

# RI Part C

# FFY2017 State Performance Plan / Annual Performance Report

# FFY 2017 Part C State Performance Plan (SPP)/Annual Performance Report (APR) Introduction to the State Performance Plan (SPP)/Annual Performance Report (APR)

## Executive Summary:

The Rhode Island Executive Office of Health and Human Services (EOHHS) has completed the FFY 2017 State Performance Plan (SPP)/Annual Performance Report (APR) based on the Rhode Island Early Intervention Care Coordination System (RIEICCS) data system; focused monitoring of all Early Intervention Providers, and the Early Childhood Technical Assistance (ECTA) Center's Family Survey (revised version: 2-5-10).

Rhode Island's Part C system has significant improvement in FFY 17. The difference in this year's APR/SPP data is believed to be directly related to the technical assistance given to individual Early Intervention (EI) providers for Indicators 1, 7, and 8. Specifically, providers showed significant improvement with Indicators 1 and 7, while Indicator 8 is now 100%.

## Attachments

File Name	Uploaded By	Uploaded Date
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## 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.

The Rhode Island (RI) EI General Supervision System incorporates eight components that interact and inform each other to ensure implementation of IDEA and to identify and correct non-compliance. Specific components include the following:

1. State Performance Plan/Annual Performance Report (SPP/APR) and other state selected monitoring indicators
2. Rhode Island Early Intervention Certification Standards
3. Fiscal Management and Oversight
4. Complaints/Dispute Resolution System
5. Rhode Island Early Intervention Care Coordination System (web-based data collection system)
6. Integrated Monitoring Activities (e.g., annual desk audit, on site focused monitoring visits, Early Intervention provider self-assessments)
7. Professional Development and Technical Assistance (TA) System
8. Performance Improvement Plans, Corrective Action Plans, Incentives and Sanctions

The RI EOHHS utilizes RI's General Supervision System to ensure compliance with IDEA and RI EI Certification Standards. There are three main sources of data used for the SPP/APR. The web-based data collection system, RIEICCS, is used to report statewide and program specific data for Indicators 2, 3, 5 & 6 as required by OSEP. ECTA's Family Survey (revised version: 2-5-10) is used to gather data for Indicator 4. Focused monitoring data is used for indicators 1, 7, 8 and 9. All 9 certified EI providers participate in focused monitoring annually. Providers utilize a state-wide self-assessment tool and a list of State selected records including 10% of each provider's enrollment during January 1-June 30 (or at least 20 records). Records reviewed for Indicator 8 include 10% of those discharged during the same time period (or at least 10 records). The lead agency review team (which includes CSPD staff) then conducts site-based visits to all certified EI providers every year to review 25% of the records (or a minimum of 10) from the self-assessment in order to verify accuracy of the data. These on-site record reviews provide an opportunity for gathering data for federal reporting and as a mechanism for identification of technical assistance and professional development needs. The state also reviews any and all complaints (including informal complaints), mediations, and due process hearings to identify performance issues and non-compliance.

EI providers are required to submit detailed explanations for all findings of non-compliance and to conduct an analysis of the root cause for all findings. The lead agency verifies that each EI provider with non-compliance correctly implements regulatory requirements. Corrective Action Plans are required for all findings of non-compliance and must include an analysis of the root cause of the non-compliance along with strategies (including timelines) to correct the non-compliance. Periodic reporting on the Corrective Action Plans is also required until evidence of correction of each finding is submitted and verified by the lead agency. The lead agency requires evidence of correction of any and all findings as soon as possible, but no later than one year from the identification of the finding. The lead agency may also require Performance Improvement Plans on selected performance indicators and/or State selected quality measures. State determinations are made annually for all certified EI providers in RI in accordance with OSEP. Programs that "Meet Requirements" are awarded an incentive payment. Programs that do not "Meet Requirements" are given sanctions that may include: additional reporting requirements; specific directives to address the root cause for the non-compliance; increased ongoing on-site monitoring and technical assistance; closure to new referrals; change of certification status, financial sanctions; and termination of certification.

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## 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.

The RI Executive Office of Health and Human Services utilizes a contract with the Paul V. Sherlock Center on Disabilities at Rhode Island College (RI's University Center for Excellence in Developmental Disabilities) to ensure the timely and effective delivery of high quality and evidence based technical assistance and support to RI's EI system. The Sherlock Center has been providing technical assistance to RI's Early Intervention system since 2001. The Part C team at EOHHS and the technical assistance team work closely together to identify the Part C system needs, create a work plan related to technical assistance, assign tasks among the team, and meet regularly to ensure that action items are completed. Specific responsibilities under this contract include:

Assessment, planning, development, management, and oversight of an ongoing and comprehensive system of technical assistance. The technical assistance system will incorporate the needs of EOHHS, EI providers and personnel, community partners and referral sources, and families regarding the requirements and purpose of IDEA, the RI EI Certification Standards, and other national best practices for working with young children with special needs and their families. Responsibilities include:

- Provide EOHHS and individual EI providers technical assistance related to the collection, analysis, and use of data to guide

## FFY 2017 Part C State Performance Plan (SPP)/Annual Performance Report (APR)

decision making, program planning, and potential system changes.

- Assess system needs to develop and implement strategies that support the RI EI system to ensure compliance with federal and state requirements.
- Provide support and assistance to EOHHS for individual EI provider oversight and monitoring, review and revision of state policies and standards, and public awareness materials.
- Serve as the state EI Transition Coordinator to build and maintain a collaborative relationship with the Rhode Island Department of Education's Preschool Special Education team. Assist EOHHS to review, develop, and monitor the ongoing Interagency Agreement that includes effective, collaborative policies related to the efficient transitions for children and their families from EI into the Preschool Education system. This includes the assessment, development, and implementation of professional development activities to ensure compliance with IDEA and the RI EI Certification standards at the provider and state levels.

### Attachments

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### 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 RI Executive Office of Health and Human Services utilizes a contract with the Paul V. Sherlock Center on Disabilities at Rhode Island College (RI's University Center for Excellence in Developmental Disabilities) to ensure that EI providers are effectively providing services that improve outcomes for infants and toddlers with disabilities and their families. The Sherlock Center has been providing professional development to RI's Early Intervention system since 2001. The Part C team at EOHHS and the professional development team work closely together to identify the Part C system needs, create a work plan related to professional development, assign tasks among the team, and meet regularly to ensure that action items are completed. Responsibilities under this contract include:

- The development, implementation, and continuous evaluation of RI's Part C Comprehensive System of Personnel Development. This includes specific focus on recruitment/retention, increasing workforce capacity, providing effective professional development, and developing leadership with the goal that the Part C workforce understands and implements the principles and practices of EI to improve outcomes for children and families.
- The assessment, development, and implementation of professional development to ensure that EI providers understand and effectively incorporate evidence-based practices into the service delivery model to improve outcomes for children and families.
- Develop and provide professional development opportunities that relate to the RI EI Competencies that support the Key Principles and Practices of EI as well as IDEA requirements.
- Assist and support EI providers to ensure the RI EI Competencies are the basis for job descriptions, program level training and supervision, and individualized professional development plans.
- Based on the RI EI Competencies, manage the EI Certificate Program to provide a career path for Level 1 providers to become Level 2.
- Develop and ensure that all new EI providers attend the 4-day Introduction to EI course. The training is based on IDEA requirements, RI EI Certification Standards, EI Principals and Practices, EI Competencies and is focused on the pragmatic skills of relationship-based work. The content is delivered in a multi-modality, activity-based, interactive curriculum and is formatted to follow the EI process beginning with Eligibility through Transition. A main focus is on the IFSP development process that now includes the use of the Routines Based Interview as a tool to develop family-owned, functional, and measurable outcomes that are embedded in the family's daily routine. Experienced EI provider staff serve as "mentors" during each session and presenters include a mix of parents and professionals from all aspects of EI such as: a panel of parents who have been through the EI system; the Part C Coordinator; a developmental behavioral pediatrician; and the state CAPTA liaison.
- Provide trainings to individual EI providers that meet individual needs related to EI processes and procedures.
- Develop and lead the monthly EI Supervisor's Seminar for program supervisors co-facilitated by an infant mental health consultant. The seminars focus on skill building, reflective practices, networking and resource sharing, and leadership support.
- Conduct a professional development needs assessment followed by the provision of topical trainings that are based on the assessment. These trainings are evaluated for content to ensure its relevancy to the EI service delivery model and that the content will have an impact on supporting the EI principles and practices.
- Provide conference sponsorships to support EI provider directors, supervisors and direct-service staff to participate in national/regional opportunities.
- Coordinate and lead meetings with representatives from each program and representatives from Lead Education Agencies that include professional development and technical assistance that align with the RI EI Certification Standards and the EI Competencies related to Transition.
- Coordinate and lead low-incidence population (i.e. autism, D/HH, Visual Impairments) Community of Practice groups to provide up-to-date information, interventions, and community connections.

### Attachments

## FFY 2017 Part C State Performance Plan (SPP)/Annual Performance Report (APR)

File Name	Uploaded By	Uploaded Date
No APR attachments found.		

### Stakeholder Involvement: apply this to all Part C results indicators

The mechanism for soliciting broad stakeholder input on targets in the SPP, including revisions to targets.

EOHHS conducted stakeholder group presentations to present information and gather input related to RI's SPP and APR reports, current and historical data, targets for both compliance and improvement indicators, and previous and ongoing strategies for improvement. The input from these presentations informed the administrative team, the state's Interagency Coordinating Council (ICC), and the state's EI Director's group to develop new and/or updated targets. The targets submitted in the APR were reported back to each of the stakeholder groups for final review, comment, and approval. The Annual Report certification of the ICC under Part C of IDEA is attached.

### Attachments

File Name	Uploaded By	Uploaded Date	Remove
<a href="#">riicc_signed_certification.pdf</a>	Christine Robin Payne	12/14/2018 1:30 PM	

### Reporting to the Public:

How and where the State reported to the public on the FFY 2016 performance of each EIS Program or Provider 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 2016 APR, as required by 34 CFR §303.702(b)(1)(i)(A); and a description of where, on its Web site, a complete copy of the State's SPP, including any revision if the State has revised the SPP that it submitted with its FFY 2016 APR in 2018, is available.

EOHHS presented FFY 2016 performance on each RI EI provider on the targets in the SPP/APR (all indicators, measurement requirements, previous and current data, and improvement strategies) with the RI State ICC and the EI Director's group in January of 2018.

The following link was made publicly available on 4/6/2018: <http://www.eohhs.ri.gov/ProvidersPartners/EarlyInterventionProviders/EICertificationStandards.aspx>

Included on this link are the following:

1. FFY 2016 APR data for each indicator by provider and collectively for RI's Part C system
2. The most updated State Performance Plan

RI ICC members, EI providers, and interested parties were informed electronically about the availability of these publications on the EOHHS website including a link to the federal OSEP website.

### Attachments

File Name	Uploaded By	Uploaded Date
No APR attachments found.		

### Actions required in FFY 2016 response

### OSEP Response

States were instructed to submit Phase III Year Three of the State Systemic Improvement Plan (SSIP) by April 1, 2019. The State provided the required information.

### Required Actions

In the FFY 2018 SPP/APR, the State must report FFY 2018 data for the State-identified Measurable Result (SIMR). Additionally, the State must, consistent with its evaluation plan described in Phase II, assess and report on its progress in implementing the SSIP. Specifically, the State must provide: (1) a narrative or graphic representation of the principal activities implemented in Phase III, Year 4; (2) measures and outcomes that were implemented and achieved since the State's last SSIP submission (i.e., April 1, 2019); (3) a summary of the SSIP's coherent improvement strategies, including infrastructure improvement strategies and evidence-based practices that were implemented and progress toward short- and long-term outcomes that are intended to impact the SIMR; and (4) any supporting data that demonstrates that implementation of these activities are impacting the State's capacity to improve its SIMR data.

**FFY 2017 Part C State Performance Plan (SPP)/Annual Performance Report (APR)**  
**Indicator 1: Timely provision of services**

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)

**Historical Data**

Baseline Data: 2005

FFY	2004	2005	2006	2007	2008	2009	2010	2011	2012	2013	2014
Target			100%	100%	100%	100%	100%	100%	100%	100%	100%
Data		64.81%	81.98%	83.33%	88.10%	90.10%	94.07%	81.75%	95.75%	95.42%	97.91%

FFY	2015	2016
Target	100%	100%
Data	96.40%	90.69%

Key:  Gray – Data Prior to Baseline  Yellow – Baseline

**FFY 2017 - FFY 2018 Targets**

FFY	2017	2018
Target	100%	100%

**FFY 2017 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 2016 Data	FFY 2017 Target	FFY 2017 Data
188	249	90.69%	100%	93.98%

<p><b>Number of documented delays attributable to exceptional family circumstances</b>  <i>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.</i></p>	46
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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).

Rhode Island's definition of timely services is that any initial or new service added to the IFSP must start within 30 days from the date the parent signed consent for the service.

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

- State monitoring
- State database

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

All certified providers are selected for program monitoring.

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

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

**Actions required in FFY 2016 response**

none

Note: Any actions required in last year's response table that are related to correction of findings should be responded to on the "Correction of Previous Findings of Noncompliance" page of this indicator. If your State's only actions required in last year's response are related to findings of noncompliance, a text field will not be displayed on this page.

**Correction of Findings of Noncompliance Identified in FFY 2016**

Findings of Noncompliance Identified	Findings of Noncompliance Verified as Corrected Within One Year	Findings of Noncompliance Subsequently Corrected	Findings Not Yet Verified as Corrected
6	6	null	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 6 RI timely service findings are corrected. The State has verified that each EIS provider with each noncompliance reported by the State in FFY16 under this indicator: (1) is correctly implementing the specific regulatory requirements; and (2) has initiated services for each child, although late, unless the child is no longer within the jurisdiction of the EIS program, consistent with OSEP Memorandum 09-02, dated October 17, 2008 (OSEP Memo 09-02). The Executive Office of Health and Human Services monitored each EIS program through the Welligent data system, yearly program self-assessment, and on-site verification of data. The process included evaluating each provider for an annual determination; notifying each provider of any identified findings of non-compliance; and notifying each provider of any required actions. Each program submitted a Corrective Action Plan for each finding of non-compliance identified in FFY2016 related to timely services on the IFSP. The Corrective Action Plan included a program analysis of the root cause for the non-compliance and action steps with responsible parties and dates to correct the identified issues that led to non-compliance. Upon completion of the Corrective Action Plan, each program submitted a data sample that was 100% compliant to close each finding of non-compliance.

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

For each individual case of non-compliance reviewed in FFY16, the state verified through the state data system that the child received the early intervention services on their IFSP, although late, unless the child was no longer in the jurisdiction of the provider.

Upon completion of each EI provider's Corrective Action Plan, the state verified that the current data sample submitted was 100% compliant to close each finding of non-compliance.

**OSEP Response**

Because the State reported less than 100% compliance for FFY 2017, the State must report on the status of correction of noncompliance identified in FFY 2017 for this indicator. When reporting on the correction of noncompliance, the State must report, in the FFY 2018 SPP/APR, that it has verified that each EIS program or provider with noncompliance identified in FFY 2017 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 2018 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 2017, although its FFY 2017 data reflect less than 100% compliance, provide an explanation of why the State did not identify any findings of noncompliance in FFY 2017.

**Required Actions**

**FFY 2017 Part C State Performance Plan (SPP)/Annual Performance Report (APR)  
Indicator 2: Services in Natural Environments**

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)

**Historical Data**

Baseline Data: 2005

FFY	2004	2005	2006	2007	2008	2009	2010	2011	2012	2013	2014
Target ≥			95.00%	95.00%	95.00%	88.00%	88.00%	88.00%	88.00%	94.00%	94.20%
Data		91.41%	88.94%	85.86%	90.90%	89.40%	87.02%	89.21%	93.98%	95.78%	96.71%

FFY	2015	2016
Target ≥	94.40%	94.60%
Data	98.07%	98.94%

Key:  Gray – Data Prior to Baseline  Yellow – Baseline  Blue – Data Update

**FFY 2017 - FFY 2018 Targets**

FFY	2017	2018
Target ≥	94.80%	95.00%

Key:

**Targets: Description of Stakeholder Input**

The RI Executive Office of Health and Human Services (EOHHS) conducted presentations to provide information to and gather input from stakeholders related to RI's State Performance Plan and Annual Performance Reports, current and historical data and targets for both compliance and improvement indicators, and previous and ongoing strategies for improvement. These presentations and materials were used with the state's administrative team, the state's ICC, and the state's EI Director's group. Each of the groups were asked to make suggestions for new targets through 2018 with ideas for new or continued improvement strategies. Information was compiled and utilized in setting the new targets and reported back to each of the stakeholder groups for final review and comment. All of the groups agreed to the final targets set.

**Prepopulated Data**

Source	Date	Description	Data	Overwrite Data
SY 2017-18 Child Count/Educational Environment Data Groups	7/11/2018	<a href="#">Number of infants and toddlers with IFSPs who primarily receive early intervention services in the home or community-based settings</a>	2,010	
SY 2017-18 Child Count/Educational Environment Data Groups	7/11/2018	<a href="#">Total number of infants and toddlers with IFSPs</a>	2,030	

**FFY 2017 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 2016 Data	FFY 2017 Target	FFY 2017 Data
2,010	2,030	98.94%	94.80%	99.01%

**Actions required in FFY 2016 response**

none

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**OSEP Response**

**Required Actions**



**FFY 2017 Part C State Performance Plan (SPP)/Annual Performance Report (APR)  
Indicator 3: Early Childhood Outcomes**

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)

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)? **No**

**Historical Data**

	Baseline Year	FFY	2004	2005	2006	2007	2008	2009	2010	2011	2012	2013	2014
A1	2010	Target ≥						60.90%	61.00%	61.00%	61.00%	67.90%	68.00%
		Data					60.95%	57.92%	62.69%	67.98%	67.86%	67.91%	65.23%
A2	2010	Target ≥						64.00%	56.34%	56.40%	56.40%	57.00%	57.20%
		Data					64.55%	60.25%	56.34%	58.18%	55.23%	57.84%	54.75%
B1	2010	Target ≥						70.00%	71.00%	71.00%	71.00%	74.00%	74.20%
		Data					70.18%	66.50%	70.91%	73.54%	77.83%	75.09%	73.09%
B2	2010	Target ≥						62.00%	54.62%	54.70%	54.70%	54.70%	54.70%
		Data					62.83%	58.46%	54.62%	52.01%	52.32%	52.08%	51.21%
C1	2010	Target ≥						68.00%	69.50%	69.50%	69.50%	70.00%	70.50%
		Data					69.24%	68.01%	72.61%	75.05%	77.35%	76.69%	74.80%
C2	2010	Target ≥						58.00%	52.65%	52.70%	52.70%	54.00%	54.20%
		Data					59.58%	55.37%	52.65%	52.48%	53.96%	54.02%	53.89%

	FFY	2015	2016
A1	Target ≥	68.20%	68.80%
	Data	67.22%	57.36%
A2	Target ≥	57.40%	57.60%
	Data	57.48%	54.49%
B1	Target ≥	74.60%	74.80%
	Data	74.12%	65.26%
B2	Target ≥	54.80%	54.80%
	Data	52.34%	46.22%
C1	Target ≥	71.00%	71.50%
	Data	78.66%	68.21%
C2	Target ≥	54.40%	54.60%
	Data	59.48%	52.15%

Key:  Gray – Data Prior to Baseline  Yellow – Baseline  Blue – Data Update

**FFY 2017 - FFY 2018 Targets**

FFY	2017	2018
Target A1 ≥	70.00%	71.00%
Target A2 ≥	57.80%	58.00%
Target B1 ≥	75.00%	75.20%
Target B2 ≥	55.00%	55.00%
Target C1 ≥	72.00%	73.00%
Target C2 ≥	54.80%	55.00%

Key:

**Targets: Description of Stakeholder Input**

The RI Executive Office of Health and Human Services (EOHHS) conducted presentations to provide information to and gather input from stakeholders related to RI's State Performance Plan and Annual Performance Reports, current and historical data and targets for both compliance and improvement indicators, and previous and ongoing strategies for improvement. These presentations and materials 7/10/2019

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were used with the state's administrative team, the state's ICC, and the state's EI Director's group. Each of the groups were asked to make suggestions for new targets through 2018 with ideas for new or continued improvement strategies. Information was compiled and utilized in setting the new targets and reported back to each of the stakeholder groups for final review and comment. All groups agreed to the final targets set.

**FFY 2017 SPP/APR Data**

Number of infants and toddlers with IFSPs assessed	1321.00
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**Outcome A: Positive social-emotional skills (including social relationships)**

	Number of Children	Percentage of Children
a. Infants and toddlers who did not improve functioning	12	0.91%
b. Infants and toddlers who improved functioning but not sufficient to move nearer to functioning comparable to same-aged peers	494	37.40%
c. Infants and toddlers who improved functioning to a level nearer to same-aged peers but did not reach it	143	10.83%
d. Infants and toddlers who improved functioning to reach a level comparable to same-aged peers	379	28.69%
e. Infants and toddlers who maintained functioning at a level comparable to same-aged peers	293	22.18%

	Numerator	Denominator	FFY 2016 Data	FFY 2017 Target	FFY 2017 Data
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 $(c+d)/(a+b+c+d)$ .	522.00	1028.00	57.36%	70.00%	50.78%
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 $(d+e)/(a+b+c+d+e)$ .	672.00	1321.00	54.49%	57.80%	50.87%

**Reasons for A1 Slippage**

- Rhode Island has seen a downward change in all outcomes in FFY17. We believe the change is due to a new process for completing child outcomes measurement which began in November 2016. The new process is a result of a collaborative project with Part B 619 Preschool Special Education to align our systems to develop one child outcome measurement system for both programs. Benefits of the new aligned system include a focus on a common language for Part B 619 and Part C which supports a coordinated approach for families as they transition between these two systems.
- FFY17 data includes children who were rated at entry in the old process and were rated at exit in the new process. Until all children have both entered and exited in the new process, our data will be skewed. The full data represents 1321 children. Of these, only 534 entered and exited in the new process and 787 entered in the old process and exited in the new process.
- In comparing both groups, the progress in all outcomes for both summary statements is significantly greater for the 534 who entered and exited in the same process. (See chart below).

Summary Statement A

Summary Statement B

	FFY17-18	FFY17-18	Dif		FFY17-18	FFY17-18	Dif
	787 Children who entered in old process and exited in new process	<b>534 Children who entered and exited using new process</b>			787 Children who entered in old process and exited in new process	<b>534 Children who entered and exited using new process</b>	
Outcome 1	45.99%	<b>58.17%</b>	12.18%	Outcome 1	46.63%	<b>57.12%</b>	10.49%
Outcome 2	55.07%	<b>60.55%</b>	5.48%	Outcome 2	35.88%	<b>47.38%</b>	11.50%
Outcome 3	60.78%	<b>67.60%</b>	6.82%	Outcome 3	46.43%	<b>59.21%</b>	12.78%

- We believe staff are rating differently in the new process. Qualitative data from a survey conducted in January 2018 of staff who complete child outcomes found that the majority of participants indicated that they were rating differently in the new process. We believe that the new process has given providers a different (and more accurate) lens than was what was used in the old process. Changes in the new process which would improve the accuracy of ratings include the following:
  - *Professional development:* In addition to new policies and procedures, the collaborative project with Part B 619 also resulted in professional development regarding implementing the new child outcomes system. Ten (10) comprehensive modules were developed based on the ECTA Child Outcomes modules and modified for Rhode Island and are required to be completed by all staff. In addition, on site trainings to individual Early Intervention sites included a thorough review of age anchoring tools and how to use them. The new modules and the technical assistance has provided a mechanism to ensure all staff have the same information about the child outcomes process, thereby increasing the accuracy of the ratings.
  - *Integration of Child Outcomes and the IFSP:* The new process includes the integration of the three child outcomes into the IFSP for entry ratings. The child outcomes process is no longer seen as an ancillary form without much purpose to the provider. Instead, it has been transformed into an important part of the IFSP process. This integration has ensured a comprehensive collection of information upon which to determine a rating, thereby increasing the accuracy of the ratings.

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- o *Integration of Child Outcomes into the transition process for Part B:* The new process includes a collaborative rating completed by Part B 619 and Part C which is used as the Part C exit rating and the Part B 619 entry rating. This collaboration to determine ratings has elevated the importance of the process and ensures that there has been a comprehensive collection of information to determine the rating.
- o *Team Approach:* The new process requires a team approach which includes the family. This process ensures a more comprehensive collection of information to determine a rating.

**Reasons for A2 Slippage**

- Rhode Island has seen a downward change in all outcomes in FFY17. We believe the change is due to a new process for completing child outcomes measurement which began in November 2016. The new process is a result of a collaborative project with Part B 619 Preschool Special Education to align our systems to develop one child outcome measurement system for both programs. Benefits of the new aligned system include a focus on a common language for Part B 619 and Part C which supports a coordinated approach for families as they transition between these two systems.
- FFY17 data includes children who were rated at entry in the old process and were rated at exit in the new process. Until all children have both entered and exited in the new process, our data will be skewed. The full data represents 1321 children. Of these, only 534 entered and exited in the new process and 787 entered in the old process and exited in the new process.
- In comparing both groups, the progress in all outcomes for both summary statements is significantly greater for the 534 who entered and exited in the same process. (See chart below).

Summary Statement A	FFY17-18			Summary Statement B	FFY17-18		
	787 Children who entered in old process and exited in new process	534 Children who entered and exited using new process	Dif		787 Children who entered in old process and exited in new process	534 Children who entered and exited using new process	Dif
Outcome 1	45.99%	58.17%	12.18%	Outcome 1	46.63%	57.12%	10.49%
Outcome 2	55.07%	60.55%	5.48%	Outcome 2	35.88%	47.38%	11.50%
Outcome 3	60.78%	67.60%	6.82%	Outcome 3	46.43%	59.21%	12.78%

- We believe staff are rating differently in the new process. Qualitative data from a survey conducted in January 2018 of staff who complete child outcomes found that the majority of participants indicated that they were rating differently in the new process. We believe that the new process has given providers a different (and more accurate) lens than was what was used in the old process. Changes in the new process which would improve the accuracy of ratings include the following:
  - *Professional development:* In addition to new policies and procedures, the collaborative project with Part B 619 also resulted in professional development regarding implementing the new child outcomes system. Ten (10) comprehensive modules were developed based on the ECTA Child Outcomes modules and modified for Rhode Island and are required to be completed by all staff. In addition, on site trainings to individual Early Intervention sites included a thorough review of age anchoring tools and how to use them. The new modules and the technical assistance has provided a mechanism to ensure all staff have the same information about the child outcomes process, thereby increasing the accuracy of the ratings.
  - *Integration of Child Outcomes and the IFSP:* The new process includes the integration of the three child outcomes into the IFSP for entry ratings. The child outcomes process is no longer seen as an ancillary form without much purpose to the provider. Instead, it has been transformed into an important part of the IFSP process. This integration has ensured a comprehensive collection of information upon which to determine a rating, thereby increasing the accuracy of the ratings.
  - *Integration of Child Outcomes into the transition process for Part B:* The new process includes a collaborative rating completed by Part B 619 and Part C which is used as the Part C exit rating and the Part B 619 entry rating. This collaboration to determine ratings has elevated the importance of the process and ensures that there has been a comprehensive collection of information to determine the rating.
  - *Team Approach:* The new process requires a team approach which includes the family. This process ensures a more comprehensive collection of information to determine a rating.

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

	Number of Children	Percentage of Children
a. Infants and toddlers who did not improve functioning	8	0.61%
b. Infants and toddlers who improved functioning but not sufficient to move nearer to functioning comparable to same-aged peers	507	38.41%
c. Infants and toddlers who improved functioning to a level nearer to same-aged peers but did not reach it	270	20.45%
d. Infants and toddlers who improved functioning to reach a level comparable to same-aged peers	419	31.74%
e. Infants and toddlers who maintained functioning at a level comparable to same-aged peers	116	8.79%

	Numerator	Denominator	FFY 2016 Data	FFY 2017 Target	FFY 2017 Data
B1. Of those children who entered or exited the program below age	689.00	1204.00	65.26%	75.00%	57.23%

**FFY 2017 Part C State Performance Plan (SPP)/Annual Performance Report (APR)**

	Numerator	Denominator	FFY 2016 Data	FFY 2017 Target	FFY 2017 Data
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 (c+d)/(a+b+c+d).					
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 (d+e)/(a+b+c+d+e).	535.00	1320.00	46.22%	55.00%	40.53%

**Reasons for B1 Slippage**

- Rhode Island has seen a downward change in all outcomes in FFY17. We believe the change is due to a new process for completing child outcomes measurement which began in November 2016. The new process is a result of a collaborative project with Part B 619 Preschool Special Education to align our systems to develop one child outcome measurement system for both programs. Benefits of the new aligned system include a focus on a common language for Part B 619 and Part C which supports a coordinated approach for families as they transition between these two systems.
- FFY17 data includes children who were rated at entry in the old process and were rated at exit in the new process. Until all children have both entered and exited in the new process, our data will be skewed. The full data represents 1321 children. Of these, only 534 entered and exited in the new process and 787 entered in the old process and exited in the new process.
- In comparing both groups, the progress in all outcomes for both summary statements is significantly greater for the 534 who entered and exited in the same process. (See chart below).

Summary Statement A

Summary Statement B

	FFY17-18	FFY17-18	Dif		FFY17-18	FFY17-18	Dif
	787 Children who entered in old process and exited in new process	<b>534 Children who entered and exited using new process</b>			787 Children who entered in old process and exited in new process	<b>534 Children who entered and exited using new process</b>	
Outcome 1	45.99%	<b>58.17%</b>	12.18%	Outcome 1	46.63%	<b>57.12%</b>	10.49%
Outcome 2	55.07%	<b>60.55%</b>	5.48%	Outcome 2	35.88%	<b>47.38%</b>	11.50%
Outcome 3	60.78%	<b>67.60%</b>	6.82%	Outcome 3	46.43%	<b>59.21%</b>	12.78%

- We believe staff are rating differently in the new process. Qualitative data from a survey conducted in January 2018 of staff who complete child outcomes found that the majority of participants indicated that they were rating differently in the new process. We believe that the new process has given providers a different (and more accurate) lens than was what was used in the old process. Changes in the new process which would improve the accuracy of ratings include the following:
  - *Professional development:* In addition to new policies and procedures, the collaborative project with Part B 619 also resulted in professional development regarding implementing the new child outcomes system. Ten (10) comprehensive modules were developed based on the ECTA Child Outcomes modules and modified for Rhode Island and are required to be completed by all staff. In addition, on site trainings to individual Early Intervention sites included a thorough review of age anchoring tools and how to use them. The new modules and the technical assistance has provided a mechanism to ensure all staff have the same information about the child outcomes process, thereby increasing the accuracy of the ratings.
  - *Integration of Child Outcomes and the IFSP:* The new process includes the integration of the three child outcomes into the IFSP for entry ratings. The child outcomes process is no longer seen as an ancillary form without much purpose to the provider. Instead, it has been transformed into an important part of the IFSP process. This integration has ensured a comprehensive collection of information upon which to determine a rating, thereby increasing the accuracy of the ratings.
  - *Integration of Child Outcomes into the transition process for Part B:* The new process includes a collaborative rating completed by Part B 619 and Part C which is used as the Part C exit rating and the Part B 619 entry rating. This collaboration to determine ratings has elevated the importance of the process and ensures that there has been a comprehensive collection of information to determine the rating.
  - *Team Approach:* The new process requires a team approach which includes the family. This process ensures a more comprehensive collection of information to determine a rating.

**Reasons for B2 Slippage**

- Rhode Island has seen a downward change in all outcomes in FFY17. We believe the change is due to a new process for completing child outcomes measurement which began in November 2016. The new process is a result of a collaborative project with Part B 619 Preschool Special Education to align our systems to develop one child outcome measurement system for both programs. Benefits of the new aligned system include a focus on a common language for Part B 619 and Part C which supports a coordinated approach for families as they transition between these two systems.
- FFY17 data includes children who were rated at entry in the old process and were rated at exit in the new process. Until all children have both entered and exited in the new process, our data will be skewed. The full data represents 1321 children. Of these, only 534 entered and exited in the new process and 787 entered in the old process and exited in the new process.
- In comparing both groups, the progress in all outcomes for both summary statements is significantly greater for the 534 who

**FFY 2017 Part C State Performance Plan (SPP)/Annual Performance Report (APR)**  
 entered and exited in the same process. (See chart below).

Summary Statement A

	FFY17-18	FFY17-18	Dif
	787 Children who entered in old process and exited in new process	<b>534 Children who entered and exited using new process</b>	
Outcome 1	45.99%	<b>58.17%</b>	12.18%
Outcome 2	55.07%	<b>60.55%</b>	5.48%
Outcome 3	60.78%	<b>67.60%</b>	6.82%

Summary Statement B

	FFY17-18	FFY17-18	Dif
	787 Children who entered in old process and exited in new process	<b>534 Children who entered and exited using new process</b>	
Outcome 1	46.63%	<b>57.12%</b>	10.49%
Outcome 2	35.88%	<b>47.38%</b>	11.50%
Outcome 3	46.43%	<b>59.21%</b>	12.78%

- We believe staff are rating differently in the new process. Qualitative data from a survey conducted in January 2018 of staff who complete child outcomes found that the majority of participants indicated that they were rating differently in the new process. We believe that the new process has given providers a different (and more accurate) lens than was what was used in the old process. Changes in the new process which would improve the accuracy of ratings include the following:
  - *Professional development:* In addition to new policies and procedures, the collaborative project with Part B 619 also resulted in professional development regarding implementing the new child outcomes system. Ten (10) comprehensive modules were developed based on the ECTA Child Outcomes modules and modified for Rhode Island and are required to be completed by all staff. In addition, on site trainings to individual Early Intervention sites included a thorough review of age anchoring tools and how to use them. The new modules and the technical assistance has provided a mechanism to ensure all staff have the same information about the child outcomes process, thereby increasing the accuracy of the ratings.
  - *Integration of Child Outcomes and the IFSP:* The new process includes the integration of the three child outcomes into the IFSP for entry ratings. The child outcomes process is no longer seen as an ancillary form without much purpose to the provider. Instead, it has been transformed into an important part of the IFSP process. This integration has ensured a comprehensive collection of information upon which to determine a rating, thereby increasing the accuracy of the ratings.
  - *Integration of Child Outcomes into the transition process for Part B:* The new process includes a collaborative rating completed by Part B 619 and Part C which is used as the Part C exit rating and the Part B 619 entry rating. This collaboration to determine ratings has elevated the importance of the process and ensures that there has been a comprehensive collection of information to determine the rating.
  - *Team Approach:* The new process requires a team approach which includes the family. This process ensures a more comprehensive collection of information to determine a rating.

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

	Number of Children	Percentage of Children
a. Infants and toddlers who did not improve functioning	8	0.61%
b. Infants and toddlers who improved functioning but not sufficient to move nearer to functioning comparable to same-aged peers	423	32.14%
c. Infants and toddlers who improved functioning to a level nearer to same-aged peers but did not reach it	206	15.65%
d. Infants and toddlers who improved functioning to reach a level comparable to same-aged peers	543	41.26%
e. Infants and toddlers who maintained functioning at a level comparable to same-aged peers	136	10.33%

	Numerator	Denominator	FFY 2016 Data	FFY 2017 Target	FFY 2017 Data
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 $(c+d)/(a+b+c+d)$ .	749.00	1180.00	68.21%	72.00%	63.47%
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 $(d+e)/(a+b+c+d+e)$ .	679.00	1316.00	52.15%	54.80%	51.60%

**Reasons for C1 Slippage**

- Rhode Island has seen a downward change in all outcomes in FFY17. We believe the change is due to a new process for completing child outcomes measurement which began in November 2016. The new process is a result of a collaborative project with Part B 619 Preschool Special Education to align our systems to develop one child outcome measurement system for both programs. Benefits of the new aligned system include a focus on a common language for Part B 619 and Part C which supports a coordinated approach for families as they transition between these two systems.
- FFY17 data includes children who were rated at entry in the old process and were rated at exit in the new process. Until all children have both entered and exited in the new process, our data will be skewed. The full data represents 1321 children. Of these, only 534 entered and exited in the new process and 787 entered in the old process and exited in the new process.
- In comparing both groups, the progress in all outcomes for both summary statements is significantly greater for the 534 who

**FFY 2017 Part C State Performance Plan (SPP)/Annual Performance Report (APR)**  
 entered and exited in the same process. (See chart below).

	Summary Statement A			Summary Statement B		
	FFY17-18	FFY17-18	Dif	FFY17-18	FFY17-18	Dif
	787 Children who entered in old process and exited in new process	<b>534 Children who entered and exited using new process</b>		787 Children who entered in old process and exited in new process	<b>534 Children who entered and exited using new process</b>	
Outcome 1	45.99%	<b>58.17%</b>	12.18%	Outcome 1	46.63%	<b>57.12%</b> 10.49%
Outcome 2	55.07%	<b>60.55%</b>	5.48%	Outcome 2	35.88%	<b>47.38%</b> 11.50%
Outcome 3	60.78%	<b>67.60%</b>	6.82%	Outcome 3	46.43%	<b>59.21%</b> 12.78%

We believe staff are rating differently in the new process. Qualitative data from a survey conducted in January 2018 of staff who complete child outcomes found that the majority of participants indicated that they were rating differently in the new process. We believe that the new process has given providers a different (and more accurate) lens than was what was used in the old process. Changes in the new process which would improve the accuracy of ratings include the following:

- o *Professional development:* In addition to new policies and procedures, the collaborative project with Part B 619 also resulted in professional development regarding implementing the new child outcomes system. Ten (10) comprehensive modules were developed based on the ECTA Child Outcomes modules and modified for Rhode Island and are required to be completed by all staff. In addition, on site trainings to individual Early Intervention sites included a thorough review of age anchoring tools and how to use them. The new modules and the technical assistance has provided a mechanism to ensure all staff have the same information about the child outcomes process, thereby increasing the accuracy of the ratings.
- o *Integration of Child Outcomes and the IFSP:* The new process includes the integration of the three child outcomes into the IFSP for entry ratings. The child outcomes process is no longer seen as an ancillary form without much purpose to the provider. Instead, it has been transformed into an important part of the IFSP process. This integration has ensured a comprehensive collection of information upon which to determine a rating, thereby increasing the accuracy of the ratings.
- o *Integration of Child Outcomes into the transition process for Part B:* The new process includes a collaborative rating completed by Part B 619 and Part C which is used as the Part C exit rating and the Part B 619 entry rating. This collaboration to determine ratings has elevated the importance of the process and ensures that there has been a comprehensive collection of information to determine the rating.
- o *Team Approach:* The new process requires a team approach which includes the family. This process ensures a more comprehensive collection of information to determine a rating.

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

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	2139
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.	425

Please note that this data about the number of infants and toddlers who did not receive early intervention services for at least six months before exiting the Part C program is optional in this FFY16 submission. It will be required in the FFY17 submission.

Was sampling used? No

Did you use the Early Childhood Outcomes Center (ECO) Child Outcomes Summary (COS) process? Yes

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

Rhode Island Part C Early Intervention has collaborated with Part B 619 Preschool Special Education to develop one aligned child outcomes measurement process for both systems. *Rhode Island's Early Intervention and Early Childhood Special Education Comprehensive Assessment System. EI/ECSE Global Child Outcomes Measurement System* is based on the Child Outcome Summary (COS) process developed by the Early Childhood Outcomes (ECO) Center. Early Intervention providers complete the Child Outcome Summary (COS) process at entry, after they acquire a rich picture of the child's development and functioning (by the initial IFSP start date). The same process is completed at exit (prior to discharge), along with determining if the child has made progress during their time in EI. Rhode Island has integrated the COS into the IFSP process so that present levels of development are organized using the framework of the Global Child Outcomes. Organizing the child's functioning in this way, better supports the team to choose the most appropriate child outcomes summary statement and corresponding rating. For children transitioning to Part B 619, the discussion about the exit rating happens in collaboration with the school district. The collaborative rating is used by Part C as their exit rating and by Part B 619 as their entry rating. For children not transitioning to Part B 619 the COS is completed as part of the discharge process.

The COS/IFSP process includes:

- Gathering rich information about child functioning using multiple sources (family members/caregivers, other adults who know the child well such as child care providers, and other service providers).
- Using methods such as: team discussion, child/family observation, semi-structured interview with family members and caregivers.
- Using standardized and criterion based assessment tools. Examples include Robin McWilliam's Routines Based Interview ©(RBI), the Bailey Scales of Development, the Battelle Developmental Inventory, Hawaii Early Learning Profile (HELP© Birth-3); and the Assessment, Evaluation, and Programming System (AEPS).
- Using guidance tools developed by RI to support discussions with families and caregivers including the *RI Functional Outcomes Discussion Sheet, Guiding Questions for Families and Guiding Questions for Teachers and other Caregivers.*

## FFY 2017 Part C State Performance Plan (SPP)/Annual Performance Report (APR)

- Using the original COS rating scale, family friendly summary statements, and the *ECO Decision Making Tree*.

Entry and exit ratings along with the answer to the questions about the acquisition of new skills are entered into the State's database. Entry data are collected on all children, and exit data are reported on children enrolled longer than six months. In addition to state-wide data, Early Intervention programs have the ability to download a quarterly pivot table to view their own data and compare their program to all programs in the state. The lead agency provides technical assistance to EI programs to help them better understand and improve their data. The lead agency uses an Excel file calculator developed by the ECO center to generate the progress categories above, as well as other tools developed by the DaSy center and ECTA to analyze meaningful differences and trends.

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

Category	#	%
Number of Discharges 2017-18	2139	
Number of Completed Outcomes	1321	61.76%
Number in EI less than 6 months	456	21.32%
Number Outcomes not completed due to limited contact	136	6.36%
Missing Data	226	10.57%

### Actions required in FFY 2016 response

none

### OSEP Response

### Required Actions

**FFY 2017 Part C State Performance Plan (SPP)/Annual Performance Report (APR)  
Indicator 4: Family Involvement**

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)

**Historical Data**

	Baseline Year	FFY	2004	2005	2006	2007	2008	2009	2010	2011	2012	2013	2014
A	2006	Target ≥					86.00%	87.00%	87.50%	87.50%	87.50%	90.00%	90.20%
		Data			87.89%	89.04%	91.33%	85.46%	87.60%	91.40%	92.36%	91.76%	91.97%
B	2006	Target ≥					92.00%	93.00%	93.50%	93.50%	93.50%	94.00%	94.00%
		Data			91.40%	93.53%	93.45%	90.88%	92.70%	94.90%	94.90%	94.02%	94.82%
C	2006	Target ≥					93.00%	94.00%	94.50%	94.50%	94.50%	94.50%	94.50%
		Data			93.90%	93.75%	95.77%	90.36%	91.90%	93.90%	94.75%	93.37%	94.10%

	FFY	2015	2016
A	Target ≥	90.40%	90.60%
	Data	89.40%	91.68%
B	Target ≥	94.20%	94.60%
	Data	92.76%	94.70%
C	Target ≥	94.50%	94.50%
	Data	91.07%	92.90%

Key:  Gray – Data Prior to Baseline  Yellow – Baseline  Blue – Data Update

**FFY 2017 - FFY 2018 Targets**

FFY	2017	2018
Target A ≥	90.80%	91.00%
Target B ≥	94.80%	95.00%
Target C ≥	94.50%	94.50%

Key:

**Targets: Description of Stakeholder Input**

The RI Executive Office of Health and Human Services (EOHHS) conducted presentations to provide information to and gather input from stakeholders related to RI's State Performance Plan and Annual Performance Reports, current and historical data and targets for both compliance and improvement indicators, and previous and ongoing strategies for improvement. These presentations and materials were used with the state's administrative team, the state's ICC, and the state's EI Director's group. Each of the groups were asked to make suggestions for new targets through 2018 with ideas for new or continued improvement strategies. Information was compiled and utilized in setting the new targets and reported back to each of the stakeholder groups for final review and comment. All of the groups agreed to the final targets set.

**FFY 2017 SPP/APR Data**

Number of families to whom surveys were distributed	2,015
Number of respondent families participating in Part C	46.00% 927
A1. Number of respondent families participating in Part C who report that early intervention services have helped the family know their rights	841
A2. Number of responses to the question of whether early intervention services have helped the family know their rights	920
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	873
B2. Number of responses to the question of whether early intervention services have helped the family effectively communicate their children's needs	921
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	848



	FFY 2016 Data	FFY 2017 Target	FFY 2017 Data
A. Percent of families participating in Part C who report that early intervention services have helped the family know their rights	91.68%	90.80%	91.41%
B. Percent of families participating in Part C who report that early intervention services have helped the family effectively communicate their children's needs	94.70%	94.80%	94.78%
C. Percent of families participating in Part C who report that early intervention services have helped the family help their children develop and learn	92.90%	94.50%	92.40%

Was sampling used? No

Was a collection tool used? Yes

Is it a new or revised collection tool? No

The demographics of the families responding are representative of the demographics of infants, toddlers, and families enrolled in the Part C program. Yes

Include the State's analysis of the extent to which the demographics of the families responding are representative of the demographics of infants, toddlers, and families enrolled in the Part C program.

The Early Childhood Technical Assistance Center's Family Survey (revised version-2-5-10) is used to gather data for Indicator #4. Scoring for A from the survey is the average of questions 1-5 "Very" or "Extremely" responses divided by the average number of responses. Scoring for B from the survey is the average of questions 7-12 "Very" or "Extremely" responses divided by the average number of responses. Scoring for C from the survey is the average of questions 13-18 "Very" or "Extremely" responses divided by the average number of responses.

All families with an active IFSP (extracted on March 31, 2018) were hand delivered a survey and given the option to complete the survey on-line. The State Family Outcomes Survey Workgroup (consisting of representatives from each EI provider site, RI EI TA center, and Rhode Island Parent Information Network) met several times throughout the 2018 calendar year. The meetings in the winter and early spring focused on survey design, overall packaging, delivery method, and strategies to improve return rates. Service Coordinators and Parent Consultants were charged with hand-delivering a cover letter, which explained the purpose of the survey and how to access the Survey Monkey on line version. All Service Coordinators and Parent Consultants had hard copies of the survey with them for families who preferred this method. A non-EI provider is available to provide assistance to a family should they require to complete the survey. This assures that all families have equal access to complete the survey. Self-addressed stamped envelopes were also provided for these families who chose to mail in their responses.

This year's return rate (927/2015) was 46%. (850/1842) 46.15% English speaking and (77/173) 44.12% Spanish speaking.

The a report was given to the to the Part C Coordinator and each provider with their own results. Data was analyzed using the ECTA Meaningful difference calculator. Data is determined to be valid and reliable. The demographic data of the respondents is representative of statewide data as seen below:

	Mailing		Self-Identified Survey	
Race	#	%	#	%
Unavailable/no response	16	0.77%	39	4.21%
American Indian or Alaska Native	5	0.24%	6	0.65%
Asian	45	2.16%	14	1.51%
Black or African American	156	7.49%	56	6.04%
Hispanic	564	27.06%	214	23.09%
Mixed Racial	72	3.45%	85	9.17%
White	1226	58.83%	513	55.34%
Grand Total	2084	100.00%	927	100.00%
Gender	#	%	#	%
Unavailable/no response	0	0.00%	5	0.54%
Female	746	35.80%	363	39.16%
Male	1338	64.20%	559	60.30%
Grand Total	2084	100.00%	927	100.00%
Language	#	%	#	%
English	1885	90.45%	843	90.94%
Spanish	172	8.25%	77	8.31%
Other	27	1.30%	7	0.76%
Grand Total	2084	100.00%	927	100.00%

Actions required in FFY 2016 response

none

**FFY 2017 Part C State Performance Plan (SPP)/Annual Performance Report (APR)**

OSEP Response

Required Actions

**FFY 2017 Part C State Performance Plan (SPP)/Annual Performance Report (APR)  
Indicator 5: Child Find (Birth to One)**

Monitoring Priority: Effective General Supervision Part C / Child Find

Results indicator: Percent of infants and toddlers birth to 1 with IFSPs compared to national data.

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

**Historical Data**

Baseline Data: 2005

FFY	2004	2005	2006	2007	2008	2009	2010	2011	2012	2013	2014
Target ≥			1.75%	1.75%	1.75%	1.90%	2.00%	2.00%	2.00%	2.50%	2.50%
Data		1.86%	2.04%	2.29%	2.20%	2.38%	2.45%	2.33%	2.86%	2.89%	3.05%

FFY	2015	2016
Target ≥	2.50%	2.50%
Data	2.75%	3.00%

Key:  Gray – Data Prior to Baseline  Yellow – Baseline  Blue – Data Update

**FFY 2017 - FFY 2018 Targets**

FFY	2017	2018
Target ≥	2.50%	2.50%

Key:

**Targets: Description of Stakeholder Input**

The RI Executive Office of Health and Human Services (EOHHS) developed presentations to provide information to and gather input from stakeholders related to RI's State Performance Plan and Annual Performance Reports, current and historical data and targets for both compliance and improvement indicators, and previous and ongoing strategies for improvement. This presentation and materials were used with the state's administrative team, the state's ICC, and the state's EI Director's group. Each of the groups were asked to make suggestions for new targets through 2018 with ideas for new or continued improvement strategies. Information was compiled and utilized in setting the new targets and reported back to each of the stakeholder groups for final review and comment. All of the groups agreed to the final targets set.

**Prepopulated Data**

Source	Date	Description	Data	Overwrite Data
SY 2017-18 Child Count/Educational Environment Data Groups	7/11/2018	<a href="#">Number of infants and toddlers birth to 1 with IFSPs</a>	284	null
U.S. Census Annual State Resident Population Estimates April 1, 2010 to July 1, 2017	6/12/2018	<a href="#">Population of infants and toddlers birth to 1</a>	10,923	null

**FFY 2017 SPP/APR Data**

Number of infants and toddlers birth to 1 with IFSPs	Population of infants and toddlers birth to 1	FFY 2016 Data	FFY 2017 Target	FFY 2017 Data
284	10,923	3.00%	2.50%	2.60%

**Compare your results to the national data**

RI Ranks 5th in the nation

Rank	State	# Served	Population	%
1	Massachusetts	3,372	71,523	4.71
2	New Mexico	914	25,060	3.65
3	West Virginia	577	18,958	3.04
4	Pennsylvania	3,655	138,354	2.64
5	Rhode Island	284	10,923	2.60

**Actions required in FFY 2016 response**

none

**OSEP Response**

**Required Actions**

**FFY 2017 Part C State Performance Plan (SPP)/Annual Performance Report (APR)  
Indicator 6: Child Find (Birth to Three)**

Monitoring Priority: Effective General Supervision Part C / Child Find

Results indicator: Percent of infants and toddlers birth to 3 with IFSPs compared to national data.

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

**Historical Data**

Baseline Data: 2005

FFY	2004	2005	2006	2007	2008	2009	2010	2011	2012	2013	2014
Target ≥			3.60%	3.60%	3.60%	3.80%	3.80%	3.80%	3.80%	3.80%	6.00%
Data		4.09%	4.39%	4.61%	4.79%	5.12%	5.47%	5.85%	6.08%	6.36%	6.36%

FFY	2015	2016
Target ≥	6.00%	6.00%
Data	6.11%	6.07%

Key:  Gray – Data Prior to Baseline  Yellow – Baseline  Blue – Data Update

**FFY 2017 - FFY 2018 Targets**

FFY	2017	2018
Target ≥	6.00%	6.00%

Key:

**Targets: Description of Stakeholder Input**

The RI Executive Office of Health and Human Services (EOHHS) developed presentations to provide information to and gather input from stakeholders related to RI's State Performance Plan and Annual Performance Reports, current and historical data and targets for both compliance and improvement indicators, and previous and ongoing strategies for improvement. These presentations and materials were used with the state's administrative team, the state's ICC, and the state's EI Director's group. Each of the groups were asked to make suggestions for new targets through 2018 with ideas for new or continued improvement strategies. Information was compiled and utilized in setting the new targets and reported back to each of the stakeholder groups for final review and comment. All of the groups agreed to the final targets set.

**Prepopulated Data**

Source	Date	Description	Data	Overwrite Data
SY 2017-18 Child Count/Educational Environment Data Groups	7/11/2018	<a href="#">Number of infants and toddlers birth to 3 with IFSPs</a>	2,030	
U.S. Census Annual State Resident Population Estimates April 1, 2010 to July 1, 2017	6/12/2018	<a href="#">Population of infants and toddlers birth to 3</a>	33,067	

**FFY 2017 SPP/APR Data**

Number of infants and toddlers birth to 3 with IFSPs	Population of infants and toddlers birth to 3	FFY 2016 Data	FFY 2017 Target	FFY 2017 Data
2,030	33,067	6.07%	6.00%	6.14%

**Compare your results to the national data**

Rhode Island ranks 5th in the nation

Rank	State	# served	Population	%
1	Massachusetts	20,565	215,593	9.54
2	New Mexico	5,720	75,820	7.54
3	Vermont	1,234	17,724	6.96
4	West Virginia	3,604	57,952	6.22
5	Rhode Island	2,030	33,067	6.14

**Actions required in FFY 2016 response**

none

**OSEP Response**

**Required Actions**

**FFY 2017 Part C State Performance Plan (SPP)/Annual Performance Report (APR)  
Indicator 7: 45-day timeline**

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)

**Historical Data**

Baseline Data: 2005

FFY	2004	2005	2006	2007	2008	2009	2010	2011	2012	2013	2014
Target			100%	100%	100%	100%	100%	100%	100%	100%	100%
Data		71.70%	79.73%	83.33%	91.07%	93.70%	93.28%	96.41%	96.91%	97.98%	96.20%

FFY	2015	2016
Target	100%	100%
Data	98.00%	95.95%

Key:  Gray – Data Prior to Baseline  Yellow – Baseline

**FFY 2017 - FFY 2018 Targets**

FFY	2017	2018
Target	100%	100%

**FFY 2017 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 2016 Data	FFY 2017 Target	FFY 2017 Data
227	250	95.95%	100%	98.40%

<b>Number of documented delays attributable to exceptional family circumstances</b> <i>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.</i>	19
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**What is the source of the data provided for this indicator?**

- State monitoring
- State database

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

All certified providers are selected for program monitoring.

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

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

**Actions required in FFY 2016 response**

none

Note: Any actions required in last year's response table that are related to correction of findings should be responded to on the "Correction of Previous Findings of Noncompliance" page of this indicator. If your State's only actions required in last year's response are related to findings of noncompliance, a text field will

**Correction of Findings of Noncompliance Identified in FFY 2016**

Findings of Noncompliance Identified	Findings of Noncompliance Verified as Corrected Within One Year	Findings of Noncompliance Subsequently Corrected	Findings Not Yet Verified as Corrected
3	3	null	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*

3 RI 45-day Timeline findings have been corrected. The State has verified that each EIS program with non compliance reported by the State in FFY16 under this indicator: (1) is correctly implementing the specific regulatory requirements; and (2) has initiated IFSPs for each child, although late, unless the child is no longer within the jurisdiction of the EIS program, consistent with OSEP Memorandum 09-02, dated October 17, 2008 (OSEP Memo 09-02). The Executive Office of Health and Human Services monitored each EIS program through the Welligent data system, yearly program self-assessment, and on-site verification of data. The process included evaluating each provider for an annual determination; notifying each provider of any identified findings of non-compliance; and notifying each provider of any required actions. Each program submitted a Corrective Action Plan for each finding of non-compliance identified in FFY2016 related to 45 day timeline. The Corrective Action Plan included a program analysis of the root cause for the non-compliance and action steps with responsible parties and dates to correct the identified issues that led to non-compliance. Upon completion of the Corrective Action Plan, each program submitted a data sample that was 100% compliant to close the finding of non-compliance.

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

The State verified that the sample was 100%. This indicator has a timeline and consistent with OSEP Memo-09-02, the State verified that for each individual case of non-compliance in FFY16, the EI program completed the required action, although late (the child received an IFSP). Verification occurred during FFY16 focused monitoring. Programs were provided a self-assessment tool to complete for a list of State selected records (10% of each program's enrollment during January 1-June 30 or at least 20 records). The lead agency review team then conducted site visits to all EI programs to review 25% of the records (or a minimum of 10) from the self-assessment to verify accuracy of the data. For each individual case of non-compliance reviewed in FFY16, the state verified that the child received an IFSP, although late, unless the child was no longer in the jurisdiction of the program. Compliant through the State data system. Programs have up until a year to close the finding.

**OSEP Response**

Because the State reported less than 100% compliance for FFY 2017, the State must report on the status of correction of noncompliance identified in FFY 2017 for this indicator. When reporting on the correction of noncompliance, the State must report, in the FFY 2018 SPP/APR, that it has verified that each EIS program or provider with noncompliance identified in FFY 2017 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 2018 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 2017, although its FFY 2017 data reflect less than 100% compliance, provide an explanation of why the State did not identify any findings of noncompliance in FFY 2017.

**Required Actions**



**FFY 2017 Part C State Performance Plan (SPP)/Annual Performance Report (APR)  
Indicator 8A: Early Childhood Transition**

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)

**Historical Data**

Baseline Data: 2005

FFY	2004	2005	2006	2007	2008	2009	2010	2011	2012	2013	2014
Target			100%	100%	100%	100%	100%	100%	100%	100%	100%
Data		79.00%	99.00%	94.00%	90.50%	97.40%	100%	97.75%	95.56%	99.15%	96.81%

FFY	2015	2016
Target	100%	100%
Data	100%	99.00%

Key:  Gray – Data Prior to Baseline  Yellow – Baseline

**FFY 2017 - FFY 2018 Targets**

FFY	2017	2018
Target	100%	100%

**FFY 2017 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

Number of children exiting Part C who have an IFSP with transition steps and services	Number of toddlers with disabilities exiting Part C	FFY 2016 Data	FFY 2017 Target	FFY 2017 Data
101	101	99.00%	100%	100%

Number of documented delays attributable to exceptional family circumstances <i>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.</i>	null
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**What is the source of the data provided for this indicator?**

- State monitoring
- State database

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

All certified providers are selected for program monitoring.

**Actions required in FFY 2016 response**

none

**FFY 2017 Part C State Performance Plan (SPP)/Annual Performance Report (APR)**

Note: Any actions required in last year's response table that are related to correction of findings should be responded to on the "Correction of Previous Findings of Noncompliance" page of this indicator. If your State's only actions required in last year's response are related to findings of noncompliance, a text field will not be displayed on this page.

**Correction of Findings of Noncompliance Identified in FFY 2016**

Findings of Noncompliance Identified	Findings of Noncompliance Verified as Corrected Within One Year	Findings of Noncompliance Subsequently Corrected	Findings Not Yet Verified as Corrected
1	1	null	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*

1 RI transition steps finding has been corrected. The State has verified that each EIS program with noncompliance reported by the State in FFY16 under this indicator: (1) is correctly implementing the specific regulatory requirements; and (2) has initiated services for each child, although late, unless the child is no longer within the jurisdiction of the EIS program, consistent with OSEP Memorandum 09-02, dated October 17, 2008 (OSEP Memo 09-02). The Executive Office of Health and Human Services monitored each EIS program through the Welligent data system, yearly program self-assessment, and on-site verification of data. The process included evaluating each provider for an annual determination; notifying each provider of any identified findings of non-compliance; and notifying each provider of any required actions. Each program submitted a Corrective Action Plan for each finding of non-compliance identified in FFY2016 related to transition. The Corrective Action Plan included a program analysis of the root cause for the non-compliance and action steps with responsible parties and dates to correct the identified issues that led to non-compliance. Upon completion of the Corrective Action Plan, each program submitted a data sample that was 100% compliant to close the finding of non-compliance.

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

The State verified that the sample was 100%. This indicator has a timeline and consistent with OSEP Memo-09-02, the State verified that for each individual case of non-compliance in FFY16, the EI program completed the required action, although late (the child received transtion). Verification occurred during FFY16 focused monitoring. Programs were provided a self-assessment tool to complete for a list of State selected records (10% of each program's enrollment during January 1-June 30 or at least 20 records). The lead agency review team then conducted site visits to all EI programs to review 25% of the records (or a minimum of 10) from the self-assessment to verify accuracy of the data. For each individual case of non-compliance reviewed in FFY16, the state verified that the child transitioned although late, unless the child was no longer in the jurisdiction of the program. Compliant through the State data system. Programs have up until a year to close the finding.

**OSEP Response**

**Required Actions**

**FFY 2017 Part C State Performance Plan (SPP)/Annual Performance Report (APR)  
Indicator 8B: Early Childhood Transition**

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)

**Historical Data**

Baseline Data: 2005

FFY	2004	2005	2006	2007	2008	2009	2010	2011	2012	2013	2014
Target			100%	100%	100%	100%	100%	100%	100%	100%	100%
Data		96.00%	100%	100%	96.65%	100%	100%	100%	97.56%	98.28%	100%

FFY	2015	2016
Target	100%	100%
Data	100%	98.92%

Key:  Gray – Data Prior to Baseline  Yellow – Baseline

**FFY 2017 - FFY 2018 Targets**

FFY	2017	2018
Target	100%	100%

**FFY 2017 SPP/APR Data**

Data include notification to both the SEA and LEA

- Yes
- No

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 2016 Data	FFY 2017 Target	FFY 2017 Data
101	101	98.92%	100%	100%

<p><b>Number of parents who opted out</b> 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.</p>	0
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**Describe the method used to collect these data**

The state used both the statewide data system and focused monitoring to collect data regarding this indicator.

Each program collected and entered transition information in the state web based data system. Information included whether the child was potentially eligible for Part B; the date of notification to the LEA or the date the parent opted out of notification (and back in if applicable). Notification to the SEA was transmitted electronically from the Part C data system to the Part B data system for all children with IFSPs who are over the age of 28 months. To ensure the validity of this data, the state conducted focused monitoring using the following process.

Programs were provided a self-assessment tool to complete for a list of State selected records (10% of each program's enrollment during January 1-June 30 or at least 20 records. 75% of these records (or at least 20) were newly enrolled children and the other 25% (at least 10) were children transitioned during this time period. The lead agency review team then conducted site visits to all EI programs and reviewed 25% of the records (or a minimum of 10) from the self-assessment to verify reliability and validity of

Do you have a written opt-out policy? Yes

Is the policy on file with the Department? Yes

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

- State monitoring
- State database

Describe the method used to select EIS programs for monitoring.

All certified providers are selected to participate in program monitoring.

**Actions required in FFY 2016 response**

none

Note: Any actions required in last year's response table that are related to correction of findings should be responded to on the "Correction of Previous Findings of Noncompliance" page of this indicator. If your State's only actions required in last year's response are related to findings of noncompliance, a text field will not be displayed on this page.

**Correction of Findings of Noncompliance Identified in FFY 2016**

Findings of Noncompliance Identified	Findings of Noncompliance Verified as Corrected Within One Year	Findings of Noncompliance Subsequently Corrected	Findings Not Yet Verified as Corrected
1	1	null	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*

1 RI transition finding is corrected. The State has verified that each EIS program with non compliance reported by the State in FFY16 under this indicator: (1) is correctly implementing the specific regulatory requirements; and (2) has transitioned each child, although late, unless the child is no longer within the jurisdiction of the EIS program, consistent with OSEP Memorandum 09-02, dated October 17, 2008 (OSEP Memo 09-02). The Executive Office of Health and Human Services monitored each EIS program through the Welligent data system, yearly program self-assessment, and on-site verification of data. The process included evaluating each provider for an annual determination; notifying each provider of any identified findings of non-compliance; and notifying each provider of any required actions. Each program submitted a Corrective Action Plan for each finding of non-compliance identified in FFY2016 related to transition. The Corrective Action Plan included a program analysis of the root cause for the non-compliance and action steps with responsible parties and dates to correct the identified issues that led to non-compliance. Upon completion of the Corrective Action Plan, each program submitted a data sample that was 100% compliant to close the finding of non-compliance.

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

The State verified that the sample was 100%. This indicator has a timeline and consistent with OSEP Memo-09-02, the State verified that for each individual case of non-compliance in FFY16, the EI program completed the required action, although late (the child transitioned). Verification occurred during FFY16 focused monitoring. Programs were provided a self-assessment tool to complete for a list of State selected records (10% of each program's enrollment during January 1-June 30 or at least 20 records). The lead agency review team then conducted site visits to all EI programs to review 25% of the records (or a minimum of 10) from the self-assessment to verify accuracy of the data. For each individual case of non-compliance reviewed in FFY16, the state verified that the child transitioned although late, unless the child was no longer in the jurisdiction of the program. Compliant through the State data system. Programs have up until a year to close the finding.

**FFY 2017 Part C State Performance Plan (SPP)/Annual Performance Report (APR)**

**OSEP Response**

**Required Actions**

**FFY 2017 Part C State Performance Plan (SPP)/Annual Performance Report (APR)  
Indicator 8C: Early Childhood Transition**

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)

**Historical Data**

Baseline Data: 2005

FFY	2004	2005	2006	2007	2008	2009	2010	2011	2012	2013	2014
Target			100%	100%	100%	100%	100%	100%	100%	100%	100%
Data		91.00%	100%	91.00%	90.64%	100%	100%	100%	92.68%	88.14%	97.73%

FFY	2015	2016
Target	100%	100%
Data	100%	99.00%

Key:  Gray – Data Prior to Baseline  Yellow – Baseline

**FFY 2017 - FFY 2018 Targets**

FFY	2017	2018
Target	100%	100%

**FFY 2017 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

Number of toddlers with disabilities exiting Part C where the transition conference occurred at least 90 days, and at the discretion of all parties at least 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 2016 Data	FFY 2017 Target	FFY 2017 Data
101	101	99.00%	100%	100%

<b>Number of toddlers for whom the parent did not provide approval for the transition conference</b> <i>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.</i>	0
<b>Number of documented delays attributable to exceptional family circumstances</b> <i>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 at least nine months prior to the toddler's third birthday for toddlers potentially eligible for Part B" field to calculate the numerator for this indicator.</i>	0

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

- State monitoring
- State database

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

All certified providers are selected to participate program monitoring.

**Actions required in FFY 2016 response**

none

Note: Any actions required in last year's response table that are related to correction of findings should be responded to on the "Correction of Previous Findings of Noncompliance" page of this indicator. If your State's only actions required in last year's response are related to findings of noncompliance, a text field will not be displayed on this page.

**Correction of Findings of Noncompliance Identified in FFY 2016**

Findings of Noncompliance Identified	Findings of Noncompliance Verified as Corrected Within One Year	Findings of Noncompliance Subsequently Corrected	Findings Not Yet Verified as Corrected
1	1	null	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*

1 RI transition findings was corrected. The State has verified that each EIS program with non-compliance reported by the State in FFY16 under this indicator: (1) is correctly implementing the specific regulatory requirements; and (2) has transitioned each child, although late, unless the child is no longer within the jurisdiction of the EIS program, consistent with OSEP Memorandum 09-02, dated October 17, 2008 (OSEP Memo 09-02). The Executive Office of Health and Human Services monitored each EIS program through the Welligent data system, yearly program self-assessment, and on-site verification of data. The process included evaluating each provider for an annual determination; notifying each provider of any identified findings of non-compliance; and notifying each provider of any required actions. Each program submitted a Corrective Action Plan for each finding of non-compliance identified in FFY2016 related to transition. The Corrective Action Plan included a program analysis of the root cause for the non-compliance and action steps with responsible parties and dates to correct the identified issues that led to non-compliance. Upon completion of the Corrective Action Plan, each program submitted a data sample that was 100% compliant to close the finding of non-compliance.

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

The State verified that the sample was 100%. This indicator has a timeline and consistent with OSEP Memo-09-02, the State verified that for each individual case of non-compliance in FFY16, the EI program completed the required action, although late (the child transitioned). Verification occurred during FFY16 focused monitoring. Programs were provided a self-assessment tool to complete for a list of State selected records (10% of each program's enrollment during January 1-June 30 or at least 20 records). The lead agency review team then conducted site visits to all EI programs to review 25% of the records (or a minimum of 10) from the self-assessment to verify accuracy of the data. For each individual case of non-compliance reviewed in FFY16, the state verified that the child transitioned although late, unless the child was no longer in the jurisdiction of the program. Compliant through the State data system. Programs have up until a year to close the finding.

**OSEP Response**

**Required Actions**

**FFY 2017 Part C State Performance Plan (SPP)/Annual Performance Report (APR)  
Indicator 9: Resolution Sessions**

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)

**Historical Data**

Baseline Data:

FFY	2004	2005	2006	2007	2008	2009	2010	2011	2012	2013	2014
Target ≥											
Data											

FFY	2015	2016
Target ≥		
Data		

Key:  Gray – Data Prior to Baseline  Yellow – Baseline  Blue – Data Update

**FFY 2017 - FFY 2018 Targets**

FFY	2017	2018
Target ≥		

Key:

**Targets: Description of Stakeholder Input**

**Prepopulated Data**

Source	Date	Description	Data	Overwrite Data
SY 2017-18 EMAPS IDEA Part C Dispute Resolution Survey; Section C: Due Process Complaints	11/8/2018	<a href="#">3.1(a) Number resolution sessions resolved through settlement agreements</a>	n	null
SY 2017-18 EMAPS IDEA Part C Dispute Resolution Survey; Section C: Due Process Complaints	11/8/2018	<a href="#">3.1 Number of resolution sessions</a>	n	null

**FFY 2017 SPP/APR Data**

3.1(a) Number resolution sessions resolved through settlement agreements	3.1 Number of resolution sessions	FFY 2016 Data	FFY 2017 Target	FFY 2017 Data
0	0			

**Actions required in FFY 2016 response**

none

**OSEP Response**

This Indicator is not applicable to the State.



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**FFY 2017 Part C State Performance Plan (SPP)/Annual Performance Report (APR)  
Indicator 10: Mediation**

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)

**Historical Data**

Baseline Data: 2005

FFY	2004	2005	2006	2007	2008	2009	2010	2011	2012	2013	2014
Target ≥											
Data											

FFY	2015	2016
Target ≥		
Data		

Key:  Gray – Data Prior to Baseline  Yellow – Baseline  Blue – Data Update

**FFY 2017 - FFY 2018 Targets**

FFY	2017	2018
Target ≥		

Key:

**Targets: Description of Stakeholder Input**

**Prepopulated Data**

Source	Date	Description	Data	Overwrite Data
SY 2017-18 EMAPS IDEA Part C Dispute Resolution Survey; Section B: Mediation Requests	11/8/2018	<a href="#">2.1.a.i Mediations agreements related to due process complaints</a>	n	null
SY 2017-18 EMAPS IDEA Part C Dispute Resolution Survey; Section B: Mediation Requests	11/8/2018	<a href="#">2.1.b.i Mediations agreements not related to due process complaints</a>	n	null
SY 2017-18 EMAPS IDEA Part C Dispute Resolution Survey; Section B: Mediation Requests	11/8/2018	<a href="#">2.1 Mediations held</a>	n	null

**FFY 2017 SPP/APR Data**

2.1.a.i Mediations agreements related to due process complaints	2.1.b.i Mediations agreements not related to due process complaints	2.1 Mediations held	FFY 2016 Data	FFY 2017 Target	FFY 2017 Data
0	0	0			

**Actions required in FFY 2016 response**

none

**OSEP Response**

The State reported fewer than ten mediations held in FFY 2017. The State is not required to provide targets until any fiscal year in which ten or more mediations were held.

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**FFY 2017 Part C State Performance Plan (SPP)/Annual Performance Report (APR)  
Indicator 11: State Systemic Improvement Plan**

Monitoring Priority: General Supervision

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

**Reported Data**

Baseline Data: 2014

FFY	2013	2014	2015	2016	2017
Target		67.90%	68.50%	69.70%	71.20%
Data	67.90%	65.23%	67.22%	57.36%	50.78%

Key:  Gray – Data Prior to Baseline  Yellow – Baseline  
Blue – Data Update

**FFY 2018 Target**

FFY	2018
Target	72.90%

Key:

**Description of Measure**

As a result of scaling up implementation of the Routines Based Interview and providing professional development related to Routines Based Interventions, we expect that the percentage of children with significantly improved social emotional functioning will be greater for those whose families have participated in the RBI process. As RBI practice becomes statewide, the overall numbers of children whose families have participated in the RBI will increase and as those children exit the program we expect that the overall percentage of children who demonstrate increased rates of growth of positive social emotional skills will grow. Our targets were set anticipating greater numbers of children whose families participated in the RBI process each year in the overall totals. We plan to report in two ways. One way will be the overall % of children who have increased growth in positive social emotional skills. As more families will participate in the process our overall percentage will grow according to the targets we have set.

In addition, each year we plan to report in the narrative the % of growth in positive social emotional skills for the subset of children whose families have had an RBI. We anticipate that the subset will show greater growth when compared to children whose families have not participated in the RBI process. Eventually the subset will grow to be all children.

**Targets: Description of Stakeholder Input**

Targets were developed by the SSIP Leadership Team with stakeholder input and are aligned with timelines of implementation of improvement strategies. The implementation plan for improvement strategies was presented to the Interagency Coordinating Council in Phase I along with a timeline for expected rate of change for our SIMR. The ICC agreed with and approved the targets.

**Overview**

**Data Analysis**

A description of how the State identified and analyzed key data, including data from SPP/APR indicators, 618 data collections, and other available data as applicable, to: (1) select the State-identified Measurable Result(s) for Infants and Toddlers with Disabilities and their Families, and (2) identify root causes contributing to low performance. The description must include information about how the data were disaggregated by multiple variables (e.g., EIS program and/or EIS provider, geographic region, race/ethnicity, socioeconomic status, gender, etc.) As part of its data analysis, the State should also consider compliance data and whether those data present potential barriers to improvement. In addition, if the State identifies any concerns about the quality of the data, the description must include how the State will address these concerns. Finally, if additional data are needed, the description should include the methods and timelines to collect and analyze the additional data.

See Attached

**Analysis of State Infrastructure to Support Improvement and Build Capacity**

A description of how the State analyzed the capacity of its current infrastructure to support improvement and build capacity in EIS programs and/or EIS providers to implement, scale up, and sustain the use of evidence-based practices to improve results for infants and toddlers with disabilities and their families. State systems that make up its infrastructure include, at a minimum: governance, fiscal, quality standards, professional development, data, technical assistance, and accountability/monitoring. The description must include current strengths of the systems, the extent the systems are coordinated, and areas for improvement of functioning within and across the systems. The State must also identify current State-level improvement plans and other early learning initiatives, such as Race to the Top-Early Learning Challenge and the Home Visiting program and describe the extent that these new initiatives are aligned, and how they are, or could be, integrated with, the SSIP. Finally, the State should identify representatives (e.g., offices, agencies, positions, individuals, and other stakeholders) that were involved in developing Phase I of the SSIP and that will be involved in developing and implementing Phase II of the SSIP.

**State-identified Measurable Result(s) for Infants and Toddlers with Disabilities and Their Families**

A statement of the result(s) the State intends to achieve through the implementation of the SSIP. The State-identified Measurable Result(s) for Infants and Toddlers with Disabilities and their Families must be aligned to an SPP/APR indicator or a component of an SPP/APR indicator. The State-identified Measurable Result(s) for Infants and Toddlers with Disabilities and their Families must be clearly based on the Data and State Infrastructure Analyses and must be a child- or family-level outcome in contrast to a process outcome. The State may select a single result (e.g., increase the rate of growth in infants and toddlers demonstrating positive social-emotional skills) or a cluster of related results (e.g., increase the percentage reported under child outcome B under Indicator 3 of the SPP/APR (knowledge and skills) and increase the percentage trend reported for families under Indicator 4 (helping their child develop and learn)).

Statement

Description

**Selection of Coherent Improvement Strategies**

An explanation of how the improvement strategies were selected, and why they are sound, logical and aligned, and will lead to a measurable improvement in the State-identified Measurable Result(s) for Infants and Toddlers with Disabilities and their Families. The improvement strategies should include the strategies, identified through the Data and State Infrastructure Analyses, that are needed to improve the State infrastructure and to support EIS program and/or EIS provider implementation of evidence-based practices to improve the State-identified result(s) for infants and toddlers with disabilities and their families. The State must describe how implementation of the improvement strategies will address identified root causes for low performance and ultimately build EIS program and/or EIS provider capacity to achieve the State-identified Measurable Result(s) for Infants and Toddlers with Disabilities and their Families.

**Theory of Action**

A graphic illustration that shows the rationale of how implementing the coherent set of improvement strategies selected will increase the State's capacity to lead meaningful change in EIS programs and/or EIS providers, and achieve improvement in the State-identified Measurable Result(s) for Infants and Toddlers with Disabilities and their Families.

**Submitted Theory of Action:** No Theory of Action Submitted

 Provide a description of the provided graphic illustration (optional)

**Infrastructure Development**

- (a) Specify improvements that will be made to the State infrastructure to better support EIS programs and providers to implement and scale up EBPs to improve results for infants and toddlers with disabilities and their families.
- (b) Identify the steps the State will take to further align and leverage current improvement plans and other early learning initiatives and programs in the State, including Race to the Top-Early Learning Challenge, Home Visiting Program, Early Head Start and others which impact infants and toddlers with disabilities and their families.
- (c) Identify who will be in charge of implementing the changes to infrastructure, resources needed, expected outcomes, and timelines for completing improvement efforts.
- (d) Specify how the State will involve multiple offices within the State Lead Agency, as well as other State agencies and stakeholders in the improvement of its infrastructure.

Please see attached for all sections of indicator 11.

**Support for EIS programs and providers Implementation of Evidence-Based Practices**

- (a) Specify how the State will support EIS providers in implementing the evidence-based practices that will result in changes in Lead Agency, EIS program, and EIS provider practices to achieve the SIMR(s) for infants and toddlers with disabilities and their families.
- (b) Identify steps and specific activities needed to implement the coherent improvement strategies, including communication strategies and stakeholder involvement; how identified barriers will be addressed; who will be in charge of implementing; how the activities will be implemented with fidelity; the resources that will be used to implement them; and timelines for completion.
- (c) Specify how the State will involve multiple offices within the Lead Agency (and other State agencies such as the SEA) to support EIS providers in scaling up and sustaining the implementation of the evidence-based practices once they have been implemented with fidelity.

**Evaluation**

- (a) Specify how the evaluation is aligned to the theory of action and other components of the SSIP and the extent to which it includes short-term and long-term objectives to measure implementation of the SSIP and its impact on achieving measurable improvement in SIMR(s) for infants and toddlers with disabilities and their families.
- (b) Specify how the evaluation includes stakeholders and how information from the evaluation will be disseminated to stakeholders.
- (c) Specify the methods that the State will use to collect and analyze data to evaluate implementation and outcomes of the SSIP and the progress toward achieving intended improvements in the SIMR(s).
- (d) Specify how the State will use the evaluation data to examine the effectiveness of the implementation; assess the State's progress toward achieving intended improvements; and to make modifications to the SSIP as necessary.

## FFY 2017 Part C State Performance Plan (SPP)/Annual Performance Report (APR)

### Technical Assistance and Support

Describe the support the State needs to develop and implement an effective SSIP. Areas to consider include: Infrastructure development; Support for EIS programs and providers implementation of EBP; Evaluation; and Stakeholder involvement in Phase II.

**FFY 2017 Part C State Performance Plan (SPP)/Annual Performance Report (APR)  
Certify and Submit your SPP/APR**

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.

**Selected:** Designated by the Lead Agency Director to certify

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: Jennifer Kaufman

Title: Part C Coordinator

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