

Rhode Island Executive Office of Health and Human Services Early Intervention Program



early intervention

supporting families and child development

SFY 2021



Introduction

Early Intervention (EI) is a federal program defined in the Individuals with Disabilities Education Act (IDEA) section 34 CFR Part 303 (Part C). Part C of these regulations pertain specifically to infants and toddlers, birth to three. Each state has a lead agency responsible for the management and oversight of the EI system in their state. The Executive Office of Health and Human Services (EOHHS) is the lead agency for Rhode Island. The Office of Special Education Programs (OSEP) is the federal office responsible for ensuring that States comply with IDEA. On an annual basis EOHHS provides a comprehensive report detailing Rhode Island's compliance. The Annual Performance Report is available online at:

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

The report that follows is a summary for State Fiscal Year 2021, including key points from the Rhode Island Early Intervention 2021 Annual Performance Report.

Program Description

Rhode Island Early Intervention is a program designed to help families support the growth and development of their infants and toddlers, birth through 3, who are delayed in their development or have a diagnosed condition known to cause developmental delay.

Eligible families have children who have certain diagnosed conditions, significant delays in one or more areas of their development, or are experiencing circumstances that, without intervention, are likely to result in significant developmental delay. Developmental areas impacted may include cognitive, physical/motor, communicative, social/emotional, or adaptive skills.

Early Intervention services are provided in the child's natural environment, or settings that are natural or normal for the child's same age peers who do not have a disability¹. For most infants and toddlers, this is their home or childcare. Research tells us that children learn best by using the natural learning opportunities that occur within the everyday routines and activities in a child's and family's life. These activities provide ample opportunities for repeated practice over time, which is how young children learn. Within these activities, families engage with their children as they practice new skills and learn.

Once a child is found eligible for Early Intervention, providers assess what the family is already doing that promotes their child's development and what the family sees as challenges. The Early Intervention team then uses an interactive coaching style to share ideas and practice new skills with caregivers who then practice them with their child. Coaching in Early Intervention respects a family's competency and empowers them to support their child's development over time.

All children leaving Early Intervention go through a transition process that prepares them and their caregivers for what is to follow. For children who are not eligible for special education, or those leaving prior to age 3, the EI team will suggest community-based programs that support healthy child

¹ IDEA Regulation §303.26

development. For children eligible for special education, the transition process helps families articulate their child's strengths and needs.

Early Intervention providers must incorporate the following principles and evidence-based practices in the provision of early intervention. These nationally recommended and adopted principles and practices are based on the seven "Key Principles" developed under the auspices of the Office of Special Education (OSEP) TA Communities of Practice.² They represent agreement by experts within the field of early intervention regarding a framework for how early intervention should be provided. Rhode Island has added an 8th Principle³.

1. *Infants and toddlers learn best through everyday experiences and interactions with familiar people in familiar contexts.*
2. *All families, with the necessary supports and resources, can enhance their children's learning and development.*
3. *The primary role of the service provider in early intervention is to work with and support the family members and caregivers in a child's life.*
4. *The early intervention process, from initial contacts through transition, must be dynamic and individualized to reflect the child's and family members' preferences, learning styles, and cultural beliefs.*
5. *IFSP outcomes must be functional and based on children's and families' needs and priorities.*
6. *The family's priorities, needs and interests are addressed most appropriately by a primary provider who represents and receives team and community support.*
7. *Interventions with young children and family members must be based on explicit principles, validated practices, best available research and relevant laws and regulations.*
8. *Support for families in developing strategies to understand, interpret and nurture their child's development is best achieved through the use of reflective practices.*



² *Workgroup on Principles and Practices in Natural Environments (November 2007). OSEP TA Community of Practice-Part C Settings.*

http://ectacenter.org/~pdfs/topics/families/AgreedUponPractices_FinalDraft2_01_08.pdf

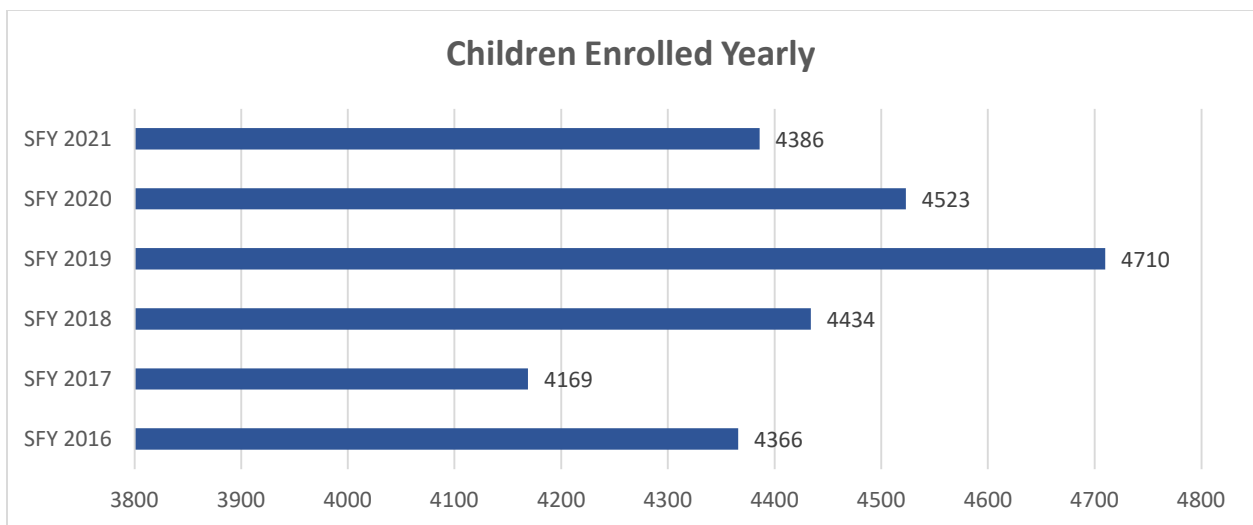
³ *New Mexico Department of Health; Family Infant Toddler Program, 8th Key Principle: Support for families in developing strategies to understand, interpret and nurture their child's development is best achieved through the use of reflective practices*

State Fiscal Year 2021 Review

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.

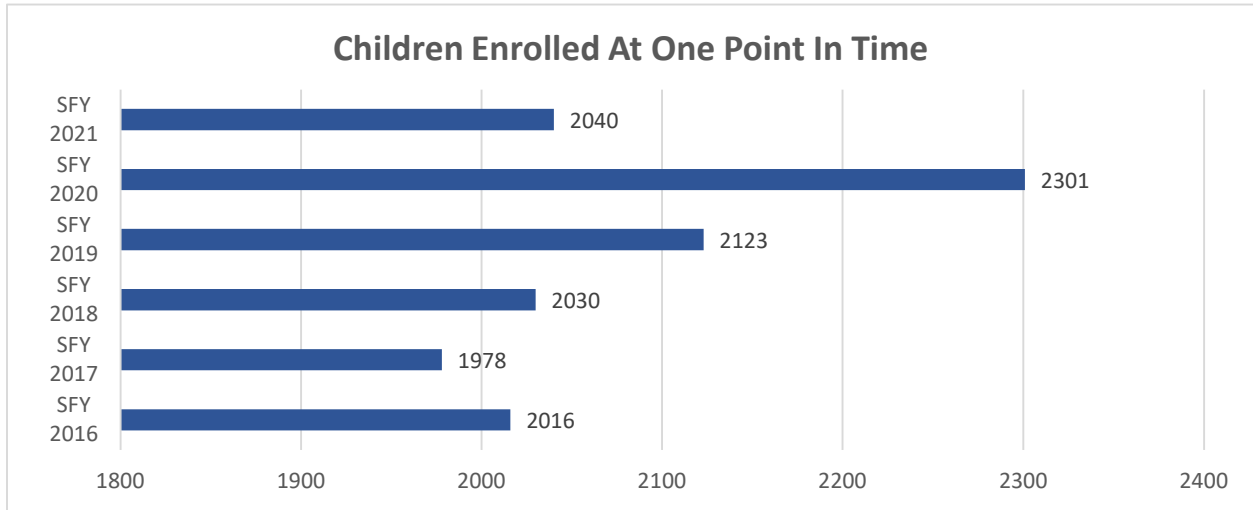
How Many Children Does Early Intervention Serve?

During SFY⁴ 2021, a total of 4,386 children were enrolled in Rhode Island’s Early Intervention system.



⁴ SFY is the acronym for State Fiscal Year, July 1, 2020 – June 30, 2021.

Children enter and exit EI throughout the year. While there was a total of 4,386 children enrolled throughout the year, on a given day⁵, enrollment was:



How do families become involved in Early Intervention services?

Most children are referred to Early Intervention by their parents. In most cases parents have heard about EI from their pediatricians. Other referrals come from hospitals, visiting nurses, DCYF, childcare centers, First Connections⁶ and others.

<u>SFY</u>	<u>Number of Referrals</u>
2021	3,654
2020	3,547
2019	4,180
2018	3,965
2017	3,729
2016	3,753

In SFY 2021, Early Intervention received 3,654 new referrals.

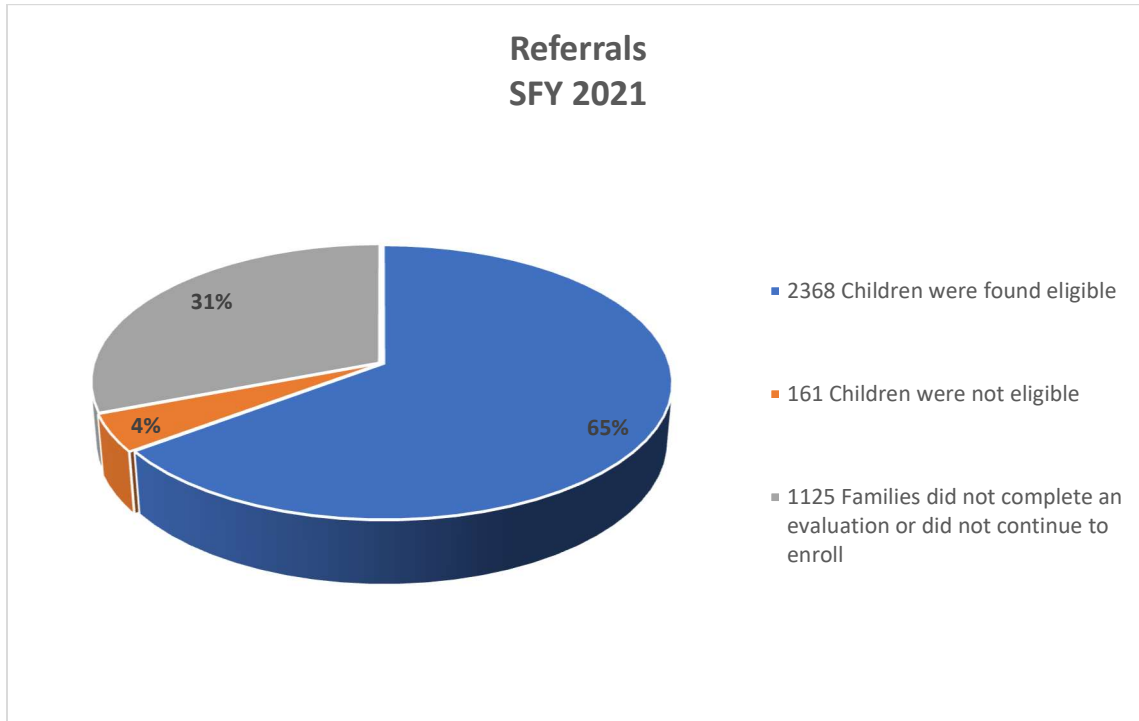
Rhode Island's referrals increased however numbers are still lower than 2019 due to various impacts of the COVID-19 pandemic. One of RI's top referral sources are from parent self-referrals. These are typically due to outside entities suggesting that a parent self-refer, primarily pediatricians and childcare centers. During this time, visits to pediatrician offices significantly declined and childcare centers were closed for two months, with only limited spots available upon re-opening.

⁵ Data collected on December 1, 2020 (SFY 2021)

⁶ First Connections is a program within the RI Department of Health that provides family visiting and screenings for newborns at risk.

What happens with the referrals made to Early Intervention?

Once a child is referred to Early Intervention, the child is assessed for eligibility. Eligible children have certain diagnosed conditions, significant delays in one or more areas of their development, or are experiencing circumstances that, without intervention, are likely to result in significant developmental delay.



In 2021, Rhode Island ranked 4th in the country for identifying and serving eligible infants and toddlers with disabilities.

Compared to All 50 States and District of Columbia	
Birth – 1 year ⁷ :	6 th
Birth – 3 years ⁸ :	4 th

⁷ 2.22% = 231/10,402 enrolled on December 1, 2020 (SFY 2021)

⁸ 6.42% = 2,040/31,797 enrolled on December 1, 2020 (SFY 2021)

What makes a child eligible for Early Intervention?



“So far I enjoy how the EI team observes and can let me know my strengths when supporting my child and where I can apply certain skills. “

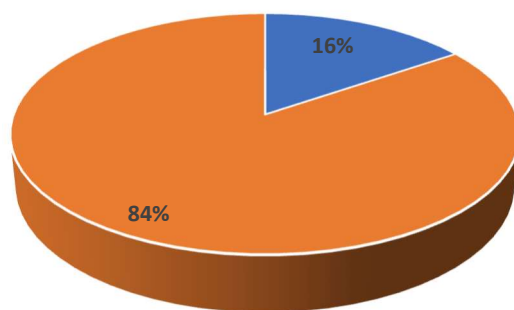
- Comment from 2021
Parent Survey

Children can qualify for Early Intervention if they meet one of two eligibility categories.

Single Established Condition: A diagnosed condition known to lead to developmental delay. Examples include very low birth weight, visual or hearing impairment, metabolic disorders, Autism Spectrum Disorder, Fragile X Syndrome or Down Syndrome.

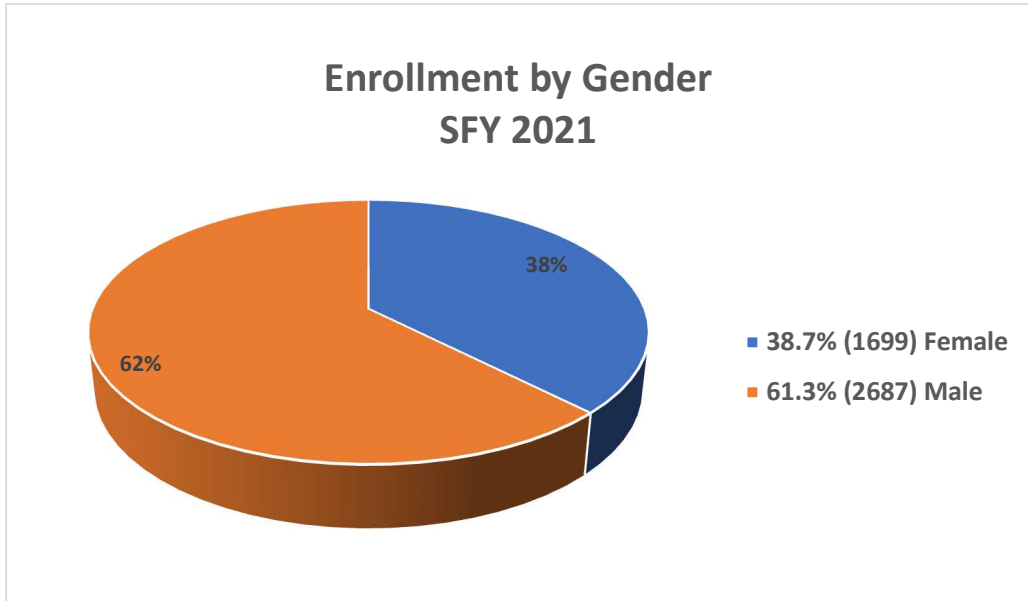
Significant Developmental Delay: Evaluation results that are 2 standard deviations below average in at least one area of development or 1.5 standard deviations below average in two or more areas of development. The areas of development evaluated are (1) cognitive, (2) physical (including vision and hearing), (3) communication, (4) social/emotional, and (5) adaptive development. Sometimes the scores on an evaluation tool do not adequately document a child’s skills and functioning throughout his/her day. In situations like this, the evaluation team can use *informed clinical opinion* to determine that a child does have a developmental delay. The team can analyze the evaluation results and consider if a significant delay has not been captured by test scores, or if there are significant atypical behaviors or significant circumstances that have impacted child/family functioning. Some examples might be significant trauma or losses, multiple placements outside the birth home, or a history of abuse or neglect.

Eligibility SFY 2021



- 15.5% (680) Single Established Condition
- 84.5% (3706) Significant Developmental Delay

Does a particular gender present greater enrollment in Early Intervention?



Children and families in Early Intervention come from many ethnic backgrounds...

Children Enrolled in Early Intervention, SFY21

<u>Race Ethnicity</u>	<u>Number</u>	<u>Percentage</u>
White	2451	55.88%
Hispanic	1393	31.76%
Black or African American	289	6.59%
Mixed Racial	140	3.19%
Asian	89	2.03%
American Indian or Alaska Native	21	0.48%
Native Hawaiian or Other Pacific Islander	3	0.07%

...and speak many languages.

<u>Language</u>	<u>Number</u>	<u>Percentage</u>
English	3891	88.71%
Spanish	432	9.85%
9 other languages	63	1.44%

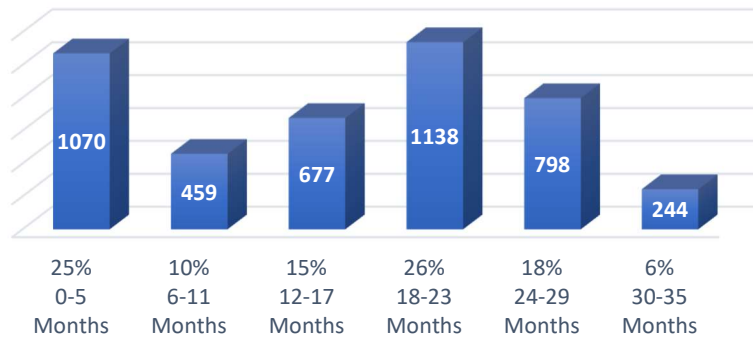
“En realidad todas las lecciones fueron de gran beneficio Ya que me proporcionaron comprensión y orientación sobre el desarrollo de mi hija.” (“All the lessons were actually of great benefit as they provided me with insight and guidance on my daughter's development.”)

Comment from 2021 Parent Survey

The Executive Office of Health and Human Services website (<https://www.eohhs.ri.gov/>) has additional data *Early Intervention Providers' → 'El Certification Standards, Policies and Reports'*) with links to reports regarding the performance of specific Rhode Island Early Intervention programs.

What is the average age of children who become enrolled in Early Intervention?

Age at Referral for Enrolled Children SFY 2021



Who are the children we serve?

Children in Early Intervention come from every city and town throughout RI.

<i>Rhode Island City/Town</i>	<i>Number of Children in RI <3 yrs⁹ of Age</i>	<i>No. of Children Enrolled In EI</i>	<i>Percent of Children in EI Relative to Population < 3</i>
Barrington	366	58	16%
Bristol	507	46	9%
Burrillville	460	49	11%
Central Falls	1,028	118	11%
Charlestown	186	24	13%
Coventry	940	102	11%
Cranston	2,318	266	11%
Cumberland	970	140	14%
East Greenwich	299	54	18%
East Providence	1,560	161	10%
Exeter	166	13	8%
Foster	113	15	13%
Glocester	247	22	9%
Hopkinton	258	34	13%
Jamestown	85	9	11%
Johnston	816	121	15%
Lincoln	587	71	12%
Little Compton	68	5	7%
Middletown	502	74	15%
Narragansett	271	16	6%
New Shoreham	21	2	10%
Newport	820	87	11%
North Kingstown	728	78	11%
North Providence	851	110	13%
North Smithfield	290	38	13%
Pawtucket	2,959	350	12%
Portsmouth	429	56	13%
Providence	7,609	994	13%
Richmond	235	21	9%
Scituate	193	40	21%
Smithfield	402	54	13%
South Kingstown	640	75	12%
Tiverton	398	47	12%

⁹ 2021 Rhode Island KIDS COUNT Factbook, Population under age 3 is based on Census 2000 and may not reflect increases or decreases in population. Enrollment data for this table is from calendar year 2021.

<i>Rhode Island City/Town</i>	<i>Number of Children in RI <3 yrs⁹ of Age</i>	<i>No. of Children Enrolled In EI</i>	<i>Percent of Children in EI Relative to Population < 3</i>
Warren	296	26	9%
Warwick	2,322	271	12%
West Greenwich	178	26	15%
West Warwick	1,044	134	13%
Westerly	726	71	10%
Woonsocket	1,900	232	12%

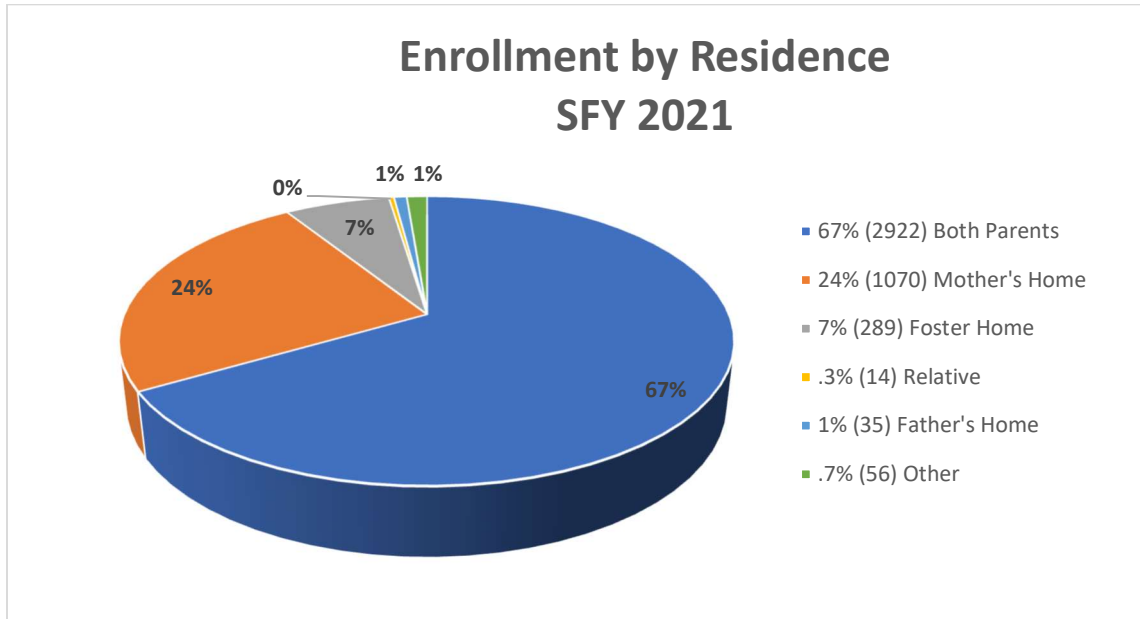
<i>Rhode Island City/Town</i>	<i>Number of Children in RI <3 yrs¹⁰ of Age</i>	<i>No. of Children Enrolled In EI</i>	<i>Percent of Children in EI Relative to Population < 3</i>
Core Cities	13,496	1,694	13%
Reminder of State	20,292	2,416	12%
Rhode Island	33,788	4,110	12%

“The pandemic has been difficult in many more ways than one and it was nice to have the support I felt we needed even if it was virtual.”

– Comment from 2021 Parent Survey

¹⁰ 2021 Rhode Island KIDS COUNT Factbook, Population under age 3 is based on Census 2000 and may not reflect increases or decreases in population. Enrollment data for this table is from calendar year 2021.

Who do most children in EI live with?

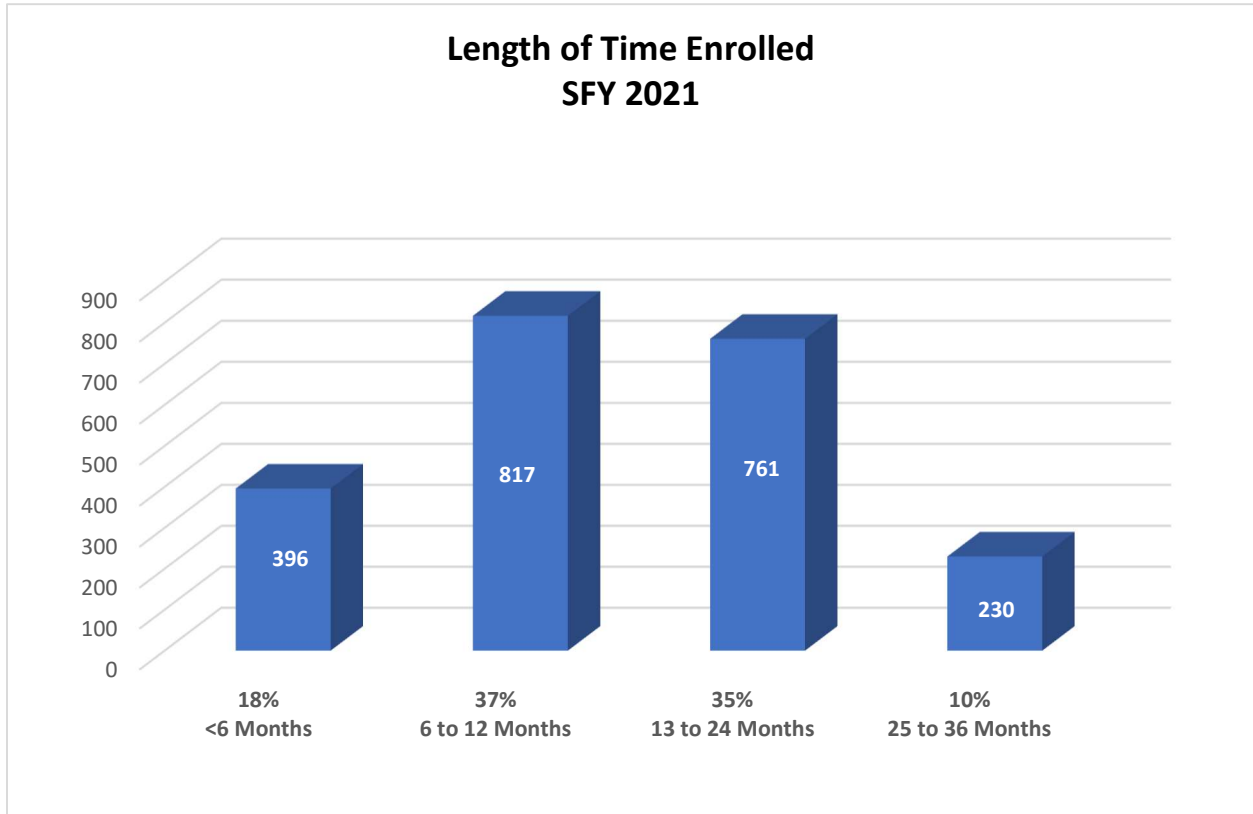


Most children lived in two-parent households (67%), while 24% of children in EI lived with a single parent and 7% resided in foster placement.

“It was impressive how the SLP was able to take a virtual setting which does not easily lend itself to speech therapy with a toddler and make the best of it. She gave it her all, having what seemed like an endless supply of toys, puppets, books and online interactive to get my son's attention and sustain it long enough to practice saying some words/sounds. I can't imagine how exhausted she must be by the end of the day!”

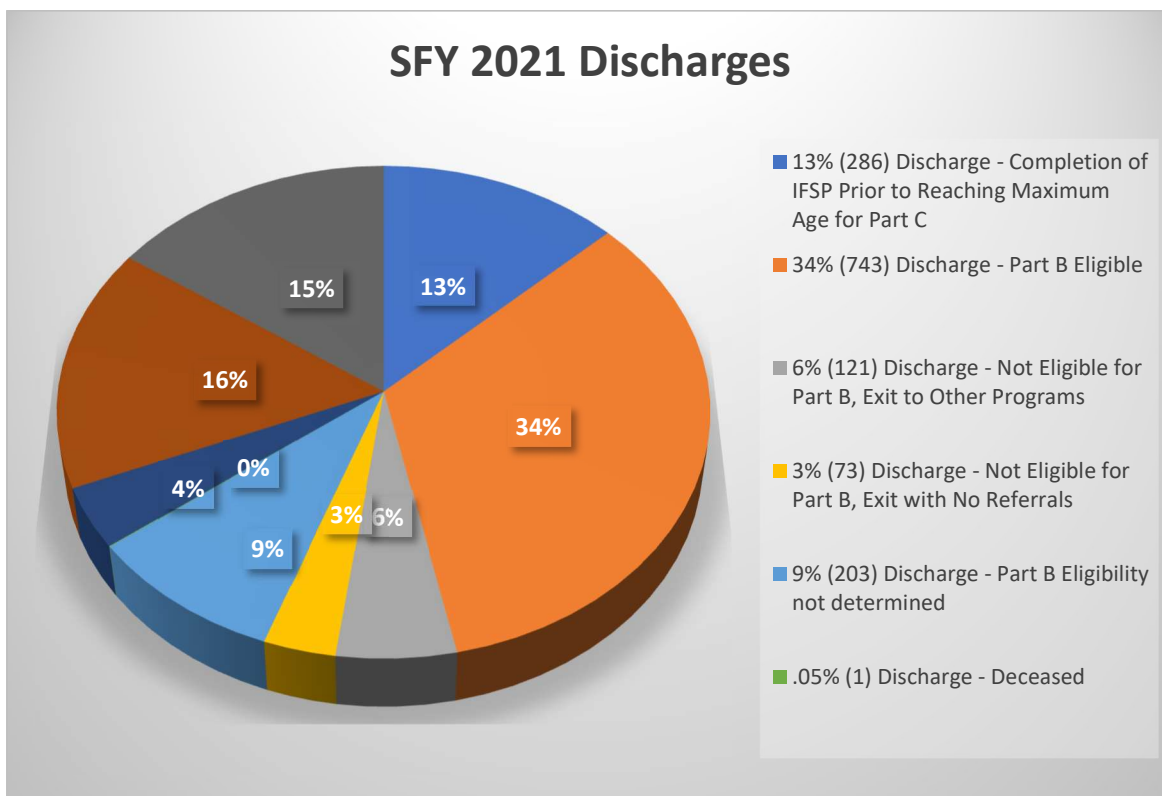
– Comment from 2021 Parent Survey

How long do most children stay in Early Intervention?



**“Yo estoy Muy satisfecha con el trabajo que están haciendo y quiero agradecerle EI su BUEN TRABAJO!!!”
(I am very satisfied with the work you are doing, and I want to thank EI for their GOOD WORK!!!)
-Comment from 2021 Parent Survey**

What are the reasons children leave Early Intervention?



Children and their families exit or are discharged from Early Intervention for many reasons prior to age three. 1,311 children exited Early Intervention before enrollment. Some did not qualify for EI and others moved or withdrew based on the family's choice. 2,210 children discharged after enrollment. Some no longer qualified for EI, some met their goals and no longer needed EI services, and others moved or withdrew based on the family's choice.

When the child turns 28 months of age, the EI team and family meet and begin planning the transition process. Some children will transition to community-based preschools or other programs designed for young children. Others will qualify for Special Education services through their local school district. All children and their caregivers go through a transition planning process before they exit Early Intervention. 1,151 children left Early Intervention at age 3.



Of the children who were 3 years old when they discharged in SFY 2021, 60% qualified for Special Education Services and related services through their local school departments. Special Education regulations are outlined in IDEA Part B.

Children will...

- *Demonstrate positive social emotional development (including positive social relationships)*
- *Acquire and use knowledge and skills, including early literacy skills*
- *Use appropriate behaviors to meet their needs*



How Do We Measure Success?

National goals have been developed for Early Intervention which RI reports on annually. The goals are developing positive social relationships, acquiring, and using knowledge and skills, and taking appropriate actions to meet needs.

Our Early Intervention program provides services to infants and toddlers with a wide range of delays and disabilities, including children with severe disabilities and degenerative conditions. For children with severe disabilities, skills will grow slowly; some children may even lose skills. For other children, the interventions help them catch up with their peers. Our data shows a high percentage of children who had greater than expected growth during their time in the program and a substantial percentage of children who were within age expectations when they left Early Intervention.

Additional data shows that nearly all children acquired new skills during their time in the Early Intervention program (nearly all children made developmental gains— 99.47% to 99.55% across all outcomes.)

Demonstrate positive social and emotional development including social relationships:

- **99.47% of children made gains**
- **42.98% made significant gains**
- **43.07% left within age expectations**

Acquire and use knowledge and skills, including early literacy skills:

- **99.47% of children made gains**
- **48.26% made significant gains**
- **32.00% left within age expectations**

Using appropriate behaviors to meet their needs:

- **99.55% of children made gains**
- **58.47% made significant gains**
- **41.19% left within age expectations**



Families will...

- Know their rights and effectively communicate their children's needs*
- Understand their children's strengths, abilities, and special needs*
- Help their children develop and learn*

During their time in Early Intervention, families grow along with their children. As providers, we see families go through the various stages of grief, anger, realization, understanding, acceptance, and empowerment.

Through this journey, we want to be sure parents leave EI with the knowledge, skills, and resources so they may continue supporting their child's development.

Family outcomes are assessed annually by responses¹¹ to our parent survey, administered by RI Parent Information Network (RIPIN).¹²

89.25% of families told us that Early Intervention helped them to understand their rights within the EI system.

93.79% of families told us that Early Intervention helped them communicate effectively about their child.

89.00% of families told us that Early Intervention helped them understand how their child develops and learns.

"[EI TEAM MEMBER] and [EI TEAM MEMBER] are such a huge help, we love working with them!"

— Comment from 2021 Parent Survey

¹¹ 2021 survey response rate was 45.26%.

¹² RIPIN is available to assist individuals, parents, and families by providing information, education, training and support.

What Are Other Measures We Report On?

We report annually to the Office of Special Education Programs and have included many of those measures earlier in this report. Below are additional measures for SFY 2021.

<p><i>The percent of infants and toddlers with an Individual Family Service Plan (IFSP) who receive the Early Intervention Services on their IFSPs within 30 days</i></p>	<p>99%</p>
<p><i>The percent of infants and toddlers with IFSPs who primarily receive early intervention services in the home or community setting(s)</i></p>	<p>99%</p>
<p><i>The percent of eligible infants and toddlers with IFSPs for whom an evaluation and assessment and an initial IFSP meeting were conducted within 45 days</i></p>	<p>98%</p>
<p><i>The percent of all children exiting Part C who received timely transition planning to support the child's transition to Early Childhood Special Education and other appropriate community services by their third birthday including:</i></p> <ul style="list-style-type: none"> <i>• Development of an IFSP with transition steps and services at least 90 days prior to the toddler's third birthday</i> <i>• Notification to the Department of Education and the school district where the toddler resides at least 90 days prior to the toddler's third birthday for toddlers potentially eligible for Part B preschool services</i> <i>• Transition conference held with the approval of the family at least 90 days prior to the toddler's third birthday for toddlers potentially eligible for Early Childhood Special Education services.</i> 	<p>100%</p> <p>99%</p> <p>98%</p>



Financing Early Intervention in Rhode Island

Total Cost: \$16.5m

Funds to implement required components of the EI system: **\$2.4M (14.5% of total cost)**

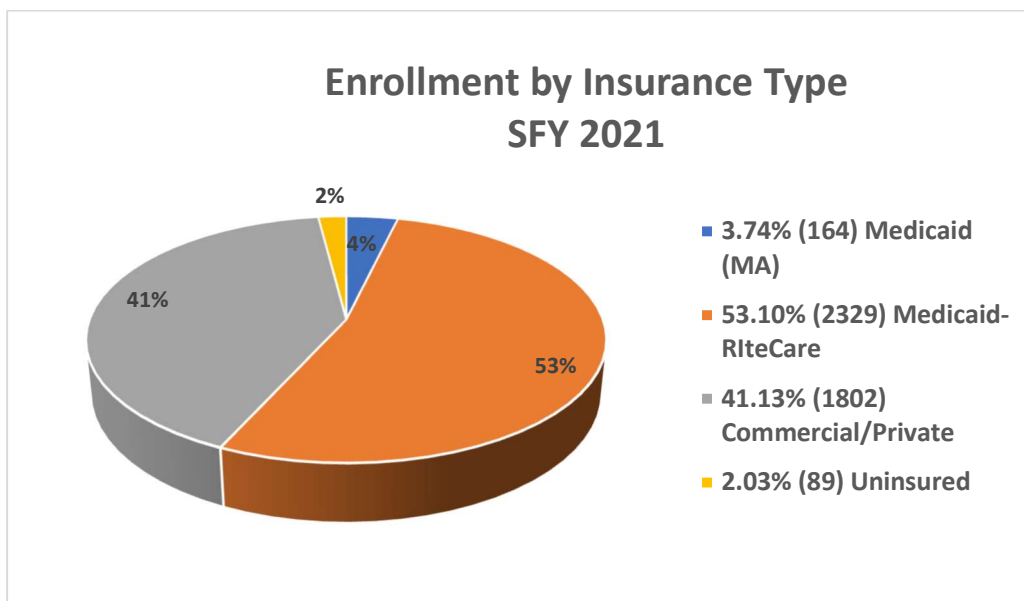
Direct services to children and their families: **\$14.1M (85.5% of total cost)**

Who pays for Early Intervention?

Early Intervention is paid for using a combination of state and federal funds and the use of public and private insurance. Rhode Island annually applies for and receives a Part C (Early Intervention) federal grant from the Office of Special Education Programs of approximately \$2.3 million. These funds are used to implement the required components of the EI system in RI, including: a comprehensive child find and referral system, public awareness, a comprehensive system of personnel development, general administration and supervision, a system for compiling data on the Early Intervention system, administration of the Early Intervention Interagency Coordinating Council, and the development and implementation of policies and procedures to meet the requirements of Part C of the Individuals with Disabilities Education Act.

Families receive all Early Intervention evaluations, services and supports at no cost. RI State Statute §27-18-64 requires private and public insurers based in Rhode Island and providing coverage for dependent children to cover the cost of Early Intervention services. Plans may not include deductibles, copays, or coinsurance.

Rhode Island residents may have employer sponsored health benefit plans or “self-insured” plans that are exempt from Rhode Island State law, but these plans must follow federal law. Any Early Intervention service not covered by health insurance or health benefit plans exempt from Rhode Island State law including deductibles, copays or coinsurance is funded using public and Part C funds.



Rhode Island Executive Office of Health and Human Services

**Jennifer Kaufman, Part C Coordinator
Chief, Family Health Systems
Part C Coordinator**

Families can choose Early Intervention (EI) providers who serve the city/town in which they live. By utilizing one of these providers, families will work with professionals who have the best knowledge of services, activities, and educational opportunities within their community.

Rhode Island Early Intervention Providers

Children’s Friend & Service

621 Dexter Street
Central Falls, RI 02863-2603
Ph: 401-721-9200

Community Care Alliance

8 Court Street
Woonsocket, RI 02895-3123
*Mailing Address: PO Box 1700
Woonsocket, RI 02895*
Ph: 401-235-7000
Referral Line: 401-235-6029

Easter Seals, RI

320 Phillips Street, Unit D #103
North Kingstown, RI 02852
Ph: 401-235-6029

Family Service of RI

134 Thurbers Avenue
Providence, RI 02905-4754
Ph: 401-331-1350
Referral Line: 401-519-2307

Groden Center Early Intervention

610 Manton Avenue
Providence, RI 02909
Ph: 401-525-2380

Looking Upwards, Inc.

2974 East Main Road
Portsmouth, RI 02871
*Mailing Address: PO Box 838
Portsmouth, RI 02871*
Ph: 401-293-5790

Meeting Street

1000 Eddy Street
Providence, RI 02905
Ph: 401-533-9100
Referral line: 401-533-9104

Seven Hills Rhode Island

178 Norwood Avenue
Cranston, RI 02905
Ph: 401-921-1470

J. Arthur Trudeau Memorial Center

3445 Post Road
Warwick, RI 02886
Ph: 401-823-1731

Early Intervention Supporting Partners

**Paul V. Sherlock Center on Disabilities
EI Training and Technical Assistance Center**
Rhode Island College
600 Mt. Pleasant Avenue
Providence, RI 02908
Ph: 401-456-8072 Fax: 401-456-8150
TDD: 401-456-8773

**Rhode Island Parent Information
Network (RIPIN)**
300 Jefferson Boulevard, Suite 300
Warwick, RI 02888
Ph: 401-270-0101 Fax: 401-270-7049

Inter-Agency Coordinating Council SFY 2021 ICC Membership

<p>Deborah Masland, Chair Advocacy Representative, Director of Peer Support Rhode Island Parent Information Network</p>	<p>Casey Ferrara Provider Representative Director of Early Childhood Programs Meeting Street</p>	<p>Colleen Ann Polselli BA, BS Special Needs Program Manager Office of Special Needs Health Equity Institute RI Department of Health</p>
<p>Darlene Magaw, Vice-Chair Provider Representative, Program Manager Community Care Alliance</p>	<p>Jacqueline Ferreira Provider Representative Director, J. Arthur Trudeau Early Intervention Program</p>	<p>Joanne Quinn Autism Project of Rhode Island</p>
<p>Jennifer Kaufman Executive Office of Health and Human Services Chief, Family Health Systems Part C Coordinator</p>	<p>Ruth Gallucci Rhode Island Department of Education Education Specialist: Early Childhood Special Education</p>	<p>Natalie Redfearn Provider Representative Director of Programs Children's Friend and Service</p>
<p>LeeAnn Barrett Rhode Island Kids Count</p>	<p>Sue Hawkes Provider Representative Director, Easter Seals Early Intervention</p>	<p>Sandra Riviera Family Representative</p>
<p>Leslie Bobrowski Personnel Preparation Director, Comprehensive System of Personnel Development Sherlock Center on Disabilities at Rhode Island College</p>	<p>Tara Hayes Family Voices Family Voices Manager Rhode Island Parent Information Network</p>	<p>Carolyn Souza Provider Representative Children's Program Director Looking Upwards, Inc.</p>
<p>Joe Carr Department of Children, Youth & Families Representative Early Childhood Specialist</p>	<p>Carol LaFrance Provider Representative Early Intervention Program Director Grodin Center Early Intervention Program</p>	<p>Dr. Yvette Yatchmink Pediatrician Children's Neurodevelopment Center</p>
<p>Monique DeRoche Provider Representative Director of Early Intervention Family Service of Rhode Island Supervisor</p>	<p>Michelle MacIntosh Family Representative</p>	
<p>Laurie Farrell Provider Representative Director, Seven Hills Early Intervention</p>	<p>Pat Maris Personnel Preparation Technical Assistance Specialist Sherlock Center on Disabilities at Rhode Island College</p>	

Daniel McKee, Governor

Womazetta Jones, Secretary,
Executive Office of Health and Human Services

Jennifer Kaufman, Chief, Family Health Systems,
Part C Coordinator
Executive Office of Health and Human Services

Executive Office of Health and Human Services
Early Intervention Program
Virks Building, 3 West Road
Cranston, RI 02920



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