



UNITED STATES DEPARTMENT OF EDUCATION  
OFFICE OF SPECIAL EDUCATION AND REHABILITATIVE SERVICES

NOV 19 2004

Chiyoume L. Fukino, M.D.  
Director  
Hawaii Department of Health  
1250 Punchbowl Street  
Honolulu, HI 96813

Dear Dr. Fukino:

The purpose of this letter is to respond to Hawaii's April 7, 2004 submission of its Federal Fiscal Year (FFY) 2002 Annual Performance Report (APR) for the Individuals with Disabilities Education Act (IDEA) Part C funds used during the grant period July 1, 2002 through June 30, 2003. The APR reflects actual accomplishments made by the State during the reporting period, compared to established objectives. The APR for IDEA is designed to provide uniform reporting from States and result in high-quality information across States.

The APR is a significant data source utilized in the Continuous Improvement and Focused Monitoring System (CIFMS) implemented by the Office of Special Education Programs (OSEP), within the U.S. Department of Education. The APR falls within the third component of OSEP's four-part accountability strategy (i.e., supporting States in assessing their performance and compliance, and in planning, implementing, and evaluating improvement strategies) and consolidates the self-assessing and improvement planning functions of the CIFMS into one document. OSEP's Memorandum regarding the submission of Part C APRs directed States to address five cluster areas: General Supervision; Comprehensive Public Awareness and Child Find System; Family Centered Services; Early Intervention Services in Natural Environments; and Early Childhood Transition.

### ***Background***

OSEP's June 5, 2002 Monitoring Report stated that the Hawaii Department of Health (HDOH) did not ensure that: (1) adequate monitoring and supervision was provided to enforce obligations and correct deficiencies (34 CFR §303.501(a)(2)); (2) all infants and toddlers received a comprehensive evaluation/assessment in all five developmental areas on a timely basis (34 CFR §303.322); (3) Individualized Family Service Plans (IFSPs) were developed with required content (34 CFR §303.344(a)); and (4) the school districts were notified of children who were approaching the age of transition, that timely transition meetings were held, and that transition plans were developed and implemented for each eligible child (34 CFR §303.148).

OSEP's letter of April 1, 2003 that accepted Hawaii's Improvement Plan (IP) for Part C, required that HDOH submit progress reports, including a final Progress Report by April 1, 2004, that demonstrated correction of the four areas of identified noncompliance enumerated above. OSEP's response to the State's FFY 2001 APR requested that HDOH's final Progress Report

provide data to show that HDOH has a monitoring system that identifies and corrects deficiencies and enforces obligations. HDOH requested, and OSEP approved, an extension to the final Progress Report from April 1, 2004 to July 1, 2004.

OSEP visited Hawaii in September 2003 to verify the State's system for general supervision and data collection under section 618 of IDEA. OSEP's January 21, 2004 letter that reported the results of OSEP's verification visit indicated that HDOH was still developing its general supervision and monitoring systems and, therefore, OSEP could not conclude whether HDOH's monitoring was effective in identifying and correcting noncompliance and enforcing obligations.

The State's APR should reflect the collection, analysis, and reporting of relevant data, and document data-based determinations regarding performance and compliance in each of the cluster areas (as well as any other areas identified by the State to ensure improvement). OSEP's comments on the FFY 2002 APR and the July 1, 2002 final IP Progress Report are listed by cluster area below.

### ***General Supervision***

OSEP's June 2002 Monitoring Report identified one area of noncompliance in this cluster: HDOH did not provide adequate monitoring and supervision to correct deficiencies and enforce obligations as required under 34 CFR §303.501.

HDOH provided information in its FFY 2002 APR and its July 2004 Progress Report indicating that HDOH had monitoring procedures to identify noncompliance but was still piloting monitoring instruments to monitor two other agencies<sup>1</sup> that are part of Hawaii's Part C system: Public Health Nursing Branch (PHNB) and Maternal and Child Health Branch (MCHB). As an attachment to the FFY 2002 APR, HDOH included a draft of HDOH's Continuous Quality Improvement System (CQIS) policies and procedures adopted by all agencies providing Part C services, including: (1) Children with Special Health Needs Branch (CSHNB), through its Early Intervention Section (EIS) that serves infants and toddlers with developmental delays; (2) PHNB that serves infants and toddlers who are biologically and environmentally at risk; and (3) MCHB that serves infants and toddlers who are environmentally at risk. The system requires that all agencies monitor on a 4-year cycle, incorporate monitoring materials provided by HDOH into each agency's existing monitoring system, and submit results of monitoring to HDOH for review and approval with sanctions for agencies that do not ensure correction of noncompliance within a year of identification.

According to the FFY 2002 APR, HDOH monitored 13 of 17 EIS programs in 2002-2003. As an attachment to the FFY 2002 APR, HDOH provided four monitoring reports from four EIS programs and two approved improvement plans. HDOH also provided a progress report from one EIS program to demonstrate progress in addressing noncompliance. As requested in the FFY 2001 APR, HDOH reported baseline monitoring data for all agencies that serve Part C in the July 2004 final Improvement Plan Progress Report. According to HDOH's FFY 2002 APR,

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<sup>1</sup> HDOH is the Lead Agency for Part C. Within HDOH three branches are responsible for providing Part C services, i.e., CSHNB, PHNB and MCHB. CSHNB, through the EIS, is responsible for ensuring compliance with Part C requirements in all branches. EIS refers to these branches as "Agencies."

adequate monitoring and supervision was still evolving during FFY 2002 and the system was being refined to ensure validity and reliability of monitoring data. As part of the CQIS, it was the responsibility of each agency to develop appropriate monitoring instruments based on checklists provided by HDOH and submit them to HDOH for approval by June 2004. The monitoring data that HDOH received from PHNB and MCHB to include in the July 2004 Improvement Plan Progress Report preceded the full implementation of HDOH's revised monitoring system (CQIS); therefore, HDOH reported difficulty in making a valid comparison of findings across agencies due to "variations with the on-site monitoring protocols, instructions to monitors, and monitors' interpretations and use of the instruments both within and among agencies." Based on its analysis of State-wide monitoring data from the EIS programs, PHNB, and MCHB, HDOH reported significant noncompliance with Part C requirements in all cluster areas, inconsistency across EIS programs in meeting the required compliance indicators, and inconsistent data collection in PHNB and MCHB. As a result, HDOH reported that it was unable to provide reliable baseline data necessary to perform a trend analysis.

On pages 12-19 of HDOH's July 2004 final Progress Report, some examples of activities to correct the noncompliance included the following: (1) conduct a review and validation of data to support agency and program improvement plans, and to work with agencies and programs to correct areas of identified noncompliance by August 2004; (2) develop a report summarizing all monitoring findings for dissemination to the Hawaii Interagency Coordination Council (HICC) and agencies by September 2004; (3) provide training to all IDEA Part C programs on IDEA Part C requirements by September 2004 and ongoing; (4) develop a plan and protocol for focused monitoring by September 2004; and (5) review and revise the onsite monitoring tools with input from agencies by September 2005.

As noted in OSEP's April 2003 letter approving HDOH's Improvement Plan and January 2004 verification letter, HDOH was required to submit in its final Progress Report to OSEP, data that demonstrated compliance with each of the findings identified in OSEP's 2002 Monitoring Report. In a November 2, 2004 conversation with OSEP staff, HDOH staff confirmed that initial monitoring data and reports from monitoring to be conducted from December 2004 through March 2005 would be available and reported by the State in the next APR. Based on the information and data provided in the FFY 2002 APR, HDOH demonstrated its ability to identify noncompliance in the EIS programs; however, HDOH did not provide information and data that demonstrated correction of identified noncompliance within one year of identification. In the next APR, HDOH must provide: (1) updated monitoring data on the results of its December 2004 through March 2005 monitoring including monitoring of PHNB and MCHB; (2) updated correction data on the status of correction for each of the 13 programs monitored in 2002-2003 (including any findings that are outstanding or unresolved, and a description of what actions were taken by HDOH to correct the noncompliance identified in these 13 programs); (3) a copy of its report summarizing all monitoring findings for dissemination to the HICC and agencies; and (4) confirmation of the implementation of the additional strategies identified in the FFY 2002 APR and July 2004 Progress Report.

### ***Comprehensive Public Awareness and Child Find System***

OSEP's June 2002 Monitoring Report identified the following area of noncompliance in this

cluster: HDOH did not ensure that all infants and toddlers received a comprehensive evaluation/assessment in all five developmental areas, on a timely basis.

On page 50 of the FFY 2002 APR, HDOH reported the implementation of the Hawaii Early Learning Profile (HELP) to provide consistent multidisciplinary evaluations. On page 51 of the FFY 2002 APR, the State reported that of 88 individual records reviewed from 11 EIS Programs, 82% of the children received a comprehensive developmental evaluation. On page 22 of the July 2004 Progress Report, HDOH reported baseline data from monitoring of all agencies (EIS, PHNB and MCHB) that indicated significant noncompliance with the completion of comprehensive evaluations. HDOH reported that it could not determine from the data whether the MCHB or PHNB evaluations were comprehensive. HDOH reported that the data received from the PHNB and MCHB were unclear and unreliable. On pages 22 and 23 of the July 2004 Progress Report, some examples of activities to correct the noncompliance included: (1) requests for proposals to expand the system by increasing the number of programs and contractors for the EIS programs; and (2) focused monitoring of all agencies for better understanding of the level of compliance and analysis for trends and improvement. In addition, HDOH provided data that it reported as reliable on page 21 of the APR indicating that 119 children from EIS (of approximately 5000 being served under Part C) were awaiting a comprehensive developmental evaluation.

In the next APR, HDOH must provide OSEP a summary of the status of correction of any of the 13 EIS programs monitored during 2002-2003 for which HDOH identified noncompliance with the requirements under 34 CFR §303.342(a) and §303.321(e), indicating the completion of a comprehensive evaluation/assessment in all five developmental areas, along with a description of what actions were taken by HDOH to correct the noncompliance (e.g., follow-up site visits, collection of additional documents, etc.).

### *Family Centered Services*

OSEP's June 2002 Monitoring Report did not identify noncompliance in this cluster area.

On page 3 of the July 2004 Progress Report, HDOH reported that each agency was expected to gather family feedback as part of the monitoring process. According to HDOH, family survey/interview data from PHNB, MCHB and EIS indicated that families were satisfied with the Part C system. Families reported that they were appreciative of the services that made a difference for their children and believed they were engaged in the development of the IFSP. HDOH reported that comments from families in PHNB were very positive regarding support and assistance.

In the next APR, OSEP requests that HDOH continue to provide information from families obtained during monitoring on compliance issues (family resources, priorities and concerns are listed on the IFSP when the family concurs in a family assessment), and performance issues (the provision of family-centered services and family involvement in training, leadership roles, resources, forums, and any other initiatives to increase the capacity of families to enhance their child's development).

### ***Early Intervention Services in Natural Environments***

OSEP's June 2002 Monitoring Report identified the following area of noncompliance in this cluster: IFSPs were not developed with all required content.

On page 57 of the FFY 2002 APR, HDOH reported noncompliance in the EIS programs monitored with the IFSP required content requirement at 34 CFR §303.344(a). Of the 104 records reviewed, 24% included statements of present levels of functioning as required by 34 CFR §303.344(a). On page 35 of its July 2004 Progress Report, HDOH reported the development of a State-wide standardized IFSP form and checklist to collect relevant and reliable data during monitoring to be used by all agencies. However, HDOH reported a lack of confidence in the data received from other agencies because of the lack of a State-wide IFSP format and various interpretations across agencies of what constituted a "complete IFSP." Baseline data from all agencies indicated that IFSPs were not completed with all the required content and more information was necessary to determine the cause of the noncompliance. On page 35 of the July 2004 Progress Report, some examples of activities to correct the noncompliance included: (1) identify areas in need of focused monitoring; (2) validate data through focused monitoring activities; (3) survey agencies to determine training needs; and (4) develop a workplan to develop, pilot, and implement the State-wide IFSP format by August 2004. In its November 2, 2004 telephone conference with OSEP staff, HDOH staff indicated that the implementation of the State-wide IFSP form was expected to occur by the end of November 2004. In the next APR, HDOH must confirm the implementation of the standardized IFSP form and checklist and training regarding its use.

On page 22 of the July 2004 Progress Report, HDOH reported data indicating potential noncompliance, not previously identified by OSEP. Baseline data from monitoring of all agencies (EIS, PHNB and MCHB) indicated that agencies are not completing evaluations and assessments, and convening a meeting to develop the initial IFSP within 45 days of referral. In the next APR, HDOH must provide updated monitoring data from the 13 EIS programs monitored in 2002-2003, and provide: (1) the number of EIS programs monitored that were determined to be out of compliance with Part C's 45-day timeline requirement; and (2) the status of correction for each program monitored in 2002-2003 determined to be out of compliance with this requirement. If the data indicate that noncompliance with this requirement persists, then in the next APR, HDOH must also provide strategies, proposed evidence of change, targets and timelines that will ensure correction of the noncompliance within a reasonable period of time not to exceed one year from the date OSEP accepts the plan.

In addition, the State did not provide data on whether eligible children and their families receive the early intervention services identified on their IFSPs in a timely manner. In its November 2, 2004 telephone conference with OSEP staff, HDOH staff indicated that under the Felix consent decree, HDOH is providing reports regarding the provision of services and that approximately 40 children (out of 5000) were reported as not receiving their IFSP services in a timely manner. In the next APR, HDOH must provide OSEP with a copy of the updated report filed under the Felix consent decree that includes this data.

The Part C FFY 2001 and FFY 2002 APRs requested data on the percentage of children participating in the Part C program that demonstrated improved and sustained functional abilities (in the developmental areas listed under 34 CFR §303.322 (c)(3)(ii)). The State provided data and information as follows: EIS monitoring data indicated that 79% of IFSPs reported progress in outcomes and children in the EIS; and PHNB agencies have continued to show increased progress in completion of IFSPs prior to age 3. Some examples of activities to collect data on child and family outcomes included: (1) focused monitoring in the area of child progress and the development of next steps by August 2004; (2) focused interviews of families regarding specific progress made by the child and family; and (3) researching and obtaining information on how to determine child progress. In the next APR, HDOH must submit its plan to report such data by the FFY 2004 APR or, if available, updated data (whether collected through sampling, monitoring, or other methods) on the percentage of children who demonstrated sustained and improved functional abilities, targets for improved performance, and strategies to achieve those targets for this area across all agencies that provide Part C services.

### *Early Childhood Transition*

OSEP's June 2002 Monitoring Report identified the following areas of noncompliance: HDOH was not meeting its responsibility to ensure that school districts were notified of children who were approaching the age of transition, that timely transition planning meetings were held, and that transition plans were developed and implemented for each eligible child.

On page 75 of the FFY 2002 APR, HDOH reported that, as of January 2002, EIS was providing information to the Hawaii Department of Education (HIDOE), twice a year, for children potentially eligible for Part B. On page 88 of the FFY 2002 APR, HDOH reported a State-wide meeting in October 2003 to discuss issues related to transition. Further meetings on transition were scheduled through August 2004. HDOH reported that, based on results of the meetings and the data reviewed from monitoring, a State-wide transition plan would be developed by January 2005.

In the July 2004 Progress Report, baseline data from all agencies monitored (EIS, PHNB and MCHB) indicated noncompliance with the timelines for transition planning conferences required at 34 CFR §303.148. Data indicated that PHNB held timely transition planning conferences 69% of the time and MCHB held timely transition conferences, 26% of the time. Monitoring data indicated noncompliance in all agencies regarding the transition planning conference timelines. HDOH reported that while the lack of documentation in the IFSP did not indicate that the conference did not happen, concerns remained regarding the reliability and validity of the data from other agencies. HDOH indicated the need to obtain more information to determine the extent of noncompliance.

On pages 45-47 of the July 2004 Progress Report, some examples of activities to address the noncompliance included: (1) training on transition requirements; (2) focused monitoring; and (3) meetings with a State-wide team on transition issues, to determine how to improve collaboration around transition conferences, by August 2004.

In the next APR, HDOH must provide: (1) updated monitoring data on the transition requirements of 34 CFR §§303.148(b)(1) and (2) and 303.344(h) from the results of its December 2004 through March 2005 monitoring; (2) updated data on the status of correction for each of the 13 programs monitored in 2002-2003 (for which findings were made on transition requirements noted above, and a description of what actions were taken by HDOH to correct the noncompliance identified in the 13 programs); and (3) confirmation of the implementation of the additional strategies identified in the State's FFY 2002 APR and July 2004 Progress Report.

***Conclusion***

In the next APR, HDOH must submit data that documents that the noncompliance findings HDOH identified (particularly in the areas of: (1) comprehensive developmental evaluations; (2) IFSP content requirements; and (3) transition requirements) in the 13 EIS programs monitored during 2002-2003, were corrected. HDOH must also provide the additional information requested in the General Supervision, Early Intervention Services in Natural Environments and Transition sections, above.

OSEP recognizes that the APR and its related activities represent only a portion of the work in your State and we look forward to collaborating with you as you continue to improve results for infants and toddlers with disabilities and their families. If you have questions, please contact Julia Martin at (202) 245-7431.

Sincerely,



Stephanie Smith Lee  
Director  
Office of Special Education Programs

cc: Sue Brown  
Part C Coordinator