



Performance Report

Performance Period April–June 2009

Introduction

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

Data are presented in six performance areas:

- *Enrollment:* Data are provided on the number of children who were served, 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 [DOE] preschool special education teachers, community preschool staff, etc.) who participated in training activities. Information includes trainings provided or supported by EIS and Healthy Start.
- *Quality Assurance:* Information on quality assurance activities for EIS and Healthy Start are provided.
- *Funding:* Data on appropriations, allocations, and expenditures are provided.

Strengths and challenges to the early intervention system for April through June 2009 are summarized.

Change in Eligibility for the Part C System

As of May 15, 2009, eligibility for entry into Hawai'i's Part C system was revised. As a result of the changes in eligibility, infants and toddlers at environmental risk for developmental delays were no longer required to be provided services under Part C of IDEA as of May 15, 2009. However, some services continued through the end of June to assure a smooth exit out of Part C and to transfer care coordination for environmentally at risk infants and toddlers who also had a developmental delay from Healthy Start and Enhanced Healthy Start to an EIS provider. In addition, to ensure that a system is in place, as required by Part C of IDEA, to refer children under the age of 3 years with substantiated child abuse and/or neglect who may also have a developmental delay to Part C, a Memorandum of Agreement (MOA) between the Department of Health and the Department of Human Services was signed. This MOA ensures that children under the age of 3 years with substantiated child abuse and/or neglect will be provided developmental screenings through the Enhanced Healthy Start programs, and based on the result of the screens, children will be referred to H-KISS and then forwarded to an EIS program to determine if they are Part C eligible.

In addition, the eligibility for infants and toddlers at biological risk was also changed, with the new definition consistent with the language in the Part C regulations.

Enrollment

Early Intervention Section

Monthly Enrollment

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

Table 1. EIS Monthly Enrollment Data

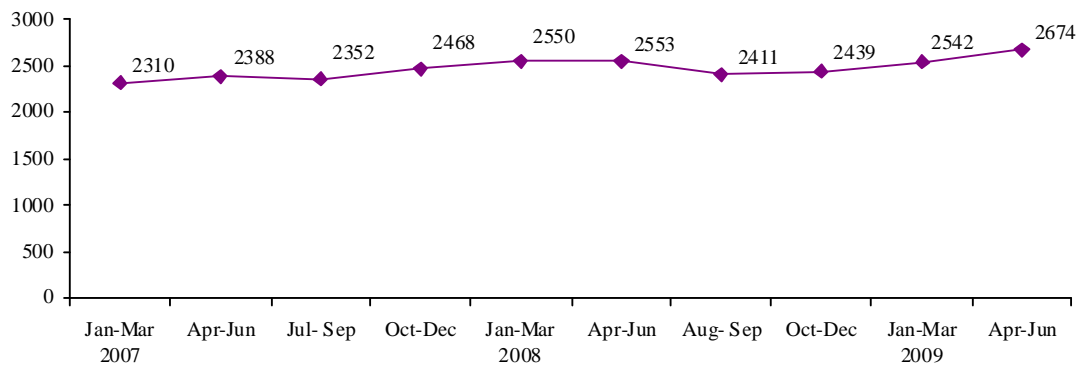
Month	Monthly Enrollment	Island					
		Oahu	Hawai'i	Maui	Kauai	Molokai	Lanai
April 2009	2664	1922	315	261	142	17	7
May 2009	2683	1976	322	236	130	13	6
June 2009	2674	1984	312	231	127	14	6

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 (2674) was a 5% increase as compared to the quarterly enrollment for last quarter (2542). Enrollment continues to rise, and is the highest average quarter as noted on the graph below.

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



Child Find

A goal of EIS is to share information regarding early intervention (EI) services with the community in order to support increased identification of potentially eligible Part C children. EIS was represented at the following events: Honolulu Community College Health Fair (200 college students); Waianae Keiki Spring Fest (500 families); Special Parent Information Network Conference (300 professionals); and the Keiki Explorations Day in Waipahu (200 families). Brochures about early intervention are disseminated and activities for children are provided. Based on the above data, it appears that the public awareness activities are successful in identifying children who may be Part C eligible.

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 now contains additional 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 special programs, as well as any public notices or hearing notices. The website has a link to the Hawai‘i Keiki Information Service System (H-KISS) referral form to simplify referrals. The website includes forms, responses to frequently asked questions, and other administrative information for service providers. The website 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.

Healthy Start

Birth rates for Hawai‘i for April to June 2009 are as follows:

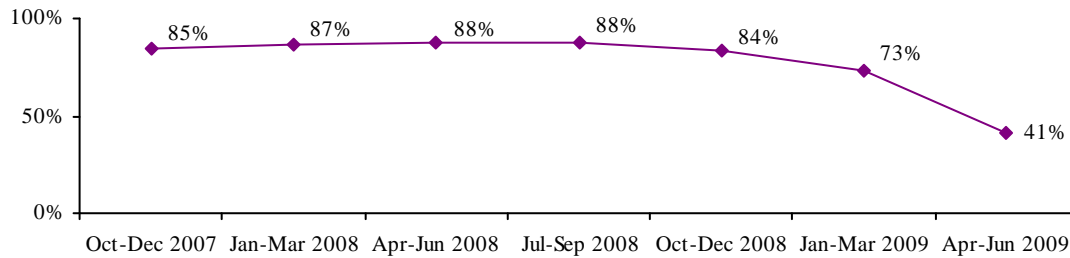
Month	Births
April	875
May	875
June	583

Screen, Assessment, and Accepted Referral Rates

Screen rate: Due to budgetary restrictions and change in eligibility criteria, the early identification (EID) quarterly screen rate decreased significantly. 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.

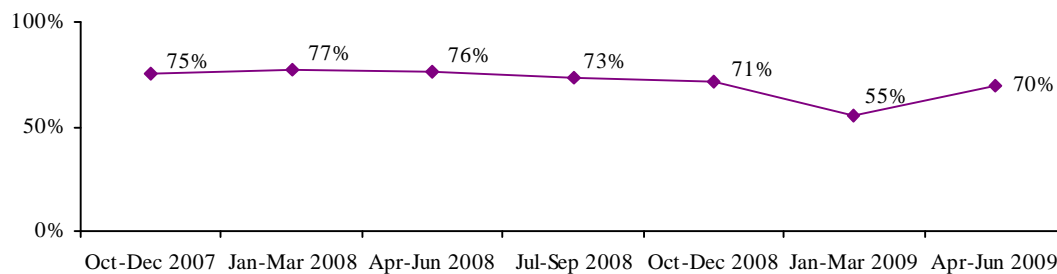
In May, the Early Identification contractors were notified that the EID component of the Healthy Start program would be terminated. The decision to abolish the screening and assessment services in birthing hospitals was made due to a significant decrease in funding for the program.

Graph 2. Oahu EID Quarterly Screen Rate, October 2007 through June 2009.



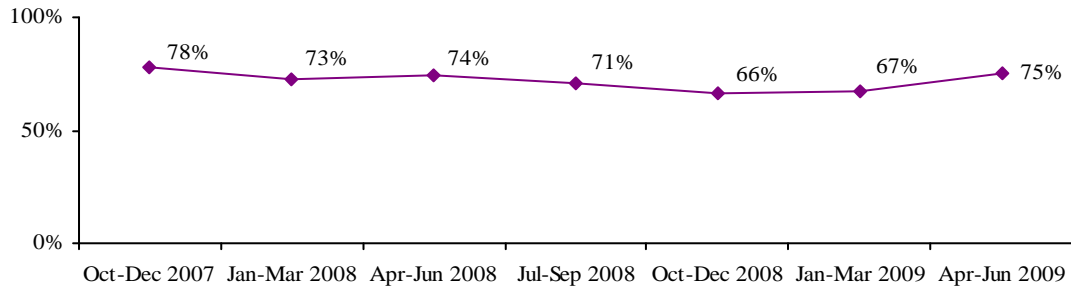
Assessment rate: The Healthy Start program raised the Kempe Family Stress Checklist score from 30 to 40, thereby changing the overall eligibility criteria to focus on low income families with the highest risk for child maltreatment and poor child health outcomes. This revised eligibility and minimal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

Graph 3. Oahu EID Quarterly Assessment Rate, October 2007 through June 2009.



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

Graph 4. Oahu EID Quarterly Referral Rate, October 2007 through June 2009



New Enrollment

A total of 191 infants were newly enrolled in home visiting services during this quarter (Table 2). New enrollment numbers for the Enhanced Healthy Start Program totaled 5 for April through June, which would bring the total new enrollment to 196. Total new enrollment, which includes the Enhanced program increased by 25 from the previous quarter.

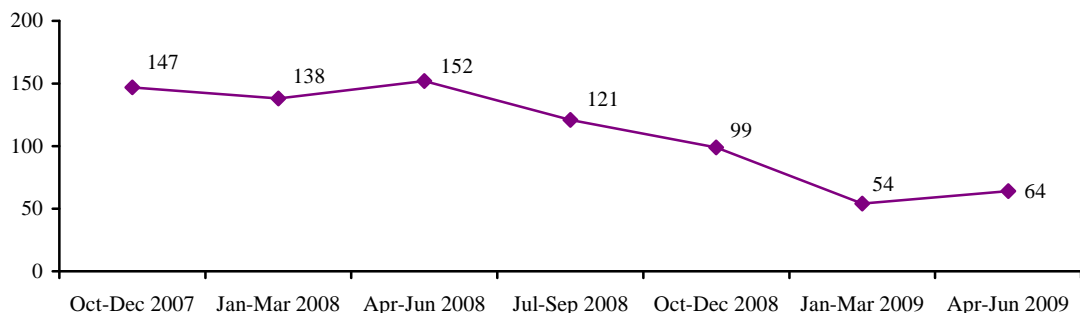
This enrollment was deliberately designed to remain within a reduced budget yet still provide services to those families deemed at risk and willing to actively participate in the program.

The average monthly new enrollment statewide for this quarter is 64 (Graph 5), an increase of 10 from last quarter. This 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 April to June 2009

Month	New Enrollment	Island					
		Oahu	East Hawai'i	West Hawai'i	Maui/Lanai	Kauai	Molokai
April	65	55	5	2	1	2	0
May	82	68	7	1	0	6	0
June	44	37	2	0	0	5	0

Graph 5. Healthy Start New Monthly Enrollment from October 2007 to June 2009



Personnel

Goal: 90% of EIS social work positions are filled

EIS has a total of 49 social work (SW) positions statewide. Forty-three (43) positions are intended to provide care coordination services. Five (5) positions are administrative and are included in the data on administrative positions. The remaining position not included in the count is an early intervention social worker on Maui who is currently working with other populations over age 3 years.

Due to the fiscal situation in the state, two (2) social worker positions on the islands of Maui and Hawai'i were abolished.

Table 3 provides information on the 43 DOH social worker/care coordinator positions, by island and statewide as of June 2009. Thirty-four (34) of the 43 positions, or 79%, are filled. This does not include 3 positions filled by emergency-hire staff on Oahu.

Table 3. Percentage of EIS Civil Service Social Work/Care Coordinator Positions that are Filled, by Island, as of June 2009

Island	EIS SW Positions		
	Total #	Filled #	Filled %
Oahu	36*	28	78%
Hawai'i	3	3	100%
Maui	1**	1	100%
Kauai	3***	2	67%
Total	43	34	79%

* 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

Eight vacant positions are on Oahu; the remaining vacant position is on Kauai. Some Oahu vacancies are due to the salaries of SW III positions not being competitive with those of private sector positions. Due to the budgetary crisis, it takes longer for approval to both fill vacant positions as well as emergency-hire into vacant positions. 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 4 provides information on the status of the approved purchase of service (POS) SW/Care Coordinator positions, by island and statewide. Twenty-four (24) of the 28 POS SW/care coordinator positions, or 86%, are filled.

Table 4. Percentage of POS Social Work/Care Coordinator Positions that are Filled, by Island, as of June 2009

Island	POS SW Positions		
	Total #	Filled #	Filled %
Oahu	14*	11	79%
Hawai'i	5*	5	100%
Maui	6	5	83%
Kauai	1	1	100%
Molokai	1**	1	100%
Lanai	1**	1	100%
Total	28	24	86%

* One position is funded at 0.5 FTE

** Position is funded at 0.5 FTE

The trend continues that a higher percentage of POS social worker positions are filled (86%) as compared to state civil service positions, of which only 79% 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 43 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, which are administrative positions. Last quarter there were 45 direct service positions; this number has decreased with the abolishment of two positions on the island of Hawai'i. At the end of June 2009, 32 of the 43 direct service positions, or 74%, were filled.

Table 5 below provides information on direct service positions statewide and by island.

Table 5. EIS Direct Service Positions by Island, as of June 2009

Island	Direct Service Positions		
	Total #	Filled #	Filled %
Oahu	39	30	77%
Hawai'i	4	2	50%
Total	43	32	74%

The majority of the vacant positions are speech-language pathologists – five (5) on Oahu and one (1) on the island of Hawai'i. Other vacant positions on Oahu include a physical therapist, hearing specialist, vision specialist and a paramedical assistant. An occupational therapist position on the island of Hawai'i continues to be vacant. 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 on Hawai'i was abolished. Although the Hawai'i District Health Office has approval to hire above the minimum, the two remaining direct service positions remain vacant.

Contracted providers help ensure that children receive all services identified on their Individual Family Support Plan (IFSP), 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. An Oahu SLP continues to fly to Kona weekly to provide direct services to children with speech/language needs. With fewer available state positions, there will be an increased dependence on contracted providers to meet the needs of the identified Part C children.

EIS also has FFS contracts with 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.

A new POS program, for the Ka'u area of the island of Hawai'i has been operational as of March 2009. The number of children has doubled from March to June.

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 Newborn Hearing Screening Program Coordinator (NHSP).

Of the 60 administrative positions, 50 (83%) were filled by the end of June 2009. Nine (9) of the ten (10) vacant positions were on Oahu; the ECSP Manager position on Hawai'i was also vacant. A C&Y IV training position is vacant, which has impacted the planning of new trainings based on identified need.

Three Children & Youth Program Specialist IV quality assurance positions (1 each on the islands of Oahu, Hawai'i, and Maui) were abolished due to the budget deficit.

Table 6 provides information on the administrative positions statewide and by island.

Table 6. EIS Administrative Positions by Island, as of June 2009

Island	Administrative Positions		
	Total #	Filled #	Filled %
Oahu	56	47	91%
Hawai'i	4	3	75%
Total	60	50	83%

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 deletion of the Social Worker IV and Clerk positions.

Goal: 90% of EIS caseloads will be no more than 1:35 (non-weighted)

Table 7 provides information on the percentage of social workers, by island, that have a caseload of no more than 1:35. The percentage continues to decline, from 60% in September 2008 to 26% this quarter. This is of particular concern on Oahu, with a continual decrease from 37% in December 2008 to 18% this quarter. The increased caseloads are due to several factors: 1) transfer of care coordination for children with developmental delays from Healthy Start and Enhanced Healthy Start to EIS; 2) transfer of care coordination for children from PHN to EIS; and 3) 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 timely services (i.e., initiation of services).

Table 7. Social Work Positions (DOH and POS) with Non-Weighted Caseloads Not More than 35, by Island, as of June 2009.

Island	# Social Workers Providing Care Coordination as of June 2009	Number with Caseloads No More than 35	Percent with Caseloads No More than 35
Oahu	39*	7	18%
Hawai'i	8*	5	63%
Maui	6	1	17%
Kauai	3 **	0	0%
Molokai	1 ***	1	100%
Lanai	1 ***	1	100%
Total	58	15	26%

* Does not include SW IV supervisory positions (3-Oahu; 1-Hawai'i) and one SW III on leave.

** Includes 1 SW at 0.75 FTE

*** SW is at 0.5 FTE

Although EIS Social Worker IV supervisory positions, direct service staff and program managers have assumed some of the care coordination responsibilities, these additional responsibilities negatively impacts their primary responsibilities.

Training Opportunities

Early Intervention Section

Training provided and/or supported by EIS for April through June 2009 impacted 231 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.** There were no Part C orientations this quarter, due to potential changes in the Part C system which would impact the orientation. Orientations will be scheduled when potential changes are confirmed.
- **Supporting Children with Challenging Behaviors and Autism Spectrum Disorders.** The Keiki Care Project (KCP) Coordinator provided 3 trainings for 26 staff at community preschools on Oahu, on topics related to supporting children with challenging behaviors. The Inclusion Project Coordinator consulted with 4 staff from 2 community preschools on behavioral concerns (e.g., hitting, biting, and kicking).
- **Keiki Tech.** Keiki Tech provided eight (8) trainings for 102 staff and family members. An Overview of Keiki Tech Services, which included a demonstration on various technologies, was provided to 20 early intervention staff on Maui. Two three-day trainings on how to support literacy through assistive technology (AT) devices were provided to 36 early intervention staff in Hilo and 21 on Oahu. Keiki Tech also participated in an AT Mini Fair held at Kailua Easter Seals for 20 Windward family participants.
- **Transition.** The Inclusion Project Coordinator, in collaboration with the Learning Disabilities Association of Hawai'i, presented at the Special Parent Information Network (SPIN) Conference on transition to approximately 20 family and staff.
- **Supporting Children with Hearing Loss.** The Baby HEARS (Hearing Evaluation and Access to Resources and Services) Parent Coordinator held an Ohana Time family support meeting for 25 families on communication, was part of a Maternal and Child Health Leadership Education in Neurodevelopmental and Related Disorders (MCH LEND) panel on parent involvement for 25 participants, presented to 8 Kailua Easter Seals staff on parental involvement, and held two (2) American Sign Language (ASL) classes at Hickam Air Force Base for 10 families. A total of 68 individuals were impacted as a result of these trainings.
- **Confidentiality Training.** Eleven (11) EIS staff received training on confidentiality.

Healthy Start

Following the comprehensive statewide training that occurred for the Nurturing Parenting curriculum, The Institute for Family Enrichment (TIFFE) has provided technical assistance to home visitors for the implementation of the curriculum.

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 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 OSEP that all programs that serve Part C eligible children (EIS, PHNB, Maternal and Child Health Branch [MCHB]/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: 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

As a result of the October 2008 self-assessment on the eighteen indicators (six [6] federal Part C indicators and twelve [12] indicators), seventeen (17) of the eighteen (18) EIS programs were found to be non-compliant and were required to develop Corrective Action Plans (CAP) to address areas of non-compliance identified in the monitoring. As of June 2009, nine (9) of the eighteen (18) programs corrected all their areas of non-compliance. All programs continue to provide monthly data on the status of their corrections of previously identified non-compliance. Of the six (6) federal indicators, five (5) remain uncorrected by at least one (1) EIS program; of the twelve (12) state indicators, only 1 remains uncorrected.

The Quality Assurance Specialist and one (1) staff continue to work diligently with the EIS programs to help them identify and implement strategies to successfully meet the required corrections. The EIS programs are prioritized based on the results of their monitoring data. Correcting non-compliance is of critical importance as OSEP has again, for the second consecutive year, identified Hawaii as a “Needs Assistance 2” state due to its inability to show sufficient and timely correction of previously identified non-

compliance. This will require an additional report to be submitted to OSEP on what has been accomplished to correct the continuing non-compliance. The major area of concern is providing 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 be collected at the child's Initial IFSP meeting and upon their exit from early intervention. Progress data were reported in the February 2009 Annual Performance Report (APR).

Family Satisfaction

In June 2009, 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 ability to support their children's development. Upon completion by the family, the surveys are sent directly to the contracted provider to analyze. The survey results will be reported in the February 2010 APR and will be shared with the individual programs for use in supporting program changes.

External Reviews

External Reviews (which utilize the Felix Service Testing protocol) are ongoing and provide the opportunity for an objective observation of a child's and family's progress and the extent that the early intervention system supports the child and family. Thirty-two (32) children (30 from Oahu and 2 from Maui) were identified to be tested during the period February through June 5, 2009. Sixteen (16) children were tested during the April-June quarter. All children "passed," meaning that the children were found to be making appropriate developmental progress and the families were provided sufficient support. The children identified for testing are those who have high needs and multiple agency involvement, and are expected to be eligible for DOE special education services.

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., EIS, 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.

With the decrease in the QA staff, the above roles and responsibilities, as well as programs on which to focus, are prioritized.

Healthy Start

The program was in its first month of the 2010 fiscal year when funding for the program was significantly decreased. On July 13, 2009, the decision was made to close the program except for 2 small pilot sites.

Program staff then shifted activities from support and monitoring to assisting with closing down and transitioning activities for site staff and consumers.

Funding

Early Intervention Section

For FY 2009, the EIS appropriation was \$16,141,585 in state funds (Table 8). 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 8. 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	17,122,543 (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	17,847,972 (h)

(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 6/30/09 (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)

(h) Information as of 6/30/09 (includes \$1,000,000 of Special Funds)

EIS also receives federal Part C funds (Table 9) for early intervention services. These funds decreased from \$2,138,714 for FY 2008 to \$2,135,315 for FY 2009.

Table 9. 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	1,995,979 (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	1,601,969 (h)

- (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 6/30/09
- (e) Information as of 9/30/08
- (f) Information as of 12/31/08
- (g) Information as of 3/31/09
- (h) Information as of 6/30/09

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 and 4th Quarter of FY 2009, there was another general fund restriction of \$1,578,017 and \$272,075 Early Intervention Special Fund restriction. The total allocation was thereby reduced from \$12,490,519 to \$10,640,427.

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
4th quarter – Apr.-June 2009	158,152 (f)	10,640,427	10,464,837 (g)

(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) Reduced \$272,075 Early Intervention Special Funds.

(g) Estimate. The FAMIS report as of 6/30/09 is not yet available.

Summary

Strengths in the early intervention system from April-June 2009 include:

- ⇒ EIS is working diligently to correct all areas of non-compliance based on monitoring results. Quality Assurance staff support correction activities.
- ⇒ The new Ka'u Early Intervention Program is now functioning; enrollment has doubled over the past two quarters.
- ⇒ 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, even with the continuing fiscal challenges.
- ⇒ Dedicated administrative staff continue to problem-solve regarding possible changes to Hawai'i's Part C system to support the budget deficit.
- ⇒ EIS received American Recovery and Reinvestment Act funds to help support the Part C system.
- ⇒ A Memorandum of Agreement (MOA) between the Department of Health and the Department of Human Services was signed, which will ensure that children under the age of 3 years with substantiated child abuse and/or neglect will be provided developmental screenings through the Enhanced Healthy Start programs. Based on the result of the screens, children will be referred to H-KISS and then forwarded to an EIS program to determine if they are Part C eligible.

Challenges to the early intervention system April-June 2009 include:

- ⇒ The state fiscal crisis has impacted both EIS and Healthy Start programs. Healthy Start funding was greatly reduced, resulting in the transfer of Healthy Start children with developmental delays to EIS programs for care coordination.

- ⇒ Due to fiscal issues and reduced positions, public health nurses will no longer, as of July 2009, provide care coordination to Part C eligible children with medical needs. They will continue to provide care coordination for current children only until the children age out of early intervention. They will continue as partners and provide nursing services as needed to Part C eligible children.
- ⇒ The number of care coordinators above the current care coordination caseload ratio of 1:35 continues to increase.
- ⇒ With decreased staffing, a challenge is continuing to provide the necessary services according to a child's IFSP.
- ⇒ 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 for the second year due to the inability to correct previously identified non-compliance within the required one-year timeline and to provide timely services. This will require an additional report to be submitted to OSEP on what has been accomplished to correct the continuing non-compliance.
- ⇒ Training has decreased because the training position is vacant. This has impacted plans to develop new trainings based on identified needs.

The Early Intervention State Plan was revised. This included changes in Part C eligibility, evaluation/assessment, in the financial system, and in the Hawai'i Early Intervention Coordinating Council (HEICC) composition. As of May 15, 2009, children at environmental risk and certain categories of biological risk are no longer eligible for Part C early intervention services. The State Plan now allows for a sliding scale that may bring in additional revenue to support the Part C system.

With Part C eligibility no longer including children at environmental risk, Healthy Start is no longer considered part of Part C. Therefore subsequent quarterly Performance Reports will not include information on Healthy Start.