**State Performance Plan / Annual Performance Report: Part C**

**for STATE FORMULA GRANT PROGRAMS under the Individuals with Disabilities Education Act**

**For reporting on   
FFY 2020**

**Hawaii**

U.S. Department of Education seal

**PART C DUE   
February 1, 2022**

**U.S. DEPARTMENT OF EDUCATION**

**WASHINGTON, DC 20202**

# Introduction

**Instructions**

Provide sufficient detail to ensure that the Secretary and the public are informed of and understand the State’s systems designed to drive improved results for infants and toddlers with disabilities and their families and to ensure that the Lead Agency (LA) meets the requirements of Part C of the IDEA. This introduction must include descriptions of the State’s General Supervision System, Technical Assistance System, Professional Development System, Stakeholder Involvement, and Reporting to the Public.

## Intro - Indicator Data

**Executive Summary**

The Hawaii State Department of Health (HDOH) is designated as the Lead Agency (LA) for Part C of the Individuals with Disabilities Education Act (IDEA) and ensures the provision of early intervention (EI) services to eligible infants and toddlers with special needs and their families in accordance with the provision of Part C through the HDOH Early Intervention Section (EIS). EIS is under the supervision of the Children with Special Health Needs Branch within the Family Health Services Division, Health Resources Administration.  
  
For FFY 2020 (7/1/20 - 6/30/21) there were 18 Early Intervention (EI) programs statewide that served infants and toddlers that met the eligibility criteria below and their families.  
  
1. Developmentally Delayed  
  
Children under the age of three (3) has a developmental delay in one or more of the following areas of development: physical; cognitive; communication; social or emotional; and adaptive based on one of the following criteria:  
  
• <-1.0 SD in at least two or more areas or sub-areas of development  
• <-1.4 SD in at least one area or sub-area of development  
• Multidisciplinary team observations and informed clinical opinion when the child's scores cannot be measured by the evaluation instrument.  
  
  
2. Biological Risk  
  
Children under the age of three (3) with a signed statement or report by a qualified provider that includes a diagnosis of a physical or mental condition that has a high probability of resulting in developmental delay if early intervention services are not provided. This includes, but is not limited to the following conditions:  
  
• Chromosomal abnormalities   
• Genetic or congenital disorders   
• Severe sensory impairments   
• Inborn errors of metabolism  
• Disorders reflecting disturbance of the development of the nervous system   
• Congenital infections  
• Disorders secondary to exposure to toxic substances, including fetal alcohol syndrome  
• Severe attachment disorders  
• Autism Spectrum Disorder  
  
The State of Hawaii is committed to providing early intervention services to infants and toddlers with special needs and their families in accordance with Part C of IDEA. The provision of EI is guided by the following principles:  
  
• A spirit of our island community embraces and values every child, woman, and man and is continually enriched by the diversity of its members.   
• The community recognizes that families are the most important influence in their child's life.  
• The development of infants and toddlers are best applied within the context of the family environment. Infants and toddlers with special needs and their families have inherent strengths and challenges and will be treated with respect and kindness.   
• Families are viewed holistically and therefore, must be empowered to use their strengths in gaining access to resources for their child across agencies and disciplines. These resources must be nurturing, value cultural diversity, and aimed at improvement outcomes that involve developmental growth, safety, health, education, and economic security.   
• All early intervention efforts are collaborative and work towards outcomes that are based on the changing priorities and needs of children with special needs and their families.  
• The combined early intervention efforts and individual accountability across public and private agencies and providers help make this vision a reality.

Additional information related to data collection and reporting

The COVID-19 pandemic impacted FFY 2020 reporting data and it has been noted in each respective Indicator.

**General Supervision System**

**The systems that are in place to ensure that IDEA Part C requirements are met, e.g., monitoring systems, dispute resolution systems.**

A. Monitoring System  
  
The Part C LA is responsible for ensuring that all the IDEA Part C requirements are met. To ensure compliance with IDEA Part C requirements, written monitoring procedures were developed as part of the Part C LA Continuous Quality Improvement System (CQIS). The CQIS is a two-step process.  
  
Step 1: Monitoring  
  
All Part C EI programs are monitored annually. Data is gathered from the Hawaii Early Intervention Data System (HEIDS), 618 data, and on-site monitoring utilizing the Self-Assessment Monitoring (SAM) tool to ensure that all programs are in compliance with IDEA Part C requirements. Due to COVID-19 travel restrictions, monitoring of neighbor island programs was completed via desk audit instead of on-site. The programs securely uploaded required documents for review. The following data sources are used to gather and report data in the Annual Performance Report (APR):  
  
• Indicator 1: SAM data   
• Indicator 2: 618 Data   
• Indicator 3: Database Data  
• Indicator 4: Statewide Family Survey   
• Indicator 5: 618 Data  
• Indicator 6: 618 Data   
• Indicator 7: Database Data   
• Indicator 8: Database Data   
• Indicator 9: 618 Data\  
• Indicator 10: 618 Data  
• Indicator 11: N/A  
  
In addition to monitoring on the above required indicators, Hawaii identified the following Priority Areas and specific items in each area to monitor:  
  
Priority Area 1: Timeliness  
  
Rationale: Timely Individualized Family Support Plan (IFSP) reviews are necessary to ensure that appropriate services are identified and delivered based on the individual needs of the child and family.  
   
• Item 1a: IFSP Review within 6 months of Initial or Annual IFSP   
• Item 1b: Annual IFSP on time  
  
Priority Area 2: IFSP Development  
  
Rationale: All IFSPs must contain required components to ensure that appropriate services are delivered in a timely manner to enhance a child’s development. Complete and accurate information supports the identification and delivery of appropriate services.  
  
• Item 2a: Complete Present Levels of Development  
• Item 2b: Complete Frequency, Intensity, Method, Location, and Payment for each service   
• Item 2c: IFSP Objectives Complete (include criteria, procedures, and timelines)  
• Item 2d: Justification for Services in “Non” Natural Environment   
  
Priority Area 3: EI Child Outcomes  
Rationale: EI Child Outcomes rating is a mechanism that the Part C LA can use to measure how children and families benefit from EI services.  
  
• Item 3a: Initial EI Child Outcomes ratings were completed   
• Item 3b: Exit EI Child Outcomes ratings were completed  
  
Priority Area 4: Procedural Safeguards  
  
Rationale: Part C LA must ensure that families understand their rights and their integral part in Part C.  
  
• Item 4a: Family Education Rights and Privacy Act (FERPA) Notice - Explained/provided at Intake and explained/offered at IFSP Meetings  
• Item 4b: Procedural Safeguards Brochure and IDEA Regulations – Explained /provided at Intake and explained/offered at IFSP Meetings  
• Item 4c: Written Prior Notice provided prior to MDE, at eligibility determination, and prior to IFSP meeting   
• Item 4d: Written Consent for MDE obtained  
• Item 4e: Written Consent Prior to Initiation of EI Services  
  
Priority Area 5: Transition (originally Priority Area 3 – changed effective FFY 2010)  
  
Rationale: All children and families must receive appropriate transition planning to support them in exiting Part C.  
  
• Item 5a: Appropriate individuals were invited to the transition conference.  
  
Priority Area 6: Data Validation  
  
Rationale: Part C LA must ensure that the data being reported in the database is accurate.  
  
• Item 6a: Date of Birth  
• Item 6b: Part C Referral Date   
• Item 6c: Initial IFSP  
• Item 6d: Service Location   
• Item 6e: Exit Date  
• Item 6f: Transition Plan  
• Item 6g: Transition Notice – Date sent or “opt out”  
• Item 6h: Transition Conference – Date of conference or “decline”   
• Item 6i: FERPA Notice – discussed and provided during the Intake Meeting  
• Item 6j: Family Rights – discussed and provided during the Intake Meeting  
• Item 6k: MDE Consent  
• Item 6l: EI Goals Initial Rating Date   
• Item 6m: EI Goals Rating 1B  
• Item 6n: EI Goals Rating 2B   
• Item 6o: EI Goals Rating 3B  
• Item 6p: EI Goals Exit Rating Date   
• Item 6q: EI Goals Exit Rating 1A   
• Item 6r: EI Goals Exit Rating 1B   
• Item 6s: EI Goals Exit Rating 2A   
• Item 6t: EI Goals Exit Rating 2B   
• Item 6u: EI Goals Exit Rating 3A   
• Item 6v: EI Goals Exit Rating 3B  
  
Step 2: Part C LA Responsibilities  
  
The Part C LA is responsible for ensuring that: 1) EI Programs provide data, as required, to show that their programs meet IDEA Part C compliance; 2) feedback is provided to each EI Programs as to whether the program's data is sufficient to show compliance; 3) areas of non-compliance are identified; 4) EI Programs are notified of areas of non-compliance; 5) required actions are taken such as developing a Corrective Action Plan (CAP), submitting evidence to show correction, as well as, developing program specific improvement strategies to address non-compliance; and 6) the LA Quality Assurance Specialist meets at least quarterly with their assigned Program to provide technical assistance, including identify training needs. In addition, the Part C LA conducts data validation as part of the SAM process. If the required actions are insufficient to show progress toward compliance, Part C LA may impose sanctions on the EI Programs.  
  
B. Dispute Resolution  
  
At Intake and at every IFSP meeting, families are informed and provided information regarding their procedural safeguards, as described in the “Family Rights” brochure, which includes an insert of Section 303.400-303.460, the Part C procedural safeguards system. They are also informed of the process on who to contact if they have any concerns about services as well as, how to make a formal complaint and the due process procedure. It is recommended that if families have concerns, they should first discuss their concerns with their Care Coordinator (CC) so an IFSP Review meeting can be scheduled, if appropriate. If families feel their concerns are not adequately resolved, they can contact the program’s supervisor or the Part C Coordinator prior to filing a written complaint. A written complaint or due process should be filed if the family feels that the Part C program has violated a Part C requirement. Mediation will be offered if a request for a due process hearing is submitted. Programs submit a Concern Log to the Part C LA that tracks complaints to ensure it is being addressed and resolved within required timelines.

**Technical Assistance System:**

**The mechanisms that the State has in place to ensure the timely delivery of high quality, evidenced based technical assistance and support to early intervention service (EIS) programs.**

Local TA provided:  
  
The Part C LA provides TA to local programs through quarterly mandatory Program Manager meetings, Question & Answer process for specific situations, procedural guidelines, and each EI Program has an assigned State Quality Assurance (QA) Specialist. Additionally, the Part C LA provides TA to local programs and Fee-for-Service contracted providers through 1:1 meetings that may be requested by the agency or the Part C LA to address specific topic areas, as needed.   
  
Additional local TA provided includes:  
• Quarterly meeting held between State QA Specialist and local Program Manager (PM). The agenda is set by the local Program Manager however, topics may be identified by the State QA Specialist.  
• State QA Specialist supports local PM in the implementation of an Action Plan that addresses topic areas identified by the PM and/or monitoring results needing improvement.  
  
In response to the COVID-19 Pandemic, additional TA was provided. A COVID-19 Task Force comprised of Agency Executives of EI Programs and Fee-for-Service Providers, Neighbor Island District Health Office Supervisors, and the Part C LA Core Team was implemented to develop guidelines, discuss and address challenges related to COVID-19, identify strategies to address the challenges, and gather input into the plan to resume in-person visits. In addition to Task Force meetings, Part C LA TA supports included but are not limited to:   
• Additional Program Manager meetings that included Program Managers, State staff that provide local programs with TA and Agency executives to discuss any procedural changes due to COVID-19 data.  
• Updated Procedural Guidelines that align with safe practices and method of service delivery.   
• Collection of COVID-19 related data.

**Professional Development System:**

**The mechanisms the State has in place to ensure that service providers are effectively providing services that improve results for infants and toddlers with disabilities and their families.**

The Part C Lead Agency requires that providers complete the EI Provider Orientation checklist that provides the foundational knowledge of the Early Intervention system. The Part C EI Orientation is part of the EI Provider Orientation Checklist and focuses on implementation of procedural guidelines and best practices. Annual Refresher trainings are offered at least once a year and may be on a specific topic to address a need identified through monitoring or training needs assessment.   
  
Training modules developed by the National TA Centers were reviewed and made accessible to Programs for professional development activities. During the COVID-19 Pandemic, optional professional development activities were billable in the State’s effort to sustain the EI Programs during the pandemic.   
  
In July 2020, the revised Primary Service Provider (PSP) Approach to Teaming and Coaching Model in Natural Learning Environments was conducted to all Programs statewide. The refresher training on coaching practices was critical as providers moved to providing services remotely. The teaming module was also important as the State began providing technical assistance to the Programs that included observing teams using the Family Support Team (FST) Observation Tool during FST meetings as coaching practices were utilized for peer-to-peer support, debriefing with the Program Manager and updating the Program’s Action Plan based on the observation and debriefing.   
  
The Part C Lead Agency continues to receive TA from the National Early Childhood Personnel Center (ECPC). Hawaii transitioned from the Leadership Cohort to the Intensive early childhood comprehensive system of personnel development (CSPD) Cohort in 2019 to continue its work to create an integrated early CSPD that will result in a collaborative, knowledgeable and highly qualified workforce. This workforce will provide culturally and linguistically responsive early learning services to children birth to five with special needs and their families that are linked to national standards and integrated within personnel systems in Hawaii.   
  
The Core Planning Team consists of representatives from the following organizations: Part C EI (DOH), Part B 619 Preschool Special Education (DOE), Early Childhood (DOH, Executive Office of Early Learning, Early Childhood Action Strategy), Higher Education/University Center of Excellence on Developmental Disabilities (University of Hawaii (UH), UH Center on Disabilities Studies), Hawaii Teacher Standards Board; Early Head Start/Head Start and families (Parent representative, Leadership in Disabilities and Achievement in Hawaii).

**Broad Stakeholder Input:**

**The mechanisms for soliciting broad stakeholder input on the State’s targets in the SPP/APR and any subsequent revisions that the State has made to those targets, and the development and implementation of Indicator 11, the State’s Systemic Improvement Plan (SSIP).**

APR Process  
  
The process to develop Hawaii’s APR for FFY 2020 included:  
  
1. The HDOH, EIS which is identified as the Part C LA worked with the EI System Improvement Team to address specific indicators as identified in the approved APR/State Performance Plan (SPP).  
2. On-going meetings with the identified EI System Improvement and Training Team were held to prepare them to facilitate workgroups at the statewide Annual Stakeholders’ Meeting.  
3. Broad dissemination regarding the Stakeholders’ Meeting to determine interest by agency, Hawaii Early Intervention Coordinating Council (HEICC), and community members to ensure appropriate input into the review process, including distribution of a family flier via parent support groups (i.e., Family Hui and PTI – Leadership in Disabilities and Achievement in Hawaii [LDAH]).  
4. Group discussion at the Virtual Stakeholder Meeting on specific indicators. Stakeholders were provided with copies of the current indicator targets, FFY 2020 APR data, FFY 2019 APR data, and other relevant data so the group could determine:  
• Whether the target was met.  
• The extent of progress/slippage for each indicator.  
• Possible reasons for slippage.  
• Establish targets for FFY 2020 – FFY 2025 based on trend data, projections based on the respective meaningful difference calculators develop by the Center of IDEA Eacrly Childhood Date Systems (DaSy), past initiatives that have impacted data and current/future initiatives that my impact the data.   
5. Recommendations were reviewed by the identified members of the EI System Improvement Team and the Part C LA.  
6. The APR was drafted by members of the EI System Improvement Team and the Part C LA.  
7. The APR draft was reviewed and revised, as necessary, by the Part C Coordinator.  
8. The APR was reviewed and approved by the HEICC. As authorized by the HEICC, the HEICC Chairperson reviewed and signed the APR certification form.  
9. The APR was sent to the Director of Health to review.  
10. The APR was submitted to OSEP as required.  
11. The APR was posted on the HDOH EIS website.  
  
Broad Representation  
  
A stakeholder group of approximately 75 individuals provided recommendations to the development of the APR. Because of Hawaii’s broad eligibility and geography, it was important that there was broad representation that included: Part C EI service providers and family members from all islands, from urban and rural areas, as well as the different ethnic and cultural groups that represent Hawaii’s population. The following stakeholders from the islands of Oahu, Hawaii, Maui County, and Kauai were invited:  
  
• Members of the HEICC  
• HDOH administrators, care coordinators (Hawaii’s terminology for service coordinators), direct service providers, quality assurance specialists, data staff, personnel training staff, and contracted providers from:  
o Family Health Services Division (FHSD)  
o Children with Special Health Needs Branch (CSHNB), Public Health Nursing Branch (PHNB)  
o EIS  
o Home Visiting Network  
• Department of Human Services (DHS) administrators  
• Department of Education (DOE) Section 619 District Coordinators Community Members, including representatives from:  
o Early Head Start/Head Start  
o Family Support Programs (Family Hui and LDAH)  
• Parents  
  
The Part C LA partnered with LDAH which is the parent training institute in Hawaii to engage families. LDAH conducted parent focus groups to enhance family engagement. Focus groups provided an opportunity for families to provide feedback on what areas EIS should focus on for system improvement efforts. Families could also indicate if they are interested in ongoing family engagement in the areas of target setting, data analysis, developing improvement strategies, evaluating progress, participate in workgroups to develop and implement activities designed to improve outcomes for children. The Family Engagement flier was distributed by EI Programs statewide, LDAH, Family Hui, DOE Special Education Preschool, and the Community Coordinating Council (CCC) – DOE’s network of families.

**Apply stakeholder input from introduction to all Part C results indicators (y/n)**

YES

**Number of Parent Members:**

15

**Parent Members Engagement:**

**Describe how the parent members of the Interagency Coordinating Council, parent center staff, parents from local and statewide advocacy and advisory committees, and individual parents were engaged in setting targets, analyzing data, developing improvement strategies, and evaluating progress.**

The Part C LA invited members from the Interagency Coordinating Council and Community Children’s Council, which consist of parent members of children who are either currently enrolled or received early intervention (EI) services, to the annual Part C LA Stakeholder Meetings (i.e., State Performance Plan/Annual Performance Report [SPP/APR] and State Systemic Improvement Plan [SSIP]). The Parent Training Institute staff were invited to attend these meetings, as well as other groups such as Family Hui network, Early Childhood Action Strategy network, DOE 619 Special Education Preschool programs which either have parent members or have access to families of children who received EI services. At each of the meetings, attendees participated in breakout sessions to discuss and provide input on targets, data, and strategies to improve the early intervention (EI) system. All stakeholder participants recorded their comments, feedback, suggestions, etc. on a shared electronic whiteboard (i.e., Padlet). The whiteboard and supporting information were made available after the stakeholder meetings for an additional three (3) weeks through the Part C LA website and participants were invited to continue to add comments, suggestions, feedback, etc.

**Activities to Improve Outcomes for Children with Disabilities:**

**Describe the activities conducted to increase the capacity of diverse groups of parents to support the development of implementation activities designed to improve outcomes for infants and toddlers with disabilities and their families.**

The Part C LA partnered with the LDAH, the identified Parent Training Institute to conduct parent focus groups. The purpose of the parent focus groups was to gather input about the strengths and areas needing improvement throughout the EI process from Intake through Transition and their interest in ongoing engagement (general input, participate in workgroups, data analysis, target setting) with the Part C LA. There were three (3) parent focus group sessions offered, one session a month over three consecutive months and either during lunch time or early evening. In addition, the parent focus group flier included information for parents to provide feedback either through a survey link or phone interview for those who preferred another method of participation. Families were also invited to attend the Stakeholder Meetings. Both the parent focus group and the stakeholder meeting fliers were distributed to families via EI Programs, LDAH network, Family Hui network, Early Childhood Action Strategy network, DOE 619 Special Education Preschool programs, Hawaii Early Intervention Coordinating Council, and Community Children’s Council. These agencies were selected because they had access to families of children who were either currently enrolled in EI or had a child previously enrolled in EI.  
  
Trainings are held at conferences and community meetings with families to inform parents of the Mission and Key Principles of Early Intervention and the Primary Service Provider (PSP) approach to teaming and coaching in natural learning environments to increase their understanding of how services are delivered within early intervention. Handouts have also been created and provided to all families during the intake process to explain the Mission and Key Principles and the PSP approach to teaming and coaching model, including the Family Support Team (FST) meetings that are part of the PSP approach to teaming so parents can actively participate in the FST meetings regarding their child.   
  
Presentation to stakeholders, including families included the following components so they could understand the requirements and actively participate in the stakeholder discussions: Mission and Key Principles of Early Intervention, Annual Performance Report and Public Reporting Requirement; APR Determinations, including Hawaii’s determination; Action Required based on Determinations; Indicators, Target Setting Requirements, and Indicator Measurements, Data and Analysis; Initiatives that may have impacted data; and Status of Action Plan based on previous Stakeholder meetings. Stakeholders were provided opportunities to provide input and feedback.   
  
EIS plans to work with national TA centers to develop training to build parent/stakeholder capacity to fully engage in stakeholder discussions, participate in workgroups, data analysis and target setting, and program improvement activities.

**Soliciting Public Input:**

**The mechanisms and timelines for soliciting public input for setting targets, analyzing data, developing improvement strategies, and evaluating progress.**

Each year the Part C LA schedules Annual Stakeholder Meetings for the APR and SSIP to solicit input from stakeholders. At the stakeholder meetings, the Part C LA reviews the APR data with all attendees. The attendees are then, placed into small group discussions based on their selected area of interest or randomly assigned to analyze the data, provide suggestions for improvement strategies, evaluate progress, and set targets. Time is allowed during the stakeholder meeting to rotate the small groups through each of the APR indicators to provide input. In FFY 2021, the Part C LA also included additional opportunities for families to engage in the process via focus groups, surveys, or phone interviews.   
  
The Part C LA updated its website to include a section on Stakeholder engagement to solicit input from stakeholders. Supporting documents and a whiteboard using Padlet were made available for three (3) weeks after the scheduled stakeholder meetings. Stakeholders were also invited to sign-up for on-going engagement through workgroups during the stakeholder meetings and up to 3 weeks after the schedule stakeholder meetings via the Part C LA website.   
  
The Part C LA also proposed to provide quarterly updates of APR indicator data to get ongoing input from the HEICC regarding the data, analysis, and improvement strategies, including evaluating progress. In addition to the existing State Systemic Improvement Plan implementation workgroups focusing on social emotional development (Professional Development and Technical Assistance, Fiscal Staffing and Telepractice, and Monitoring and Accountability related to Child Outcomes). The following workgroups will be developed in January 2022 as a strategy for ongoing stakeholder engagement:  
• Child Find  
• Family Engagement  
• Data Analysis

**Making Results Available to the Public:**

**The mechanisms and timelines for making the results of the target setting, data analysis, development of the improvement strategies, and evaluation available to the public.**

The Part C LA will review the input from the stakeholders’ meetings on target setting, data analysis, development of the improvement strategies, and evaluation. Based on this information gathered, the Part C LA will compile the results and post them on the Part C LA website within 120 days of the State’s submission of the FFY 2020 SPP/APR in February 2022.

**Reporting to the Public:**

**How and where the State reported to the public on the FFY 2019 performance of each EIS Program located in the State on the targets in the SPP/APR as soon as practicable, but no later than 120 days following the State’s submission of its FFY 2019 APR, as required by 34 CFR §303.702(b)(1)(i)(A); and a description of where, on its website, a complete copy of the State’s SPP/APR, including any revision if the State has revised the targets that it submitted with its FFY 2019 APR in 2021, is available.**

The SPP/APR and performance of each EIS Program in the state for FFY 2019 was posted on the HDOH EIS website (http://health.hawaii.gov/eis/home/documents-and-reports/) within 120 days of the State's submission of the FFY 2019 SPP/APR in February 2021.

## Intro - Prior FFY Required Actions

The State's IDEA Part C determination for both 2020 and 2021 is Needs Assistance. In the State's 2021 determination letter, the Department advised the State of available sources of technical assistance, including OSEP-funded technical assistance centers, and required the State to work with appropriate entities. The Department directed the State to determine the results elements and/or compliance indicators, and improvement strategies, on which it will focus its use of available technical assistance, in order to improve its performance. The State must report, with its FFY 2020 SPP/APR submission, due February 1, 2022, on: (1) the technical assistance sources from which the State received assistance; and (2) the actions the State took as a result of that technical assistance.  
  
OSEP notes that the State submitted verification that the attachment complies with Section 508 of the Rehabilitation Act of 1973, as amended (Section 508). However, one or more of the attachments included in the State’s FFY 2019 SPP/APR submission are not in compliance with Section 508 and will not be posted on the U.S. Department of Education’s IDEA website. Therefore, the State must make the attachment(s) available to the public as soon as practicable, but no later than 120 days after the date of the determination letter.

**Response to actions required in FFY 2019 SPP/APR**

National Technical Assistance (TA) Accessed:   
  
The Part C LA continues to schedule monthly meetings with Hawaii OSEP State Lead and includes the assigned TA Specialists from Early Childhood Technical Assistance (ECTA) Center and The Center for IDEA Early Childhood Data Systems (DaSy). This meeting is used to provide progress reports, address implementation questions, and discuss OSEP specific topics (e.g., Determinations, State Performance Plan/Annual Performance Report (SPP/APR)) which guides Hawaii ’s next steps. In addition, Part C LA continues monthly meetings with assigned TA Specialists from Early Childhood Technical Assistance (ECTA) Center and The Center for IDEA Early Childhood Data Systems (DaSy) to address implementation questions. This meeting supports the Part C LA by connecting with other TA Specialists for assistance on specific topic areas, reviewing Part C LA reports, procedures, resource documents, etc., and connecting with other Part C states. Hawaii has found these meetings to be effective in accessing the information needed to make changes, develop guidance, and implementing them in a timely manner.   
  
Part C LA continues to participate in Community of Practice (CoP), webinars, and on-line conferences to increase Part C LA staff knowledge on specific topics and provide additional information for next steps decision making. These activities provide the Part C LA with opportunities to learn and gather more information from TA Specialists and other States. Benefits for the Part C LA were gaining information on how requirements are implemented, understanding potential challenges, and identify potential solutions. State-to-State discussions provided the Part C LA with sample forms and tools developed by TA centers and other States, as well as guided the direction and solution options to evaluate and implement.   
  
The Part C LA team participated in the following which is not the complete list of all activities (e.g., conferences, webinars, CoP):   
• Part C Coordinator and fiscal team participated in Center for IDEA Fiscal Reporting (CIFR) CoP to increase the team members’ knowledge of IDEA Fiscal Reporting and learn from other States. Part C LA accessed assigned TA Specialists to review the American Rescue Plan budget prior to its submission to OSEP.   
• Part C Coordinator and quality assurance team participated in the Establishing an Effective Monitoring System for Compliance/Results Working Series to enhance the team members’ knowledge regarding General Supervision and learn from other States. The Part C LA are applying this information to evaluate and revise its current General Supervision procedures.   
• Outcomes Coordinator participated in Child Outcomes Summary (COS) and Family Outcomes CoP to discuss topics within each area. The acquired information and tools are applied to Hawaii ’s COS and Family Outcomes system.   
• Part C LA Data Manager participated in the Data Manager CoP. The topics addressed and information gathered assisted with the addressing the collection and evaluation of data during the pandemic, learning about pivot tables, etc., which were applied as appropriate to support the gathering of valid and reliable data for decision making.   
• Part C LA System Improvement Supervisor attended Early Childhood Personnel Center State Leads call to stay abreast of the direction, guidance, requirements, etc. for a Comprehensive System for Personnel Development (CSPD). The information gathered was shared with the Hawaii CSPD Workgroup Leads for implementation, as appropriate.  
  
There were two attachments in addition to the SSIP report that were submitted with the completed 508 Accessibility Reports. The SSIP Report, Theory of Action (Appendix A) and the SSIP Status and Proposed Changes (Appendix B) were all posted on the EIS website. The links are as follows: SSIP Report - https://health.hawaii.gov/eis/files/2022/02/HI-SSIP-Report-04.01.21.pdf; Theory of Action (Appendix A) - https://health.hawaii.gov/eis/files/2021/12/Theory-of-Action-Table-04.01.21.pdf; and SSIP Status and Proposed Changes (Appendix B) - https://health.hawaii.gov/eis/files/2022/02/SSIP-Status-and-Proposed-Changes-04.2021.pdf.

## Intro - OSEP Response

The State Interagency Coordinating Council (SICC) submitted to the Secretary its annual report that is required under IDEA section 641(e)(1)(D) and 34 C.F.R. § 303.604(c). The SICC noted it has elected to support the State lead agency's submission of its SPP/APR as its annual report in lieu of submitting a separate report. OSEP accepts the SICC form, which will not be posted publicly with the State's SPP/APR documents.  
  
The State's determinations for both 2020 and 2021 were Needs Assistance. Pursuant to sections 616(e)(1) and 642 of the IDEA and 34 C.F.R. § 303.704(a), OSEP's June 22, 2021 determination letter informed the State that it must report with its FFY 2020 SPP/APR submission, due February 1, 2022, on: (1) the technical assistance sources from which the State received assistance; and (2) the actions the State took as a result of that technical assistance. The State provided the required information.

## Intro - Required Actions

The State's IDEA Part C determination for both 2021 and 2022 is Needs Assistance. In the State's 2022 determination letter, the Department advised the State of available sources of technical assistance, including OSEP-funded technical assistance centers, and required the State to work with appropriate entities. The Department directed the State to determine the results elements and/or compliance indicators, and improvement strategies, on which it will focus its use of available technical assistance, in order to improve its performance.   
  
The State must report, with its FFY 2021 SPP/APR submission, due February 1, 2023, on: (1) the technical assistance sources from which the State received assistance; and (2) the actions the State took as a result of that technical assistance.

# Indicator 1: Timely Provision of Services

**Instructions and Measurement**

**Monitoring Priority:** Early Intervention Services In Natural Environments

**Compliance indicator:** Percent of infants and toddlers with Individual Family Service Plans (IFSPs) who receive the early intervention services on their IFSPs in a timely manner. (20 U.S.C. 1416(a)(3)(A) and 1442)

**Data Source**

Data to be taken from monitoring or State data system and must be based on actual, not an average, number of days. Include the State’s criteria for “timely” receipt of early intervention services (i.e., the time period from parent consent to when IFSP services are actually initiated).

**Measurement**

Percent = [(# of infants and toddlers with IFSPs who receive the early intervention services on their IFSPs in a timely manner) divided by the (total # of infants and toddlers with IFSPs)] times 100.

Account for untimely receipt of services, including the reasons for delays.

**Instructions**

If data are from State monitoring, describe the method used to select early intervention service (EIS) programs for monitoring. If data are from a State database, describe the time period in which the data were collected (e.g., September through December, fourth quarter, selection from the full reporting period) and how the data accurately reflect data for infants and toddlers with IFSPs for the full reporting period.

Targets must be 100%.

Describe the results of the calculations and compare the results to the target. Describe the method used to collect these data and if data are from the State’s monitoring, describe the procedures used to collect these data. States report in both the numerator and denominator under Indicator 1 on the number of children for whom the State ensured the timely initiation of new services identified on the IFSP. Include the timely initiation of new early intervention services from both initial IFSPs and subsequent IFSPs. Provide actual numbers used in the calculation.

The State’s timeliness measure for this indicator must be either: (1) a time period that runs from when the parent consents to IFSP services; or (2) the IFSP initiation date (established by the IFSP Team, including the parent).

States are not required to report in their calculation the number of children for whom the State has identified the cause for the delay as exceptional family circumstances, as defined in 34 CFR §303.310(b), documented in the child’s record. If a State chooses to report in its calculation children for whom the State has identified the cause for the delay as exceptional family circumstances documented in the child’s record, the numbers of these children are to be included in the numerator and denominator. Include in the discussion of the data, the numbers the State used to determine its calculation under this indicator and report separately the number of documented delays attributable to exceptional family circumstances.

Provide detailed information about the timely correction of noncompliance as noted in the Office of Special Education Programs’ (OSEP’s) response table for the previous SPP/APR. If the State did not ensure timely correction of the previous noncompliance, provide information on the extent to which noncompliance was subsequently corrected (more than one year after identification). In addition, provide information regarding the nature of any continuing noncompliance, methods to ensure correction, and any enforcement actions that were taken.

If the State reported less than 100% compliance for the previous reporting period (e.g., for the FFY 2020 SPP/APR, the data for FFY 2019), and the State did not identify any findings of noncompliance, provide an explanation of why the State did not identify any findings of noncompliance.

## 1 - Indicator Data

**Historical Data**

| **Baseline Year** | **Baseline Data** |
| --- | --- |
| 2013 | 63.03% |

|  |  |  |  |  |  |
| --- | --- | --- | --- | --- | --- |
| **FFY** | **2015** | **2016** | **2017** | **2018** | **2019** |
| Target | 100% | 100% | 100% | 100% | 100% |
| Data | 67.14% | 57.69% | 73.23% | 72.22% | 73.71% |

**Targets**

|  |  |  |  |  |  |  |
| --- | --- | --- | --- | --- | --- | --- |
| **FFY** | **2020** | **2021** | **2022** | **2023** | **2024** | **2025** |
| Target | 100% | 100% | 100% | 100% | 100% | 100% |

**FFY 2020 SPP/APR Data**

| **Number of infants and toddlers with IFSPs who receive the early intervention services on their IFSPs in a timely manner** | **Total number of infants and toddlers with IFSPs** | **FFY 2019 Data** | **FFY 2020 Target** | **FFY 2020 Data** | **Status** | **Slippage** |
| --- | --- | --- | --- | --- | --- | --- |
| 110 | 206 | 73.71% | 100% | 63.59% | Did not meet target | Slippage |

**Provide reasons for slippage, if applicable**

High demands, along with staff shortages resulted in a decrease in initiating services in a timely manner.

**Number of documented delays attributable to exceptional family circumstances**

***This number will be added to the "Number of infants and toddlers with IFSPs who receive their early intervention services on their IFSPs in a timely manner" field above to calculate the numerator for this indicator.***

21

**Provide reasons for delay, if applicable.**

Exceptional Family Circumstances. 21 of the 206 (10%) infants and toddlers monitored did not receive timely services due to exceptional family circumstances as defined by IDEA Part C. This number is included in both the above numerator and denominator. The two predominate exceptional family circumstances were the family cancelled the appointment and medical reason (family or child sick) .  
  
Program Reasons for Delays. 75 of the 206 (36%) infants and toddlers monitored did not receive timely services due to program reasons. The two predominate program reasons that impacted the provision of timely services were no documentation and staff vacancies.

**Include your State’s criteria for “timely” receipt of early intervention services (i.e., the time period from parent consent to when IFSP services are actually initiated).**

Hawaii's definition of timely services is consistent with OSEP's direction as included in the Frequently Asked Questions (FAQ) document of 10/13/06. Timely services are defined as: "within 30 days from when the parent provides consent for the IFSP service."

**What is the source of the data provided for this indicator?**

State monitoring

**Describe the method used to select EIS programs for monitoring.**

A total of 270 records of children with IFSPs (no Interim IFSPs) were selected for on-site monitoring within the time period 07/01/20 - 06/30/21 across all 18 Part C programs. Due to COVID-19, on-site monitoring was completed for Oahu programs and desk audits were completed for neighbor island programs. The EI Self-Assessment Monitoring (SAM) Tool was developed by Part C LA with feedback from EI providers was utilized to gather data.  
  
For FFY 2020, the Part C LA Monitoring Team completed the SAM tool for each of the EI programs.  
  
Identification of Children. To ensure a random selection of children for review with the SAM Tool, the following criteria were followed:  
• Names of all children with an Initial, Review or Annual IFSP between 07/01/20 – 06/30/21 were obtained by Part C LA from each program. Only children who were evaluated and determined eligible based on the BDI-2 prior to COVID-19 pandemic or the DAYC-2 after March 1, 2021, with an IFSP developed during the reporting year were selected. Therefore, children with Interim IFSPs, were not included in the list of applicable children for monitoring.   
• Part C LA identified 10% of children at each program/section based on the 12/1/20 child count, or a minimum of fifteen (15) children to be monitored, unless there was an insufficient number of children who met the above criteria. If there was an insufficient number of children, all were chosen to ensure as complete monitoring as possible. This resulted in a review of 270 charts.  
• An Initial, Review, or Annual IFSP for each selected child was reviewed to determine if new services were timely. If the Review or Annual IFSP was the identified IFSP and there were no new services, N/A was noted for this indicator. Therefore, for this indicator, the results were based on new and timely services for 206 children as 64 children had no new services identified on either their Review or Annual IFSP.  
  
Determination of Timeliness: The SAM Tool was completed for each child selected using the specified IFSP (Initial, Review, Annual), following the guidelines developed by Part C LA to determine if services were timely, consistent with Hawaii’s definition for timely services. If a child/family had multiple services listed on the IFSP, all services must have been initiated within 30 days for the services to be considered timely for the child/family.  
  
For each service, the following documentation was required to confirm the service was both provided and timely:  
• Service provided must be documented and signed and dated by the provider in accordance with Part C LA documentation guidelines and filed in the child’s official record.   
• If the service was provided by a PHN, the provider must verbally inform the service coordinator of the date services were initiated (the CC documents the conversation) or provide a copy of written documentation.  
• If the service was not timely due to an “exceptional family reason,” the family reason, using the Late Reason List (e.g., child was sick; family on vacation) must be documented in the child’s official record.   
• If the service was late, and there was no documentation of an exceptional family reason (only a date of when the service occurred), it was considered a program reason and therefore did not meet the definition of timely services.  
• If there was no documentation that the service was provided, it was considered a program reason and therefore did not meet the definition of timely services.  
  
Self-Assessment Results  
• Raw data was gathered by Part C LA.  
• Data was inputted into the SAM database, which was developed by Part C LA. Data was analyzed for noncompliance with Timely Services.  
• Data was given to each program as part of the notification of FFY 2021 findings based on data from FFY 2020.  
  
Verification of Data: The following activities occurred to verify the Self-Assessment results.  
• The SAM results were reviewed to identify any possible inconsistencies.  
• Program Managers were contacted, as necessary, for additional data to confirm results.   
  
The SAM results were revised, if necessary, based on additional data received.

**Provide additional information about this indicator (optional)**

COVID-19 Impact on Data:  
  
During the COVID-19 pandemic, Hawaii completed partial Multidisciplinary evaluations since the BDI-2 could not be administered in person due to safe practices requirements. All children were presumed eligible and a complete interim IFSP was developed which meant that all components of the IFSP were included in the Interim IFSP. Children with Interim IFSPs were not included in the numerator or denominator for this Indicator.   
  
In March/April of 2021, Hawaii began utilizing the Developmental Assessment of Young Children (DAYC) to determine eligibility. Once determined eligible, Initial and Annual IFSPs were developed with the requirement of initiating new services within 30 days of consent of service identified on the respective IFSP.   
  
Therefore, Indicator 1: Timely Provision of Services monitoring period was between 07/01/2020 – 06/30/2021: Initial/Annual IFSPs selected were after the implementation of the DAYC-2 and Review IFSPs were selected if an Initial or Annual IFSP were completed for children determined eligible using the BDI-2 prior to the COVID-19 pandemic where the Review IFSP was completed during FFY 2020.

**Correction of Findings of Noncompliance Identified in FFY 2019**

| **Findings of Noncompliance Identified** | **Findings of Noncompliance Verified as Corrected Within One Year** | **Findings of Noncompliance Subsequently Corrected** | **Findings Not Yet Verified as Corrected** |
| --- | --- | --- | --- |
| 4 | 3 | 1 | 0 |

**FFY 2019 Findings of Noncompliance Verified as Corrected**

**Describe how the State verified that the source of noncompliance is correctly implementing the *regulatory requirements.***

The state accounted for all instances of noncompliance through monitoring (refer to preceding section on “Monitoring Process”). For FFY 2019, monitoring was conducted via desk audits due to COVID-19.   
  
All Programs were notified in writing of any noncompliance. Programs are required to develop a Corrective Action Plan (CAP), change policies and procedures, as appropriate, and demonstrate correction of all noncompliance (e.g., child specific and up-dated data) as soon as possible but no later than one year of identification (i.e., date of written notification).  
  
In verifying correction of noncompliance, the state determined that each of the EI programs with identified noncompliance was correctly implementing the requirements. Programs with identified noncompliance were required to complete “Worksheet A” from the SAM tool for every child who had an Initial, 6-month Review, and Annual IFSP. The Programs were required to submit updated data to demonstrate correction based on the monitoring data percentage as follows:   
  
• 95% - 100%: 1 month of data that shows 100% with a minimum of 2 records total  
• 90% - 94%: 1 month of data that shows 100% with a minimum of 4 records total  
• 80% - 89%: 2 months of data that show 100% with a minimum of 6 records total  
• 70% - 79%: 2 consecutive months of data that show 100% with a minimum of 8 records total  
• Under 70%: 3 consecutive months that show 100% with a minimum of 10 records total  
  
The Part C LA verified with the Programs and ensured that the program submitted required evidence of correction documentation based on the percentage of noncompliance:  
  
Three out of the four programs demonstrated correction as outlined above within one year of notification:  
• Program 1 submitted one month of data that showed 100% for a total of 10 records.   
• Program 2 submitted two months of data that showed 100% for a total of 7 records.  
• Program 3 submitted three consecutive months of data that showed 100% for a total of 19 records.  
  
The one remaining program demonstrated subsequent correction as outlined above prior to the submission of FFY 2020 APR:  
• Program 1 submitted three consecutive months of data that showed 100% for a total of 24 records.

**Describe how the State verified that each *individual case* of noncompliance was corrected.**

The Part C LA verified that each of the four EI Programs with findings of noncompliance for not initiating services in a timely manner, initiated all services, although late, unless the child was no longer residing within the jurisdiction of the EI Program.   
  
There were 56 children whose services were not initiated in a timely manner due to program reasons: four children were no longer residing within the jurisdiction of the EI Program before the service was implemented; for one child, the service was discontinued before it was initiated, and the remaining 51 children’s services on their IFSP were initiated, although late.   
  
At the time of the on-site monitoring, “Worksheet A” from the SAM tool was completed by the monitors. The actual start date of each service was documented on Worksheet A and verified at the time of the on-site monitoring. If the service(s) did not occur prior to the monitoring date, the Program had to immediately correct by providing those services(s) on the IFSP, although late, and submit documentation to the Part C LA that indicated when the service was initiated.

**Correction of Findings of Noncompliance Identified Prior to FFY 2019**

| **Year Findings of Noncompliance Were Identified** | **Findings of Noncompliance Not Yet Verified as Corrected as of FFY 2019 APR** | **Findings of Noncompliance Verified as Corrected** | **Findings Not Yet Verified as Corrected** |
| --- | --- | --- | --- |
| FFY 2016 | 1 | 1 | 0 |
|  |  |  |  |
|  |  |  |  |

**FFY 2016**

**Findings of Noncompliance Verified as Corrected**

**Describe how the State verified that the source of noncompliance is correctly implementing the *regulatory requirements.***

The state accounted for all instances of noncompliance identified through on-site monitoring (refer to preceding section on “Monitoring Process”).   
  
All Programs were notified in writing of any noncompliance. Programs were required to develop a Corrective Action Plan (CAP), change policies and procedures, as appropriate, and demonstrate correction of all noncompliance (e.g., child specific and up-dated data) as soon as possible but no later than one year of identification (i.e., date of written notification).  
  
In verifying correction of noncompliance, the state determined that each of the EI programs with identified noncompliance was correctly implementing the requirements. Programs with identified noncompliance were required to complete “Worksheet A” from the SAM tool for every child who had an Initial, 6-month Review, and Annual IFSP. The Programs were required to submit updated data to demonstrate correction based on the monitoring data percentage as follows:   
  
• 95% - 100%: 1 month of data that shows 100% with a minimum of 2 records total  
• 90% - 94%: 1 month of data that shows 100% with a minimum of 4 records total  
• 80% - 89%: 2 months of data that show 100% with a minimum of 6 records total  
• 70% - 79%: 2 consecutive months of data that show 100% with a minimum of 8 records total  
• Under 70%: 3 consecutive months that show 100% with a minimum of 10 records total  
  
The Part C LA verified with the Program and ensured that the program submitted required evidence of correction documentation based on the percentage of noncompliance:  
  
The one remaining program demonstrated subsequent correction as outlined above since the submittal of FFY19 APR:  
• Program 1 submitted three consecutive months of data that showed 100% for a total of 25 records.

**Describe how the State verified that each *individual case* of noncompliance was corrected.**

The Part C LA verified that the one remaining EI Program’s finding of noncompliance for not initiating services in a timely manner, initiated all services, although late, unless the child was no longer residing within the jurisdiction of the EI Program in FFY 2016.   
  
There were six children where services were not initiated in a timely manner due to program reasons and all six children’s services on their IFSP were initiated, although late.   
  
At the time of the on-site monitoring, “Worksheet A” from the SAM tool was completed by the monitors. The actual start date of each service was documented on Worksheet A and verified at the time of the on-site monitoring. If the service(s) did not occur prior to the monitoring date, the Program had to immediately correct by providing those services(s) on the IFSP, although late, and submit documentation to the Part C LA that indicated when the service was initiated.

## 1 - Prior FFY Required Actions

Because the State reported less than 100% compliance for FFY 2019, the State must report on the status of correction of noncompliance identified in FFY 2019 for this indicator. In addition, the State must demonstrate, in the FFY 2020 SPP/APR, that the remaining one uncorrected finding of noncompliance identified in FFY 2016 was corrected. When reporting on the correction of noncompliance, the State must report, in the FFY 2020 SPP/APR, that it has verified that each EIS program or provider with findings of noncompliance identified in FFY 2019 and each EIS program or provider with remaining noncompliance identified in FFY 2016: (1) is correctly implementing the specific regulatory requirements (i.e., achieved 100% compliance) based on a review of updated data such as data subsequently collected through on-site monitoring or a State data system; and (2) has corrected each individual case of noncompliance, unless the child is no longer within the jurisdiction of the EIS program or provider, consistent with OSEP Memo 09-02. In the FFY 2020 SPP/APR, the State must describe the specific actions that were taken to verify the correction.   
  
If the State did not identify any findings of noncompliance in FFY 2019, although its FFY 2019 data reflect less than 100% compliance, provide an explanation of why the State did not identify any findings of noncompliance in FFY 2019.

**Response to actions required in FFY 2019 SPP/APR**

Refer to "Correction of Findings of Noncompliance" section where the State addresses the correction of findings of noncompliance identified in FFY 2019 and the outstanding correction of findings of noncompliance identified in FFY 2016. There are no outstanding correction of findings of noncompliance for Indicator 1 in FFY 2019 and prior to FFY 2019.

## 1 - OSEP Response

The State provided an explanation of how COVID-19 impacted its ability to collect FFY 2020 data for this indicator and steps the State has taken to mitigate the impact of COVID-19 on data collection.

## 1 - Required Actions

Because the State reported less than 100% compliance for FFY 2020, the State must report on the status of correction of noncompliance identified in FFY 2020 for this indicator. When reporting on the correction of noncompliance, the State must report, in the FFY 2021 SPP/APR, that it has verified that each EIS program or provider with noncompliance identified in FFY 2020 for this indicator: (1) is correctly implementing the specific regulatory requirements (i.e., achieved 100% compliance) based on a review of updated data such as data subsequently collected through on-site monitoring or a State data system; and (2) has corrected each individual case of noncompliance, unless the child is no longer within the jurisdiction of the EIS program or provider, consistent with OSEP Memo 09-02. In the FFY 2021 SPP/APR, the State must describe the specific actions that were taken to verify the correction.   
  
If the State did not identify any findings of noncompliance in FFY 2020, although its FFY 2020 data reflect less than 100% compliance, provide an explanation of why the State did not identify any findings of noncompliance in FFY 2020.

# Indicator 2: Services in Natural Environments

**Instructions and Measurement**

**Monitoring Priority:** Early Intervention Services In Natural Environments

**Results indicator:** Percent of infants and toddlers with IFSPs who primarily receive early intervention services in the home or community-based settings. (20 U.S.C. 1416(a)(3)(A) and 1442)

**Data Source**

Data collected under section 618 of the IDEA (IDEA Part C Child Count and Settings data collection in the ED*Facts* Metadata and Process System (E*MAPS*)).

**Measurement**

Percent = [(# of infants and toddlers with IFSPs who primarily receive early intervention services in the home or community-based settings) divided by the (total # of infants and toddlers with IFSPs)] times 100.

**Instructions**

Sampling from the State’s 618 data is not allowed.

Describe the results of the calculations and compare the results to the target.

The data reported in this indicator should be consistent with the State’s 618 data reported in Table 2. If not, explain.

## 2 - Indicator Data

**Historical Data**

| **Baseline Year** | **Baseline Data** |
| --- | --- |
| 2005 | 81.10% |

|  |  |  |  |  |  |
| --- | --- | --- | --- | --- | --- |
| **FFY** | **2015** | **2016** | **2017** | **2018** | **2019** |
| Target>= | 90.00% | 90.00% | 90.00% | 90.00% | 95.00% |
| Data | 90.06% | 90.80% | 95.68% | 97.53% | 98.29% |

**Targets**

|  |  |  |  |  |  |  |
| --- | --- | --- | --- | --- | --- | --- |
| **FFY** | **2020** | **2021** | **2022** | **2023** | **2024** | **2025** |
| Target>= | 95.00% | 95.00% | 95.00% | 95.00% | 95.00% | 95.00% |

**Targets: Description of Stakeholder Input**

APR Process  
  
The process to develop Hawaii’s APR for FFY 2020 included:  
  
1. The HDOH, EIS which is identified as the Part C LA worked with the EI System Improvement Team to address specific indicators as identified in the approved APR/State Performance Plan (SPP).  
2. On-going meetings with the identified EI System Improvement and Training Team were held to prepare them to facilitate workgroups at the statewide Annual Stakeholders’ Meeting.  
3. Broad dissemination regarding the Stakeholders’ Meeting to determine interest by agency, Hawaii Early Intervention Coordinating Council (HEICC), and community members to ensure appropriate input into the review process, including distribution of a family flier via parent support groups (i.e., Family Hui and PTI – Leadership in Disabilities and Achievement in Hawaii [LDAH]).  
4. Group discussion at the Virtual Stakeholder Meeting on specific indicators. Stakeholders were provided with copies of the current indicator targets, FFY 2020 APR data, FFY 2019 APR data, and other relevant data so the group could determine:  
• Whether the target was met.  
• The extent of progress/slippage for each indicator.  
• Possible reasons for slippage.  
• Establish targets for FFY 2020 – FFY 2025 based on trend data, projections based on the respective meaningful difference calculators develop by the Center of IDEA Eacrly Childhood Date Systems (DaSy), past initiatives that have impacted data and current/future initiatives that my impact the data.   
5. Recommendations were reviewed by the identified members of the EI System Improvement Team and the Part C LA.  
6. The APR was drafted by members of the EI System Improvement Team and the Part C LA.  
7. The APR draft was reviewed and revised, as necessary, by the Part C Coordinator.  
8. The APR was reviewed and approved by the HEICC. As authorized by the HEICC, the HEICC Chairperson reviewed and signed the APR certification form.  
9. The APR was sent to the Director of Health to review.  
10. The APR was submitted to OSEP as required.  
11. The APR was posted on the HDOH EIS website.  
  
Broad Representation  
  
A stakeholder group of approximately 75 individuals provided recommendations to the development of the APR. Because of Hawaii’s broad eligibility and geography, it was important that there was broad representation that included: Part C EI service providers and family members from all islands, from urban and rural areas, as well as the different ethnic and cultural groups that represent Hawaii’s population. The following stakeholders from the islands of Oahu, Hawaii, Maui County, and Kauai were invited:  
  
• Members of the HEICC  
• HDOH administrators, care coordinators (Hawaii’s terminology for service coordinators), direct service providers, quality assurance specialists, data staff, personnel training staff, and contracted providers from:  
o Family Health Services Division (FHSD)  
o Children with Special Health Needs Branch (CSHNB), Public Health Nursing Branch (PHNB)  
o EIS  
o Home Visiting Network  
• Department of Human Services (DHS) administrators  
• Department of Education (DOE) Section 619 District Coordinators Community Members, including representatives from:  
o Early Head Start/Head Start  
o Family Support Programs (Family Hui and LDAH)  
• Parents  
  
The Part C LA partnered with LDAH which is the parent training institute in Hawaii to engage families. LDAH conducted parent focus groups to enhance family engagement. Focus groups provided an opportunity for families to provide feedback on what areas EIS should focus on for system improvement efforts. Families could also indicate if they are interested in ongoing family engagement in the areas of target setting, data analysis, developing improvement strategies, evaluating progress, participate in workgroups to develop and implement activities designed to improve outcomes for children. The Family Engagement flier was distributed by EI Programs statewide, LDAH, Family Hui, DOE Special Education Preschool, and the Community Coordinating Council (CCC) – DOE’s network of families.

Stakeholder Discussion:   
  
Stakeholders were informed that the FFY 2025 target for this indicator does not need to show improvemetn over baseline if the FFY 2025 target is at least 95%. While data shows an improvement above 95%, FFY 2019 and FFY 2020 data may be inflated due to COVID-19 pandemic when services were delivered via telepractice.   
  
After sharing the data, the State used a poll to obtain feedback from stakeholders. 92% of respondents agreed to keep the target at 95%, while 8% preferred to increase the target incrementally with a target of 100% for FFY 2025. Based on stakeholder input, the State will maintain the target of 95% and the targets will continue to be reviewed and adjusted accordingly on an annual basis based on data, evaluation of the impact of initiatives implemented, and stakeholder discussion.

**Prepopulated Data**

| **Source** | **Date** | **Description** | **Data** |
| --- | --- | --- | --- |
| SY 2020-21 EMAPS IDEA Part C Child Count and Settings Survey; Section A: Child Count and Settings by Age | 07/08/2021 | Number of infants and toddlers with IFSPs who primarily receive early intervention services in the home or community-based settings | 406 |
| SY 2020-21 EMAPS IDEA Part C Child Count and Settings Survey; Section A: Child Count and Settings by Age | 07/08/2021 | Total number of infants and toddlers with IFSPs | 407 |

**FFY 2020 SPP/APR Data**

| **Number of infants and toddlers with IFSPs who primarily receive early intervention services in the home or community-based settings** | **Total number of Infants and toddlers with IFSPs** | **FFY 2019 Data** | **FFY 2020 Target** | **FFY 2020 Data** | **Status** | **Slippage** |
| --- | --- | --- | --- | --- | --- | --- |
| 406 | 407 | 98.29% | 95.00% | 99.75% | Met target | No Slippage |

**Provide additional information about this indicator (optional).**

## 2 - Prior FFY Required Actions

None

## 2 - OSEP Response

The State provided targets for FFYs 2020 through 2025 for this indicator, and OSEP accepts those targets.

## 2 - Required Actions

# Indicator 3: Early Childhood Outcomes

**Instructions and Measurement**

**Monitoring Priority:** Early Intervention Services In Natural Environments

**Results indicator:** Percent of infants and toddlers with IFSPs who demonstrate improved:

A. Positive social-emotional skills (including social relationships);

B. Acquisition and use of knowledge and skills (including early language/ communication); and

C. Use of appropriate behaviors to meet their needs.

(20 U.S.C. 1416(a)(3)(A) and 1442)

**Data Source**

State selected data source.

**Measurement**

Outcomes:

A. Positive social-emotional skills (including social relationships);

B. Acquisition and use of knowledge and skills (including early language/communication); and

C. Use of appropriate behaviors to meet their needs.

Progress categories for A, B and C:

a. Percent of infants and toddlers who did not improve functioning = [(# of infants and toddlers who did not improve functioning) divided by (# of infants and toddlers with IFSPs assessed)] times 100.

b. Percent of infants and toddlers who improved functioning but not sufficient to move nearer to functioning comparable to same-aged peers = [(# of infants and toddlers who improved functioning but not sufficient to move nearer to functioning comparable to same-aged peers) divided by (# of infants and toddlers with IFSPs assessed)] times 100.

c. Percent of infants and toddlers who improved functioning to a level nearer to same-aged peers but did not reach it = [(# of infants and toddlers who improved functioning to a level nearer to same-aged peers but did not reach it) divided by (# of infants and toddlers with IFSPs assessed)] times 100.

d. Percent of infants and toddlers who improved functioning to reach a level comparable to same-aged peers = [(# of infants and toddlers who improved functioning to reach a level comparable to same-aged peers) divided by (# of infants and toddlers with IFSPs assessed)] times 100.

e. Percent of infants and toddlers who maintained functioning at a level comparable to same-aged peers = [(# of infants and toddlers who maintained functioning at a level comparable to same-aged peers) divided by (# of infants and toddlers with IFSPs assessed)] times 100.

**Summary Statements for Each of the Three Outcomes:**

**Summary Statement 1:** Of those infants and toddlers who entered early intervention below age expectations in each Outcome, the percent who substantially increased their rate of growth by the time they turned 3 years of age or exited the program.

**Measurement for Summary Statement 1:**

Percent = [(# of infants and toddlers reported in progress category (c) plus # of infants and toddlers reported in category (d)) divided by (# of infants and toddlers reported in progress category (a) plus # of infants and toddlers reported in progress category (b) plus # of infants and toddlers reported in progress category (c) plus # of infants and toddlers reported in progress category (d))] times 100.

**Summary Statement 2:** The percent of infants and toddlers who were functioning within age expectations in each Outcome by the time they turned 3 years of age or exited the program.

**Measurement for Summary Statement 2:**

Percent = [(# of infants and toddlers reported in progress category (d) plus # of infants and toddlers reported in progress category (e)) divided by the (total # of infants and toddlers reported in progress categories (a) + (b) + (c) + (d) + (e))] times 100.

**Instructions**

*Sampling of****infants and toddlers with IFSPs****is allowed. When sampling is used, submit a description of the sampling methodology outlining how the design will yield valid and reliable estimates. (See General Instructions page 2 for additional instructions on sampling.)*

In the measurement, include in the numerator and denominator only infants and toddlers with IFSPs who received early intervention services for at least six months before exiting the Part C program.

Report: (1) the number of infants and toddlers who exited the Part C program during the reporting period, as reported in the State’s Part C exiting data under Section 618 of the IDEA; and (2) the number of those infants and toddlers who did not receive early intervention services for at least six months before exiting the Part C program.

Describe the results of the calculations and compare the results to the targets. States will use the progress categories for each of the three Outcomes to calculate and report the two Summary Statements.

Report progress data and calculate Summary Statements to compare against the six targets. Provide the actual numbers and percentages for the five reporting categories for each of the three outcomes.

In presenting results, provide the criteria for defining “comparable to same-aged peers.” If a State is using the Early Childhood Outcomes Center (ECO) Child Outcomes Summary Process (COS), then the criteria for defining “comparable to same-aged peers” has been defined as a child who has been assigned a score of 6 or 7 on the COS.

In addition, list the instruments and procedures used to gather data for this indicator, including if the State is using the ECO COS.

If the State’s Part C eligibility criteria include infants and toddlers who are at risk of having substantial developmental delays (or “at-risk infants and toddlers”) under IDEA section 632(5)(B)(i), the State must report data in two ways. First, it must report on all eligible children but exclude its at-risk infants and toddlers (i.e., include just those infants and toddlers experiencing developmental delay (or “developmentally delayed children”) or having a diagnosed physical or mental condition that has a high probability of resulting in developmental delay (or “children with diagnosed conditions”)). Second, the State must separately report outcome data on either: (1) just its at-risk infants and toddlers; or (2) aggregated performance data on all of the infants and toddlers it serves under Part C (including developmentally delayed children, children with diagnosed conditions, and at-risk infants and toddlers).

## 3 - Indicator Data

**Does your State's Part C eligibility criteria include infants and toddlers who are at risk of having substantial developmental delays (or “at-risk infants and toddlers”) under IDEA section 632(5)(B)(i)? (yes/no)**

NO

**Targets: Description of Stakeholder Input**

APR Process  
  
The process to develop Hawaii’s APR for FFY 2020 included:  
  
1. The HDOH, EIS which is identified as the Part C LA worked with the EI System Improvement Team to address specific indicators as identified in the approved APR/State Performance Plan (SPP).  
2. On-going meetings with the identified EI System Improvement and Training Team were held to prepare them to facilitate workgroups at the statewide Annual Stakeholders’ Meeting.  
3. Broad dissemination regarding the Stakeholders’ Meeting to determine interest by agency, Hawaii Early Intervention Coordinating Council (HEICC), and community members to ensure appropriate input into the review process, including distribution of a family flier via parent support groups (i.e., Family Hui and PTI – Leadership in Disabilities and Achievement in Hawaii [LDAH]).  
4. Group discussion at the Virtual Stakeholder Meeting on specific indicators. Stakeholders were provided with copies of the current indicator targets, FFY 2020 APR data, FFY 2019 APR data, and other relevant data so the group could determine:  
• Whether the target was met.  
• The extent of progress/slippage for each indicator.  
• Possible reasons for slippage.  
• Establish targets for FFY 2020 – FFY 2025 based on trend data, projections based on the respective meaningful difference calculators develop by the Center of IDEA Eacrly Childhood Date Systems (DaSy), past initiatives that have impacted data and current/future initiatives that my impact the data.   
5. Recommendations were reviewed by the identified members of the EI System Improvement Team and the Part C LA.  
6. The APR was drafted by members of the EI System Improvement Team and the Part C LA.  
7. The APR draft was reviewed and revised, as necessary, by the Part C Coordinator.  
8. The APR was reviewed and approved by the HEICC. As authorized by the HEICC, the HEICC Chairperson reviewed and signed the APR certification form.  
9. The APR was sent to the Director of Health to review.  
10. The APR was submitted to OSEP as required.  
11. The APR was posted on the HDOH EIS website.  
  
Broad Representation  
  
A stakeholder group of approximately 75 individuals provided recommendations to the development of the APR. Because of Hawaii’s broad eligibility and geography, it was important that there was broad representation that included: Part C EI service providers and family members from all islands, from urban and rural areas, as well as the different ethnic and cultural groups that represent Hawaii’s population. The following stakeholders from the islands of Oahu, Hawaii, Maui County, and Kauai were invited:  
  
• Members of the HEICC  
• HDOH administrators, care coordinators (Hawaii’s terminology for service coordinators), direct service providers, quality assurance specialists, data staff, personnel training staff, and contracted providers from:  
o Family Health Services Division (FHSD)  
o Children with Special Health Needs Branch (CSHNB), Public Health Nursing Branch (PHNB)  
o EIS  
o Home Visiting Network  
• Department of Human Services (DHS) administrators  
• Department of Education (DOE) Section 619 District Coordinators Community Members, including representatives from:  
o Early Head Start/Head Start  
o Family Support Programs (Family Hui and LDAH)  
• Parents  
  
The Part C LA partnered with LDAH which is the parent training institute in Hawaii to engage families. LDAH conducted parent focus groups to enhance family engagement. Focus groups provided an opportunity for families to provide feedback on what areas EIS should focus on for system improvement efforts. Families could also indicate if they are interested in ongoing family engagement in the areas of target setting, data analysis, developing improvement strategies, evaluating progress, participate in workgroups to develop and implement activities designed to improve outcomes for children. The Family Engagement flier was distributed by EI Programs statewide, LDAH, Family Hui, DOE Special Education Preschool, and the Community Coordinating Council (CCC) – DOE’s network of families.

Additional Information about Stakeholder Input:  
  
The Part C LA proposed the following Stakeholder considerations to change the baseline data to FFY 2020 data: 1) the baseline data used FFY 2015 data, but the State did not take into account that when Hawaii changed its eligibility definition to no longer serve the environmentally at-risk population in FFY 2013, it would take approximately three years after a change to see how it impacts the system. The number of children and families served in Part C declined significantly and the needs of the population of children and families served changed. 2) initiatives implemented that may impact data such as the revising and incorporating the Decision Tree developed by the Early Childhood Outcome (ECO) national TA center into the COS form and the training and implementation of the Primary Service Provider (PSP) Approach to Teaming and Coaching model in Natural Learning Environments; 3) adoption and implementation of the national ECTA Center’s on-line COS training modules; 4) piloting of the COS fidelity tool in demonstration sites; and 5) establishing on-going TA support that included observation, debriefing and development of action plans to support implementation of the PSP Approach to Teaming and Coaching Model in Natural Learning Environments. Other factors that were considered: FFY 2020 outcome data were based on a smaller number of exited children (300+), which impacted outcome results; previous targets were based on data prior to COVID-19; and it will take time to recover from the impacts of COVID-19.   
   
Based on stakeholder input and review of the data discussion above, the baseline was reset using FFY 2020 data and targets were established for FFY 2020 – 2025 starting with the new baseline data and projected based on trend data, respective meaningful difference calculators develop by the Center of IDEA Early Childhood Data Systems (DaSy), past initiatives that have impacted data and current/future initiatives that may impact the data.  
  
Targets will continue to be reviewed and adjusted accordingly on an annual basis based on data, evaluation of the impact of initiatives implemented, and stakeholder discussions.

**Historical Data**

|  |  |  |  |  |  |  |  |
| --- | --- | --- | --- | --- | --- | --- | --- |
| **Outcome** | **Baseline** | **FFY** | **2015** | **2016** | **2017** | **2018** | **2019** |
| **A1** | 2020 | Target>= | 53.14% | 53.14% | 54.00% | 55.00% | 55.00% |
| **A1** | 47.45% | Data | 55.52% | 56.42% | 54.30% | 53.35% | 53.69% |
| **A2** | 2020 | Target>= | 79.32% | 79.32% | 79.50% | 80.00% | 80.00% |
| **A2** | 65.03% | Data | 75.19% | 73.26% | 71.40% | 70.15% | 70.13% |
| **B1** | 2020 | Target>= | 70.81% | 70.81% | 71.00% | 71.50% | 71.50% |
| **B1** | 52.41% | Data | 69.25% | 69.66% | 65.16% | 66.67% | 62.62% |
| **B2** | 2020 | Target>= | 65.19% | 65.19% | 65.50% | 66.00% | 66.00% |
| **B2** | 42.72% | Data | 59.61% | 55.64% | 53.59% | 50.64% | 45.06% |
| **C1** | 2020 | Target>= | 67.99% | 67.99% | 68.50% | 69.00% | 69.00% |
| **C1** | 59.34% | Data | 68.31% | 71.08% | 68.47% | 67.76% | 61.90% |
| **C2** | 2020 | Target>= | 80.63% | 80.63% | 81.50% | 82.00% | 82.00% |
| **C2** | 67.58% | Data | 76.23% | 77.02% | 75.17% | 74.76% | 71.68% |

**Targets**

|  |  |  |  |  |  |  |
| --- | --- | --- | --- | --- | --- | --- |
| **FFY** | **2020** | **2021** | **2022** | **2023** | **2024** | **2025** |
| Target A1>= | 47.45% | 47.45% | 47.45% | 47.45% | 47.45% | 48.00% |
| Target A2>= | 65.03% | 65.03% | 65.03% | 65.03% | 65.03% | 65.50% |
| Target B1>= | 52.41% | 52.41% | 52.41% | 52.41% | 52.41% | 53.20% |
| Target B2>= | 42.72% | 42.72% | 42.72% | 42.72% | 42.72% | 44.10% |
| Target C1>= | 59.34% | 59.34% | 59.34% | 59.34% | 59.34% | 60.10% |
| Target C2>= | 67.58% | 67.58% | 67.58% | 67.58% | 67.58% | 69.00% |

**FFY 2020 SPP/APR Data**

**Number of infants and toddlers with IFSPs assessed**

1,058

**Outcome A: Positive social-emotional skills (including social relationships)**

| **Outcome A Progress Category** | **Number of children** | **Percentage of Total** |
| --- | --- | --- |
| a. Infants and toddlers who did not improve functioning | 1 | 0.09% |
| b. Infants and toddlers who improved functioning but not sufficient to move nearer to functioning comparable to same-aged peers | 288 | 27.22% |
| c. Infants and toddlers who improved functioning to a level nearer to same-aged peers but did not reach it | 81 | 7.66% |
| d. Infants and toddlers who improved functioning to reach a level comparable to same-aged peers | 180 | 17.01% |
| e. Infants and toddlers who maintained functioning at a level comparable to same-aged peers | 508 | 48.02% |

| **Outcome A** | **Numerator** | **Denominator** | **FFY 2019 Data** | **FFY 2020 Target** | **FFY 2020 Data** | **Status** | **Slippage** |
| --- | --- | --- | --- | --- | --- | --- | --- |
| A1. Of those children who entered or exited the program below age expectations in Outcome A, the percent who substantially increased their rate of growth by the time they turned 3 years of age or exited the program | 261 | 550 | 53.69% | 47.45% | 47.45% | N/A | N/A |
| A2. The percent of infants and toddlers who were functioning within age expectations in Outcome A by the time they turned 3 years of age or exited the program | 688 | 1,058 | 70.13% | 65.03% | 65.03% | N/A | N/A |

**Outcome B: Acquisition and use of knowledge and skills (including early language/communication)**

| **Outcome B Progress Category** | **Number of Children** | **Percentage of Total** |
| --- | --- | --- |
| a. Infants and toddlers who did not improve functioning | 0 | 0.00% |
| b. Infants and toddlers who improved functioning but not sufficient to move nearer to functioning comparable to same-aged peers | 382 | 36.11% |
| c. Infants and toddlers who improved functioning to a level nearer to same-aged peers but did not reach it | 224 | 21.17% |
| d. Infants and toddlers who improved functioning to reach a level comparable to same-aged peers | 291 | 27.50% |
| e. Infants and toddlers who maintained functioning at a level comparable to same-aged peers | 161 | 15.22% |

| **Outcome B** | **Numerator** | **Denominator** | **FFY 2019 Data** | **FFY 2020 Target** | **FFY 2020 Data** | **Status** | **Slippage** |
| --- | --- | --- | --- | --- | --- | --- | --- |
| B1. Of those children who entered or exited the program below age expectations in Outcome B, the percent who substantially increased their rate of growth by the time they turned 3 years of age or exited the program | 515 | 897 | 62.62% | 52.41% | 57.41% | N/A | N/A |
| B2. The percent of infants and toddlers who were functioning within age expectations in Outcome B by the time they turned 3 years of age or exited the program | 452 | 1,058 | 45.06% | 42.72% | 42.72% | N/A | N/A |

**Outcome C: Use of appropriate behaviors to meet their needs**

| **Outcome C Progress Category** | **Number of Children** | **Percentage of Total** |
| --- | --- | --- |
| a. Infants and toddlers who did not improve functioning | 0 | 0.00% |
| b. Infants and toddlers who improved functioning but not sufficient to move nearer to functioning comparable to same-aged peers | 248 | 23.44% |
| c. Infants and toddlers who improved functioning to a level nearer to same-aged peers but did not reach it | 95 | 8.98% |
| d. Infants and toddlers who improved functioning to reach a level comparable to same-aged peers | 267 | 25.24% |
| e. Infants and toddlers who maintained functioning at a level comparable to same-aged peers | 448 | 42.34% |

| **Outcome C** | **Numerator** | **Denominator** | **FFY 2019 Data** | **FFY 2020 Target** | **FFY 2020 Data** | **Status** | **Slippage** |
| --- | --- | --- | --- | --- | --- | --- | --- |
| C1. Of those children who entered or exited the program below age expectations in Outcome C, the percent who substantially increased their rate of growth by the time they turned 3 years of age or exited the program | 362 | 610 | 61.90% | 59.34% | 59.34% | N/A | N/A |
| C2. The percent of infants and toddlers who were functioning within age expectations in Outcome C by the time they turned 3 years of age or exited the program | 715 | 1,058 | 71.68% | 67.58% | 67.58% | N/A | N/A |

**The number of infants and toddlers who did not receive early intervention services for at least six months before exiting the Part C program**.

| **Question** | **Number** |
| --- | --- |
| The number of infants and toddlers who exited the Part C program during the reporting period, as reported in the State’s Part C exiting 618 data | 1,211 |
| The number of those infants and toddlers who did not receive early intervention services for at least six months before exiting the Part C program. | 66 |

| **Sampling Question** | **Yes / No** |
| --- | --- |
| Was sampling used? | NO |

**Did you use the Early Childhood Outcomes Center (ECO) Child Outcomes Summary Form (COS) process? (yes/no)**

YES

**List the instruments and procedures used to gather data for this indicator.**

Tool:  
  
The EI Outcomes Measurement tool is based on the Early Childhood Outcomes (ECO) Center’s COS form. The Design Team revised the COS form based on parent and provider input prior to the initial implementation of the COS form in FFY 2008. The form was revised again in June 2015 to include the decision tree, created by ECO, as part of the COS form.  
  
Measurement:  
  
Initial Rating: The initial rating on child status is recorded at the Initial IFSP meeting and/or prior to initiation of services.  
  
Exit Rating: The exit rating on child status is collected at the Exit IFSP or within three (3) months preceding exit from the program.  
  
On-Going Data collection:  
  
For each of the three (3) EI Child Outcomes, the IFSP team assigns an initial and exit rating to each child. A rating compares the child’s status to typical development and progress is calculated by comparing entry and exit ratings.  
  
The rating is based on a combination of the following sources:  
  
1. Developmental evaluation and/or assessment(s);  
2. Professional opinion;  
3. Parent input; and  
4. Level of achievement of IFSP outcomes relevant to the child outcome  
  
Reporting:  
  
EI programs enter EI Child Outcomes ratings into their respective EI databases on a monthly basis and submit their EI database to the Part C LA.  
  
How data are analyzed:  
  
The Part C LA uses the ratings for each outcome area for each child who received services for at least six months to analyze the change in development from entry to exit. The calculator developed by ECO is used to determine each outcome area:  
  
1. If the “Yes/No” question (which asks whether the child’s functioning improved at all from the last rating occasion) on the COS form has not been answered as “Yes” at exit, then the child is counted in category (a).  
2. If the “Yes/No” question (which asks whether the child’s functioning improved at all from the last rating occasion) on the COS form has been answered “Yes” at exit, but the child’s development is not enough to move the child’s functioning closer to typically developing peers, the child is counted in category (b).  
3. If ratings of child functioning compared to typically developing same aged peers are higher at exit than ratings at entry (but not at age level expectations), then they will be counted in category (c).  
4. If ratings of child functioning compared to typically developing same aged peers at entry are below age expectations, but at exit they are at age level expectations, then the children will be counted in category (d).  
5. If ratings of child functioning compared to typically developing same aged peers at entry and exit are both at age level expectations, then children will be counted in category (e).

**Provide additional information about this indicator (optional).**

COVID-19 Impact on Data:  
  
During the COVID-19 pandemic, when Hawaii implemented the use of complete Interim IFSPs due to the inability to administer the BDI-2 to determine eligibility, COS ratings were completed at the time of the Interim IFSP. This was done to ensure COS ratings were obtained prior to the start of services. Children who exited with an Interim IFSP were not included in the COS ratings above. Only children who exited with a completed Initial IFSP and received services for at least six months was included in the COS ratings above.   
  
Missing Data:   
  
After subtracting the number of children that received services less than six months (66) from the total number of children that exited (1211), the number of children that should have been assessed is 1,145. However, the actual number of children assessed was 1,058. Upon review of the data, 87 records did not have complete ratings to calculate the COS ratings.  
  
The new EIS database that was expected to launch by the end of FFY 2020, will be launched by the end of FFY 2021 has a revised projected launch timeframe of June 30, 2022. The new database will have a tickler system and report mechanism to inform the Program that the COS rating must be completed. The State also monitors Programs on the completion of initial and final COS ratings. If the EI Program does not demonstrate compliance, the Programs must submit evidence that they have implemented program procedures/strategies and data to demonstrate completion of the COS ratings.

## 3 - Prior FFY Required Actions

None

## 3 - OSEP Response

The State has revised the baseline for this indicator, using data from FFY 2020, and OSEP accepts the baseline revision for sub-indicators A1, A2, B2, C1, and C2. However, OSEP cannot accept the baseline revision for sub-indicator B1 because the State's FFY 2020 baseline data reported in the Historical Data table is not consistent with the State's FFY 2020 data for sub-indicator B1 reported in the FFY 2020 SPP/APR Data table.   
  
The State provided targets for FFYs 2020 through 2025 for this indicator, and OSEP accepts the State's targets for sub-indicator A1, A2, B2, C1, and C2. However, OSEP cannot accept the State's FFY 2020 through FFY 2025 targets for sub-indicator B1 because of the discrepancy in the baseline data.

## 3 - Required Actions

If the State chooses to reset its baseline data using FFY 2020 data for sub-indicator B1, the State must ensure that the data in the Historical Data table is consistent with the data reported in the FFY 2020 Data table.  
  
The State did not provide targets, as required by the measurement table for sub-indicator B1. The State must provide the required targets for FFY 2020 through FFY 2025 in the FFY 2021 SPP/APR.

# Indicator 4: Family Involvement

**Instructions and Measurement**

**Monitoring Priority:** Early Intervention Services In Natural Environments

**Results indicator:** Percent of families participating in Part C who report that early intervention services have helped the family:

A. Know their rights;

B. Effectively communicate their children's needs; and

C. Help their children develop and learn.

(20 U.S.C. 1416(a)(3)(A) and 1442)

**Data Source**

State selected data source. State must describe the data source in the SPP/APR.

**Measurement**

A. Percent = [(# of respondent families participating in Part C who report that early intervention services have helped the family know their rights) divided by the (# of respondent families participating in Part C)] times 100.

B. Percent = [(# of respondent families participating in Part C who report that early intervention services have helped the family effectively communicate their children’s needs) divided by the (# of respondent families participating in Part C)] times 100.

C. Percent = [(# of respondent families participating in Part C who report that early intervention services have helped the family help their children develop and learn) divided by the (# of respondent families participating in Part C)] times 100.

**Instructions**

*Sampling of****families participating in Part C****is allowed.* *When sampling is used, submit a description of the sampling methodology outlining how the design will yield valid and reliable estimates. (See General Instructions page 2 for additional instructions on sampling.)*

Provide the actual numbers used in the calculation.

Describe the results of the calculations and compare the results to the target.

While a survey is not required for this indicator, a State using a survey must submit a copy of any new or revised survey with its SPP/APR.

Report the number of families to whom the surveys were distributed and the number of respondent families participating in Part C. The survey response rate is auto calculated using the submitted data.

States will be required to compare the current year’s response rate to the previous year(s) response rate(s), and describe strategies that will be implemented which are expected to increase the response rate year over year, particularly for those groups that are underrepresented.

The State must also analyze the response rate to identify potential nonresponse bias and take steps to reduce any identified bias and promote response from a broad cross section of families that received Part C services.

Include the State’s analysis of the extent to which the demographics of the infants or toddlers for whom families responded are representative of the demographics of infants and toddlers receiving services in the Part C program. States should consider categories such as race/ethnicity, age of infant or toddler, and geographic location in the State.

States must describe the metric used to determine representativeness (e.g., +/- 3% discrepancy in the proportion of responders compared to target group)

If the analysis shows that the demographics of the infants or toddlers for whom families responded are not representative of the demographics of infants and toddlers receiving services in the Part C program, describe the strategies that the State will use to ensure that in the future the response data are representative of those demographics. In identifying such strategies, the State should consider factors such as how the State distributed the survey to families (e.g., by mail, by e-mail, on-line, by telephone, in-person), if a survey was used, and how responses were collected.

Beginning with the FFY 2022 SPP/APR, due February 1, 2024, when reporting the extent to which the demographics of the infants or toddlers for whom families responded are representative of the demographics of infants and toddlers enrolled in the Part C program, States must include race and ethnicity in its analysis. In addition, the State’s analysis must also include at least one of the following demographics: socioeconomic status, parents or guardians whose primary language is other than English and who have limited English proficiency, maternal education, geographic location, and/or another demographic category approved through the stakeholder input process.

States are encouraged to work in collaboration with their OSEP-funded parent centers in collecting data.

## 4 - Indicator Data

**Historical Data**

|  |  |  |  |  |  |  |  |
| --- | --- | --- | --- | --- | --- | --- | --- |
| **Measure** | **Baseline** | **FFY** | **2015** | **2016** | **2017** | **2018** | **2019** |
| A | 2018 | Target>= | 92.00% | 92.00% | 92.00% | 92.00% | 89.00% |
| A | 88.08% | Data | 90.50% | 87.38% | 91.13% | 88.08% | 86.66% |
| B | 2018 | Target>= | 94.00% | 94.00% | 94.00% | 94.00% | 89.00% |
| B | 87.05% | Data | 90.14% | 87.19% | 92.61% | 87.05% | 86.92% |
| C | 2018 | Target>= | 94.00% | 94.00% | 94.00% | 94.00% | 85.00% |
| C | 83.54% | Data | 85.96% | 82.38% | 87.50% | 83.54% | 84.53% |

**Targets**

|  |  |  |  |  |  |  |
| --- | --- | --- | --- | --- | --- | --- |
| **FFY** | **2020** | **2021** | **2022** | **2023** | **2024** | **2025** |
| Target A>= | 88.08% | 88.08% | 88.08% | 88.08% | 89.00% | 90.00% |
| Target B>= | 89.00% | 89.00% | 89.00% | 89.00% | 89.50% | 90.00% |
| Target C>= | 85.00% | 85.00% | 85.00% | 85.00% | 86.50% | 88.00% |

**Targets: Description of Stakeholder Input**

APR Process  
  
The process to develop Hawaii’s APR for FFY 2020 included:  
  
1. The HDOH, EIS which is identified as the Part C LA worked with the EI System Improvement Team to address specific indicators as identified in the approved APR/State Performance Plan (SPP).  
2. On-going meetings with the identified EI System Improvement and Training Team were held to prepare them to facilitate workgroups at the statewide Annual Stakeholders’ Meeting.  
3. Broad dissemination regarding the Stakeholders’ Meeting to determine interest by agency, Hawaii Early Intervention Coordinating Council (HEICC), and community members to ensure appropriate input into the review process, including distribution of a family flier via parent support groups (i.e., Family Hui and PTI – Leadership in Disabilities and Achievement in Hawaii [LDAH]).  
4. Group discussion at the Virtual Stakeholder Meeting on specific indicators. Stakeholders were provided with copies of the current indicator targets, FFY 2020 APR data, FFY 2019 APR data, and other relevant data so the group could determine:  
• Whether the target was met.  
• The extent of progress/slippage for each indicator.  
• Possible reasons for slippage.  
• Establish targets for FFY 2020 – FFY 2025 based on trend data, projections based on the respective meaningful difference calculators develop by the Center of IDEA Eacrly Childhood Date Systems (DaSy), past initiatives that have impacted data and current/future initiatives that my impact the data.   
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6. The APR was drafted by members of the EI System Improvement Team and the Part C LA.  
7. The APR draft was reviewed and revised, as necessary, by the Part C Coordinator.  
8. The APR was reviewed and approved by the HEICC. As authorized by the HEICC, the HEICC Chairperson reviewed and signed the APR certification form.  
9. The APR was sent to the Director of Health to review.  
10. The APR was submitted to OSEP as required.  
11. The APR was posted on the HDOH EIS website.  
  
Broad Representation  
  
A stakeholder group of approximately 75 individuals provided recommendations to the development of the APR. Because of Hawaii’s broad eligibility and geography, it was important that there was broad representation that included: Part C EI service providers and family members from all islands, from urban and rural areas, as well as the different ethnic and cultural groups that represent Hawaii’s population. The following stakeholders from the islands of Oahu, Hawaii, Maui County, and Kauai were invited:  
  
• Members of the HEICC  
• HDOH administrators, care coordinators (Hawaii’s terminology for service coordinators), direct service providers, quality assurance specialists, data staff, personnel training staff, and contracted providers from:  
o Family Health Services Division (FHSD)  
o Children with Special Health Needs Branch (CSHNB), Public Health Nursing Branch (PHNB)  
o EIS  
o Home Visiting Network  
• Department of Human Services (DHS) administrators  
• Department of Education (DOE) Section 619 District Coordinators Community Members, including representatives from:  
o Early Head Start/Head Start  
o Family Support Programs (Family Hui and LDAH)  
• Parents  
  
The Part C LA partnered with LDAH which is the parent training institute in Hawaii to engage families. LDAH conducted parent focus groups to enhance family engagement. Focus groups provided an opportunity for families to provide feedback on what areas EIS should focus on for system improvement efforts. Families could also indicate if they are interested in ongoing family engagement in the areas of target setting, data analysis, developing improvement strategies, evaluating progress, participate in workgroups to develop and implement activities designed to improve outcomes for children. The Family Engagement flier was distributed by EI Programs statewide, LDAH, Family Hui, DOE Special Education Preschool, and the Community Coordinating Council (CCC) – DOE’s network of families.

**FFY 2020 SPP/APR Data**

|  |  |
| --- | --- |
| The number of families to whom surveys were distributed | 1,486 |
| Number of respondent families participating in Part C | 517 |
| Survey Response Rate | 34.79% |
| A1. Number of respondent families participating in Part C who report that early intervention services have helped the family know their rights | 429 |
| A2. Number of responses to the question of whether early intervention services have helped the family know their rights | 515 |
| B1. Number of respondent families participating in Part C who report that early intervention services have helped the family effectively communicate their children's needs | 455 |
| B2. Number of responses to the question of whether early intervention services have helped the family effectively communicate their children's needs | 517 |
| C1. Number of respondent families participating in Part C who report that early intervention services have helped the family help their children develop and learn | 439 |
| C2. Number of responses to the question of whether early intervention services have helped the family help their children develop and learn | 516 |

| **Measure** | **FFY 2019 Data** | **FFY 2020 Target** | **FFY 2020 Data** | **Status** | **Slippage** |
| --- | --- | --- | --- | --- | --- |
| A. Percent of families participating in Part C who report that early intervention services have helped the family know their rights (A1 divided by A2) | 86.66% | 88.08% | 83.30% | Did not meet target | Slippage |
| B. Percent of families participating in Part C who report that early intervention services have helped the family effectively communicate their children's needs (B1 divided by B2) | 86.92% | 89.00% | 88.01% | Did not meet target | No Slippage |
| C. Percent of families participating in Part C who report that early intervention services have helped the family help their children develop and learn (C1 divided by C2) | 84.53% | 85.00% | 85.08% | Met target | No Slippage |

**Provide reasons for part A slippage, if applicable**

During the COVID-19 pandemic, many changes occurred within the Part C system. While the Part C LA reminded Programs to discuss family’s rights, due to the constant changes occurring within the State and outside of the Part C system, families may not have felt they had a clear understanding of their rights. Furthermore, while staff shared that completing intake and conducting other early intervention meetings remotely worked well because they could share information through the screen share feature with the family, families may have felt disconnected or may have not fully understood their rights.

| **Sampling Question** | **Yes / No** |
| --- | --- |
| Was sampling used? | NO |

| **Question** | **Yes / No** |
| --- | --- |
| Was a collection tool used? | YES |
| If yes, is it a new or revised collection tool? | NO |
| The demographics of the infants or toddlers for whom families responded are representative of the demographics of infants and toddlers enrolled in the Part C program. | NO |

**If not, describe the strategies that the State will use to ensure that in the future the response data are representative of those demographics.**

For FFY 2021, the Part C LA will continue with the tracking system to ensure program staff follow up with all families to increase the submission of surveys and have representativeness. The tracking system will be closely monitored by the LA to ensure it is completed. The Part C LA is working with DaSy to explore adding demographic questions to the translated surveys available on their website. If they are unable to do so, they will share the contact person who translated their surveys with Hawaii Part C LA.

**Survey Response Rate**

|  |  |  |
| --- | --- | --- |
| **FFY** | **2019** | **2020** |
| Survey Response Rate | 43.80% | 34.79% |

**Describe strategies that will be implemented which are expected to increase the response rate year over year, particularly for those groups that are underrepresented.**

For FFY 2021, the Part C LA will continue with the tracking system to ensure program staff follow up with all families to increase the submission of surveys and have representativeness. The tracking system will be closely monitored by the LA to ensure it is completed. The Part C LA is working with DaSy to explore adding demographic questions to the translated surveys available on their website. If they are unable to do so, they will share the contact person who translated their surveys with Hawaii Part C LA.

**Describe the analysis of the response rate including any nonresponse bias that was identified, and the steps taken to reduce any identified bias and promote response from a broad cross section of families that received Part C services.**

Surveys were distributed to all families with an active IFSP during the time of the survey collection period (April – June 2021). Surveys are anonymous; therefore, the Programs are to follow-up with all families reminding them to complete the survey. The statewide response rate for this year’s family outcomes survey is 65%. White families had the highest response rates (78%), followed by American Indian or Alaska Native (67%), African American or Black, Asian (42%), and Native Hawaiian or Pacific Islander (40%). White and American Indian or Alaska Native family response rates are above the statewide percent while African American or Black, Asian and Native Hawaiian or Pacific Islander family response rates are below the statewide percent. In consultation with DaSy TA providers, Hawaii will explore ways to track survey distribution (e.g., type of survey [paper, electronic], race and ethnicity of families that received and completed surveys; race and ethnicity of famlies where surveys were undeliverable and steps taken if a survey was undeliverable. The State is also working with DaSy regarding translating the survey, including demographic information on the survey.

**Include the State’s analysis of the extent to which the demographics of the infants or toddlers for whom families responded are representative of the demographics of infants and toddlers enrolled in the Part C program.** **States should consider categories such as race/ethnicity, age of infant or toddler, and geographic location in the State.**

Representative of the State’s Population  
  
Three factors were considered when determining whether the returned surveys were representative of the early intervention population: 1) Race and Ethnicity; 2) County of residence and 3) Age of the child.  
  
Comparison by Race and Ethnicity:  
  
When examining return rates and representativeness, the Early Childhood Technical Assistance (ECTA) Center’s Response Rate and Representativeness Calculator was used when comparing Family Survey return rates and Child Count 618 data by ethnicity. The response rate for the following races were representative of the population served: African American/Black (1% difference); Asian (1% difference); American Indian (0% difference); and Native Hawaiian/Pacific Islander (1% difference). The response rate for the following races were not representative of the population served: Two or more (8% difference) and Caucasian (6% difference).  
  
The data showed that both the Hispanic and Not Hispanic groups were not representative of the population served. The response rate for the Hispanic group was over-represented (6% difference) while the response rate for the Non-Hispanic group was under-represented (6% difference).  
  
When examining outcomes and comparing the two largest racial groups served in Hawaii (Two or more and Asians), there was a decrease in the area of "Knowing Your Rights" for the Asian population, while "Communicating Your Child’s Needs" and "Helping Your Child Develop and Learn" increased. The Two or More group showed a decrease in all three outcome areas, with the largest decrease in “Knowing Your Rights” (a decrease of 7.8%). There were larger differences between the two groups in all three outcome areas, with the largest difference being in "Knowing Your Rights" with the Asian group at 86% while the Two or More group was at 79%.   
  
Comparison by County of Residence  
  
When examining return rates and representativeness, the ECTA Center’s Response Rate and Representativeness Calculator was used when comparing Family Survey return rates and Child Count 618 data by county of residence: Hawaii county reported a return rate of 12% of surveys, while serving 11% of the child count population (representative) while the following counties were not representative: Honolulu reported a return rate of 67% of surveys, while serving 73% of the child count population; Maui was overrepresented with a return rate of 18%, while serving 11% of the population; and Kauai’s representativeness decreased a little, with a 3% return rate, while serving 5% of the child count population.   
When examining outcomes, it is difficult to draw any conclusions from the county data. However, the one outlier is Kauai county where all other counties were over 80% in the following categories compared to Kauai county: “Knowing Your Rights” at 76.5% and “Helping Your Child Develop and Learn” at 75%.   
  
Comparison by Age  
  
When examining return rates and representativeness, the ECTA Center’s Response Rate and Representativeness Calculator was used when comparing Family Survey return rates and Child Count 618 data by the age of the child and and comparing it to last year’s data, there was no discernible difference to note. The 2-3-year age category, which is the largest age population served, continues to be the highest reporting category. Each age range increases based on progression in age. Also, at this point, many families are actively going through the transition process, and may feel they have more to share about their experience in Early Intervention than before.   
When examining outcomes, there seems to be no significant conclusions to be drawn when looking at our responses when broken down by age of child at the time of survey, except for the birth-1 group, which reported the highest percentage in "Communicating Their Child’s Needs" and "Helping Their Child Develop and Learn" (both at 91%). This would make sense as the younger kids generally do not have a lot of high-end needs, and parents feel confident that they are helping their child develop appropriately.   
  
Surveys have been primarily completed online, although families could still opt for a paper survey. This year, 93% of completed surveys were done online, while 87% were done online last year. Regarding responses, both years showed that online responses to the three questions ran lower than those from the paper responses. The largest difference was in “Knowing Your Rights” ( 94% on paper surveys, 83% online).   
  
In reviewing data for the length of time a child was receiving services, all three outcome areas reflected the lowest percentages for children and families receiving services for less than 6 months, while those receiving services for 2+ years reported the highest percentages in “Communicating Their Child’s Needs” and “Helping Their Child Develop and Learn.” The highest percentage for “Knowing Your Rights” were with the families who were receiving services for 1-2 years.

**Describe the metric used to determine representativeness (e.g., +/- 3% discrepancy, age of the infant or toddler, and geographic location in the proportion of responders compared to target group).**

The metric varied due to using a statistical formula (i.e., proportional testing) to determine if two percentages are considered different from each other. The ECTA Response Rate and Representativeness calculator which applies proportional testing was utilized to determine if the surveys received were representative of the target population (i.e., Child Count). The results show that African American or Black (-1% difference), American Indian or Alaska Native (0% difference), Asian (1% difference), and Native Hawaiian or Pacific Islander (-1% difference) families were representative in the survey. White (-6% difference) and more than one race families (8% difference) were not representative in the survey. Both the Hispanic (6% difference) and Not Hispanic (-6% difference) were not representative of the population.

**Provide additional information about this indicator (optional).**

## 4 - Prior FFY Required Actions

In the FFY 2020 SPP/APR, the State must report whether its FFY 2020 response data are representative of the demographics of infants, toddlers, and families enrolled in the Part C program , and, if not, the actions the State is taking to address this issue. The State must also include its analysis of the extent to which the demographics of the families responding are representative of the population.

**Response to actions required in FFY 2019 SPP/APR**

The FFY 2020 demographics of the famlies responding to the annual survey, are not representative of the infants, toddlers, and families enrolled in the Part C program. Refer to previous section for the State's strategies to address representativeness and data analysis of family demographics related to representativeness of the population served.

## 4 - OSEP Response

The State provided targets for FFYs 2020 through 2025 for this indicator, and OSEP accepts those targets.

## 4 - Required Actions

In the FFY 2021 SPP/APR, the State must report whether its FFY 2021 response data are representative of the demographics of infants, toddlers, and families enrolled in the Part C program , and, if not, the actions the State is taking to address this issue. The State must also include its analysis of the extent to which the demographics of the families responding are representative of the population.

# Indicator 5: Child Find (Birth to One)

**Instructions and Measurement**

**Monitoring Priority:** Effective General Supervision Part C / Child Find

**Results indicator:** Percent of infants and toddlers birth to 1 with IFSPs.

(20 U.S.C. 1416(a)(3)(B) and 1442)

**Data Source**

Data collected under section 618 of the IDEA (IDEA Part C Child Count and Settings data collection in the E*DFacts* Metadata and Process System (E*MAPS*)) and Census (for the denominator).

**Measurement**

Percent = [(# of infants and toddlers birth to 1 with IFSPs) divided by the (population of infants and toddlers birth to 1)] times 100.

**Instructions**

*Sampling from the State’s 618 data is not allowed.*

Describe the results of the calculations.The data reported in this indicator should be consistent with the State’s reported 618 data reported in Table 1. If not, explain why.

## 5 - Indicator Data

**Historical Data**

| **Baseline Year** | **Baseline Data** |
| --- | --- |
| 2018 | 0.85% |

|  |  |  |  |  |  |
| --- | --- | --- | --- | --- | --- |
| **FFY** | **2015** | **2016** | **2017** | **2018** | **2019** |
| Target >= | 1.03% | 1.03% | 1.03% | 1.03% | 0.97% |
| Data | 0.85% | 0.97% | 0.97% | 0.85% | 1.00% |

**Targets**

|  |  |  |  |  |  |  |
| --- | --- | --- | --- | --- | --- | --- |
| **FFY** | **2020** | **2021** | **2022** | **2023** | **2024** | **2025** |
| Target >= | 0.97% | 0.97% | 0.98% | 0.99% | 1.00% | 1.10% |

Targets: Description of Stakeholder Input

APR Process  
  
The process to develop Hawaii’s APR for FFY 2020 included:  
  
1. The HDOH, EIS which is identified as the Part C LA worked with the EI System Improvement Team to address specific indicators as identified in the approved APR/State Performance Plan (SPP).  
2. On-going meetings with the identified EI System Improvement and Training Team were held to prepare them to facilitate workgroups at the statewide Annual Stakeholders’ Meeting.  
3. Broad dissemination regarding the Stakeholders’ Meeting to determine interest by agency, Hawaii Early Intervention Coordinating Council (HEICC), and community members to ensure appropriate input into the review process, including distribution of a family flier via parent support groups (i.e., Family Hui and PTI – Leadership in Disabilities and Achievement in Hawaii [LDAH]).  
4. Group discussion at the Virtual Stakeholder Meeting on specific indicators. Stakeholders were provided with copies of the current indicator targets, FFY 2020 APR data, FFY 2019 APR data, and other relevant data so the group could determine:  
• Whether the target was met.  
• The extent of progress/slippage for each indicator.  
• Possible reasons for slippage.  
• Establish targets for FFY 2020 – FFY 2025 based on trend data, projections based on the respective meaningful difference calculators develop by the Center of IDEA Eacrly Childhood Date Systems (DaSy), past initiatives that have impacted data and current/future initiatives that my impact the data.   
5. Recommendations were reviewed by the identified members of the EI System Improvement Team and the Part C LA.  
6. The APR was drafted by members of the EI System Improvement Team and the Part C LA.  
7. The APR draft was reviewed and revised, as necessary, by the Part C Coordinator.  
8. The APR was reviewed and approved by the HEICC. As authorized by the HEICC, the HEICC Chairperson reviewed and signed the APR certification form.  
9. The APR was sent to the Director of Health to review.  
10. The APR was submitted to OSEP as required.  
11. The APR was posted on the HDOH EIS website.  
  
Broad Representation  
  
A stakeholder group of approximately 75 individuals provided recommendations to the development of the APR. Because of Hawaii’s broad eligibility and geography, it was important that there was broad representation that included: Part C EI service providers and family members from all islands, from urban and rural areas, as well as the different ethnic and cultural groups that represent Hawaii’s population. The following stakeholders from the islands of Oahu, Hawaii, Maui County, and Kauai were invited:  
  
• Members of the HEICC  
• HDOH administrators, care coordinators (Hawaii’s terminology for service coordinators), direct service providers, quality assurance specialists, data staff, personnel training staff, and contracted providers from:  
o Family Health Services Division (FHSD)  
o Children with Special Health Needs Branch (CSHNB), Public Health Nursing Branch (PHNB)  
o EIS  
o Home Visiting Network  
• Department of Human Services (DHS) administrators  
• Department of Education (DOE) Section 619 District Coordinators Community Members, including representatives from:  
o Early Head Start/Head Start  
o Family Support Programs (Family Hui and LDAH)  
• Parents  
  
The Part C LA partnered with LDAH which is the parent training institute in Hawaii to engage families. LDAH conducted parent focus groups to enhance family engagement. Focus groups provided an opportunity for families to provide feedback on what areas EIS should focus on for system improvement efforts. Families could also indicate if they are interested in ongoing family engagement in the areas of target setting, data analysis, developing improvement strategies, evaluating progress, participate in workgroups to develop and implement activities designed to improve outcomes for children. The Family Engagement flier was distributed by EI Programs statewide, LDAH, Family Hui, DOE Special Education Preschool, and the Community Coordinating Council (CCC) – DOE’s network of families.

Additional Information about Stakeholder Input:  
  
The Part C LA proposed the following Stakeholder considerations to change the baseline data to FFY 2018 data: 1) the baseline data used FFY 2010 data, but the State did not take into account that Hawaii changed its eligibility definition to no longer serve the environmentally at-risk population in FFY 2013. The number of children and families served in Part C declined significantly and the needs of the population of children and families served changed. 2) Targets were not met due to the COVID-19 pandemic and it is unknown how long it may impact the data. 3) According to Census data, the Hawaii’s birth to three population has been on a downward trend from FFY 2013 – FFY 2020.   
  
Initiatives that may impact this indicator are: 1) hired Public Awareness/Child Find Coordinator; 2) Participation in the No Wrong Door Referral process; 3) Review of MOUs with the Home Visiting Network Program, Early Head Start and Child Welfare System to collect and analyze data on screening and referral process; and 4) Translate EIS brochures in different languages. Based on anticipated immediate impacts of initiatives implements and except for COVID-19 impacts, previous data showed an upward trend despite the downward trend of the census data and the proposed targets fall within the boundary of the confidence intervals based on the meaningful difference calculator developed by Dasy, national TA center.   
  
Based on stakeholder input and review of the data discussion above, the baseline was reset using FFY 2018 data and targets were established for FFY 2020 – 2025 starting with the FFY 2019 target and projected based on trend data, respective meaningful difference calculators developed by the Center of IDEA Early Childhood Data Systems (DaSy), past initiatives that have impacted data and current/future initiatives that may impact the data.   
  
Targets will continue to be reviewed and adjusted accordingly on an annual basis based on data, evaluation of the impact of initiatives implemented, and stakeholder discussions.

**Prepopulated Data**

| **Source** | **Date** | **Description** | **Data** |
| --- | --- | --- | --- |
| SY 2020-21 EMAPS IDEA Part C Child Count and Settings Survey; Section A: Child Count and Settings by Age | 07/08/2021 | Number of infants and toddlers birth to 1 with IFSPs | 5 |
| Annual State Resident Population Estimates for 6 Race Groups (5 Race Alone Groups and Two or More Races) by Age, Sex, and Hispanic Origin: April 1, 2010 to July 1, 2020 | 07/08/2021 | Population of infants and toddlers birth to 1 | 16,244 |

**FFY 2020 SPP/APR Data**

| **Number of infants and toddlers birth to 1 with IFSPs** | **Population of infants and toddlers birth to 1** | **FFY 2019 Data** | **FFY 2020 Target** | **FFY 2020 Data** | **Status** | **Slippage** |
| --- | --- | --- | --- | --- | --- | --- |
| 5 | 16,244 | 1.00% | 0.97% | 0.03% | Did not meet target | Slippage |

**Provide reasons for slippage, if applicable**

Due to the COVID-19 pandemic, there was a 16% decrease in referrals from the 2019 to 2020 calendar year. Also, due to the COVID-19 pandemic, Hawaii was unable to determine eligibility because the Battelle Developmental Inventory (BDI-2) could not be administered remotely. During that time, a "partial" MDE was conducted that did not include a standardized tool. Therefore, interim IFSPs were completed. Providers completed all components of the IFSP which exceeded the requirements of an Interim IFSP. Children's on-going eligibility could also not be determined prior to their Annual IFSP. The reported Child Count numbers above, excludes Interim IFSPs and Annual IFSPs completed without eligibility determination. When the Interim IFSPs and the Annual IFSPs completed without eligibility determination are included, the "Child Count" number of children being served on 12/01/20 is 105 = 0.64%. Hawaii was unable to enter the revised number that includes Interim IFSPs and the Annual IFSPs completed without eligibility determination because the table is prepopulated from the Child Count data that was previously submitted.

**Provide additional information about this indicator (optional)**

NA

## 5 - Prior FFY Required Actions

None

## 5 - OSEP Response

The State provided targets for FFYs 2020 through 2025 for this indicator, and OSEP accepts those targets.  
  
The State provided an explanation of how COVID-19 impacted its ability to collect FFY 2020 data for this indicator and steps the State has taken to mitigate the impact of COVID-19 on data collection.

## 5 - Required Actions

# Indicator 6: Child Find (Birth to Three)

**Instructions and Measurement**

**Monitoring Priority:** Effective General Supervision Part C / Child Find

**Results indicator:** Percent of infants and toddlers birth to 3 with IFSPs.

(20 U.S.C. 1416(a)(3)(B) and 1442)

**Data Source**

Data collected under IDEA section 618 of the IDEA (IDEA Part C Child Count and Settings data collection in the ED*Facts* Metadata and Process System (E*MAPS*)) and Census (for the denominator).

**Measurement**

Percent = [(# of infants and toddlers birth to 3 with IFSPs) divided by the (population of infants and toddlers birth to 3)] times 100.

**Instructions**

*Sampling from the State’s 618 data is not allowed.*

Describe the results of the calculations . The data reported in this indicator should be consistent with the State’s reported 618 data reported in Table 1. If not, explain why.

## 6 - Indicator Data

| **Baseline Year** | **Baseline Data** |
| --- | --- |
| 2018 | 3.09% |

|  |  |  |  |  |  |
| --- | --- | --- | --- | --- | --- |
| **FFY** | **2015** | **2016** | **2017** | **2018** | **2019** |
| Target >= | 2.82% | 2.82% | 2.82% | 3.63% | 3.19% |
| Data | 3.11% | 3.08% | 3.19% | 3.09% | 3.58% |

**Targets**

|  |  |  |  |  |  |  |
| --- | --- | --- | --- | --- | --- | --- |
| **FFY** | **2020** | **2021** | **2022** | **2023** | **2024** | **2025** |
| Target >= | 3.19% | 3.19% | 3.22% | 3.25% | 3.30% | 3.32% |

Targets: Description of Stakeholder Input

APR Process  
  
The process to develop Hawaii’s APR for FFY 2020 included:  
  
1. The HDOH, EIS which is identified as the Part C LA worked with the EI System Improvement Team to address specific indicators as identified in the approved APR/State Performance Plan (SPP).  
2. On-going meetings with the identified EI System Improvement and Training Team were held to prepare them to facilitate workgroups at the statewide Annual Stakeholders’ Meeting.  
3. Broad dissemination regarding the Stakeholders’ Meeting to determine interest by agency, Hawaii Early Intervention Coordinating Council (HEICC), and community members to ensure appropriate input into the review process, including distribution of a family flier via parent support groups (i.e., Family Hui and PTI – Leadership in Disabilities and Achievement in Hawaii [LDAH]).  
4. Group discussion at the Virtual Stakeholder Meeting on specific indicators. Stakeholders were provided with copies of the current indicator targets, FFY 2020 APR data, FFY 2019 APR data, and other relevant data so the group could determine:  
• Whether the target was met.  
• The extent of progress/slippage for each indicator.  
• Possible reasons for slippage.  
• Establish targets for FFY 2020 – FFY 2025 based on trend data, projections based on the respective meaningful difference calculators develop by the Center of IDEA Eacrly Childhood Date Systems (DaSy), past initiatives that have impacted data and current/future initiatives that my impact the data.   
5. Recommendations were reviewed by the identified members of the EI System Improvement Team and the Part C LA.  
6. The APR was drafted by members of the EI System Improvement Team and the Part C LA.  
7. The APR draft was reviewed and revised, as necessary, by the Part C Coordinator.  
8. The APR was reviewed and approved by the HEICC. As authorized by the HEICC, the HEICC Chairperson reviewed and signed the APR certification form.  
9. The APR was sent to the Director of Health to review.  
10. The APR was submitted to OSEP as required.  
11. The APR was posted on the HDOH EIS website.  
  
Broad Representation  
  
A stakeholder group of approximately 75 individuals provided recommendations to the development of the APR. Because of Hawaii’s broad eligibility and geography, it was important that there was broad representation that included: Part C EI service providers and family members from all islands, from urban and rural areas, as well as the different ethnic and cultural groups that represent Hawaii’s population. The following stakeholders from the islands of Oahu, Hawaii, Maui County, and Kauai were invited:  
  
• Members of the HEICC  
• HDOH administrators, care coordinators (Hawaii’s terminology for service coordinators), direct service providers, quality assurance specialists, data staff, personnel training staff, and contracted providers from:  
o Family Health Services Division (FHSD)  
o Children with Special Health Needs Branch (CSHNB), Public Health Nursing Branch (PHNB)  
o EIS  
o Home Visiting Network  
• Department of Human Services (DHS) administrators  
• Department of Education (DOE) Section 619 District Coordinators Community Members, including representatives from:  
o Early Head Start/Head Start  
o Family Support Programs (Family Hui and LDAH)  
• Parents  
  
The Part C LA partnered with LDAH which is the parent training institute in Hawaii to engage families. LDAH conducted parent focus groups to enhance family engagement. Focus groups provided an opportunity for families to provide feedback on what areas EIS should focus on for system improvement efforts. Families could also indicate if they are interested in ongoing family engagement in the areas of target setting, data analysis, developing improvement strategies, evaluating progress, participate in workgroups to develop and implement activities designed to improve outcomes for children. The Family Engagement flier was distributed by EI Programs statewide, LDAH, Family Hui, DOE Special Education Preschool, and the Community Coordinating Council (CCC) – DOE’s network of families.

Additional Information about Stakeholder Input:  
  
The Part C LA proposed the following Stakeholder considerations to change the baseline data to FFY 2018 data: 1) the baseline data used FFY 2010 data, but the State did not take into account that Hawaii changed its eligibility definition to no longer serve the environmentally at-risk population in FFY 2013. The number of children and families served in Part C declined significantly and the needs of the population of children and families served changed. 2) Targets were not met due to the COVID-19 pandemic and it is unknown how long it may impact the data. 3) According to Census data, the Hawaii’s birth to three population has been on a downward trend from FFY 2013 – FFY 2020.   
  
Initiatives that may impact this indicator are: 1) hired Public Awareness/Child Find Coordinator; 2) Participation in the No Wrong Door Referral process; 3) Review of MOUs with the Home Visiting Network Program, Early Head Start and Child Welfare System to collect and analyze data on screening and referral process; and 4) Translate EIS brochures in different languages. Based on anticipated immediate impacts of initiatives implements and except for COVID-19 impacts, previous data showed an upward trend despite the downward trend of the census data and the proposed targets fall within the boundary of the confidence intervals based on the meaningful difference calculator developed by Dasy, national TA center.   
  
Based on stakeholder input and review of the data discussion above, the baseline was reset using FFY 2018 data and targets were established for FFY 2020 – 2025 starting with the FFY 2019 target and projected based on trend data, respective meaningful difference calculators developed by the Center of IDEA Early Childhood Data Systems (DaSy), past initiatives that have impacted data and current/future initiatives that may impact the data.   
  
Targets will continue to be reviewed and adjusted accordingly on an annual basis based on data, evaluation of the impact of initiatives implemented, and stakeholder discussions.

**Prepopulated Data**

| **Source** | **Date** | **Description** | **Data** |
| --- | --- | --- | --- |
| SY 2020-21 EMAPS IDEA Part C Child Count and Settings Survey; Section A: Child Count and Settings by Age | 07/08/2021 | Number of infants and toddlers birth to 3 with IFSPs | 407 |
| Annual State Resident Population Estimates for 6 Race Groups (5 Race Alone Groups and Two or More Races) by Age, Sex, and Hispanic Origin: April 1, 2010 to July 1, 2020 | 07/08/2021 | Population of infants and toddlers birth to 3 | 49,505 |

**FFY 2020 SPP/APR Data**

| **Number of infants and toddlers birth to 3 with IFSPs** | **Population of infants and toddlers birth to 3** | **FFY 2019 Data** | **FFY 2020 Target** | **FFY 2020 Data** | **Status** | **Slippage** |
| --- | --- | --- | --- | --- | --- | --- |
| 407 | 49,505 | 3.58% | 3.19% | 0.82% | Did not meet target | Slippage |

**Provide reasons for slippage, if applicable**

Due to the COVID-19 pandemic, there was a 16% decrease in referrals from the 2019 to 2020 calendar year. Also, due to the COVID-19 pandemic, Hawaii was unable to determine eligibility because the Battelle Developmental Inventory (BDI-2) could not be administered remotely. During that time, a "partial" MDE was conducted that did not include a standardized tool. Therefore, interim IFSPs were completed. Providers completed all components of the IFSP which exceeded the requirements of an Interim IFSP. Children's on-going eligibility could also not be determined prior to their Annual IFSP. The Child Count numbers above, excludes Interim IFSPs and Annual IFSPs completed without eligibility determination. When the Interim IFSPs and the Annual IFSPs completed without eligibility determination are included, the "Child Count" number of children being served on 12/01/20 is 105 = 0.64%. Hawaii was unable to enter the revised number that includes Interim IFSPs and the Annual IFSPs completed without eligibility determination because the table is prepopulated from the Child Count data that was previously submitted.

**Provide additional information about this indicator (optional).**

NA

## 6 - Prior FFY Required Actions

None

## 6 - OSEP Response

The State has revised the baseline for this indicator, using data from FFY 2018, and OSEP accepts that revision.  
  
The State provided targets for FFYs 2020 through 2025 for this indicator, and OSEP accepts those targets.  
  
The State provided an explanation of how COVID-19 impacted its ability to collect FFY 2020 data for this indicator and steps the State has taken to mitigate the impact of COVID-19 on data collection.

## 6 - Required Actions

# Indicator 7: 45-Day Timeline

**Instructions and Measurement**

**Monitoring Priority:** Effective General Supervision Part C / Child Find

**Compliance indicator:** Percent of eligible infants and toddlers with IFSPs for whom an initial evaluation and initial assessment and an initial IFSP meeting were conducted within Part C’s 45-day timeline. (20 U.S.C. 1416(a)(3)(B) and 1442)

**Data Source**

Data to be taken from monitoring or State data system and must address the timeline from point of referral to initial IFSP meeting based on actual, not an average, number of days.

**Measurement**

Percent = [(# of eligible infants and toddlers with IFSPs for whom an initial evaluation and initial assessment and an initial IFSP meeting were conducted within Part C’s 45-day timeline) divided by the (# of eligible infants and toddlers evaluated and assessed for whom an initial IFSP meeting was required to be conducted)] times 100.

Account for untimely evaluations, assessments, and initial IFSP meetings, including the reasons for delays.

**Instructions**

*If data are from State monitoring, describe the method used to select EIS programs for monitoring. If data are from a State database, describe the time period in which the data were collected (e.g., September through December, fourth quarter, selection from the full reporting period) and how the data accurately reflect data for infants and toddlers with IFSPs for the full reporting period.*

Targets must be 100%.

Describe the results of the calculations and compare the results to the target. Describe the method used to collect these data and if data are from the State’s monitoring, describe the procedures used to collect these data. Provide actual numbers used in the calculation.

States are not required to report in their calculation the number of children for whom the State has identified the cause for the delay as exceptional family circumstances, as defined in 34 CFR §303.310(b), documented in the child’s record. If a State chooses to report in its calculation children for whom the State has identified the cause for the delay as exceptional family circumstances documented in the child’s record, the numbers of these children are to be included in the numerator and denominator. Include in the discussion of the data, the numbers the State used to determine its calculation under this indicator and report separately the number of documented delays attributable to exceptional family circumstances.

Provide detailed information about the timely correction of noncompliance as noted in OSEP’s response table for the previous SPP/APR. If the State did not ensure timely correction of the previous noncompliance, provide information on the extent to which noncompliance was subsequently corrected (more than one year after identification). In addition, provide information regarding the nature of any continuing noncompliance, methods to ensure correction, and any enforcement actions that were taken.

If the State reported less than 100% compliance for the previous reporting period (e.g., for the FFY 2020 SPP/APR, the data for FFY 2019), and the State did not identify any findings of noncompliance, provide an explanation of why the State did not identify any findings of noncompliance.

## 7 - Indicator Data

**Historical Data**

| **Baseline Year** | **Baseline Data** |
| --- | --- |
| 2005 | 98.00% |

|  |  |  |  |  |  |
| --- | --- | --- | --- | --- | --- |
| **FFY** | **2015** | **2016** | **2017** | **2018** | **2019** |
| Target | 100% | 100% | 100% | 100% | 100% |
| Data | 93.71% | 91.98% | 84.99% | 82.70% | 82.67% |

**Targets**

|  |  |  |  |  |  |  |
| --- | --- | --- | --- | --- | --- | --- |
| **FFY** | **2020** | **2021** | **2022** | **2023** | **2024** | **2025** |
| Target | 100% | 100% | 100% | 100% | 100% | 100% |

**FFY 2020 SPP/APR Data**

| **Number of eligible infants and toddlers with IFSPs for whom an initial evaluation and assessment and an initial IFSP meeting was conducted within Part C’s 45-day timeline** | **Number of eligible infants and toddlers evaluated and assessed for whom an initial IFSP meeting was required to be conducted** | **FFY 2019 Data** | **FFY 2020 Target** | **FFY 2020 Data** | **Status** | **Slippage** |
| --- | --- | --- | --- | --- | --- | --- |
| 148 | 1,018 | 82.67% | 100% | 88.51% | Did not meet target | No Slippage |

**Number of documented delays attributable to exceptional family circumstances**

**This number will be added to the "Number of eligible infants and toddlers with IFSPs for whom an initial evaluation and assessment and an initial IFSP meeting was conducted within Part C's 45-day timeline" field above to calculate the numerator for this indicator.**

753

**Provide reasons for delay, if applicable.**

Exceptional Family Circumstances. Of the 1,018 eligible infants and toddlers, 753 (74%) did not have an initial evaluation/assessment and initial IFSP meeting within Part C’s 45-day timeline due to exceptional family circumstances as defined by IDEA Part C. This number is included in both the numerator and denominator. The primary reason for the delay was the COVID-19 pandemic (459 of the 753=61%) which is categorized in the data system as a family circumstance so it is not listed as a program reason. The other predominate family reasons were due to the family not returning calls in a timely manner/unable to contact and family’s request.   
  
Program Reasons for Delays. Of the 1,018 eligible infants and toddlers, 117 (11%) did not have an initial evaluation/assessment and initial IFSP meeting within Part C’s 45-day timeline due to program reasons. The two predominate program reasons that impacted timely initial evaluation/assessments and initial IFSP meetings were staff vacancies and staff schedules full.

**What is the source of the data provided for this indicator?**

State database

**Provide the time period in which the data were collected (e.g., September through December, fourth quarter, selection from the full reporting period).**

Data collected for the full reporting period (7/1/20 – 6/30/21).

**Describe how the data accurately reflect data for infants and toddlers with IFSPs for the full reporting period.**

Statewide data for all eligible infants and toddlers with IFSPs for whom an initial evaluation and initial assessment and an initial IFSP meeting were conducted within Part C's 45-day timeline was collected from the EI database for the period 7/1/20 - 6/30/21. The timelines were from the date of referral to the initial IFSP meeting and were based on actual, not an average, number of days. Interim IFSPs developed due COVID-19 pandemic were included in the exceptional family circumstance category.

**Provide additional information about this indicator (optional).**

COVID-19 Impact on Data:  
  
Due to the COVID-19 pandemic, Hawaii was unable to determine eligibility because the Battelle Developmental Inventory (BDI-2) could not be administered remotely. During that time, a "partial" MDE was conducted that did not include a standardized tool. Therefore, children were presumed eligible and interim IFSPs were completed. Providers completed all components of the IFSP which exceeded the requirements of an Interim IFSP. The Interim IFSPs developed were counted in the exceptional family circumstance category due to COVID-19, which is added to the numerator as well as being counted in the denominator.

**Correction of Findings of Noncompliance Identified in FFY 2019**

| **Findings of Noncompliance Identified** | **Findings of Noncompliance Verified as Corrected Within One Year** | **Findings of Noncompliance Subsequently Corrected** | **Findings Not Yet Verified as Corrected** |
| --- | --- | --- | --- |
| 7 | 3 | 3 | 1 |

**FFY 2019 Findings of Noncompliance Verified as Corrected**

**Describe how the State verified that the source of noncompliance is correctly implementing the *regulatory requirements.***

All Programs were notified in writing of any noncompliance. Programs are required to develop a Corrective Action Plan (CAP), change policies and procedures, as appropriate, and demonstrate correction of all noncompliance (e.g., child specific and up-dated data) as soon as possible but no later than one year of identification (i.e., date of written notification).  
  
In verifying correction of noncompliance, the state determined that each of the EI programs with identified noncompliance was correctly implementing the requirements. Programs with identified noncompliance were required to submit a copy of the signature page of all the Initial IFSPs completed along with a list from the HEIDS that includes the child’s name, Part C referral date, 45-day due date, and date of the Initial IFSP. The Programs were required to submit this updated data to demonstrate correction based on the monitoring data percentage as follows:   
  
• 95% - 100%: 1 month of data that shows 100% with a minimum of 2 records total  
• 90% - 94%: 1 month of data that shows 100% with a minimum of 4 records total  
• 80% - 89%: 2 months of data that show 100% with a minimum of 6 records total  
• 70% - 79%: 2 consecutive months of data that show 100% with a minimum of 8 records total  
• Under 70%: 3 consecutive months that show 100% with a minimum of 10 records total  
  
The Part C LA verified with the Programs submitted and ensured that the program submitted required evidence of correction documentation based on the percentage of noncompliance:  
  
Three of the seven programs demonstrated correction as outlined above within one year of notification:  
• Program 1 submitted one month of data that showed 100% for a total of 22 records.   
• Program 2 submitted one month of data that showed 100% for a total of 16 records.  
• Program 3 submitted one month of data that showed 100% for a total of 15 records.  
  
Three of the seven programs demonstrated subsequent correction as outlined above since the submittal of FFY 2019 APR:  
• Program 1 submitted three consecutive months of data that showed 100% for a total of 24 records.  
• Program 2 submitted one month of data that showed 100% for a total of 6 records.  
• Program 3 submitted two months of data that showed 100% for a total of 9 records.  
  
One remaining program has long standing noncompliance and has not demonstrated correction as outlined above.

**Describe how the State verified that each *individual case* of noncompliance was corrected.**

The Part C LA verified that each of the seven EI Programs with findings of noncompliance for not conducting an initial evaluation/assessment and initial IFSP within Part C’s 45-day timeline, completed all evaluations/assessments and initial IFSPs, although late, unless the child was no longer within the jurisdiction of the EI Program.   
  
There were 243 infants and toddlers who did not have an initial evaluation/assessment and initial IFSP meeting within Part C’s 45-day timeline. Of the 243 infants and toddlers, 202 (83%) infants and toddlers received an initial evaluation/assessment and had an initial IFSP meeting, although untimely and 41 (17%) infants and toddlers left the program’s jurisdiction prior to the completion of the initial IFSP meeting.   
  
The indicator report from HEIDS includes the actual date of the Initial IFSP and calculates how many days late it was from the 45-day timeline. If the initial IFSP did not occur prior to the date the data was pulled and the child is still enrolled in Part C, the Program must immediately correct by completing the initial IFSP, although late and submitted a copy of the signature page of the IFSP to the Part C LA.

**FFY 2019 Findings of Noncompliance Not Yet Verified as Corrected**

**Actions taken if noncompliance not corrected**

The one remaining program with long standing noncompliance has been required to complete the Local Contributing Factor Tool developed by ECTA to identify possible root causes so appropriate strategies can be identified and implemented. The Agency was also notified to submit a Long-Standing Noncompliance plan to identify strategies that will be implemented to support the Program in completing their CAP, how the Agency will monitor the Program’s submission of CAPs, and any technical assistance needed by the Part C LA. The Program must also submit the Ongoing Noncompliance Program Worksheet for Indicator 7 and submit a Weekly Status Report to the Part C LA.   
  
The Program Manager position has been vacant since January 2020. At that time, the Agency informed the Part C LA that they were in the process of interviewing for the position. While the position has been vacant, a Program Manager from another program within the Agency was supporting the program in a limited capacity. The Program also experienced staff vacancies.

**Correction of Findings of Noncompliance Identified Prior to FFY 2019**

| **Year Findings of Noncompliance Were Identified** | **Findings of Noncompliance Not Yet Verified as Corrected as of FFY 2019 APR** | **Findings of Noncompliance Verified as Corrected** | **Findings Not Yet Verified as Corrected** |
| --- | --- | --- | --- |
|  |  |  |  |
|  |  |  |  |
|  |  |  |  |

## 7 - Prior FFY Required Actions

Because the State reported less than 100% compliance for FFY 2019, the State must report on the status of correction of noncompliance identified in FFY 2019 for this indicator. When reporting on the correction of noncompliance, the State must report, in the FFY 2020 SPP/APR, that it has verified that each EIS program or provider with noncompliance identified in FFY 2019 for this indicator: (1) is correctly implementing the specific regulatory requirements (i.e., achieved 100% compliance) based on a review of updated data such as data subsequently collected through on-site monitoring or a State data system; and (2) has corrected each individual case of noncompliance, unless the child is no longer within the jurisdiction of the EIS program or provider, consistent with OSEP Memo 09-02. In the FFY 2020 SPP/APR, the State must describe the specific actions that were taken to verify the correction.   
  
If the State did not identify any findings of noncompliance in FFY 2019, although its FFY 2019 data reflect less than 100% compliance, provide an explanation of why the State did not identify any findings of noncompliance in FFY 2019.

**Response to actions required in FFY 2019 SPP/APR**

Refer to "Correction of Findings of Noncompliance" section where the State addresses the correction of findings of noncompliance identified in FFY 2019. There is one outstanding correction of findings of noncompliance for Indicator 7 in FFY 2019.

## 7 - OSEP Response

The State provided an explanation of how COVID-19 impacted its ability to collect FFY 2020 data for this indicator and steps the State has taken to mitigate the impact of COVID-19 on data collection.

## 7 - Required Actions

Because the State reported less than 100% compliance for FFY 2020, the State must report on the status of correction of noncompliance identified in FFY 2020 for this indicator. In addition, the State must demonstrate, in the FFY 2021 SPP/APR, that the remaining one uncorrected finding of noncompliance identified in FFY 2019 was corrected. When reporting on the correction of noncompliance, the State must report, in the FFY 2021 SPP/APR, that it has verified that each EIS program or provider with findings of noncompliance identified in FFY 2020 and each EIS program or provider with remaining noncompliance identified in FFY 2019: (1) is correctly implementing the specific regulatory requirements (i.e., achieved 100% compliance) based on a review of updated data such as data subsequently collected through on-site monitoring or a State data system; and (2) has corrected each individual case of noncompliance, unless the child is no longer within the jurisdiction of the EIS program or provider, consistent with OSEP Memo 09-02. In the FFY 2021 SPP/APR, the State must describe the specific actions that were taken to verify the correction.   
  
If the State did not identify any findings of noncompliance in FFY 2020, although its FFY 2020 data reflect less than 100% compliance, provide an explanation of why the State did not identify any findings of noncompliance in FFY 2020.

# Indicator 8A: Early Childhood Transition

**Instructions and Measurement**

**Monitoring Priority:** Effective General Supervision Part C / Effective Transition

**Compliance indicator:** The percentage of toddlers with disabilities exiting Part C with timely transition planning for whom the Lead Agency has:

A. Developed an IFSP with transition steps and services at least 90 days, and at the discretion of all parties, not more than nine months, prior to the toddler’s third birthday;

B. Notified (consistent with any opt-out policy adopted by the State) the State educational agency (SEA) and the local educational agency (LEA) where the toddler resides at least 90 days prior to the toddler’s third birthday for toddlers potentially eligible for Part B preschool services; and

C. Conducted the transition conference held with the approval of the family at least 90 days, and at the discretion of all parties, not more than nine months, prior to the toddler’s third birthday for toddlers potentially eligible for Part B preschool services.

(20 U.S.C. 1416(a)(3)(B) and 1442)

**Data Source**

Data to be taken from monitoring or State data system.

**Measurement**

A. Percent = [(# of toddlers with disabilities exiting Part C who have an IFSP with transition steps and services at least 90 days, and at the discretion of all parties not more than nine months, prior to their third birthday) divided by the (# of toddlers with disabilities exiting Part C)] times 100.

B. Percent = [(# of toddlers with disabilities exiting Part C where notification (consistent with any opt-out policy adopted by the State) to the SEA and LEA occurred at least 90 days prior to their third birthday for toddlers potentially eligible for Part B preschool services) divided by the (# of toddlers with disabilities exiting Part C who were potentially eligible for Part B)] times 100.

C. Percent = [(# of toddlers with disabilities exiting Part C where the transition conference occurred at least 90 days, and at the discretion of all parties not more than nine months, prior to the toddler’s third birthday for toddlers potentially eligible for Part B) divided by the (# of toddlers with disabilities exiting Part C who were potentially eligible for Part B)] times 100.

Account for untimely transition planning under 8A, 8B, and 8C, including the reasons for delays.

**Instructions**

Indicators 8A, 8B, and 8C: Targets must be 100%.

Describe the results of the calculations and compare the results to the target. Describe the method used to collect these data. Provide the actual numbers used in the calculation.

Indicators 8A and 8C: If data are from the State’s monitoring, describe the procedures used to collect these data. If data are from State monitoring, also describe the method used to select EIS programs for monitoring. If data are from a State database, describe the time period in which the data were collected (e.g., September through December, fourth quarter, selection from the full reporting period) and how the data accurately reflect data for infants and toddlers with IFSPs for the full reporting period.

Indicators 8A and 8C: States are not required to report in their calculation the number of children for whom the State has identified the cause for the delay as exceptional family circumstances, as defined in 34 CFR §303.310(b), documented in the child’s record. If a State chooses to report in its calculation children for whom the State has identified the cause for the delay as exceptional family circumstances documented in the child’s record, the numbers of these children are to be included in the numerator and denominator. Include in the discussion of the data, the numbers the State used to determine its calculation under this indicator and report separately the number of documented delays attributable to exceptional family circumstances.

Indicator 8B: Under 34 CFR §303.401(e), the State may adopt a written policy that requires the lead agency to provide notice to the parent of an eligible child with an IFSP of the impending notification to the SEA and LEA under IDEA section 637(a)(9)(A)(ii)(I) and 34 CFR §303.209(b)(1) and (2) and permits the parent within a specified time period to “opt-out” of the referral. Under the State’s opt-out policy, the State is not required to include in the calculation under 8B (in either the numerator or denominator) the number of children for whom the parents have opted out. However, the State must include in the discussion of data, the number of parents who opted out. In addition, any written opt-out policy must be on file with the Department of Education as part of the State’s Part C application under IDEA section 637(a)(9)(A)(ii)(I) and 34 CFR §§303.209(b) and 303.401(d).

Indicator 8C: The measurement is intended to capture those children for whom a transition conference must be held within the required timeline and, as such, only children between 2 years 3 months and age 3 should be included in the denominator.

Indicator 8C: Do not include in the calculation, but provide a separate number for those toddlers for whom the parent did not provide approval for the transition conference.

Indicators 8A, 8B, and 8C: Provide detailed information about the timely correction of noncompliance as noted in OSEP’s response table for the previous SPP/APR. If the State did not ensure timely correction of the previous noncompliance, provide information on the extent to which noncompliance was subsequently corrected (more than one year after identification). In addition, provide information regarding the nature of any continuing noncompliance, methods to ensure correction, and any enforcement actions that were taken.

If the State reported less than 100% compliance for the previous reporting period (e.g., for the FFY 2020 SPP/APR, the data for FFY 2019), and the State did not identify any findings of noncompliance, provide an explanation of why the State did not identify any findings of noncompliance.

## 8A - Indicator Data

**Historical Data**

| **Baseline Year** | **Baseline Data** |
| --- | --- |
| 2005 | 86.00% |

|  |  |  |  |  |  |
| --- | --- | --- | --- | --- | --- |
| **FFY** | **2015** | **2016** | **2017** | **2018** | **2019** |
| Target | 100% | 100% | 100% | 100% | 100% |
| Data | 93.62% | 93.37% | 94.09% | 92.28% | 92.22% |

**Targets**

|  |  |  |  |  |  |  |
| --- | --- | --- | --- | --- | --- | --- |
| **FFY** | **2020** | **2021** | **2022** | **2023** | **2024** | **2025** |
| Target | 100% | 100% | 100% | 100% | 100% | 100% |

**FFY 2020 SPP/APR Data**

**Data include only those toddlers with disabilities exiting Part C with timely transition planning for whom the Lead Agency has developed an IFSP with transition steps and services at least 90 days, and at the discretion of all parties, not more than nine months, prior to the toddler’s third birthday. (yes/no)**

YES

| **Number of children exiting Part C who have an IFSP with transition steps and services** | **Number of toddlers with disabilities exiting Part C** | **FFY 2019 Data** | **FFY 2020 Target** | **FFY 2020 Data** | **Status** | **Slippage** |
| --- | --- | --- | --- | --- | --- | --- |
| 715 | 884 | 92.22% | 100% | 92.53% | Did not meet target | No Slippage |

**Number of documented delays attributable to exceptional family circumstances**   
**This number will be added to the “Number of children exiting Part C who have an IFSP with transition steps and services” field to calculate the numerator for this indicator.**

103

**Provide reasons for delay, if applicable.**

Exceptional Family Circumstances: Of 884 children exiting Part C, 204 (12%) did not receive a timely and complete Transition Plan in their IFSP due to exceptional family circumstances as defined by IDEA Part C. This number is included in both the numerator and denominator. The two predominate family reasons were that the family did not return calls in a timely manner and COVID-19 (e.g., family request to put services on hold, request, postpone meeting).  
  
Program Reasons for Delays: Of 884 children exiting Part C, 66 (8%) did not have a timely and complete Transition Plan in their IFSP, based on Hawaii ’s requirements for a complete Transition Plan. To be considered “complete,” Hawaii requires the Transition Plan to be updated at each IFSP meeting and it must include steps and services listed in the IDEA, Part C regulations. The predominate program reason that impacted timely and complete Transition Plan in their IFSP were no documentation of late reasons.

**What is the source of the data provided for this indicator?**

State database

**Provide the time period in which the data were collected (e.g., September through December, fourth quarter, selection from the full reporting period).**

Data collected for the full reporting period (7/1/20 – 6/30/21).

**Describe how the data accurately reflect data for infants and toddlers with IFSPs for the full reporting period.**

Statewide data for the timely Transition Planning for all children who exited Part C in FFY 20 was collected from the Hawaii Early Intervention Data System (HEIDS) for the period 7/1/20 - 6/30/21. Children who exited with an Interim IFSP during the same time period were not included in this Indicator.

**Provide additional information about this indicator (optional)**

COVID-19 Impact on Data:  
  
Due to the COVID-19 pandemic, Hawaii was unable to determine eligibility because the Battelle Developmental Inventory (BDI-2) could not be administered remotely. During that time, a "partial" MDE was conducted that did not include a standardized tool. Therefore, interim IFSPs were completed. Children who exited with Interim IFSPs were not included in the numerator or denominator.   
  
FFY 2020 Actual Data Discussion:   
  
Children referred and found eligible fewer than 90 days from their third birthday were not included in this calculation. Children that exited prior to the due date with a complete and timely transition plan was included in this calculation.

**Correction of Findings of Noncompliance Identified in FFY 2019**

| **Findings of Noncompliance Identified** | **Findings of Noncompliance Verified as Corrected Within One Year** | **Findings of Noncompliance Subsequently Corrected** | **Findings Not Yet Verified as Corrected** |
| --- | --- | --- | --- |
| 8 | 7 | 1 | 0 |

**FFY 2019 Findings of Noncompliance Verified as Corrected**

**Describe how the State verified that the source of noncompliance is correctly implementing the *regulatory requirements.***

All Programs were notified in writing of any noncompliance. Programs were required to develop a Corrective Action Plan (CAP), change policies and procedures, as appropriate, and demonstrate correction of all noncompliance (e.g., child specific and up-dated data) as soon as possible but no later than one year of identification (i.e., date of written notification).  
  
In verifying correction of noncompliance, the state determined that each of the EI programs with identified noncompliance was correctly implementing the requirement. Programs with identified noncompliance were required to submit a copy of the transition plan along with a list from HEIDS that includes the child’s name, date of birth, exit date, and transition due date (at least 90 days prior to exiting Part C). The Programs were required to submit this updated data to demonstrate correction based on the monitoring data percentage as follows:  
  
• 95% - 100%: 1 month of data that shows 100% with a minimum of 2 records total  
• 90% - 94%: 1 month of data that shows 100% with a minimum of 4 records total  
• 80% - 89%: 2 months of data that show 100% with a minimum of 6 records total  
• 70% - 79%: 2 consecutive months of data that show 100% with a minimum of 8 records total  
• Under 70%: 3 consecutive months that show 100% with a minimum of 10 records total  
  
The Part C LA verified that the programs submitted required evidence of correction documentation based on the percentage of noncompliance:  
  
Seven of the eight programs demonstrated correction as outlined above within one year of notification:   
  
• Program 1 submitted one month of data that showed 100% for a total of 2 records.  
• Program 2 submitted two months of data that showed 100% for a total of 9 records.  
• Program 3 submitted two months of data that showed 100% for a total of 7 records.  
• Program 4 submitted one month of data that showed 100% for a total of 6 records.   
• Program 5 submitted one month of data that showed 100% for a total of 6 records.  
• Program 6 submitted one month of data that showed 100% for a total of 6 records.  
• Program 7 submitted one month of data that showed 100% for a total of 4 records.  
  
The one remaining program demonstrated subsequent correction as outlined above since the submittal of FFY 2019 APR:  
  
• Program 1 submitted one month of data that showed 100% for a total of 2 records.

**Describe how the State verified that each *individual case* of noncompliance was corrected.**

When the Part C LA reviews the Transition Plan data from HEIDS, all children have exited EI; therefore, all 97 children across the eight programs exited without a complete and timely transition plan because the child exited EI and were no longer under the jurisdiction of Part C.

**Correction of Findings of Noncompliance Identified Prior to FFY 2019**

| **Year Findings of Noncompliance Were Identified** | **Findings of Noncompliance Not Yet Verified as Corrected as of FFY 2019 APR** | **Findings of Noncompliance Verified as Corrected** | **Findings Not Yet Verified as Corrected** |
| --- | --- | --- | --- |
|  |  |  |  |
|  |  |  |  |
|  |  |  |  |

## 8A - Prior FFY Required Actions

Because the State reported less than 100% compliance for FFY 2019, the State must report on the status of correction of noncompliance identified in FFY 2019 for this indicator. When reporting on the correction of noncompliance, the State must report, in the FFY 2020 SPP/APR, that it has verified that each EIS program or provider with noncompliance identified in FFY 2019 for this indicator: (1) is correctly implementing the specific regulatory requirements (i.e., achieved 100% compliance) based on a review of updated data such as data subsequently collected through on-site monitoring or a State data system; and (2) has corrected each individual case of noncompliance, unless the child is no longer within the jurisdiction of the EIS program or provider, consistent with OSEP Memo 09-02. In the FFY 2020 SPP/APR, the State must describe the specific actions that were taken to verify the correction.   
  
If the State did not identify any findings of noncompliance in FFY 2019, although its FFY 2019 data reflect less than 100% compliance, provide an explanation of why the State did not identify any findings of noncompliance in FFY 2019.

**Response to actions required in FFY 2019 SPP/APR**

Refer to "Correction of Findings of Noncompliance" section where the State addresses the correction of findings of noncompliance identified in FFY 2019. There are no outstanding correction of findings of noncompliance for Indicator 8A in FFY 2019.

## 8A - OSEP Response

## 8A - Required Actions

Because the State reported less than 100% compliance for FFY 2020, the State must report on the status of correction of noncompliance identified in FFY 2020 for this indicator. When reporting on the correction of noncompliance, the State must report, in the FFY 2021 SPP/APR, that it has verified that each EIS program or provider with noncompliance identified in FFY 2020 for this indicator: (1) is correctly implementing the specific regulatory requirements (i.e., achieved 100% compliance) based on a review of updated data such as data subsequently collected through on-site monitoring or a State data system; and (2) has corrected each individual case of noncompliance, unless the child is no longer within the jurisdiction of the EIS program or provider, consistent with OSEP Memo 09-02. In the FFY 2021 SPP/APR, the State must describe the specific actions that were taken to verify the correction.   
  
If the State did not identify any findings of noncompliance in FFY 2020, although its FFY 2020 data reflect less than 100% compliance, provide an explanation of why the State did not identify any findings of noncompliance in FFY 2020.

# Indicator 8B: Early Childhood Transition

**Instructions and Measurement**

**Monitoring Priority:** Effective General Supervision Part C / Effective Transition

**Compliance indicator:** The percentage of toddlers with disabilities exiting Part C with timely transition planning for whom the Lead Agency has:

A. Developed an IFSP with transition steps and services at least 90 days, and at the discretion of all parties, not more than nine months, prior to the toddler’s third birthday;

B. Notified (consistent with any opt-out policy adopted by the State) the State educational agency (SEA) and the local educational agency (LEA) where the toddler resides at least 90 days prior to the toddler’s third birthday for toddlers potentially eligible for Part B preschool services; and

C. Conducted the transition conference held with the approval of the family at least 90 days, and at the discretion of all parties, not more than nine months, prior to the toddler’s third birthday for toddlers potentially eligible for Part B preschool services.

(20 U.S.C. 1416(a)(3)(B) and 1442)

**Data Source**

Data to be taken from monitoring or State data system.

**Measurement**

A. Percent = [(# of toddlers with disabilities exiting Part C who have an IFSP with transition steps and services at least 90 days, and at the discretion of all parties not more than nine months, prior to their third birthday) divided by the (# of toddlers with disabilities exiting Part C)] times 100.

B. Percent = [(# of toddlers with disabilities exiting Part C where notification (consistent with any opt-out policy adopted by the State) to the SEA and LEA occurred at least 90 days prior to their third birthday for toddlers potentially eligible for Part B preschool services) divided by the (# of toddlers with disabilities exiting Part C who were potentially eligible for Part B)] times 100.

C. Percent = [(# of toddlers with disabilities exiting Part C where the transition conference occurred at least 90 days, and at the discretion of all parties not more than nine months, prior to the toddler’s third birthday for toddlers potentially eligible for Part B) divided by the (# of toddlers with disabilities exiting Part C who were potentially eligible for Part B)] times 100.

Account for untimely transition planning under 8A, 8B, and 8C, including the reasons for delays.

**Instructions**

Indicators 8A, 8B, and 8C: Targets must be 100%.

Describe the results of the calculations and compare the results to the target. Describe the method used to collect these data. Provide the actual numbers used in the calculation.

Indicators 8A and 8C: If data are from the State’s monitoring, describe the procedures used to collect these data. If data are from State monitoring, also describe the method used to select EIS programs for monitoring. If data are from a State database, describe the time period in which the data were collected (e.g., September through December, fourth quarter, selection from the full reporting period) and how the data accurately reflect data for infants and toddlers with IFSPs for the full reporting period.

Indicators 8A and 8C: States are not required to report in their calculation the number of children for whom the State has identified the cause for the delay as exceptional family circumstances, as defined in 34 CFR §303.310(b), documented in the child’s record. If a State chooses to report in its calculation children for whom the State has identified the cause for the delay as exceptional family circumstances documented in the child’s record, the numbers of these children are to be included in the numerator and denominator. Include in the discussion of the data, the numbers the State used to determine its calculation under this indicator and report separately the number of documented delays attributable to exceptional family circumstances.

Indicator 8B: Under 34 CFR §303.401(e), the State may adopt a written policy that requires the lead agency to provide notice to the parent of an eligible child with an IFSP of the impending notification to the SEA and LEA under IDEA section 637(a)(9)(A)(ii)(I) and 34 CFR §303.209(b)(1) and (2) and permits the parent within a specified time period to “opt-out” of the referral. Under the State’s opt-out policy, the State is not required to include in the calculation under 8B (in either the numerator or denominator) the number of children for whom the parents have opted out. However, the State must include in the discussion of data, the number of parents who opted out. In addition, any written opt-out policy must be on file with the Department of Education as part of the State’s Part C application under IDEA section 637(a)(9)(A)(ii)(I) and 34 CFR §§303.209(b) and 303.401(d).

Indicator 8C: The measurement is intended to capture those children for whom a transition conference must be held within the required timeline and, as such, only children between 2 years 3 months and age 3 should be included in the denominator.

Indicator 8C: Do not include in the calculation, but provide a separate number for those toddlers for whom the parent did not provide approval for the transition conference.

Indicators 8A, 8B, and 8C: Provide detailed information about the timely correction of noncompliance as noted in OSEP’s response table for the previous SPP/APR. If the State did not ensure timely correction of the previous noncompliance, provide information on the extent to which noncompliance was subsequently corrected (more than one year after identification). In addition, provide information regarding the nature of any continuing noncompliance, methods to ensure correction, and any enforcement actions that were taken.

If the State reported less than 100% compliance for the previous reporting period (e.g., for the FFY 2020 SPP/APR, the data for FFY 2019), and the State did not identify any findings of noncompliance, provide an explanation of why the State did not identify any findings of noncompliance.

## 8B - Indicator Data

**Historical Data**

| **Baseline Year** | **Baseline Data** |
| --- | --- |
| 2005 | 94.00% |

|  |  |  |  |  |  |
| --- | --- | --- | --- | --- | --- |
| **FFY** | **2015** | **2016** | **2017** | **2018** | **2019** |
| Target | 100% | 100% | 100% | 100% | 100% |
| Data | 90.80% | 92.37% | 89.03% | 85.54% | 90.47% |

**Targets**

|  |  |  |  |  |  |  |
| --- | --- | --- | --- | --- | --- | --- |
| **FFY** | **2020** | **2021** | **2022** | **2023** | **2024** | **2025** |
| Target | 100% | 100% | 100% | 100% | 100% | 100% |

**FFY 2020 SPP/APR Data**

**Data include notification to both the SEA and LEA**

YES

| **Number of toddlers with disabilities exiting Part C where notification to the SEA and LEA occurred at least 90 days prior to their third birthday for toddlers potentially eligible for Part B preschool services** | **Number of toddlers with disabilities exiting Part C who were potentially eligible for Part B** | **FFY 2019 Data** | **FFY 2020 Target** | **FFY 2020 Data** | **Status** | **Slippage** |
| --- | --- | --- | --- | --- | --- | --- |
| 560 | 887 | 90.47% | 100% | 81.16% | Did not meet target | Slippage |

**Provide reasons for slippage, if applicable**

Providers misunderstood the requirement to send the directory information to the SEA and the home school if the family did not opt out by the specified date. If providers were unable to meet with the family or did not receive the form back from the family, the referral was not sent to the SEA and home school.

**Number of parents who opted out**

**This number will be subtracted from the "Number of toddlers with disabilities exiting Part C who were potentially eligible for Part B" field to calculate the denominator for this indicator.**

197

**Provide reasons for delay, if applicable.**

One predominate reason for the delay was that providers misunderstood the requirement to send the directory information to DOE if the family did not opt out by the specified date. The other is that the referral to DOE was not made and there was no documentation as to why the referral was not made and no opt out date.

**Describe the method used to collect these data.**

Statewide data for the timely notification via Part C Transition Notice for all children who exited Part C in FFY 2020 was collected from the HEIDS for the period 7/1/20 - 6/30/21. Children who exited with an Interim IFSP during this time period were not included in this Indicator. Children referred and found eligible less than 90 days prior to their third (3rd) birthday were not included in the numerator and denominator. Parents who opted out of sending the Transition Notice to Part B were not included in the denominator.

**Do you have a written opt-out policy? (yes/no)**

YES

**If yes, is the policy on file with the Department? (yes/no)**

YES

**What is the source of the data provided for this indicator?**

State database

**Provide the time period in which the data were collected (e.g., September through December, fourth quarter, selection from the full reporting period).**

Data collected for the full reporting period (7/1/20 – 6/30/21).

**Describe how the data accurately reflect data for infants and toddlers with IFSPs for the full reporting period.**

Statewide data for the timely Transition Planning for all children who exited Part C in FFY 20 was collected from the HEIDS for the period 7/1/20 - 6/30/21. Children who exited with an Interim IFSP during this time period were not included in this Indicator. .

**Provide additional information about this indicator (optional).**

COVID-19 Impact on Data:  
  
Due to the COVID-19 pandemic, Hawaii was unable to determine eligibility because the Battelle Developmental Inventory (BDI-2) could not be administered remotely. During that time, a "partial" MDE was conducted that did not include a standardized tool. Therefore, interim IFSPs were completed. Children who exited with Interim IFSPs were not included in the numerator or denominator.

**Correction of Findings of Noncompliance Identified in FFY 2019**

| **Findings of Noncompliance Identified** | **Findings of Noncompliance Verified as Corrected Within One Year** | **Findings of Noncompliance Subsequently Corrected** | **Findings Not Yet Verified as Corrected** |
| --- | --- | --- | --- |
| 9 | 8 | 1 | 0 |

**FFY 2019 Findings of Noncompliance Verified as Corrected**

**Describe how the State verified that the source of noncompliance is correctly implementing the *regulatory requirements.***

The programs were notified in writing of any noncompliance. The programs were required to develop a Corrective Action Plan (CAP), change policies and procedures, as appropriate, and demonstrate correction of all noncompliance (e.g., child specific and up-dated data) as soon as possible but no later than one year of identification (i.e., date of written notification).  
  
In verifying correction of noncompliance, the state determined that the EI programs with identified noncompliance were correctly implementing the requirement. The programs with identified noncompliance were required to submit a copy of the documentation of when the transition notice was sent to the SEA and child’s home school, along with a list from HEIDS that includes the child’s name, date of birth, exit date, and transition due date (at least 90 days prior to exiting Part C). The programs were required to submit this updated data to demonstrate correction based on the monitoring data percentage as follows:  
  
• 95% - 100%: 1 month of data that shows 100% with a minimum of 2 records total  
• 90% - 94%: 1 month of data that shows 100% with a minimum of 4 records total  
• 80% - 89%: 2 months of data that show 100% with a minimum of 6 records total  
• 70% - 79%: 2 consecutive months of data that show 100% with a minimum of 8 records total  
• Under 70%: 3 consecutive months that show 100% with a minimum of 10 records total  
  
The Part C LA verified that the programs submitted required evidence of correction documentation based on the percentage of noncompliance:  
  
Eight of the nine programs demonstrated correction as outlined above within one year of notification:   
• Program 1 submitted one month of data that showed 100% for a total of 4 records.  
• Program 2 submitted one month of data that showed 100% for a total of 5 records.  
• Program 3 submitted two months of data that showed 100% for a total of 19 records.  
• Program 4 submitted two months of data that showed 100% for a total of 11 records.   
• Program 5 submitted one month of data that showed 100% for a total of 7 records.  
• Program 6 submitted one month of data that showed 100% for a total of 4 records.  
• Program 7 submitted one month of data that showed 100% for a total of 6 records.  
• Program 8 submitted one month of data that showed 100% for a total of 5 records.  
  
The one remaining program demonstrated subsequent correction as outlined above since the submittal of FFY 2019 APR:  
• Program 1 submitted two consecutive months of data that showed 100% for a total of 10 records.

**Describe how the State verified that each *individual case* of noncompliance was corrected.**

The Part C LA verified that the nine EI programs with findings of noncompliance for not providing timely notification to the SEA and child’s home school of potentially eligible children for Part B services, have issued notification to the SEA and child’s home school, although late, for all children with records found out of compliance unless the child was no longer residing within the jurisdiction of the EI Program.  
  
There were 95 children who exited without timely notification to the SEA and the child’s home school, notification was provided to the SEA and the child’s home school for 56 of those children, although untimely and 39 children were no longer residing within the jurisdiction of the EI Program prior to issuing the SEA and the child’s home school notification.   
  
The report from HEIDS includes the actual date the notification was sent to both the SEA and the child’s home school. If the notice was sent on two separate dates, the later date is entered into HEIDS.

**Correction of Findings of Noncompliance Identified Prior to FFY 2019**

| **Year Findings of Noncompliance Were Identified** | **Findings of Noncompliance Not Yet Verified as Corrected as of FFY 2019 APR** | **Findings of Noncompliance Verified as Corrected** | **Findings Not Yet Verified as Corrected** |
| --- | --- | --- | --- |
|  |  |  |  |
|  |  |  |  |
|  |  |  |  |

## 8B - Prior FFY Required Actions

Because the State reported less than 100% compliance for FFY 2019, the State must report on the status of correction of noncompliance identified in FFY 2019 for this indicator. When reporting on the correction of noncompliance, the State must report, in the FFY 2020 SPP/APR, that it has verified that each EIS program or provider with noncompliance identified in FFY 2019 for this indicator: (1) is correctly implementing the specific regulatory requirements (i.e., achieved 100% compliance) based on a review of updated data such as data subsequently collected through on-site monitoring or a State data system; and (2) has corrected each individual case of noncompliance, unless the child is no longer within the jurisdiction of the EIS program or provider, consistent with OSEP Memo 09-02. In the FFY 2020 SPP/APR, the State must describe the specific actions that were taken to verify the correction.   
  
If the State did not identify any findings of noncompliance in FFY 2019, although its FFY 2019 data reflect less than 100% compliance, provide an explanation of why the State did not identify any findings of noncompliance in FFY 2019.

**Response to actions required in FFY 2019 SPP/APR**

Refer to "Correction of Findings of Noncompliance" section where the State addresses the correction of findings of noncompliance identified in FFY 2019. There are no outstanding correction of findings of noncompliance for Indicator 8B in FFY 2019.

## 8B - OSEP Response

## 8B - Required Actions

Because the State reported less than 100% compliance for FFY 2020, the State must report on the status of correction of noncompliance identified in FFY 2020 for this indicator. When reporting on the correction of noncompliance, the State must report, in the FFY 2021 SPP/APR, that it has verified that each EIS program or provider with noncompliance identified in FFY 2020 for this indicator: (1) is correctly implementing the specific regulatory requirements (i.e., achieved 100% compliance) based on a review of updated data such as data subsequently collected through on-site monitoring or a State data system; and (2) has corrected each individual case of noncompliance, unless the child is no longer within the jurisdiction of the EIS program or provider, consistent with OSEP Memo 09-02. In the FFY 2021 SPP/APR, the State must describe the specific actions that were taken to verify the correction.   
  
If the State did not identify any findings of noncompliance in FFY 2020, although its FFY 2020 data reflect less than 100% compliance, provide an explanation of why the State did not identify any findings of noncompliance in FFY 2020.

# Indicator 8C: Early Childhood Transition

**Instructions and Measurement**

**Monitoring Priority:** Effective General Supervision Part C / Effective Transition

**Compliance indicator:** The percentage of toddlers with disabilities exiting Part C with timely transition planning for whom the Lead Agency has:

A. Developed an IFSP with transition steps and services at least 90 days, and at the discretion of all parties, not more than nine months, prior to the toddler’s third birthday;

B. Notified (consistent with any opt-out policy adopted by the State) the State educational agency (SEA) and the local educational agency (LEA) where the toddler resides at least 90 days prior to the toddler’s third birthday for toddlers potentially eligible for Part B preschool services; and

C. Conducted the transition conference held with the approval of the family at least 90 days, and at the discretion of all parties, not more than nine months, prior to the toddler’s third birthday for toddlers potentially eligible for Part B preschool services.

(20 U.S.C. 1416(a)(3)(B) and 1442)

**Data Source**

Data to be taken from monitoring or State data system.

**Measurement**

A. Percent = [(# of toddlers with disabilities exiting Part C who have an IFSP with transition steps and services at least 90 days, and at the discretion of all parties not more than nine months, prior to their third birthday) divided by the (# of toddlers with disabilities exiting Part C)] times 100.

B. Percent = [(# of toddlers with disabilities exiting Part C where notification (consistent with any opt-out policy adopted by the State) to the SEA and LEA occurred at least 90 days prior to their third birthday for toddlers potentially eligible for Part B preschool services) divided by the (# of toddlers with disabilities exiting Part C who were potentially eligible for Part B)] times 100.

C. Percent = [(# of toddlers with disabilities exiting Part C where the transition conference occurred at least 90 days, and at the discretion of all parties not more than nine months, prior to the toddler’s third birthday for toddlers potentially eligible for Part B) divided by the (# of toddlers with disabilities exiting Part C who were potentially eligible for Part B)] times 100.

Account for untimely transition planning under 8A, 8B, and 8C, including the reasons for delays.

**Instructions**

Indicators 8A, 8B, and 8C: Targets must be 100%.

Describe the results of the calculations and compare the results to the target. Describe the method used to collect these data. Provide the actual numbers used in the calculation.

Indicators 8A and 8C: If data are from the State’s monitoring, describe the procedures used to collect these data. If data are from State monitoring, also describe the method used to select EIS programs for monitoring. If data are from a State database, describe the time period in which the data were collected (e.g., September through December, fourth quarter, selection from the full reporting period) and how the data accurately reflect data for infants and toddlers with IFSPs for the full reporting period.

Indicators 8A and 8C: States are not required to report in their calculation the number of children for whom the State has identified the cause for the delay as exceptional family circumstances, as defined in 34 CFR §303.310(b), documented in the child’s record. If a State chooses to report in its calculation children for whom the State has identified the cause for the delay as exceptional family circumstances documented in the child’s record, the numbers of these children are to be included in the numerator and denominator. Include in the discussion of the data, the numbers the State used to determine its calculation under this indicator and report separately the number of documented delays attributable to exceptional family circumstances.

Indicator 8B: Under 34 CFR §303.401(e), the State may adopt a written policy that requires the lead agency to provide notice to the parent of an eligible child with an IFSP of the impending notification to the SEA and LEA under IDEA section 637(a)(9)(A)(ii)(I) and 34 CFR §303.209(b)(1) and (2) and permits the parent within a specified time period to “opt-out” of the referral. Under the State’s opt-out policy, the State is not required to include in the calculation under 8B (in either the numerator or denominator) the number of children for whom the parents have opted out. However, the State must include in the discussion of data, the number of parents who opted out. In addition, any written opt-out policy must be on file with the Department of Education as part of the State’s Part C application under IDEA section 637(a)(9)(A)(ii)(I) and 34 CFR §§303.209(b) and 303.401(d).

Indicator 8C: The measurement is intended to capture those children for whom a transition conference must be held within the required timeline and, as such, only children between 2 years 3 months and age 3 should be included in the denominator.

Indicator 8C: Do not include in the calculation, but provide a separate number for those toddlers for whom the parent did not provide approval for the transition conference.

Indicators 8A, 8B, and 8C: Provide detailed information about the timely correction of noncompliance as noted in OSEP’s response table for the previous SPP/APR. If the State did not ensure timely correction of the previous noncompliance, provide information on the extent to which noncompliance was subsequently corrected (more than one year after identification). In addition, provide information regarding the nature of any continuing noncompliance, methods to ensure correction, and any enforcement actions that were taken.

If the State reported less than 100% compliance for the previous reporting period (e.g., for the FFY 2020 SPP/APR, the data for FFY 2019), and the State did not identify any findings of noncompliance, provide an explanation of why the State did not identify any findings of noncompliance.

## 8C - Indicator Data

**Historical Data**

| **Baseline Year** | **Baseline Data** |
| --- | --- |
| 2005 | 94.00% |

|  |  |  |  |  |  |
| --- | --- | --- | --- | --- | --- |
| **FFY** | **2015** | **2016** | **2017** | **2018** | **2019** |
| Target | 100% | 100% | 100% | 100% | 100% |
| Data | 90.41% | 93.29% | 95.49% | 83.46% | 87.57% |

**Targets**

|  |  |  |  |  |  |  |
| --- | --- | --- | --- | --- | --- | --- |
| **FFY** | **2020** | **2021** | **2022** | **2023** | **2024** | **2025** |
| Target | 100% | 100% | 100% | 100% | 100% | 100% |

**FFY 2020 SPP/APR Data**

**Data reflect only those toddlers for whom the Lead Agency has conducted the transition conference held with the approval of the family at least 90 days, and at the discretion of all parties, not more than nine months, prior to the toddler’s third birthday for toddlers potentially eligible for Part B preschool services. (yes/no)**

YES

| **Number of toddlers with disabilities exiting Part C where the transition conference occurred at least 90 days, and at the discretion of all parties not more than nine months prior to the toddler’s third birthday for toddlers potentially eligible for Part B** | **Number of toddlers with disabilities exiting Part C who were potentially eligible for Part B** | **FFY 2019 Data** | **FFY 2020 Target** | **FFY 2020 Data** | **Status** | **Slippage** |
| --- | --- | --- | --- | --- | --- | --- |
| 311 | 891 | 87.57% | 100% | 82.12% | Did not meet target | Slippage |

**Provide reasons for slippage, if applicable**

Families were harder to reach during the COVID-19 pandemic and families may have been undecided about DOE due to COVID-19 pandemic.

**Number of toddlers for whom the parent did not provide approval for the transition conference**

**This number will be subtracted from the "Number of toddlers with disabilities exiting Part C who were potentially eligible for Part B" field to calculate the denominator for this indicator.**

466

**Number of documented delays attributable to exceptional family circumstances**

**This number will be added to the "Number of toddlers with disabilities exiting Part C where the transition conference occurred at least 90 days, and at the discretion of all parties not more than nine months prior to the toddler’s third birthday for toddlers potentially eligible for Part B" field to calculate the numerator for this indicator.**

38

**Provide reasons for delay, if applicable.**

Exceptional Family Circumstances. Of 425 children exiting Part C, 38 (9%) did not have a timely Transition Conference due to exceptional family circumstances. They are included in both the numerator and denominator of indicator calculations. The predominate reason for exceptional family circumstances was that the family did not return calls in a timely manner or did not respond, most likely related to COVID-19.   
  
Program Reasons. Of 425 children exiting Part C, 76 (18) did not have a timely Transition Conference due to program reasons. The predominate program reason was due to no documentation.

**What is the source of the data provided for this indicator?**

State database

**Provide the time period in which the data were collected (e.g., September through December, fourth quarter, selection from the full reporting period).**

Data collected for the full reporting period (7/1/20 – 6/30/21).

**Describe how the data accurately reflect data for infants and toddlers with IFSPs for the full reporting period.**

Statewide data for the timely Transition Planning regarding Transition Conference for all children who exited Part C in FFY 20 was collected from the HEIDS for the full reporting period from 7/1/20 - 6/30/21. Children who exited with an Interim IFSP during this time period were not included in this Indicator.

**Provide additional information about this indicator (optional).**

COVID-19 Impact on Data:  
  
Due to the COVID-19 pandemic, Hawaii was unable to determine eligibility because the Battelle Developmental Inventory (BDI-2) could not be administered remotely. During that time, a "partial" MDE was conducted that did not include a standardized tool. Therefore, interim IFSPs were completed. Children who exited with Interim IFSPs were not included in the numerator or denominator.   
  
FFY 2020 Actual Data Discussion:  
  
Hawaii ’s policy is to offer a Transition Conference for all children exiting from Hawaii ’s Part C program, as they are all potentially eligible for Part B services.

**Correction of Findings of Noncompliance Identified in FFY 2019**

| **Findings of Noncompliance Identified** | **Findings of Noncompliance Verified as Corrected Within One Year** | **Findings of Noncompliance Subsequently Corrected** | **Findings Not Yet Verified as Corrected** |
| --- | --- | --- | --- |
| 9 | 4 | 3 | 2 |

**FFY 2019 Findings of Noncompliance Verified as Corrected**

**Describe how the State verified that the source of noncompliance is correctly implementing the *regulatory requirements.***

All Programs were notified in writing of any noncompliance. Programs are required to develop a Corrective Action Plan (CAP), change policies and procedures, as appropriate, and demonstrate correction of all noncompliance (e.g., child specific and up-dated data) as soon as possible but no later than one year of identification (i.e., date of written notification).  
  
In verifying correction of noncompliance, the state determined that each of the EI programs with identified noncompliance was correctly implementing the requirement. Programs with identified noncompliance were required to submit a copy of the anecdotal note documenting the transition conference or family decline, along with a list from HEIDS that includes the child’s name, date of birth, exit date, and transition due date (at least 90 days prior to exiting Part C). The Programs were required to submit this updated data to demonstrate correction based on the monitoring data percentage as follows:  
  
• 95% - 100%: 1 month of data that shows 100% with a minimum of 2 records total  
• 90% - 94%: 1 month of data that shows 100% with a minimum of 4 records total  
• 80% - 89%: 2 months of data that show 100% with a minimum of 6 records total  
• 70% - 79%: 2 consecutive months of data that show 100% with a minimum of 8 records total  
• Under 70%: 3 consecutive months that show 100% with a minimum of 10 records total  
  
The Part C LA verified that the programs submitted required evidence of correction documentation based on the percentage of noncompliance:  
  
Four of the nine programs demonstrated correction as outlined above within one year of notification:  
  
• Program 1 submitted one month of data that showed 100% for a total of 3 records.   
• Program 2 submitted two months of data that showed 100% for a total of 6 records.   
• Program 3 submitted two months of data that showed 100% for a total of 9 records.  
• Program 4 submitted two months of data that showed 100% for a total of 13 records.   
  
Three of the five remaining programs demonstrated subsequent correction as outlined above since the submittal of FFY 2019 APR:  
  
• Program 1 submitted 3 consecutive months of data that showed 100% for a total of 11 records.   
• Program 2 submitted 3 consecutive months of data that showed 100% for a total of 11 records.   
• Program 3 submitted two months of data that showed 100% for a total of 6 records.

**Describe how the State verified that each *individual case* of noncompliance was corrected.**

The Part C LA verified that each of the nine EI programs with FFY 2019 findings of noncompliance for not conducting timely a Transition Conference, conducted a transition conference, although late, for all children with records found out of compliance unless the parent declined to have a Transition Conference or the child was no longer residing within the jurisdiction of the EI Program.  
  
Of the 65 families across the nine programs that did not receive a timely Transition Conference, 3 declined the Transition Conference beyond the due date and are not included in the above count for declined Transition Conference (considered noncompliant) and included in the denominator for indicator calculations; 8 received a Transition Conference, although untimely and 54 children were no longer residing within the jurisdiction of the EI Program prior to having a Transition Conference.

**FFY 2019 Findings of Noncompliance Not Yet Verified as Corrected**

**Actions taken if noncompliance not corrected**

The two remaining programs with long standing noncompliance have been required to complete the Local Contributing Factor Tool developed by ECTA to identify possible root causes so appropriate strategies can be identified and implemented. The Agencies were also notified to submit a Long-Standing Noncompliance plan to identify strategies that will be implemented to support the Programs in completing their CAP, how the Agencies will monitor the Program’s submission of CAPs, and any technical assistance needed by the Part C LA. The Programs must also submit the Ongoing Noncompliance Program Worksheet for Indicator 8C and submit a Weekly Status Report to the Part C LA.  
  
For one of the programs, the Program Manager position has been vacant since January 2020. At that time, the Agency informed the Part C LA that they were in the process of interviewing for the position. While the position has been vacant, a Program Manager from another program within the Agency was supporting the other program in a limited capacity. The Program also experienced staff vacancies.   
  
For the other program, the Agency had a plan in place to support the Program Manger in completing the CAP process; however, due to competing priorities, the Program Manger was unable to address the CAPs nor submit CAPs in a timely manner.   
  
The Agency has had leadership turnover and the Part C LA met with the new Agency Director to go over the long-standing noncompliance issues.

**Correction of Findings of Noncompliance Identified Prior to FFY 2019**

| **Year Findings of Noncompliance Were Identified** | **Findings of Noncompliance Not Yet Verified as Corrected as of FFY 2019 APR** | **Findings of Noncompliance Verified as Corrected** | **Findings Not Yet Verified as Corrected** |
| --- | --- | --- | --- |
|  |  |  |  |
|  |  |  |  |
|  |  |  |  |

## 8C - Prior FFY Required Actions

Because the State reported less than 100% compliance for FFY 2019, the State must report on the status of correction of noncompliance identified in FFY 2019 for this indicator. When reporting on the correction of noncompliance, the State must report, in the FFY 2020 SPP/APR, that it has verified that each EIS program or provider with noncompliance identified in FFY 2019 for this indicator: (1) is correctly implementing the specific regulatory requirements (i.e., achieved 100% compliance) based on a review of updated data such as data subsequently collected through on-site monitoring or a State data system; and (2) has corrected each individual case of noncompliance, unless the child is no longer within the jurisdiction of the EIS program or provider, consistent with OSEP Memo 09-02. In the FFY 2020 SPP/APR, the State must describe the specific actions that were taken to verify the correction.   
  
If the State did not identify any findings of noncompliance in FFY 2019, although its FFY 2019 data reflect less than 100% compliance, provide an explanation of why the State did not identify any findings of noncompliance in FFY 2019.

**Response to actions required in FFY 2019 SPP/APR**

Refer to "Correction of Findings of Noncompliance" section where the State addresses the correction of findings of noncompliance identified in FFY 2019. There are two outstanding correction of findings of noncompliance for Indicator 8C in FFY 2019.

## 8C - OSEP Response

## 8C - Required Actions

Because the State reported less than 100% compliance for FFY 2020, the State must report on the status of correction of noncompliance identified in FFY 2020 for this indicator. In addition, the State must demonstrate, in the FFY 2021 SPP/APR, that the remaining two uncorrected findings of noncompliance identified in FFY 2019 were corrected. When reporting on the correction of noncompliance, the State must report, in the FFY 2021 SPP/APR, that it has verified that each EIS program or provider with findings of noncompliance identified in FFY 2020 and each EIS program or provider with remaining noncompliance identified in FFY 2019: (1) is correctly implementing the specific regulatory requirements (i.e., achieved 100% compliance) based on a review of updated data such as data subsequently collected through on-site monitoring or a State data system; and (2) has corrected each individual case of noncompliance, unless the child is no longer within the jurisdiction of the EIS program or provider, consistent with OSEP Memo 09-02. In the FFY 2021 SPP/APR, the State must describe the specific actions that were taken to verify the correction.   
  
If the State did not identify any findings of noncompliance in FFY 2020, although its FFY 2020 data reflect less than 100% compliance, provide an explanation of why the State did not identify any findings of noncompliance in FFY 2020.

# Indicator 9: Resolution Sessions

**Instructions and Measurement**

**Monitoring Priority:** Effective General Supervision Part C / General Supervision

**Results indicator:** Percent of hearing requests that went to resolution sessions that were resolved through resolution session settlement agreements (applicable if Part B due process procedures under section 615 of the IDEA are adopted). (20 U.S.C. 1416(a)(3)(B) and 1442)

**Data Source**

Data collected under section 618 of the IDEA (IDEA Part C Dispute Resolution Survey in the ED*Facts* Metadata and Process System (E*MAPS*)).

**Measurement**

Percent = (3.1(a) divided by 3.1) times 100.

**Instructions**

Sampling from the State’s 618 data is not allowed.

This indicator is not applicable to a State that has adopted Part C due process procedures under section 639 of the IDEA.

Describe the results of the calculations and compare the results to the target.

States are not required to establish baseline or targets if the number of resolution sessions is less than 10. In a reporting period when the number of resolution sessions reaches 10 or greater, the State must develop baseline and targets and report them in the corresponding SPP/APR.

States may express their targets in a range (e.g., 75-85%).

If the data reported in this indicator are not the same as the State’s 618 data, explain.

States are not required to report data at the EIS program level.

## 9 - Indicator Data

**Not Applicable**

**Select yes if this indicator is not applicable.**

YES

**Provide an explanation of why it is not applicable below.**

Hawaii Part C LA did not have any resolution sessions during this reporting period.

## 9 - Prior FFY Required Actions

None

## 9 - OSEP Response

OSEP notes that this indicator is not applicable.

## 9 - Required Actions

# Indicator 10: Mediation

**Instructions and Measurement**

**Monitoring Priority:** Effective General Supervision Part C / General Supervision

**Results indicator:** Percent of mediations held that resulted in mediation agreements. (20 U.S.C. 1416(a)(3)(B) and 1442)

**Data Source**

Data collected under section 618 of the IDEA (IDEA Part C Dispute Resolution Survey in the ED*Facts* Metadata and Process System (E*MAPS*)).

**Measurement**

Percent = [(2.1(a)(i) + 2.1(b)(i)) divided by 2.1] times 100.

**Instructions**

Sampling from the State’s 618 data is not allowed.

Describe the results of the calculations and compare the results to the target.

States are not required to establish baseline or targets if the number of mediations is less than 10. In a reporting period when the number of mediations reaches 10 or greater, the State must develop baseline and targets and report them in the corresponding SPP/APR.

The consensus among mediation practitioners is that 75-85% is a reasonable rate of mediations that result in agreements and is consistent with national mediation success rate data. States may express their targets in a range (e.g., 75-85%).

If the data reported in this indicator are not the same as the State’s 618 data, explain.

States are not required to report data at the EIS program level.

## 10 - Indicator Data

**Select yes to use target ranges**

Target Range not used

**Select yes if the data reported in this indicator are not the same as the State’s data reported under section 618 of the IDEA.**

NO

**Prepopulated Data**

| **Source** | **Date** | **Description** | **Data** |
| --- | --- | --- | --- |
| SY 2020-21 EMAPS IDEA Part C Dispute Resolution Survey; Section B: Mediation Requests | 11/03/2021 | 2.1 Mediations held | 0 |
| SY 2020-21 EMAPS IDEA Part C Dispute Resolution Survey; Section B: Mediation Requests | 11/03/2021 | 2.1.a.i Mediations agreements related to due process complaints | 0 |
| SY 2020-21 EMAPS IDEA Part C Dispute Resolution Survey; Section B: Mediation Requests | 11/03/2021 | 2.1.b.i Mediations agreements not related to due process complaints | 0 |

Targets: Description of Stakeholder Input

APR Process  
  
The process to develop Hawaii’s APR for FFY 2020 included:  
  
1. The HDOH, EIS which is identified as the Part C LA worked with the EI System Improvement Team to address specific indicators as identified in the approved APR/State Performance Plan (SPP).  
2. On-going meetings with the identified EI System Improvement and Training Team were held to prepare them to facilitate workgroups at the statewide Annual Stakeholders’ Meeting.  
3. Broad dissemination regarding the Stakeholders’ Meeting to determine interest by agency, Hawaii Early Intervention Coordinating Council (HEICC), and community members to ensure appropriate input into the review process, including distribution of a family flier via parent support groups (i.e., Family Hui and PTI – Leadership in Disabilities and Achievement in Hawaii [LDAH]).  
4. Group discussion at the Virtual Stakeholder Meeting on specific indicators. Stakeholders were provided with copies of the current indicator targets, FFY 2020 APR data, FFY 2019 APR data, and other relevant data so the group could determine:  
• Whether the target was met.  
• The extent of progress/slippage for each indicator.  
• Possible reasons for slippage.  
• Establish targets for FFY 2020 – FFY 2025 based on trend data, projections based on the respective meaningful difference calculators develop by the Center of IDEA Eacrly Childhood Date Systems (DaSy), past initiatives that have impacted data and current/future initiatives that my impact the data.   
5. Recommendations were reviewed by the identified members of the EI System Improvement Team and the Part C LA.  
6. The APR was drafted by members of the EI System Improvement Team and the Part C LA.  
7. The APR draft was reviewed and revised, as necessary, by the Part C Coordinator.  
8. The APR was reviewed and approved by the HEICC. As authorized by the HEICC, the HEICC Chairperson reviewed and signed the APR certification form.  
9. The APR was sent to the Director of Health to review.  
10. The APR was submitted to OSEP as required.  
11. The APR was posted on the HDOH EIS website.  
  
Broad Representation  
  
A stakeholder group of approximately 75 individuals provided recommendations to the development of the APR. Because of Hawaii’s broad eligibility and geography, it was important that there was broad representation that included: Part C EI service providers and family members from all islands, from urban and rural areas, as well as the different ethnic and cultural groups that represent Hawaii’s population. The following stakeholders from the islands of Oahu, Hawaii, Maui County, and Kauai were invited:  
  
• Members of the HEICC  
• HDOH administrators, care coordinators (Hawaii’s terminology for service coordinators), direct service providers, quality assurance specialists, data staff, personnel training staff, and contracted providers from:  
o Family Health Services Division (FHSD)  
o Children with Special Health Needs Branch (CSHNB), Public Health Nursing Branch (PHNB)  
o EIS  
o Home Visiting Network  
• Department of Human Services (DHS) administrators  
• Department of Education (DOE) Section 619 District Coordinators Community Members, including representatives from:  
o Early Head Start/Head Start  
o Family Support Programs (Family Hui and LDAH)  
• Parents  
  
The Part C LA partnered with LDAH which is the parent training institute in Hawaii to engage families. LDAH conducted parent focus groups to enhance family engagement. Focus groups provided an opportunity for families to provide feedback on what areas EIS should focus on for system improvement efforts. Families could also indicate if they are interested in ongoing family engagement in the areas of target setting, data analysis, developing improvement strategies, evaluating progress, participate in workgroups to develop and implement activities designed to improve outcomes for children. The Family Engagement flier was distributed by EI Programs statewide, LDAH, Family Hui, DOE Special Education Preschool, and the Community Coordinating Council (CCC) – DOE’s network of families.

**Historical Data**

| **Baseline Year** | **Baseline Data** |
| --- | --- |
| 2005 |  |

|  |  |  |  |  |  |
| --- | --- | --- | --- | --- | --- |
| **FFY** | **2015** | **2016** | **2017** | **2018** | **2019** |
| Target>= |  |  |  |  |  |
| Data |  |  |  |  |  |

**Targets**

|  |  |  |  |  |  |  |
| --- | --- | --- | --- | --- | --- | --- |
| **FFY** | **2020** | **2021** | **2022** | **2023** | **2024** | **2025** |
| Target>= |  |  |  |  |  |  |

**FFY 2020 SPP/APR Data**

| **2.1.a.i Mediation agreements related to due process complaints** | **2.1.b.i Mediation agreements not related to due process complaints** | **2.1 Number of mediations held** | **FFY 2019 Data** | **FFY 2020 Target** | **FFY 2020 Data** | **Status** | **Slippage** |
| --- | --- | --- | --- | --- | --- | --- | --- |
| 0 | 0 | 0 |  |  |  | N/A | N/A |

**Provide additional information about this indicator (optional)**

## 10 - Prior FFY Required Actions

None

## 10 - OSEP Response

The State reported fewer than ten mediations held in FFY 2020. The State is not required to provide targets until any fiscal year in which ten or more mediations were held.

## 10 - Required Actions

# Indicator 11: State Systemic Improvement Plan

**Instructions and Measurement**

**Monitoring Priority:** General Supervision

The State’s SPP/APR includes a State Systemic Improvement Plan (SSIP) that meets the requirements set forth for this indicator.

**Measurement**

The State’s SPP/APR includes an SSIP that is a comprehensive, ambitious, yet achievable multi-year plan for improving results for infants and toddlers with disabilities and their families. The SSIP includes each of the components described below.

**Instructions**

***Baseline Data:*** The State must provide baseline data that must be expressed as a percentage and which is aligned with the State-identified Measurable Result(s) for Infants and Toddlers with Disabilities and their Families.

***Targets:*** In its FFY 2020 SPP/APR, due February 1, 2022, the State must provide measurable and rigorous targets (expressed as percentages) for each of the six years from FFY 2020 through FFY 2025. The State’s FFY 2025 target must demonstrate improvement over the State’s baseline data.

***Updated Data:*** In its FFYs 2020 through FFY 2025 SPPs/APRs, due February 2022 through February 2027, the State must provide updated data for that specific FFY (expressed as percentages) and that data must be aligned with the State-identified Measurable Result(s) for Infants and Toddlers with Disabilities and their Families. In its FFYs 2020 through FFY 2025 SPPs/APRs, the State must report on whether it met its target.

Overview of the Three Phases of the SSIP

It is of the utmost importance to improve results for infants and toddlers with disabilities and their families by improving early intervention services. Stakeholders, including parents of infants and toddlers with disabilities, early intervention service (EIS) programs and providers, the State Interagency Coordinating Council, and others, are critical participants in improving results for infants and toddlers with disabilities and their families and must be included in developing, implementing, evaluating, and revising the SSIP and included in establishing the State’s targets under Indicator 11. The SSIP should include information about stakeholder involvement in all three phases.

*Phase I: Analysis*:

- Data Analysis;

- Analysis of State Infrastructure to Support Improvement and Build Capacity;

- State-identified Measurable Result(s) for Infants and Toddlers with Disabilities and their Families;

- Selection of Coherent Improvement Strategies; and

- Theory of Action.

*Phase II: Plan* (which is in addition to the Phase I content (including any updates) outlined above:

- Infrastructure Development;

- Support for EIS Program and/or EIS Provider Implementation of Evidence-Based Practices; and

- Evaluation.

*Phase III: Implementation and Evaluation* (which is in addition to the Phase I and Phase II content (including any updates) outlined above:

- Results of Ongoing Evaluation and Revisions to the SSIP.

**Specific Content of Each Phase of the SSIP**

Refer to FFY 2013-2015 Measurement Table for detailed requirements of Phase I and Phase II SSIP submissions.

Phase III should only include information from Phase I or Phase II if changes or revisions are being made by the State and/or if information previously required in Phase I or Phase II was not reported.

***Phase III: Implementation and Evaluation***

In Phase III, the State must, consistent with its evaluation plan described in Phase II, assess and report on its progress implementing the SSIP. This includes: (A) data and analysis on the extent to which the State has made progress toward and/or met the State-established short-term and long-term outcomes or objectives for implementation of the SSIP and its progress toward achieving the State-identified Measurable Result for Infants and Toddlers with Disabilities and Their Families (SiMR); (B) the rationale for any revisions that were made, or that the State intends to make, to the SSIP as the result of implementation, analysis, and evaluation; and (C) a description of the meaningful stakeholder engagement. If the State intends to continue implementing the SSIP without modifications, the State must describe how the data from the evaluation support this decision.

A. Data Analysis

As required in the Instructions for the Indicator/Measurement, in its FFYs 2020 through FFY 2025 SPP/APR, the State must report data for that specific FFY (expressed as actual numbers and percentages) that are aligned with the SiMR. The State must report on whether the State met its target. In addition, the State may report on any additional data (e.g., progress monitoring data) that were collected and analyzed that would suggest progress toward the SiMR. States using a subset of the population from the indicator (e.g., a sample, cohort model) should describe how data are collected and analyzed for the SiMR if that was not described in Phase I or Phase II of the SSIP.

B. Phase III Implementation, Analysis and Evaluation

The State must provide a narrative or graphic representation, e.g., a logic model, of the principal activities, measures and outcomes that were implemented since the State’s last SSIP submission (i.e., April 1, 2021). The evaluation should align with the theory of action described in Phase I and the evaluation plan described in Phase II. The State must describe any changes to the activities, strategies, or timelines described in Phase II and include a rationale or justification for the changes. If the State intends to continue implementing the SSIP without modifications, the State must describe how the data from the evaluation support this decision.

The State must summarize the infrastructure improvement strategies that were implemented, and the short-term outcomes achieved, including the measures or rationale used by the State and stakeholders to assess and communicate achievement. Relate short-term outcomes to one or more areas of a systems framework (e.g., governance, data, finance, accountability/monitoring, quality standards, professional development and/or technical assistance) and explain how these strategies support system change and are necessary for: (a) achievement of the SiMR; (b) sustainability of systems improvement efforts; and/or (c) scale-up. The State must describe the next steps for each infrastructure improvement strategy and the anticipated outcomes to be attained during the next fiscal year (e.g., for the FFY 2020 APR, report on anticipated outcomes to be obtained during FFY 2021, i.e., July 1, 2021-June 30, 2022).

The State must summarize the specific evidence-based practices that were implemented and the strategies or activities that supported their selection and ensured their use with fidelity. Describe how the evidence-based practices, and activities or strategies that support their use, are intended to impact the SiMR by changing program/district policies, procedures, and/or practices, teacher/provider practices (i.e., behaviors), parent/caregiver outcomes, and/or child outcomes. Describe any additional data (i.e., progress monitoring data) that was collected to support the on-going use of the evidence-based practices and inform decision-making for the next year of SSIP implementation.

C. Stakeholder Engagement

The State must describe the specific strategies implemented to engage stakeholders in key improvement efforts and how the State addressed concerns, if any, raised by stakeholders through its engagement activities.

Additional Implementation Activities

The State should identify any activities not already described that it intends to implement in the next fiscal year (e.g., for the FFY 2020 APR, report on activities it intends to implement in FFY 2021, i.e., July 1, 2021-June 30, 2022) including a timeline, anticipated data collection and measures, and expected outcomes that are related to the SiMR. The State should describe any newly identified barriers and include steps to address these barriers.

## 11 - Indicator Data

**Section A: Data Analysis**

**What is the State-identified Measurable Result (SiMR)?**

Hawaii’s SiMR for Demonstration Sites is Child Outcomes, Summary Statement 1: “Hawaii’s eligible infants and toddlers with disabilities will make greater than expected growth in social-emotional skills (including social relationships) by the time they exit early intervention” was established in Phase 1 of the SSIP and has not changed.

**Has the SiMR changed since the last SSIP submission? (yes/no)**

NO

**Is the State using a subset of the population from the indicator (*e.g.*, a sample, cohort model)? (yes/no)**

YES

**Provide a description of the subset of the population from the indicator.**

The State uses data from the four programs that have agreed to be a Demonstration Site for the SSIP.

**Is the State’s theory of action new or revised since the previous submission? (yes/no)**

NO

**Please provide a link to the current theory of action.**

https://health.Hawaii.gov/eis/files/2021/12/Theory-of-Action-Table-04.01.21.pdf

Progress toward the SiMR

**Please provide the data for the specific FFY listed below (expressed as actual number and percentages)*.***

**Select yes if the State uses two targets for measurement. (yes/no)**

NO

**Historical Data**

| **Baseline Year** | **Baseline Data** |
| --- | --- |
| 2020 | 45.95% |

**Targets**

|  |  |  |  |  |  |  |
| --- | --- | --- | --- | --- | --- | --- |
| **FFY** | **2020** | **2021** | **2022** | **2023** | **2024** | **2025** |
| Target>= | 45.95% | 45.95% | 45.95% | 47.25% | 47.50% | 48.00% |

**FFY 2020 SPP/APR Data**

|  |  |  |  |  |  |  |
| --- | --- | --- | --- | --- | --- | --- |
| # of infants and toddlers reported in progress category (c) plus # of infants and toddlers reported in category (d) for demonstration sites. | # of infants and toddlers reported in progress category (a) plus # of infants and toddlers reported in progress category (b) plus # of infants and toddlers reported in progress category (c) plus # of infants and toddlers reported in progress category (d) for demonstration sites. | **FFY 2019 Data** | **FFY 2020 Target** | **FFY 2020 Data** | **Status** | **Slippage** |
| 85 | 185 | 56.67% | 45.95% | 45.95% | N/A | N/A |

**Provide the data source for the FFY 2020 data.**

Data is collected via the State database for the full reporting period (7/1/20 – 6/30/21). The four Demonstration Sites enter EI Child Outcomes ratings into their respective databases on a monthly basis and submit their EI database to the Part C LA.

**Please describe how data are collected and analyzed for the SiMR**.

Tool:  
  
The EI Outcomes Measurement tool is based on the Early Childhood Outcomes (ECO) Center’s COS form. The Design Team revised the COS form based on parent and provider input prior to the initial implementation of the COS form in FFY 2008. The form was revised again in June 2015 to include the decision tree, created by ECO, as part of the COS form.  
  
Measurement:  
  
Initial Rating: The initial rating on child status is recorded at the Initial IFSP meeting and/or prior to initiation of services.  
  
Exit Rating: The exit rating on child status is collected at the Exit IFSP or within three (3) months preceding exit from the program.  
  
On-Going Data collection:  
  
For each of the three (3) EI Child Outcomes, the IFSP team assigns an initial and exit rating to each child. A rating compares the child’s status to typical development and progress is calculated by comparing entry and exit ratings.  
  
The rating is based on a combination of the following sources:  
  
1. Developmental evaluation and/or assessment(s);  
2. Professional opinion;  
3. Parent input; and  
4. Level of achievement of IFSP outcomes relevant to the child outcome  
  
Reporting:  
  
EI programs enter EI Child Outcomes ratings into their respective EI databases on a monthly basis and submit their EI database to the Part C LA.  
  
How data are analyzed:  
  
The Part C LA uses the ratings for each outcome area for each child who received services for at least six months to analyze the change in development from entry to exit. The calculator developed by ECO is used to determine each outcome area:  
  
1. If the “Yes/No” question (which asks whether the child’s functioning improved at all from the last rating occasion) on the COS form has not been answered as “Yes” at exit, then the child is counted in category (a).  
2. If the “Yes/No” question (which asks whether the child’s functioning improved at all from the last rating occasion) on the COS form has been answered “Yes” at exit, but the child’s development is not enough to move the child’s functioning closer to typically developing peers, the child is counted in category (b).  
3. If ratings of child functioning compared to typically developing same aged peers are higher at exit than ratings at entry (but not at age level expectations), then they will be counted in category (c).  
4. If ratings of child functioning compared to typically developing same aged peers at entry are below age expectations, but at exit they are at age level expectations, then the children will be counted in category (d).  
5. If ratings of child functioning compared to typically developing same aged peers at entry and exit are both at age level expectations, then children will be counted in category (e).

**Optional: Has the State collected additional data *(i.e., benchmark, CQI, survey)* that demonstrates progress toward the SiMR? (yes/no)**

NO

**Did the State identify any general data quality concerns, unrelated to COVID-19, that affected progress toward the SiMR during the reporting period? (yes/no)**

YES

**Describe any data quality issues, unrelated to COVID-19**, **specific to the SiMR data and include actions taken to address data quality concerns.**

Two of the demonstration site programs had missing COS data. The children with missing COS data are not included in the numerator or the denominator. The program with the lowest percentage had the most missing data and is a smaller program, which contributed to the slippage. Providers did not implement the COS process for completing the final ratings when services are suspended at the family’s request or the family is lost to follow - up. The Program Managers of the two programs have reminded staff, including the data clerks of the requirement to complete COS ratings within 30 days of services ending/suspended due to no contact with the family. The Program Managers have submitted their tracking system that they have since implemented to ensure all children have exit COS ratings upon exit. Effective January 2022, the Part C LA will require a Data Verification Report from all programs that includes Child Outcomes data. The Quality Assurance Specialist will also follow-up on any data requirements during their quarterly Technical Assistance sessions.

**Did the State identify any data quality concerns directly related to the COVID-19 pandemic during the reporting period? (yes/no)**

YES

**If data for this reporting period were impacted specifically by COVID-19, the State must include in the narrative for the indicator: (1) the impact on data completeness, validity and reliability for the indicator; (2) an explanation of how COVID-19 specifically impacted the State’s ability to collect the data for the indicator; and (3) any steps the State took to mitigate the impact of COVID-19 on the data collection.**

During the COVID-19 pandemic, when Hawaii implemented the use of Interim IFSPs due to the inability to administer the BDI-2 to determine eligibility, COS ratings were completed at the time of the Interim IFSP. This was done to ensure COS ratings were obtained prior to the start of services. Children who exited with an Interim IFSP were not included in the COS ratings above. Only children who exited with a completed Initial IFSP and who received services for at least six months were included in the COS ratings above.

Section B: Implementation, Analysis and Evaluation

**Is the State’s evaluation plan new or revised since the previous submission? (yes/no)**

YES

**If yes, please provide the following information: a description of the changes and updates to the evaluation plan; a rationale or justification for the changes; and, a link to the State’s current evaluation plan****.**

The following evaluation performance indicators were added to the evaluation of improvement strategies based on the new activities added in FFY 2020 and reported in the last SSIP submission in April 2021:  
  
Professional Development and Technical Assistance:  
1. Performance indicator: 100% of EI programs received training to support SE development.   
Based on stakeholder input and data related to SE development (Indicator 3A, Summary Statement 1), it is evident that the State needs to explore different trainings to support SE development and have a mechanism in place to support implementation to determine changes in practice.   
2. Performance indicator of 100% of EI programs statewide receive the PSP and Coaching training.   
While the PSP and Coaching training was provided to all staff, due to COVID-19 and to support the implementation of telepractice, the State provided focused training on the components of the PSP Approach to Teaming and Coaching in Natural Environments as well as technical assistance.   
3. Performance Indicator of 100% of EI programs identified in respective cohorts of scale up plan will be trained in the coaching fidelity process.   
The state is exploring resources needed and reexamining procedures to develop a plan to begin to roll out the coaching fidelity process. Having providers at fidelity will enhance their teaming process with their peers and with families.   
  
Fiscal – Staffing:  
1. Performance indicator of 100% of EI Programs will have all components of the teaming structure in place for implementation of the PSP Approach to Teaming.   
  
The state recognizes that the infrastructure needs to be in place to maximize the effective of the PSP Approach to Teaming.   
  
2. Performance indicator of 100% of Demonstration Sites providers will have an assigned mentor within two weeks of completing the Coaching with Fidelity training.   
  
Personnel resources are needed to have adequate amount of mentors to support providers in achieving coaching practices with fidelity. More mentors are needed to be able to scale up the coaching fidelity process with other EI programs.   
  
3. Performance indicator of 100% of all Programs received the Access to PBS Guidelines.   
  
Programs have reported that it is challenging to access providers to support them with behavioral services. It is of upmost importance that the system has the qualified and adequate numbers of providers to address behavioral needs.   
4. Performance indicator of 100% of all programs received the Recruitment and Retention Strategies handout.   
  
The high turnover and vacancies of providers makes it challenging to implement the PSP Approach to Teaming and Coaching in Natural Learning Environments with fidelity.   
  
Fiscal – Telepractice  
1. Performance indicator of 100% of programs provide telepractice as an option for service delivery.   
  
Telepractice is a service delivery method that provides another avenue to ensure eligible children and their families receive services. Telepractice was made available to all programs and for all families in the wake of COVID-19.  
  
2. Performance indicator of 100% of programs receive the Annual Telepractice Surveys and distribute it to providers and families.   
  
Providing and receiving services via telepractice was new for providers and families. The surveys provided an opportunity to gather feedback from providers and families regarding telepractice surveys. The feedback is used to improve trainings, guidelines, and resources.   
  
The following evaluation performance indicators were added to the evaluation of outcomes based on the new outcomes added in FFY 2020 and reported in the last SSIP submission in April 2021:  
  
Fiscal – Telepractice  
1. Performance indicator of 100% of identified applicable changes are addressed in the telepractice training modules, guidelines and/or resources.  
  
As noted above, telepractice is new for providers and families and it will continue to be an option for families. User feedback is essential to ensure the trainings, guidelines and resources enhance the utilization of telepractice.   
  
Refer to the complete evaluation plan for details at the following link: https://health.hawaii.gov/eis/files/2022/02/FFY-2020-SSIP-Evaluation-Plan.pdf.  
  
The Part C LA has requested TA support from ECTA and DaSy to review and revise the evaluation plan.

**Provide a summary of each infrastructure improvement strategy implemented in the reporting period.**

To address the broad improvement strategy to enhance the statewide system of professional development (PD) to ensure implementation of evidence-based practices (EBPs), the PD & TA implementation workgroup accomplished the following infrastructure steps during the reporting period: 1) developed and implemented a system to provide TA to all programs that included observing Family Support Team (FST) meetings, debriefing with the Program Manager (PM) and updating the PM’s action plan to support implementation of Procedural Guidelines; 2) redesigned the All Mentor Meeting to function as a Mentor Community of Practice whereby monthly meetings are held for mentor coaching support, workgroup project updates, inter-rater reliability activity, etc.; and 3) exploring SE training initiatives in the areas of Reflective Supervision, Infant Mental Health Consultancy Model and the Pyramid Model in Early Intervention; 4) clarified the Coaching Fidelity Criteria in the following areas – Natural Learning Environment (completed); Resource Based (completed); New Mentors (completed); and Consultants (in process); 5) worked with National TAs to develop an electronic coaching summary tool in the following areas – Natural Learning Environments (completed); Resource Based Practices (in process); New Mentors (in process); and 5) revised the Coaching Fidelity Maintenance Observation Checklist for providers and Care Coordinators.   
  
To address the broad improvement strategy to increase the capacity of EI programs to provide services and supports to address SE development, the Fiscal Staffing workgroup accomplished the following infrastructure steps during the reporting period: 1) Identified programs that needed to have two geographic teams; 2) revised Sheldon & Rushing Teaming Checklist and created a Geographic Teams Worksheet to support the teaming structure necessary to implement the PSP approach to teaming; 3) identified a dedicated mentor to support the teaming structure necessary to implement the coaching model in natural learning environments; and 4) identified roles and responsibilities of the Behavioral Support Specialist (BSS) and qualifications needed to support the process for EI programs to access providers specializing in behavioral support services. The Fiscal Telepractice workgroup accomplished the following infrastructure steps during the reporting period: 1) telepractice (TP) was rolled out statewide during the pandemic and continues to be a method of service delivery; 2) a family video was created regarding their experience in receiving early intervention services remotely; 3) created a listing of TP resources; 4) drafted a Basic Troubleshooting Guide for Families; and 5) the definition of TP was updated as well as the EI TP Information for Families handout.   
  
To address the broad improvement strategy to enhance the COS process to ensure data are accurate and reliable and ensure program effectiveness to support EBPs to improve children’s SE development, the Monitoring & Accountability workgroup accomplished the following steps during the reporting period: 1) continued implementation of the COS Fidelity Tool in demonstration sites and 2) revised the Corrective Action Plan (CAP) template to ensure programs incorporated the identified root causes based on the Local Contributing Factor Tool and measurable strategies to address the identified root causes.

**Describe the short-term or intermediate outcomes achieved for each infrastructure improvement strategy during the reporting period including the measures or rationale used by the State and stakeholders to assess and communicate achievement. Please relate short-term outcomes to one or more areas of a systems framework (e.g., governance, data, finance, accountability/monitoring, quality standards, professional development and/or technical assistance) and explain how these strategies support system change and are necessary for: (a) achievement of the SiMR; (b) sustainability of systems improvement efforts; and/or (c) scale-up.**

There were no short-term or intermediate outcomes achieved for improvement strategies during the reporting period. The PD and TA workgroup has one short-term infrastructure outcome that states EI providers will understand the SE competencies needed to support SE development of infants and toddlers. The Part C LA has had exploration discussions with the following entities: 1) Pyramid Model Consortium and National Center for Pyramid Model Innovations (NCPMI) for Part C and 2) Association for Infant Mental Health Association in Hawaii (AIMH-HI) regarding Reflective Supervision and Infant Mental Health Consultancy Model. The State plans to engage stakeholders to determine next steps in enhancing the system to support SE development without overtaxing the system, including providers.   
  
The Fiscal Staffing workgroup have two new co-leads and the workgroup has identified the infrastructure improvements needed to support the implementation of the PSP approach to teaming and coaching model in natural learning environments. These practices lay a strong foundation to support additional practices that focus on SE development. The infrastructure activities that focus on governance and finance components of the system will continue to work toward achieving the short-term outcome to have sufficient staff to implement EBPs and supports to children and families.   
  
The Fiscal Telepractice workgroup has a short-term outcome that telepractice data will be used for improving the use of telepractice in providing EI services. This outcome addresses governance, data, fiscal, professional development and technical assistance components of the system. Due to COVID-19, services delivered via telepractice was scaled up statewide. An annual survey was developed and implemented to gather feedback from providers and families regarding using telepractice as a service delivery option. The Pacific Basin Telehealth Resource Center (PBTRC) assisted in the data analysis of the survey results. Based on the survey results, the TP workgroup revised the TP training module and the TP guidelines. A TP trouble shooting guide was also developed. The surveys are currently being revised based on the data compiles to streamline the process. The surveys will be done annually and the responses will be used to update training modules and guidelines as appropriate.   
  
The Monitoring and Accountability Workgroup previously reported that the short-term outcome that EI providers and families will understand the COS process was met, the State is currently considering incorporating a question in the Family Outcomes survey to reduce the number of surveys families must complete and the State has been in conversations with national TA center to pilot the COS – Knowledge Check which would provide data on providers understanding the COS process.   
  
The short-term outcome that EI program managers will have access and skills needed to use COS data for program improvement has been partially met. The performance indicator that 100% of Demonstration Site PMs report that they can print out the COS Ratings Report in HEIDS was previously reported as being met. The second performance indicator that 100% of Demonstration Site PMs complete the CAP process that includes measurable strategies to address identified root caused in their CAP, specific to positive SE skills has been implemented but additional data needs to be collected and analyzed.   
  
The intermediate outcome that 75% of EI providers in Demonstration Sites will implement the COS process with fidelity has not been met yet. There are 56% of Care Coordinators in Demonstration sites that are implementing the COS with fidelity. In consultation with national TAs, the workgroup will collaborate with the TA providers to explore adopting the COS – TC with some modifications for Hawaii.

**Did the State implement any new (newly identified) infrastructure improvement strategies during the reporting period? (yes/no)**

YES

**Describe each new (newly identified) infrastructure improvement strategy and the short-term or intermediate outcomes achieved*.***

It was determined that funding was needed to support the implementation of the PSP approach to teaming as it was rolled out Statewide. The Part C LA updated the Billing Reference Guide to allow all providers to bill for the different components of the PSP approach to teaming such as the Family Support Team (FST) meeting components and the Joint Visit Planning (JVP). In July 2020, the Part C LA contracted the Western Interstate Commission for Higher Education (WICHE) to conduct a reimbursement rate and study which was used to submit a budget request for FFY 2023 (July 1, 2023 to June 30, 2024) that would support recruitment and retention. This request is for $3.6M to be added to the State General Funds base to increase provider reimbursement rates and salaries, as well as operational cost. The Part C LA also submitted a budget request for FFY 2023 for 5 new positions (clinical psychologist, speech-language pathologist, special educator, and two human services professionals) to support service needs statewide and with state-operate EI programs. The $3.6M additional base budget funding and 3 of the 5 positions are in the Governor’s budget and awaiting support from the legislature. To support the implementation of the coaching model, the Part C LA updated the position description for an existing Occupational Therapist position to reflect the role of a mentor who also supports professional development activities. The Part C LA will use this position to gather information regarding the capacity of a dedicated mentor to inform program infrastructure.

**Provide a summary of the next steps for each infrastructure improvement strategy and the anticipated outcomes to be attained during the next reporting period.**

The PD & TA workgroup will focus on the following infrastructure activities/steps: 1) finalize the selection of training related to SE competencies; 2) continue to provide TA to programs related to the PSP approach to teaming and Coaching; 3) continue with clarification of Consultant Coaching Fidelity; 4) Explore use of electronic coaching summary as a mechanism to roll up data; and 5) modify coaching maintenance process.  
  
The Fiscal Staffing workgroup will focus on the following infrastructure activities/steps: 1) develop the system to determine staffing allotment for each geographic team; 2) identify appropriate number of mentors needed for the coaching fidelity process; 3) identify staffing structure needed for mentors; 4) determine a process to determine the need for BSS; 5) develop a process to access BSS; 6) explore national recommendations for recruitment and retention strategies; and 7) collaborate with the state initiative CSPD Recruitment and Retention workgroup on effective strategies.   
  
The Fiscal Telepractice workgroup will focus on the following infrastructure activities/steps: 1) finalize the TP PGs and TP module; 2) finalize annual survey and distribute tot families and service providers; 3) analyze annual survey data and provide feedback to the programs; 4) address the needs identified in the annual survey; and 5) follow up on the usefulness of TP accessories.   
  
The Monitoring & Accountability workgroup will focus on the following infrastructure activities/steps: 1) work with the national TAs on modifying the COS Fidelity Tool; 2) explore options to address inter-rater reliability when using the COS Fidelity Tool; and 3) continue supporting the Programs in using COS data for program improvement.

**List the selected evidence-based practices implemented in the reporting period:**

Hawaii continues to implement the coaching model in natural learning environment fidelity process as well as the Division of Early Childhood (DEC) recommended practices (RPs) that are explained in more detail in the next section.

**Provide a summary of each evidence-based practice.**

As identified in Phase II of the SSIP, the State committed to implement the PSP approach to teaming and the coaching model in natural learning environments. During FFY 2016, the State secured services from M’Lisa Shelden and Dathan Rush, nationally recognized trainers of the PSP Approach to Teaming and Coaching Model in Natural Learning Environments. The training incorporated natural environment practices, parent responsiveness and child learning, all of which are key to SE development.   
  
The PSP approach to teaming builds in the EBP of building parent capacity (e.g., resource-based capacity-building practices, responsive caregiving practices) using coaching practices. The PSP approach to teaming and the coaching model in natural learning environments focuses on supporting and strengthening parents’ and other caregivers’ abilities in interacting with their child in ways that support their child’s learning and development within daily routines and activities and obtaining desired supports and resources. Using this approach will naturally support the child’s SE development.  
  
Coaching is an adult learning strategy that allows a person to build upon their skills. This is in alignment with the mission and key principles of early intervention what was developed by the national workgroup on Principals and Practices in Natural Environments, OSEP TA Community of Practice to support family members/caregivers in enhancing their child’s learning and development through daily routines and activities. Coaching is also in alignment with the DEC RPs in Interaction(INT)1: Practioners promote the child’s SE development by observing, interpreting, and responding contingently to the range of the child’s emotional expressions; INT2: Practioners promote the child’s SE development by encouraging the child to initiate or sustain positive interactions with other children and adults during routines and activities through modeling, teaching, feedback and /or other types of guided support; Teaming and Collaboration(TC)1: Practitioners representing multiple disciplines and families work together as a team to plan and implement supports and services to meet the unique needs of each child and family; TC2: Practitioners and families work together as a team to systematically and regularly exchange expertise, knowledge, and information to build team capacity and jointly solve problems, plan, and implement interventions; and TC5: Practitioners and families may collaborate with each other to identify one practitioner from the team who serves as the primary liaison between the family and other team members based on child and family priorities and needs.

**Provide a summary of how each evidence-based practices and activities or strategies that support its use, is intended to impact the SiMR by changing program/district policies, procedures, and/or practices, teacher/provider practices (e.g. behaviors), parent/caregiver outcomes, and/or child/outcomes.**

The guidelines, forms, handouts, and training to support the following components of the PSP approach to teaming: Family Support Team (FST) Meetings; PSP Selection; Joint Visit Planning; and Coaching Practices were revised based on feedback and were scaled up statewide to all EI providers. The process of coaching with fidelity was not scaled up statewide due to lack of resources; however, it continues in Demonstration Sites. These procedures, guidelines, forms, training, and practices align with the DEC RPs noted above.   
  
The Quality Assurance Specialists provide TA support to programs statewide. They observe FST meetings for each assigned Program once a quarter and are piloting a FST Observation tool that includes the components of the PSP Approach to Teaming. They debrief with the Program Manager and add items, if needed, to a TA Action Plan. This supports professional development and provides technical assistance in improving the implementation of EBPs.   
  
The FST meetings and Joint Visit Planning meetings are billable activities to support the infrastructure needed to implement the PSP approach to teaming. Having these components be billable activities validates the importance and allows providers to carve out time to focus on the implementation of these teaming practices.   
  
A PD resource list is readily accessible for all EI providers through our Google Drive with numerous videos, articles, infographics, and websites to build and sustain providers knowledge and skills in implementing the PSP approach to teaming in natural learning environments and coaching practices, telepractice, child outcomes, and social emotional development to build the capacity of parent/caregivers to help their child learn and grow. Resources are gathered and reviewed by EI personnel from a variety of sources including: ECTA, Family Infant, Preschool Programs (FIPP), Virginia Early Intervention Professional Development (VEIPD), DEC Recommended Practices, various EI Communities of Practices, Military Families Learning Network (MFLN), NCPMI, Pyramids, Zero-to-Three, Center on the Social and Emotional Foundations for Early Learning (CSEFEL), etc. The PD resource list reinforces training provided and is continuously updated with new resources. The State is exploring how to track resources that Programs access, how they use it and how they determine if it has been helpful for providers.  
  
The State has requested TA support from ECTA and DaSy to review and revise the evaluation plan to collect qualitative and quantitative data to determine the impact activities are having towards the SiMR.

**Describe the data collected to monitor fidelity of implementation and to assess practice change.**

The State uses Coaching Summary Logs, adapted from Shelden & Rush, to evaluate progress on practice change regarding implementing coaching practices with fidelity. The provider completes the coaching log in preparation for their mentoring session with their assigned mentor to debrief about the coaching log and identifying a plan of what to focus on for the next coaching opportunity that will be logged. The mentor completes the Coaching Log Summary Form after each session. When six (6) sessions are complete, the mentor determines fidelity status using the fidelity criteria established by Shelden & Rush. The Mentor debriefs with the provider and determines next steps: 1) Practicing fidelity: move to quarterly maintenance schedule or 2) Fidelity in process: continue with coaching logs until practicing with fidelity.   
  
As of June 2021, regarding coaching with fidelity in Demonstration Sites: 81% of providers are practicing fidelity (an increase from last year’s 68%); 12% of providers are expanding fidelity; and 7% of providers are beginning fidelity. An additional 36 providers are "in process" and 17 providers resigned during this period. The data shows a 13% improvement since the last reporting period and this year the performance indicator of 75% was exceeded.   
  
The COS monitoring plan is also used to evaluate progress on practice change regarding implementing the COS process with fidelity. Based on the use of the COS Fidelity Tool in Demonstration Sites, 56% of Care Coordinators are implementing the COS process with fidelity (an increase from last year’s 53%); 19% of Care Coordinators are approaching fidelity; and 25% are new providers that are still in the training process. The data shows a 3% improvement since the last reporting period and this year the performance indicator of 75% was not met.

**Describe any additional data (e.g. progress monitoring) that was collected that supports the decision to continue the ongoing use of each evidence-based practice.**

All four Demonstration Sites progressed in the Family Outcomes Indicator 4B that refers to Early Intervention helped the family communicate their child’s needs. Two of the four Demonstrations Sites also improved in the Family Outcomes Indicator 4C that refers to Early Intervention helped the family help their child learn and grow. These two indicators reinforce building the family’s capacity to support their child via the coaching model in natural learning environments. It also reinforces the DEC RPs: Teaming and Collaboration(TC)1: Practitioners representing multiple disciplines and families work together as a team to plan and implement supports and services to meet the unique needs of each child and family; and TC2: Practitioners and families work together as a team to systematically and regularly exchange expertise, knowledge, and information to build team capacity and jointly solve problems, plan, and implement interventions.

**Provide a summary of the next steps for each evidence-based practices and the anticipated outcomes to be attained during the next reporting period.**

The PD & TA workgroup will continue providing TA to all programs regarding implementaion of the PSP approach to teaming and coaching model in natural learning environments and supporting the Demonstration Sites in working toward coaching with fidelity.

**Describe any changes to the activities, strategies, or timelines described in the previous submission and include a rationale or justification for the changes. If the State intends to continue implementing the SSIP without modifications, the State must describe how the data from the evaluation support this decision.**

The PD & TA workgroup reported progress on the coaching with fidelity process, therefore, the plan will continue as is with no modifications at this time. Additional activities/steps were included and reported in the last SSIP submission and work continues to address SE competencies and training related to the SE competencies.   
  
The Monitoring & Accountability workgroup had previously developed a COS Fidelity tool to monitor implementation of the COS process. After data analysis and consultation with national TAs, the workgroup will be working with the national TAs to revise the COS Fidelity tool as the current tool may not be accurately capturing data to reflect fidelity. Therefore, this activity is now in process with a revised timeline of 06.30.2022.

**Section C: Stakeholder Engagement**

Description of Stakeholder Input

APR Process  
  
The process to develop Hawaii’s APR for FFY 2020 included:  
  
1. The HDOH, EIS which is identified as the Part C LA worked with the EI System Improvement Team to address specific indicators as identified in the approved APR/State Performance Plan (SPP).  
2. On-going meetings with the identified EI System Improvement and Training Team were held to prepare them to facilitate workgroups at the statewide Annual Stakeholders’ Meeting.  
3. Broad dissemination regarding the Stakeholders’ Meeting to determine interest by agency, Hawaii Early Intervention Coordinating Council (HEICC), and community members to ensure appropriate input into the review process, including distribution of a family flier via parent support groups (i.e., Family Hui and PTI – Leadership in Disabilities and Achievement in Hawaii [LDAH]).  
4. Group discussion at the Virtual Stakeholder Meeting on specific indicators. Stakeholders were provided with copies of the current indicator targets, FFY 2020 APR data, FFY 2019 APR data, and other relevant data so the group could determine:  
• Whether the target was met.  
• The extent of progress/slippage for each indicator.  
• Possible reasons for slippage.  
• Establish targets for FFY 2020 – FFY 2025 based on trend data, projections based on the respective meaningful difference calculators develop by the Center of IDEA Eacrly Childhood Date Systems (DaSy), past initiatives that have impacted data and current/future initiatives that my impact the data.   
5. Recommendations were reviewed by the identified members of the EI System Improvement Team and the Part C LA.  
6. The APR was drafted by members of the EI System Improvement Team and the Part C LA.  
7. The APR draft was reviewed and revised, as necessary, by the Part C Coordinator.  
8. The APR was reviewed and approved by the HEICC. As authorized by the HEICC, the HEICC Chairperson reviewed and signed the APR certification form.  
9. The APR was sent to the Director of Health to review.  
10. The APR was submitted to OSEP as required.  
11. The APR was posted on the HDOH EIS website.  
  
Broad Representation  
  
A stakeholder group of approximately 75 individuals provided recommendations to the development of the APR. Because of Hawaii’s broad eligibility and geography, it was important that there was broad representation that included: Part C EI service providers and family members from all islands, from urban and rural areas, as well as the different ethnic and cultural groups that represent Hawaii’s population. The following stakeholders from the islands of Oahu, Hawaii, Maui County, and Kauai were invited:  
  
• Members of the HEICC  
• HDOH administrators, care coordinators (Hawaii’s terminology for service coordinators), direct service providers, quality assurance specialists, data staff, personnel training staff, and contracted providers from:  
o Family Health Services Division (FHSD)  
o Children with Special Health Needs Branch (CSHNB), Public Health Nursing Branch (PHNB)  
o EIS  
o Home Visiting Network  
• Department of Human Services (DHS) administrators  
• Department of Education (DOE) Section 619 District Coordinators Community Members, including representatives from:  
o Early Head Start/Head Start  
o Family Support Programs (Family Hui and LDAH)  
• Parents  
  
The Part C LA partnered with LDAH which is the parent training institute in Hawaii to engage families. LDAH conducted parent focus groups to enhance family engagement. Focus groups provided an opportunity for families to provide feedback on what areas EIS should focus on for system improvement efforts. Families could also indicate if they are interested in ongoing family engagement in the areas of target setting, data analysis, developing improvement strategies, evaluating progress, participate in workgroups to develop and implement activities designed to improve outcomes for children. The Family Engagement flier was distributed by EI Programs statewide, LDAH, Family Hui, DOE Special Education Preschool, and the Community Coordinating Council (CCC) – DOE’s network of families.

Additional Information about Stakeholder Input:  
  
The Part C LA proposed the following Stakeholder considerations to change the baseline data to FFY 2020 data for the identified Demonstration Sites: 1) the baseline data used FFY 2015 data, but the State did not take into account that when Hawaii changed its eligibility definition to no longer serve the environmentally at-risk population in FFY 2013, it would take approximately three years after a change to see how it impacts the system. The number of children and families served in Part C declined significantly and the needs of the population of children and families served changed. 2) initiatives implemented that may impact data such as the revising and incorporating the Decision Tree developed by the Early Childhood Outcome (ECO) national TA center into the COS form and the training and implementation of the Primary Service Provider (PSP) Approach to Teaming and Coaching model in Natural Learning Environments; 3) adoption and implementation of the national ECTA Center’s on-line COS training modules; 4) piloting of the COS fidelity tool in demonstration sites; and 5) establishing on-going TA support that included observation, debriefing and development of action plans to support implementation of the PSP Approach to Teaming and Coaching Model in Natural Learning Environments. Other factors that were considered: FFY 2020 outcome data were based on a smaller number of exited children (300+), which impacted outcome results; previous targets were based on data prior to COVID-19; and it will take time to recover from the impacts of COVID-19.  
   
Targets were established for FFY 2020 – 2025 starting with the new baseline data and projected based on trend data, respective meaningful difference calculators develop by the Center of IDEA Early Childhood Data Systems (DaSy), past initiatives that have impacted data and current/future initiatives that may impact the data for the identified Demonstration Sites.   
  
Targets will continue to be reviewed and adjusted accordingly on an annual basis based on data, evaluation of the impact of initiatives implemented, and stakeholder discussions.

**Describe the specific strategies implemented to engage stakeholders in key improvement efforts.**

The State shares information about the SSIP’s implementation and evaluation activities and provides opportunities for stakeholders to participate in the development, implementation and evaluation of the SSIP at the following stakeholder events:  
  
1. SSIP Leadership Team Meetings: The Leadership Team meets every other month to discuss the SSIP Action Plan & Progress Report, including the Evaluation Plan and provides feedback to Implementation Workgroups as requested. The Implementation Workgroup Co-Leads provide updates at the Leadership Team meetings, including recommendations and/or discussion with TA providers. The Leadership Team makes decisions as needed so workgroups can proceed with implementing activities.   
  
2. Demonstration Site Meetings: As everything has rolled out statewide with the exception of the coaching with fidelity process, Demonstration Site Meetings have ended; however, meetings may be scheduled as needed and agenda items are determined at monthly Mentor Commuinity of Practice meetings.   
  
3. Statewide Program Manager Meetings: The State meets quarterly with EIS Program Managers to share EI updates, provide TA, and obtain input/feedback on items affecting the EI system. The SSIP is a standing agenda item; however, due to COVID-19, more frequent meetings were held and updates on the SSIP focused on SSIP activities that were scaled up statewide. The State has a process for Programs to ask questions or give feedback regarding implementation of procedures. The State responds in writing to questions/feedback and updates applicable procedures and guidelines as needed.   
  
4. Hawaii Early Intervention Coordinating Council (HEICC) Meetings: The HEICC meets quarterly to discuss the EI system and how it can advocate and support EIS. The SSIP is a standing agenda item. The SSIP Coordinator provides an annual SSIP update presentation and the Part C Coordinator providers quarterly updates. The Part C Coordinator shares any questions and/or feedback from HEICC members with the SSIP Leadership Team. HEICC members are encouraged to participate in any of the implementation workgroups and the evaluation process.   
  
5. Annual Early Intervention Stakeholder Meeting (virtual this year): Broad stakeholders come together annually to learn about the SSIP. The Implementation Workgroup Co-Leads provided updates and obtained input/feedback via Padlet on what has been and will be developed, implemented, and/or evaluated. Input provided to various activities were taken into consideration prior to Implementation Workgroups and/or SSIP Leadership making decisions. Targets are also discussed and revised if needed based on data review and stakeholder input.   
  
6. Early Intervention SSIP Annual Briefs are disseminated and posted on the EIS website.   
  
7. Stakeholders are also encouraged to participate in any of the implementation workgroups. A family flier was created and disseminated to recruit family participation.

**Were there any concerns expressed by stakeholders during engagement activities? (yes/no)**

YES

**Describe how the State addressed the concerns expressed by stakeholders.**

Demonstration Site providers have expressed concerns regarding the coaching fidelity process. The process is time consuming and the mentoring responsibilities have been added to staff that have other existing job duties. Programs requested that the new activities be billable activities to account for the time spent on implementing the EBPs. The high staff turnover also contributes to mentors feeling overwhelmed. And the fidelity criteria is not clear to providers implementing the coaching fidelity process. As a result of the concerns expressed, subcommittees were developed to revise the Fidelity Criteria Guidelines and to pilot the revised guidelines. The PD & TA workgroup is also connecting with other states to explore their fidelity process to see if Hawaii can streamline its process. The Fiscal Staffing Workgroup will be identifying and addressing the infrastructure needed to implement the PSP approach to teaming and coaching model, continue to explore effective recruitment and retention strategies, and identified a dedicated State Mentor to support the Demonstration Sites. The Part C LA also allows providers to bill for implementing the Family Support Team meetings and Joint Visit Planning meetings and mentoring/coaching sessions continue to be billable activities for the Demonstration Sites.   
  
EI Programs have also expressed concerns regarding accessing behavioral support specialists as resources have been limited. The Fiscal Staffing Workgroup will be exploring avenues to access behavioral support specialists (BSS). A Request for Proposal was initiated with qualifications for BSS. The Part C LA is also exploring other initiatives such as Reflective Supervision, Infant Mental Health Consultancy and Pyramid Model in Early Intervention to build capacity of providers at the program level to support families in addressing social emotional development.   
  
Due to COVID-19, roll-out of SSIP activies statewide such as telepractice, PSP approach to teaming and coaching with TA built in to support implementation, staff vacancies, etc., workgroup leads had competing priorities and workgroups did not meet as frequently. The Leadership Team will discuss meeting schedules, define roles and responsibilities, and process to engage stakeholders so it is consistently implemented across all workgroups.

**Additional Implementation Activities**

**List any activities not already described that the State intends to implement in the next fiscal year that are related to the SiMR.**

NA

**Provide a timeline, anticipated data collection and measures, and expected outcomes for these activities that are related to the SiMR.**

NA

**Describe any newly identified barriers and include steps to address these barriers.**

The COVID-19 pandemic was a barrier as Part C LA’s focus shifted to respond to the pandemic. The co-leads for the various SSIP Implementaion workgroups are part of the Part C LA’s Core Team, training, and monitoring team, and/or provide technical assistance to the Programs; therefore, while some of the SSIP activities rolled out statewide due to the pandemic, other portions of the SSIP stalled with competing priorities. As the State continues to adjust to the COVID-19 pandemic and guidance to mitigate the spread of COVID-19 is provided by the Department of Health, the Part C LA will support SSIP workgroups in refocusing their time and attention back to their respective sections. This process has already started as all SSIP workgroups have reviewed their plans and are prioritizing their workgroup activities.

**Provide additional information about this indicator (optional).**

NA

## 11 - Prior FFY Required Actions

None

## 11 - OSEP Response

The State has revised the baseline for this indicator, using data from FFY 2020, and OSEP accepts that revision.  
  
The State provided targets for FFYs 2020 through 2025 for this indicator, and OSEP accepts those targets.

## 11 - Required Actions

# Certification

**Instructions**

**Choose the appropriate selection and complete all the certification information fields. Then click the "Submit" button to submit your APR.**

**Certify**

**I certify that I am the Director of the State's Lead Agency under Part C of the IDEA, or his or her designee, and that the State's submission of its IDEA Part C State Performance Plan/Annual Performance Report is accurate.**

**Select the certifier’s role**

Designated Lead Agency Director

**Name and title of the individual certifying the accuracy of the State's submission of its IDEA Part C State Performance Plan/Annual Performance Report.**

**Name:**

Stacy Kong

**Title:**

Interim EI Section Supervisor/Part C Coordinator

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**Submitted on:**

04/27/22 12:09:33 AM

# ED Attachments

  