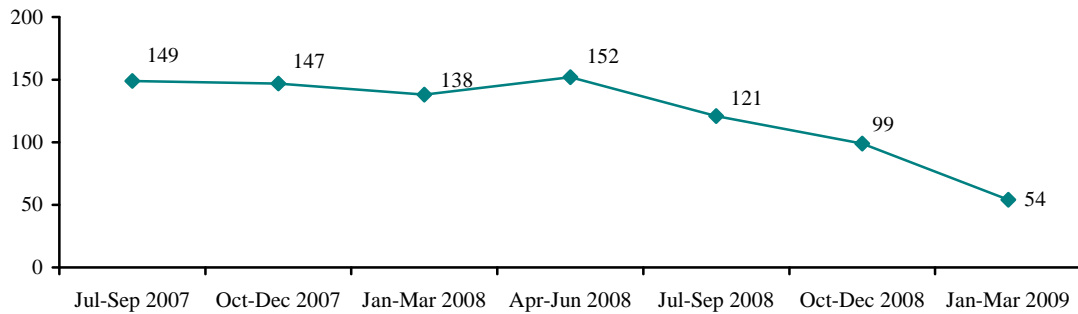
This decrease in enrollment was deliberately designed to remain within a reduced budget yet still provide services to those families deemed at risk and willing to actively participate in the program.

The average monthly new enrollment statewide for this quarter is 54 (Graph 5), a decrease of 45 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 January to March 2009

Month	New Enrollment	Island					
		Oahu	East Hawai'i	West Hawai'i	Maui/Lanai	Kauai	Molokai
January	86	68	7	0	2	9	0
February	56	48	4	1	2	1	0
March	19	11	5	0	0	3	0

Graph 5. Healthy Start New Monthly Enrollment from July 2007 to March 2009



Service Gaps

Data on service gaps for EIS, PHNB, and Healthy Start providers are used to help EIS understand service needs and determine how to meet the needs. Service gap data (which combines “full” and “partial” service gaps) are shown in Table 3. A total of 589 service gaps occurred during the January- March 2009 quarter, a slight decline from 596 service gaps last quarter. The major area of gaps was in speech-language pathology (270) with the next highest in special instruction (140).

Table 3. Service Gaps by Month

Service Gap	January	February	March	Total	
Occupational Therapy	7 (Oahu) 1 (Molokai)	28 (Oahu) 1 (Maui)	22 (Oahu) 2 (Maui)	57 (Oahu) 3 (Maui) 1 (Molokai)	
Physical Therapy	20 (Oahu)	20 (Oahu) 3 (Maui)	18 (Oahu) 1 (Maui)	58 (Oahu) 4 (Maui)	
Special Instruction	52 (Oahu)	35 (Oahu)	52 (Oahu) 1 (Maui)	139 (Oahu) 1 (Maui)	
Speech Therapy	62 (Oahu) 16 (Hawai'i)	47 (Oahu) 25 (Hawai'i) 5 (Maui)	66 (Oahu) 47 (Hawai'i) 2 (Maui)	175 (Oahu) 88 (Hawai'i) 7 (Maui)	
Family Training		1 (Oahu)	8 (Oahu) 1 (Maui)	9 (Oahu) 1 (Maui)	
Care Coordination	4 (Oahu) 3 (Hawai'i)	16 (Oahu) 1 (Hawai'i)	2 (Oahu) 1 (Hawai'i)	22 (Oahu) 5 (Hawai'i)	
Deaf Education		1 (Oahu)	1 (Oahu) 1 (Hawai'i)	2 (Oahu) 1 (Hawai'i)	
Developmental Therapist (paraprofessional)	8 (Oahu)	3 (Oahu)	2 (Oahu)	13 (Oahu)	
Nutrition		1 (Oahu)	1 (Oahu)	2 (Oahu)	
Assistive Technology			1 (Oahu)	1 (Oahu)	
Total Number of Service Gaps	Oahu	153	152	173	478
	Maui	0	9	7	16
	Hawai'i	19	26	49	94
	Molokai	1			1
	Total	173	187	229	589

Reasons for Gaps

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

Staff Shortages. A major reason for gaps continues to be staff shortages, for both state and purchase-of-service (POS) programs. The POS program in East Hawai'i lost 1 speech therapist, leaving only a part-time speech therapist. The Kona Early Childhood Services Program (ECSP) has only one professional direct services position (special educator) that is filled; the remaining 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 Hawai'i. 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 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.

Actions to Reduce Gaps

- 1) With the increase of children referred to POS programs from H-KISS and the transfer of children from Healthy Start to EIS program, 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.

Personnel

Goal: 90% of EIS social work positions are filled

EIS has a total of 51 social work (SW) positions statewide. 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 Hawai'i, 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 4 provides information on the 43 DOH social worker/care coordinator positions, by island and statewide as of March 2009. Thirty-five (35) of the 43 positions, or 81%, are filled. This does not include 3 positions filled by emergency-hire staff on Oahu.

Table 4. Percentage of EIS Civil Service Social Work/Care Coordinator Positions that are Filled, by Island, as of March 2009

Island	EIS SW Positions		
	Total #	Filled #	Filled %
Oahu	36*	28	78%
Hawai'i	3	3	100%
Maui	1**	1	100%
Kauai	3***	3	100%
Total	43	35	81%

* 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 vacant positions are on the island of Oahu. Some Oahu vacancies are due to the salaries of SW III positions not being competitive with those of 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. Possibly due to concerns about funding for state positions, some potential staff may choose to look for social work positions in the private sector.

Table 5 provides information on the status of the approved POS SW/Care Coordinator positions, by island and statewide. Twenty-four (24) of the 25 POS SW/care coordinator positions, or 96%, are filled.

Table 5. Percentage of POS Social Work/Care Coordinator Positions that are Filled, by Island, as of March 2009

Island	POS SW Positions		
	Total #	Filled #	Filled %
Oahu	12	11	92%
Hawai'i	4	4	100%
Maui	6	6	100%
Kauai	1	1	100%
Molokai	1*	1	100%
Lanai	1*	1	100%
Total	25	24	96%

* Position is funded at 0.5 FTE

It is noteworthy that 96% of the POS social worker positions are filled, whereas only 81% 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 45 direct service positions statewide. These positions include early intervention therapists (speech-language pathologists [SLP], occupational therapists [OT], and physical therapists [PT]), 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. At the end of March 2009, 31 of the 45 direct service positions, or 69%, were filled.

Table 6 below provides information on direct service positions statewide and by island.

Table 6. EIS Direct Service Positions by Island, as of March 2009

Island	Direct Service Positions		
	Total #	Filled #	Filled %
Oahu	39	29	74%
Hawai'i	6	2	33%
Total	45	31	69%

Vacant positions on Oahu include speech-language pathologists, a physical therapist, a hearing specialist and a paramedical assistant. Recruiting for therapy staff on the island of Hawai'i 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 Hawai'i District Health Office has received approval to hire above the minimum due to the difficulty of filling the vacant positions.

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 FFS providers. One group consists of OT, PT, and SLP providers who 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 Hawai'i 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 FFS providers includes audiologists, nutritionists, intensive behavioral support staff (who serve children with autism), and psychologists. Contracted psychologists and nutritionists are needed as the EIS staff cannot meet the statewide needs in these areas.

The POS program for the Ka'u region of the island of Hawai'i is now operational; 6 children were provided services in March. As the program staff increases, more Ka'u children will be transferred from the Kona ECSP to this new Ka'u program

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

Early Intervention Section

EIS has 60 administrative positions. These 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 Hawai'i 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, Hawai'i, and Maui) for which hiring is delayed because of the budget deficit.

Of the 60 administrative positions, 52 (87%) were filled by the end of March 2009. All vacant positions continue to be on Oahu.

Table 7 provides information on the administrative positions statewide and by island.

Table 7. EIS Administrative Positions by Island, as of March 2009

Island	Administrative Positions		
	Total #	Filled #	Filled %
Oahu	56	48	86%
Hawai'i	4	4	100%
Total	60	52	87%

Healthy Start

Healthy Start has 7 filled 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 has 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 8 provides information on the percentage of social workers, by island, that have a caseload of no more than 1:35. The percentage has declined over the past 3 quarters, from 60% to 48% to the current 34%. This is of particular concern on Oahu, with a decrease from 37% last quarter to 21% this quarter. The increased caseloads are due to the transfer of Healthy Start children with developmental delays into EIS as well as increased referrals, as noted in the section on Referrals. With the increased caseloads, it is challenging to meet the federal and state timelines for evaluation, IFSP development, and initiation of services.

Table 8. Social Work Positions (DOH and POS) with Non-Weighted Caseloads Not More than 35, by Island, as of March 2009.

Island	# Social Workers Providing Care Coordination as of March 2009	Number with Caseloads No More than 35	Percent with Caseloads No More than 35
Oahu	39*	8	21%
Hawai'i	7*	5	71%
Maui	6	2	33%
Kauai	4 **	3	75%
Molokai	1 ***	1	100%
Lanai	1 ***	1	100%
Total	54	20	34%

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

** Includes 1 SW at 0.75 FTE

*** SW is at 0.5 FTE

Although some direct service staff and program managers have assumed care coordination responsibilities, this additional responsibility negatively impacts their primary responsibilities.

Training Opportunities

Early Intervention Section

Training provided and/or supported by EIS for January through March 2009 impacted 368 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 two 4-day Part C orientations on Oahu, with 112 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.

- **Part C Overview.** Two overviews of Part C were provided. One was for 15 attendees at the Hawai'i Association for the Education of Young Children (HAEYC) Early Childhood Health Conference; the second was for 10 Queen Emma staff.
- **Supporting Children with Challenging Behaviors and Autism Spectrum Disorders.** The Keiki Care Project Coordinator provided 9 trainings for 115 staff at community preschools on the topics related to supporting children with challenging behaviors. In addition, EIS psychologists provided the following trainings: to staff of Waianae Parent-Child Development Center on hyperactive children (6 staff) and a disorder where children pull out their hair (6 staff); to staff of North Hawai'i Child Development Program and Kona ECSP on early signs of autism (10 staff); and to 18 staff of Leeward and Lanakila ECSPs on challenging behaviors.
- **Keiki Tech.** An Overview of Keiki Tech Services, which included a demonstration on various technologies, was provided to 12 early intervention staff. In addition, two three-day trainings on how to support literacy through assistive technology devices were provided to 42 early intervention staff.
- **Transition.** The Inclusion Project Coordinator provided training on transition from Part C to Part B to 12 attendees of the Windward Sequenced Transition to Education in the Public Schools (STEPS) team.
- **Supporting Children with Hearing Loss.** Three parent support trainings were provided to support children with hearing loss that impacted 32 families. Training was provided to 10 public health nurses about available family support services for children with hearing loss.
- **Cardiopulmonary Resuscitation (CPR)/First Aid Training.** Ten early intervention staff attended training on CPR and First Aid for infants and toddlers.

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.

TIFFE partnered with Dr. Stephen Bavolek who provided training to every Healthy Start Provider throughout the state during 7 training sessions which were completed during this past quarter:

October 7-9, 2008: Maui (Maui Family Support Services)
November 17-19, 2008: Kauai (Child and Family Service)
December 1-3, 2008: Kona (Family Support Services of West Hawai‘i)
January 5-7, 2009: Oahu (Catholic Charities)
January 8- 9, 12, 2009: Oahu (Parents and Children Together)
January 14-16, 2009: Oahu (Child and Family Service)

The use of one uniform, statewide curriculum will move the Healthy Start Program forward in providing more coordinated activities and solidify the network of home visiting providers. Program management for monitoring and determining program efficacy will also be enhanced by the use of one statewide curriculum.

In addition to the mandated trainings, TIFFE assists with the coordination and dissemination of information, and uses network 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 OSEP that all programs that serve Part C eligible children (EIS, PHNB, Maternal and Child Health Branch/Healthy Start) meet compliance with Part C. This is achieved through 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

During the January-March 2009 quarter the EIS programs were provided findings from the Self-Assessment completed in October 2008. The programs had until January 2009 to demonstrate correction of previously identified non-compliance. All programs were required to develop a Corrective Action Plan (CAP) listing the reasons for non-compliance and discovering root causes of why certain indicators did not meet the required percentage. 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. The C&Y IV hired to lead these activities for EIS programs is now in the permanent C&Y V position. The delayed hiring of 3 C&Y positions to support QA activities on Oahu, Maui, and Hawai'i 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 Hawai'i 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 were reported in the February 2009 Annual Performance Report (APR).

Family Satisfaction

All Part C families were provided surveys, hand-delivered by one of their service providers, to determine their satisfaction with early intervention and whether early intervention supports their needs and supports their children's development. The surveys were sent directly to the contracted provider to analyze. This information was reported in the February 2009 APR and 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 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 staff have 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.

MCHB staff have been developing new program data guidelines to assist with monitoring of program outcomes.

There has also been close, on-going program monitoring in regard to the staffing changes that have occurred and each site's ability to continue to provide core program services.

Funding

Early Intervention Section

For FY 2009, the EIS appropriation was \$16,141,585 in state funds (Table 9). 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 9. 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	17,115,305 (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	11,198,710 (f)
3rd quarter – Jan.-Mar. 2009	2,753,529	16,149,938	14,505,595 (g)
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, revised 4/2/09 (includes \$300,000 of Special Funds)

(e) Information as of 9/30/08

(f) Information as of 12/31/08, revised 4/2/09 (includes \$400,000 of Special Funds)

(g) Information as of 3/31/09 (includes \$400,000 of Special Funds)

EIS also receives federal Part C funds (Table 10) for early intervention services. These funds decreased from \$2,138,714 for FY 2008 to \$2,135,315 for FY 2009.

Table 10. 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	1,990,652 (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	959,171 (g)
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, revised 4/2/09

(e) Information as of 9/30/08

(f) Information as of 12/31/08

(g) Information as of 3/31/09

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 4th 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.

In the 3rd Quarter of FY 2009, there was another general fund restriction of \$1,578,017. The total allocation was thereby reduced from \$12,490,519 to \$10,912,502.

Table 11. 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	8,866,785
3rd quarter – Jan.-Mar. 2009	(1,091,940) (e)	10,482,275	10,550,957 (f)
4th quarter – Apr.-June 2009	430,227 (g)	10,912,502	

- (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 and General fund restriction of \$1,942,943.
- (d) Includes Early Intervention Special funds of \$400,000.
- (e) Includes Early Intervention Special funds of \$327,925 and another general fund restriction of \$1,578,017.
- (f) Estimate. The FAMIS report as of 3/31/09 is not yet available
- (g) Includes Early Intervention Special funds of \$272,075.

Summary

Strengths in the early intervention system from January-March 2009 include:

- ⇒ EIS continues to provide training to support the increased understanding of federal and state early intervention requirements.
- ⇒ EIS, PHNB, and MCHB continue to 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.

Challenges to the early intervention system January-March 2009 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, resulting in the transfer of Healthy Start children with developmental delays to EIS programs for care coordination.
- ⇒ A committee of DOH staff and Hawai'i Early Intervention Coordinating Council (HEICC) members has recommended that the Early Intervention State Plan be amended to bring in additional revenue from implementing a sliding scale for families.
- ⇒ There is an increased number of care coordinators above the current care coordination caseload ratio of 1:35.
- ⇒ POS providers continue to have difficulty hiring sufficient direct service staff due to the increase in private sector salaries.
- ⇒ Hawai'i 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.
- ⇒ Training has decreased because the training position is vacant. This has impacted plans to increase training in specific areas.