



Performance Report
Performance Period April 2009-June 2009

Proposed Changes to Integrated Performance Monitoring Report Effective School Year 2009-2010

In anticipation of significant reductions to the fiscal and human resources of all state agencies, in particular the Departments of Education (DOE) and Health (DOH), the leadership of both departments proposes changes to the report effective July 2009.

Beginning school year 2009-2010, the report will be published biannually. The first biannual report will cover the period from July 2009 through December 2009 and be published in January 2010. The second biannual report will be published in July 2010, covering the period January 2010 through June 2010. The report will be revised by updating, streamlining and/or consolidating indicators, goals, and benchmarks, where appropriate. The current set of indicators, goals, and benchmarks have been in place since the report was initially published in October 2002.

With the reauthorization of the Individuals with Disabilities Education Improvement Act of 2004 (IDEA 2004), several of the DOE indicators, goals, and benchmarks will be realigned and revised to conform with the U.S. DOE Office of Special Education Program (OSEP) mandated State Performance Plan/Annual Performance Report (SPP/APR) requirements of IDEA 2004, as described in the Hawaii's General Supervision and Support Process (GSSP) which has replaced the Continuous Integrated Monitoring and Improvement Process (CIMIP).

The indicators incorporated into the GSSP are:

Infrastructure Goal

- #7 a) 99% of special education students are in eCSSS, b) 95% of IEPs are current and c) 95% of the IEPs are marked complete,

Performance Goals

- #1 90% of all eligibility evaluations will be completed within 60 days,
- #2 There will be no disruption exceeding 30 days in the delivery of educational and mental health services to students requiring such services,
- #3 The suspensions rate for students with disabilities will be less than 3.3 of the suspension rate for regular students,
- #4 99.9% of students eligible for services through special education or Section 504 will have no documented disagreements regarding the appropriateness of their educational programs or placement,

- #7 The Special Education Services Branch (SESB) will provide technical assistance to all complexes in Level 1 of the CIMIP, and
- #8 100% of the complexes will submit annual monitoring review reports in a timely manner.

The following goals will remain; however, they may be revised to support the current system functions in the Department:

Infrastructure Goals:

- #1 Qualified teachers will fill 90% of the special education teacher positions in classrooms,
- #2 95% of the schools will have 75% or greater qualified teachers in special education classrooms,
- #3 85% of the complexes will have 85% or greater qualified teachers in special education classrooms,
- #4 95% of all Educational Assistant positions will be filled,
- #5 75% of the SBBH professional positions are filled,
- #10 The Department will maintain a system of contracts to provide services not provided through employees,
- #11 Administrative measures will be implemented when expenditures exceed the anticipated quarterly expenditure by 10%,

Performance Goals:

- #9 95% of all special education students will have a reading assessment prior to the revision of their IEP,
- #13 The SBBH Program performance measures regarding service utilization will be met,
- #14 a) 60% of a sample of students receiving SBBH services will show improvement in functioning on the Teacher Report form of the Achenbach, b) Student functioning as described on the Achenbach TRF scores on students selected for Internal Reviews will be equivalent to those of a national sample, and
- #15 System performance for students receiving SBBH services will not decrease.

The Department has developed and continues to maintain a system infrastructure and performance necessary to meet the needs of students requiring educational and mental health supports. The following goals will be deleted since longitudinal data demonstrates the system has sustained acceptable student and system outcomes or goals may no longer be relevant to current practices:

Infrastructure Goals:

- #6 80% of the identified program specialist positions are filled,
- #8 eCSSS will provide reports to assist in management tasks,
- #9 School, district and state level administrators will use eCSSS;

Performance Goals:

- #5 The rate of students requiring SBBH, ASD and/or Mental Health Services while on Home/Hospital Instruction will not exceed the rate of students eligible for special education and Section 504 services requiring such services,
- #6 100% of complexes will maintain acceptable scoring on case-based reviews,
- #10 95% of all special education teachers will be trained in specific reading strategies,
- #11 90% of all individualized programs for special education students will contain specific reading strategies, and
- #12 System performance for students with ASD will not decrease.

The revised 2009-2010 Integrated Performance Monitoring Report will contain relevant data since it will be integrated into the ongoing requirements under IDEA 2004 and will demonstrate current practices within the Department. The first biannual report, with revised indicators, goals, and benchmarks, will be published in January 2010.

Introduction

This section contains information relative to monitoring by the Department of Education (DOE) of system infrastructure and performance necessary to meet the needs of students requiring educational and mental health supports. The Department continues to improve the sophistication and availability of tools to assist in administrative decision-making that directs the application of resources, fiscal and human, to attain high levels of student achievement. This process relies on data collected through multiple means to provide current information on system infrastructure and performance.

This report covers the Fourth Quarter (Q4), April 2009 through June 2009, of School Year 2008-2009.

Infrastructure

The Comprehensive Student Support System (CSSS) continues to provide the requisite infrastructure for the provision of programs necessary to provide educational, social, and emotional supports and services to all students, affording them an opportunity to benefit from instructional programs designed to achieve program goals and standards. EDN150 allocations contain those resources (fiscal, human, material, procedural, and technological) important to the provision of appropriate supports and services to students within the Felix Class. The objective of EDN150 programs is to maintain a system of student supports so that any student requiring individualized support, temporary or long term, has timely access to those supports and services requisite to meaningful achievement of academic goals.

The next segments of this section contain elements of the CSSS infrastructure determined to be essential to the functioning of a support system constituting an adequate system of care. During the course of the Felix Consent Decree, the Department routinely provided progress reports addressing the availability of qualified staff, funding, and an information management system as a means to provide information germane to assessing system capacity in providing a comprehensive student support system.

Population Characteristics

There are 22,811 students receiving services and educational supports under the Individuals with Disabilities Education Act (IDEA) and Section 504 of the Rehabilitation Act of 1973 (Section 504). Of that total, 92% are IDEA eligible and 8% are Section 504 eligible. The number of students receiving services under special education and related services from the Department of Education under the IDEA is approximately 12% of the overall student enrollment.

Table 1 reflects a comparison of the number of students with disabilities and the relative percentages for the fourth quarter for the past two years.

Table 1

Number and Relative Percentage of Students Eligible for Special Education						
Disability	6/30/2007		6/30/2008		6/30/2009	
	#	%	#	%	#	%
Mental Retardation	1,533	7.1	1,428	6.8	1355	6.5%
Hearing Impairment	367	1.7	257	1.7	374	1.8%
Speech/Language Impairment	889	4.1	836	4.0	814	3.9%
Other Health Impairment	2,751	12.7	2,831	13.4	2902	13.8%
Specific Learning Disability	9,377	43.3	9,078	43.0	9024	43.0%
Deaf-Blindness	7	0.03	7	0.03	7	0.0%
Multiple Disabilities	458	2.1	488	2.3	530	2.5%
Autism	1,087	5.0	1,175	5.6	1260	6.0%
Traumatic Brain Injury	78	0.4	74	0.4	82	0.4%
Developmental Delay	2,953	13.6	2,868	13.6	2854	13.6%
Visual Impairment	75	0.3	68	0.3	74	0.4%
Emotional Disturbance	1,978	9.1	1,779	8.4	1611	7.7%
Orthopedic Impairment	93	0.4	99	0.5	99	0.5%
TOTAL	21,646		21,086		20986	

An average of 4,881 students per month of all CSSS Levels 4 and 5 students received School-Based Behavioral Health (SBBH) supports during the fourth quarter. SBBH staff continue to provide CSSS supports at Levels 1 to 3. (Refer to Performance Goal #13 of this section.)

Services provided to Felix class students fall into two broad categories: SBBH services and services to students with ASD. While the determination of need for and type of SBBH or ASD service necessary for any individual student to benefit from their educational plan is made by a team during the development of the plan, guidelines regarding the provision of these services are described in the joint DOE and DOH Interagency Performance Standards and Practice Guidelines.

Qualified Staff

Qualified staff providing instructional and related services are the lynchpin of appropriate educational and related services for students with disabilities, for they are the ones with expertise and training in curriculum, instruction, and knowledge of the impact of the student's disability on the learning process. These qualified individuals, in conjunction with parents and others, develop and implement appropriate interventions designed to meet the unique needs of students.

The following staffing data provides evidence of the Department's efforts to provide qualified teachers evenly distributed across the state to ensure timely access to specialized instruction for students as well as providing professional support to those providing educational and related services and supports to students with disabilities.

Infrastructure Goal #1: Qualified teachers will fill 90% of the special education teacher positions in classrooms.

The percent of qualified special education teachers provides an important measure of the overall availability of special education instructional knowledge available to support student achievement. At the end of this report period, there were 2,186 allocated special education positions. The Department fell short in meeting this goal for the quarter with 87.5% of the positions filled with qualified special education teachers.

The Department has made several attempts to refer special education applicants to schools prior to completion of the application process. This has helped to expedite the contract process for prospective teachers. Recruiting teams are trying to visit more colleges to make presentations and develop partnerships in an effort to recruit and attract more teacher candidates prior to graduation. Furthermore, the Department employs 20 teachers through a contract with Columbus, which is continuing this school year.

Table 2

Number of Allocated and Qualified Special Education Teacher			
	06-07	06-08	06-09
Allocated Positions	2151.5	2151	2186
Filled Positions	2079.9	2059	2086
Qualified Teachers	1915.5	1897	1912.5
Percent Qualified Teachers	89	88.2	87.5

Infrastructure Goal #2: 95% of the schools will have 75% or greater qualified teachers in special education classrooms.

This measure provides information regarding the availability of special education teachers with knowledge and expertise to assist with day-to-day instructional and program decision-making in support of special needs students. A previous benchmark set the target so that there is no school with less than 75% qualified teachers in the classroom. In order to meet this goal, schools requiring less than four special education teacher positions (14.2% [36] of the schools) may be required to have 100% of their teachers qualified in special education. Twenty-eight (77.8%) of these schools met this goal.

The Department has determined a practical goal is that 95% of all schools will have 75% or greater qualified special education classroom teachers. One hundred ninety-six (89.9%) of the schools with four or more special education teachers met the goal this reporting period. For all schools including those schools with less than four special education teachers, the Department falls short of its goal at 88.2%. The Department continues to contract outside resources to recruit and retain special education teachers.

Table 3

Qualified Special Education Staff at Schools	06-07	06-08	06-09
Number of Schools <75%	30	29	30
Percent of Schools >75%	88.2	88.6	88.2

Infrastructure Goal #3: 85% of the complexes will have 85% or greater qualified teachers in special education classrooms.

This measure helps illustrate the distribution of special education instructional expertise throughout the state. The prevalence of qualified staff throughout a complex is an indicator of the degree of support available to school staff and the continuity of instructional quality over time for students. For example, the impact of less than 75% qualified staff in a school within a complex with all other schools fully staffed is far less than if all schools in the complex had less than 75% qualified staff. Therefore, the Department added this measure as an internal infrastructure indicator for monitoring.

The Department did not meet this goal for the fourth quarter with 23 of the 41 (56.1%) complexes that maintained 85% or greater qualified teachers in special education classrooms. A barrier is the high cost of affordable housing for teachers and the high cost of relocating families and personal belongings.

Table 4

Qualified Special Education Teachers in the Complex	06-07	06-08	06-09
Number of complexes with 85% or more qualified special education teachers	31	28	23
Percent of complexes with 85% or more qualified special education teachers	75.6	68.3	56.1

Infrastructure Goal #4: 95% of all Educational Assistant positions will be filled.

Educational Assistants (EAs) provide valuable support to special education students and teachers throughout the school day and in all instructional settings. Since SY2001-2002, the EA allocation ratio has been 1:1 with the special education teacher allocation.

Although the Department falls short of meeting this goal at 83%, it continues to actively recruit and train personnel for educational assistant positions. According to the Hawaii State Department of Labor and Industrial Relations, Hawaii's seasonally adjusted unemployment rate for May 2009 was 7.4%, an increase of 0.5 percentage point over April's rate of 6.9 percent. (Department of Labor and Industrial Relations - 6/19/09).

Table 5

EA Positions			
	6-07	6-08	6-09
Established Positions	2495	2496	2511
Filled Positions	2103	2101	2077
Percentage Filled	84.3	84.2	83

Infrastructures Goal #5: 75% of the School-Based Behavioral Health professional positions are filled.

As of June 2009, 86% of School-Based Behavioral Health (SBBH) professional positions are filled. Over the past year, there were 6 fewer positions established. Since December 2000, the Department has maintained that the use of an employee-based approach to provide SBBH services provides greater accessibility and responsiveness to emerging student needs. While it is anticipated that some degree of services will always be purchased through contracts due to uniqueness of student need and unanticipated workload increases, day-to-day procedures presume the availability of staff. Early planning anticipated a two to three year phase to reach the point at which DOE employees would do 80% of the SBBH workload.

Table 6

SBBH Specialist Positions	6-07	6-08	6-09
Number of Positions	357	367	361
Number of Positions Filled	306	311	309
Percent of Filled Positions	86	85	86

There are now 276 of 321 SBBH Specialist positions and 33 of 40 clinical psychologist positions filled. The actual number of positions changes due to flexibility built into the SBBH funding structure that allows complexes to make decisions regarding staffing. The Department continues to recruit behavioral health specialists and clinical psychologists to fill school level positions. As Table 6 indicates, this infrastructure goal continues to be met.

Infrastructures Goal #6: 80% of the identified program specialist positions are filled.

This Infrastructure Goal is directly attributable to a previously established Felix Consent Decree benchmark based upon a determination by the Court Monitor in 2000 that the Department did not have sufficient program expertise in several areas.

Increased levels of knowledge and skills possessed by Department staff and contractors has changed the type of expertise necessary to continue to foster system growth and improved performance. The system now requires experienced administrators, supervisors, and trainers of discrete intervention skills.

All program specialist positions are filled.

Integrated Information Management System - eCSSS

The need for an information management system to provide relevant data for analysis and decision-making is an important component of the infrastructure necessary to sustain high levels of system performance in the area of supports and services to students in need of such services. This information provides the basis for resource allocation, program evaluation, and system improvement.

Meaningful measurement of eCSSS will provide specific information regarding the following: 1) eCSSS data accuracy, 2) eCSSS role in important management decisions, and 3) eCSSS use by DOE administrators, Complex Area Superintendents (CASs) and principals.

Infrastructure Goal #7:

- a) 99% of special education students are in eCSSS,***
- b) 95% of IEPs are current, and***
- c) 95% of the IEPs are marked complete.***

The utility of eCSSS as an information management system lies in the ability to provide a wide variety of users information that improves their productivity. Whether the information is unique student specific information used in program development or aggregated information used for planning purposes, accuracy and completeness is necessary. Achievement and maintenance of the three components embedded in Infrastructure Goal #7, give users confidence that accessed information will assist in good decision-making.

As of June 2009, 100% of all students eligible for special education and related services are registered in the eCSSS system. Of those, 100% have current IEPs in eCSSS and 100% have been marked “activated” (Table 7: Status of IEPs in eCSSS).

Table 7

Status of IEPs in eCSSS (2009)			
	4-09	5-09	6-09
Percentage of IEPs in eCSSS	100%	100%	100%
Percentage of IEPs current (%)	100%	100%	100%
Percentage of IEPs activated (%)	100%	100%	100%

Infrastructure Goal #8: eCSSS will provide reports to assist in management tasks.

Numerous reports are currently available to teachers, school level administrators, and district and state administrators for managing and monitoring student performance and progress. Report Builder is a new reporting tool that is being developed to assist with creating “simple” reports that do not require complicated data extracts.

Infrastructure Goal #9: School, district, and state level administrators will use eCSSS.

eCSSS training for administrators has been provided and training is ongoing. Most school administrators have completed training and are using the incidents module to record and track school level incidents according to Public Schools Chapter 19 Regulations. There are plans to provide additional training sessions during the Fall and Winter of 2009.

Infrastructure Goal #10: The Department will maintain a system of contracts to provide services not provided through employees.

During this report period the DOE maintained 30 contracts with different private agencies to provide SBBH services, including Intensive Learning Center Programs and ASD programs and services, on an as needed basis.

There are eight types of contracts covering the following services: Assessments, Behavioral Intervention, Behavioral Instructional Support, Paraprofessional, Psychiatric, two for Intensive Learning Centers, and Special School. Listed below are the numbers of contracts by type of service.

Table 8

Contracts	
Type of Service	Number of Contracts
Assessment	3
Behavioral Intervention	5
Behavioral Instructional Support	8
Paraprofessional	9
Psychiatric Services	2
ILC (ages 3-12)	1
ILC (ages 13-20)	1
Special School	1

The total expenditures for SY2008-2009 paid from July 2008 through May 2009 for ASD students were \$28.9M. Districts have not yet received invoices for June 2009 services. (Contractors have 30 days to submit invoices.) The average expenditure per month for contracted services for ASD students during this time period (March through May) was approximately \$2.6M.

Table 9

Number of Students with ASD Services and Expenditures				
	SY 05-06	SY 06-07	SY 07-08	SY 08-09
Number of Students with ASD Services	1,217	1,324	1,383	1,555
Average Monthly Expenditure	\$2.8M	\$2.7M	\$3.1M	\$2.6M

Total SY2008-2009 annual expenditures for contracted SBBH services were \$788,838. The average cost of \$65,734 per month (March through May) is for approximately 4,904 students. Contracted services for SBBH students represent approximately 11% of services provided to students in addition to the 89% provided by DOE employees. Please refer to Performance Goal #13 which indicates the specific breakdown of services.

Table 10

Number of Students with SBBH Services and Expenditures				
	SY 05-06	SY 06-07	SY 07-08	SY 08-09
Number of Students with SBBH services	5,743	5,595	5,130	4,904
Average Monthly Expenditure	\$281,493	\$106,955	\$69,272	\$65,734

Infrastructure Goal #11: Administrative measures will be implemented when expenditures exceed the anticipated quarterly expenditure by 10%.

The broad programmatic categories within EDN150 are Special Education Services, Student Support Services, Educational Assessment and Prescriptive Services, Staff Development, Administrative Services, and Felix Response Plan. EDN150 allocations for all of these groups total slightly more than \$330.4M for SY2008-2009. This represents a decrease of 8.4 % in comparison to the amount of funding allocated in

SY2007-2008. As of the end of June 2009, \$327.2M was expended, which represents 99.1% of the total allocation. The Department has not exceeded expenditures this quarter.

Key Performance Indicators

The existence of an adequate infrastructure is not an end in and of itself. The true measure of the attainment of EDN150 program goals and objectives are in the timely and effective delivery of services and supports necessary to improve student achievement. While the measurement of student achievement lies within the purview of classroom instruction, key system performance indicators exist that provide clear evidence of the timeliness, accessibility, and appropriateness of supports and services provided through EDN150 and the responsiveness of CSSS to challenges threatening system performance.

Performance Goal #1: 90% of all eligibility evaluations will be completed within 60 days.

Good practice and regulation of timely evaluations provide the foundation for an effective individualized education program (IEP) that will assist students in achieving content and performance standards. This measure identifies the timeliness with which the system provides this information to program planners.

The percentage of evaluations completed within 60 days during the fourth quarter of SY2008-2009 met the performance target every month.

Table 11

Percentage of Evaluations Completed within 60 Days			
School Year	4-09	5-09	6-09
2006-07	97	97	98
2007-08	97	97	98
2008-09	93	96	96

State, complex, and school action plans are in place to maintain continuous performance improvement in this area. Regular meetings between the Superintendent and CASs focused on performance monitoring will continue to keep this a priority in school and complex operations.

Performance Goal #2: There will be no disruption exceeding 30 days in the delivery of educational and mental health services to students requiring such services.

A service delivery gap is a disruption in excess of 30 days of services identified in an IEP or MP. A “mismatch” in service delivery (i.e., counseling services expected to be provided by an SBBH specialist actually delivered by a school counselor) is included in this category as a service delivery gap.

Table 12

Gaps in Service			
	4-09	5-09	6-09
Number of Service Gaps	12	1	1

Gaps in service for April were in counseling services (4), Occupational Therapy (1) and Speech and Language services (7). May and June listed 1 gap in service. Both gaps in services were in counseling. Interim services were contracted or provided by school personnel.

Performance Goal #3: The suspension rate for students with disabilities will be less than 3.3 of the suspension rate for regular education students.

In an effort to be consistent with suspension information in the state's State Performance Plan required by the U.S. Department of Education, Office of Special Education Programs (OSEP), the Department has moved from a 3.3 suspension rate to a "z" score, which reflects the significance of the difference in the long-term suspension rates between students with and without disabilities.

Required to be addressed for the SY2008-2009 is the state's level of achievement of the following goal regarding suspension: *No more than 3% of all schools will have a significant difference between the rates of long-term suspensions (>10 days in a year) for students with and without disabilities.*

Because the "z" scores only apply to individual schools and cannot be aggregated into one state total, the Department reports the percentage of schools, including public charter schools, having significant rates for suspensions exceeding 10 days. The data has been recalculated to reflect the new information and is shown below:

Table 13

Schools with Significant Suspension Rates			
School Year	Total number of schools	Number of schools with significant suspension rates of >10 days	% of schools with significant suspension rates of >10 days
2008-2009**	285*	1	.3%

*includes public charter schools

**cumulative data through June 30, 2009

Monitoring efforts include monthly reports on the suspension rates of each school, which are sent to the school principal, the Complex Area Superintendent (CAS), and the State Superintendent. The Hawaii Department of Education (HIDOE) also has an electronic database, which monitors suspensions exceeding 10 days (cumulative) for students with disabilities and reminds principals and complex area staff to ensure and document that all procedural safeguards are followed. There is also a process in place for HIDOE staff to follow up with schools identified as having significant differences between general education and special education students in their suspension rates.

The Department's reports will reflect the percentage of schools with significant suspension rates for suspensions greater than 10 days rather than an aggregate statewide suspension rate.

Performance Goal #4: 99.9% of students eligible for services through special education or Section 504 will have no documented disagreement regarding the appropriateness of their educational program or placement.

During the fourth quarter of SY2008-2009, 99.9% of students eligible for services through special education or Section 504 had no written complaints or telephone complaints. There were 20 due process hearing requests which is 0.09% of the special education and Section 504 population.

Due process hearing requests are formal administrative hearings between disagreeing parents and schools relating to the identification, evaluation, educational placement or the provision of a free appropriate public education (FAPE). Written complaints identify and correct noncompliance of federal or state law originating from an alleged violation. The Department investigates the alleged violations and issues a final decision within 60 days of the receipt of the written complaint or allowable extensions. Telephone complaints are an informal, early dispute resolution strategy to bridge communication between parents and schools.

Table 14 reports the number and percentage of due process hearing requests, written complaints, and telephone complaints filed in the fourth quarter of SY2008-2009.

Table 14

Disagreement Numbers and Percentages for SPED and Section 504			
SPED and Section 504 Population (12/1/07)	4th Qtr Due Process Hearing Requests	4th Qtr Written Complaints	4th Qtr Telephone Complaints
22,264	20 (0.09%)	5 (0.02%)	12 (0.05%)

Table 15 reports the number of due process hearing requests, written complaints, and telephone complaints for the fourth quarters over three school years. The number of due process hearing requests decreased by 26% from SY2006-2007. Written complaints and telephone complaints decreased from SY2006-2007. Written complaints and telephone complaints are an effective means of early dispute resolution which appear to reduce the number of due process hearing requests.

Table 15

Due Process Hearing Requests, Written Complaints and Telephone Complaints			
	4th Qtr SY 06-07	4th Qtr SY 07-08	4th Qtr SY 08-09
Due Process Hearing Requests	27	20	20
Written Complaints	8	4	5
Telephone Complaints	14	13	12

Performance Goal #5: The rate of students requiring SBBH, ASD, and/or Mental Health Services while on Home/Hospital Instruction will not exceed the rate of students eligible for special education and Section 504 services requiring such services

Table 15 reflects the number of students on Home/Hospital Instruction (H/HI) and the number of students with disabilities on H/HI during the 4th quarter for the current year and the past two (2) school years. Of the 29 students with disabilities on H/HI, four required SBBH or Mental Health services. The percentage of students with disabilities receiving either SBBH or Mental Health services in their educational plans is 22% statewide as compared to the 14% of students with disabilities on Home/Hospital Instruction requiring SBBH or Mental Health services. The Department met this goal.

Table 16

Number and Percentage of Students with Disabilities on H/HI			
	4th Qtr SY 06-07	4 th Qtr SY 07-08	4 th Qtr SY 08-09
Total # students on H/HI	166	150	124
# Students with disabilities on H/HI	62	44	29
% Of students with disability on H/HI requiring SBBH or Mental Health	13%	17%	14%
State % of students with disabilities receiving SBBH or Mental Health	23%	22%	22%

Performance Goal #6: 100% of complexes will maintain acceptable scoring on case-based reviews.

For SY2008-2009, three complexes conducted case-based reviews. All three complexes achieved acceptable results.

For SY2009-2010, it has not yet been determined how many complexes will conduct case-based reviews.

Performance Goal #7: The Special Education Services Branch (SESB) will provide technical assistance to all complexes in Level 1 of the Continuous Integrated Monitoring and Improvement Process (CIMIP).

SESB provided consultation to complexes upon request.

Performance Goal #8: 100% of the complexes will submit annual monitoring review reports in a timely manner.

This is the first year that complexes have been required to submit a Continuous Integrated Monitoring and Improvement Process (CIMIP) Annual Report. Out of 37 complexes that were required to submit the CIMIP Annual Report by September 30, 2008, 27 complexes submitted their reports by the deadline. Nine complexes submitted their reports within three days of the deadline and one complex submitted its report one week beyond September 30th.

Performance Goal #9: 95% of all special education students will have a reading assessment prior to the revision of their IEP.

The Stanford Diagnostic Reading Test (SDRT) is the reading assessment used prior to the annual revision of the IEP. The assessment is administered within 90 days of the IEP. The SDRT is a group-administered, norm-referenced multiple-choice test that assesses vocabulary, comprehension, and scanning skills. The SDRT is not, nor is it intended to be, an adequate measure for a complete understanding of the student's Present Levels of Educational Performance (PLEP) in each student's IEP. This is because, although diagnostic, the SDRT also falls into the category of summative assessments. A summative assessment is generally a measure of achievement relative to a program or grade level of study. Students may take an 'other' assessment if they cannot navigate the SDRT even one color level lower than the color level that they should take at their grade level, but the assessment must yield a grade level.

Every school year, this benchmark remains a major training goal. Training occurs at the beginning of each school year when there are a large number of new special education teachers and continues throughout the year as new teachers are hired. The State met this benchmark with at least 98% for April, May and June 2009.

Table 17

Percentage of Students with Reading Assessment			
	4-09	5-09	6-09
State Totals	98%	98%	99%

The Literacy resource teachers from the Special Education Section continue to work with CASs, principals, and SSCs on identified areas needing improvement and continue to provide training for case managers responsible for inputting the data. The resource teachers also follow up with case managers of students missing timely assessments.

The data is pulled at the end of each month. Contact is made with case managers a few days before so they have time to correct typographical errors, such as forgetting to update the year inputted into eCSSS.

Performance Goal# 10: 95% of all special education teachers will be trained in specific reading strategies.

Every school year, a large number of teachers leave the system, so this benchmark is ongoing. As of June 1, 2009, 378 of 380 (99%) of newly hired special education teachers were trained. The Special Education Literacy Resource Teachers continue following up with each of these teachers in their classrooms to provide additional assistance in improving reading instruction during the year. The State successfully met the benchmark this reporting period.

Table 18

Number of Teachers Trained in Specific Reading Strategies		
District	# New Teachers	# New Teachers Trained
West Hawaii	30	30
East Hawaii	30	30
Kauai	18	18
Maui	26	26
Central	84	82
Honolulu	38	38
Leeward	107	107
Windward	47	47
Total	380	378

Performance Goal #11: 90% of all individualized programs for special education students will contain specific reading strategies.

To determine the degree of compliance with this goal, Reading Resource Teachers in the Special Education Section randomly select ten IEPs per complex written during the month. The selected IEPs are reviewed for the inclusion of reading strategies for all students reading below grade level. The requirements of this benchmark are taught during the mandatory reading strategies workshop for newly hired special education teachers. The Special Education Literacy Resource Teachers contact and provide individual assistance to teachers who struggle with this benchmark. The State continues to exceed the 90% benchmark.

Table 19

Percentage of Reading Strategies in IEPs			
	4-09	5-09	6-09
IEPs with Reading Strategies	372	369	238
Percentage with Reading Strategies	97%	98%	98%

Performance Goal #12: System performance for students with Autism Spectrum Disorder will not decrease.

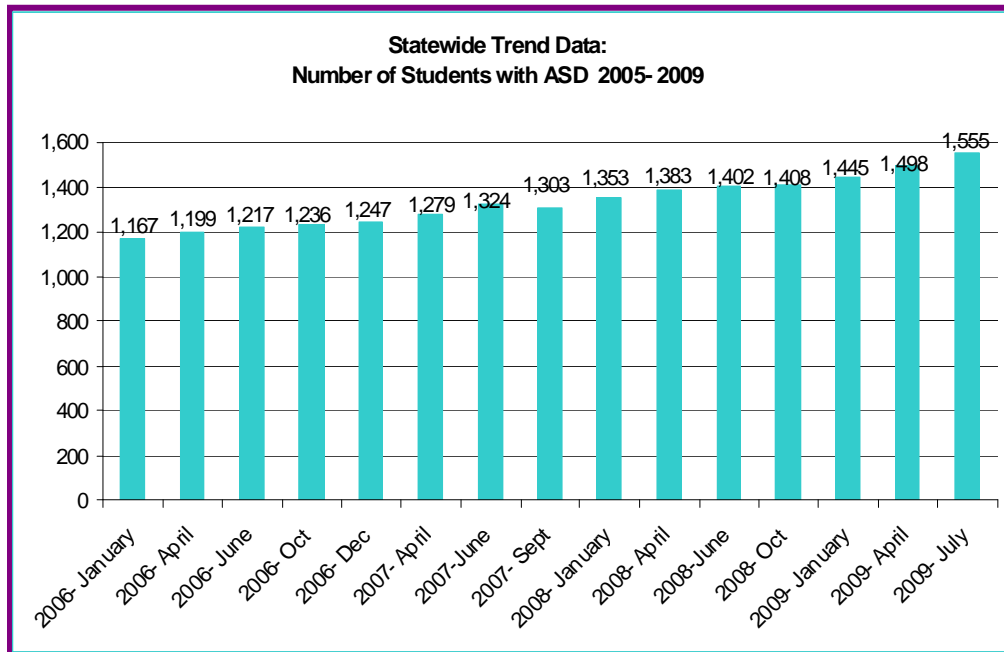
The Department uses the Internal Review process as an indicator of system performance related to students with ASD. There were no complex reviews conducted during this period. Overall Performance for School Year 2008-2009 showed acceptable findings. (See Table 20)

Table 20

Comparison of State Internal Review Results									
Indicators of Current Child Status	Jan 05 - Mar 05	Oct. 05 - Dec 05	Jan 06 - Mar 06	Apr 06- Jun e 06	July 06- Oct. 06	Nov 06- Dec 06	Jan 07- Mar 07	Jan 08- Mar 08	Jan 09- Mar 09
27. Learning Progress	95	100	100	100	100	92	100	100	100
28. Responsible Behavior	91	100	100	100	100	92	100	100	100
29. Safety (of the child)	95	100	86	100	100	100	100	100	67
30. Stability	91	95	93	100	100	92	100	100	100
31. Physical Well-Being	95	100	100	100	100	100	100	100	67
32. Emotional Well-Being	95	100	100	100	100	92	94	100	100
33. Caregiver Functioning	95	100	100	100	100	100	94	100	67
34. Home Community (LRE)	100	100	100	100	100	100	100	100	100
35. Satisfaction	95	90	83	0	100	85	94	67	0
36. OVERALL CHILD STATUS	95	100	100	100	100	92	100	100	100
Indicators of Current System Performance									
Understanding the Situation									
44. Child/Family Participation	100	100	100	100	100	100	100	100	100
45. Functioning Service Team	95	100	100	100	100	100	100	100	100
46. Focal Concerns Identified	91	95	93	100	100	100	100	100	100
47. Functional Assessments	95	95	100	100	100	100	100	100	100
48. OVER ALL UNDERSTANDING	95	100	100	100	100	100	100	100	100
49. Focal Concerns Addressed	91	100	100	100	100	100	100	100	67
50. Long Term Guiding view	91	95	93	100	100	100	100	100	100
51. Unity of Effort Across Agencies/Team	86	90	93	100	100	100	100	100	100
52. Individual Design/Good Fit	95	100	93	100	100	100	100	100	100
53. Contingency Plan (Safety/Health)	0	100	80	100	100	75	100	100	100
54. OVER ALL PLANNING	95	95	100	100	100	100	100	100	100
55. Resource Availability for Implementation	91	100	93	100	100	100	100	100	100
56. Timely Implementation	91	100	93	100	100	100	100	100	67
57. Adequate Service Intensity	95	100	93	100	100	100	100	100	100
58. Coordination of Services	91	100	100	100	100	100	100	100	100
59. Caregiver Supports	100	95	100	100	100	100	100	100	100
60. Urgent Response	0	100	50	100	100	100	100	NA	NA
61. OVERALL IMPLEMENTATION	95	100	93	100	100	100	100	100	100
62. Focal Situation Change	95	100	93	100	100	92	100	100	100
63. Academic Achievement	91	95	93	100	100	92	100	100	100
64. Risk Reduction	95	100	93	100	100	92	100	100	100
65. Successful Transitions	95	100	100	100	100	92	100	100	67
66. Parent Satisfaction	100	95	92	100	100	85	94	100	50
67. Problem Solving	86	100	100	100	100	92	100	100	100
68. OVERALL RESULTS	95	100	93	100	100	92	100	100	100
69. OVERALL PERFORMANCE	95	100	93	100	100	100	100	100	100

Currently there are 1,555 identified students with ASD in the Department.
 (See Table 21)

Table 21

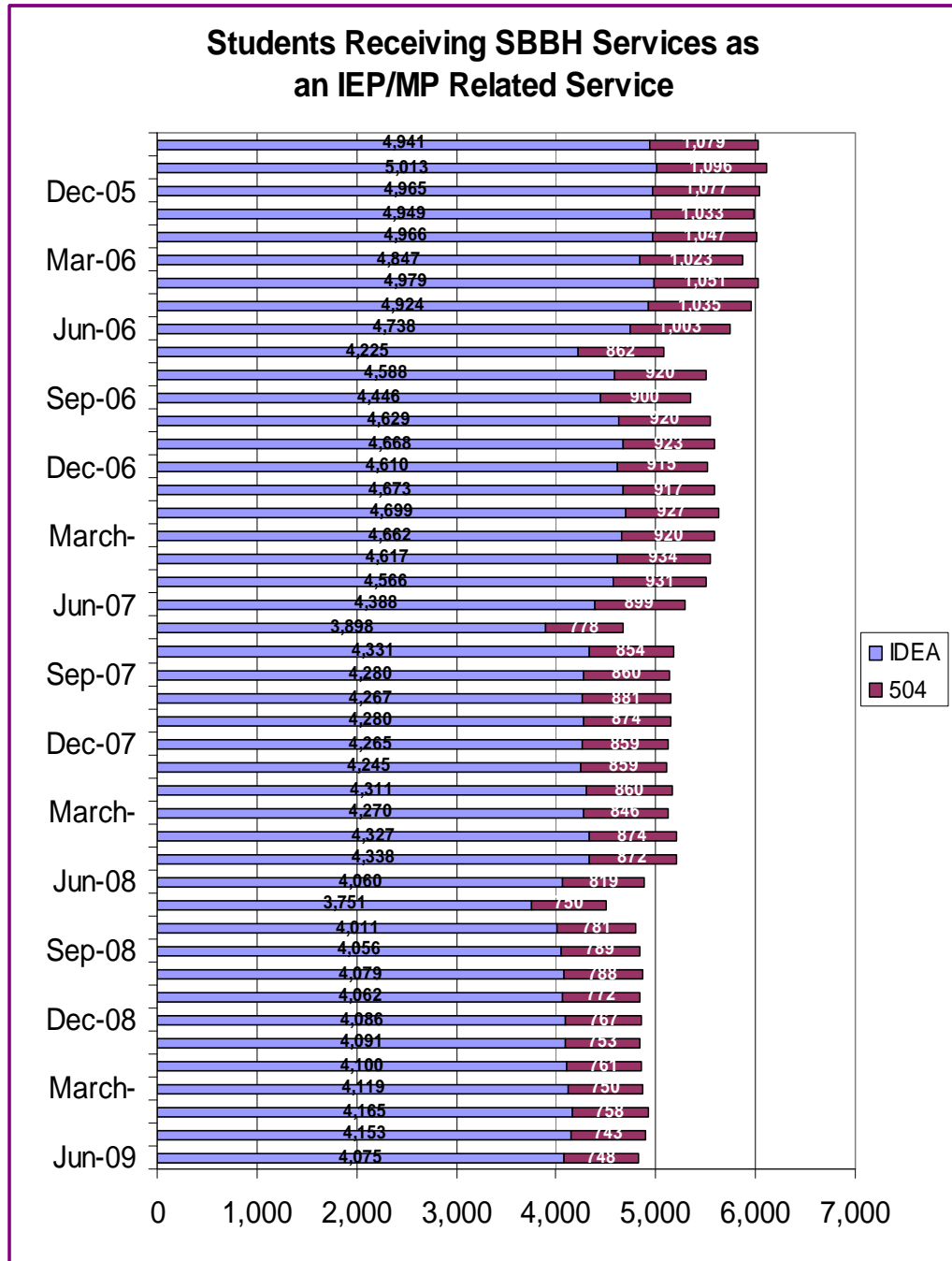


Performance Goal #13: The SBBH Program performance measures regarding service utilization will be met.

IDEA/504 Students Receiving SBBH Services

The average number of students receiving SBBH services during each of the three months of fourth quarter of SY2008-2009 was 4,881 students, an increase of 23 from the preceding quarter. One year earlier (Q4 of SY2007-2008), the comparable enrollment was 5,097. This is a year-to-year decline of 216 students. There has been a general decline in SBBH enrollment since reporting was initiated in September 2003.

Table 22



For the fourth quarter, the percent of SBBH students identified as having special needs under IDEA was 84.6%, compared to 15.4% identified as having 504 needs. This breakdown between IDEA and 504 is essentially the same as in the previous quarter.

Table 23

Students Receiving SBBH				
Month	IDEA	504	ND	Total
Oct-06	4,629	920	0	5,549
Nov-06	4,668	923	0	5,591
Dec-06	4,610	915	0	5,525
Jan-07	4,673	917	0	5,590
Feb-07	4,699	927	0	5,626
Mar-07	4,662	920	0	5,582
Apr-07	4,617	934	0	5,551
May-07	4,566	931	0	5,497
Jun-07	4,388	899	0	5,287
Jul-07	3,898	778	0	4,676
Aug-07	4,331	854	0	5,185
Sep-07	4,280	860	0	5,140
Oct-07	4,267	881	0	5,148
Nov-07	4,280	874	0	5,154
Dec-07	4,265	859	0	5,124
Jan-08	4,245	859	0	5,104
Feb-08	4,311	860	0	5,171
Mar-08	4,270	846	0	5,116
Apr-08	4,327	874	0	5,201
May-08	4,338	872	0	5,210
Jun-08	4,060	819	0	4,879
Jul-08	3,751	750	0	4,501
Aug-08	4,011	781	0	4,792
Sep-08	4,056	789	0	4,845
Oct-08	4,079	788	0	4,867
Nov-08	4,062	772	0	4,834
Dec-08	4,086	767	0	4,853
Jan-09	4,091	753	0	4,844
Feb-09	4,100	761	0	4,861
Mar-09	4,119	750	0	4,869
Apr-09	4,165	758	0	4,923
May-09	4,153	743	0	4,896
Jun-09	4,075	748	0	4,823

Types of Services

The fourth quarter breakdown among the types of counseling services as reported in Table 24 was Individual (65.6%), Group (23.2%) and Parent (11.2%). Over the previous eight quarters, the corresponding percentages have been Individual (66.3%), Group (21.8%) and Parent (12.0%). The current quarter finds individual and parent-counseling portions to be slightly lower compared to the recent eight quarters. The current group counseling percentage of 23.2% continues at the high end of the eight-quarter range for this service.

Medication Management services were provided to an average of 314 students each month during this quarter. Medication Management services were provided to 6.4% of SBBH students during the quarter. This level of service continues at a historically low level. During the most recent 16 quarters, utilization of Medication Management services declined from 785 students to 314, a reduction of 471 students. In terms of percentages, utilization declined from 13.1% in first quarter of SY2005-2006, to the current 6.4%.

Services provided through intensive programs (Community-Based Instruction/Intensive Learning Centers, Therapeutic Classrooms, or Enhanced Learning Classrooms) were received by an average of 149 students each month during the fourth quarter. This is an increase compared to the third quarter. In terms of percentages, 3.0% of all SBBH students were enrolled in an intensive program during the fourth quarter.

Table 24

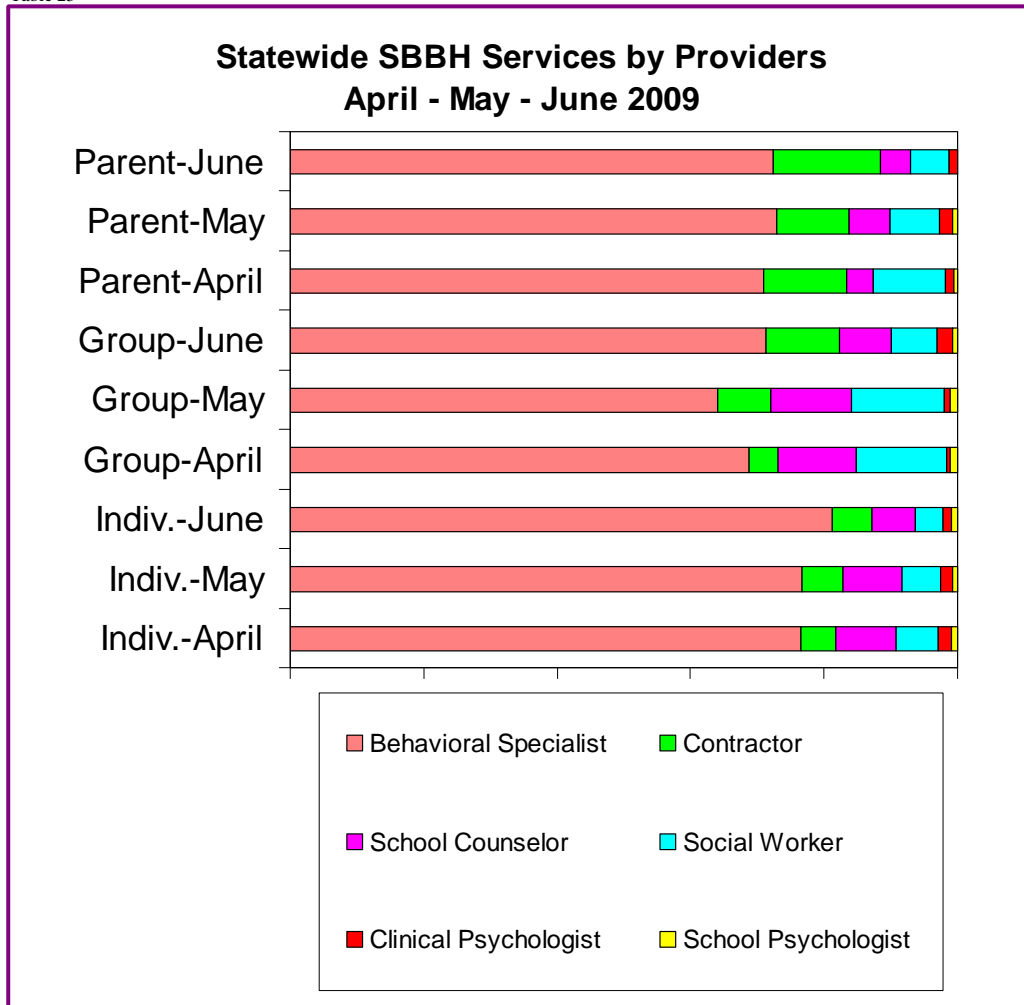
SBBH Students/Services July 2005 - June 2009						
Month	Total # of SBBH Students	Individual Counseling	Group Counseling	Parent Counseling	Med. Management	ILC
October 2006	5,549	3,592	1,155	624	516	126
November 2006	5,591	3,696	1,210	652	507	124
December 2006	5,520	3,443	1,127	636	495	117
Average	5,553	3,577	1,164	637	506	122
January 2007	5,590	3,867	1,126	635	498	130
February 2007	5,626	3,938	1,293	737	509	126
March 2007	5,582	3,676	1,238	643	506	148
Average	5,599	3,827	1,219	672	504	135
April 2007	5551	3,907	1,345	723	498	118
May 2007	5497	3,858	1,395	728	456	104
June 2007	5287	2,352	589	415	458	104
Average	5,445	3,372	1,110	622	471	109
July 2007	4,676	551	85	299	390	89
August 2007	5,185	3,267	793	602	437	103
September 2007	5,140	3,398	991	621	414	81
Average	5,000	2,405	623	507	414	91
October 2007	5,148	3,240	1,149	664	424	76
November 2007	5,154	3,591	1,434	731	429	80
December 2007	5,124	3,066	1,021	507	420	82
Average	5,142	3,299	1,201	634	424	79
January 2008	5,140	3,438	1,016	554	418	90
February 2008	5,171	3,657	1,163	642	422	79
March 2008	5,116	3,300	1,104	538	405	93
Average	5,142	3,465	1,094	578	415	87
April 2008	5,201	3,709	1,301	608	394	86
May 2008	5,210	3,601	1,320	615	386	85
June 2008	4,879	1,710	417	331	371	77
Average	5,097	3,007	1,013	518	384	83
July 2008	4,501	1,167	117	397	365	77
August 2008	4,792	3,320	901	557	342	112
September 2008	4,845	3,476	1,153	613	336	129
Average	4,713	2,654	724	522	348	106
October 2008	4,867	3,305	1,171	558	323	102
November 2008	4,834	3,358	1,282	564	313	145
December 2008	4,853	3,258	1,101	564	326	118
Average	4,851	3,307	1,185	562	321	122
January 2009	4,844	3,216	1,069	498	320	122
February 2009	4,861	3,387	1,280	573	317	141
March 2009	4,869	3,300	1,235	530	326	142
Average	4,858	3,301	1,195	534	321	135
April 2009	4,923	3,461	1,289	604	315	144
May 2009	4,896	3,452	1,281	624	310	138
June 2009	4,823	2,219	660	329	317	164
Average	4,881	3,044	1,077	519	314	149

Comparison of SBBH Providers

Counseling services provided by contracted providers (individual, group and parent counseling) for the fourth quarter was 953 compared to the third quarter's 1,040. On a percentage basis, 6.8% of the SBBH counseling services this quarter were provided by contracted providers compared to the third quarter when 6.9% were so provided.

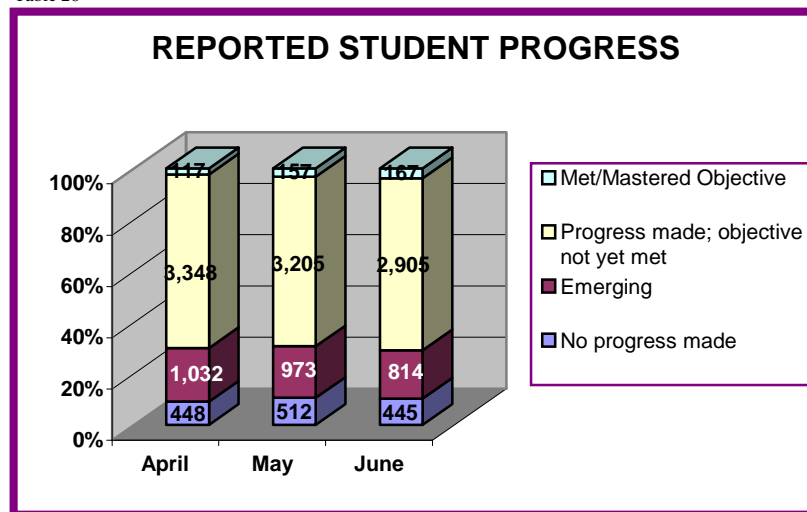
In contrast, DOE personnel provided 93.2% of counseling services. Behavioral Specialists provided the majority of DOE SBBH Counseling, or 74.7% in the fourth quarter. School Counselors and Social Workers had a relatively large impact, providing 8.6% and 7.5% of services respectively.

Table 25



Reported Student Progress

Table 26



Progress in counseling is rated by SBBH counselors (both DOE and contracted providers) on students to whom they provide one or more types of counseling services. This rating is done each month as a measure of how well each student has attained their individual goals in counseling. Providers use objective measures such as formal observations, recent BASC-2 test results, as well as their professional judgment to determine the most appropriate progress rating. The rating is designed to measure progress on goals in the student's individualized education program or modification plan, as well as those within the behavioral support plan.

Over the three months of the fourth quarter, the rating category with the greatest percentage is "Progress made; objective not yet met" (67.0%), followed by "Emerging" (20.0%), "No Progress Made" (9.9%), and the lowest "Met/Mastered Objective" (3.1%). Students who have reached the level of having "Met/Mastered objectives" normally have their needs formally evaluated which often results in a recommendation that counseling services be discontinued as the service is no longer required.

The proportion of students meriting each of the four progress ratings continues to display a very stable pattern in comparison with previous quarters.

Focus of Services

Counselors are required to report the primary focus of their counseling interventions during each month for each student. The four possible choices are Attention, Emotional, Cooperation and Social Skills. It is recognized that a significant number of students may have needs involving more than one of the focus areas, and counseling services as provided do respond to such complexities.

For this fourth quarter, Focus of Services reporting again reveals that the category "Emotional" is the most frequent student concern at 38% overall, followed by "Cooperation", "Attention", and "Social Skills". This ranking pattern has been highly consistent over the entire period this information has been collected.

Immediate needs of individual students placed in counseling may change during the time they are receiving counseling. Inspection of reports on individual students reveals SBBH counselors are responding to such evolving needs by changing individual student's 'Focus of Services' from month to month as appropriate.

Table 27

Focus of Services								
Month	Attention		Emotional		Cooperation		Social Skills	
Oct-06	999	19%	1,929	38%	1,318	26%	880	17%
Nov-06	1,018	19%	1,989	38%	1,379	26%	889	17%
Dec-06	1,014	19%	1,950	37%	1,373	26%	885	17%
Jan-07	1,040	19%	2,108	38%	1,487	27%	957	17%
Feb-07	1,044	19%	2,084	38%	1,445	26%	925	17%
Mar-07	1,037	19%	2,096	38%	1,407	26%	943	17%
Apr-07	1,050	19%	2,074	38%	1,471	27%	893	16%
May-07	1,136	21%	1,991	37%	1,382	26%	888	16%
Jun-07	1,031	20%	2,149	41%	1,249	24%	765	15%
Jul-07	560	19%	1,234	42%	742	25%	423	14%
Aug-07	930	21%	1,625	37%	1,162	26%	691	16%
Sep-07	966	21%	1,652	36%	1,183	26%	737	16%
Oct-07	1,001	22%	1,706	37%	1,165	25%	766	17%
Nov-07	968	21%	1,714	37%	1,207	26%	781	17%
Dec-07	904	21%	1,604	37%	1,136	26%	742	17%
Jan-08	1,063	22%	1,833	37%	1,212	25%	827	17%
Feb-08	1,071	21%	1,826	36%	1,299	26%	831	17%
Mar-08	1,032	21%	1,816	36%	1,321	26%	849	17%
Apr-08	997	20%	1,887	37%	1,334	26%	876	17%
May-08	1,021	20%	1,829	36%	1,347	27%	869	17%
Jun-08	750	19%	1,468	38%	1,000	26%	691	18%
Jul-08	745	21%	1,296	37%	941	27%	544	15%
Aug-08	934	20%	1,696	37%	1,180	25%	828	18%
Sep-08	927	19%	1,757	37%	1,278	27%	818	17%
Oct-08	880	19%	1,743	37%	1,285	27%	839	18%
Nov-08	904	19%	1,747	37%	1,289	27%	839	18%
Dec-08	894	19%	1,728	37%	1,269	27%	824	17%
Jan-09	893	19%	1,782	38%	1,252	26%	821	17%
Feb-09	915	19%	1,829	38%	1,249	26%	843	17%
Mar-09	885	18%	1,823	38%	1,290	27%	840	17%
Apr-09	922	19%	1,878	38%	1,302	26%	877	18%
May-09	924	19%	1,843	38%	1,292	26%	829	17%
Jun-09	774	18%	1,639	38%	1,166	27%	767	18%

Students receiving SBBH as an IEP/MP Related Service: Exits and Entrances

Table 28

Students Receiving SBBH as IEP/MP Related Service: Entrance and Exit					
	New to SBBH	Transferred in	Met goals/ Grad.	Moved	Parent Decision
Sep-06	68	169	57	114	17
Oct	98	93	78	103	32
Nov	108	122	52	102	7
Dec	107	70	36	84	12
Jan-07	116	111	48	166	28
Feb	151	92	48	125	14
Mar	76	42	44	62	16
Apr	87	53	25	71	5
May	104	40	73	40	5
Jun	48	86	155	213	6
Jul	56	186	56	250	5
Aug	131	256	50	127	8
Sep	85	83	43	43	7
Oct	110	64	50	62	14
Nov	125	58	59	59	10
Dec	101	37	43	54	8
Jan-08	92	72	52	60	11
Feb	93	65	50	77	11
Mar	72	44	38	55	10
Apr	104	52	35	53	2
May	91	40	110	55	11
Jun	48	35	116	139	5
Jul	70	328	30	192	1
Aug	54	224	20	77	1
Sep	55	75	21	76	1
Oct	86	53	30	75	4
Nov	104	48	36	51	3
Dec	87	39	26	55	2
Jan-09	117	66	32	80	6
Feb	95	92	29	58	5
Mar	101	68	26	50	5
Apr	136	85	48	64	6
May	82	57	34	49	3
Jun	64	30	130	158	6

A total of 282 IDEA/504 students were newly identified in the fourth quarter as needing SBBH services. This total is lower than the comparable number reported for the third quarter. Fourth quarter totals reflect the ending of the school year when it is less likely that students will be referred. Identification of new students for SBBH services reflects the judgment of referring teachers, professional evaluations, and parents, as documented by IEP and MP teams.

During the fourth quarter, 212 students were reported as having met goals and exited the program. This may be compared to 87 who met goals during the third quarter and whose SBBH services concluded at that time. A total of 6,161 students have been determined to no longer require SBBH services, and have been formally exited, or graduated from High School since September 2003.

Early Intervention Services

DOE personnel who provide services for students requiring IEP/MP-related SBBH counseling also provide early intervention services for non-SBBH students, as outlined by the CSSS and the array of supports available to students.

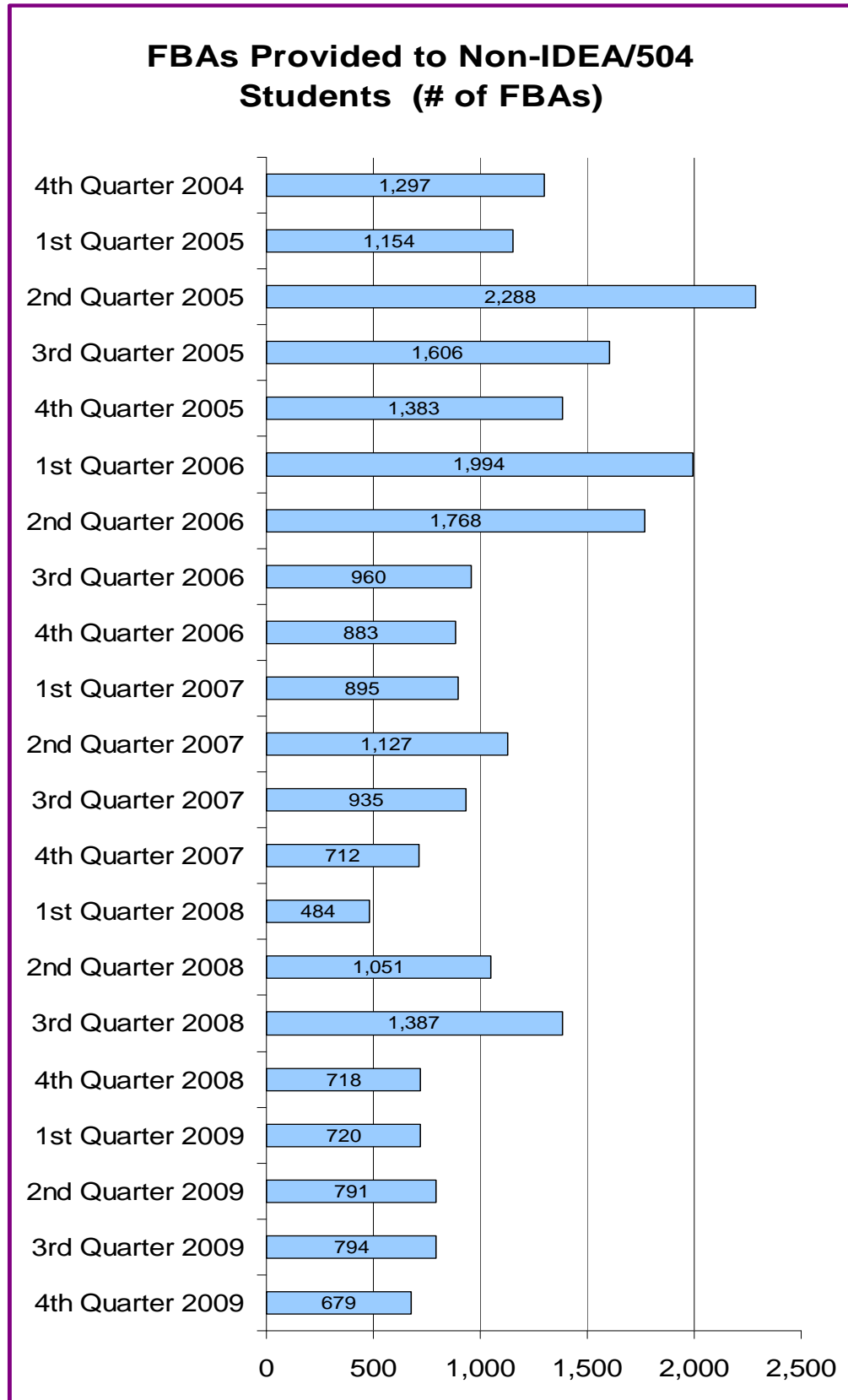
The reported number of non-IDEA/504 students served by SBBH staff during the fourth quarter was 55,485 (see Table 29 below). This total is within 112 students of the comparable fourth quarter of SY2007-2008.

SBBH services to Levels 1-3 students is provided by DOE staff, and includes behavior specialists, school counselors, social workers as well as school and clinical psychologists. Together, they reported statewide provision of 37,484 hours of Levels 1-3 early intervention services for this quarter.

Table 29

Non-IDEA/504 Students served		
Month	# of Non-IDEA/504 Served	# of Non-IDEA/504 Hours
October-06	24,709	20,528
November-06	23,687	21,518
December-06	17,432	17,546
Quarter Total	65,828	59,592
January-07	24,233	17,914
February-07	27,828	20,145
March-07	21,765	18,791
Quarter Total	73,826	56,851
April-07	28,028	21,120
May-07	23,549	18,074
June-07	12,489	5,401
Quarter Total	64,066	44,596
July-07	901	2,380
August-07	22,995	12,615
September-07	18,473	11,532
Quarter Total	42,369	26,527
October-07	26,716	16,333
November-07	30,997	15,234
December-07	26,213	11,270
Quarter Total	83,926	42,836
January-08	26,411	13,088
February-08	31,717	18,567
March-08	23,238	11,624
Quarter Total	81,366	43,279
April-08	27,060	16,652
May-08	24,089	16,995
June-08	4,448	3,709
Quarter Total	55,597	37,356
July-08	5,814	2,632
August-08	28,282	14,389
September-08	28,677	18,498
Quarter Total	62,773	35,519
October-08	27,586	31,366
November-08	26,769	19,299
December-08	24,645	18,543
Quarter Total	79,000	69,208
January-09	23,174	17,394
February-09	27,888	23,059
March-09	25,206	16,776
Quarter Total	76,268	57,229
April-09	23,324	16,348
May-09	24,542	15,656
June-09	7,619	5,480
Quarter Total	55,485	37,484

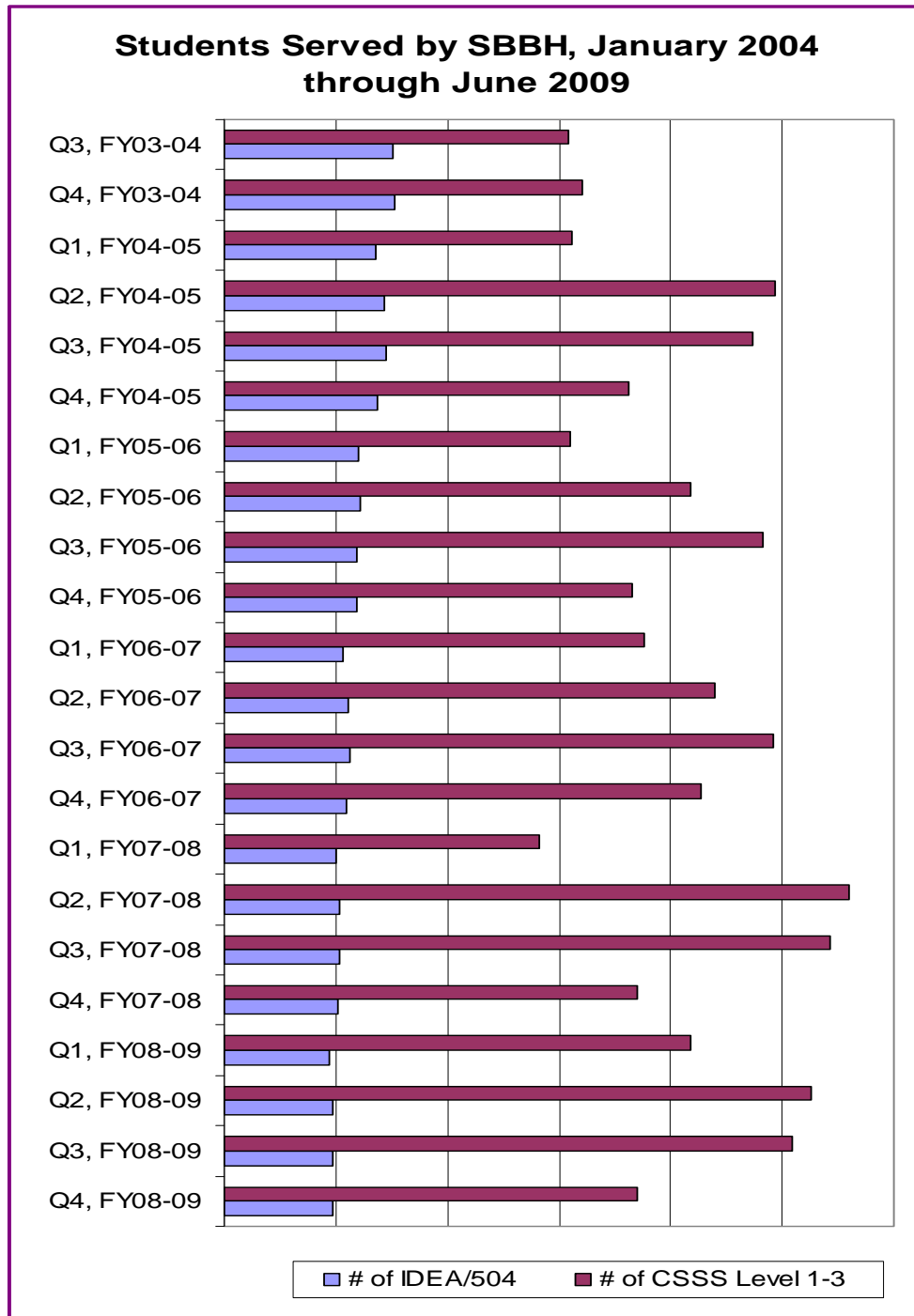
Table 30



Functional Behavioral Assessments (FBAs) continue to be an important source of information for development of services for both Levels 4-5 (IDEA/504) students receiving SBBH services, as well as for Levels 1-3 (non-IDEA/504) students.

Table 30 shows DOE staff completed 679 FBAs for Levels 1-3 students during the fourth quarter. This quarter, positioned at the end of the school year, reflects a reduced number of referrals and an emphasis on reviewing student progress throughout the past year.

Table 31



SBBH services are provided within the CSSS model, which differentiates student needs by level of intensity, i.e., Level 1 (low needs) to Level 5 (very intense). SBBH makes a distinction between services provided to Levels 1-3, which may be described as preventative in nature, and Levels 4-5, which targets needs of greater intensity.

Table 31 gives a longitudinal presentation of the quarterly totals of these two types of services.

Performance Goal #14:

- a) *60% of a sample of students receiving SBBH services will show improvement in functioning on the Teacher Report form of the Achenbach.*
- b) *Student functioning as described on the Achenbach TRF scores on students selected for Internal Reviews will be equivalent to those of a national sample.*

BASC-2 Data Analysis to Determine SBBH Program Effectiveness

Teacher Rating Scale

The previous quarter analyses were repeated with additional BASC-2 administrations included from April through June 2009 (SY08-09 Q4). To address the first criterion for Performance Goal #14 that “60% of all students receiving SBBH services will show improvement in functioning on at least one scale on the Teacher Rating Scales (TRS) form of the BASC-2,” both a baseline and follow-up measurement are required. For each scale, youth with a score below the “At-Risk” range were excluded, and to provide time for the possible effects of intervention, only students where at least three months had passed between baseline and the follow-up administration of the TRS were included. For students with more than one follow-up, the average of all of their follow-up scores was considered. An improvement of four T-score points was identified as the criterion for improvement on a scale for this performance goal.

Table 32

Student Progress Analysis Based on the TRS								
BASC-2 Version	Age Range	At Least 1 BASC2 Admin	At Least 2 Time Points	Has 2 nd Time Point, but No Elevated Baselines	Has 2 nd Time Point, at Least One Elevated Scale at Baseline	Has at least 1 Clinical Scale Reduction	Has No Clinical Scale Reduction	Met Progress Criteria
TRS-A	12-21	6378	2903	932	1971	1720	251	87%
TRS-C	6-11	5599	2486	213	2273	2013	260	89%
Total	6-21	11977	5389	1145	4244	3733	511	88%

When examining the overall progress made by the 4244 students across all age ranges eligible for analysis, 88% of these students made progress on at least one clinical scale. This finding was consistent among both age ranges (6-11 and 12-21). Results remained very consistent relative to the previous quarter. There were 534 additional BASC-2 administrations considered this quarter. Results remained well over benchmark.

The average number of clinical scales elevated to the “At-Risk” level for the adolescents (ages 12-21) who had at least one elevation at baseline was 7.2. The average number of

scales that decreased by four or more T-score points was 5.3. For the children (ages 6-11) with at least one elevation in the “At-Risk” level, the average number of elevated clinical scales at baseline was 11.8 and the average number of scales that decreased by four or more points was 7.3.

Goal #14 Summary

The performance goal that “60% of all students receiving SBBH services will show improvement in functioning on at least one scale on the Teacher Rating Scales (TRS) form of the BASC-2” was met. Specifically, 88% of students with at least one elevated scale at baseline showed at least one reduced scale at follow-up, indicating that this benchmark was exceeded by 28%. These findings incorporate a relatively large proportion of new BASC-2 data over the previous quarter and continue to illustrate the same pattern of findings across past

Additional Analyses

Teacher Rating Scale – Child (TRS-C)

Summary of findings among TRS-C scales.

Highest number of students with initial score above “at risk”	
Anger Control	N=1739
Behavior Symptom Index	N=1675
Developmental/Social	N=1661
Lowest number of students with initial score above “at risk”	
Internalizing Composite	N=939
Anxiety	N=585
Somatization	N=542
Highest average T score at initial assessment	
Aggression	T=75.45
Atypicality	T=75.06
Depression	T=73.01
Lowest average T score at initial assessment	
School Problems	T=67.42
Developmental/Social	T=67.13
Attention Problems	T=65.75

Of all the scales, the Anger scale had the largest number of youth with elevations at baseline. The Somatization and Anxiety scales had the smallest number of youth with elevations at baseline.

The Aggression scale had the highest baseline score. The Attention scale and the Developmental Social Disorders scale were the lowest at baseline.

All of these findings are consistent with previous quarters.

Adaptive Scales. Of all those in the “At-Risk” range or worse for the six adaptive skills and one adaptive composite, all seven scales increased over time, indicating improvement. On average, these scores increased from baseline by 3.65 points, starting at T=34.56 and increasing to T=38.21.

Teacher Rating Scale – Adolescent (TRS-A)*Specific Scales of Interest.*

Summary of findings among TRS-A scales.

Highest number of students with initial score above “at risk”	
Attention Problems	N=1071
Bullying	N=814
Developmental/Social	N=884
Lowest number of students with initial score above “at risk”	
Anxiety	N=352
Internalizing Composite	N=349
Somatization	N=301
Highest average T score at initial assessment	
Bullying	T=68.66
Aggression	T=68.52
Hyperactivity	T=68.41
Lowest average T score at initial assessment	
Anxiety	T=65.84
Attention Problems	T=65.29
Developmental/Social	T=64.55

The Somatization and Internalizing Composite scales had the smallest number of students with elevations at baseline, whereas, the Attention, Developmental/Social and Bullying scales had the largest number of students.

Analyses also provided information on the scales with highest scores at baseline and lowest scores at baseline. The Bullying scale and Aggression scale had the two highest baseline scores, indicating that on average these are the highest elevated scales. The scale with the lowest score at baseline was the Developmental/Social Disorders scale, and the Attention scale was the second lowest at baseline.

The overall pattern of results remains consistent with previous quarters.

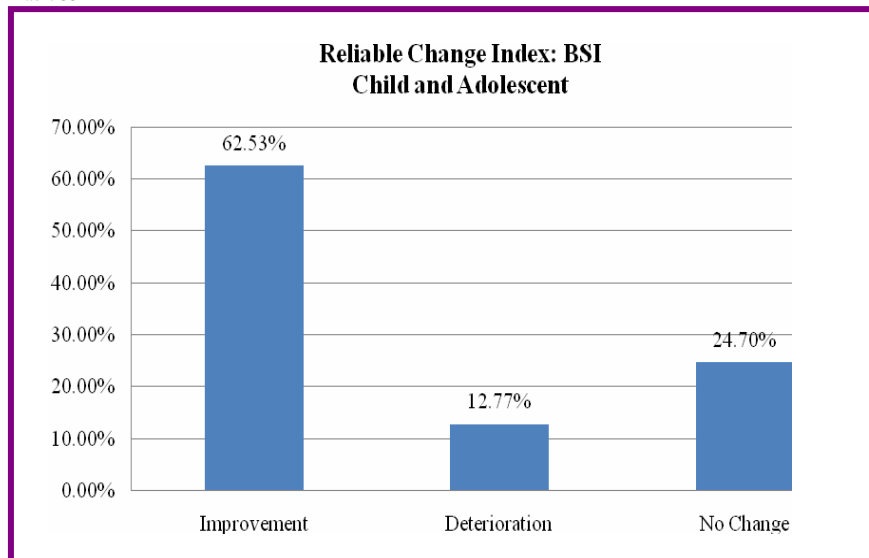
Adaptive Scales. Of all students in the “At-Risk” range or worse for the six adaptive skills and one adaptive composite, all seven scales increased over time, indicating improvement. On average, these scores increased 7.34 points from baseline, starting at T=36.30 and increasing to T=43.64. As with the clinical scales, the average scores at baseline were well below the “At-Risk” range, but increased into the “Average” range (between 41-59) at follow-up. These results were very similar to last quarter.

Exploratory TRS-C and TRS-A Behavioral Symptom Index Analyses

Reliable change. The “reliable change index” (RCI) is a statistical procedure that measures whether an individual’s improvement or deterioration was sufficient in size to say that the change was unlikely due to measurement unreliability. This analysis is different from other reported analyses as it provides the opportunity to look at individual scores as opposed to averages. RCI analyses were performed for the BSI (a composite summary scale of clinical issues) for the child and adolescent versions of the BASC-2. Given a reliability estimate of $\alpha = .97$ based on BASC-2 published information, and standard deviations based on baseline scores 8.8 for the BSI-C and 5.6 for the BSI-A, the Reliable Change Indices of the BSI-C and BSI-A were 4.22 and 2.68 respectively.

State wide, approximately 63% (1562) of children and adolescents with a baseline elevation on the BSI demonstrated reliable improvement, approximately 13% (319) showed reliable deterioration, with the remaining 24% falling somewhere in between.

Table 33



Statistical Analysis to Further Examine SBBH Program Effectiveness

The pattern of results described above specifically address Performance Goal #14. The above results do not, however, provide information about effectiveness in reducing the various specific types of problem areas addressed by SBBH services that are measured by the BASC-2's individual clinical scales. Detailed additional analyses are available in previous quarters and include the following:

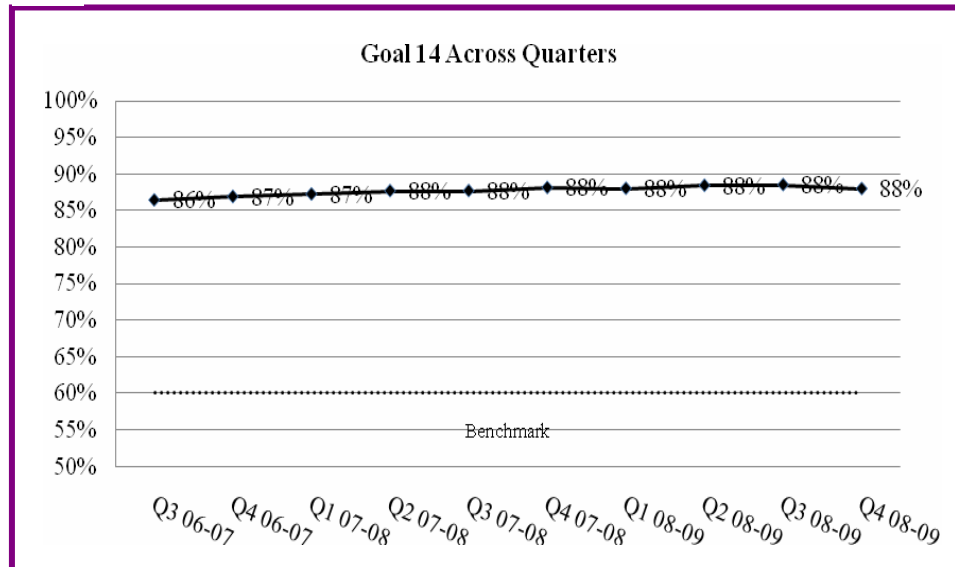
- Rate of improvement on the Behavioral Symptom Index scale.
- Rate of improvement on the Externalizing scale.
- Rate of improvement on the Internalizing scale.
- Rate of improvement on the Functionality Composite scale.
- If various emotional and behavioral problems measured by clinical scales of the BASC-2 decrease after the implementation of SBBH services.
- If various positive skills measured by the BASC-2 adaptive skills scales increase after the implementation of SBBH services.
- An examination of those students who entered the system in a given quarter relative to all cases in the system prior to that quarter on the Behavioral Symptom Index scale.
- Rating scales over time to assess if particular years have been more or less effective relative to others.

The interested reader is directed to <http://165.248.6.166/data/felix/index.asp> as a report that offers a variety of additional analyses.

Summary of Findings

Students in SBBH services are significantly improving across all clinical and adaptive skill areas measured by the BASC-2 TRS. As indicated by analyses of the TRS A and C, scores from students in the SBBH system have far exceeded the benchmark.

Table 34



Based on these results, students receiving SBBH services who have elevated BASC-2 scales are improving as indicated by a reduction of scores. This pattern has remained consistent over time, and suggests sustainability.

As many of the findings reported here parallel those from previous quarters, previous *Integrated Performance Monitoring Reports* discuss in greater detail a variety of analyses and possible implications and recommendations from these results. Some additional speculation based on novel findings from this quarter, as well as a summary of recommendations from previous quarters is provided below. For greater depth of analysis as well as a historical context of findings over time, please see the previous eight quarters.

- **Externalizing problems.** Frequently elevated scales (Attention, Hyperactivity, Bullying, Aggression, and Anger) tend to reflect “externalizing” problems, as they are expressed outside of the individual and experienced by others. Evidence-based interventions can be found in the literature to help address these issues most effectively. Some ideas for consideration include, for instance, contingency management, altering curriculum, manipulating antecedents, some forms of peer tutoring, modeling, problem solving, and assertiveness training (www.practicewise.com).

Related, interventions targeting bullying might be useful as well. Although a challenging area to address, some promising programs can be found in the literature. For instance, the work of Dan Olweus suggests a multiple systems approach to the reduction of bullying in schools. Such a plan engages the system at the school, class, and individual levels in an effort to create a culture that systematically frowns upon bullying, while simultaneously supporting improved

peer relationships for all students. Some elements of the plan include increased awareness to bullying and its effects, supervision, up-keep of physical grounds, community involvement and engagement, praise for appropriate behaviors, sanctions for bullying, and individual strategies for both bullies and victims. (See Understanding Children's Worlds: Bullying at School, by Dan Olweus, Blackwell Publishing).

At the same time that more common concerns are addressed, it should be recognized that students in the DOE struggle with the full spectrum of mental health issues. Training in any area (i.e., depression, trauma, ADHD, psychosis, etc.) will likely benefit a subset of youth in need. As always, consideration of the individual child by his or her respective team is extremely important for the progress of that particular student. Results from the current analyses, however, can complement individual level information by providing insight into the most common problem areas seen in the system.

Developmental and social problems. Another frequently elevated scale with relatively low levels of improvement is the Developmental/Social Disorders scale. Although gains on this scale are modest, and a relatively high number of students are in the "At-Risk" range, the average baseline score of the Developmental/Social Disorders scale is among the lowest for both children and adolescents who have initial elevation. Thus, many youth have elevations on this scale, and improvement is minimal over time relative to other scales, but the initial severity is low relative to other scales. This scale is designed to measure "the tendency to display behaviors characterized by deficits in social skills, communication, interests, and activities; such behaviors may include self-stimulation, withdrawal, and inappropriate socialization" (BASC-2 website). Social skills deficits as measured by this scale likely relate, at least in part, to externalizing problems measured in other scales. Some characteristics of social skills intervention programs shown effective for certain youth with externalizing disorders include social skills teaching strategies that emphasize role play, homework, and modeling. It is worth stating, however, that the research literature is somewhat mixed in terms of the effectiveness of social skills training for youth with externalizing disorders.

In the absence of elevations on externalizing scales (e.g., Aggression, Conduct Problems), elevations on the Developmental/Social Disorders scale might also encompass youth on the autism-spectrum continuum. There is some recent evidence that youth with high functioning autism-spectrum disorders might benefit from social skills training, communication training, and modeling. For youth with more severe forms of autism, the Evidence-Based Services Committee's "Blue Menu" of psychosocial interventions rates Intensive Behavior Therapy and Intensive Communication Training as level 1 ("Best Support") treatments.

- Systems approach. Often times systems approaches that encompass multiple facets of a student's life can have meaningful impact on functioning, behavior, and mood. Approaches that are inclusive of a wide range of stakeholders beyond the "identified" student (i.e., teachers, caregivers, other students, counselors) have shown promise in improving adaptive behaviors. "Positive Behavioral Interventions and Supports" (PBIS) is one such program garnering support in the

literature. As opposed to a more “mental health” approach where the emphasis is traditionally on reactionary strategic planning for an individual, PBIS focuses not just at the individual level, but also on school-wide interventions that support positive behavior for all students across school settings. Pre-emptive intervention efforts function to prevent maladaptive behaviors and are delineated into three overarching contexts: school-wide, within the classroom, and for the individual. At its broadest level, positive behavioral supports would ideally permeate into every aspect of the Department of Education culture, with a common vision being established on how to best support students. (See <http://www.pbis.org/>)

- **Important resources.**

The Evidence Based Services Committee’s “Blue Menu” as well as the “Biennial Report” are two important and useful documents for mental health providers. The report can be located at:

<http://www.hawaii.gov/health/mental-health/camhd/library/pdf/ebs/ebs012.pdf>.

An additional resource highlighted in the previous quarter was the Interagency Performance Standards and Practices Guidelines (IPSPG, “Purple Book”) recommendations regarding clinical supervision and clinical progress.

The “PracticeWise” database is another resource worthy of consideration. This online resource contains up-to-date information from controlled research findings for psychosocial (non-medication) youth treatments in an array of problem areas. User can specify criteria (i.e., problem area, age, gender, ethnicity, etc.) that are most important to their students and return results for an individualized intervention-search. The PracticeWise database is located at <http://www.practicewise.com/web/> and requires a subscription.

The above analyses are important in furthering the understanding of SBBH services and provide useful information for the system. Continued assessment of this nature will increase confidence in the system’s ability to monitor itself, and hopefully demonstrate the system’s ability to sustain gains. It appears that externalizing and some social-skills difficulties are most common and problematic in the Hawaii DOE. Continued training and attention to these families of behaviors utilizing the evidence base will be important for continued system improvement. In addition, continued use of resources available to SBBH workers outlined above might also facilitate gains in students who are currently struggling.

Performance Goal #15: System performance for students receiving SBBH services will not decrease.

Development of a System for Continuous Self-Monitoring

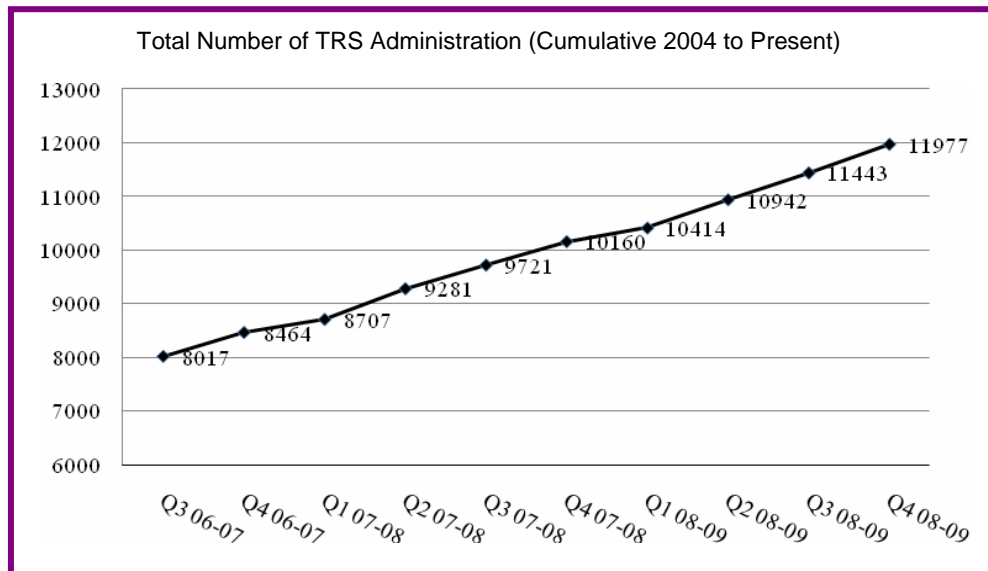
The Felix Decree states, “The system must be able to monitor itself through a continuous quality management process. The process must detect performance problems at local schools, family guidance centers, and local service provider agencies. Management must demonstrate that it is able to synthesize the information regarding system performance and results achieved for students that are derived from the process and use the findings to make ongoing improvements and, when necessary, hold individuals accountable for poor performance.”

DOE continues to employ a variety of overlapping approaches to afford continuous self-monitoring needed to optimize the functioning of the SBBH Program and the overall mental health support system for students. Some activities for continuous self-monitoring are described below:

The collection of BASC-2 data continues throughout the state. District and State offices, as well as schools themselves, continue to gather BASC-2 baseline and follow-up data for students registered for SBBH services. In terms of using the BASC-2 data to inform the system, continued analysis of all BASC-2 data is beginning to provide insight into strengths and relative needs of the system. Specific training recommendations based on the BASC-2 results have been summarized in Goal #14 of this report and reports of previous quarters.

Increasing BASC-2 administrations. Across children and adolescent age ranges, the percent of students with at least two BASC-2 TRS administrations increased by 5% from last quarter, as 248 new students have at least two time points this quarter. As can be seen in the figure below, total rates of BASC-2 administrations continue to climb.

Table 35



Use of BASC-2 data to inform the system. The majority of students with at least one elevated scale score show an improvement on one or more scales over time. Additional statistical analyses of the BASC-2 data beyond the minimum Goal #14 requirements have been active for over two years. Several recommendations for focused training based on relative strengths and needs of students as a whole are offered in Goal #14 of this report and previous reports as well (see Performance Goal #14 above). Results across quarters are consistent, highlighting particular patterns within the system that might be the subject of future attention.

The ongoing commitment to BASC-2 administrations has resulted in a sustainable means of monitoring overall progress for students. The results are continuously being used to identify areas where the SBBH Program has been most and least effective.

Use of BASC-2 data for individual students. In addition to the progress made in using BASC-2 data to help inform progress of the system, it is relevant to note that the BASC-2 was designed primarily as a tool for individual students and their treatment team. As such, it is worth mention that detailed BASC-2 results are available for counselors, IEP teams, Care Coordinators, caregivers and other relevant stakeholders for all of these individual students. Reports from DOE personnel suggest that the BASC-2 data is very helpful in developing individualized plans, and is a valuable tool for improving the lives of students.

District-Level Training

Statewide, 94 trainings were attended by 1,192 DOE personnel. The majority of districts had multiple role groups attend trainings. Trainings included a broad range of topics relevant to behavioral and emotional health of students. The number of trainings decreased considerably this quarter as compared to the previous quarter (47% decrease). The number of staff in attendance at trainings decreased this quarter relative to last quarter (43% decrease). Relative to fourth quarter in SY2007-2008, the number of trainings provided this quarter decreased by 12%, and the number of staff attending trainings decreased 41% (from 2,005 last year Q4). The decrease in trainings from quarter to quarter represents a typical shift that likely coincides with the academic calendar. The decrease in trainings and number of staff participating in trainings relative to the same quarter last year, however, is suggestive of a significant drop that should be examined.

Supervision and Consultations

Ongoing professional supervision from psychologists is provided to staff as an adjunct to the subject-focused group training sessions. Supervision provides the opportunity to apply concepts learned through formal training sessions and to monitor the use of evidence-based interventions. District School Psychologists, Clinical Psychologists, Program Managers, and School Psychologists-Complex Based monitored the application of training into service delivery through supervision, consultation, and one-on-one assistance.

Table 36

April - June Supervisory Activity Data				
Professional Activities	Apr Total	May Total	June Total	Quarterly Total
Consultations	1314	1422	619	3,355
FBA/BSPs	53	56	41	150
Counseling/Parent Training	374	435	155	964
Assessments	400	338	200	938
Observations	258	237	116	611
Student Meetings (SST, Core, IEP/MP, Peer Review)	997	986	477	2,460
Non-student Meetings	317	355	335	1,007
Court Involvements	5	9	6	20
Data input (ISPED) sessions	346	365	209	920
Supervision	819	747	500	2,066
Provide Training	67	73	80	220
Number of Professionals	87	79	91	257

Psychologists and Program Managers also provided direct services for students, including assessments, FBA/BSPs and consultations, which are requested when students demonstrate persistent emotional and/or behavioral problems. The information gathered

through these direct services is used to develop recommendations that identify evidence-based interventions and behavioral supports to be implemented at various levels of the system. These interventions and supports are developed within a team and are often child-specific. As seen in the table above, thousands of consultations were provided across the state during this quarter.

Overall, there was an 8% decrease in the total number of all information represented in the above table this quarter relative to last quarter. There was a 5% increase in total number of activities this quarter relative to the same quarter from last school year (2007-2008).

Summary

Based on several sources of information, Performance Goal #15 continues to be met as the system for students receiving SBBH services has shown continued ability to self-monitor as well as grow. BASC-2 data continue to suggest that students continue to improve. Trends have emerged through analyses and can be used to target areas for training and program development. Student progress on elevated scales as measured through the BASC-2 demonstrate that students receiving counseling as a related service are making progress in all areas measured by these scales. This includes significant reduction of emotional problems, behavioral, and learning problems as well as the development of adaptive skills, which are primary focuses for the SBBH Program. Additionally, DOE personnel from all levels appear committed to BASC-2 administration as new data continues to enter the system. Furthermore, supervisory activities from psychologists continue to provide a frequently used resource in supporting students receiving SBBH services.

Of note, district level training seems to be on the decline this quarter relative to the previous quarter as well as to quarter four of last year. Training is important to system sustainability, providing an array of opportunities for DOE personnel to learn new skills and improve existing skills. The recommendations in Goal #14 offer a range of suggestions derived from BASC-2 analyses that districts might consider incorporating in future trainings.

Summary of Department of Education System Infrastructure and Performance

The Department of Education has set and maintains high expectations regarding infrastructure and performance goals. Ongoing measurement of performance related to the goals indicates that the Department continues to maintain and strengthen its infrastructure as well as improve performance of the system.

The Department is presently reviewing the infrastructure and performance goals that it has been reporting on over the past four years to direct its focus on those program goals, which will reflect the Department's commitment to sustain services and programs for special needs students.

The Department meets or exceeds infrastructure expectations in the following areas:

- Capacity to provide School-Based Behavioral Health (SBBH) services through DOE employees;

- Information of all students eligible for special education and related services registered in the eCSSS system;
- Capacity to contract for necessary services not provided through employees;
- Adequate funding to provide a comprehensive system of care for students requiring such services to benefit from educational opportunities;
- Integrated data management information to adequately inform administrative decisions necessary to provide timely and appropriate services; and
- Percentage of IEPs current.

The Department of Education continues to be challenged to meet Department established targets for qualified special education teachers and paraprofessionals in classrooms.

Performance Measures reveal either improvement or stability in all areas. The following Performance Measures were met or exceeded:

- Request for due process hearings
- Reading assessment administered prior to IEP
- Reading Strategies in IEPs
- Training SPED teachers in reading strategies
- Quality of services to students with ASD
- Quality and availability of SBBH services
- Percent of eligibility evaluations completed within 60 days
- Schools did not suspend students with or without disabilities for >10 days
- Students on Home/Hospital Instruction did not require SBBH or Mental Health Services

Overall, in this reporting period, the Department has continued to sustain a level of infrastructure and system performance consistent with or better than a year ago. Corrective actions directed at state, complex, and school level, based on data and analysis are leading to improvements, not just at the complex level but within specifically identified schools. The data in this section provides further evidence of the commitment within the Department, at all levels, to maintain and improve the delivery of educational and behavioral/mental health services to students in need of those services beyond that required by federal statute and prior court orders.

The Department expects that ongoing system performance assessments, subsequent training, and the posting of school by school performance indicators will not only maintain this level of performance but will improve system performance to high levels in all schools.