THE FIRST EIGHT YEARS:
THE IMPORTANCE OF EARLY IDENTIFICATION AND EARLY INTERVENTION FOR CHILDREN WITH DISABILITIES

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Early Intervention Section

2021 DATA SUMMIT
November 17, 2021
Who We Are

Statewide partnership led by the
• Executive Office on Early Learning
• Hawai‘i State Department of Education
• University of Hawai‘i System
Works to strengthen the education pipeline from early childhood through postsecondary education and training

P-3 Alignment
College & Career Readiness
College & Career Pathways
Data
Career and Technical Education
Who We Are

Mission is to protect and improve the health and environment for all people in Hawai‘i

Behavioral Health Administration

Environmental Health Administration

Health Resources Administration

Family Health Services Division

Children with Special Health Needs Branch

Early Intervention Section (IDEA Part C)
HAWAIʻI’S EARLY CHILDHOOD SECTOR
Early Childhood Data Sharing

2013
Needs Assessment Focus Groups

2014
Preschool Data Sharing Pilot Study

2015
Early Childhood Data Collaborative (ECDC)

2017
Early Childhood State Plan Environmental Scan

2018
EIS data sharing with Hawai'i DXP finalized

2019
Early Childhood State Plan

2020
Early Childhood Unduplicated Count Study (Preschool Development Grant)

2021
Hawai'i DXP Strategic Plan

Hawai'i Early Learning Needs Assessment

Comprehensive Literacy State Development Grant Data Sharing
Hawaiʻi Early Childhood State Plan 2019-2024

Five Building Blocks

1. Child and Family Health, Safety, and Wellbeing
2. Family Partnerships and Support
3. Foundations for Early Learning
4. A Well-prepared, Well-supported Workforce
5. Coordination of the Early Childhood System

For more information see www.earlychildhoodhawaii.com/hawaii-early-childhood-state-plan
Strategic Implementation Plan Area 7:
Early Childhood Integrated Data System

Critical Gaps in Information on Children Birth to Five
• Unduplicated individual- and system-level information on children in early childhood programs and services, including early intervention, family support, and/or financial support

Objective
• Secure a viable home for Hawai‘i’s Early Childhood Integrated Data System

Status
• Lack of sufficient, sustained funding and assurance of engagement from key state agencies
• Early Learning Board and the Executive Office on Early Learning to develop a plan

For more information see www.earlychildhoodhawaii.com/strategic-implementation-plans/early-childhood-integrated-data-system
Harness the power and potential of cross-agency data to answer the increasingly complex questions that are emerging about the education-to-workforce pipeline, particularly for Hawai‘i’s vulnerable populations.

Continued collaboration is essential to answer important questions about the experiences, services, and supports that people in Hawai‘i receive, the impacts of those services on educational achievement, and whether this influences their future workforce earnings.

For more information see …
LINKING EIS to HIDOE
Proof-of-Concept

24,287 children with an EIS Exited or Closed record between FY2008-2009 and FY2017-2018

49% match rate

11,977 matched to HIDOE student records

Hawaii Early Childhood Unduplicated Count Study
Completed by Hawaii P-20 for Education

For more information see www.earlychildhoodhawaii.com/resources
The First Eight Years Report

Purpose

• Overview of early intervention services

• Highlight the importance of early identification and intervention

• Connect early intervention services for infants and toddlers to public K-12 education

To access the report: http://hawaiidxp.org/research/index
What federal and state programs support children with disabilities?

The Individuals with Disabilities Education Act (IDEA) is a federal law that ensures all children with disabilities from birth to age 21 are entitled to free appropriate public education and prepares them for further education, employment, and independent living.

Part A
General provisions of the law

Part C: Birth to 2 Years
The Hawai‘i State Department of Health (DOH) Early Intervention Section (EIS) provides services to support the development of infants and toddlers.

Part B: 3 to 21 Years
The Hawai‘i State Department of Education (HIDOE) provides services to meet the unique educational needs of students with disabilities.

Part D
National support programs
What is early intervention?

**Early Intervention Services**
- Assistive technology
- Audiology
- Care coordination
- Family training, counseling, and home visits
- Health
- Medical (diagnostic/evaluation for EI services only)
- Nursing
- Nutrition
- Occupational therapy
- Physical therapy
- Psychological
- Sign language and cued language
- Speech language pathology
- Social work
- Teaching special instruction
- Transportation
- Vision

**Early Intervention Programs**

Kaua'i Easter Seals

Imua Family Services

Early Childhood Services (Lanakila, Leeward, Windward)
Easter Seals (Central Oahu, East, Kailua, Kapolei, South)
Kapi'olani Medical Center Early Intervention
Parent Child Development Center (Wahiawa, Waianae, Waipahu)
United Cerebral Palsy

Hilo Easter Seals
Kona Child Development
North Hawai'i Child Development
Mission of Early Intervention

Part C early intervention builds upon and provides supports and resources to assist family members and caregivers to enhance children’s learning and development through everyday learning opportunities.

OSEP TA Community of Practice- Part C Settings
Key Principles for Providing Services in Natural Learning Environments

• Infants and toddlers learn best through everyday experiences and interactions with familiar people in familiar contexts.

• All families, with the necessary supports and resources, can enhance their children’s learning and development.

• The primary role of a service providers in early intervention is to work with and support family members and caregivers in children’s lives.

• The early intervention process, from initial contacts through transition, must be dynamic and individualized to reflect the child’s and family members’ preferences, learning styles and cultural beliefs.

• IFSP outcomes must be functional and based on children’s and families’ needs and family-identified priorities.

• The family’s priorities, needs and interests are addressed most appropriately by a primary provider who represents and receives team and community support.

• Interventions with young children and family members must be based on explicit principles, validated practices, best available research, and relevant laws and regulations.
Early Intervention Process

Referral
- A child should be referred to the Early Intervention Section as soon as there is a concern about the child’s developmental.
- Anyone can refer a child to the Early Intervention Section.

Intake
- Every family will be assigned an Interim Care Coordinator who will explain Early Intervention, the process and obtain the necessary paperwork to move forward in the EI process.

MDE
- A Multi-Disciplinary Evaluation (MDE) is completed to Determine Eligibility
- An MDE must be completed within 45 days of receiving a complete referral

FDA
- If a child is eligible a Family Directed Assessment (FDA) is completed to identify the family’s resources, priorities, and concerns. The information gathered will be used to help develop a functional and meaningful IFSP.

IFSP
- Conduct Individualized Family Support Plan (IFSP) Meeting (if eligible)
- This is required to happen within 45 days of referral.
- Reviewed every six month

Delivery
- Services must be initiated within 30 days of being added to the IFSP.

Transition
- The Care Coordinator will support the family with transition planning that includes the development of the transition plan, transition conference, and transition notice to DOE.
Why Early Intervention?

The first few years of a child’s life are extremely important for brain growth and learning new skills. If a child is not developing as expected, early intervention offers:

• A valuable way for families/caregivers to learn how to best help their child grow and develop.

• Visits in the home from trained professionals to assist families/caregivers at predictable times, with no traveling, and no waiting rooms.

• A multidisciplinary team that works together to support families/caregivers in making daily routines a time for their child to learn new skills.
How many children received early intervention services?

Served by EIS

<table>
<thead>
<tr>
<th>Fiscal Year</th>
<th>Cumulative Count</th>
<th>Exit EIS</th>
</tr>
</thead>
<tbody>
<tr>
<td>2015-2016</td>
<td>3,623</td>
<td>1,915</td>
</tr>
<tr>
<td>2016-2017</td>
<td>3,614</td>
<td>1,954</td>
</tr>
<tr>
<td>2017-2018</td>
<td>3,592</td>
<td>1,903</td>
</tr>
<tr>
<td>2018-2019</td>
<td>3,834</td>
<td>2,030</td>
</tr>
<tr>
<td>2019-2020</td>
<td>3,237</td>
<td>1,920</td>
</tr>
</tbody>
</table>

Cumulative Count FY2019-2020

- Female: 34%
- Male: 66%

- Two or more races: 37%
- Asian: 25%
- White: 14%
- Hispanic: 13%
- Native Hawaiian/Pacific Islander: 9%
- American Indian/Black: < 1%
How many children are served by county?

**Honolulu County**
- 2015-2016: 2,692
- 2016-2017: 2,701
- 2017-2018: 2,706
- 2018-2019: 2,921
- 2019-2020: 2,423

**Hawaii County**
- 2015-2016: 380
- 2016-2017: 378
- 2017-2018: 363
- 2018-2019: 397
- 2019-2020: 366

**Maui County**
- 2015-2016: 425
- 2016-2017: 404
- 2017-2018: 396
- 2018-2019: 377
- 2019-2020: 314

**Kauai County**
- 2015-2016: 126
- 2016-2017: 131
- 2017-2018: 127
- 2018-2019: 139
- 2019-2020: 134

Source: EIS cumulative counts by federal fiscal year
3.58% of the birth- to two-year-old population in Hawai‘i received early intervention services under IDEA Part C in 2019.

Data not available for American Samoa, Guam, Northern Marianas, Puerto Rico, and Virgin Islands.

Percentage of population birth through 2 years receiving early intervention services, 2019
How many children exiting IDEA Part C were eligible for Part B?

Eligibility for Part C

- A significant delay in one or more developmental area: physical, cognitive, communication, social or emotional, or adaptive; or
- Diagnosed with a physical or mental condition that has a high probability of resulting in a developmental delay

Eligibility for Part B

- Evaluated as having one or more certain categories of disability and the disability impacts the student’s learning

Exited EIS FY2019-2020

<table>
<thead>
<tr>
<th>Exit at Age 3</th>
<th></th>
</tr>
</thead>
<tbody>
<tr>
<td>Part B eligible</td>
<td>561</td>
</tr>
<tr>
<td>Part B eligibility not determined</td>
<td>402</td>
</tr>
<tr>
<td>Not eligible Part B: no referral to other programs</td>
<td>86</td>
</tr>
<tr>
<td>Not eligible Part B: referred to other programs</td>
<td>52</td>
</tr>
</tbody>
</table>

<table>
<thead>
<tr>
<th>Exit Before Age 3</th>
<th></th>
</tr>
</thead>
<tbody>
<tr>
<td>Withdrawal by parent</td>
<td>425</td>
</tr>
<tr>
<td>Moved out of state</td>
<td>148</td>
</tr>
<tr>
<td>Attempts to contact unsuccessful</td>
<td>133</td>
</tr>
<tr>
<td>Completion of IFSP</td>
<td>110</td>
</tr>
<tr>
<td>Deceased</td>
<td>3</td>
</tr>
</tbody>
</table>
How are the EIS Part C and HIDOE Part B populations connected?

HIDOE Kindergarten
SY2019-2020

HIDOE SPED Pre-K

EIS

Total exited or completed EIS: 1,124
Total not eligible for EIS: 625
Total not referred to EIS: 12,965

SPED
1,126

Not SPED
13,588

SPED
821

Not SPED or Not Enrolled
305

SPED
123

Not SPED or Not Enrolled
13,465

398

44

81

601

76

29

6

514

347

232

36

12,350

347

232

36

12,350

347

232

36

12,350
IMPACT OF COVID
Impact of COVID on Referrals

In-person visits suspended March 18, 2020

• Increase in families withdrawing
• Immediate drop in referrals
  • Additional outreach resulted in referral counts going back to normal

In-person visits resumed April 1, 2021
Successful Shift to Telepractice

IFSP Service Delivery

- **In-Person Combo**
  - Apr: 17%
  - May: 12%
  - Jun: 9%
  - Jul: 7%
  - Aug: 31%
  - Sep: 30%
  - Oct: 21%
  - Nov: 21%
  - Dec: 7%
  - Jan: 13%
  - Feb: 12%
  - Mar: 6%
  - Apr: 26%

- **In-Person**
  - Apr: 33%
  - May: 34%
  - Jun: 32%
  - Jul: 32%
  - Aug: 30%
  - Sep: 30%
  - Oct: 21%
  - Nov: 21%
  - Dec: 82%
  - Jan: 82%
  - Feb: 82%
  - Mar: 64%
  - Apr: 6%

- **Phone**
  - Apr: 50%
  - May: 54%
  - Jun: 60%
  - Jul: 61%
  - Aug: 63%
  - Sep: 63%
  - Oct: 61%
  - Nov: 71%
  - Dec: 72%
  - Jan: 82%
  - Feb: 82%
  - Mar: 82%
  - Apr: 64%

- **TP/Phone Combo**
  - Apr: 50%
  - May: 54%
  - Jun: 60%
  - Jul: 61%
  - Aug: 63%
  - Sep: 63%
  - Oct: 61%
  - Nov: 71%
  - Dec: 72%
  - Jan: 82%
  - Feb: 82%
  - Mar: 82%
  - Apr: 64%

- **Telepractice**
  - Apr: 50%
  - May: 54%
  - Jun: 60%
  - Jul: 61%
  - Aug: 63%
  - Sep: 63%
  - Oct: 61%
  - Nov: 71%
  - Dec: 72%
  - Jan: 82%
  - Feb: 82%
  - Mar: 82%
  - Apr: 64%
Other COVID impacts

• Data collection
  • Not able to conduct Multidisciplinary Developmental Evaluations (MDEs) to determine a child’s eligibility
    • Partial MDE to support the creation of interim individualized family service plans (IFSP), but could not enter these records into the data system (had to be manually tracked)
  • Conducting developmental assessments now that in-person visits have resumed in order to complete MDE and develop initial/annual IFSP
  • Outdated data system impacted data quality and data collection

• Program providers continue to deal with the impacts of the pandemic and immediate needs that arise from changing situations
Conclusion

• The First Eight Years report provides a basic understanding of how many children transition from EIS to HIDOE and when they transition

• However, this is just a starting point
  • Goal: Better data analysis and data use for system improvement
  • Raises additional questions:
    • How can Part C and Part B work together to improve family experiences and child outcomes?
    • Does data support the importance of early intervention?
    • What are longer-term impacts on the children served?
Thank You

Questions?

FOR QUESTIONS, CONTACT:

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