

STATE PERFORMANCE PLAN / ANNUAL PERFORMANCE REPORT: PART C

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

**For reporting on
FFY 2020**

Rhode Island



**PART C DUE
February 1, 2022**

**U.S. DEPARTMENT OF EDUCATION
WASHINGTON, DC 20202**

Introduction

Instructions

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

Intro - Indicator Data

Executive Summary

The Rhode Island Executive Office of Health and Human Services (EOHHS) has completed the FFY 2020 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). Although Rhode Island experienced a slippage in Indicators 3, 5 and 8 (B&C), the Rhode Island Early Intervention Providers continue to ensure and maintain high quality and compliance during the COVID-19 pandemic. Although the Rhode Island Early Intervention system increased in-person services over the course of this year, the hybrid service delivery model has continued. Rhode Island has focused its financial support to Early Intervention providers for PPE, technology, and staffing and has allowed the continuance of telehealth services as an option to ensure the health and safety of families and providers, while providing continuity of services.

Additional information related to data collection and reporting

The Rhode Island Early Intervention system has fully adjusted to the demands and challenges of the Pandemic and has improved upon the initial processes and procedures to continue to provide services through a hybrid model of in-person and virtual delivery. The nine (9) RI EI providers continue to follow all guidelines set forth by the Rhode Island Department of Health and the CDC and have all moved to electronic record keeping as a result. This electronic way of doing business, both in-house and with families has helped to ensure providers continue to meet state and federal regulations while ensuring quality data collection and reporting.

Fortunately, Rhode Island Early Intervention's data system is web-based, and this capability allowed providers to access the system from any environment with internet access. RI EI Providers have limited or eliminated the need for paper records and documentation and have continued the electronic procedures developed at the beginning of the Pandemic. This allows the EI providers to ensure data entry and reporting requirements are met despite any mandated office closures or other complications posed by the Pandemic. Rhode Island can ensure that its FFY2020 data are complete, accurate, and timely despite these challenges. Rhode Island continued its virtual focused monitoring procedures during this reporting period that were developed for the FFY19 focused monitoring time period. Special attention was placed on monitoring timely data entry and individual providers received support when needed to ensure timelines were met. Rhode Island continues to be proud of the collaboration and dedication during the Pandemic of the front-line staff, program directors, and the state team for continuing to ensure that Rhode Island families have access to and engage in Early Intervention services.

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 (RIEICCS) (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 first source through the state's 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. The second source, ECTA's Family Survey (revised version: 2-5-10), is used to gather data for Indicator 4. The third source, focused monitoring data, are used for Indicators 1, 7, 8 and 9 as required by OSEP.

All 9 certified EI providers participate in the state's focused monitoring process annually. EI Providers utilize a state-wide self-assessment tool and a list of State selected records that includes 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 typically 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. Due to the restrictions in Rhode Island on gathering in-person due to the COVID-19 pandemic, the lead agency review team conducted this process virtually for its FFY2020 focused monitoring, although the same procedures were followed as presented.

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 the following: 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.

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 utilizing any related data, create a work plan related to technical assistance, assign tasks among the team, and meet regularly to ensure that action items are completed inform.

The Sherlock center is responsible for the assessment, planning, development, management, and oversight of an ongoing and comprehensive system of technical assistance. The technical assistance system incorporates 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 to EOHHS and individual EI providers include, but are not limited to:

1. Provision of technical assistance related to the collection, analysis, and use of data to guide decision making, program planning, and potential system changes.
2. Continuous assessment of the RI EI system needs to develop and implement strategies that support the assurance of high quality and compliance with federal and state requirements.
3. Support and assistance to EOHHS for individual EI provider oversight and monitoring, review and revision of state policies and standards, and public awareness materials.
4. Serve as the state EI Transition Coordinator to build and maintain a collaborative relationship with the Rhode Island Department of Education's (RIDE) Preschool Special Education team. This includes assistance to EOHHS to review, develop, and monitor the ongoing Interagency Agreement with RIDE that includes effective, collaborative policies related to the efficient transitions for children and their families from EI into the Preschool Education system.
5. Project manage the upgrade and implementation of the Early Intervention Data system powered by Welligent, including the training and technical support to the EI providers.

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.

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 utilizing relative data, 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:

1. 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.
2. 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.
3. 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.
4. 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.
5. Based on the RI EI Competencies, manage the EI Certificate Program to provide a career path for Level 1 providers to become Level 2.
6. 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. During the COVID-19 pandemic, this training has been adapted to a virtual learning opportunity.
7. Provide trainings to individual EI providers that meet individual needs related to EI processes and procedures and the implementation of SSIP activities.
8. 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.
9. 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.
10. Provide conference sponsorships to support EI provider directors, supervisors and direct-service staff to participate in national/regional opportunities.
11. 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.
12. 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.

Broad Stakeholder Input:

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

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 (2018, 2019 and 2020) 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 (3/18/21), and the state's EI Director's group. Each of the groups were asked to make suggestions for new targets 2021 through 2026 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.

Mechanisms for soliciting broad stakeholder input in the development and implementation of the SSIP has included the development of a State Leadership team whose responsibilities are the following: leading the SSIP process, participating in data analysis and infrastructure analysis; soliciting feedback/questions and incorporating feedback from other stakeholder groups into the SSIP process; development of the SIMR: development of improvement strategies related to the SSIP; and evaluating and making changes to the SSIP.

Stakeholder representation on the State Leadership Team and other stakeholder input include the following:

1. State staff including the Part C Coordinator, Part C Early Intervention Coordinator and Part C Data Manager
2. Stakeholders from the Paul V. Sherlock Center on Disabilities at Rhode Island College which is a University Center for Excellence in Developmental Disabilities (UCEDD). UCEDDs are designed to increase the independence, productivity, and community integration and inclusion of individuals with developmental disabilities. In Rhode Island, the Sherlock Center partners with state and local government agencies, schools, institutions of higher education, and community providers. They offer training, technical assistance, service, research, and information sharing to promote the membership of individuals with disabilities in school, work and the community. The Sherlock Center on Disabilities provides the Comprehensive System of Professional Development for Early Intervention. This program includes four stakeholders: the CSPD Director whose role was to provide input into the SSIP process from a statewide training and technical assistance perspective and two TA Specialists whose role was to provide input into the SSIP process from the perspective of implementing improvement strategies. These three stakeholders are directly responsible for leading systems change. A fourth TA Specialist's role is to act as the SSIP Project Lead.
3. RI Early Intervention provider representation. Meeting Street School is a non-profit center for educational and therapeutic services (Early Intervention, Early Head Start, an Early Learning Center which provides childcare for children 6weeks to 5 years and for young children with IEP's, K-5 Educational Program, Carter School-Middle and High School Special Needs Students and Healthy Families America, a national Maternal Health Home Visiting Program). The Early Intervention Director represents this agency as a stakeholder to provide input into the SSIP process from the perspective of an Early Intervention provider. Community Care Alliance is another provider of Early Intervention represented on the State Leadership Team. Community Care Alliance is a nonprofit community agency providing a wide range of community services in over 50 programs to strengthen families and individuals in the community. Programs for children and families include: Family Behavioral Health, Family Wellbeing Services, Transitional and Family Health Services as well as Early Childhood Services (Early Intervention, Healthy Families America, and First Connections). The Director of Family Support Services at Community Care Alliance represents this agency as a stakeholder to provide input into the SSIP from the perspective community services as well as an early intervention provider.
4. Parent representation. Another agency on the State Leadership Team is the Rhode Island Parent Information Network (RIPIN), a statewide charitable, nonprofit association which provides direct linkages for parents and children with special health care needs in Rhode Island to obtain the critical services and supports needed in area of health care and education. This organization holds a contract with the Lead Agency to provide a parent support component for RI's EI system. RIPIN is responsible for recruitment, training, and support of parent consultants to work in targeted clinical settings that serve as referral sources for EI and others who work in each of the certified EI Programs. Parent consultants are family members of children with special needs who have themselves experienced EI and who provide parent to parent support. RIPIN is also responsible for the administration, collection, and reporting of Family Outcomes survey data and the development and provision of family workshops and trainings. The Senior Program Director's role of is to provide perspective into the SSIP process from a parent advocacy perspective.
5. Higher Education. The University of Rhode Island is another stakeholder on the State Leadership Team. The Sherlock Center on Disabilities has a sub-contract with the University of Rhode Island to increase the number of qualified providers in the RI EI system and in careers involving children with special health care needs (CSHCN) and to conduct data analysis projects regarding various aspects of Early Intervention including the SSIP. The Chair of the Department of Human Development and Family Studies role is to provide a workforce perspective as well as a research perspective in the development and implementation of the SSP
6. ICC. The Chair of Interagency Coordinating Council is a member of the State SSIP Team and also the Early Childhood Program Director at Meeting Street School. This stakeholder's role is to ensure ICC involvement in the SSIP process as well as provide the perspective of an early intervention provider. Rhode Island's ICC has a strong parent presence with 3 official parent members, yet the ICC is represented by other parents of children with special needs who are serving a different role, but are able to provide valuable input as a parent. The responsibilities of the ICC in the SSIP process include reviewing, discussing and prompting questions to the reports provided by the Leadership Team; participation in reviewing APR and other related data; participation in target setting of the SIMR; providing input and feedback regarding improvement strategies.
7. Other Stakeholder Groups. In addition to the State Leadership Team, the Early Intervention Directors Association and the Supervisors group are two stakeholder groups that provide a mechanism for stakeholder involvement. RI has an existing structure of monthly meetings with these groups and Part C state staff, the Comprehensive System of Personnel Development (CSPD) Director, state technical assistance providers, and the Rhode Island Parenting Information Network staff attend. This structure allows for a process which ensures representation by EI providers in the development phase of any change, a way to routinely solicit feedback and participation in the SSIP process with these groups.

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

YES

Number of Parent Members:

3

Parent Members Engagement:

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

INTERAGENCY COORDINATING COUNCIL. Although input is gathered from families on the ICC throughout the year, a specific meeting related to target setting was held on Thursday, March 18, 2021 from 9:30 am - 11:00 am through a Zoom Virtual Meeting. This meeting had 40 participants including parent center staff, parents from local and statewide advocacy and advisory committees, and individual parents. Although the ICC has 3 official parent members, many members participate with a multiple perspectives, including members who had children in EI, and are part of other organizations to improve services for children. Of the parent representation, three voting members are parents who are currently engaged in Early Intervention services and six are parents who have children who were previous recipients of Early Intervention services. Participants were engaged in setting targets, analyzing data, developing improvement strategies, and evaluating progress.

RI EI Staff presented a PowerPoint containing data for each indicator and gave an overview and instructions for target setting. Then each participant provided input regarding the discussion of targets and strategies to meet those targets. This input was provided via breakout sessions that represented each indicator then reported to the larger group. The state team compiled the input from the breakout sessions, developed final targets, and these were presented, reviewed, and approved at the next ICC meeting.

In addition to target setting, the state team presented at the Family Visiting Parent Council and gathered input from the 11 parents who serve on this committee. Input regarding improvement strategies for the following was gathered during two separate meetings: outreach and engagement strategies for families of underserved populations, review of new family documents to ensure language is clear and "family friendly," and input on telehealth services.

Activities to Improve Outcomes for Children with Disabilities:

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

ICC Meetings. At each ICC meeting there are Community Updates that include activities around Rhode Island available to all families. Minutes from the ICC along with other resources are sent out to participants and publicly posted for wider distribution. Topics during this portion of the ICC meeting vary and tend to focus on outreach to underserved or hard to engage populations. Some topics over the past year have included the following: Incredible Years Parenting Groups; Respite opportunities for caregivers of children with special needs; Go Baby Go, a free program helping to provide families modified riding options in cars for families who may need this for their child with special needs; Rhode Island EHDI Program's parent activities such as a virtual retreat for parents and caregivers of children who are Deaf or Hard of Hearing; individual provider family activities, and other activities available to families of children with special needs. Over the past year, RI has focused on access and engagement strategies to address documented disparities for families who are Medicaid enrolled and those who identify as Hispanic. The ICC has been instrumental in providing a multi-lensed approach to this work. This input was used when developing proposals to secure funding for the EI providers from the state CARES ACT and state ARPA funding.

In collaboration with the RI Kids Count and PLEE (a grass roots organization with the goal of engaging parents of diverse backgrounds who have children with special needs to train as advocates), a training was developed specific for Early Intervention families to learn how to be strong advocates in the years following EI services. Focus is on families who live in Providence and the other core cities, who are low-income, and are of color. This advocacy group has had input on EI's outreach and engagement strategies specific to the population that they serve.

An analysis of Rhode Islands' Early Intervention staff resulted in a goal of hiring and retaining more staff who represent the population served through EI services. This was also a focus within the fiscal proposals for CARES ACT and ARPA funding to help support providers to hire these highly needed staff as a strategy to improve engagement and retention for lower-income and families of color.

Soliciting Public Input:

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

Rhode Island utilizes several mechanisms for soliciting public input for setting targets, analyzing data, developing improvement strategies, and evaluating progress.

Interagency Coordinating Council. Each ICC meeting's agenda includes time to gather input from the membership regarding setting targets, analyzing data, developing strategies, and evaluating progress. Timeline for this within the ICC is as follows:

July 2020 Meeting: Presented data comparing Pre-COVID and COVID child outcome data. Breakout groups provided an analysis of the data along with improvement strategies.

September 2020 Meeting: Strategies solicited with regard to increasing referral rates for EI. An outreach plan was developed at this meeting.

November 2020 Meeting: Review of Focused Monitoring data with regard to APR targets, RI specific quality indicators, and an update on COVID data.

January 2021 Meeting: Review, analysis, and approval of FFY19 data. Updated on ICC EI goals.

March 2021 Meeting: Analysis of 3 years's worth of APR data, target setting activities, and input on suggested strategies to work toward these new targets.

May 2021 Meeting: Reviewed data related to referrals, families who never engage in EI services, and families who discharge EI before completing goals. In particular, the goal was to be able to identify disparities and develop potential strategies to reduce disproportionalities as it relates to these three topics. The children enrolled in Medicaid and those who identify as Hispanic were two populations that showed disproportionality in all three of these categories. It was decided at this meeting that this would be a focus of improvement for the EI system.

Following each meeting, members have the opportunity to submit more comments and input typically for 30 days following each meeting. These comments and input are included in any final decisions made by the state team. All meeting minutes are posted publicly and distributed via email to the larger membership and stakeholders.

Internal Mechanisms. A dashboard to track data as it relates to goals, targets, and timelines is utilized by the state team to evaluate progress and develop and implement improvement strategies. These dashboard data are used for internal meetings with the Early Intervention directors, the Medicaid director, Managed Care organizations' representatives, EOHHS Secretary, and provided to the Early Childhood liaison at the Governor's office.

Public Meetings. Data are presented at other early childhood related public meetings at least once a year to update the public on EI related metrics related to targets and progress and solicit input from the membership's as it relates to potential improvement strategies. These meetings include: The RI Early Learning Council, RI Family Visiting Council, and the Governor's Children's Cabinet meeting. All meetings post the minutes publicly and distribute to the larger membership.

Making Results Available to the Public:

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

All public meetings in which solicitation occurred for target setting, data analysis, development of improvement strategies, and progress evaluation are required to publicly post the minutes and supplemental documentation provided within the meetings. These are posted on public websites that are accessible by the general public as well.

The following link is made publicly available on the EOHSS website. Any public documents are posted here:

<http://www.eohhs.ri.gov/ProvidersPartners/EarlyInterventionProviders/EICertificationStandards.aspx>

Reporting to the Public:

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

EOHHS presented FFY 2019 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 2020.

The following link was made publicly available in 4/2021:

<http://www.eohhs.ri.gov/ProvidersPartners/EarlyInterventionProviders/EICertificationStandards.aspx>

Included on this link are the following documents:

- 1.FFY 2019 APR data for each indicator by provider and collectively for RI's Part C system
- 2.FFY 2019 State Performance Plan
- 3.FFY 2019 SSIP Report

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

Intro - Prior FFY Required Actions

Response to actions required in FFY 2019 SPP/APR

Intro - OSEP Response

Intro - Required Actions

Indicator 1: Timely Provision of Services

Instructions and Measurement

Monitoring Priority: Early Intervention Services In Natural Environments

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

Data Source

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

Measurement

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

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

Instructions

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

Targets must be 100%.

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

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

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

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

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

1 - Indicator Data

Historical Data

Baseline Year	Baseline Data
2005	64.81%

FFY	2015	2016	2017	2018	2019
Target	100%	100%	100%	100%	100%
Data	96.40%	90.69%	93.98%	93.46%	95.35%

Targets

FFY	2020	2021	2022	2023	2024	2025
Target	100%	100%	100%	100%	100%	100%

FFY 2020 SPP/APR Data

Number of infants and toddlers with IFSPs who receive the early intervention services on their IFSPs in a timely manner	Total number of infants and toddlers with IFSPs	FFY 2019 Data	FFY 2020 Target	FFY 2020 Data	Status	Slippage
205	257	95.35%	100%	98.83%	Did not meet target	No Slippage

Number of documented delays attributable to exceptional family circumstances

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

49

Provide reasons for delay, if applicable.

Justified reasons for delay include the following: family discharged before initiation date, the service was changed or updated within the 30-day timeline, or a family issue. All justifications must be clearly and thoroughly documented in the child's record.

Non-Justified reasons for delay are those that are provider issues.

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: 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

Describe the method used to select EIS programs for monitoring.

All EI Certified providers are selected for program monitoring.

Provide additional information about this indicator (optional)

Reasons for not meeting the timeline for FFY20 that were discovered during focused monitoring and that the EI providers reported in their corrective action plans include provider illness and documentation of visits that occurred within 30 days but did not adequately reflect the services listed on the IFSP.

Correction of Findings of Noncompliance Identified in FFY 2019

Findings of Noncompliance Identified	Findings of Noncompliance Verified as Corrected Within One Year	Findings of Noncompliance Subsequently Corrected	Findings Not Yet Verified as Corrected
5	5	0	0

FFY 2019 Findings of Noncompliance Verified as Corrected

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

The 5 RI timely service findings of noncompliance are corrected. Reasons for not meeting the timeline that were discovered during focused monitoring and that the EI providers reported in their corrective action plans are as follows: staffing shortages for therapists; although visits occurred within 30 days, the documentation did not adequately reflect the services listed on the IFSP; individual staff error; insufficient documentation of exceptional family circumstances; and, procedural errors as the provider agencies transitioned to working remotely. The State has verified that each EIS provider with each noncompliance reported by the State in FFY19 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 FFY19 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 noncompliance. 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.

The 5 Timely Service findings in FFY19 involved 12 individual cases of non-compliance. The state verified through the State's process of Focused Monitoring that the 12 children received the early intervention services on their IFSP, although, late, unless the child was no longer within the jurisdiction of the EIS program, consistent with OSEP Memorandum 09-02, dates October 17, 2008 (OSEP Memo 09-02).

Correction of Findings of Noncompliance Identified Prior to FFY 2019

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

1 - Prior FFY Required Actions

Because the State reported less than 100% compliance for FFY 2019, the State must report on the status of correction of noncompliance identified in FFY 2019 for this indicator. When reporting on the correction of noncompliance, the State must report, in the FFY 2020 SPP/APR, that it has verified that each EIS program or provider with noncompliance identified in FFY 2019 for this indicator: (1) is correctly implementing the specific regulatory requirements (i.e., achieved 100% compliance) based on a review of updated data such as data subsequently collected through on-site monitoring or a State data system; and (2) has corrected each individual case of noncompliance, unless the child is no longer within the jurisdiction of the EIS program or provider, consistent with OSEP Memo 09-02. In the FFY 2020 SPP/APR, the State must describe the specific actions that were taken to verify the correction.

If the State did not identify any findings of noncompliance in FFY 2019, although its FFY 2019 data reflect less than 100% compliance, provide an explanation of why the State did not identify any findings of noncompliance in FFY 2019.

Response to actions required in FFY 2019 SPP/APR

The state verified correction of 5 Timely Service findings in FFY19 through the State's process of Focused Monitoring that the children received the early intervention services on their IFSP, although late, unless the child was no longer within the jurisdiction of the EIS program, consistent with OSEP Memorandum 09-02, dated October 17, 2008 (OSEP Memo 09-02).

1 - OSEP Response

1 - Required Actions

Because the State reported less than 100% compliance for FFY 2020, the State must report on the status of correction of noncompliance identified in FFY 2020 for this indicator. When reporting on the correction of noncompliance, the State must report, in the FFY 2021 SPP/APR, that it has verified that each EIS program or provider with noncompliance identified in FFY 2020 for this indicator: (1) is correctly implementing the specific regulatory requirements (i.e., achieved 100% compliance) based on a review of updated data such as data subsequently collected through on-site monitoring or a State data system; and (2) has corrected each individual case of noncompliance, unless the child is no longer within the jurisdiction of the EIS program or provider, consistent with OSEP Memo 09-02. In the FFY 2021 SPP/APR, the State must describe the specific actions that were taken to verify the correction.

If the State did not identify any findings of noncompliance in FFY 2020, although its FFY 2020 data reflect less than 100% compliance, provide an explanation of why the State did not identify any findings of noncompliance in FFY 2020.

Indicator 2: Services in Natural Environments

Instructions and Measurement

Monitoring Priority: Early Intervention Services In Natural Environments

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

Data Source

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

Measurement

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

Instructions

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

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

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

2 - Indicator Data

Historical Data

Baseline Year	Baseline Data
2005	91.41%

FFY	2015	2016	2017	2018	2019
Target>=	94.40%	94.60%	94.80%	95.00%	97.00%
Data	98.07%	98.94%	99.01%	99.53%	99.70%

Targets

FFY	2020	2021	2022	2023	2024	2025
Target >=	97.00%	97.20%	97.40%	97.60%	97.80%	98.00%

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 (2018, 2019 and 2020) 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 (3/18/21), and the state's EI Director's group. Each of the groups were asked to make suggestions for new targets 2021 through 2026 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.

Mechanisms for soliciting broad stakeholder input in the development and implementation of the SSIP has included the development of a State Leadership team whose responsibilities are the following: leading the SSIP process, participating in data analysis and infrastructure analysis; soliciting feedback/questions and incorporating feedback from other stakeholder groups into the SSIP process; development of the SIMR: development of improvement strategies related to the SSIP; and evaluating and making changes to the SSIP.

Stakeholder representation on the State Leadership Team and other stakeholder input include the following:

1. State staff including the Part C Coordinator, Part C Early Intervention Coordinator and Part C Data Manager
2. Stakeholders from the Paul V. Sherlock Center on Disabilities at Rhode Island College which is a University Center for Excellence in Developmental Disabilities (UCEDD). UCEDDs are designed to increase the independence, productivity, and community integration and inclusion of individuals with developmental disabilities. In Rhode Island, the Sherlock Center partners with state and local government agencies, schools, institutions of higher education, and community providers. They offer training, technical assistance, service, research, and information sharing to promote the membership of individuals with disabilities in school, work and the community. The Sherlock Center on Disabilities provides the Comprehensive System of Professional Development for Early Intervention. This program includes four stakeholders: the CSPD Director whose role was to provide input into the SSIP process from a statewide training and technical assistance perspective and two TA Specialists whose role was to provide input into the SSIP process from the perspective of implementing improvement strategies. These three stakeholders are directly responsible for leading systems change. A fourth TA Specialist's role is to act as the SSIP Project Lead.
3. RI Early Intervention provider representation. Meeting Street School is a non-profit center for educational and therapeutic services (Early Intervention, Early Head Start, an Early Learning Center which provides childcare for children 6weeks to 5 years and for young children with IEP's, K-5 Educational Program, Carter School-Middle and High School Special Needs Students and Healthy Families America, a national Maternal Health Home Visiting Program). The Early Intervention Director represents this agency as a stakeholder to provide input into the SSIP process from the perspective of an Early Intervention provider.

Community Care Alliance is another provider of Early Intervention represented on the State Leadership Team. Community Care Alliance is a nonprofit

community agency providing a wide range of community services in over 50 programs to strengthen families and individuals in the community. Programs for children and families include: Family Behavioral Health, Family Wellbeing Services, Transitional and Family Health Services as well as Early Childhood Services (Early Intervention, Healthy Families America, and First Connections). The Director of Family Support Services at Community Care Alliance represents this agency as a stakeholder to provide input into the SSIP from the perspective community services as well as an early intervention provider.

4. Parent representation. Another agency on the State Leadership Team is the Rhode Island Parent Information Network (RIPIN), a statewide charitable, nonprofit association which provides direct linkages for parents and children with special health care needs in Rhode Island to obtain the critical services and supports needed in area of health care and education. This organization holds a contract with the Lead Agency to provide a parent support component for RI's EI system. RIPIN is responsible for recruitment, training, and support of parent consultants to work in targeted clinical settings that serve as referral sources for EI and others who work in each of the certified EI Programs. Parent consultants are family members of children with special needs who have themselves experienced EI and who provide parent to parent support. RIPIN is also responsible for the administration, collection, and reporting of Family Outcomes survey data and the development and provision of family workshops and trainings. The Senior Program Director's role of is to provide perspective into the SSIP process from a parent advocacy perspective.

5. Higher Education. The University of Rhode Island is another stakeholder on the State Leadership Team. The Sherlock Center on Disabilities has a sub-contract with the University of Rhode Island to increase the number of qualified providers in the RI EI system and in careers involving children with special health care needs (CSHCN) and to conduct data analysis projects regarding various aspects of Early Intervention including the SSIP. The Chair of the Department of Human Development and Family Studies role is to provide a workforce perspective as well as a research perspective in the development and implementation of the SSP

6. ICC. The Chair of Interagency Coordinating Council is a member of the State SSIP Team and also the Early Childhood Program Director at Meeting Street School. This stakeholder's role is to ensure ICC involvement in the SSIP process as well as provide the perspective of an early intervention provider. Rhode Island's ICC has a strong parent presence with 3 official parent members, yet the ICC is represented by other parents of children with special needs who are serving a different role, but are able to provide valuable input as a parent. The responsibilities of the ICC in the SSIP process include reviewing, discussing and prompting questions to the reports provided by the Leadership Team; participation in reviewing APR and other related data; participation in target setting of the SIMR; providing input and feedback regarding improvement strategies.

7. Other Stakeholder Groups. In addition to the State Leadership Team, the Early Intervention Directors Association and the Supervisors group are two stakeholder groups that provide a mechanism for stakeholder involvement. RI has an existing structure of monthly meetings with these groups and Part C state staff, the Comprehensive System of Personnel Development (CSPD) Director, state technical assistance providers, and the Rhode Island Parenting Information Network staff attend. This structure allows for a process which ensures representation by EI providers in the development phase of any change, a way to routinely solicit feedback and participation in the SSIP process with these groups.

Prepopulated Data

Source	Date	Description	Data
SY 2020-21 EMAPS IDEA Part C Child Count and Settings Survey; Section A: Child Count and Settings by Age	07/08/2021	Number of infants and toddlers with IFSPs who primarily receive early intervention services in the home or community-based settings	2,038
SY 2020-21 EMAPS IDEA Part C Child Count and Settings Survey; Section A: Child Count and Settings by Age	07/08/2021	Total number of infants and toddlers with IFSPs	2,040

FFY 2020 SPP/APR Data

Number of infants and toddlers with IFSPs who primarily receive early intervention services in the home or community-based settings	Total number of Infants and toddlers with IFSPs	FFY 2019 Data	FFY 2020 Target	FFY 2020 Data	Status	Slippage
2,038	2,040	99.70%	97.00%	99.90%	Met target	No Slippage

Provide additional information about this indicator (optional).

2 - Prior FFY Required Actions

None

2 - OSEP Response

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

2 - Required Actions

Indicator 3: Early Childhood Outcomes

Instructions and Measurement

Monitoring Priority: Early Intervention Services In Natural Environments

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

- A. Positive social-emotional skills (including social relationships);
- B. Acquisition and use of knowledge and skills (including early language/ communication); and
- C. Use of appropriate behaviors to meet their needs.

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

Data Source

State selected data source.

Measurement

Outcomes:

- A. Positive social-emotional skills (including social relationships);
- B. Acquisition and use of knowledge and skills (including early language/communication); and
- C. Use of appropriate behaviors to meet their needs.

Progress categories for A, B and C:

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

Summary Statements for Each of the Three Outcomes:

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

Measurement for Summary Statement 1:

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

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

Measurement for Summary Statement 2:

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

Instructions

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

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

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

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

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

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

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

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

3 - Indicator Data

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

NO

Targets: Description of Stakeholder Input

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 (2018, 2019 and 2020) 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 (3/18/21), and the state's EI Director's group. Each of the groups were asked to make suggestions for new targets 2021 through 2026 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.

Mechanisms for soliciting broad stakeholder input in the development and implementation of the SSIP has included the development of a State Leadership team whose responsibilities are the following: leading the SSIP process, participating in data analysis and infrastructure analysis; soliciting feedback/questions and incorporating feedback from other stakeholder groups into the SSIP process; development of the SiMR: development of improvement strategies related to the SSIP; and evaluating and making changes to the SSIP.

Stakeholder representation on the State Leadership Team and other stakeholder input include the following:

1. State staff including the Part C Coordinator, Part C Early Intervention Coordinator and Part C Data Manager
2. Stakeholders from the Paul V. Sherlock Center on Disabilities at Rhode Island College which is a University Center for Excellence in Developmental Disabilities (UCEDD). UCEDDs are designed to increase the independence, productivity, and community integration and inclusion of individuals with developmental disabilities. In Rhode Island, the Sherlock Center partners with state and local government agencies, schools, institutions of higher education, and community providers. They offer training, technical assistance, service, research, and information sharing to promote the membership of individuals with disabilities in school, work and the community. The Sherlock Center on Disabilities provides the Comprehensive System of Professional Development for Early Intervention. This program includes four stakeholders: the CSPD Director whose role was to provide input into the SSIP process from a statewide training and technical assistance perspective and two TA Specialists whose role was to provide input into the SSIP process from the perspective of implementing improvement strategies. These three stakeholders are directly responsible for leading systems change. A fourth TA Specialist's role is to act as the SSIP Project Lead.
3. RI Early Intervention provider representation. Meeting Street School is a non-profit center for educational and therapeutic services (Early Intervention, Early Head Start, an Early Learning Center which provides childcare for children 6weeks to 5 years and for young children with IEP's, K-5 Educational Program, Carter School-Middle and High School Special Needs Students and Healthy Families America, a national Maternal Health Home Visiting Program). The Early Intervention Director represents this agency as a stakeholder to provide input into the SSIP process from the perspective of an Early Intervention provider.
Community Care Alliance is another provider of Early Intervention represented on the State Leadership Team. Community Care Alliance is a nonprofit community agency providing a wide range of community services in over 50 programs to strengthen families and individuals in the community. Programs for children and families include: Family Behavioral Health, Family Wellbeing Services, Transitional and Family Health Services as well as Early Childhood Services (Early Intervention, Healthy Families America, and First Connections). The Director of Family Support Services at Community Care Alliance represents this agency as a stakeholder to provide input into the SSIP from the perspective community services as well as an early intervention provider.
4. Parent representation. Another agency on the State Leadership Team is the Rhode Island Parent Information Network (RIPIN), a statewide charitable, nonprofit association which provides direct linkages for parents and children with special health care needs in Rhode Island to obtain the critical services and supports needed in area of health care and education. This organization holds a contract with the Lead Agency to provide a parent support component for RI's EI system. RIPIN is responsible for recruitment, training, and support of parent consultants to work in targeted clinical settings that serve as referral sources for EI and others who work in each of the certified EI Programs. Parent consultants are family members of children with special needs who have themselves experienced EI and who provide parent to parent support. RIPIN is also responsible for the administration, collection, and reporting of Family Outcomes survey data and the development and provision of family workshops and trainings. The Senior Program Director's role of is to provide perspective into the SSIP process from a parent advocacy perspective.
5. Higher Education. The University of Rhode Island is another stakeholder on the State Leadership Team. The Sherlock Center on Disabilities has a sub-contract with the University of Rhode Island to increase the number of qualified providers in the RI EI system and in careers involving children with special health care needs (CSHCN) and to conduct data analysis projects regarding various aspects of Early Intervention including the SSIP. The Chair of the Department of Human Development and Family Studies role is to provide a workforce perspective as well as a research perspective in the development and implementation of the SSP
6. ICC. The Chair of Interagency Coordinating Council is a member of the State SSIP Team and also the Early Childhood Program Director at Meeting Street School. This stakeholder's role is to ensure ICC involvement in the SSIP process as well as provide the perspective of an early intervention provider. Rhode Island's ICC has a strong parent presence with 3 official parent members, yet the ICC is represented by other parents of children with special needs who are serving a different role, but are able to provide valuable input as a parent. The responsibilities of the ICC in the SSIP process include reviewing, discussing and prompting questions to the reports provided by the Leadership Team; participation in reviewing APR and other related data; participation in target setting of the SiMR; providing input and feedback regarding improvement strategies.
7. Other Stakeholder Groups. In addition to the State Leadership Team, the Early Intervention Directors Association and the Supervisors group are two stakeholder groups that provide a mechanism for stakeholder involvement. RI has an existing structure of monthly meetings with these groups and Part C state staff, the Comprehensive System of Personnel Development (CSPD) Director, state technical assistance providers, and the Rhode Island Parenting Information Network staff attend. This structure allows for a process which ensures representation by EI providers in the development phase of any change, a way to routinely solicit feedback and participation in the SSIP process with these groups.

Historical Data

Outcome	Baseline	FFY	2015	2016	2017	2018	2019
A1	2018	Target>=	68.20%	68.80%	70.00%		52.00%
A1	51.20%	Data	67.22%	57.36%	50.78%	50.21%	49.87%

A2	2018	Target>=	57.40%	57.60%	57.80%		48.00%
A2	47.10%	Data	57.48%	54.49%	50.87%	47.10%	46.42%
B1	2018	Target>=	74.60%	74.80%	75.00%		57.00%
B1	56.00%	Data	74.12%	65.26%	57.23%	56.00%	55.58%
B2	2018	Target>=	54.80%	54.80%	55.00%		41.00%
B2	39.51%	Data	52.34%	46.22%	40.53%	39.51%	36.40%
C1	2018	Target>=	71.00%	71.50%	72.00%		64.00%
C1	63.06%	Data	78.66%	68.21%	63.47%	63.06%	62.10%
C2	2018	Target>=	54.40%	54.60%	54.80%		49.00%
C2	48.26%	Data	59.48%	52.15%	51.60%	48.26%	45.51%

Targets

FFY	2020	2021	2022	2023	2024	2025
Target A1>=	51.20%	51.20%	51.30%	51.50%	51.75%	52.00%
Target A2>=	47.10%	47.10%	47.25%	47.50%	47.75%	48.00%
Target B1>=	56.00%	56.00%	56.25%	56.50%	56.75%	57.00%
Target B2>=	39.51%	39.51%	39.75%	40.00%	40.50%	41.00%
Target C1>=	63.06%	63.06%	63.25%	63.50%	63.75%	64.00%
Target C2>=	48.26%	48.26%	48.40%	48.60%	48.80%	49.00%

FFY 2020 SPP/APR Data

Number of infants and toddlers with IFSPs assessed

1,328

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

Outcome A Progress Category	Number of children	Percentage of Total
a. Infants and toddlers who did not improve functioning	7	0.53%
b. Infants and toddlers who improved functioning but not sufficient to move nearer to functioning comparable to same-aged peers	606	45.63%
c. Infants and toddlers who improved functioning to a level nearer to same-aged peers but did not reach it	143	10.77%
d. Infants and toddlers who improved functioning to reach a level comparable to same-aged peers	319	24.02%
e. Infants and toddlers who maintained functioning at a level comparable to same-aged peers	253	19.05%

Outcome A	Numerator	Denominator	FFY 2019 Data	FFY 2020 Target	FFY 2020 Data	Status	Slippage
A1. Of those children who entered or exited the program below age expectations in Outcome A, the percent who substantially increased their rate of growth by the time they turned 3 years of age or exited the program	462	1,075	49.87%	51.20%	42.98%	Did not meet target	Slippage
A2. The percent of infants and toddlers who were functioning within age expectations in Outcome A by the time they	572	1,328	46.42%	47.10%	43.07%	Did not meet target	Slippage

Outcome A	Numerator	Denominator	FFY 2019 Data	FFY 2020 Target	FFY 2020 Data	Status	Slippage
turned 3 years of age or exited the program							

Provide reasons for A1 slippage, if applicable

RI had 6.9 percentage points slippage in FFY20 when compared to FFY19. RI did not meet its target. FFY 20 data show a continuance of the impact of COVID-19 reported in FFY19. In that year, when calculating A1 data for children discharged before the pandemic compared to A1 data for children who discharged during the pandemic, the data for A1 was 12.47 percentage points less for children discharged during the pandemic. As the pandemic continued through FFY 20, the negative impact on RI's data has continued, but not to the extent it was during the first 3.5 months of the pandemic. The state has conducted an in-depth analysis of FFY 20 data in conjunction with its participation in the DASYS Part C COVID-19 Impact series. An analysis of progress categories comparing FFY19 and FY20 show higher percentages of category "b", less percentages in category "c", and less percentages in category "d" in FFY20. The data does not show corresponding increases in Part B eligibility, Medicaid population, single established conditions or children referred younger than 6 months of age which typically would influence changes in progress categories. The state has hypothesized that the changes correspond to the impact of COVID-19 on staff and families. Qualitative data from EI providers indicate that the impact of the pandemic on families has been the following: the shift to telehealth as a method of service delivery; shorter and less frequent visits due to competing family priorities; family stressors affecting family routines and carryover of interventions; and, the reduction in social experiences of children during the pandemic. EI providers have also described the impact of the pandemic on their staff including the following: staff shortages resulting in much higher caseloads and extraordinary time constraints; zoom fatigue; and the limitations of telehealth with regard to assessment which forms the basis of the Child Outcomes Summary process. These limitations include more of a reliance on parent report and limits direct observation of the child's functioning, and the loss of the valuable information that is gathered in a traditional home visit as they can no longer observe all interactions and activity given the limitations of technology.

Provide reasons for A2 slippage, if applicable

RI had 3.35 percentage points slippage in FFY20 when compared to FFY19. RI did not meet its target. FFY 20 data show a continuance of the impact of COVID-19 reported in FFY19. In that year, when calculating in A2 data for children discharged before the pandemic compared to A2 data for children who discharged during the pandemic, the data for A2 was 11 percentage points less for children discharged during the pandemic. As the pandemic continued through FFY 20, the negative impact on RI's data has continued but not to the extent it was during the first 3.5 months of the pandemic. The state has conducted an in-depth analysis of its FFY 20 data in conjunction with its participation in the DASYS Part C COVID-19 Impact series. An analysis of progress categories comparing FFY19 and FY20 show an increase in percentage of category "b", a decrease in percentage in category "c", and a decreased in percentage of category "d" in FFY20. The data does not show corresponding increases in Part B eligibility, Medicaid population, single established conditions or children referred younger than 6 months of age which typically would cause such changes in progress categories. The state has hypothesized that the changes correspond to the impact of COVID-19 on staff and families. Qualitative data from EI providers indicate that the impact of the pandemic on families has been the following: the shift to telehealth as a method of service delivery; shorter and less frequent visits due to competing family priorities; family stressors affecting family routines and carryover of interventions; and, the reduction in social experiences of children during the pandemic. EI providers have also described the impact of the pandemic on their staff including the following: staff shortages resulting in much higher caseloads and extraordinary time constraints; zoom fatigue; and the limitations of telehealth with regard to assessment which forms the basis of the Child Outcomes Summary process. These limitations include more of a reliance on parent report and limits direct observation of the child's functioning, and the loss of the valuable information that is gathered in a traditional home visit as they can no longer observe all interactions and activity given the limitations of technology.

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

Outcome B Progress Category	Number of Children	Percentage of Total
a. Infants and toddlers who did not improve functioning	7	0.53%
b. Infants and toddlers who improved functioning but not sufficient to move nearer to functioning comparable to same-aged peers	633	47.67%
c. Infants and toddlers who improved functioning to a level nearer to same-aged peers but did not reach it	263	19.80%
d. Infants and toddlers who improved functioning to reach a level comparable to same-aged peers	334	25.15%
e. Infants and toddlers who maintained functioning at a level comparable to same-aged peers	91	6.85%

Outcome B	Numerator	Denominator	FFY 2019 Data	FFY 2020 Target	FFY 2020 Data	Status	Slippage
B1. Of those children who entered or exited the program below age expectations in Outcome B, the percent who substantially increased their rate of growth by the time they turned 3 years of age or exited the program	597	1,237	55.58%	56.00%	48.26%	Did not meet target	Slippage
B2. The percent of infants and toddlers who were functioning within age expectations in Outcome B by the time they	425	1,328	36.40%	39.51%	32.00%	Did not meet target	Slippage

Outcome B	Numerator	Denominator	FFY 2019 Data	FFY 2020 Target	FFY 2020 Data	Status	Slippage
turned 3 years of age or exited the program							

Provide reasons for B1 slippage, if applicable

RI had 7.32 percentage points slippage in FFY20 when compared to FFY19. RI did not meet its target. FFY 20 data show a continuance of the impact of COVID -19 reported in FFY19. In that year, when calculating B1 data for children discharged before the pandemic compared to B1 data for children who discharged during the pandemic, the B1 data was 5.17 percentage points less for children discharged during the pandemic. As the pandemic continued through FFY 20, the negative impact on RI's data has continued but not to the extent it was during the first 3.5 months of the pandemic. The state has conducted an analysis of its FFY 20 data in conjunction with its participation in the DASY Part C COVID-19 Impact series. An analysis of progress categories comparing FFY19 and FY20 show an increase in the percentage of category "b", a decrease in the percentage of category "c", and a decrease in the percentage of category "d" in FFY20. The data does not show corresponding increases in Part B eligibility, Medicaid population, single established conditions or children referred younger than 6 months of age which typically could cause such changes in progress categories. The state has hypothesized that the changes correspond to the impact of COVID-19 on staff and families. Qualitative data from EI providers indicate that the impact of the pandemic on families has been the following: the shift to telehealth as a method of service delivery; shorter and less frequent visits due to competing family priorities; family stressors affecting family routines and carryover of interventions; and, the reduction in social experiences of children during the pandemic. EI providers have also described the impact of the pandemic on their staff including the following: staff shortages resulting in much higher caseloads and extraordinary time constraints; zoom fatigue; and the limitations of telehealth with regard to assessment which forms the basis of the Child Outcomes Summary process. These limitations include more of a reliance on parent report and limits direct observation of the child's functioning, and the loss of the valuable information that is gathered in a traditional home visit as they can no longer observe all interactions and activity given the limitations of technology.

Provide reasons for B2 slippage, if applicable

RI had 4.4 percentage points slippage in FFY20 when compared to FFY19. RI did not meet its target. FFY 20 data show a continuance of the impact of COVID -19 reported in FFY19. In that year, when calculating B2 data for children discharged before the pandemic compared to B2 data for children who discharged during the pandemic, the B2 data was 11.75 percentage points less for children discharged during the pandemic. As the pandemic continued through FFY 20, the negative impact on RI's data has continued but not to the extent it was during the first 3.5 months of the pandemic. The state has hypothesized that the changes correspond to the impact of COVID-19 on staff and families. Qualitative data from EI providers indicate that the impact of the pandemic on families has been the following: the shift to telehealth as a method of service delivery; shorter and less frequent visits due to competing family priorities; family stressors affecting family routines and carryover of interventions; and, the reduction in social experiences of children during the pandemic. EI providers have also described the impact of the pandemic on their staff including the following: staff shortages resulting in much higher caseloads and extraordinary time constraints; zoom fatigue; and the limitations of telehealth with regard to assessment which forms the basis of the Child Outcomes Summary process. These limitations include more of a reliance on parent report and limits direct observation of the child's functioning, and the loss of the valuable information that is gathered in a traditional home visit as they can no longer observe all interactions and activity given the limitations of technology.

Outcome C: Use of appropriate behaviors to meet their needs

Outcome C Progress Category	Number of Children	Percentage of Total
a. Infants and toddlers who did not improve functioning	6	0.45%
b. Infants and toddlers who improved functioning but not sufficient to move nearer to functioning comparable to same-aged peers	509	38.33%
c. Infants and toddlers who improved functioning to a level nearer to same-aged peers but did not reach it	266	20.03%
d. Infants and toddlers who improved functioning to reach a level comparable to same-aged peers	459	34.56%
e. Infants and toddlers who maintained functioning at a level comparable to same-aged peers	88	6.63%

Outcome C	Numerator	Denominator	FFY 2019 Data	FFY 2020 Target	FFY 2020 Data	Status	Slippage
C1. Of those children who entered or exited the program below age expectations in Outcome C, the percent who substantially increased their rate of growth by the time they turned 3 years of age or exited the program	725	1,240	62.10%	63.06%	58.47%	Did not meet target	Slippage
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	547	1,328	45.51%	48.26%	41.19%	Did not meet target	Slippage

Provide reasons for C1 slippage, if applicable

RI had 3.63 percentage points slippage in FFY20 when compared to FFY19. FFY 20 data show a continuance of the impact of COVID-19 reported in FFY19. In that year, when calculating C1 data for children discharged before the pandemic compared to C1 data for children who discharged during the

pandemic, the C1 data was 7.16 percentage points less for children discharged during the pandemic. As the pandemic continued through FFY 20, the negative impact on RI's data has continued but not to the extent it was during the first 3.5 months of the pandemic. The state has conducted an analysis of its FFY 20 data in conjunction with its participation in the DASYS Part C COVID-19 Impact series. An analysis of progress categories comparing FFY19 and FY20 show an increase in the percentage of category "b", a decrease in the percentage of category "c", and a decrease in the percentage of category "d" in FFY20. The data does not show corresponding increases in Part B eligibility, Medicaid population, single established conditions or children referred younger than 6 months of age which typically could cause such changes in progress categories. The state has hypothesized that the changes correspond to the impact of COVID-19 on staff and families. Qualitative data from EI providers indicate that the impact of the pandemic on families has been the following: the shift to telehealth as a method of service delivery; shorter and less frequent visits due to competing family priorities; family stressors affecting family routines and carryover of interventions; and, the reduction in social experiences of children during the pandemic. EI providers have also described the impact of the pandemic on their staff including the following: staff shortages resulting in much higher caseloads and extraordinary time constraints; zoom fatigue; and the limitations of telehealth with regard to assessment which forms the basis of the Child Outcomes Summary process. These limitations include more of a reliance on parent report and limits direct observation of the child's functioning, and the loss of the valuable information that is gathered in a traditional home visit as they can no longer observe all interactions and activity given the limitations of technology.

Provide reasons for C2 slippage, if applicable

RI had 4.32 percentage points slippage in FFY20 when compared to FFY19. RI did not meet its target. FFY 20 data show a continuance of the impact of COVID-19 reported in FFY19. In that year, when calculating C2 data for children discharged before the pandemic compared to C2 data for children who discharged during the pandemic, the C2 data was 9.03 percentage points less for children discharged during the pandemic. As the pandemic continued through FFY 20, the negative impact on RI's data has continued but not to the extent it was during the first 3.5 months of the pandemic. The state has conducted an analysis of its FFY 20 data in conjunction with its participation in the DASYS Part C COVID-19 Impact series. An analysis of progress categories comparing FFY19 and FY20 show an increase in the percentage of category "b" and a decrease in the percentage of category "d" in FFY20. The data does not show corresponding increases in Part B eligibility, Medicaid population, single established conditions or children referred younger than 6 months of age which could cause such changes in progress categories. The state has hypothesized that the changes correspond to the impact of COVID-19 on staff and families. Qualitative data from EI providers indicate that the impact of the pandemic on families has been the following: the shift to telehealth as a method of service delivery; shorter and less frequent visits due to competing family priorities; family stressors affecting family routines and carryover of interventions; and, the reduction in social experiences of children during the pandemic. EI providers have also described the impact of the pandemic on their staff including the following: staff shortages resulting in much higher caseloads and extraordinary time constraints; zoom fatigue; and the limitations of telehealth with regard to assessment which forms the basis of the Child Outcomes Summary process. These limitations include more of a reliance on parent report and limits direct observation of the child's functioning, and the loss of the valuable information that is gathered in a traditional home visit as they can no longer observe all interactions and activity given the limitations of technology.

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

Question	Number
The number of infants and toddlers who exited the Part C program during the reporting period, as reported in the State's Part C exiting 618 data	2,204
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.	560

Sampling Question	Yes / No
Was sampling used?	NO

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

YES

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

Rhode Island Part C Early Intervention (EI) in collaboration with Part B 619, Early Childhood Special Education (ECSE), has developed one aligned child outcomes measurement process for both systems. Rhode Island's EI/ECSE Global Child Outcomes Measurement System is based on the Child Outcomes Summary (COS) process developed by the Early Childhood Technical Assistance Center (ECTA). RI EI providers complete the COS process at entry (by the initial IFSP start date), after the acquisition of pertinent functional child and family information that may include the following: standardized tools, observations, parent report, family assessment, Routines Based Interview, medical records, and information gathered from outside sources. The same process is completed at exit (prior to discharge), along with the determination of progress while participating in EI. RI has integrated the COS into the IFSP process so that the present levels of development are organized using the framework of the Global Child Outcomes. This provides more support and evidence to the team to ensure accurate ratings. For children transitioning to Part B 619, the exit rating discussion occurs in collaboration with the LEA and the family. The collaborative rating is used as Part C's exit rating and Part B 619's entry rating. For those children not transitioning to Part B 619, the team meets with the family prior to discharge to discuss and decide on a rating as part of the discharge process. The COS/IFSP Process has multiple components to ensure accurate ratings that reflect a child's true functioning as compared to same-age peers and reflects the progress made while participating in EI. First, rich information is gathered about child and/or functioning from multiple sources that include but are not limited to the following: family members/caregivers, other adults who know the child such as a childcare provider, and other service and/or medical providers. Providers also gather rich information about child and/or family functioning utilizing multiple methods, including, but not limited to the following: child/family observation, semi-structured parent/caregiver interviews, parent report, review of medical records, standardized and criterion-based assessment/evaluation tools. Some examples of tools used in RI are the following: Routines Based Interview®, Bayley Scales of Infant Development 3, Battelle Developmental Inventory 2-NU, Hawaii Early Learning Profile®, and the Assessment, Evaluation, and Programming System®. Guidance tools developed by RI's EI Technical Assistance center help 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. Other supportive guidance documents used in RI's Child Outcomes Summary Rating Process include guidance developed by ECTA including, but not limited to: COS rating scale, summary statements, Decision Making Tree, and other guidance. The Entry ratings on all children who enter RI EI, Exit ratings for those children enrolled at least 6 months in EI, and the results of answering the progress question at exit are entered into the RIECCS database. Through this platform, the individual EI providers and the lead agency have the ability to download program specific child outcomes data to view and ensure completion and reliability. Finally, the lead agency analyzes the data for meaningful differences and trends utilizing an outside analyst and various tools developed by ECTA and DaSy.

Provide additional information about this indicator (optional).

3 - Prior FFY Required Actions

None

3 - OSEP Response

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

3 - Required Actions

Indicator 4: Family Involvement

Instructions and Measurement

Monitoring Priority: Early Intervention Services In Natural Environments

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

- A. Know their rights;
- B. Effectively communicate their children's needs; and
- C. Help their children develop and learn.

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

Data Source

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

Measurement

- A. Percent = [(# of respondent families participating in Part C who report that early intervention services have helped the family know their rights) divided by the (# of respondent families participating in Part C)] times 100.
- B. Percent = [(# of respondent families participating in Part C who report that early intervention services have helped the family effectively communicate their children's needs) divided by the (# of respondent families participating in Part C)] times 100.
- C. Percent = [(# of respondent families participating in Part C who report that early intervention services have helped the family help their children develop and learn) divided by the (# of respondent families participating in Part C)] times 100.

Instructions

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

Provide the actual numbers used in the calculation.

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

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

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

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

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

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

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

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

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

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

4 - Indicator Data

Historical Data

Measure	Baseline	FFY	2015	2016	2017	2018	2019
A	2006	Target>=	90.40%	90.60%	90.80%	91.00%	92.00%
A	87.89%	Data	89.40%	91.68%	91.41%	91.63%	88.67%
B	2006	Target>=	94.20%	94.60%	94.80%	95.00%	96.00%
B	91.40%	Data	92.76%	94.70%	94.78%	95.94%	92.52%
C	2006	Target>=	94.50%	94.50%	94.50%	94.50%	94.50%

C	93.90 %	Data	91.07%	92.90%	92.40%	93.74%	89.95%
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Targets

FFY	2020	2021	2022	2023	2024	2025
Target A>=	88.67%	89.00%	89.50%	90.00%	91.00%	92.00%
Target B>=	92.52%	93.00%	93.50%	94.00%	95.00%	96.00%
Target C>=	89.95%	91.00%	92.00%	93.00%	94.00%	95.00%

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 (2018, 2019 and 2020) 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 (3/18/21), and the state's EI Director's group. Each of the groups were asked to make suggestions for new targets 2021 through 2026 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.

Mechanisms for soliciting broad stakeholder input in the development and implementation of the SSIP has included the development of a State Leadership team whose responsibilities are the following: leading the SSIP process, participating in data analysis and infrastructure analysis; soliciting feedback/questions and incorporating feedback from other stakeholder groups into the SSIP process; development of the SiMR: development of improvement strategies related to the SSIP; and evaluating and making changes to the SSIP.

Stakeholder representation on the State Leadership Team and other stakeholder input include the following:

1. State staff including the Part C Coordinator, Part C Early Intervention Coordinator and Part C Data Manager
2. Stakeholders from the Paul V. Sherlock Center on Disabilities at Rhode Island College which is a University Center for Excellence in Developmental Disabilities (UCEDD). UCEDDs are designed to increase the independence, productivity, and community integration and inclusion of individuals with developmental disabilities. In Rhode Island, the Sherlock Center partners with state and local government agencies, schools, institutions of higher education, and community providers. They offer training, technical assistance, service, research, and information sharing to promote the membership of individuals with disabilities in school, work and the community. The Sherlock Center on Disabilities provides the Comprehensive System of Professional Development for Early Intervention. This program includes four stakeholders: the CSPD Director whose role was to provide input into the SSIP process from a statewide training and technical assistance perspective and two TA Specialists whose role was to provide input into the SSIP process from the perspective of implementing improvement strategies. These three stakeholders are directly responsible for leading systems change. A fourth TA Specialist's role is to act as the SSIP Project Lead.
3. RI Early Intervention provider representation. Meeting Street School is a non-profit center for educational and therapeutic services (Early Intervention, Early Head Start, an Early Learning Center which provides childcare for children 6weeks to 5 years and for young children with IEP's, K-5 Educational Program, Carter School-Middle and High School Special Needs Students and Healthy Families America, a national Maternal Health Home Visiting Program). The Early Intervention Director represents this agency as a stakeholder to provide input into the SSIP process from the perspective of an Early Intervention provider. Community Care Alliance is another provider of Early Intervention represented on the State Leadership Team. Community Care Alliance is a nonprofit community agency providing a wide range of community services in over 50 programs to strengthen families and individuals in the community. Programs for children and families include: Family Behavioral Health, Family Wellbeing Services, Transitional and Family Health Services as well as Early Childhood Services (Early Intervention, Healthy Families America, and First Connections). The Director of Family Support Services at Community Care Alliance represents this agency as a stakeholder to provide input into the SSIP from the perspective community services as well as an early intervention provider.
4. Parent representation. Another agency on the State Leadership Team is the Rhode Island Parent Information Network (RIPIN), a statewide charitable, nonprofit association which provides direct linkages for parents and children with special health care needs in Rhode Island to obtain the critical services and supports needed in area of health care and education. This organization holds a contract with the Lead Agency to provide a parent support component for RI's EI system. RIPIN is responsible for recruitment, training, and support of parent consultants to work in targeted clinical settings that serve as referral sources for EI and others who work in each of the certified EI Programs. Parent consultants are family members of children with special needs who have themselves experienced EI and who provide parent to parent support. RIPIN is also responsible for the administration, collection, and reporting of Family Outcomes survey data and the development and provision of family workshops and trainings. The Senior Program Director's role of is to provide perspective into the SSIP process from a parent advocacy perspective.
5. Higher Education. The University of Rhode Island is another stakeholder on the State Leadership Team. The Sherlock Center on Disabilities has a sub-contract with the University of Rhode Island to increase the number of qualified providers in the RI EI system and in careers involving children with special health care needs (CSHCN) and to conduct data analysis projects regarding various aspects of Early Intervention including the SSIP. The Chair of the Department of Human Development and Family Studies role is to provide a workforce perspective as well as a research perspective in the development and implementation of the SSP
6. ICC. The Chair of Interagency Coordinating Council is a member of the State SSIP Team and also the Early Childhood Program Director at Meeting Street School. This stakeholder's role is to ensure ICC involvement in the SSIP process as well as provide the perspective of an early intervention provider. Rhode Island's ICC has a strong parent presence with 3 official parent members, yet the ICC is represented by other parents of children with special needs who are serving a different role, but are able to provide valuable input as a parent. The responsibilities of the ICC in the SSIP process include reviewing, discussing and prompting questions to the reports provided by the Leadership Team; participation in reviewing APR and other related data; participation in target setting of the SiMR; providing input and feedback regarding improvement strategies.
7. Other Stakeholder Groups. In addition to the State Leadership Team, the Early Intervention Directors Association and the Supervisors group are two stakeholder groups that provide a mechanism for stakeholder involvement. RI has an existing structure of monthly meetings with these groups and Part C state staff, the Comprehensive System of Personnel Development (CSPD) Director, state technical assistance providers, and the Rhode Island Parenting Information Network staff attend. This structure allows for a process which ensures representation by EI providers in the development phase of any change, a way to routinely solicit feedback and participation in the SSIP process with these groups.

FFY 2020 SPP/APR Data

The number of families to whom surveys were distributed	1,887
Number of respondent families participating in Part C	854
Survey Response Rate	45.26%
A1. Number of respondent families participating in Part C who report that early intervention services have helped the family know their rights	737
A2. Number of responses to the question of whether early intervention services have helped the family know their rights	826
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	755
B2. Number of responses to the question of whether early intervention services have helped the family effectively communicate their children's needs	805
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	757
C2. Number of responses to the question of whether early intervention services have helped the family help their children develop and learn	850

Measure	FFY 2019 Data	FFY 2020 Target	FFY 2020 Data	Status	Slippage
A. Percent of families participating in Part C who report that early intervention services have helped the family know their rights (A1 divided by A2)	88.67%	88.67%	89.23%	Met target	No Slippage
B. Percent of families participating in Part C who report that early intervention services have helped the family effectively communicate their children's needs (B1 divided by B2)	92.52%	92.52%	93.79%	Met target	No Slippage
C. Percent of families participating in Part C who report that early intervention services have helped the family help their children develop and learn (C1 divided by C2)	89.95%	89.95%	89.06%	Did not meet target	No Slippage

Sampling Question	Yes / No
Was sampling used?	NO

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

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

RI used the ECTA Meaningful Differences Calculator to analyze the Family Outcomes data for races, gender, insurance type, language spoken and child's age to analyze representative of the total EI population. Data showed by Insurance type and language spoken an under representation for RItCare (Medicaid) and Spanish speaking population and an over representation of the private insurance and English-speaking population. RI has reviewed these data with the ICC and have developed additional outreach strategies to improve the disparities seen for these populations. Further analysis showed that there is an overlap of these two populations, meaning a high percentage of the Spanish speaking population in EI are also Medicaid recipients. A focused strategy for the next collection period will be to hire more Spanish speaking survey staff to reach out to this population providing an explanation of how important it is to provide their opinion as well as offering the family the opportunity to verbally report for those families who are not able to read and/or write. The state Family Survey team will also develop additional specific strategies for individual EI providers during their Spring 2022 planning meeting.

Survey Response Rate

FFY	2019	2020
Survey Response Rate	44.28%	45.26%

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

For FFY19, Rhode Island implemented new strategies to ensure completion of the survey during the Pandemic. The parent consultants for the EI providers called each eligible family that did not return a survey to remind them of the survey, resend the link, and ask them to complete it. This personal outreach helped RI increase the return rate for FFY19, and this increase continued into FFY20. This strategy will continue into FFY21 with the addition of ensuring that families are contacted in their native language and are offered for a parent consultant to record their verbal responses over the phone. This will ensure that even families who cannot read and/or write, have access to provide their input on the survey. In addition, increasing the accessibility to all languages represented, may improve the rate return for families whose first language is not English.

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

Non returned surveys were also matched to the demographic data that is in the RIEICCS data system, ensuring consistency and accuracy for a more reliable comparison. The data showed similar results of representation for survey's not returned (compared to total surveys), as surveys returned using ECTA Meaningful Differences Calculator for representative race compared to one day enrollment. RI has reviewed these data with the ICC and have developed additional outreach strategies to improve the disparities seen for these populations. Further analysis showed that there is an overlap of these two populations, meaning a high percentage of the Spanish speaking population in EI are also Medicaid recipients. A focused strategy for the next collection period will be to hire more Spanish speaking survey staff to reach out to this population providing an explanation of how important it is to provide their opinion as well as offering the family the opportunity to verbally report for those families who are not able to read and/or write. The state Family Survey team will also develop additional specific strategies for individual EI providers during their Spring 2022 planning meeting.

Representative Total = 2040 (Federal 1-day count)
Data are representative for the American Indian or Alaska Native population
Number of families in target population=11
Number of families who did not respond to survey=6
Target representation=1%
Actual representation=0%
Difference=0%

Data are representative for the Asian population
Number of families in target population=38
Number of families who did not respond to survey=20
Target representation=2%
Actual representation=2%
Difference=0%

Data are representative for the African American or Black Population
Number of families in target population=133
Number of families who did not respond to survey=102
Target representation=7%
Actual representation=8%
Difference=2%

Data are representative for families that identify as more than one race:
Number of families in target population=69
Number of families who did not responded to survey=42
Target representation=3%
Actual representation=3%
Difference=0%

Data are representative for the White population:
Number of families in target population=1160
Number of families who did not responding to survey=674
Target representation=57%
Actual representation=55%
Difference=-1%

Data are representative of the Hispanic population:
Number of families in target population=629
Number of families who did not responding to survey=372
Target representation=31%
Actual representation=31%
Difference=0%

ECTA Meaningful Differences Data for representative Insurance Type
Representative Total = 2070 (surveys distributed, 183 families were unreachable)
Number of families who did not respond to survey=1216

Data are over representative for Medicaid Population:
Number of families in target population=1108
Number of families who did not respond to survey=730
Target representation=54%
Actual representation=60%
Difference=7%

Data are under representative for Private/commercial population
Number of families in target population=846
Number of families who did not respond to survey=419

Target representation=41%
Actual representation=34%
Difference=-6%

Uninsured (2%) and Medicaid FFS (4%) population are representative.

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

For FFY20 the data revealed representation of all races when compared survey data, enrollment data for SFY 2021(7/1/2020-6/30/21), one day count, age and gender. Using the ECTA Meaningful Differences Calculator to analyze the Family Outcomes data, RI's response rate for other races, gender and child's age was representative of the total EI population.

ECTA Meaningful Differences Data for representative race compared to SFY enrollment

Representative Total=4429

Data are representative for the American Indian or Alaska Native

Number of families in target population=21

Number of families responding to survey=3

Target representation=0%

Actual representation=0%

Difference=0%

Data are representative for the Asian

Number of families in target population=89

Number of families responding to survey=22

Target representation=2%

Actual representation=3%

Difference=1%

Data are representative for the African American or Black Population

Number of families in target population=290

Number of families responding to survey=54

Target representation=7%

Actual representation=6%

Difference=0%

Data are representative for families that identify as more than one race:

Number of families in target population=146

Number of families responded to survey=31

Target representation=3%

Actual representation=4%

Difference=0%

Data are representative for the white population:

Number of families in target population=2476

Number of families responding to survey=499

Target representation=56%

Actual representation=58%

Difference=3%

Data are representative of the Hispanic population:

Number of families in target population=1407

Number of families responding to survey=245

Target representation=32%

Actual representation=29%

Difference=-3%

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

RI used the ECTA Meaningful Differences Calculator to analyze the Family Outcomes data for races, gender, insurance type and child's age to analyze representative of the total EI population.

ECTA Meaningful Differences Data for representative insurance Type

Representative Total=2070

Number of families responding to survey=854

Data are under representative for Medicaid Population:

Number of families in target population=1108

Number of families responding to survey=378

Target representation=54%

Actual representation=44%

Difference=-9%

Data are over representative for Private/commercial population

Number of families in target population=846

Number of families responding to survey=427

Target representation=41%

Actual representation=50%
Difference=9%

Uninsured (2%) and Medicaid FFS (4%) population are representative

Provide additional information about this indicator (optional).

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. N/A was added this year as a response for questions that may not currently apply to some children such as an infant not ready for transition.

All families with an active IFSP (extracted on April 2021) were called and asked to complete a survey over the phone or receive an e-mail link given the option to complete the survey on-line. The survey was available in English and Spanish, both hard copy and online, and in additional languages if requested, such as Chinese and Portuguese. The 2021 Early Intervention Family Outcomes Survey (EIFOS) was set up in Survey Monkey once again, in English and Spanish. Due to restrictions regarding in-person work during the COVID-19 pandemic, this year's survey was paperless; it was administered and collected electronically and/or over the phone. To alleviate the time and effort involved in organizing and handing out the surveys to families in prior years, the Rhode Island Parent Information Network (RIPIN) Parent Consultants (PCs) took on the entire survey load. As in past years, EOHHS provided RIPIN with the essential data required to reach out to all families, each having a survey ID assigned to preserve anonymity. The survey IDs and contact information was divided up among the PCs first by their affiliated EI agency, and then by availability/ workload/ hours. The PCs crafted a text message in English with the link to the English survey and in Spanish with the link to the Spanish survey. The first communication was sent out on May 2021 and continued through September (deadline September 30, 2021). The PCs contacted all possible families via text message and/ or phone call and/ or email. In order to reach families with missing phone numbers or wrong numbers, the PCs contacted the EI agencies to seek alternate numbers, and the PC team utilized the RI white pages listings online (searched by address). If all means of establishing contact were exhausted, the family was marked "unable to reach". Families who were contacted but did not reply or take steps to "opt out" of completing the survey were contacted no less than 5 times each, spaced apart by one week in-between reminders.

4 - Prior FFY Required Actions

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

Response to actions required in FFY 2019 SPP/APR

RI return rate increased compared to FFY 2019. Race data for this year was representative. Digging deeper again using the ECTA Meaningful Differences Calculator to analyze the Family Outcomes data for races, gender, insurance type, language spoken and child's age to analyze representative of the total EI population. Data showed by Insurance type and language spoken an under representation for RiteCare (Medicaid) and Spanish speaking population and an over representation of the private insurance and English speaking population. RI plans to focus on out-reach, engagement, service delivery changes (COVID change), survey availability, and technology disparities to the RiteCare and Spanish speaking Populations.

4 - OSEP Response

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

4 - Required Actions

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

Indicator 5: Child Find (Birth to One)

Instructions and Measurement

Monitoring Priority: Effective General Supervision Part C / Child Find

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

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

Data Source

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

Measurement

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

Instructions

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

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

5 - Indicator Data

Historical Data

Baseline Year	Baseline Data
2005	1.86%

FFY	2015	2016	2017	2018	2019
Target >=	2.50%	2.50%	2.50%	2.50%	2.50%
Data	2.75%	3.00%	2.60%	3.14%	2.93%

Targets

FFY	2020	2021	2022	2023	2024	2025
Target >=	2.50%	2.70%	2.90%	3.10%	3.30%	3.50%

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 (2018, 2019 and 2020) 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 (3/18/21), and the state's EI Director's group. Each of the groups were asked to make suggestions for new targets 2021 through 2026 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.

Mechanisms for soliciting broad stakeholder input in the development and implementation of the SSIP has included the development of a State Leadership team whose responsibilities are the following: leading the SSIP process, participating in data analysis and infrastructure analysis; soliciting feedback/questions and incorporating feedback from other stakeholder groups into the SSIP process; development of the SiMR: development of improvement strategies related to the SSIP; and evaluating and making changes to the SSIP.

Stakeholder representation on the State Leadership Team and other stakeholder input include the following:

1. State staff including the Part C Coordinator, Part C Early Intervention Coordinator and Part C Data Manager
2. Stakeholders from the Paul V. Sherlock Center on Disabilities at Rhode Island College which is a University Center for Excellence in Developmental Disabilities (UCEDD). UCEDDs are designed to increase the independence, productivity, and community integration and inclusion of individuals with developmental disabilities. In Rhode Island, the Sherlock Center partners with state and local government agencies, schools, institutions of higher education, and community providers. They offer training, technical assistance, service, research, and information sharing to promote the membership of individuals with disabilities in school, work and the community. The Sherlock Center on Disabilities provides the Comprehensive System of Professional Development for Early Intervention. This program includes four stakeholders: the CSPD Director whose role was to provide input into the SSIP process from a statewide training and technical assistance perspective and two TA Specialists whose role was to provide input into the SSIP process from the perspective of implementing improvement strategies. These three stakeholders are directly responsible for leading systems change. A fourth TA Specialist's role is to act as the SSIP Project Lead.
3. RI Early Intervention provider representation. Meeting Street School is a non-profit center for educational and therapeutic services (Early Intervention, Early Head Start, an Early Learning Center which provides childcare for children 6 weeks to 5 years and for young children with IEP's, K-5 Educational Program, Carter School-Middle and High School Special Needs Students and Healthy Families America, a national Maternal Health Home Visiting Program). The Early Intervention Director represents this agency as a stakeholder to provide input into the SSIP process from the perspective of an Early Intervention provider.

Community Care Alliance is another provider of Early Intervention represented on the State Leadership Team. Community Care Alliance is a nonprofit community agency providing a wide range of community services in over 50 programs to strengthen families and individuals in the community. Programs for children and families include: Family Behavioral Health, Family Wellbeing Services, Transitional and Family Health Services as well as Early Childhood Services (Early Intervention, Healthy Families America, and First Connections). The Director of Family Support Services at Community Care

Alliance represents this agency as a stakeholder to provide input into the SSIP from the perspective community services as well as an early intervention provider.

4. Parent representation. Another agency on the State Leadership Team is the Rhode Island Parent Information Network (RIPIN), a statewide charitable, nonprofit association which provides direct linkages for parents and children with special health care needs in Rhode Island to obtain the critical services and supports needed in area of health care and education. This organization holds a contract with the Lead Agency to provide a parent support component for RI's EI system. RIPIN is responsible for recruitment, training, and support of parent consultants to work in targeted clinical settings that serve as referral sources for EI and others who work in each of the certified EI Programs. Parent consultants are family members of children with special needs who have themselves experienced EI and who provide parent to parent support. RIPIN is also responsible for the administration, collection, and reporting of Family Outcomes survey data and the development and provision of family workshops and trainings. The Senior Program Director's role of is to provide perspective into the SSIP process from a parent advocacy perspective.

5. Higher Education. The University of Rhode Island is another stakeholder on the State Leadership Team. The Sherlock Center on Disabilities has a sub-contract with the University of Rhode Island to increase the number of qualified providers in the RI EI system and in careers involving children with special health care needs (CSHCN) and to conduct data analysis projects regarding various aspects of Early Intervention including the SSIP. The Chair of the Department of Human Development and Family Studies role is to provide a workforce perspective as well as a research perspective in the development and implementation of the SSP

6. ICC. The Chair of Interagency Coordinating Council is a member of the State SSIP Team and also the Early Childhood Program Director at Meeting Street School. This stakeholder's role is to ensure ICC involvement in the SSIP process as well as provide the perspective of an early intervention provider. Rhode Island's ICC has a strong parent presence with 3 official parent members, yet the ICC is represented by other parents of children with special needs who are serving a different role, but are able to provide valuable input as a parent. The responsibilities of the ICC in the SSIP process include reviewing, discussing and prompting questions to the reports provided by the Leadership Team; participation in reviewing APR and other related data; participation in target setting of the SIMR; providing input and feedback regarding improvement strategies.

7. Other Stakeholder Groups. In addition to the State Leadership Team, the Early Intervention Directors Association and the Supervisors group are two stakeholder groups that provide a mechanism for stakeholder involvement. RI has an existing structure of monthly meetings with these groups and Part C state staff, the Comprehensive System of Personnel Development (CSPD) Director, state technical assistance providers, and the Rhode Island Parenting Information Network staff attend. This structure allows for a process which ensures representation by EI providers in the development phase of any change, a way to routinely solicit feedback and participation in the SSIP process with these groups.

Prepopulated Data

Source	Date	Description	Data
SY 2020-21 EMAPS IDEA Part C Child Count and Settings Survey; Section A: Child Count and Settings by Age	07/08/2021	Number of infants and toddlers birth to 1 with IFSPs	231
Annual State Resident Population Estimates for 6 Race Groups (5 Race Alone Groups and Two or More Races) by Age, Sex, and Hispanic Origin: April 1, 2010 to July 1, 2020	07/08/2021	Population of infants and toddlers birth to 1	10,402

FFY 2020 SPP/APR Data

Number of infants and toddlers birth to 1 with IFSPs	Population of infants and toddlers birth to 1	FFY 2019 Data	FFY 2020 Target	FFY 2020 Data	Status	Slippage
231	10,402	2.93%	2.50%	2.22%	Did not meet target	Slippage

Provide reasons for slippage, if applicable

COVID-19 impacted referrals and enrollment for FFY 20. RI's FFY20 EI enrollment for the Birth to 1 population decreased by 25% as compared to FFY19. This decrease resulted in RI's inability to meet FFY20's target for this indicator for the first time. The reason for slippage in this indicator includes the following: significant reduction in pediatric well-child visits (primary referral source), many mothers were either teleworking or left work and had no need for childcare services (a top referral source), and there is an overall reduction in other community service utilization. These are top referral sources for the RI EI system and can be correlated to the decrease in referrals seen over FFY20.

Provide additional information about this indicator (optional)

5 - Prior FFY Required Actions

None

5 - OSEP Response

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

5 - Required Actions

Indicator 6: Child Find (Birth to Three)

Instructions and Measurement

Monitoring Priority: Effective General Supervision Part C / Child Find

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

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

Data Source

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

Measurement

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

Instructions

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

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

6 - Indicator Data

Baseline Year	Baseline Data
2005	4.09%

FFY	2015	2016	2017	2018	2019
Target >=	6.00%	6.00%	6.00%	6.00%	6.00%
Data	6.11%	6.07%	6.14%	6.54%	7.14%

Targets

FFY	2020	2021	2022	2023	2024	2025
Target >=	6.00%	6.50%	7.00%	7.30%	7.60%	8.00%

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 (2018, 2019 and 2020) 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 (3/18/21), and the state's EI Director's group. Each of the groups were asked to make suggestions for new targets 2021 through 2026 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.

Mechanisms for soliciting broad stakeholder input in the development and implementation of the SSIP has included the development of a State Leadership team whose responsibilities are the following: leading the SSIP process, participating in data analysis and infrastructure analysis; soliciting feedback/questions and incorporating feedback from other stakeholder groups into the SSIP process; development of the SiMR: development of improvement strategies related to the SSIP; and evaluating and making changes to the SSIP.

Stakeholder representation on the State Leadership Team and other stakeholder input include the following:

1. State staff including the Part C Coordinator, Part C Early Intervention Coordinator and Part C Data Manager
2. Stakeholders from the Paul V. Sherlock Center on Disabilities at Rhode Island College which is a University Center for Excellence in Developmental Disabilities (UCEDD). UCEDDs are designed to increase the independence, productivity, and community integration and inclusion of individuals with developmental disabilities. In Rhode Island, the Sherlock Center partners with state and local government agencies, schools, institutions of higher education, and community providers. They offer training, technical assistance, service, research, and information sharing to promote the membership of individuals with disabilities in school, work and the community. The Sherlock Center on Disabilities provides the Comprehensive System of Professional Development for Early Intervention. This program includes four stakeholders: the CSPD Director whose role was to provide input into the SSIP process from a statewide training and technical assistance perspective and two TA Specialists whose role was to provide input into the SSIP process from the perspective of implementing improvement strategies. These three stakeholders are directly responsible for leading systems change. A fourth TA Specialist's role is to act as the SSIP Project Lead.
3. RI Early Intervention provider representation. Meeting Street School is a non-profit center for educational and therapeutic services (Early Intervention, Early Head Start, an Early Learning Center which provides childcare for children 6weeks to 5 years and for young children with IEP's, K-5 Educational Program, Carter School-Middle and High School Special Needs Students and Healthy Families America, a national Maternal Health Home Visiting Program). The Early Intervention Director represents this agency as a stakeholder to provide input into the SSIP process from the perspective of an Early Intervention provider. Community Care Alliance is another provider of Early Intervention represented on the State Leadership Team. Community Care Alliance is a nonprofit community agency providing a wide range of community services in over 50 programs to strengthen families and individuals in the community. Programs for children and families include: Family Behavioral Health, Family Wellbeing Services, Transitional and Family Health Services as well as Early Childhood Services (Early Intervention, Healthy Families America, and First Connections). The Director of Family Support Services at Community Care Alliance represents this agency as a stakeholder to provide input into the SSIP from the perspective community services as well as an early intervention provider.

4. Parent representation. Another agency on the State Leadership Team is the Rhode Island Parent Information Network (RIPIN), a statewide charitable, nonprofit association which provides direct linkages for parents and children with special health care needs in Rhode Island to obtain the critical services and supports needed in area of health care and education. This organization holds a contract with the Lead Agency to provide a parent support component for RI's EI system. RIPIN is responsible for recruitment, training, and support of parent consultants to work in targeted clinical settings that serve as referral sources for EI and others who work in each of the certified EI Programs. Parent consultants are family members of children with special needs who have themselves experienced EI and who provide parent to parent support. RIPIN is also responsible for the administration, collection, and reporting of Family Outcomes survey data and the development and provision of family workshops and trainings. The Senior Program Director's role of is to provide perspective into the SSIP process from a parent advocacy perspective.

5. Higher Education. The University of Rhode Island is another stakeholder on the State Leadership Team. The Sherlock Center on Disabilities has a sub-contract with the University of Rhode Island to increase the number of qualified providers in the RI EI system and in careers involving children with special health care needs (CSHCN) and to conduct data analysis projects regarding various aspects of Early Intervention including the SSIP. The Chair of the Department of Human Development and Family Studies role is to provide a workforce perspective as well as a research perspective in the development and implementation of the SSP

6. ICC. The Chair of Interagency Coordinating Council is a member of the State SSIP Team and also the Early Childhood Program Director at Meeting Street School. This stakeholder's role is to ensure ICC involvement in the SSIP process as well as provide the perspective of an early intervention provider. Rhode Island's ICC has a strong parent presence with 3 official parent members, yet the ICC is represented by other parents of children with special needs who are serving a different role, but are able to provide valuable input as a parent. The responsibilities of the ICC in the SSIP process include reviewing, discussing and prompting questions to the reports provided by the Leadership Team; participation in reviewing APR and other related data; participation in target setting of the SIMR; providing input and feedback regarding improvement strategies.

7. Other Stakeholder Groups. In addition to the State Leadership Team, the Early Intervention Directors Association and the Supervisors group are two stakeholder groups that provide a mechanism for stakeholder involvement. RI has an existing structure of monthly meetings with these groups and Part C state staff, the Comprehensive System of Personnel Development (CSPD) Director, state technical assistance providers, and the Rhode Island Parenting Information Network staff attend. This structure allows for a process which ensures representation by EI providers in the development phase of any change, a way to routinely solicit feedback and participation in the SSIP process with these groups.

Prepopulated Data

Source	Date	Description	Data
SY 2020-21 EMAPS IDEA Part C Child Count and Settings Survey; Section A: Child Count and Settings by Age	07/08/2021	Number of infants and toddlers birth to 3 with IFSPs	2,040
Annual State Resident Population Estimates for 6 Race Groups (5 Race Alone Groups and Two or More Races) by Age, Sex, and Hispanic Origin: April 1, 2010 to July 1, 2020	07/08/2021	Population of infants and toddlers birth to 3	31,797

FFY 2020 SPP/APR Data

Number of infants and toddlers birth to 3 with IFSPs	Population of infants and toddlers birth to 3	FFY 2019 Data	FFY 2020 Target	FFY 2020 Data	Status	Slippage
2,040	31,797	7.14%	6.00%	6.42%	Met target	No Slippage

Provide additional information about this indicator (optional).

6 - Prior FFY Required Actions

None

6 - OSEP Response

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

6 - Required Actions

Indicator 7: 45-Day Timeline

Instructions and Measurement

Monitoring Priority: Effective General Supervision Part C / Child Find

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

Data Source

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

Measurement

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

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

Instructions

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

Targets must be 100%.

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

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

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

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

7 - Indicator Data

Historical Data

Baseline Year	Baseline Data
2005	71.70%

FFY	2015	2016	2017	2018	2019
Target	100%	100%	100%	100%	100%
Data	98.00%	95.95%	98.40%	96.92%	97.29%

Targets

FFY	2020	2021	2022	2023	2024	2025
Target	100%	100%	100%	100%	100%	100%

FFY 2020 SPP/APR Data

Number of eligible infants and toddlers with IFSPs for whom an initial evaluation and assessment and an initial IFSP meeting was conducted within Part C's 45-day timeline	Number of eligible infants and toddlers evaluated and assessed for whom an initial IFSP meeting was required to be conducted	FFY 2019 Data	FFY 2020 Target	FFY 2020 Data	Status	Slippage
221	257	97.29%	100%	97.67%	Did not meet target	No Slippage

Number of documented delays attributable to exceptional family circumstances

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

Provide reasons for delay, if applicable.

Justified reasons for delay in meeting the 45-day timeline for initial evaluation and assessment and an initial IFSP conducted include the following: Unable to contact family/family cancels, family requests delay, and child illness/hospitalization. All justifications must be clearly and thoroughly documented in the child's record.

Non-Justified reasons for delay are those that are provider issues.

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

State monitoring

Describe the method used to select EIS programs for monitoring.

All EI Certified providers are selected for program monitoring.

Provide additional information about this indicator (optional).

Reasons for not meeting the timeline for FFY20 that were discovered during focused monitoring and that the EI providers reported in their corrective action plans include staffing shortages, individual staff error, and poor documentation of exceptional family circumstances.

Correction of Findings of Noncompliance Identified in FFY 2019

Findings of Noncompliance Identified	Findings of Noncompliance Verified as Corrected Within One Year	Findings of Noncompliance Subsequently Corrected	Findings Not Yet Verified as Corrected
2	2	0	0

FFY 2019 Findings of Noncompliance Verified as Corrected

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

The 2 RI 45-Day Timeline findings of noncompliance are corrected. Reasons for not meeting the timeline that were discovered during focused monitoring and that the EI providers reported in their corrective action plans are as follows: staffing shortages including delayed assignment of referrals due to lack of supervisory staff. The State has verified that each EIS provider with each noncompliance reported by the State in FFY19 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 FFY19 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 noncompliance. 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.

The state verified the 2 45-day findings in FFY19 that involved 7 individual cases of non-compliance. The state verified through the State's process of Focused Monitoring that the 7 children had a completed IFSP and received the early intervention services on their IFSP, although, late, unless the child was no longer within the jurisdiction of the EIS program, consistent with OSEP Memorandum 09-02, dates October 17, 2008 (OSEP Memo 09-02).

Correction of Findings of Noncompliance Identified Prior to FFY 2019

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

7 - Prior FFY Required Actions

Because the State reported less than 100% compliance for FFY 2019, the State must report on the status of correction of noncompliance identified in FFY 2019 for this indicator. When reporting on the correction of noncompliance, the State must report, in the FFY 2020 SPP/APR, that it has verified that each EIS program or provider with noncompliance identified in FFY 2019 for this indicator: (1) is correctly implementing the specific regulatory requirements (i.e., achieved 100% compliance) based on a review of updated data such as data subsequently collected through on-site monitoring or a State data system; and (2) has corrected each individual case of noncompliance, unless the child is no longer within the jurisdiction of the EIS program or provider, consistent with OSEP Memo 09-02. In the FFY 2020 SPP/APR, the State must describe the specific actions that were taken to verify the correction.

If the State did not identify any findings of noncompliance in FFY 2019, although its FFY 2019 data reflect less than 100% compliance, provide an explanation of why the State did not identify any findings of noncompliance in FFY 2019.

Response to actions required in FFY 2019 SPP/APR

The state verified the 2 45-day findings in FFY19 that involved 7 individual cases of non-compliance. The state verified through the State's process of Focused Monitoring that the 7 children had a completed IFSP and received the early intervention services on their IFSP, although, late, unless the child was no longer within the jurisdiction of the EIS program, consistent with OSEP Memorandum 09-02, dated October 17, 2008 (OSEP Memo 09-02).

7 - OSEP Response

7 - Required Actions

Because the State reported less than 100% compliance for FFY 2020, the State must report on the status of correction of noncompliance identified in FFY 2020 for this indicator. When reporting on the correction of noncompliance, the State must report, in the FFY 2021 SPP/APR, that it has verified that each EIS program or provider with noncompliance identified in FFY 2020 for this indicator: (1) is correctly implementing the specific regulatory requirements (i.e., achieved 100% compliance) based on a review of updated data such as data subsequently collected through on-site monitoring or a State data system; and (2) has corrected each individual case of noncompliance, unless the child is no longer within the jurisdiction of the EIS program or provider, consistent with OSEP Memo 09-02. In the FFY 2021 SPP/APR, the State must describe the specific actions that were taken to verify the correction.

If the State did not identify any findings of noncompliance in FFY 2020, although its FFY 2020 data reflect less than 100% compliance, provide an explanation of why the State did not identify any findings of noncompliance in FFY 2020.

Indicator 8A: Early Childhood Transition

Instructions and Measurement

Monitoring Priority: Effective General Supervision Part C / Effective Transition

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

- A. Developed an IFSP with transition steps and services at least 90 days, and at the discretion of all parties, not more than nine months, prior to the toddler's third birthday;
- B. Notified (consistent with any opt-out policy adopted by the State) the State educational agency (SEA) and the local educational agency (LEA) where the toddler resides at least 90 days prior to the toddler's third birthday for toddlers potentially eligible for Part B preschool services; and
- C. Conducted the transition conference held with the approval of the family at least 90 days, and at the discretion of all parties, not more than nine months, prior to the toddler's third birthday for toddlers potentially eligible for Part B preschool services.

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

Data Source

Data to be taken from monitoring or State data system.

Measurement

A. Percent = $\left[\frac{\text{\# of toddlers with disabilities exiting Part C who have an IFSP with transition steps and services at least 90 days, and at the discretion of all parties not more than nine months, prior to their third birthday}}{\text{\# of toddlers with disabilities exiting Part C}} \right] \times 100$.

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

C. Percent = $\left[\frac{\text{\# of toddlers with disabilities exiting Part C where the transition conference occurred at least 90 days, and at the discretion of all parties not more than nine months, prior to the toddler's third birthday for toddlers potentially eligible for Part B}}{\text{\# of toddlers with disabilities exiting Part C who were potentially eligible for Part B}} \right] \times 100$.

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

Instructions

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

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

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

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

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

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

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

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

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

8A - Indicator Data

Historical Data

Baseline Year	Baseline Data
2005	79.00%

FFY	2015	2016	2017	2018	2019
Target	100%	100%	100%	100%	100%

Data	100.00%	99.00%	100.00%	99.03%	99.03%
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Targets

FFY	2020	2021	2022	2023	2024	2025
Target	100%	100%	100%	100%	100%	100%

FFY 2020 SPP/APR Data

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

YES

Number of children exiting Part C who have an IFSP with transition steps and services	Number of toddlers with disabilities exiting Part C	FFY 2019 Data	FFY 2020 Target	FFY 2020 Data	Status	Slippage
102	103	99.03%	100%	100.00%	Met target	No Slippage

Number of documented delays attributable to exceptional family circumstances

This number will be added to the "Number of children exiting Part C who have an IFSP with transition steps and services" field to calculate the numerator for this indicator.

1

Provide reasons for delay, if applicable.

The one justified record that did not meet the requirements for Transition Steps and Services was clearly documented that the provider was unable to contact the family.

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

State monitoring

Describe the method used to select EIS programs for monitoring.

All EI Certified providers are selected for program monitoring.

Provide additional information about this indicator (optional)

Correction of Findings of Noncompliance Identified in FFY 2019

Findings of Noncompliance Identified	Findings of Noncompliance Verified as Corrected Within One Year	Findings of Noncompliance Subsequently Corrected	Findings Not Yet Verified as Corrected
1	1	0	0

FFY 2019 Findings of Noncompliance Verified as Corrected

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

1 RI Transition Steps finding has been corrected. The Lead Agency monitored the EI provider through the state data system, their yearly program self-assessment, and verification of individual record 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 FFY19 related to Transition Steps. 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 noncompliance. In this case, non-compliance was due to target dates not being included in the Transition Steps. In the Corrective Action Plan, the provider worked the individual staff responsible to ensure complete documentation with Transition timelines and activities (including Transition Steps). Upon completion of the Corrective Action Plan, the 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 1 Transition Steps finding in FFY19 involved 1 individual case of non-compliance. The state verified through the State's process of Focused Monitoring that the child was no longer within the jurisdiction of the EIS program, consistent with OSEP Memorandum 09-02, dates October 17, 2008 (OSEP Memo 09-02).

Correction of Findings of Noncompliance Identified Prior to FFY 2019

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

8A - Prior FFY Required Actions

The State did not provide the reasons for delay as required by the Measurement Table. The State must report reasons for delay for FFY 2020 in its FFY 2020 SPP/APR.

Because the State reported less than 100% compliance for FFY 2019, the State must report on the status of correction of noncompliance identified in FFY 2019 for this indicator. When reporting on the correction of noncompliance, the State must report, in the FFY 2020 SPP/APR, that it has verified that each EIS program or provider with noncompliance identified in FFY 2019 for this indicator: (1) is correctly implementing the specific regulatory requirements (i.e., achieved 100% compliance) based on a review of updated data such as data subsequently collected through on-site monitoring or a State data system; and (2) has corrected each individual case of noncompliance, unless the child is no longer within the jurisdiction of the EIS program or provider, consistent with OSEP Memo 09-02. In the FFY 2020 SPP/APR, the State must describe the specific actions that were taken to verify the correction.

If the State did not identify any findings of noncompliance in FFY 2019, although its FFY 2019 data reflect less than 100% compliance, provide an explanation of why the State did not identify any findings of noncompliance in FFY 2019.

Response to actions required in FFY 2019 SPP/APR

The 1 Transition Steps finding in FFY19 involved 1 individual case of non-compliance. The state verified through the State's process of Focused Monitoring that the child was no longer within the jurisdiction of the EIS program, consistent with OSEP Memorandum 09-02, dates October 17, 2008 (OSEP Memo 09-02).

8A - OSEP Response

8A - Required Actions

Indicator 8B: Early Childhood Transition

Instructions and Measurement

Monitoring Priority: Effective General Supervision Part C / Effective Transition

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

- A. Developed an IFSP with transition steps and services at least 90 days, and at the discretion of all parties, not more than nine months, prior to the toddler's third birthday;
- B. Notified (consistent with any opt-out policy adopted by the State) the State educational agency (SEA) and the local educational agency (LEA) where the toddler resides at least 90 days prior to the toddler's third birthday for toddlers potentially eligible for Part B preschool services; and
- C. Conducted the transition conference held with the approval of the family at least 90 days, and at the discretion of all parties, not more than nine months, prior to the toddler's third birthday for toddlers potentially eligible for Part B preschool services.

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

Data Source

Data to be taken from monitoring or State data system.

Measurement

A. Percent = $\left[\frac{\text{\# of toddlers with disabilities exiting Part C who have an IFSP with transition steps and services at least 90 days, and at the discretion of all parties not more than nine months, prior to their third birthday}}{\text{\# of toddlers with disabilities exiting Part C}} \right] \times 100$.

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

C. Percent = $\left[\frac{\text{\# of toddlers with disabilities exiting Part C where the transition conference occurred at least 90 days, and at the discretion of all parties not more than nine months, prior to the toddler's third birthday for toddlers potentially eligible for Part B}}{\text{\# of toddlers with disabilities exiting Part C who were potentially eligible for Part B}} \right] \times 100$.

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

Instructions

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

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

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

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

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

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

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

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

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

8B - Indicator Data

Historical Data

Baseline Year	Baseline Data
2005	96.00%

FFY	2015	2016	2017	2018	2019
Target	100%	100%	100%	100%	100%

Data	100.00%	98.92%	100.00%	100.00%	100.00%
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Targets

FFY	2020	2021	2022	2023	2024	2025
Target	100%	100%	100%	100%	100%	100%

FFY 2020 SPP/APR Data

Data include notification to both the SEA and LEA

YES

Number of toddlers with disabilities exiting Part C where notification to the SEA and LEA occurred at least 90 days prior to their third birthday for toddlers potentially eligible for Part B preschool services	Number of toddlers with disabilities exiting Part C who were potentially eligible for Part B	FFY 2019 Data	FFY 2020 Target	FFY 2020 Data	Status	Slippage
104	105	100.00%	100%	99.05%	Did not meet target	No Slippage

Number of parents who opted out

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

Provide reasons for delay, if applicable.

One record did not meet the requirements for timely notification to the SEA and LEA. The reason for the delay in this one record was due to a program error occurring during a staffing departure and case reassignment.

Describe the method used to collect these data.

Rhode Island used data from both the RIEICCS database and data from the focused monitoring process to report on Indicator 8b. Each EI provider collected and entered transition notification data into the RIEICCS data system including potential eligibility for Part B 619 and the date of notification to the LEA or the date the parent opted out of notification (and/or opted back in, if applicable). Notification to the SEA was transmitted electronically from RIEICCS to the Part B data system for all children with IFSPs who are over the age of 28 months. The state ensured validity of these data within the focused monitoring process. EI providers used a self-assessment record review tool, developed by EOHHS, that required the EI provider to verify compliance on all federal and state indicators and state quality measures. The expectation was that the program completed this review for a list of EOHHS selected records (10% of each program's enrollment during January 1 - June 30, 2021, or at least 20 records). Among these state selected records, 75% (or at least 20) were newly enrolled children, while the other 25% (at least 10) were children who transitioned to Part B 619 during that time period. The lead agency review team conducted focused monitoring site visits to all 9 RI EI providers to review 25% of the records (or a minimum of 10) from the self-assessment to verify the reliability and validity of the reported data.

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

YES

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

YES

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

State monitoring

Describe the method used to select EIS programs for monitoring.

All EI Certified providers are selected for program monitoring.

Provide additional information about this indicator (optional).

Correction of Findings of Noncompliance Identified in FFY 2019

Findings of Noncompliance Identified	Findings of Noncompliance Verified as Corrected Within One Year	Findings of Noncompliance Subsequently Corrected	Findings Not Yet Verified as Corrected
0	0	0	0

Correction of Findings of Noncompliance Identified Prior to FFY 2019

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

8B - Prior FFY Required Actions

None

8B - OSEP Response

8B - Required Actions

Because the State reported less than 100% compliance for FFY 2020, the State must report on the status of correction of noncompliance identified in FFY 2020 for this indicator. When reporting on the correction of noncompliance, the State must report, in the FFY 2021 SPP/APR, that it has verified that each EIS program or provider with noncompliance identified in FFY 2020 for this indicator: (1) is correctly implementing the specific regulatory requirements (i.e., achieved 100% compliance) based on a review of updated data such as data subsequently collected through on-site monitoring or a State data system; and (2) has corrected each individual case of noncompliance, unless the child is no longer within the jurisdiction of the EIS program or provider, consistent with OSEP Memo 09-02. In the FFY 2021 SPP/APR, the State must describe the specific actions that were taken to verify the correction.

If the State did not identify any findings of noncompliance in FFY 2020, although its FFY 2020 data reflect less than 100% compliance, provide an explanation of why the State did not identify any findings of noncompliance in FFY 2020.

Indicator 8C: Early Childhood Transition

Instructions and Measurement

Monitoring Priority: Effective General Supervision Part C / Effective Transition

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

- A. Developed an IFSP with transition steps and services at least 90 days, and at the discretion of all parties, not more than nine months, prior to the toddler's third birthday;
- B. Notified (consistent with any opt-out policy adopted by the State) the State educational agency (SEA) and the local educational agency (LEA) where the toddler resides at least 90 days prior to the toddler's third birthday for toddlers potentially eligible for Part B preschool services; and
- C. Conducted the transition conference held with the approval of the family at least 90 days, and at the discretion of all parties, not more than nine months, prior to the toddler's third birthday for toddlers potentially eligible for Part B preschool services.

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

Data Source

Data to be taken from monitoring or State data system.

Measurement

A. Percent = $\left[\frac{\text{\# of toddlers with disabilities exiting Part C who have an IFSP with transition steps and services at least 90 days, and at the discretion of all parties not more than nine months, prior to their third birthday}}{\text{\# of toddlers with disabilities exiting Part C}} \right] \times 100$.

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

C. Percent = $\left[\frac{\text{\# of toddlers with disabilities exiting Part C where the transition conference occurred at least 90 days, and at the discretion of all parties not more than nine months, prior to the toddler's third birthday for toddlers potentially eligible for Part B}}{\text{\# of toddlers with disabilities exiting Part C who were potentially eligible for Part B}} \right] \times 100$.

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

Instructions

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

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

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

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

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

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

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

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

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

8C - Indicator Data

Historical Data

Baseline Year	Baseline Data
2005	91.00%

FFY	2015	2016	2017	2018	2019
Target	100%	100%	100%	100%	100%

Data	100.00%	99.00%	100.00%	99.03%	100.00%
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Targets

FFY	2020	2021	2022	2023	2024	2025
Target	100%	100%	100%	100%	100%	100%

FFY 2020 SPP/APR Data

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

YES

Number of toddlers with disabilities exiting Part C where the transition conference occurred at least 90 days, and at the discretion of all parties not more than nine months prior to the toddler's third birthday for toddlers potentially eligible for Part B	Number of toddlers with disabilities exiting Part C who were potentially eligible for Part B	FFY 2019 Data	FFY 2020 Target	FFY 2020 Data	Status	Slippage
100	103	100.00%	100%	98.06%	Did not meet target	Slippage

Provide reasons for slippage, if applicable

Poor documentation and staff missed the timeline were reasons for slippage.

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

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

0

Number of documented delays attributable to exceptional family circumstances

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

1

Provide reasons for delay, if applicable.

Justified reasons that the Transition conference was not held within timelines include: family requested delay/cancellation, child illness/hospitalization, and unable to contact family.

The one justified record that did not meet the requirements for the Transition conference was clearly documented that the provider was unable to contact the family.

Two records did not meet the requirements of a Transition Conference. The Transition conference in both cases were held within required timelines, however, they did not include the LEA. There was no documentation in these two records that showed that the LEA was contacted and invited to the Transition Conference. Therefore, although timelines were met and transition steps were developed, RI determined these two records did not meet requirements for the Transition Conference.

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

State monitoring

Describe the method used to select EIS programs for monitoring.

All EI Certified providers are selected for program monitoring.

Provide additional information about this indicator (optional).

Correction of Findings of Noncompliance Identified in FFY 2019

Findings of Noncompliance Identified	Findings of Noncompliance Verified as Corrected Within One Year	Findings of Noncompliance Subsequently Corrected	Findings Not Yet Verified as Corrected
0	0	0	0

Correction of Findings of Noncompliance Identified Prior to FFY 2019

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

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

8C - Prior FFY Required Actions

None

8C - OSEP Response

8C - Required Actions

Because the State reported less than 100% compliance for FFY 2020, the State must report on the status of correction of noncompliance identified in FFY 2020 for this indicator. When reporting on the correction of noncompliance, the State must report, in the FFY 2021 SPP/APR, that it has verified that each EIS program or provider with noncompliance identified in FFY 2020 for this indicator: (1) is correctly implementing the specific regulatory requirements (i.e., achieved 100% compliance) based on a review of updated data such as data subsequently collected through on-site monitoring or a State data system; and (2) has corrected each individual case of noncompliance, unless the child is no longer within the jurisdiction of the EIS program or provider, consistent with OSEP Memo 09-02. In the FFY 2021 SPP/APR, the State must describe the specific actions that were taken to verify the correction.

If the State did not identify any findings of noncompliance in FFY 2020, although its FFY 2020 data reflect less than 100% compliance, provide an explanation of why the State did not identify any findings of noncompliance in FFY 2020.

Indicator 9: Resolution Sessions

Instructions and Measurement

Monitoring Priority: Effective General Supervision Part C / General Supervision

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

Data Source

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

Measurement

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

Instructions

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

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

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

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

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

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

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

9 - Indicator Data

Not Applicable

Select yes if this indicator is not applicable.

YES

Provide an explanation of why it is not applicable below.

No data to report.

9 - Prior FFY Required Actions

None

9 - OSEP Response

OSEP notes that this indicator is not applicable.

9 - Required Actions

Indicator 10: Mediation

Instructions and Measurement

Monitoring Priority: Effective General Supervision Part C / General Supervision

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

Data Source

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

Measurement

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

Instructions

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

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

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

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

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

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

10 - Indicator Data

Select yes to use target ranges

Target Range not used

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

NO

Prepopulated Data

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

Targets: Description of Stakeholder Input

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 (2018, 2019 and 2020) 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 (3/18/21), and the state's EI Director's group. Each of the groups were asked to make suggestions for new targets 2021 through 2026 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.

Mechanisms for soliciting broad stakeholder input in the development and implementation of the SSIP has included the development of a State Leadership team whose responsibilities are the following: leading the SSIP process, participating in data analysis and infrastructure analysis; soliciting feedback/questions and incorporating feedback from other stakeholder groups into the SSIP process; development of the SiMR: development of improvement strategies related to the SSIP; and evaluating and making changes to the SSIP.

Stakeholder representation on the State Leadership Team and other stakeholder input include the following:

1. State staff including the Part C Coordinator, Part C Early Intervention Coordinator and Part C Data Manager
2. Stakeholders from the Paul V. Sherlock Center on Disabilities at Rhode Island College which is a University Center for Excellence in Developmental Disabilities (UCEDD). UCEDDs are designed to increase the independence, productivity, and community integration and inclusion of individuals with developmental disabilities. In Rhode Island, the Sherlock Center partners with state and local government agencies, schools, institutions of higher education, and community providers. They offer training, technical assistance, service, research, and information sharing to promote the membership of individuals with disabilities in school, work and the community. The Sherlock Center on Disabilities provides the Comprehensive System of Professional Development for Early Intervention. This program includes four stakeholders: the CSPD Director whose role was to provide input into the SSIP process from a statewide training and technical assistance perspective and two TA Specialists whose role was to provide input into the SSIP process from the perspective of implementing improvement strategies. These three stakeholders are directly responsible for leading systems change. A fourth TA Specialist's role is to act as the SSIP Project Lead.
3. RI Early Intervention provider representation. Meeting Street School is a non-profit center for educational and therapeutic services (Early Intervention, Early Head Start, an Early Learning Center which provides childcare for children 6weeks to 5 years and for young children with IEP's, K-5 Educational Program, Carter School-Middle and High School Special Needs Students and Healthy Families America, a national Maternal Health Home Visiting Program). The Early Intervention Director represents this agency as a stakeholder to provide input into the SSIP process from the perspective of an Early Intervention provider.

Community Care Alliance is another provider of Early Intervention represented on the State Leadership Team. Community Care Alliance is a nonprofit community agency providing a wide range of community services in over 50 programs to strengthen families and individuals in the community. Programs

for children and families include: Family Behavioral Health, Family Wellbeing Services, Transitional and Family Health Services as well as Early Childhood Services (Early Intervention, Healthy Families America, and First Connections). The Director of Family Support Services at Community Care Alliance represents this agency as a stakeholder to provide input into the SSIP from the perspective community services as well as an early intervention provider.

4. Parent representation. Another agency on the State Leadership Team is the Rhode Island Parent Information Network (RIPIN), a statewide charitable, nonprofit association which provides direct linkages for parents and children with special health care needs in Rhode Island to obtain the critical services and supports needed in area of health care and education. This organization holds a contract with the Lead Agency to provide a parent support component for RI's EI system. RIPIN is responsible for recruitment, training, and support of parent consultants to work in targeted clinical settings that serve as referral sources for EI and others who work in each of the certified EI Programs. Parent consultants are family members of children with special needs who have themselves experienced EI and who provide parent to parent support. RIPIN is also responsible for the administration, collection, and reporting of Family Outcomes survey data and the development and provision of family workshops and trainings. The Senior Program Director's role of is to provide perspective into the SSIP process from a parent advocacy perspective.

5. Higher Education. The University of Rhode Island is another stakeholder on the State Leadership Team. The Sherlock Center on Disabilities has a sub-contract with the University of Rhode Island to increase the number of qualified providers in the RI EI system and in careers involving children with special health care needs (CSHCN) and to conduct data analysis projects regarding various aspects of Early Intervention including the SSIP. The Chair of the Department of Human Development and Family Studies role is to provide a workforce perspective as well as a research perspective in the development and implementation of the SSP

6. ICC. The Chair of Interagency Coordinating Council is a member of the State SSIP Team and also the Early Childhood Program Director at Meeting Street School. This stakeholder's role is to ensure ICC involvement in the SSIP process as well as provide the perspective of an early intervention provider. Rhode Island's ICC has a strong parent presence with 3 official parent members, yet the ICC is represented by other parents of children with special needs who are serving a different role, but are able to provide valuable input as a parent. The responsibilities of the ICC in the SSIP process include reviewing, discussing and prompting questions to the reports provided by the Leadership Team; participation in reviewing APR and other related data; participation in target setting of the SIMR; providing input and feedback regarding improvement strategies.

7. Other Stakeholder Groups. In addition to the State Leadership Team, the Early Intervention Directors Association and the Supervisors group are two stakeholder groups that provide a mechanism for stakeholder involvement. RI has an existing structure of monthly meetings with these groups and Part C state staff, the Comprehensive System of Personnel Development (CSPD) Director, state technical assistance providers, and the Rhode Island Parenting Information Network staff attend. This structure allows for a process which ensures representation by EI providers in the development phase of any change, a way to routinely solicit feedback and participation in the SSIP process with these groups.

Historical Data

Baseline Year	Baseline Data
2005	

FFY	2015	2016	2017	2018	2019
Target>=					
Data					

Targets

FFY	2020	2021	2022	2023	2024	2025
Target>=	0.00%					

FFY 2020 SPP/APR Data

2.1.a.i Mediation agreements related to due process complaints	2.1.b.i Mediation agreements not related to due process complaints	2.1 Number of mediations held	FFY 2019 Data	FFY 2020 Target	FFY 2020 Data	Status	Slippage
0	0	0		0.00%		N/A	N/A

Provide additional information about this indicator (optional)

10 - Prior FFY Required Actions

None

10 - OSEP Response

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

10 - Required Actions

Indicator 11: State Systemic Improvement Plan

Instructions and Measurement

Monitoring Priority: General Supervision

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

Measurement

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

Instructions

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

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

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

Overview of the Three Phases of the SSIP

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

Phase I: Analysis:

- Data Analysis;
- Analysis of State Infrastructure to Support Improvement and Build Capacity;
- State-identified Measurable Result(s) for Infants and Toddlers with Disabilities and their Families;
- Selection of Coherent Improvement Strategies; and
- Theory of Action.

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

- Infrastructure Development;
- Support for EIS Program and/or EIS Provider Implementation of Evidence-Based Practices; and
- Evaluation.

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

- Results of Ongoing Evaluation and Revisions to the SSIP.

Specific Content of Each Phase of the SSIP

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

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

Phase III: Implementation and Evaluation

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

A. Data Analysis

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

B. Phase III Implementation, Analysis and Evaluation

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

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

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

C. Stakeholder Engagement

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

Additional Implementation Activities

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

11 - Indicator Data

Section A: Data Analysis

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

Rhode Island (RI) will increase the percentage of children showing greater than expected growth in positive social emotional skills (Summary Statement 1 for Outcome A).

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

NO

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

YES

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

Rhode Island (RI) will increase the percentage of children showing greater than expected growth in positive social emotional skills (Summary Statement 1 for Outcome A). RI's SiMR focuses on a subpopulation of children whose families have participated in a family directed assessment utilizing the Routines-Based Interview™ (RBI) (McWilliam, 1992, 2005a).

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

NO

Please provide a link to the current theory of action.

<https://w3.ric.edu/sherlockcenter/eissip.html>

Progress toward the SiMR

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

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

NO

Historical Data

Baseline Year	Baseline Data
2018	51.29%

Targets

FFY	2020	2021	2022	2023	2024	2025
Target>=	48.00%	49.00%	51.00%	53.00%	55.00%	57.00%

FFY 2020 SPP/APR Data

Children With an RBI (c+d)	Total Children (a+b+c+d)	FFY 2019 Data	FFY 2020 Target	FFY 2020 Data	Status	Slippage
408	922	50.15%	48.00%	44.25%	Did not meet target	Slippage

Provide reasons for slippage, if applicable

RI had 5.9 percentage points slippage in FFY20 when compared to FFY19. FFY 20 data show a continuance of the impact of COVID-19 as reported in FFY19. In that year the SiMR data showed that children discharged during the pandemic was 10.39 percentage points less than children discharged before the pandemic. Throughout FFY 20 the negative impact on RI's data continued, but not to the extent it was during the first 3.5 months of the pandemic of FFY19. RI did not meet its target for the SSIP due to the impact of COVID-19. The state has hypothesized that the changes EI providers

and families experienced during the pandemic have had an impact on RI's data. Qualitative data from EI providers indicate that the impact of the pandemic on families has been the following: the shift to telehealth as a method of service delivery; shorter and less frequent visits due to competing family priorities; family stressors affecting family routines and the ability to carryover interventions; and the reduction in social experiences of children during the pandemic. EI providers have indicated that the impact of the pandemic on staff has been the following: staff shortages resulting in much higher caseloads and extraordinary time constraints; zoom fatigue; and the limitations of telehealth especially with regard to assessment which forms the basis of the Child Outcomes Summary process. These limitations include a reliance on parent report rather than direct observation of the child's functioning. There seems to be a loss of valuable information when gathered virtually as what can be gathered in a traditional visit in a family's home through observing all interactions and activity as opposed to observing only what is being shown to them in the small window of the video screen.

Provide the data source for the FFY 2020 data.

The data source is Child Outcomes data collected in Welligent, Rhode Island's web-based Early Intervention data system.

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

Data for the SiMR, (Outcome A: The percent of children with of IFSPs who have demonstrated improvement in positive social emotional skills), are collected in the Welligent database for all children enrolled for 6 months or longer and who have exited with and without an RBI™. FFY20 Summary Statement 1 Outcome A, 44.25% of 1123 children whose family had an RBI™ showed greater than expected progress. For the 209 children whose family did not have an RBI™, 38.56% showed greater than expected progress, a +5.69-point difference for the RBI™ group.

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

YES

Describe any additional data collected by the State to assess progress toward the SiMR.

Data collected in FFY18 regarding IFSP outcomes has shown progress toward the SiMR. IFSP outcomes were assessed using a rubric in four areas (Outcomes are family owned, functional, measurable and based in a routine) FFY18 compliance data ranged between 96% and 99.98%. These data represent significant improvement from baseline which was between 67% and 91.6%. Having high quality outcomes meets a long-term outcome of the SSIP logic model "IFSP outcomes are high quality and meet standards" and achieving this outcome indicates progress towards the SiMR.

Data collected in FFY 19 and FFY20 which was reported in FFY19 regarding documentation of home visits has shown progress toward the SiMR. Services Rendered Forms were assessed using an established rubric in the following three areas: a description of how the parent/family actively participated in the visit; how interventions were embedded in existing family routines and activities; and a jointly developed plan for how the family will implement interventions before the next visit. Documentation of parent participation in the visit increased from 13% in FFY14 to 74% in FFY19; interventions in routines increased from 16% in FFY14 to 85% in FFY19; and documentation of the plan for between visits increased from 16% in FFY14 to 83% in FFY19. Having documentation of home visits that meet quality standards meets the following long-term outcome of the SSIP "Documentation of home visits reflect coaching, modeling, interventions in routines and an agreed upon plan with the family" and the progress achieved indicates progress towards the SiMR.

Our data also indicate important steps in RI's logic model have been achieved. These include meeting all short-term outcomes, two intermediate outcomes and three long term outcomes.

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

NO

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

NO

Section B: Implementation, Analysis and Evaluation

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

YES

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

The state conducted focused monitoring virtually which required providers to submit copies of components from the child's record as evidence of meeting compliance indicators. To reduce the burden for providers the state did not collect data regarding the quality of IFSP outcomes, the number of outcomes, or administration of RBI™ (billing, correct time frame etc.). Data collected in FFY18 demonstrated quality in these areas and further data collection was not necessary to demonstrate progress toward the SiMR.

<https://w3.ric.edu/sherlockcenter/eissip.html>

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

Infrastructure improvement strategies employed during the year are as follows:

Strand A: Build statewide infrastructure (training, guidance and administrative procedures) to implement and sustain the use of a high-quality assessment practice to identify social emotional development (including child engagement, independence and social relationships). Strand A strategies relate to building the infrastructure to implement the Routines Based Interview™ as a statewide practice. Strand A Strategy 4: Incorporate quality indicators related to RBI™ into the general supervision including: Services Rendered Form (SRF) review (documentation reflects coaching, modeling, and RBI™ practices).

Strand B: Support EI Providers to learn and implement a high-quality assessment practice and integrate the results into the IFSP process. This strand contains strategies related to building the knowledge and skills of Early Intervention providers to conduct the Routines Based Interview™. Strategy 1: Develop and provide RBI™ professional development (PD) and coaching to front line staff and supervisors. Strategy 6: Develop and distribute useful resources related to the RBI™.

Strand C: Support EI providers to learn and use evidence-based practices (coaching and modeling, routines based early intervention) in service delivery, focuses on routines-based interventions/routines-based home visiting. This strand contains strategies related to building the knowledge and skills of providers in an evidence-based service delivery model. Strategy 1: Provide PD related to coaching, modeling, and routines-based intervention. Strategy 3: Develop and distribute useful resources related to coaching, modeling, and routines-based intervention.

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

Strand A, Strategy 4: "Incorporate quality indicators related to RBI™ into general supervision including the Services Rendered Form review" is tied to the intermediate outcome: "Documentation of home visits reflect coaching, modeling, interventions in routines and an agreed upon plan with the family". Data from the SRF review collected in FFY19 and FFY20 indicate significant improvement has occurred but this outcome has not been fully achieved. This year the Services Rendered Form was aligned with components of the Routines Based Home Visit. The form will be piloted, and data reported in the next SSIP report. This strategy will continue in FFY21.

Strand B: Strategy 1: "Develop and provide RBI™ professional development (PD) and coaching to front line staff and supervisors" is tied to the short term outcome: "Providers gain knowledge about how to conduct an RBI™, how to prioritize family concerns based on the RBI™, and how to develop outcomes based on the priorities of the family" and the intermediate outcome: "Providers implement the RBI, prioritize concerns of the family and develop outcomes based on family concerns with fidelity." This year RBI™ was expanded as a component to "Intro to EI", a required 4-day course for all new EI staff. Data collected regarding staffing indicate new staff are introduced to RBI™ as intended and this will be continued in FFY21 for newly hired staff. Data regarding RBI™ fidelity is collected by counting the numbers of staff achieving "RI Approved" status (85% or better on the Fidelity Checklist). Data indicates 11 staff achieved fidelity in FFY20. This number is lower than anticipated but understandable due to fiscal and staffing issues facing programs in FFY20. Support to achieve fidelity will be continued. Strategy 6: "Develop and distribute useful resources" is tied to the short-term outcome: "Providers gain knowledge about how to conduct an RBI™, how to prioritize family concerns based on the RBI™, and how to develop outcomes based on the priorities of the family". This year the MEISR was modified into an electronic format with RBI questions embedded into the document. This was done based on stakeholder/agency input to reduce redundancy for the family. A revised guidance document was produced for the ECO Map.

Strand C, Strategy 1: "Providing PD related to coaching, modeling, routines-based intervention" is tied to the short-term outcome: "Providers gain knowledge about coaching, modeling and routines-based intervention in home visits to achieve outcomes and the intermediate outcome: "Providers implement coaching, modeling and routines-based interventions in home visits to achieve IFSP outcomes". Routines Based Home Visiting (RBHV) was expanded upon and identified as a standard component to "Intro to EI", a required 4-day course for all new Early Intervention staff. Data collected regarding staffing indicate new staff are introduced to RBHV as intended and will be continued in FFY21 for all new staff. Strategy 3: "Develop and distribute useful resources" is tied to the short-term outcome: "Providers gain knowledge about coaching, modeling and routines-based intervention in home visits to achieve outcomes" and the intermediate outcome "Providers implement coaching, modeling and routines-based interventions in home visits to achieve IFSP outcomes". Data from the Services Rendered Form review collected in FFY19 and FFY20, indicate significant improvement has occurred, but this outcome has not been fully achieved. In response to these data, the Services Rendered Form was redesigned to align with RBHV with written RBHV component prompts and guidance to help staff develop and revisit plans made with the parent for the visit. Also, survey data on RBHV collected from 87 front line staff in 12/2010, suggests Early Intervention staff needed additional support in developing plans for in-between visits and revisiting those plans at the subsequent visit(s). Another activity supporting this strategy includes the purchase of memberships for the Rhode Island Association for Infant Mental Health for EI supervisors and directors. Membership provides opportunity for training and sponsored events and internationally recognized endorsement in Infant Mental Health. Participation increases providers' capacity to support the social and emotional wellbeing of young children and their families. These outcomes have not been fully achieved and the strategies will be continued.

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

NO

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

The SSIP StateLeadership Team has been meeting since August 2021 to evaluate and consider changes to the existing SSIP. Steps for the next reporting period are to update the SSIP. The first strategy is to build infrastructure to support implementation of an assessment tool specific to social emotional development.

The first improvement strategy will be to develop an implementation plan that will include the following: how to utilize the technical assistance received throughout CY21 from the National Center for Children in Poverty (NCCP) to gather and review various social emotional assessment; the involvement of stakeholders in the process of selecting an assessment tool(s); the development of a timeline for implementation; updating existing assessment related policies, procedures, and guidance related to assessment to include the use of the new tool; and, how to distribute these policies, procedures and guidance to the EI providers and stakeholders. A short-term outcome related to this strategy is: "Providers have knowledge of new procedures related to implementing the social emotional assessment tool (when to do it, how to document in the IFSP paperwork and what codes to use for billing purposes)." The second improvement strategy is: "Build knowledge and skills of EI providers to support children's social emotional skills". Activities will include the following: develop, distribute, and analyze a needs assessment for Early Intervention staff to determine training needs in infant-toddler social emotional development; utilize the technical assistance received in 2021 from the National Center for Children in Poverty with regard to the gathering and reviewing training modules used in other states that provide a foundation level of infant-toddler social-emotional knowledge for all Early Intervention staff; explore the possibility of sharing other states' modules; involve stakeholders in the selection process of the training models; develop an implementation plan for the development and use of the training modules; and, update and distribute policies, procedures and guidance related to statewide use of the new training modules. A short-term outcome related to this strategy is: "Providers have foundational knowledge of infant-toddler social emotional development". The second activity related to this improvement strategy (Build knowledge and skills of EI Providers in supporting children's social emotional skills) is to select one or more specific evidence-based practices in supporting children's social emotional development. Specific activities will include the following: gather various social emotional evidence-based practices for an initial review; involve stakeholders in the selection process of the evidence based practices; develop a timeline for implementation; and update and distribute policies, procedures, guidance and statewide forms to support implementation of the evidence-based practices. A short-term outcome related to this activity is: "Providers have knowledge of specific evidence-based practices to address social emotional needs."

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

The Routines Based Interview™ (McWilliam, 1992, 2005a) RBI™
Routines Based Home Visiting

Provide a summary of each evidence-based practice.

The Routines Based Interview™ (McWilliam, 1992, 2005a) is an evidence-based practice that has been implemented on a statewide basis. RBI™ was selected by RI because it is an in-depth child and family assessment resulting in functional child and family outcomes identified by the family. RBI™ has been fully implemented in Rhode Island. In combination with the RBI™, RI is in the process of implementing Routines Based Home Visiting (RBHV).

RBHV includes a series of strategies focused on building the family's capacity, through consultative, joint problem-solving methods, that align with coaching (<http://eieio.ua.edu/routines-based-model.html>) as presented by D'Athan Rush and M'Lisa Sheldon. These approaches offer a framework that supports parents as the primary agent of change. This approach lends itself toward practices designed to maximize children's engagement in everyday routines and support progress in their development and learning. The family-centered approach requires professionals to engage families as a leading partner in the EI relationship, provide families with opportunities for meaningful decision making, and ensure family goals are addressed. Professional development regarding RBHV has been provided statewide to all staff and full implementation of RBHV as a statewide practice is in process.

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

It is expected that by implementing The Routines Based Interview and Routines Based Home Visiting (RBHV), families will be guided through the process of talking about their child's day to day activities providing detailed information about their child's functioning in all developmental areas including social emotional development. Through this process, families are supported in the process of identifying concerns and choose priorities that are most meaningful to them. Using strategies of RBHV, EI providers can build upon what families already know and have tried strategies within daily routines and activities to enhance their child's social emotional development. RBHV strategies are aimed at improving parents/caregivers' skills and confidence to enhance their child's social emotional development, and as a result, children will show progress in the development of their social emotional skills.

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

The state monitors and evaluates RBI™ fidelity by requiring staff to conduct an RBI in the presence of an observer and demonstrate 85% on the RBI™ Implementation Checklist. In FFY20, 11 staff reached fidelity. This number falls short of RI's fidelity goals due to provider economic issues, staffing issues, including turnover, and new priorities due to the pandemic. Practice change resulting from the RBI™ is monitored by evaluating the quality of IFSP outcomes. Data have been collected during the annual provider focused monitoring process as part of general supervision based on these criteria. Data from consecutive years are compared to baseline. Data were not collected in FFY20 because focused monitoring was done electronically to reduce the burden for providers and therefore, the state did not collect data regarding the quality of IFSP outcomes. RI's FFY18 IFSP outcomes quality data ranged between 96% and 99.98%. These data represent significant improvement from baseline which was between 67% and 91.6%. Practice had clearly changed regarding the development of IFSP outcomes. Data related to practice change regarding RBHV is collected through general supervision by a systematic review of Services Rendered Forms (SRFs) documentation using a rubric measuring criteria in three primary areas: documentation of the parent's participation in the visit, documentation of the intervention(s) occurring in a natural routine/family activity, and documentation of the plan for between visits. SRFs were collected from all RI EI agencies. The data which was collected in FFY19/FFY20 was reported in FFY19 and showed significant improvement. Baseline data from FFY14 compared to data reported in FFY19 showed that documentation of parent participation in the visit increased from 13% in FFY14, to 74% in FFY19; interventions in routines increased from 16% in FFY14, to 85% in FFY19; and documentation of the plan for between visits increased from 16% in FFY14, to 83% in FFY19. These data show practice change, as the SRF documentation has moved away from child-focused observations and towards adult-focused interventions and consultation including coaching, modeling, and parent directed interventions.

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

The practice changes described above are strong reasons for continuing the RBI™ and RBHV practices. In addition, data collected throughout the course of the SSIP have shown that children with an RBI™ demonstrate greater progress in Outcome 1 than children whose family has not had an RBI™. FFY20 data show a +5.69-point difference for the RBI™ group. Data reported in FFY 17 when the numbers in both the RBI™ group and non-RBI™ group were close in size showed a +9.24% point difference in Outcome 1 the children in the RBI™ group.

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

Strand A: Strand A strategies relate to building the infrastructure to implement the Routines Based Interview™ as a statewide practice. Next steps are: Strategy 4 "Incorporate quality indicators related to RBI™ into general supervision including the Services Rendered Form (SRF) review", is tied to the intermediate outcome, "Documentation of home visits reflect coaching, modeling, interventions in routines and an agreed upon plan with the family". Data will be collected regarding an updated SRF form which has been aligned with RBHV components by piloting the form at an EI provider site. Any modifications to the form will be made based on front-line staff feedback. Guidance will be developed regarding its' use and relevant policies updated. A new cycle of review of SRF of documentation of visits (documentation reflects coaching, modeling, and RBHV practices) for all sites. will begin after implementation by the state team.

Strand B: This strand contains strategies related to building the knowledge and skills of Early Intervention providers to conduct the Routines Based Interview. Strategy 1: "Develop and provide RBI™ professional development and coaching to front line staff and supervisors" is tied to the short term outcome: "Providers gain knowledge about how to conduct an RBI™, how to prioritize family concerns based on the RBI™, and how to develop outcomes based on the priorities of the family," and the intermediate outcome: "Providers implement the RBI™, prioritize concerns of the family and develop outcomes based on family concerns with fidelity". Next steps will be to do the following: develop and implement RBI training using a virtual platform; tailor RBI™ trainings for both new staff and for those who may need a refresher; modify and implement a plan to increase the number of staff to fidelity; increase the intensity of the Routines Based Interview segment of Introduction to Early Intervention 4-day course required by all new staff and seasoned staff who serve as mentors.

Strand C: This strand contains strategies related to building the knowledge and skills of providers in an evidence-based service delivery model. Strategy 1: "Providing PD related to coaching, modeling, and routines-based intervention" is tied to the short-term outcome: "Providers gain knowledge about coaching, modeling and routines-based intervention in home visits to achieve outcomes" and the intermediate outcome: "Providers implement coaching, modeling and routines-based interventions in home visits to achieve IFSP outcomes". Next steps include the implementation of a new Services Rendered Form (SRF) which is aligned with the components of Routines Base Home Visiting. Once the SRF has been piloted and modified based on data from the pilot, the SRF will be presented to supervisors along with guidance and a review of the RBHV components. A second activity for Strategy 1 is to expand the RBHV component in Introduction to Early Intervention, a required course for all new staff. A third activity for Strategy 1 is to meld RBHV into RBI™ training using a virtual platform. For Strategy 3 next steps would include information on RBHV in a newsletter distributed to all EI agencies.

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

In the previous submission, the plan was that Strand A Strategy 4: Services Rendered Form (SRF) quality review (documentation reflects coaching, modeling, and RBI™ practices), would begin another cycle of review. This review was delayed due to competing priorities of state staff and provider agencies with regard to the demands of the Pandemic, but will continue as intended in the next reporting period.

For Strand B: Strategy 1, "Develop and provide RBI™ professional development (PD) and coaching to front line staff and supervisors", the plan was to develop and implement the virtual format for RBI™ trainings for new staff and those who needed a refresher and a plan to improve fidelity goals and finalize the process to maintain fidelity. Due to the fiscal and staffing challenges facing providers during the current Pandemic, it was decided that postponing training and accepting providers fidelity efforts would be supportive to programs. Developing a virtual format for RBI training and a plan to improve fidelity will occur in the next reporting period.

For Strategy 6, "Develop and distribute useful resources" activities included the plan to create a webinar and presenting guidance for a modified process for the ECO Map. The new process was developed but a webinar was not, due to competing priorities and lack of technical expertise. Written materials, power points and presentations across several audiences were found to be sufficient.

For Strand C: For Strategy 1, "Provide PD related to coaching, modeling, routines-based intervention," the plan was to review components of RBHV with supervisors and directors and conduct a review of paperwork and guidance to support staff in the RBHV process. This activity was postponed and will be tied to the release of a new SRF in FFY21 that has been aligned with RBHV process. The plan for Strategy 3, "Develop and distribute useful resources" was to continue the newsletter format for distribution of information on RBHV. Although the newsletter was provided, other competing topics were selected, and this topic has been scheduled for the next reporting period.

Section C: Stakeholder Engagement

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 (2018, 2019 and 2020) 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 (3/18/21), and the state's EI Director's group. Each of the groups were asked to make suggestions for new targets 2021 through 2026 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.

Mechanisms for soliciting broad stakeholder input in the development and implementation of the SSIP has included the development of a State Leadership team whose responsibilities are the following: leading the SSIP process, participating in data analysis and infrastructure analysis; soliciting feedback/questions and incorporating feedback from other stakeholder groups into the SSIP process; development of the SIMR: development of improvement strategies related to the SSIP; and evaluating and making changes to the SSIP.

Stakeholder representation on the State Leadership Team and other stakeholder input include the following:

1. State staff including the Part C Coordinator, Part C Early Intervention Coordinator and Part C Data Manager
2. Stakeholders from the Paul V. Sherlock Center on Disabilities at Rhode Island College which is a University Center for Excellence in Developmental Disabilities (UCEDD). UCEDDs are designed to increase the independence, productivity, and community integration and inclusion of individuals with developmental disabilities. In Rhode Island, the Sherlock Center partners with state and local government agencies, schools, institutions of higher education, and community providers. They offer training, technical assistance, service, research, and information sharing to promote the membership of individuals with disabilities in school, work and the community. The Sherlock Center on Disabilities provides the Comprehensive System of Professional Development for Early Intervention. This program includes four stakeholders: the CSPD Director whose role was to provide input into the SSIP process from a statewide training and technical assistance perspective and two TA Specialists whose role was to provide input into the SSIP process from the perspective of implementing improvement strategies. These three stakeholders are directly responsible for leading systems change. A fourth TA Specialist's role is to act as the SSIP Project Lead.
3. RI Early Intervention provider representation. Meeting Street School is a non-profit center for educational and therapeutic services (Early Intervention, Early Head Start, an Early Learning Center which provides childcare for children 6weeks to 5 years and for young children with IEP's, K-5 Educational Program, Carter School-Middle and High School Special Needs Students and Healthy Families America, a national Maternal Health Home Visiting Program). The Early Intervention Director represents this agency as a stakeholder to provide input into the SSIP process from the perspective of an Early Intervention provider.
Community Care Alliance is another provider of Early Intervention represented on the State Leadership Team. Community Care Alliance is a nonprofit community agency providing a wide range of community services in over 50 programs to strengthen families and individuals in the community. Programs for children and families include: Family Behavioral Health, Family Wellbeing Services, Transitional and Family Health Services as well as Early Childhood Services (Early Intervention, Healthy Families America, and First Connections). The Director of Family Support Services at Community Care Alliance represents this agency as a stakeholder to provide input into the SSIP from the perspective community services as well as an early intervention provider.
4. Parent representation. Another agency on the State Leadership Team is the Rhode Island Parent Information Network (RIPIN), a statewide charitable, nonprofit association which provides direct linkages for parents and children with special health care needs in Rhode Island to obtain the critical services and supports needed in area of health care and education. This organization holds a contract with the Lead Agency to provide a parent support component for RI's EI system. RIPIN is responsible for recruitment, training, and support of parent consultants to work in targeted clinical settings that serve as referral sources for EI and others who work in each of the certified EI Programs. Parent consultants are family members of children with special needs who have themselves experienced EI and who provide parent to parent support. RIPIN is also responsible for the administration, collection, and reporting of Family Outcomes survey data and the development and provision of family workshops and trainings. The Senior Program Director's role of is to provide perspective into the SSIP process from a parent advocacy perspective.
5. Higher Education. The University of Rhode Island is another stakeholder on the State Leadership Team. The Sherlock Center on Disabilities has a sub-contract with the University of Rhode Island to increase the number of qualified providers in the RI EI system and in careers involving children with special health care needs (CSHCN) and to conduct data analysis projects regarding various aspects of Early Intervention including the SSIP. The Chair of the Department of Human Development and Family Studies role is to provide a workforce perspective as well as a research perspective in the development and implementation of the SSP
6. ICC. The Chair of Interagency Coordinating Council is a member of the State SSIP Team and also the Early Childhood Program Director at Meeting Street School. This stakeholder's role is to ensure ICC involvement in the SSIP process as well as provide the perspective of an early intervention provider. Rhode Island's ICC has a strong parent presence with 3 official parent members, yet the ICC is represented by other parents of children with special needs who are serving a different role, but are able to provide valuable input as a parent. The responsibilities of the ICC in the SSIP process include reviewing, discussing and prompting questions to the reports provided by the Leadership Team; participation in reviewing APR and other related data; participation in target setting of the SIMR; providing input and feedback regarding improvement strategies.
7. Other Stakeholder Groups. In addition to the State Leadership Team, the Early Intervention Directors Association and the Supervisors group are two

stakeholder groups that provide a mechanism for stakeholder involvement. RI has an existing structure of monthly meetings with these groups and Part C state staff, the Comprehensive System of Personnel Development (CSPD) Director, state technical assistance providers, and the Rhode Island Parenting Information Network staff attend. This structure allows for a process which ensures representation by EI providers in the development phase of any change, a way to routinely solicit feedback and participation in the SSIP process with these groups.

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

Early Intervention directors and supervisors are stakeholder groups that have been used to provide ongoing feedback regarding key improvement areas. The ongoing feedback and input from both groups is used to identify and resolve barriers and pilot new forms and processes. RI has an existing structure of monthly meetings with these groups, Part C state staff, the Comprehensive System of Personnel Development (CSPD) Director, state technical assistance providers, and the Interagency Coordinating Council (ICC) Chair. Supervisors are also directly involved in implementation activities such as helping to develop and conduct RBI™ and RBHV trainings and assisting in the rollout of RBI™ and RBHV and implementing the RBI™ fidelity process within their programs. In FFY20, EI supervisor input was sought for a proposed training series based on the components of The Incredible Years. The proposed series involved explicit training to supervisors and educators in (1) content: basic parenting principles and behavior management strategies for young children using the Incredible Years® Parenting Series curriculum (IY), and (2) process: IY facilitator strategies and Motivational Interviewing skills to help providers build caregiver readiness to address their parenting practices. Although Supervisors were very positive about the training opportunity, their feedback was that the severe fiscal and staffing challenges facing their programs during the current Pandemic were significant barriers to their ability to participate. Based on their feedback, the training series was put on hold and the Professional Development Team has focused on alternative formats that could support staff training needs. The goal is to reduce the time commitment (such as webinars for individual staff) and make information easier to access through the training and technical assistance website or provided through the newsletter.

Staff who have participated in trainings are another stakeholder group who are also routinely asked to provide feedback through evaluations of trainings, surveys, participation in workgroups to review new forms, and piloting of new processes.

Parents are a stakeholder group providing feedback for the SSIP. During Phase III Year 2, parents participated in focused interviews as part of an SSIP evaluation activity (McCurdy, et. al., Routines-Based Interviewing in Early Intervention, 2017). Parents have also been involved through two qualitative analyses of their comments in the Annual Family Survey (McCurdy & Russo, Participant voices: Caregiver experiences with Early Intervention services in Rhode Island, 2019 and McCurdy, et. al., Understanding Family Perceptions of Early Intervention Services in Rhode Island, 2020).

The Interagency Coordinating Council (ICC), which meets bi-monthly, is another stakeholder group that receives regular SSIP updates and is provided regular opportunities to engage in improvement activities.

In FFY19, a subgroup of ICC stakeholders met to take a deeper look at the FFY18 analysis of parent comments (McCurdy & Russo, Participant voices: Caregiver experiences with Early Intervention services in Rhode Island, 2019). Questions generated by the ICC were addressed in a follow-up analysis completed in FFY19 (McCurdy, et. al., Understanding Family Perceptions of Early Intervention Services in Rhode Island, 2020). As a result of ICC discussion and data analysis regarding improving representation of Hispanic families who complete the comments section of the Family Survey, the FFY 20 Family Survey process was changed to include the option of completing the survey orally. Analysis to determine if there was an increase in comments from Hispanic families will be undertaken.

In FFY20, SSIP target setting by the SSIP ICC subgroup generated improvement ideas for the SSIP. These included strengthening staff capacity to support skills in social emotional development; adding a specific assessment to target social emotional development, adding resources for caregivers (ways to embed social emotional development in routines), and resources for families in crises. These suggestions have been incorporated into State SSIP Leadership Team meetings regarding changes to the SSIP in FFY21.

Finally, the SSIP Leadership Team includes stakeholder representation as well. Current members include 3 parents of children with special needs and: Jenn Kaufman, Part C Coordinator; Sara Lowell, Early Intervention Coordinator; Christine Robin Payne, Part C Data Manager; Donna Novak, Quality Improvement and TA Specialist, Paul V. Sherlock Center on Disabilities at Rhode Island College; Leslie Bobrowski, CSPD Technical Assistance Specialist, Paul V. Sherlock Center on Disabilities at Rhode Island College; Patricia Maris, CSPD Technical Assistance Specialist Paul V. Sherlock Center on Disabilities at Rhode Island College; Jennifer Sanchez, CSPD Technical Assistance Specialist Paul V. Sherlock Center on Disabilities at Rhode Island College; Amada Silva, Meeting Street Early Intervention Director/ICC Member; Casey Ferrara, Meeting Street Early Childhood Program Director/ICC Chair, Darlene Magaw, Community Care Alliance Early Intervention Director/ICC Member; Deborah Masland, RI Parent Information Network, Director of Peer Support-The Rhode Island Parent Information Network (RIPIN); and Karen McCurdy, University of RI, Professor Department of Human Development and Family Studies.

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

YES

Describe how the State addressed the concerns expressed by stakeholders.

Supervisors and directors shared their concerns regarding fiscal and staffing challenges experienced during the current Pandemic and how these have impacted their ability to participate in training. Recognizing the dilemma facing programs, the training team delayed training that required intensive time commitment from programs and found alternatives such as a series of webinars offered by the Brazelton Touchpoint Center which addressed strategies to manage the challenges posed by virtual service delivery and strategies for building and sustaining strong relationships with families. Reimbursement for time lost to programs in order to staff to participate was provided.

Additional Implementation Activities

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

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

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

Early Intervention programs have been impacted by a significant fiscal crisis which has affected their ability to fully staff their programs. The state has addressed this by completing all steps within the state structure to address reimbursement rate concerns which will be reviewed by the state legislature as part of a plan to support Early Intervention in RI. If approved, implementation will start July 2022. In the meantime, the Governor released \$3.64 million in CARES Act funding to Early Intervention in December 2021 to mitigate losses related to the pandemic and also announced "RI Rebounds Plan" a proposal which includes utilizing \$5.5 million in state ARPA funds to stabilize Early Intervention and recruit and retain staff. This funding plan was

approved by the state legislature in January 2022. The State also increased Part C funding to providers to include reimbursement for staff recruitment/retainment, funding to support professional development participation, and funds for administrative support.

Provide additional information about this indicator (optional).

11 - Prior FFY Required Actions

None

11 - OSEP Response

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

11 - Required Actions

Certification

Instructions

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

Certify

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

Select the certifier's role

Designated Lead Agency Director

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

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