

STATE PERFORMANCE PLAN / ANNUAL PERFORMANCE REPORT: PART C

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

**For reporting on
FFY 2021**

Rhode Island



**PART C DUE
February 1, 2023**

**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 2021-22 State Performance Plan (SPP)/Annual Performance Report (APR) based on the Rhode Island Early Intervention Care Coordination System (RIECCS) 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 1, 3, 4 and 7, the Rhode Island Early Intervention Providers continue to ensure and maintain high quality services for infants and toddlers and their families. The Rhode Island Early Intervention system increased in-person services over the course of this year, but a hybrid service delivery model is and will remain an option for families to ensure access to services. Rhode Island has focused its financial support to Early Intervention providers for technology, support for the statewide data system upgrade, and support to recruit and retain staff. In addition, Medicaid and in-state commercial plans have continued to allow telehealth services as an option to ensure the health and safety of families and providers, while providing continuity of services.

The RI State team was successful in securing funding for the EI providers with state CARES Act funding, state ARPA funding, and was approved for a 45% reimbursement rate increase in the SFY23 budget.

Additional information related to data collection and reporting

In FFY 2020-21, the Rhode Island Early Intervention system made adjusted to the demands and challenges of the Pandemic and 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.

Understanding the benefits of such a system, in FFY 21-22, Rhode Island began the process of a full data system upgrade to further support electronic record keeping, increase efficiencies, and minimize time spent on required paperwork. This web-based system allows providers to access the system from any environment with internet access. By June of 2023, RI EI Providers will have limited or have eliminated the need for paper records and documentation as they implement electronic procedures. While transitioning to the new data system, the RI EI Data Coordinator has developed interim procedures to ensure data entry and reporting requirements are met despite issues that arise during the implementation phase of this data system upgrade. Rhode Island can ensure that its FFY2021-22 data are complete, accurate, and timely as the upgrade did not begin until August 2022. Rhode Island continued its virtual focused monitoring procedures during this reporting period as developed and implemented in 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 regarding data entry were met.

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 (RIECCS) (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, RIECCS, 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 nine (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. The lead agency review team conducted this process virtually for its FFY2021-22 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, evidence-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 Principles 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. This training was provided in a hybrid format during FFY21-22.
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.
13. Develop training materials and guidance documents related to the implementation of the Data System Upgrade.
14. Collaborate with the University of Rhode Island to develop coursework designed to provide students with EI competencies and an EI certification upon graduation. This is to support recruitment of staff and EI providers will be able to hire these graduates with more hands-on experience in EI.

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).

There were no target setting activities nor any subsequent revisions to Rhode Island's targets, therefore no stakeholder input was needed regarding targets.

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.

Although input is gathered from families on the ICC throughout the year, a specific meeting related to analyzing APR data to develop improvement strategies and evaluate progress was held on Thursday, January 19, 2022 in a hybrid format (either in-person or through TEAMS as an option to ensure access to the meeting) from 9:30 am - 11:00. This meeting had 37 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, two voting members are parents who are currently engaged in Early Intervention services and seven are parents who have children who were previous recipients of Early Intervention services. Of these nine (9) parents, five (5) identify as white, three (3) identify as Hispanic, and one (1) identifies as Black. Of these nine (9) parents, five (5) live in urban communities and four (4) live in rural communities. Participants were engaged in analyzing data, developing improvement strategies, and evaluating progress through large and small group ICC activities, responding to email input requests, and providing input through focus groups.

The state team also presented at the Family Visiting Parent Council and gathered input from the 12 parents who serve on this committee. Input regarding improvement strategies for the following was gathered via a focus group activity during three separate meetings: outreach and engagement

strategies for families of underserved populations, communication strategies for child find, and input on the statewide referral process. Of these twelve (6) families, seven (6) identify as white, three (3) identify as Hispanic, two (2) identify as Black, and one parent identifies as Asian. Of these twelve (12) families, nine (9) live in urban communities and three (3) live in rural communities.

In addition, RI EI worked closely with a grass roots organization PLEE (advocacy organization with goal of engaging parents of diverse backgrounds who have children with special needs to promote awareness and provide advocacy training and opportunities) to obtain input on engagement and retention strategies related to families who live in Providence, are Medicaid recipients, and identify as Black or Hispanic.

This year, the EI system engaged in a Workforce and Parent Recruitment campaign primarily to attract employees to work in the EI system. The potential professional or family could click on the link and it brought you to an information page on the RI EOHHS website. Professionals could learn about opportunities for employment in the EI system, and families could learn about how to become involved in the EI system (serve on ICC, committees, focus groups, support groups, etc.).

Finally, in the RI EI Family Survey, open-ended questions provide an opportunity for individual families to provide input on Early Intervention. Questions on EI improvement, satisfaction with Telehealth, and what families learned from EI are among the questions that families can answer. Once the survey is completed, the comments are organized and analyzed to find common themes to inform improvement strategies for the RI EI system. In the survey, families can list their personal information if they wish to be contacted. When opportunities arise for family input, the parent consultants reach out to those families to recruit for these activities.

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.

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; Family Voices Parent Support Groups (in-person and virtual); recruiting families for Rhode Island's Strolling Thunder event; parent advocacy training opportunities through PLEE (a grass roots organization with the goal of engaging parents of diverse backgrounds who have children with special needs to promote awareness and advocacy); Rhode Island EHDI Program's parent activities such as a parent book-sharing training; individual provider family activities; and other activities available to families of children with special needs. Over the past year, RI has continued its focus on access and engagement strategies to address documented disparities for families who are Medicaid enrolled and those who identify as Hispanic. The ICC has continued to be instrumental in providing a multi-lensed approach to this work. This input helped to develop proposals to secure funding for the EI providers from the state ARPA funding and a 45% reimbursement rate increase approved in the SFY23 state budget.

In collaboration with the RI Kids Count and PLEE, the training developed in FFY20-21 specific for Early Intervention families to learn how to be strong advocates in the years following EI services, was made available. The participants of these trainings focused on families who live in Providence and the other core cities, who are low-income, and are of color. In addition, this advocacy group has had input on EI's outreach and engagement strategies specific to the population that they serve. Data are currently being collected to report on PLEE's success with this work.

As part of the state ARPA funding, EI had to develop Key Performance Indicators (KPIs) to show the success of the program. The EI Recovery fund had 4 KPIs that focused on improving access, engagement, and retention of families in Early Intervention. The RI EI System saw an overall increase in children who were referred and had an eligibility evaluation and for children who had an IFSP and discharged due to completion of goals or completion of EI at age three. These KPIs were developed based on the feedback and input from the ICC, EI providers, and other advocacy related groups.

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 (when needed), analyzing data, developing strategies, and evaluating progress. Timeline for this within the ICC is as follows:

July 2021 Meeting: Presented data and received feedback on the development of two budget proposals. One for a rate increase, and the other to access state ARPA funding for the EI providers.

September 2021 Meeting: Strategies solicited to create a plan to support the EI providers with regard to staffing. Staffing at this point was at around 82% of pre-COVID staffing capacity. Discussions included recruitment strategies, retention strategies, and other ways to support the EI providers. Decision to create a temporary state wide referral system to alleviate some of the burden on the EI providers was made at this meeting. A series of focus groups to develop processes and procedures followed.

November 2021 Meeting: Review of Focused Monitoring process and an update on the new temporary state referral process. Strategies for communicating to referrals sources to inform of the temporary state referral process was gathered.

January 2022 Meeting: Review, analysis, and approval of FFY20-21 data. Updated on implementation of EI Recovery funds and CARES act funding and solicited input on the development of KPIs related to the SFY22 EI Recovery funds.

March 2022 Meeting: Reviewed the process for distribution of the SFY22 EI Recovery Funds.

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, timelines and KPIs 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 organization 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 EOHHS 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 2020 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 2020 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 2020 APR in 2022, is available.

EOHHS presented FFY20-21 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 2022.

The following link was made publicly available in 4/2022:

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

Included on this link are the following documents:

- 1.FFY20-21 APR data for each indicator by provider and collectively for RI's Part C system
- 2.FFY20-21 State Performance Plan
- 3.FFY20-21 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

None

Intro - OSEP Response

The State Interagency Coordinating Council (SICC) submitted to the Secretary its annual report that is required under IDEA section 641(e)(1)(D) and 34 C.F.R. § 303.604(c). The SICC noted it has elected to support the State lead agency's submission of its SPP/APR as its annual report in lieu of submitting a separate report. OSEP accepts the SICC form, which will not be posted publicly with the State's SPP/APR documents.

Intro - Required Actions

The State's IDEA Part C determination for both 2022 and 2023 is Needs Assistance. In the State's 2023 determination letter, the Department advised the State of available sources of technical assistance, including OSEP-funded technical assistance centers, and required the State to work with appropriate entities. The Department directed the State to determine the results elements and/or compliance indicators, and improvement strategies, on which it will focus its use of available technical assistance, in order to improve its performance.

The State must report, with its FFY 2022 SPP/APR submission, due February 1, 2024, on: (1) the technical assistance sources from which the State received assistance; and (2) the actions the State took as a result of that technical assistance.

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 2021 SPP/APR, the data for FFY 2020), 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	2016	2017	2018	2019	2020
Target	100%	100%	100%	100%	100%
Data	90.69%	93.98%	93.46%	95.35%	98.83%

Targets

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

FFY 2021 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 2020 Data	FFY 2021 Target	FFY 2021 Data	Status	Slippage
185	235	98.83%	100%	97.45%	Did not meet target	Slippage

Provide reasons for slippage, if applicable

For the 4 findings and 6 occurrences of noncompliance for Indicator 1, the reasons for not meeting the timeline for FFY21-22 include: provider illness, internal procedural issues and errors, and individual staffing errors. These reasons were discovered during focused monitoring and also information provided by the EI providers as reported on their corrective action plans.

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.

44

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)

Correction of Findings of Noncompliance Identified in FFY 2020

Findings of Noncompliance Identified	Findings of Noncompliance Verified as Corrected Within One Year	Findings of Noncompliance Subsequently Corrected	Findings Not Yet Verified as Corrected
3	3		0

FFY 2020 Findings of Noncompliance Verified as Corrected

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

The 3 RI timely service findings (3 occurrences) of noncompliance for FFY20 are corrected. Reasons for not meeting the timeline for FFY20 that were discovered during focused monitoring and based on information provided from EI providers on corrective action plans include: two occurrences of provider illness and one occurrence of a documentation issue in that the documentation of visits that occurred within 30 days did not adequately reflect the services listed on the IFSP.

The State has verified that each EIS provider with each noncompliance reported by the State in FFY20 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 FFY 20 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 3 Timely Service findings in FFY20 involved 3 individual cases of non-compliance. The state verified through the State's process of Focused Monitoring that the 3 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).

Correction of Findings of Noncompliance Identified Prior to FFY 2020

Year Findings of Noncompliance Were Identified	Findings of Noncompliance Not Yet Verified as Corrected as of FFY 2020 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 2020 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 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.

Response to actions required in FFY 2020 SPP/APR

The 3 RI timely service findings (3 occurrences) of noncompliance for FFY20 are corrected. Reasons for not meeting the timeline for FFY20 that were discovered during focused monitoring and based on information provided from EI providers on corrective action plans include: two occurrences of provider illness and one occurrence of a documentation issue in that the documentation of visits that occurred within 30 days did not adequately reflect the services listed on the IFSP.

The State has verified that each EIS provider with each noncompliance reported by the State in FFY20 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 FFY 20 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.

The 3 Timely Service findings in FFY20 involved 3 individual cases of non-compliance. The state verified through the State's process of Focused Monitoring that the 3 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).

1 - OSEP Response

1 - Required Actions

Because the State reported less than 100% compliance for FFY 2021, the State must report on the status of correction of noncompliance identified in FFY 2021 for this indicator. When reporting on the correction of noncompliance, the State must report, in the FFY 2022 SPP/APR, that it has verified that each EIS program or provider with noncompliance identified in FFY 2021 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 2022 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 2021, although its FFY 2021 data reflect less than 100% compliance, provide an explanation of why the State did not identify any findings of noncompliance in FFY 2021.

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 EDFacts 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	2016	2017	2018	2019	2020
Target>=	94.60%	94.80%	95.00%	97.00%	97.00%
Data	98.94%	99.01%	99.53%	99.70%	99.90%

Targets

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

Targets: Description of Stakeholder Input

There were no target setting activities nor any subsequent revisions to Rhode Island's targets, therefore no stakeholder input was needed regarding targets.

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 2021-22 EMAPS IDEA Part C Child Count and Settings Survey; Section A: Child Count and Settings by Age	07/06/2022	Number of infants and toddlers with IFSPs who primarily receive early intervention services in the home or community-based settings	2,044
SY 2021-22 EMAPS IDEA Part C Child Count and Settings Survey; Section A: Child Count and Settings by Age	07/06/2022	Total number of infants and toddlers with IFSPs	2,058

FFY 2021 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 2020 Data	FFY 2021 Target	FFY 2021 Data	Status	Slippage
2,044	2,058	99.90%	97.20%	99.32%	Met target	No Slippage

Provide additional information about this indicator (optional).

2 - Prior FFY Required Actions

None

2 - OSEP Response

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

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 = $\left[\frac{\text{(\# of infants and toddlers reported in progress category (c) plus \# of infants and toddlers reported in category (d))}}{\text{(\# of infants and toddlers reported in progress category (a) plus \# of infants and toddlers reported in progress category (b) plus \# of infants and toddlers reported in progress category (c) plus \# of infants and toddlers reported in progress category (d))}} \right] \text{ times } 100.$

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 = $\left[\frac{\text{(\# of infants and toddlers reported in progress category (d) plus \# of infants and toddlers reported in progress category (e))}}{\text{(total \# of infants and toddlers reported in progress categories (a) + (b) + (c) + (d) + (e))}} \right] \text{ times } 100.$

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

There were no target setting activities nor any subsequent revisions to Rhode Island's targets, therefore no stakeholder input was needed regarding targets.

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.
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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	2016	2017	2018	2019	2020
A1	2018	Target>=	68.80%	70.00%		52.00%	51.20%
A1	51.20%	Data	57.36%	50.78%	50.21%	49.87%	42.98%
A2	2018	Target>=	57.60%	57.80%		48.00%	47.10%
A2	47.10%	Data	54.49%	50.87%	47.10%	46.42%	43.07%
B1	2018	Target>=	74.80%	75.00%		57.00%	56.00%

B1	56.00%	Data	65.26%	57.23%	56.00%	55.58%	48.26%
B2	2018	Target>=	54.80%	55.00%		41.00%	39.51%
B2	39.51%	Data	46.22%	40.53%	39.51%	36.40%	32.00%
C1	2018	Target>=	71.50%	72.00%		64.00%	63.06%
C1	63.06%	Data	68.21%	63.47%	63.06%	62.10%	58.47%
C2	2018	Target>=	54.60%	54.80%		49.00%	48.26%
C2	48.26%	Data	52.15%	51.60%	48.26%	45.51%	41.19%

Targets

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

FFY 2021 SPP/APR Data

Number of infants and toddlers with IFSPs assessed

1,315

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	5	0.38%
b. Infants and toddlers who improved functioning but not sufficient to move nearer to functioning comparable to same-aged peers	577	43.88%
c. Infants and toddlers who improved functioning to a level nearer to same-aged peers but did not reach it	148	11.25%
d. Infants and toddlers who improved functioning to reach a level comparable to same-aged peers	327	24.87%
e. Infants and toddlers who maintained functioning at a level comparable to same-aged peers	258	19.62%

Outcome A	Numerator	Denominator	FFY 2020 Data	FFY 2021 Target	FFY 2021 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	475	1,057	42.98%	51.20%	44.94%	Did not meet target	No Slippage
A2. The percent of infants and toddlers who were functioning within age expectations in Outcome A by the time they turned 3 years of age or exited the program	585	1,315	43.07%	47.10%	44.49%	Did not meet target	No Slippage

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	4	0.30%

Outcome B Progress Category	Number of Children	Percentage of Total
b. Infants and toddlers who improved functioning but not sufficient to move nearer to functioning comparable to same-aged peers	616	46.84%
c. Infants and toddlers who improved functioning to a level nearer to same-aged peers but did not reach it	257	19.54%
d. Infants and toddlers who improved functioning to reach a level comparable to same-aged peers	355	27.00%
e. Infants and toddlers who maintained functioning at a level comparable to same-aged peers	83	6.31%

Outcome B	Numerator	Denominator	FFY 2020 Data	FFY 2021 Target	FFY 2021 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	612	1,232	48.26%	56.00%	49.68%	Did not meet target	No Slippage
B2. The percent of infants and toddlers who were functioning within age expectations in Outcome B by the time they turned 3 years of age or exited the program	438	1,315	32.00%	39.51%	33.31%	Did not meet target	No Slippage

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	0.46%
b. Infants and toddlers who improved functioning but not sufficient to move nearer to functioning comparable to same-aged peers	540	41.06%
c. Infants and toddlers who improved functioning to a level nearer to same-aged peers but did not reach it	219	16.65%
d. Infants and toddlers who improved functioning to reach a level comparable to same-aged peers	472	35.89%
e. Infants and toddlers who maintained functioning at a level comparable to same-aged peers	78	5.93%

Outcome C	Numerator	Denominator	FFY 2020 Data	FFY 2021 Target	FFY 2021 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	691	1,237	58.47%	63.06%	55.86%	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	550	1,315	41.19%	48.26%	41.83%	Did not meet target	No Slippage

Provide reasons for C1 slippage, if applicable

RI had 2.61 percentage points slippage in FFY21 when compared to FFY20. The state has conducted an analysis of its FFY 21 C1 data. For the past two reporting periods, the state has hypothesized that the changes correspond to the impact of COVID-19 on staff and families. All other data within this indicator saw an increase in percentage points, which could indicate that the affects of the pandemic on these data in the past, are lessening. To explain why C1 is an outlier within this indicator, the EI state team analyzed these data for possible reasons for continued slippage. An analysis of progress categories comparing FFY20 and FY21 show an increase in the percentage of category "b", a decrease in the percentage of category "c", and a increase in the percentage of category "d." Probable reasons for continued slippage is that providers are now conducting more in-person evaluations as opposed to virtual ones. It could be that the entry rating is now more accurately rated considering the standardization of the eligibility tool is now valid,

rather than using clinical opinion to justify eligibility. With more home in-person visiting occurring, the exit rating for those children who entered during the pandemic, may be more accurate as well.

In addition, these data were presented to the ICC for input on probable causes. In the ICC discussion regarding these data, the parent representatives provided a variety of possible reasons based on their personal experiences of having received EI services during the pandemic. Given that C1 is related to children gaining independence, there may have been less opportunities for practicing skills related to independence. For example, child care settings promote independence among peers, and in RI, fewer children attend child care settings for a variety of reasons. At the beginning of this reporting period, many families were still not going out into the community as much as they are now doing so. It was also noted that children have more screen time and at a younger age which could be impacting having the ability to practice independence skills.

Rhode Island has begun a deeper analysis of these data and plans to present the findings to the RI ICC for input regarding strategies and activities on how EI providers can promote more progress in C1 (and all outcomes in general).

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	1,994
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.	467

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 and 4, 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

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	2016	2017	2018	2019	2020
A	2006	Target>=	90.60%	90.80%	91.00%	92.00%	88.67%
A	87.89 %	Data	91.68%	91.41%	91.63%	88.67%	89.23%
B	2006	Target>=	94.60%	94.80%	95.00%	96.00%	92.52%
B	###C04BBA SEDATA###	Data	94.70%	94.78%	95.94%	92.52%	93.79%
C	2006	Target>=	94.50%	94.50%	94.50%	94.50%	89.95%

C	93.90 %	Data	92.90%	92.40%	93.74%	89.95%	89.06%
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Targets

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

Targets: Description of Stakeholder Input

There were no target setting activities nor any subsequent revisions to Rhode Island's targets, therefore no stakeholder input was needed regarding targets.

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 2021 SPP/APR Data

The number of families to whom surveys were distributed	1,954
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Number of respondent families participating in Part C	904
Survey Response Rate	46.26%
A1. Number of respondent families participating in Part C who report that early intervention services have helped the family know their rights	771
A2. Number of responses to the question of whether early intervention services have helped the family know their rights	880
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	804
B2. Number of responses to the question of whether early intervention services have helped the family effectively communicate their children's needs	889
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	784
C2. Number of responses to the question of whether early intervention services have helped the family help their children develop and learn	897

Measure	FFY 2020 Data	FFY 2021 Target	FFY 2021 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)	89.23%	89.00%	87.61%	Did not meet target	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)	93.79%	93.00%	90.44%	Did not meet target	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)	89.06%	91.00%	87.40%	Did not meet target	Slippage

Provide reasons for part A slippage, if applicable

Rhode Island was pleased with this year's Family Survey Data, especially in regards to response rates and representation. This year, Rhode Island saw an increase of 1% in overall surveys returned. For the past few review periods, Rhode Island has been implementing strategies to increase the response rate for Spanish speaking families. For this review period, the target representation of families who primarily speak Spanish was 8% of the total population, yet the response rate was 13%. This is the highest response rate for this population of our EI families and we now feel that the overall data are more representative of the families we serve in Rhode Island. Due to such a shift in the representation of the EI population who completed the survey, this is most likely a new baseline of data. We hope to continue to have this type of response rate with our Spanish speaking families so that we can utilize the information provided to create strategies to improve overall engagement and retention in EI services for this population. This is a positive reason for slippage and RI will monitor this next year to see if a new trend in data occurs.

Another reason for slippage could be attributed to families who receive virtual services as compared to those who receive primarily in-person services. RI is creating a plan to look at these data in this way to see if there is a statistical difference between these two groups of families who receive EI services.

Finally, an analysis of the questions within Part A revealed that only 81% of parents reported that they were able to identify when their child made progress. This was 6 percentage points below any other question in Part A. This is an identified area of action and RI will develop strategies with the ICC to understand further and address this need.

Provide reasons for part B slippage, if applicable

Rhode Island was pleased with this year's Family Survey Data, especially in regards to response rates and representation. This year, Rhode Island saw an increase of 1% in overall surveys returned. For the past few review periods, Rhode Island has been implementing strategies to increase the response rate for Spanish speaking families. For this review period, the target representation of families who primarily speak Spanish was 8% of the total population, yet the response rate was 13%. This is the highest response rate for this population of our EI families and we now feel that the overall data are more representative of the families we serve in Rhode Island. Due to such a shift in the representation of the EI population who completed the survey, this is most likely a new baseline of data. We hope to continue to have this type of response rate with our Spanish speaking families so that we can utilize the information provided to create strategies to improve overall engagement and retention in EI services for this population. This is a positive reason for slippage and RI will monitor this next year to see if a new trend in data occurs.

Another reason for slippage could be attributed to families who receive virtual services as compared to those who receive primarily in-person services. RI is creating a plan to look at these data in this way to see if there is a statistical difference between these two groups of families who receive EI services.

Finally, an analysis of the questions within Part B revealed that only 86% of parents reported that Early Intervention was helpful in connecting families with resources or people that can help your child and family. This was 3 percentage points below any other question in Part B. This has historically been the lowest rated question on the survey, and RI is hypothesizing that this may be rated lower this year now that we have more people completing the survey who speak Spanish. Not all available resources in Rhode Island have the full capacity to serve families who speak another language as timely as for families who speak English. This is even more true for families who speak another language and live in more rural areas of the state. This is an identified area of action and RI will develop strategies with the ICC to understand further and address this need.

Provide reasons for part C slippage, if applicable

Rhode Island was pleased with this year's Family Survey Data, especially in regards to response rates and representation. This year, Rhode Island saw an increase of 1% in overall surveys returned. For the past few review periods, Rhode Island has been implementing strategies to increase the response

rate for Spanish speaking families. For this review period, the target representation of families who primarily speak Spanish was 8% of the total population, yet the response rate was 13%. This is the highest response rate for this population of our EI families and we now feel that the overall data are more representative of the families we serve in Rhode Island. Due to such a shift in the representation of the EI population who completed the survey, this is most likely a new baseline of data. We hope to continue to have this type of response rate with our Spanish speaking families so that we can utilize the information provided to create strategies to improve overall engagement and retention in EI services for this population. This is a positive reason for slippage and RI will monitor this next year to see if a new trend in data occurs.

Another reason for slippage could be attributed to families who receive virtual services as compared to those who receive primarily in-person services. RI is creating a plan to look at these data in this way to see if there is a statistical difference between these two groups of families who receive EI services.

Finally, an analysis of the questions within Part C revealed that only 79% of parents reported that Early Intervention was helpful in helping their child get along with peers. This was 10 percentage points below any other question in Part C. RI is hypothesizing that this may be rated lower this year due to families reporting that their children have less contact with peers. Through feedback from the parent members of the ICC, front line staff, and families who are members of the Family Visiting Parent Council, it can be hypothesized that this could be due to the following: less children are attending child care, families are still cautious about taking their young (and sometimes vulnerable) children into public places where other children may play, and families may be more isolated and spending more time in their homes. This is an identified area of action and RI will develop strategies with the ICC to understand further and address this need.

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.

The race/ethnicity demographics of the infants and toddlers for whom families responded are representative of the race/ethnicity demographics of infants and toddlers enrolled in the Part C program.

The age at referral demographics of the infants and toddlers for whom families responded are representative of the age at referral demographics of infants and toddlers enrolled in the Part C program.

The language spoken demographics of the infants and toddlers for whom families responded are not representative of the language spoken demographics of infants and toddlers enrolled in the Part C program. Historically, we have seen a large underrepresentation of families who speak Spanish and are pleased to see that more families in this population completed the survey.

The insurance type demographics of the infants and toddlers for whom families responded are not representative of the insurance type demographics of infants and toddlers enrolled in the Part C program. RI is demonstrating a slight underrepresentation in the response rate for families enrolled in Private/Commercial plans. Historically, we have seen a large underrepresentation of the Medicaid population and are pleased to see that more families in this population group are completing the survey.

To ensure that in the future, the response rate are representative of these demographics, an analysis of the families who did not respond to the survey will be conducted to identify groups who may need additional outreach. We will be expanding our strategies previously used for the Medicaid and Spanish speaking population to include all populations. These strategies include:

1. A Parent Consultant (PC) from the Rhode Island Parent Information Network will call each family, in their preferred language spoken, to complete a survey over the phone or receive an e-mail link for an option to complete the survey on-line via Survey Monkey.
2. A paper option is also offered for any language the family speaks other than English and Spanish. A process is set up to translate the survey into any language on request.
3. In order to reach families with missing phone numbers or wrong numbers, the PCs then contact families via text message and/or email (if available), in their preferred language spoken.
4. 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 and or KidsNet to further look for a valid phone and/or address.

When all means of establishing contact were exhausted (minimum of 5 attempts over 5 weeks time), the family is then sent a paper survey to the address on file.

Service coordinators also remind families at home visits to complete the survey.

Survey Response Rate

FFY	2020	2021
Survey Response Rate	45.26%	46.26%

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 FFY21, Rhode Island implemented new strategies to improve the response rate of families who primarily speak Spanish and for those that are enrolled in Medicaid. In addition to the parent consultants for the EI providers calling each eligible family that did not return a survey to remind them of the survey, they also added a Spanish speaking parent consultant to their team. This parent consultant called and supported all families who listed their primary language as Spanish to ensure they had the opportunity to complete the survey. The continued personal outreach is affecting RI's response rate

in a positive way, and these strategies will continue into FFY22. If a family requires communication in another language, funds are made available to secure an interpreter and/or translate the survey into another language.

This year's return rate was 46.26%. 42.7% of English speaking families completed the survey and 71.17% of Spanish speaking families completed the survey. Historically, RI has seen a drastic underrepresentation of Spanish speaking families, and we are pleased to see that the implementation of new strategies has created positive results. Upon further analysis, we have also seen an increase in families who are enrolled in Medicaid who completed the survey.

For FFY21, Rhode Island implemented new strategies to improve the response rate of families who primarily speak Spanish and for those that are enrolled in Medicaid. In addition to the parent consultants for the EI providers calling each eligible family that did not return a survey to remind them of the survey, they also added a Spanish speaking parent consultant to their team. This parent consultant called and supported all families who listed their primary language as Spanish to ensure they had the opportunity to complete the survey. The continued personal outreach is affecting RI's response rate in a positive way, and these strategies will continue into FFY22. If a family requires communication in another language, funds are made available to secure an interpreter and/or translate the survey into another language.

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.

Steps taken to reduce bias and promote response from a broad cross section of families that received Part C services: addition of a Spanish speaking survey staff who reached out to the families who identified Spanish as their primary language; offering any family the opportunity to verbally report for those who are not able to read and/or write; utilizing the states KidsNet data base to update any address and/or phone changes; making funds available for interpretation and/or translation needs; communication to families in several modalities; providing the option to complete the survey in the modality of the family's choice; and the implementation of processes that ensure multiple contacts are used to provide every opportunity for a family to have access to the survey. These strategies are reviewed often reviewed with the ICC and the state Family Survey Workgroup to add additional strategies to continue the success of representativeness with regard to race/ethnicity , insurance coverage and language spoken.

Surveys returned were analyzed using the ECTA Meaningful Differences Calculator for representativeness with regard to race and compared to one day enrollment. Upon analysis for this review period, RI is demonstrating a representative response rate (see data below) for race. The strategies that were implemented in the last review period have shown positive results as the analysis of responses demonstrates representativeness.

Representative Total = 2058 (Federal 1-day count)

Data are representative for the African American or Black Population

Number of families in target population=143

Number of families who did respond to survey=63

Target representation=7%

Actual representation=7%

Difference=0%

Data are representative for the American Indian or Alaska Native population

Number of families in target population=5

Number of families who did respond to survey=1

Target representation=0%

Actual representation=0%

Difference=0%

Data are representative for the Asian population

Number of families in target population=39

Number of families who did respond to survey=26

Target representation=2%

Actual representation=3%

Difference=1%

Data are representative of the Hispanic population:

Number of families in target population=628

Number of families who did respond to survey=281

Target representation=31%

Actual representation=31%

Difference=1%

Data are representative for the White population:

Number of families in target population=1170

Number of families who did respond to survey=506

Target representation=57%

Actual representation=56%

Difference=--1%

Data are representative for the Native Hawaiian or other Pacific Islander

Number of families in target population=5

Number of families who did respond to survey=4

Target representation=0%

Actual representation=0%

Difference=0%

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

Number of families in target population=68

Number of families who did respond to survey=23

Target representation=3%

Actual representation=3%

Difference=-1%

Surveys returned were analyzed using the ECTA Meaningful Differences Calculator for representativeness with regard to insurance type (Medicaid/MCO and Private/Commercial) and compared to one day enrollment. Upon analysis for this review period, RI is demonstrating a slight underrepresentative response rate (see data below) for families enrolled in Private/Commercial plans. Historically, we have seen a large underrepresentation of the Medicaid population and are pleased to see that more families in this population group are completing the survey.

Data show a slight overrepresentation for families that are enrolled in Medicaid/Managed Care Plans:

Number of families in target population=952

Number of families who did respond to survey=471

Target representation=47%

Actual representation=52%

Data show a slight underrepresentation for families that are enrolled in Commercial/Private Insurance plans:

Number of families in target population=1067

Number of families who did respond to survey=432

Target representation=53%

Actual representation=48%

Surveys returned were analyzed using the ECTA Meaningful Differences Calculator for representativeness with regard to insurance type language spoken and compared to one day enrollment. Upon analysis for this review period, RI is demonstrating an overrepresentation of families who report Spanish as their primary language. Although this is an overrepresented population, we are pleased to note that strategies that were implemented over the past year has had a positive affect. This historically underrepresented population with regards to RI's family survey, has now proven to have better access to the survey. RI is currently analyzing parent comments from this population to help design strategies to improve overall engagement in EI services.

Data show a slight overrepresentation for families that report Spanish as their primary language:

Number of families in target population=163

Number of families who did respond to survey=116

Target representation=8%

Actual representation=13%

Data show a slight underrepresentation for families that report English as their primary language:

Number of families in target population=1822

Number of families who did respond to survey=778

Target representation=90%

Actual representation=86%

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.

Using the ECTA Meaningful Differences Calculator to analyze the Family Outcomes data, RI's response rate in FFY21 for race are representative of the EI total enrollment for SFY22 (7/1/21 – 6/30/22).

Data are representative for the African American or Black Population

Number of families in target population=293

Number of families who did respond to survey=63

Target representation=7%

Actual representation=7%

Difference=0%

Data are representative for the American Indian or Alaska Native population

Number of families in target population=21

Number of families who did respond to survey=1

Target representation=0%

Actual representation=0%

Difference=0%

Data are representative for the Asian population

Number of families in target population=89

Number of families who did respond to survey=26

Target representation=2%

Actual representation=3%

Difference=1%

Data are representative of the Hispanic population:

Number of families in target population=1397

Number of families who did respond to survey=281

Target representation=32%

Actual representation=31%

Difference=-1%

Data are representative for the White population:

Number of families in target population=2459

Number of families who did respond to survey=506

Target representation=56%

Actual representation=56%

Difference= 0%

Data are representative for the Native Hawaiian or other Pacific Islander
Number of families in target population=3
Number of families who did respond to survey=4
Target representation=0%
Actual representation=0%
Difference=0%

Data are representative for families that identify as more than one race:
Number of families in target population=133
Number of families who did respond to survey=23
Target representation=3%
Actual representation=3%
Difference=0%

Surveys returned were analyzed using the ECTA Meaningful Differences Calculator for representativeness with regard to insurance type (Medicaid/MCO and Private/Commercial) and compared to one day enrollment. Upon analysis for this review period, RI is demonstrating a slight underrepresentation in the response rate (see data below) for families enrolled in Private/Commercial plans. Historically, we have seen a large underrepresentation of the Medicaid population and are pleased to see that more families in this population group are completing the survey.

Data show a slightly overrepresentation for families that are enrolled in Medicaid/Manged Care Plans:
Number of families in target population=952
Number of families who did respond to survey=471
Target representation=47%
Actual representation=52%

Data show a slightly underrepresentation for families that are enrolled in Commercial/Private Insurance plans:
Number of families in target population=1067
Number of families who did respond to survey=432
Target representation=53%
Actual representation=48%

Surveys returned were analyzed using the ECTA Meaningful Differences Calculator for representativeness with regard to insurance type language spoken and compared to one day enrollment. Upon analysis for this review period, RI is demonstrating an overrepresentation of families who report Spanish as their primary language. Although this is an overrepresented population, we are pleased to note that strategies that were implement over the past year has had a positive affect. This historically underrepresented population with regards to RI's family survey, has now proven to have better access to the survey. RI is currently analyzing parent comments from this population to help design strategies to improve overall engagement in EI services.

Data show a slight overrepresentation for families that report Spanish as their primary language:
Number of families in target population=163
Number of families who did respond to survey=116
Target representation=8%
Actual representation=13%

Data show a slight underrepresentation for families that report English as their primary language:
Number of families in target population=1822
Number of families who did respond to survey=778
Target representation=90%
Actual representation=86%

Surveys returned were analyzed using the ECTA Meaningful Differences Calculator for representativeness with regard to age at referral compared to one day enrollment. Upon analysis for this review period, RI is demonstrating representation of families with children who entered Early Intervention at 0-12 months, 12-24 months, 25-35 months.

Data are representative for children who were referred to EI between 0-12 months of age.
Number of families in target population=819
Number of families who did respond to survey=351
Target representation=41%
Actual representation=39%

Data are representative for children who were referred to EI between 13-24 months of age.
Number of families in target population=923
Number of families who did respond to survey=435
Target representation=46%
Actual representation=48%

Data are representative for children who were referred to EI between 25-35 months of age.
Number of families in target population=279
Number of families who did respond to survey=118
Target representation=14%
Actual representation=13%

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).

Rhode Island's definition of representativeness is that there is no more than +/- 3% discrepancy between the target population and those that responded to the survey.

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 Part A of the survey is the average of questions 1-5 reported as "Very" or "Extremely" divided by the average number of responses. Scoring for Part B of the survey is the average of questions 7-12 reported as "Very" or "Extremely" divided by the average number of responses. Scoring for Part C of the survey is the average of questions 13-18 reported as "Very" or "Extremely" 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 2022) were called by a Parent Consultant (PC) from the Rhode Island Parent Information Network and asked to complete a survey over the phone or receive an e-mail link for an option to complete the survey on-line via Survey Monkey. The survey was available in English and Spanish, both hard copy and online. Any additional languages were interpreted and/or translated upon request.

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 were divided among the PCs first by their affiliated EI agency, and then by availability/ workload/ hours. The PCs utilized a script for phone conversation and a universal text message with the survey link when that modality was utilized. Scripts and text messages were available both in English and in Spanish, and made available in other languages upon request. The Family Survey process communication with families began in May 2022 and continued through September (deadline for all surveys was September 30, 2022).

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 and or KidsNet to further look for a valid phone and/or address. When all means of establishing contact were exhausted, the family was noted as "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 over the course of 5 weeks.

4 - Prior FFY 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.

Response to actions required in FFY 2020 SPP/APR

Rhode Islands FFY2021 response data are representative of the demographics of infants, toddler and families enrolled in the Part C program with regard to race.

4 - OSEP Response

4 - Required Actions

In the FFY 2022 SPP/APR, the State must report whether its FFY 2022 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 *EDFacts* 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	2016	2017	2018	2019	2020
Target >=	2.50%	2.50%	2.50%	2.50%	2.50%
Data	3.00%	2.60%	3.14%	2.93%	2.22%

Targets

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

Targets: Description of Stakeholder Input

There were no target setting activities nor any subsequent revisions to Rhode Island's targets, therefore no stakeholder input was needed regarding targets.

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 2021-22 EMAPS IDEA Part C Child Count and Settings Survey; Section A: Child Count and Settings by Age	07/06/2022	Number of infants and toddlers birth to 1 with IFSPs	265
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, 2020 to July 1, 2021	06/28/2022	Population of infants and toddlers birth to 1	9,673

FFY 2021 SPP/APR Data

Number of infants and toddlers birth to 1 with IFSPs	Population of infants and toddlers birth to 1	FFY 2020 Data	FFY 2021 Target	FFY 2021 Data	Status	Slippage
265	9,673	2.22%	2.70%	2.74%	Met target	No Slippage

Provide additional information about this indicator (optional)

5 - Prior FFY Required Actions

None

5 - OSEP Response

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	2016	2017	2018	2019	2020
Target >=	6.00%	6.00%	6.00%	6.00%	6.00%
Data	6.07%	6.14%	6.54%	7.14%	6.42%

Targets

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

Targets: Description of Stakeholder Input

There were no target setting activities nor any subsequent revisions to Rhode Island's targets, therefore no stakeholder input was needed regarding targets.

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 2021-22 EMAPS IDEA Part C Child Count and Settings Survey; Section A: Child Count and Settings by Age	07/06/2022	Number of infants and toddlers birth to 3 with IFSPs	2,058
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, 2020 to July 1, 2021	06/28/2022	Population of infants and toddlers birth to 3	31,105

FFY 2021 SPP/APR Data

Number of infants and toddlers birth to 3 with IFSPs	Population of infants and toddlers birth to 3	FFY 2020 Data	FFY 2021 Target	FFY 2021 Data	Status	Slippage
2,058	31,105	6.42%	6.50%	6.62%	Met target	No Slippage

Provide additional information about this indicator (optional).

6 - Prior FFY Required Actions

None

6 - OSEP Response

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 2021 SPP/APR, the data for FFY 2020), 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	2016	2017	2018	2019	2020
Target	100%	100%	100%	100%	100%
Data	95.95%	98.40%	96.92%	97.29%	97.67%

Targets

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

FFY 2021 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 2020 Data	FFY 2021 Target	FFY 2021 Data	Status	Slippage
79	235	97.67%	100%	34.89%	Did not meet target	Slippage

Provide reasons for slippage, if applicable.

Rhode Island noted a significant decrease in the percentage of eligible infants and toddlers who had a completed IFSP within 45 days of a valid referral. Since the beginning of COVID, RI EI agencies saw a decrease in overall staffing and also experienced a high turnover rate of staff. This has been a culmination of a long history of flat reimbursement since 2002. The EI agencies did not receive adequate reimbursement for EI services to pay staff a a competitive salary. Data collected from the agencies based on exit interviews revealed that almost all of the staff who left an EI position, did so because they were leaving for a significantly higher paying position. At the beginning of this reporting period (July 2021), the staffing capacity was at 83% of what

was typical before the Pandemic (comparing to January of 2020), yet the referral rate was at approximately 95% of typical. This created an overwhelming burden on the EI providers and we predicted that the providers would have difficulty meeting the 45-day timeline indicator. In effort to provide support and alleviate some of the burden, the state team, with input from the ICC and the nine (9) EI agencies, decided to temporarily process referrals through the state office. This process began in November of 2021 and just recently ended in December of 2022 (referrals are now processed back at the individual agencies). The new process was as follows:

1. All referrals were made to the RI Executive Office of Health and Human Services either by phone, secure fax, or secure email. The contact information was available on the EOHHS website and extensive communications went out to all RI EI referral sources.
2. If an agency received a direct referral, they immediately sent it to EOHHS.
3. If a family called an agency, they were given the option for the EI provider to collect the information for the family, or the family could contact EOHHS to make a self-referral.
4. EOHHS collected basic information enough to ensure the family could be contacted once an agency was assigned to be the EI provider. Families who did not self-refer were contacted to inform them of the new state referral process. They were also offered additional support and/or resources if needed.
5. On a weekly basis, the Part C Coordinator and the nine (9) EI agencies met to review the most recent referrals and assign them to the agency, as their capacity allowed, that served the community and could best meet the family's needs.

The state process was implemented and families still had an IFSP within 45 days until March of 2022. At that time, agencies were still experiencing low staffing and more turnover causing the individual agency unable to serve as many families as they did when at a staffing capacity that met the demand of referrals. From March of 2022 until December 2022, the agencies did their due diligence to implement new procedures to ensure that they served as many families as possible even in light of the staffing crisis. In December of 2022, all families who were in the state referral process, have been successfully assigned to an agency. All referrals are now made directly to the individual providers. We anticipate that the 45 day timelines will continue to be less than target over the next year, but will dramatically improve as providers stabilize their programs.

Over this time period, the state team, with the support of the EI agencies and the ICC, has implemented several strategies to stabilize the EI system:

1. A proposal for an Early Intervention rate increase was submitted by the Part C Coordinator and it was approved and implemented in the state budget beginning July 1, 2022.
2. A proposal to access CARES ACT and state ARPA funding was submitted by the Part C Coordinator to provide funding for the EI agencies to stabilize the programs. These funds were proposed to help hire and retain staff, support in-person visiting, support outreach to improve family engagement in EI services, and to support other activities related to ensuring access to EI services, especially for underserved populations. In December of 2021, \$3.6m was awarded to the EI agencies from the CARES ACT funding. In November 2021, the Governor proposed \$5.5m of ARPA funds dedicated to an EI Recovery and Relief fund in a supplemental budget that was finally approved by the legislature in February of 2022. These funds included a \$2.6m stabilization fund \$2.9m in pay-for-performance funds. The pay-for-performance was provided to the agencies if they met specific Key Performance Indicators over three fiscal quarters.
3. In addition to the EI rate increase, the FY23 budget also included a continuation of the EI Recovery and Relief program making available an additional \$5.5m. These funds will be dispersed beginning in February of 2023.
4. Utilizing funding from the states PDG grant, an EI staffing campaign was developed and released in June of 2022. This campaign utilized EI staff in short videos and photos that were then used in a social media campaign. In addition, a website was set up so that potential candidates could learn more about positions in Early Intervention with a listing of actual open positions throughout the state.
5. The state EI TA/PD center staff are working with the University of Rhode Island to develop an Early Intervention curriculum as an option for students. Once completed, the graduate will receive an EI certificate and be eligible to enter directly into an EI position and receive a higher rate of pay after a 6-month probation period. The first course was offered this Spring 2023 semester with 22 students.
6. The state's Early Childhood system is working on a Workforce Compensation plan to ensure equity in Early Childhood related positions and with competitive salaries.

Rhode Island anticipates that although much support is not available and provided to the EI agencies, the affects of this staffing and fiscal crisis will take time to stabilize. The state team has been working very closely with all nine providers to develop stabilization plans and ensuring they receive the support and technical assistance needed.

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.

3

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.

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

State monitoring

Describe the method used to select EIS programs for monitoring.

All nine (9) Certified EI providers are selected for program monitoring annually.

Provide additional information about this indicator (optional).

Correction of Findings of Noncompliance Identified in FFY 2020

Findings of Noncompliance Identified	Findings of Noncompliance Verified as Corrected Within One Year	Findings of Noncompliance Subsequently Corrected	Findings Not Yet Verified as Corrected
4	4		0

FFY 2020 Findings of Noncompliance Verified as Corrected

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

The four (4) RI 45-Day Timeline findings, of noncompliance are corrected. Reasons for not meeting the timeline that were discovered during focused monitoring and what was reported on individual Corrective Actions Plans are as follows: staffing shortages delaying case assignment, individual staff errors, and poor documentation of exceptional family circumstances. The State has verified that each EIS provider with each noncompliance reported by the State in FFY20 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 FFY20 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 four (4) 45-day findings in FFY20 that involved 6 individual cases of non-compliance were corrected. The state verified through the State's process of Focused Monitoring that the 6 children had an initial evaluation and assessment and an initial IFSP meeting, 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 2020

Year Findings of Noncompliance Were Identified	Findings of Noncompliance Not Yet Verified as Corrected as of FFY 2020 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 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.

Response to actions required in FFY 2020 SPP/APR

The four (4) RI 45-Day Timeline findings, of noncompliance are corrected. Reasons for not meeting the timeline that were discovered during focused monitoring and what was reported on individual Corrective Actions Plans are as follows: staffing shortages delaying case assignment, individual staff errors, and poor documentation of exceptional family circumstances. The State has verified that each EIS provider with each noncompliance reported by the State in FFY20 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 FFY20 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.

The state verified the four (4) 45-day findings in FFY20 that involved 6 individual cases of non-compliance were corrected. The state verified through the State's process of Focused Monitoring that the 6 children had an initial evaluation and assessment and an initial IFSP meeting, 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).

7 - OSEP Response

7 - Required Actions

Because the State reported less than 100% compliance for FFY 2021, the State must report on the status of correction of noncompliance identified in FFY 2021 for this indicator. When reporting on the correction of noncompliance, the State must report, in the FFY 2022 SPP/APR, that it has verified that each EIS program or provider with noncompliance identified in FFY 2021 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 2022 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 2021, although its FFY 2021 data reflect less than 100% compliance, provide an explanation of why the State did not identify any findings of noncompliance in FFY 2021.

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:

- 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;
- 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
- 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

- Percent = $\left[\frac{\text{(\# of toddlers with disabilities exiting Part C who have an IFSP with transition steps and services at least 90 days, and at the discretion of all parties not more than nine months, prior to their third birthday)}}{\text{(\# of toddlers with disabilities exiting Part C)}} \right] \times 100$.
- Percent = $\left[\frac{\text{(\# of toddlers with disabilities exiting Part C where notification (consistent with any opt-out policy adopted by the State) to the SEA and LEA occurred at least 90 days prior to their third birthday for toddlers potentially eligible for Part B preschool services)}}{\text{(\# of toddlers with disabilities exiting Part C who were potentially eligible for Part B)}} \right] \times 100$.
- 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 2021 SPP/APR, the data for FFY 2020), 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	2016	2017	2018	2019	2020
Target	100%	100%	100%	100%	100%
Data	99.00%	100.00%	99.03%	99.03%	100.00%

Targets

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

FFY 2021 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 2020 Data	FFY 2021 Target	FFY 2021 Data	Status	Slippage
97	97	100.00%	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.

0

Provide reasons for delay, if applicable.

NA

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

State monitoring

Describe the method used to select EIS programs for monitoring.

All nine (9) Certified EI providers are selected for program monitoring annually.

Provide additional information about this indicator (optional)

Correction of Findings of Noncompliance Identified in FFY 2020

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

Correction of Findings of Noncompliance Identified Prior to FFY 2020

Year Findings of Noncompliance Were Identified	Findings of Noncompliance Not Yet Verified as Corrected as of FFY 2020 APR	Findings of Noncompliance Verified as Corrected	Findings Not Yet Verified as Corrected

8A - Prior FFY Required Actions

None

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 2021 SPP/APR, the data for FFY 2020), 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	2016	2017	2018	2019	2020
Target	100%	100%	100%	100%	100%
Data	98.92%	100.00%	100.00%	100.00%	99.05%

Targets

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

FFY 2021 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 2020 Data	FFY 2021 Target	FFY 2021 Data	Status	Slippage
98	98	99.05%	100%	100.00%	Met 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.

0

Provide reasons for delay, if applicable.

NA

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, 2022, 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 virtual focused monitoring site visits for 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 nine (9) Certified EI Providers are selected for monitoring annually.

Provide additional information about this indicator (optional).**Correction of Findings of Noncompliance Identified in FFY 2020**

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

FFY 2020 Findings of Noncompliance Verified as Corrected**Describe how the State verified that the source of noncompliance is correctly implementing the regulatory requirements.**

The one (1) finding for noncompliance for Indicator 8b is corrected. The reason for noncompliance discovered for this one record during focused monitoring and what was reported on the individual Corrective Actions Plan, is that there was a program error that occurred during a staffing departure and case reassignment. The State has verified that the one EIS provider with noncompliance reported by the State in FFY20 under this indicator: (1) is correctly implementing the specific regulatory requirements; and (2) the LEA and SEA have been notified, 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. The one program submitted a Corrective Action Plan for this finding of non-compliance identified in FFY20 related to Transition Notification. 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, the one program submitted a data sample that was 100% compliant to close this finding of non-compliance.

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

The state verified the one finding of Indicator 8b noncompliance in FFY20 involved only one individual case. The state verified through the State's process of Focused Monitoring that LEA and SEA was notified of this child, 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 2020

Year Findings of Noncompliance Were Identified	Findings of Noncompliance Not Yet Verified as Corrected as of FFY 2020 APR	Findings of Noncompliance Verified as Corrected	Findings Not Yet Verified as Corrected

8B - Prior FFY 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.

Response to actions required in FFY 2020 SPP/APR

The one (1) finding for noncompliance for Indicator 8b is corrected. The reason for noncompliance discovered for this one record during focused monitoring and what was reported on the individual Corrective Actions Plan, is that there was a program error that occurred during a staffing departure and case reassignment. The State has verified that the one EIS provider with noncompliance reported by the State in FFY20 under this indicator: (1) is correctly implementing the specific regulatory requirements; and (2) the LEA and SEA have been notified, 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. The one program submitted a Corrective Action Plan for this finding of non-compliance identified in FFY20 related to Transition Notification. 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, the one program submitted a data sample that was 100% compliant to close this finding of non-compliance.

The state verified the one finding of Indicator 8b noncompliance in FFY20 involved only one individual case. The state verified through the State's process of Focused Monitoring that LEA and SEA was notified of this child, 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).

8B - OSEP Response

8B - Required Actions

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 2021 SPP/APR, the data for FFY 2020), 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	2016	2017	2018	2019	2020
Target	100%	100%	100%	100%	100%
Data	99.00%	100.00%	99.03%	100.00%	98.06%

Targets

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

FFY 2021 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 2020 Data	FFY 2021 Target	FFY 2021 Data	Status	Slippage
96	97	98.06%	100%	98.97%	Did not meet target	No 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.

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. .

One record did not meet the requirements of a Transition Conference. The Transition conference in this case was held, but not within the required timelines due to a provider issue of missing timelines.

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

State monitoring

Describe the method used to select EIS programs for monitoring.

All nine (9) Certified EI providers are selected for monitoring annually.

Provide additional information about this indicator (optional).

Correction of Findings of Noncompliance Identified in FFY 2020

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

FFY 2020 Findings of Noncompliance Verified as Corrected

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

The two (2) findings for noncompliance for Indicator 8c are corrected. Through the monitoring process and what was reported on the individual agency Corrective action plans, the root cause of non-compliance was determined. Although both records indicated that a Transition Conference was held within the required timelines, they both 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 all the requirements for the Transition Conference. The State has verified that the EIS providers with noncompliance reported by the State in FFY20 under this indicator: (1) is correctly implementing the specific regulatory requirements; and (2) the Transition Conference was held, 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. The programs submitted a Corrective Action Plan for this finding of non-compliance identified in FFY20 related to Transition Conference requirements. 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, the programs submitted a data sample that was 100% compliant to close this finding of non-compliance.

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

The state verified two findings of Indicator 8c noncompliance in FFY20 through the State's process of Focused Monitoring that a Transition Conference did occur, 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).

Correction of Findings of Noncompliance Identified Prior to FFY 2020

Year Findings of Noncompliance Were Identified	Findings of Noncompliance Not Yet Verified as Corrected as of FFY 2020 APR	Findings of Noncompliance Verified as Corrected	Findings Not Yet Verified as Corrected

8C - Prior FFY 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.

Response to actions required in FFY 2020 SPP/APR

The two (2) findings for noncompliance for Indicator 8c are corrected. Through the monitoring process and what was reported on the individual agency Corrective action plans, the root cause of non-compliance was determined. Although both records indicated that a Transition Conference was held within the required timelines, they both 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 all the requirements for the Transition Conference. The State has verified that the EIS providers with noncompliance reported by the State in FFY20 under this indicator: (1) is correctly implementing the specific regulatory requirements; and (2) the Transition Conference was held, 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. The programs submitted a Corrective Action Plan for this finding of non-compliance identified in FFY20 related to Transition Conference requirements. 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, the programs submitted a data sample that was 100% compliant to close this finding of non-compliance.

The state verified two findings of Indicator 8c noncompliance in FFY20 through the State's process of Focused Monitoring that a Transition Conference did occur, 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).

8C - OSEP Response**8C - Required Actions**

Because the State reported less than 100% compliance for FFY 2021, the State must report on the status of correction of noncompliance identified in FFY 2021 for this indicator. When reporting on the correction of noncompliance, the State must report, in the FFY 2022 SPP/APR, that it has verified that each EIS program or provider with noncompliance identified in FFY 2021 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 2022 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 2021, although its FFY 2021 data reflect less than 100% compliance, provide an explanation of why the State did not identify any findings of noncompliance in FFY 2021.

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 EDFacts 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.

Rhode Island did not have any formal complaints or hearing requests.

9 - Prior FFY Required Actions

None

9 - OSEP Response

9 - Required Actions

OSEP notes that this indicator is not applicable.

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 EDFacts 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 2021-22 EMAPS IDEA Part C Dispute Resolution Survey; Section B: Mediation Requests	11/02/2022	2.1 Mediations held	0
SY 2021-22 EMAPS IDEA Part C Dispute Resolution Survey; Section B: Mediation Requests	11/02/2022	2.1.a.i Mediations agreements related to due process complaints	0
SY 2021-22 EMAPS IDEA Part C Dispute Resolution Survey; Section B: Mediation Requests	11/02/2022	2.1.b.i Mediations agreements not related to due process complaints	0

Targets: Description of Stakeholder Input

There were no target setting activities nor any subsequent revisions to Rhode Island's targets, therefore no stakeholder input was needed regarding targets.

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	2016	2017	2018	2019	2020
Target>=					.00%
Data					

Targets

FFY	2021	2022	2023	2024	2025
Target>=					

FFY 2021 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 2020 Data	FFY 2021 Target	FFY 2021 Data	Status	Slippage
0	0	0				N/A	N/A

Provide additional information about this indicator (optional)

Rhode Island did not have any mediation sessions, therefore, there are no data to report.

10 - Prior FFY Required Actions

None

10 - OSEP Response

The State reported fewer than ten mediations held in FFY 2021. 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 2021 SPP/APR, due February 1, 2023, the State must provide measurable and rigorous targets (expressed as percentages) for each of the five years from FFY 2021 through FFY 2025. The State's FFY 2025 target must demonstrate improvement over the State's baseline data.

Updated Data: In its FFYs 2021 through FFY 2025 SPPs/APRs, due February 1, 2023 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 2021 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 2021 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., February 1, 2022). 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 2021 APR, report on anticipated outcomes to be obtained during FFY 2022, i.e., July 1, 2022-June 30, 2023).

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 2021 APR, report on activities it intends to implement in FFY 2022, i.e., July 1, 2022-June 30, 2023) 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 A1).

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)

NO

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

YES

Please provide a description of the changes and updates to the theory of action.

We have broadened RI's Theory of Action to include implementation of the use of a Social Emotional Assessment tool(s) as a statewide practice, in addition to the RBI, and broadened evidenced based practices to include practices that support children's social emotional development.

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

FFY 2021 SPP/APR Data

Children reported in Outcome A progress categories (c) and (d)	Children reported in progress categories (a), (b), (c) and (d)	FFY 2020 Data	FFY 2021 Target	FFY 2021 Data	Status	Slippage
475	1,057	44.25%	49.00%	44.94%	Did not meet target	No Slippage

Provide the data source for the FFY 2021 data.

Child Outcomes Data is the data source for this indicator. FFY21 data show 44.94 % of children discharged demonstrated improvement in Positive Social Emotional Skills as measured by Outcome 1 Summary Statement A1.

475 children (Numerator) were reported in Outcome A progress categories (c) and (d) and 1,075 children (Denominator) were reported in progress categories (a),(b),(c) and(d).

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

Data for the SiMR is calculated by Outcome 1A: 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. Data is analyzed in total and by individual program site. Data can be disaggregated by % of children in numerous categories such as: length of time in program, age at referral, insurance, discharge to Part B, etc. FFY21 data no longer focuses on a subpopulation of children whose families have participated in a Routines-Based Interview™ (RBI) (McWilliam, 1992, 2005a). This focus was important in previous years as RI initially implemented the RBI™ as a statewide practice. Data that focused on the differences between children whose family had an RBI™ and those that did not clearly showed more progress for the RBI group but now that the RB™ has been implemented statewide, the non RBI™ group is small, and the difference between the groups is not significant. Focusing on RBI™ data between the groups has become less of an indication of progress for the SiMR.

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 "FSP 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 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.

New data in FFY 21 show 28 participants attended Introduction to EI (a four part introductory training which covers core competencies, processes, attachment and early brain development, RBI™ and Routines Based Home Visiting (RBHV). In addition, 20 participants attended RBI™ and RBHV training. This data shows that the RBI™ and RBHV are being routinely provided within EI professional development which supports progress towards RI's SSIP.

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

Please provide a link to the State's current evaluation plan.

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

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

YES

If yes, provide a description of the changes and updates to the evaluation plan.

The evaluation plan has been updated to reflect an expansion of the SSIP to include statewide implementation of a social emotional assessment tool(s), providing a foundational knowledge of social emotional development to all staff, and implementing a Community of Practice focusing on Infant Mental Health Principles and Reflective Practice and Consultation in Early Intervention.

If yes, describe a rationale or justification for the changes to the SSIP evaluation plan.

Changes to the evaluation plan are necessary to measure progress for the new components to RI's SSIP.

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

Infrastructure improvement strategies employed during the year are as follows:

Strand A1: Build Infrastructure to Implement the Routines Based Interview.

Strategy 4, "Incorporate quality indicators related to Routines Based Early Intervention into general supervision including the Services Rendered Form (SRF) review".

Strand A2: Build infrastructure to support implementation of an assessment tool specific to Social Emotional Development Strategy 1, "Develop an Implementation Plan to add an assessment tool(s) specifically for Social Emotional Development as a statewide practice".

Strand B1: Build the knowledge and skills of EI providers to conduct the Routines Based Interview™. Strategy 1, "Develop and provide RBI™ professional development (PD) and coaching to front line staff and supervisors".

Strand C2: Build knowledge and skills of EI Providers in supporting children's Social Emotional skills Strategy1, "Develop an implementation plan regarding the provision of a foundational level of knowledge of social emotional development for all providers and a plan to implement a specific social emotional evidence-based practice".

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 A1 Strategy 4 "Incorporate quality indicators related to Routines Based Early Intervention 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". An updated SRF form was developed in order to align with Routines Based Home Visiting components and was released with supporting guidance and associated policies were updated. Data collection for an SRF review was not conducted in FFY21, therefore this strategy will continue in FFY22.

Strand A2: Strategy 1 Develop an Implementation Plan to add an assessment tool specifically for SE as a statewide practice" is tied to the short term outcome. "Providers have knowledge of new procedures related to implementing a SE assessment tool." Activities included gathering various samples of social emotional assessments to review and utilizing technical assistance from the National Center for Children in Poverty (NCCP) regarding possible tools. Although a review has occurred, more time is needed to obtain stakeholder input regarding selecting a specific tool therefore this strategy will continue in FFY22.

Strand B1: 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™. This year "Intro to EI" was conducted (a four part introductory training which covers core competencies, processes, attachment and early brain development, RBI™ and RBHV) and 28 new staff attended. Also conducted were a more intensive RBI™/RBHV training with 20 participating staff. Data collected regarding staffing indicate new staff are introduced to RBI™ as intended and this strategy will be continued in FFY22 for new staff.

Strand C2: Strategy 1, Develop an implementation plan regarding the provision of a foundational level of social emotional development for providers and a specific social emotional evidence-based practice for implementation. This strategy is tied to the short term outcomes "Providers have foundational knowledge of SE development" and "Providers have knowledge of specific evidence-based practices to address SE needs. Activities included:

1. A needs assessment for Early Intervention staff was developed to determine training needs in SE development and early relational health (ERH). The team utilized technical assistance by the NCCP, the University of RI and the Rhode Island Association for Infant Mental Health (RIAIMH) to develop knowledge based needs assessment. The needs assessment will be distributed in FFY22.

2. Information was collected regarding professional development modules specific to SE development used by other states, in order to provide a foundation level of knowledge for all Early Intervention providers. Technical assistance from the NCCP was provided. RI's T/TA team conducted an initial review of possible modules. The team has not made a recommendation regarding a particular module for RI or whether it would be beneficial to create something "in-house". This activity will continue in FFY22.

3. The team collaborated with the Rhode Island Association for Infant Mental Health (RIAIMH) and one of RI's EI Program Managers, to successfully apply for and receive a grant from the van Beuren Charitable Foundation. The goal of this grant is to expand the capacity of EI providers to support the individualized needs of children and their families in the area of Early Relational Health, SE development and Reflective consultation through a Community of Practice model. The 1st cohort of this 3 year grant will be comprised of EI supervisors. Participants will be trained in Infant and Early Childhood Mental Health (IECMH) Principles and Reflective Supervision and Consultation Practices in EI, the "PAUSE" framework (Perceive, Ask, Understand, Strategize and Evaluate), participation in RIAIMH's Community Advocates for Racial Equity (CARE) group training which focuses on integration of IMH diversity tenets into the work and the Early Relational Health Screening tool. Year 2 and 3 cohorts will be made up of additional supervisors and front line staff. Work is underway to ensure the sustainability of this initiative beyond the scope of the grant. An implementation plan for the grant has been developed and implementation will begin in FFY22.

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 state did not have any newly identified infrastructure improvement strategies during this reporting period.

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. <https://products.brookespublishing.com/The-Early-Intervention-Teaming-Handbook-P1310.aspx>, These approaches lends themselves toward practices designed to maximize children's engagement in everyday routines and support the primary caregivers to support their child's development. 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 as they provide detailed information about their child's functioning in all developmental areas including social emotional development. Through this process families begin to identify concerns and choose priorities in order to develop family owned and functional outcomes. Using strategies of RBHV, EI providers can build upon what families have tried or are interested in trying in order to build upon 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, thus impacting RI's SiMR.

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 FFY21, 1 staff person reached fidelity. Although this number falls short of RI's fidelity goals, it is understandable given the challenges facing providers in FF21. Provider economic issues, and staffing shortages, have impacted staff ability to participate in RBI fidelity activities. Practice change resulting from implanting the RBI™ has been monitored by evaluating the quality of IFSP outcomes. Data has been collected during the

annual provider self-assessment process as part of general supervision, and their quality assessed on criteria of being family owned, functional and measureable and embedded in a routine. Data from consecutive years are compared to baseline. Outcomes data were not collected in FFY21 to reduce the burden on providers during this challenging year. 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 specific to RBHV has been 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. Data was not collected in FFY21 due to the staffing constraints impacting providers. 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 significant change in practice, 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. Due to time constraints of state staff and providers, the timing of an SRF review in FFY21 was delayed until FFY22.

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 FFY 21 Family Outcomes Survey includes open ended questions for parent comment. Parent comments for the question "How were your IFSP Outcomes developed" reflected themes of collaboration in the development of outcomes, as well as themes noting that parent concerns were addressed in the IFSP. In response to the question, "What is the most important lesson learned in EI", many parents noted their role as both the learner and teacher as most important lesson learned. These themes are in line with RI's SSIP and provide qualitative data showing progress towards meeting an intermediate outcome, "Families have IFSP outcomes that reflect their priorities and meet the needs of their child and family" and a long term outcome "Families increase their competence and confidence to enhance their child's development".

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

Next steps for Strand A2 Build infrastructure to support implementation of an assessment tool(s) specific to social emotional development are to continue strategy one (1) to develop an implementation plan which includes:

1. Selecting a possible SE assessment tool(s) for further review
2. Involving stakeholders in the process of selecting an assessment tool(s)
3. Developing a timeline for implementation
4. Updating and distributing policies and procedures related to the assessment and statewide forms to support implementation of the tool.

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)."

Next Steps for Strand B1, strategy 1."Develop and provide RBI™ professional development (PD) and coaching to front line staff and supervisors," is to include conduct "Intro to EI", a required 4 part course for all new employees, as well as a stand alone more intensive RBI training for staff. This is tied to the short term outcome "Providers gain knowledge about how to conduct an RBI.™"

Next steps for Strand C2: Build knowledge and skills of EI Providers in supporting children's Social Emotional skills are to continue Strategy 1, "Develop an implementation plan regarding the provision of a foundational level of social emotional development for providers and a plan to implement a specific social emotional evidence-based practice" which includes:

1. Distributing a knowledge based needs assessment for Early Intervention staff to assess the level of need and topic specific content in the area of social emotional development and early relational health
2. Determining whether existing modules from other states could be used by RI to provide a foundation level of knowledge of social emotional development for all Early Intervention providers
3. Involving stakeholders in the selection process of existing modules and /or development of RI's own modules
4. Planning how and when the modules will be utilized
5. Updating and distributing policies and procedures related to statewide use of these modules.

A short-term outcome related to this strategy is "Providers have foundational knowledge of social emotional development".

Next steps are to begin Strategy 2: Provide PD for supervisors and providers. Using a Community of Practice model, participants will be trained in Infant and Early Childhood Mental Health (IECMH) Principles and Reflective Supervision and Consultation Practices in EI including the "PAUSE" framework (Perceive, Ask, Understand, Strategize and Evaluate), and the Early Relational Health Screening tool. Training will begin in FFY 22 for 19 EI supervisors in order to equip those who are providing supervision with additional skills to support their staff. This activity is tied to the short term outcome, "Providers gain knowledge of Infant Early Childhood Mental Health (IECMH) Principles and Reflective Practices in EI, to address social emotional development needs".

Does the State intend to continue implementing the SSIP without modifications? (yes/no)

NO

If no, describe any changes to the activities, strategies or timelines described in the previous submission and include a rationale or justification for the changes.

RI has added several strategies to the existing SSIP, building on our work with RBI and RBHV. We have expanded the SSIP by adding a strategy to implement an SE assessment tool(s) to identify children with social emotional concerns as well as concerns between the parent-child dyad. Activities for this strategy include: developing a plan to gather and review appropriate SE assessment tools, obtaining stakeholder feedback specific to these tools, piloting each tool, selecting a tool(s) and creating a training plan. Rationale for this change was based on stakeholder feedback. In FFY20, during SSIP target setting, the SSIP ICC subgroup generated improvement ideas for the SSIP. This strategy originated from that group and was discussed by the SSIP Leadership Team and incorporated into the SSIP.

A second strategy incorporated into the SSIP by the Leadership Team was to build knowledge and skills of EI Providers in supporting children's social emotional skills by developing and distributing knowledge based needs assessment for Early Intervention staff to determine training needs in social emotional development. The SSIP ICC subgroup had also suggested that a foundational level training was needed for all staff in social emotional development and online modules was a suggested method. Based on the needs assessment a training plan will be developed. This may include a combination of in person, module based learning and other formats as needed.

A second activity to build knowledge and skills of EI providers is to provide professional development in evidence based practices regarding social emotional development. RI's Training and Technical Assistance team collaborated with the Rhode Island Association for Infant Mental Health (RIAIMH) and one of RI's EI Program Mangers, to successfully apply for and receive a grant from the van Beuren Charitable Foundation. The goal of this grant is to expand the capacity of EI providers to support the individualized needs of children and their families in the area of Early Relational Health, SE

development and Reflective Consultation through a Community of Practice model.

The 1st cohort of this 3 year grant will be comprised of EI supervisors. The participants will take part in RIAIMH's Community Advocates for Racial Equity (CARE) group training which focuses on integration of IMH diversity tenets into the work and will support staff to work toward Infant Mental Health (IMH) Endorsement® credentialing. Additional training will include:

1. The Early Relational Health Screening (ERHS), was designed to assess parent-infant relational quality at regular developmental intervals, to engage parents using interaction guidance feedback strategies, and to inform referrals and recommendations as part of the IMH case consultation process.
2. The "PAUSE" framework (Perceive, Ask, Understand, Strategize and Evaluate), a framework which allows providers and parents or caregivers to collaborate on positive ways to address challenging interactions with children. Through the PAUSE process a provider may deepen their relationship with a family in addition to modeling a reflective approach to interactions that caregivers may use when considering their interactions and support of their child's SE development.
3. Reflective Supervision/Consultation (RSC) is a type of mentoring used to maximize effectiveness of service provision and combat job stress by increasing providers' capacity to manage the strong emotions inherent in the work, and involves regular supervision/consultation discussions between a provider and a trained consultant/supervisor about the perspectives and needs of the child, the family, and the provider. The Alliance for the Advancement of IMH indicates that RSC is a professional development practice that helps all professionals who serve infants, young children and families provide high-quality care. It is considered to be a key component of effective infant mental health practice. RSC (from an Endorsed provider) is required to earn and maintain IMH Endorsement®. Participants will receive RSC from RIAIMH's Endorsed clinicians during the course of the project.
4. Participants will earn specialization in infant mental health principles and practices, in order to provide Infant Mental Health Consultation to support the broader EI provider community (within all 9 EI programs) to more effectively identify and address social-emotional and mental health challenges presented by the infants, young children, and families they serve.

Section C: Stakeholder Engagement

Description of Stakeholder Input

There were no target setting activities nor any subsequent revisions to Rhode Island's targets, therefore no stakeholder input was needed regarding targets.

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.

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 FFY21 a collaborative effort to apply for funding to support Infant Mental Health was undertaken by a sub group of the SSIP Leadership team, an EI agency program manager and the Rhode Island Association for Infant Mental Health. The grant, from the van Beuren Charitable Foundation, grant will expand the capacity of EI providers to support the individualized needs of children and their families in the area of Early Relational Health, SE development and Reflective Consultation through a Community of Practice model.

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 who provide 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 FFY20 Family Survey process was changed to include the option of completing the survey was changed to include the option of completing the survey with a Spanish speaking RI Parent Information Program staff member. Representation of Hispanic families completing the Family Survey families has increased in FFY20 and FFY21.

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 and adding a specific assessment to target social emotional development; These suggestions have been incorporated into the SSIP in FFY21.

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 Training and Technical Assistance Coordinator, 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; Amanda 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 (RIPIN), Director of Peer Support; 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.

Feedback from directors and supervisors was that the severe fiscal and staffing challenges were significantly impacting their programs. Recognizing the dilemma facing programs, the state limited its data collection to federal indicators during focused monitoring. Data regarding quality indicators such as the quality of IFSP outcomes and the quality of SRFs were not collected to ease the burden of copying numerous documents for the state to review. In addition, providers have expressed that fiscal challenges have impacted staff ability to participate in professional development. Reimbursement for time lost in order to participate in the implementation of the Infant Mental Health Principles and Reflective Supervision and Consultation in EI project have been included in the three year grant.

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.

Provide additional information about this indicator (optional).

Early Intervention programs have been impacted by a fiscal crisis which has significantly affected their ability to fully staff their programs. RI has addressed this by completing all steps within the state structure to increase the reimbursement rate. A 45% rate increase was approved by the state legislature as part of a plan to support Early Intervention in RI. Implementation started July 2022. In addition, 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 the "RI Rebounds Plan", a proposal which included utilizing \$5.5 million in state ARPA funds to stabilize Early Intervention and to recruit and retain staff. This funding plan was approved by the state legislature in January 2022.

11 - Prior FFY Required Actions

None

11 - OSEP Response**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.

Name:

Jennifer Kaufman, M.Ed.

Title:

RI Part C Coordinator

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jennifer.kaufman@ohhs.ri.gov

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Submitted on:

04/24/23 12:28:30 PM

Determination Enclosures

RDA Matrix

2023 Part C Results-Driven Accountability Matrix

Results-Driven Accountability Percentage and Determination¹

Percentage (%)	Determination
74.11%	Needs Assistance

Results and Compliance Overall Scoring

	Total Points Available	Points Earned	Score (%)
Results	8	5	62.50%
Compliance	14	12	85.71%

2023 Part C Results Matrix

I. Data Quality

(a) Data Completeness: The percent of children included in your State's 2021 Outcomes Data (Indicator C3)

Number of Children Reported in Indicator C3 (i.e., outcome data)	1,315
Number of Children Reported Exiting in 618 Data (i.e., 618 exiting data)	1,994
Percentage of Children Exiting who are Included in Outcome Data (%)	65.95
Data Completeness Score ²	2

(b) Data Anomalies: Anomalies in your State's FFY 2021 Outcomes Data

Data Anomalies Score ³	1
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II. Child Performance

(a) Data Comparison: Comparing your State's 2021 Outcomes Data to other States' 2021 Outcomes Data

Data Comparison Score ⁴	1
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(b) Performance Change Over Time: Comparing your State's FFY 2021 data to your State's FFY 2020 data

Performance Change Score ⁵	1
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Summary Statement Performance	Outcome A: Positive Social Relationships SS1 (%)	Outcome A: Positive Social Relationships SS2 (%)	Outcome B: Knowledge and Skills SS1 (%)	Outcome B: Knowledge and Skills SS2 (%)	Outcome C: Actions to Meet Needs SS1 (%)	Outcome C: Actions to Meet Needs SS2 (%)
FFY 2021	44.94%	44.49%	49.68%	33.31%	55.86%	41.83%
FFY 2020	42.98%	43.07%	48.26%	32.00%	58.47%	41.19%

¹ For a detailed explanation of how the Compliance Score, Results Score, and the Results-Driven Accountability Percentage and Determination were calculated, review "How the Department Made Determinations under Section 616(d) of the *Individuals with Disabilities Education Act* in 2023: Part C."

² Please see Appendix A for a detailed description of this calculation.

³ Please see Appendix B for a detailed description of this calculation.

⁴ Please see Appendix C for a detailed description of this calculation.

⁵ Please see Appendix D for a detailed description of this calculation.

2023 Part C Compliance Matrix

Part C Compliance Indicator ⁶	Performance (%)	Full Correction of Findings of Noncompliance Identified in FFY 2020	Score
Indicator 1: Timely service provision	97.45%	YES	2
Indicator 7: 45-day timeline	34.89%	YES	0
Indicator 8A: Timely transition plan	100.00%	N/A	2
Indicator 8B: Transition notification	100.00%	YES	2
Indicator 8C: Timely transition conference	98.97%	YES	2
Timely and Accurate State-Reported Data	100.00%		2
Timely State Complaint Decisions	N/A		N/A
Timely Due Process Hearing Decisions	N/A		N/A
Longstanding Noncompliance			2
Specific Conditions	None		
Uncorrected identified noncompliance	None		

⁶ The complete language for each indicator is located in the Part C SPP/APR Indicator Measurement Table at: https://sites.ed.gov/idea/files/2023_Part-C_SPP-APR_Measurement_Table.pdf

Appendix A

I. (a) Data Completeness:

The Percent of Children Included in your State's 2021 Outcomes Data (Indicator C3)

Data completeness was calculated using the total number of Part C children who were included in your State's FFY 2021 Outcomes Data (C3) and the total number of children your State reported in its FFY 2021 IDEA Section 618 data. A percentage for your State was computed by dividing the number of children reported in your State's Indicator C3 data by the number of children your State reported exited during FFY 2021 in the State's FFY 2021 IDEA Section 618 Exit Data.

Data Completeness Score	Percent of Part C Children included in Outcomes Data (C3) and 618 Data
0	Lower than 34%
1	34% through 64%
2	65% and above

Appendix B

I. (b) Data Quality:

Anomalies in Your State's FFY 2021 Outcomes Data

This score represents a summary of the data anomalies in the FFY 2021 Indicator 3 Outcomes Data reported by your State. Publicly available data for the preceding four years reported by and across all States for each of 15 progress categories under Indicator 3 (in the FFY 2017 – FFY 2020 APRs) were used to determine an expected range of responses for each progress category under Outcomes A, B, and C. For each of the 15 progress categories, a mean was calculated using the publicly available data and a lower and upper scoring percentage was set 1 standard deviation above and below the mean for category a, and 2 standard deviations above and below the mean for categories b through e⁷⁸. In any case where the low scoring percentage set from 1 or 2 standard deviations below the mean resulted in a negative number, the low scoring percentage is equal to 0.

If your State's FFY 2021 data reported in a progress category fell below the calculated "low percentage" or above the "high percentage" for that progress category for all States, the data in that particular category are statistically improbable outliers and considered an anomaly for that progress category. If your State's data in a particular progress category was identified as an anomaly, the State received a 0 for that category. A percentage that is equal to or between the low percentage and high percentage for each progress category received 1 point. A State could receive a total number of points between 0 and 15. Thus, a point total of 0 indicates that all 15 progress categories contained data anomalies and a point total of 15 indicates that there were no data anomalies in all 15 progress categories in the State's data. An overall data anomaly score of 0, 1, or 2 is based on the total points awarded.

Outcome A	Positive Social Relationships
Outcome B	Knowledge and Skills
Outcome C	Actions to Meet Needs

Category a	Percent of infants and toddlers who did not improve functioning
Category b	Percent of infants and toddlers who improved functioning but not sufficient to move nearer to functioning comparable to same-aged peers
Category c	Percent of infants and toddlers who improved functioning to a level nearer to same-aged peers but did not reach it
Category d	Percent of infants and toddlers who improved functioning to reach a level comparable to same-aged peers
Category e	Percent of infants and toddlers who maintained functioning at a level comparable to same-aged peers

⁷ Numbers shown as rounded for display purposes.

⁸ Values based on data for States with summary statement denominator greater than 199 exits.

Expected Range of Responses for Each Outcome and Category, FFY 2021

Outcome\Category	Mean	StDev	-1SD	+1SD
Outcome A\Category a	1.43	1.62	-0.19	3.05
Outcome B\Category a	1.26	2.27	-1.01	3.53
Outcome C\Category a	1.14	1.59	-0.45	2.73

Outcome\Category	Mean	StDev	-2SD	+2SD
Outcome A\ Category b	23.62	8.94	5.75	41.49
Outcome A\ Category c	20.32	12.69	-5.05	45.69
Outcome A\ Category d	27.33	9.46	8.42	46.24
Outcome A\ Category e	27.3	15.11	-2.92	57.52
Outcome B\ Category b	25.16	9.76	5.65	44.68
Outcome B\ Category c	28.73	12.11	4.5	52.95
Outcome B\ Category d	31.76	8.06	15.64	47.87
Outcome B\ Category e	13.09	8.56	-4.02	30.21
Outcome C\ Category b	20.27	8.49	3.29	37.26
Outcome C\ Category c	23.01	13.08	-3.16	49.17
Outcome C\ Category d	34.09	8.09	17.9	50.28
Outcome C\ Category e	21.49	15.06	-8.62	51.6

Data Anomalies Score	Total Points Received in All Progress Areas
0	0 through 9 points
1	10 through 12 points
2	13 through 15 points

Anomalies in Your State's Outcomes Data FFY 2021

Number of Infants and Toddlers with IFSP's Assessed in your State	1,315
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Outcome A — Positive Social Relationships	Category a	Category b	Category c	Category d	Category e
State Performance	5	577	148	327	258
Performance (%)	0.38%	43.88%	11.25%	24.87%	19.62%
Scores	1	0	1	1	1

Outcome B — Knowledge and Skills	Category a	Category b	Category c	Category d	Category e
State Performance	4	616	257	355	83
Performance (%)	0.30%	46.84%	19.54%	27.00%	6.31%
Scores	1	0	1	1	1

Outcome C — Actions to Meet Needs	Category a	Category b	Category c	Category d	Category e
State Performance	6	540	219	472	78
Performance (%)	0.46%	41.06%	16.65%	35.89%	5.93%
Scores	1	0	1	1	1

	Total Score
Outcome A	4
Outcome B	4
Outcome C	4
Outcomes A-C	12

Data Anomalies Score	1
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Appendix C

II. (a) Data Comparison:

Comparing Your State's 2021 Outcomes Data to Other States' 2021 Outcome Data

This score represents how your State's FFY 2021 Outcomes data compares to other States' FFY 2021 Outcomes Data. Your State received a score for the distribution of the 6 Summary Statements for your State compared to the distribution of the 6 Summary Statements in all other States. The 10th and 90th percentile for each of the 6 Summary Statements was identified and used to assign points to performance outcome data for each Summary Statement⁹. Each Summary Statement outcome was assigned 0, 1, or 2 points. If your State's Summary Statement value fell at or below the 10th percentile, that Summary Statement was assigned 0 points. If your State's Summary Statement value fell between the 10th and 90th percentile, the Summary Statement was assigned 1 point, and if your State's Summary Statement value fell at or above the 90th percentile the Summary Statement was assigned 2 points. The points were added up across the 6 Summary Statements. A State can receive a total number of points between 0 and 12, with 0 points indicating all 6 Summary Statement values were at or below the 10th percentile and 12 points indicating all 6 Summary Statements were at or above the 90th percentile. An overall comparison Summary Statement score of 0, 1, or 2 was based on the total points awarded.

Summary Statement 1: Of those infants and toddlers who entered or exited 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.

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.

Scoring Percentages for the 10th and 90th Percentile for Each Outcome and Summary Statement, FFY 2021

Percentiles	Outcome A SS1	Outcome A SS2	Outcome B SS1	Outcome B SS2	Outcome C SS1	Outcome C SS2
10	43.42%	36.60%	54.62%	29.02%	55.14%	36.15%
90	82.74%	69.30%	79.34%	55.52%	85.72%	76.15%

Data Comparison Score	Total Points Received Across SS1 and SS2
0	0 through 4 points
1	5 through 8 points
2	9 through 12 points

Your State's Summary Statement Performance FFY 2021

Summary Statement (SS)	Outcome A: Positive Social Relationships SS1	Outcome A: Positive Social Relationships SS2	Outcome B: Knowledge and Skills SS1	Outcome B: Knowledge and Skills SS2	Outcome C: Actions to meet needs SS1	Outcome C: Actions to meet needs SS2
Performance (%)	44.94%	44.49%	49.68%	33.31%	55.86%	41.83%
Points	1	1	0	1	1	1

Total Points Across SS1 and SS2(*)	5
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Your State's Data Comparison Score	1
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⁹ Values based on data for States with summary statement denominator greater than 199 exiters.

Appendix D

II. (b) Performance Change Over Time:

Comparing your State's FFY 2021 data to your State's FFY 2020 data

The Summary Statement percentages in each Outcomes Area from the previous year's reporting (FFY 2020) is compared to the current year (FFY 2021) using the test of proportional difference to determine whether there is a statistically significant (or meaningful) growth or decline in child achievement based upon a significance level of $p \leq .05$. The data in each Outcome Area is assigned a value of 0 if there was a statistically significant decrease from one year to the next, a value of 1 if there was no significant change, and a value of 2 if there was a statistically significant increase across the years. The scores from all 6 Outcome Areas are totaled, resulting in a score from 0 – 12. The Overall Performance Change Score for this results element of '0', '1', or '2' for each State is based on the total points awarded. Where OSEP has approved a State's reestablishment of its Indicator C3 Outcome Area baseline data the State received a score of 'N/A' for this element.

Test of Proportional Difference Calculation Overview

The summary statement percentages from the previous year's reporting were compared to the current year using an accepted formula (test of proportional difference) to determine whether the difference between the two percentages is statistically significant (or meaningful), based upon a significance level of $p \leq .05$. The statistical test has several steps.

Step 1: Compute the difference between the FFY 2021 and FFY 2020 summary statements.

e.g., $C3A \text{ FFY}2021\% - C3A \text{ FFY}2020\% = \text{Difference in proportions}$

Step 2: Compute the standard error of the difference in proportions using the following formula which takes into account the value of the summary statement from both years and the number of children that the summary statement is based on¹⁰

$\text{Sqrt}[(\text{FFY}2021\% * (1 - \text{FFY}2021\%)) / \text{FFY}2021N] + [(\text{FFY}2022\% * (1 - \text{FFY}2022\%)) / \text{FFY}2022N] = \text{Standard Error of Difference in Proportions}$

Step 3: The difference in proportions is then divided by the standard error of the difference to compute a z score.

$\text{Difference in proportions} / \text{standard error of the difference in proportions} = z \text{ score}$

Step 4: The statistical significance of the z score is located within a table and the p value is determined.

Step 5: The difference in proportions is coded as statistically significant if the p value is it is less than or equal to .05.

Step 6: Information about the statistical significance of the change and the direction of the change are combined to arrive at a score for the summary statement using the following criteria

0 = statistically significant decrease from FFY 2020 to FFY 2021

1 = No statistically significant change

2 = statistically significant increase from FFY 2020 to FFY 2021

Step 7: The score for each summary statement and outcome is summed to create a total score with a minimum of 0 and a maximum of 12. The score for the test of proportional difference is assigned a score for the Indicator 3 Overall Performance Change Score based on the following cut points:

Indicator 3 Overall Performance Change Score	Cut Points for Change Over Time in Summary Statements Total Score
0	Lowest score through 3
1	4 through 7
2	8 through highest

¹⁰Numbers shown as rounded for display purposes.

Summary Statement/ Child Outcome	FFY 2020 N	FFY 2020 Summary Statement (%)	FFY 2021 N	FFY 2021 Summary Statement (%)	Difference between Percentages (%)	Std Error	z value	p-value	p<=.05	Score: 0 = significant decrease; 1 = no significant change; 2 = significant increase
SS1/Outcome A: Positive Social Relationships	1,075	42.98%	1,057	44.94%	1.96	0.0215	0.9126	0.3614	NO	1
SS1/Outcome B: Knowledge and Skills	1,237	48.26%	1,232	49.68%	1.41	0.0201	0.7025	0.4824	NO	1
SS1/Outcome C: Actions to meet needs	1,240	58.47%	1,237	55.86%	-2.61	0.0199	-1.3114	0.1897	NO	1
SS2/Outcome A: Positive Social Relationships	1,328	43.07%	1,315	44.49%	1.41	0.0193	0.7329	0.4636	NO	1
SS2/Outcome B: Knowledge and Skills	1,328	32.00%	1,315	33.31%	1.30	0.0182	0.7153	0.4744	NO	1
SS2/Outcome C: Actions to meet needs	1,328	41.19%	1,315	41.83%	0.64	0.0192	0.3314	0.7403	NO	1

Total Points Across SS1 and SS2	6
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Your State's Performance Change Score	1
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Data Rubric

FFY 2021 APR¹¹

	Part C Timely and Accurate Data -- SPP/APR Data	
APR Indicator	Valid and Reliable	Total
1	1	1
2	1	1
3	1	1
4	1	1
5	1	1
6	1	1
7	1	1
8A	1	1
8B	1	1
8C	1	1
9	N/A	0
10	1	1
11	1	1
	Subtotal	12
APR Score Calculation	Timely Submission Points - If the FFY 2021 APR was submitted on-time, place the number 5 in the cell on the right.	5
	Grand Total - (Sum of Subtotal and Timely Submission Points) =	17

¹¹ In the SPP/APR Data table, where there is an N/A in the Valid and Reliable column, the Total column will display a 0. This is a change from prior years in display only; all calculation methods are unchanged. An N/A does not negatively affect a State's score; this is because 1 point is subtracted from the Denominator in the Indicator Calculation table for each cell marked as N/A in the SPP/APR Data table.

		618 Data ¹²		
Table	Timely	Complete Data	Passed Edit Check	Total
Child Count/Settings Due Date: 4/6/22	1	1	1	3
Exiting Due Date: 11/2/22	1	1	1	3
Dispute Resolution Due Date: 11/2/22	1	1	1	3
			Subtotal	9
618 Score Calculation			Grand Total (Subtotal X 2) =	18.00

Indicator Calculation	
A. APR Grand Total	17
B. 618 Grand Total	18.00
C. APR Grand Total (A) + 618 Grand Total (B) =	35.00
Total N/A Points in APR Data Table Subtracted from Denominator	1
Total N/A Points in 618 Data Table Subtracted from Denominator	0.00
Denominator	35.00
D. Subtotal (C divided by Denominator*) =	1.0000
E. Indicator Score (Subtotal D x 100) =	100.00

***Note that any cell marked as N/A in the APR Data Table will decrease the denominator by 1, and any cell marked as N/A in the 618 Data Table will decrease the denominator by 2.**

¹² In the 618 Data table, when calculating the value in the Total column, any N/As in the Timely, Complete Data, or Passed Edit Checks columns are treated as a '0'. An N/A does not negatively affect a State's score; this is because 2 points is subtracted from the Denominator in the Indicator Calculation table for each cell marked as N/A in the 618 Data table.

APR and 618 -Timely and Accurate State Reported Data

DATE: February 2023 Submission

SPP/APR Data

1) Valid and Reliable Data - Data provided are from the correct time period, are consistent with 618 (when appropriate) and the measurement, and are consistent with previous indicator data (unless explained).

Part C 618 Data

1) Timely – A State will receive one point if it submits counts/ responses for an entire EMAPS survey associated with the IDEA Section 618 data collection to ED by the initial due date for that collection (as described the table below).

618 Data Collection	EMAPS Survey	Due Date
Part C Child Count and Setting	Part C Child Count and Settings in EMAPS	1 st Wednesday in April
Part C Exiting	Part C Exiting Collection in EMAPS	1 st Wednesday in November
Part C Dispute Resolution	Part C Dispute Resolution Survey in EMAPS	1 st Wednesday in November

2) Complete Data – A State will receive one point if it submits data for all data elements, subtotals, totals as well as responses to all questions associated with a specific data collection by the initial due date. No data is reported as missing. No placeholder data is submitted. State-level data include data from all districts or agencies.

3) Passed Edit Check – A State will receive one point if it submits data that meets all the edit checks related to the specific data collection by the initial due date. The counts included in 618 data submissions are internally consistent within a data collection. See the EMAPS User Guide for each of the Part C 618 Data Collections for a list of edit checks (available at: <https://www2.ed.gov/about/inits/ed/edfacts/index.html>).

How the Department Made Determinations

Below is the location of How the Department Made Determinations (HTDMD) on OSEP's IDEA Website. How the Department Made Determinations in 2023 will be posted in June 2023. Copy and paste the link below into a browser to view.

<https://sites.ed.gov/idea/how-the-department-made-determinations/>