

STATE PERFORMANCE PLAN / ANNUAL PERFORMANCE REPORT: PART C

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

**For reporting on
FFY 2022**

Rhode Island



**PART C DUE
February 1, 2024**

**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 2022-23 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).

The Rhode Island Early Intervention system's services are primarily delivered in-person, but a hybrid service delivery model is, and will remain, an option for families to ensure the health and safety of families and providers and equitable access to services. These options are available due to advocacy efforts with in-state insurers and Medicaid, including Managed Care Organizations, resulting in the continued allowance of telemedicine practices with most billing codes and services.

RI has continued to focus financial support through various funding made available to Early Intervention providers for technology, support for the statewide data system upgrade, support for continued child find outreach, and support to recruit and retain staff. The RI State team was successful in securing an additional \$5.5M in state ARPA funding for the FFY22-23 fiscal year. These funds were in addition to a \$3.64M CARES ACT award to EI agencies in December of 2022 and \$5.5M in state ARPA funding in the FFY21-22 fiscal year. In addition, advocacy efforts have resulted in the Governor's inclusion of another ~7% rate increase in his SFY25 proposed budget based on a recent legislative directed Medicaid rate study.

Despite extensive efforts aimed at improvement, the past few fiscal years have been a struggle for the Rhode Island Early Intervention (RIEI) system to meet federal indicators. Slippage and missed targets can either be directly related to continued extensive staffing shortages, or an unintended consequence of not having the staffing capacity to meet the needs of the RIEI population. Although Rhode Island (RI) experienced slippage in most indicators this year, the RIEI Providers continue to ensure and maintain high quality services for infants and toddlers in natural environments as noted in the positive feedback of this year's family survey data. Through various state-wide projects and efforts, staffing capacity has seen a steady, yet slow, increase (although not nearly close to full capacity), engagement and retention of families have improved, and our child find efforts have led to an increase in typical referral rates:

- Referrals have increased from 82% (CY21) of typical to 112% (CY23, as of 9/1/23).
- Staffing capacity has increased from 74% (CY20) to 88.5% (CY23, as of 9/1/23).
- Initial engagement (children referred and enrolled in EI) increased from 67% (CY21) to 85% (CY23, as of 9/1/23).
- Families who either met goals or finished the EI program at age 3 increased from 69% in (CY21) to 83% (CY23, as of 9/1/23).
- Number of staff departures in a 6-month period of time decreased from 29 (time period: 7/1/21-12/31/22) to 10 (time period: 1/1/23-6/30/23)
- Turnover rate decreased from 18.53% to 5.63%, again in the same two 6-month periods of time

Several efforts and activities have been implemented with the goal of improving outcomes for children, meeting federal indicators, and continuing quality services in the RIEI system:

State Referral Process:

- In November of 2021, EOHHS developed and implemented a temporary state referral process.
- All referrals were made through EOHHS and our staff worked with the individual EI providers to respond to referrals, provide support and resources while families were in the referral process, and ultimately connect families to the EI providers as they had availability to provide services.
- As of December 2022, all referrals returned to being made directly to the EI providers and as of February 2023, all families who were part of the state referral process were connected with a local EI agency.

Workforce Campaign:

- With the use of Preschool Development Grant funding, EOHHS led and supported a workforce campaign for the EI system. This effort resulted in a social media campaign to recruit more Early Intervention staff and the ability for EI providers to post jobs on the Skills for Rhode Island's Future web page.
- Collaboration with Higher Education
 - Working with URI to develop a Bachelor level EI Certification program. This will reduce the time it takes to train new personnel and allow providers to receive reimbursement at a higher rate.
 - Working with RIC to support the new Early Childhood Infant Toddler Track by providing internships for the students. Also note that the curriculum for this track was mostly developed by educators working in the Early Intervention field.

Personnel Standards Review:

- Purpose is to reduce any personnel requirements without losing quality so that EI agencies can increase the pool of potential candidates. Focus will shift toward competence, not just educational requirements.
- Public Comment period began on 1/15/24 and hearings are scheduled for mid-February.

Expanding Service Capacity:

- The Early Intervention state team is actively seeking private therapeutic clinics that are willing to provide services in families' homes, to contract with the EI providers to support more families with speech, occupational, and physical therapy. If a clinic is willing, a training will be provided to the clinic staff on the EI service delivery model. Then, the individual EI provider will be able to contract with these clinics at their own discretion. We have two clinics currently who are slated for the EI training and expect that the providers will be able to contract starting mid-fall. A third clinic has recently shown interest. Note: these providers are agreeing to provide services in the natural environment.

Recruitment, Retention and Family Outreach Activities Implemented by EI Providers:

- Per monitoring reports from our providers, retainment rates have seen an improvement. However, despite extensive recruitment efforts, they still struggle with obtaining new, qualified staff to provide EI services.
- Outreach efforts to families have improved, as the referral rate has exceeded what it was pre-pandemic and family engagement rates have also

improved. The following are a list of strategies and activities to date that the EI providers have implemented to improve staffing capacity, outreach to families, and improve family engagement:

- Recruitment/Retention
 - Bonus payments in the form of stipends made directly to current employees
 - Overall salary increases and improved benefits for EI staff
 - Sign-on bonuses for new staff
 - Attendance at job fairs to attract new staff
 - Ongoing advertisements and posting of positions on a variety of websites
 - Professional Development opportunities (trainings, workshops, both in-person and virtual)
 - Staff appreciation activities
 - Updated technology (tablets, phones, Zoom account, etc.)
 - Supplies and equipment to ensure a sanitized workplace
 - Mileage reimbursement rate increases to federal rates and travel incentives
 - Bonuses to staff for working off-hours/weekends
 - Overtime compensation made available to serve more families
 - Data entry support
- Outreach/Family Engagement
 - Outreach to families in the form of letters, phone calls, mailings to engage or re-engage
 - Cultural diversity/equity trainings
 - Anti-racism training
 - Welcome bags for new EI families
 - Outreach to referral sources
 - Updated internal procedures to ensure families go through referral process as quickly as possible
 - Some agencies added a referral/outreach coordinator to the EI team

Additional information related to data collection and reporting

The RIEI system has moved to a fully electronic medical records aimed at tracking all federal and other compliance and quality indicators, as well as housing all documentation related to the implementation of EI services and supports. This was our first year utilizing our new data system for focused monitoring and the providers and state team noted the efficiencies of utilizing the electronic record vs paper records during this process. This electronic way of doing business, both in-house and with families has continued to assist the state team to ensure that providers continue to meet state and federal regulations while ensuring quality data collection and reporting.

Our EI Data system is now fully functional, and all providers are required to enter data in this new system. This year, we still have children whose initial data were entered in the old system, and this has posed some definite challenges with data extracts related to focused monitoring and federal indicators. The RIEI state staff had to implement additional quality assurance activities and take extra precautions to ensure that its FFY2022-23 data are complete, accurate, and timely. As a result, 5 individual EI agencies were found to be out of compliance and the state is providing intensive TA to support the programs with both entering timely data and entering data as required by the new data system.

With the assistance of the EOHHS internal data analytics team, an EI data dashboard has been created and will be used to track various metrics related to improvement on federal indicators and state targets. This will allow the RIEI state team to closely monitor data both at the state and program levels and identify more specific opportunities for strategic planning and technical assistance in real time.

General Supervision System

The systems that are in place to ensure that the IDEA Part C requirements are met (e.g., integrated monitoring activities; data on processes and results; the SPP/APR; fiscal management; policies, procedures, and practices resulting in effective implementation; and improvement, correction, incentives, and sanctions).

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 and full electronic record 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 is the state's web-based data collection system, RIECCS, which 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 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 FFY2022-23 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. 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. For this reporting period, a new format was designed to support the local EI agencies with a more thoughtful process to create corrective action and performance improvement plans that is more comprehensive, easier to track

progress, and more efficient reporting. Technical Assistance and training around the new format were provided at the agency level. The lead agency verifies that each EI provider with non-compliance correctly implements regulatory requirements. State determinations are made annually for all certified EI providers in RI in accordance with OSEP. 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. Documentation of SPP/APR data and findings are posted publicly on an annual basis.

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, input from the ICC and individual EI agencies, 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 and electronic record powered by Welligent, including the training and technical support to the EI providers.
6. Act as the EI liaison for the Early Hearing, Detection, and Intervention (EHDI) program which includes coordinating with, and providing data for, the RI Department of Health to ensure that families with infants and toddlers who are deaf and hard of hearing are connected to and engaged in both EI related services and other available community services and resources.
7. 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 FFY22-23.
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. In addition, an additional training series was offered this year to EI supervisors in the area of infant/toddler social and emotional skills and early relational health.
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.

Stakeholder Engagement:

The mechanisms for broad stakeholder engagement, including activities carried out to obtain input from, and build the capacity of, a diverse group of parents to support the implementation activities designed to improve outcomes, including target setting and any subsequent revisions to targets, analyzing data, developing improvement strategies, and evaluating progress.

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. Children's Cabinet and Early Learning Council. These monthly meetings are comprised of state and community leaders representing people of diverse backgrounds (race/ethnicity, socioeconomic status, geographic locations) with the focus on improving outcomes for children. Several EI strategies and data presentations have been the focus of input from these stakeholder groups. These groups also include family members who have had a child in the Early Intervention system.

8. 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, 2023, from 9:30am to 11:00am. The meeting was conducted virtually via Zoom to ensure access to the meeting. This meeting had 32 participants including parent center staff, parents from local and statewide advocacy and advisory committees, and individual parent members. Although the ICC has 3 official parent members, many members participate with multiple perspectives, including members who had children in EI, and are part of other organizations that aim to improve services for children both with and without disabilities. Of the parent representation, one voting member is a parent who is currently engaged in Early Intervention services and eight are parents who have children who were previous recipients of Early Intervention services. Of these nine (9) parents, four (4) identify as white, four (4) identify as Hispanic, and one (1) identifies as Black. Of these nine (9) parents, six (6) live in urban communities and three (3) 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 twice at the Family Visiting Parent Council and gathered input from the 11 parents who serve on this committee. Input regarding improvement strategies for the following was gathered via a focus group activity during two separate meetings: outreach and engagement strategies for families of underserved populations and needs related to the provision of developmental supports in childcare settings to improve access. Of these eleven (11) families, four (4) identify as white, four (4) identify as Hispanic, two (2) identify as Black, and one parent identifies as Asian. Of these eleven (11) families, seven (7) live in urban communities and four (4) live in rural communities.

In addition, RI EI continues to work 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.

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

Specific to this year, the EI system has been in collaboration with the Governor's office regarding the use of funding from a PDG grant to develop strategies to improve developmental supports for children five (5) and under who engage in early care and education settings. The goal is to reduce suspensions and expulsions and improve the capacity to serve ALL children and ensure that ALL children are successful in these settings. This work involved the input from several parent focus groups of families who currently have children enrolled in these settings, families who have children who have been suspended and/or expelled from these settings, and families who were denied access to a child care setting based on the extensive needs of their child. A full report will be available in the Spring of 2024.

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 support groups and trainings; 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. Another focus has been on diversifying the EI workforce to better match the population that utilizes EI services resulting in a review of the EI Personnel Standards to look for opportunities to meet this goal. 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 proposed 7% COLA increase in the Medicaid reimbursement rate increase requiring legislative approval for the SFY25 state budget.

In collaboration with the RI Kids Count and PLEE, the training originally developed in FFY20-21 specific for Early Intervention families to learn how to be strong advocates in the years following EI services, continues to be available and has grown. 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.

As part of the state ARPA funding, EI was required to develop and track 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 retainment 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 and progress below has been shared:

- Referrals have increased from 82% (CY21) of typical to 112% (CY23, as of 9/1/23).
- Staffing capacity has increased from 74% (CY20) to 88.5% (CY23, as of 9/1/23).
- Initial engagement (children referred and enrolled in EI) increased from 67% (CY21) to 85% (CY23, as of 9/1/23).
- Families who either met goals or finished the EI program at age 3 increased from 69% in (CY21) to 83% (CY23, as of 9/1/23).
- Number of staff departures in a 6-month period of time decreased from 29 (time period: 7/1/21-12/31/22) to 10 (time period: 1/1/23-6/30/23)
- Turnover rate decreased from 18.53% to 5.63%, again in the same two 6-month periods of time

Specific to this year, the EI system has been in collaboration with the Governor's office regarding the use of funding from a PDG grant to develop strategies to improve developmental supports for children five (5) and under who engage in early care and education settings. The goal is to reduce suspensions and expulsions and improve the capacity to serve ALL children and ensure that ALL children are successful in these settings. This work involved the input from several parent focus groups of families who currently have children enrolled in these settings, families who have children who have been suspended and/or expelled from these settings, and families who were denied access to a child care setting based on the extensive needs of their child. A full report will be available in the Spring of 2024.

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 2022 Meeting: Presented updated staffing data and received feedback on potential strategies to improve staffing capacity. Reviewed updated state referral process data and solicited strategies for improvement.
September 2022 Meeting: Updated KPI data and shared trend data related to referrals, staffing, and children waiting over 45 days. Solicited input on ideas on how to have a smooth transition of referrals being processed back at the provider level.
November 2022 Meeting: Presented process to return the referral process back to the EI providers.
January 2023 Meeting: Review, analysis, and approval of FFY21-22 data. Updated on implementation of EI Recovery funds and solicited input on the development of KPIs related to the SFY23 EI Recovery funds.
March 2023 Meeting: Reviewed the process for distribution of the SFY23 EI Recovery Funds and provided update on the status of referrals. Input on other strategies to attract, hire and retain EI staff.

Following each meeting, members can 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.

Public Meetings. Data were presented at other early childhood related public meetings throughout this reporting period to update the public on EI related metrics related to KPI 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. 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 setting targets, 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 links are made publicly available on the EOHHS website. Any public documents, reports, and notices are posted here:
<http://www.eohhs.ri.gov/ProvidersPartners/EarlyInterventionProviders/EICertificationStandards.aspx>
Public Notice | Executive Office of Health and Human Services (ri.gov)

Reporting to the Public:

How and where the State reported to the public on the FFY 2021 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 2021 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 revisions if the State has revised the targets that it submitted with its FFY 2021 APR in 2023, is available.

EOHHS presented FFY21-22 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 2023.

The following link was made publicly available in 4/2023:
<http://www.eohhs.ri.gov/ProvidersPartners/EarlyInterventionProviders/EICertificationStandards.aspx>
Included on this link are the following documents:
1.FFY21-22 APR data for each indicator by provider and collectively for RI's Part C system
2.FFY21-22 State Performance Plan
3.FFY21-22 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

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.

Response to actions required in FFY 2021 SPP/APR

Technical Assistance:

- State RIEI Team participated in and completed ECTAs DMS 2.0 Fiscal Workgroup
- Individual meetings with CIFR staff
- Part C Coordinator and ICC chair attended CIFRs Part C Fiscal Forum in May of 2023.

Actions: The State RIEI team took several actions as a result of these TA:

- Began the development of a fiscal guidebook outlining policies, procedures, and expectations both at the state and local EI agency level to ensure that all fiscal requirements are met.
- Implementing a full fiscal review of the EI system to identify potential new funding sources and support the need for continued rate reimbursement increases. These additional fundings will help EI agencies to offer more competitive salaries to build their staffing capacity to meet the needs of the families in RI.
- Provided an opportunity to review RI's fiscal policies and procedures.

- Provided an opportunity to develop a tracking system for the DMS 2.0 process.

Technical Assistance:

- Accessed, reviewed, and utilized Child Outcomes related resources from the ECTA website and received individual TA from ECTA staff.
- Participation in ECTAs COS Learning Community.

Actions:

- Reviewed Child Outcomes process with Part B 619 and identified areas for better collaboration within the transition process.
- Analyzed data collected through a parent survey regarding the transition process to find opportunities for improvement.
- Utilized resources to develop a state-universal training on the Child Outcomes process so that we can improve our objectivity with ratings.

Technical Assistance:

- Data Managers Community of Practice Meetings
- Review and usage of materials on DaSy website.

Actions:

- Supported Data Manager providing different strategies to analyze demographic data related to family outcomes, child outcomes, and other aspects of implementing EI services.
- Supported Data Manager with changes to SPP/APR and other required data reporting.

Technical Assistance:

- State TA center staff met with ECTA for support around the development of an EHDI MOU.
- Review of ECTA materials related to collaboration and communication between Part C and the EHDI program.
- Participation in the ECTA EHDI Outcomes Learning Community

Actions:

- Formal MOU that meets best practices and our RI state requirements has been developed and is in formal legal review at this time.
- New process developed within EI system to better coordinate and track services and supports for families in EI with children who are deaf or hard of hearing.

Technical Assistance:

- Participation in ECTAs Part C Racial Equity Learning Community.

Actions:

- Updated Personnel standards to attract and support a more diverse EI workforce.

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.

The State's determinations for both 2022 and 2023 were Needs Assistance. Pursuant to sections 616(e)(1) and 642 of the IDEA and 34 C.F.R. § 303.704(a), OSEP's June 21, 2023 determination letter informed the State that it 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. The State provided the required information.

Intro - Required Actions

Indicator 1: Timely Provision of Services

Instructions and Measurement

Monitoring Priority: Early Intervention Services In Natural Environments

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

Data Source

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

Measurement

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

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

Instructions

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

Targets must be 100%.

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

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

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

Provide detailed information about the timely correction of child-specific and regulatory/systemic noncompliance as noted in the Office of Special Education Programs' (OSEP's) response 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 2022 SPP/APR, the data for FFY 2021), 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	2017	2018	2019	2020	2021
Target	100%	100%	100%	100%	100%
Data	93.98%	93.46%	95.35%	98.83%	97.45%

Targets

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

FFY 2022 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 2021 Data	FFY 2022 Target	FFY 2022 Data	Status	Slippage
173	215	97.45%	100%	90.70%	Did not meet target	Slippage

Provide reasons for slippage, if applicable

RI hypothesizes that the reason for slippage is directly related to the continued staffing crisis. Due to this, providers did not always have the capacity to fulfill all IFSP services in a timely manner.

Specifically for the 6 findings and 20 occurrences of noncompliance for Indicator 1, the reasons for not meeting the timeline for FFY22-23 include: individual staffing errors, poor documentation on services rendered forms that support the delivery of the first service, and lack of discipline-specific staff to meet family needs.

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.

22

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 2021

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 2021 Findings of Noncompliance Verified as Corrected

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

The 4 RI timely service findings (6 occurrences) of noncompliance for FFY21 are corrected. Reasons for not meeting the timeline for FFY21 that were discovered during focused monitoring and based on information provided from EI providers on corrective action plans include: one (1) occurrences of provider illness, three (2) occurrences due to internal procedural issues and errors, one (1) occurrence due to lack of staff, and two (2) occurrences of individual staffing not providing adequate documentation to support that the services on the IFSP occurred within 30 days.

The State has verified that each EIS provider with each noncompliance reported by the State in FFY21 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 FFY21 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 analyzed and shown to be 100% compliant to close each finding of non-compliance.

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

The four (4) Timely Service findings in FFY21 involved six (6) individual cases of non-compliance. The state verified through the State's process of Focused Monitoring that the six (6) 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 2021

Year Findings of Noncompliance Were Identified	Findings of Noncompliance Not Yet Verified as Corrected as of FFY 2021 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 2021 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 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.

Response to actions required in FFY 2021 SPP/APR

The 4 RI timely service findings (6 occurrences) of noncompliance for FFY21 are corrected. Reasons for not meeting the timeline for FFY21 that were discovered during focused monitoring and based on information provided from EI providers on corrective action plans include: one (1) occurrences of provider illness, three (2) occurrences due to internal procedural issues and errors, one (1) occurrence due to lack of staff, and two (2) occurrences of individual staffing not providing adequate documentation to support that the services on the IFSP occurred within 30 days.

The State has verified that each EIS provider with each noncompliance reported by the State in FFY21 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 FFY21 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 analyzed and shown to be 100% compliant to close each finding of non-compliance.

The four (4) Timely Service findings in FFY21 involved six (6) individual cases of non-compliance. The state verified through the State's process of Focused Monitoring that the six (6) children received the early intervention services on their IFSP, although, late, unless the child was no longer within the jurisdiction of the EIS program, consistent with OSEP Memorandum 09-02, dated October 17, 2008 (OSEP Memo 09-02).

1 - OSEP Response

1 - Required Actions

Because the State reported less than 100% compliance for FFY 2022, the State must report on the status of correction of noncompliance identified in FFY 2022 for this indicator. When reporting on the correction of noncompliance, the State must report, in the FFY 2023 SPP/APR, that it has verified that each EIS program or provider with noncompliance identified in FFY 2022 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 QA 23-01. In the FFY 2023 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 2022, although its FFY 2022 data reflect less than 100% compliance, provide an explanation of why the State did not identify any findings of noncompliance in FFY 2022.

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	2017	2018	2019	2020	2021
Target>=	94.80%	95.00%	97.00%	97.00%	97.20%
Data	99.01%	99.53%	99.70%	99.90%	99.32%

Targets

FFY	2022	2023	2024	2025
Target >=	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. Children's Cabinet and Early Learning Council. These monthly meetings are comprised of state and community leaders representing people of diverse backgrounds (race/ethnicity, socioeconomic status, geographic locations) with the focus on improving outcomes for children. Several EI strategies and data presentations have been the focus of input from these stakeholder groups. These groups also include family members who have had a child in the Early Intervention system.

8. 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 2022-23 EMAPS IDEA Part C Child Count and Settings Survey; Section A: Child Count and Settings by Age	08/30/2023	Number of infants and toddlers with IFSPs who primarily receive early intervention services in the home or community-based settings	1,891
SY 2022-23 EMAPS IDEA Part C Child Count and Settings Survey; Section A: Child Count and Settings by Age	08/30/2023	Total number of infants and toddlers with IFSPs	1,906

FFY 2022 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 2021 Data	FFY 2022 Target	FFY 2022 Data	Status	Slippage
1,891	1,906	99.32%	97.40%	99.21%	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 = [(# of infants and toddlers who did not improve functioning) divided by (# of infants and toddlers with IFSPs assessed)] times 100.
- b. Percent of infants and toddlers who improved functioning but not sufficient to move nearer to functioning comparable to same-aged peers = [(# of infants and toddlers who improved functioning but not sufficient to move nearer to functioning comparable to same-aged peers) divided by (# of infants and toddlers with IFSPs assessed)] times 100.
- c. Percent of infants and toddlers who improved functioning to a level nearer to same-aged peers but did not reach it = [(# of infants and toddlers who improved functioning to a level nearer to same-aged peers but did not reach it) divided by (# of infants and toddlers with IFSPs assessed)] times 100.
- d. Percent of infants and toddlers who improved functioning to reach a level comparable to same-aged peers = [(# of infants and toddlers who improved functioning to reach a level comparable to same-aged peers) divided by (# of infants and toddlers with IFSPs assessed)] times 100.
- e. Percent of infants and toddlers who maintained functioning at a level comparable to same-aged peers = [(# of infants and toddlers who maintained functioning at a level comparable to same-aged peers) divided by (# of infants and toddlers with IFSPs assessed)] times 100.

Summary Statements for Each of the Three Outcomes:

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

Measurement for Summary Statement 1:

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

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

Measurement for Summary Statement 2:

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

Instructions

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

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

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

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

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

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

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

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

3 - Indicator Data

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

NO

Targets: Description of Stakeholder Input

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. Children's Cabinet and Early Learning Council. These monthly meetings are comprised of state and community leaders representing people of diverse backgrounds (race/ethnicity, socioeconomic status, geographic locations) with the focus on improving outcomes for children. Several EI strategies and data presentations have been the focus of input from these stakeholder groups. These groups also include family members who have had a child in the Early Intervention system.
8. 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	2017	2018	2019	2020	2021
A1	2018	Target>=	70.00%		52.00%	51.20%	51.20%
A1	51.20%	Data	50.78%	50.21%	49.87%	42.98%	44.94%
A2	2018	Target>=	57.80%		48.00%	47.10%	47.10%

A2	47.10%	Data	50.87%	47.10%	46.42%	43.07%	44.49%
B1	2018	Target>=	75.00%		57.00%	56.00%	56.00%
B1	56.00%	Data	57.23%	56.00%	55.58%	48.26%	49.68%
B2	2018	Target>=	55.00%		41.00%	39.51%	39.51%
B2	39.51%	Data	40.53%	39.51%	36.40%	32.00%	33.31%
C1	2018	Target>=	72.00%		64.00%	63.06%	63.06%
C1	63.06%	Data	63.47%	63.06%	62.10%	58.47%	55.86%
C2	2018	Target>=	54.80%		49.00%	48.26%	48.26%
C2	48.26%	Data	51.60%	48.26%	45.51%	41.19%	41.83%

Targets

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

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	8	0.61%
b. Infants and toddlers who improved functioning but not sufficient to move nearer to functioning comparable to same-aged peers	633	47.99%
c. Infants and toddlers who improved functioning to a level nearer to same-aged peers but did not reach it	175	13.27%
d. Infants and toddlers who improved functioning to reach a level comparable to same-aged peers	283	21.46%
e. Infants and toddlers who maintained functioning at a level comparable to same-aged peers	220	16.68%

Outcome A	Numerator	Denominator	FFY 2021 Data	FFY 2022 Target	FFY 2022 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	458	1,099	44.94%	51.30%	41.67%	Did not meet target	Slippage
A2. The percent of infants and toddlers who were functioning within age expectations in Outcome A by the time they turned 3 years of age or exited the program	503	1,319	44.49%	47.25%	38.13%	Did not meet target	Slippage

Provide reasons for A1 slippage, if applicable

RI had 3.27 percentage points slippage in FFY22 when compared to FFY21. The state has conducted an analysis of its FFY 22 A1 data comparing progress categories in FFY22 and FY21. This analysis shows there is an increase in the percentage of category "b", a decrease in the percentage of category "d" and "e", and although there was an increase in category "c", the increase was not enough to offset the decrease in "b" and increase in "d".

The initial analysis was presented to both the RI ICC and the EI Association groups. During both meetings, participants, including parents, provided

insight on potential reasons for slippage. With this input, the RI state team has hypothesized several reasons for these changes and the resulting slippage:

1. FFY22 data regarding length of time children were enrolled EI show that there are more children who were enrolled for 12-24 months than in FFY21, and subsequently, less children enrolled 6 to 12 months than in FFY21. Children who entered EI 12 to 24 months ago, were born in and entered EI during the height of the pandemic when most of the eligibility determinations were conducted virtually. The team hypothesizes that entry ratings of children were not as accurate due to the limitations of the virtual platform used during that time. Qualitative data from providers regarding evaluations conducted virtually, indicate that this method provided less opportunity to observe the skills and behaviors of the child. Due to the size of the virtual "window," information from all senses was not available, and providers became more dependent on parent report. We presume that by not having full access to the child and family in their natural environment, and the lack of ability to utilize standardized tools, entry ratings were less reliable and higher entry ratings were noted. The exit rating is completed after the child has been in EI for more than six months and providers gained a more comprehensive understanding of the child's development, progress, and needs which most likely led to more accurate ratings at exit. This phenomenon may have led to ratings being the same or lower at exit as compared to entry, causing a higher percentage of "b." This limited the potential for the rating to be higher at exit leading to more instances of category "c" or "d" causing the overall percentage in A1 to be lower.

2. The effects of the pandemic on children's development and family mental health have been heavily publicized. Slippage could also have been caused by the overreaching effects of the pandemic, especially in the area of social and emotional skills. We have heard from families both through focus groups, the ICC, and through provider report that parents express concerns about their child and/or family's physical and emotional health. In particular, the families express that they did not access, and continue to limit, social experiences and wonder about the impact on the overall development, in particular social and emotional development, of their infant or toddler.

3. RI EI's electronic record went live in August of 2022 and program level data entry, management, and clinical staff had to learn and be comfortable with this new system. Past entry data for this indicator could not be migrated into the new system and providers had to manually enter these the entry ratings from the old system to a new field in the new system. On review of reliable data related to Indicator 3, the state staff noted several data entry errors such as: reversing entry and exit rating dates, entering the incorrect numbers for entry, and forgetting to enter the entry ratings from the old system. The state staff worked with each individual EI agency to correct these errors to provide as much validity as possible for Indicator 3. In addition, state staff provided weekly "office hours" for data technical assistance needs and continued to provide comprehensive technical assistance to individual agencies with data anomalies. As a requirement of RI's focused monitoring process, Corrective Action Plans were also required for those providers who were found to have timely data entry and/or data quality issues.

Provide reasons for A2 slippage, if applicable

RI had 6.35 percentage points slippage in FFY22 when compared to FFY21. The state has conducted an analysis of its FFY 22 A2 data. When comparing progress categories in FFY22 and FY21, there is a decrease in the percentage of category "d." and "e".

The initial analysis was presented to both the RI ICC and the EI Association groups. During both meetings, participants, including parents, provided insight on potential reasons for slippage. With this input, the RI state team has hypothesized several reasons for these changes and the resulting slippage:

1. FFY22 data regarding length of time children were enrolled EI show that there are more children who were enrolled for 12-24 months than in FFY21, and subsequently, less children enrolled 6 to 12 months than in FFY21. Children who entered EI 12 to 24 months ago, were born in and entered EI during the height of the pandemic when most of the eligibility determinations were conducted virtually. The team hypothesizes that entry ratings of children were not as accurate due to the limitations of the virtual platform used during that time. Qualitative data from providers regarding evaluations conducted virtually, indicate that this method provided less opportunity to observe the skills and behaviors of the child. Due to the size of the virtual "window," information from all senses was not available, and providers became more dependent on parent report. We presume that by not having full access to the child and family in their natural environment, and the lack of ability to utilize standardized tools, entry ratings were less reliable and higher entry ratings were noted. The exit rating is completed after the child has been in EI for more than six months and providers gained a more comprehensive understanding of the child's development, progress, and needs which most likely led to more accurate ratings at exit. This phenomenon may have led to ratings being the same or lower at exit as compared to entry, resulting in the limited opportunity for the rating to be documented as higher at exit and be counted in category "d" or "e", causing the overall percentage in A2 to be lower.

2. The effects of the pandemic on children's development and family mental health have been heavily publicized. Slippage could also have been caused by the overreaching effects of the pandemic, especially in the area of social and emotional skills. We have heard from families both through focus groups, the ICC, and through provider report that parents express concerns about their child and/or family's physical and emotional health. In particular, the families express that they did not access, and continue to limit, social experiences and wonder about the impact on the overall development, in particular, social and emotional development, of their infant or toddler.

3. RI EI's electronic record went live in August of 2022 and program level data entry, management, and clinical staff had to learn and be comfortable with this new system. Past entry data for this indicator could not be migrated into the new system and providers had to manually enter these the entry ratings from the old system to a new field in the new system. On review of reliable data related to Indicator 3, the state staff noted several data entry errors such as: reversing entry and exit rating dates, entering the incorrect numbers for entry, and forgetting to enter the entry ratings from the old system. The state staff worked with each individual EI agency to correct these errors to provide as much validity as possible for Indicator 3. In addition, state staff provided weekly "office hours" for data technical assistance needs and continued to provide comprehensive technical assistance to individual agencies with data anomalies. As a requirement of RI's focused monitoring process, Corrective Action Plans were also required for those providers who were found to have timely data entry and/or data quality issues.

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

Outcome B Progress Category	Number of Children	Percentage of Total
a. Infants and toddlers who did not improve functioning	7	0.53%
b. Infants and toddlers who improved functioning but not sufficient to move nearer to functioning comparable to same-aged peers	657	49.81%
c. Infants and toddlers who improved functioning to a level nearer to same-aged peers but did not reach it	258	19.56%

Outcome B Progress Category	Number of Children	Percentage of Total
d. Infants and toddlers who improved functioning to reach a level comparable to same-aged peers	307	23.28%
e. Infants and toddlers who maintained functioning at a level comparable to same-aged peers	90	6.82%

Outcome B	Numerator	Denominator	FFY 2021 Data	FFY 2022 Target	FFY 2022 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	565	1,229	49.68%	56.25%	45.97%	Did not meet target	Slippage
B2. The percent of infants and toddlers who were functioning within age expectations in Outcome B by the time they turned 3 years of age or exited the program	397	1,319	33.31%	39.75%	30.10%	Did not meet target	Slippage

Provide reasons for B1 slippage, if applicable

RI had 3.70 percentage points slippage in FFY22 when compared to FFY21. The state has conducted an analysis of its FFY 22 B1 data. When comparing progress categories in FFY22 and FFY21, there is an increase in the percentage of category "b", and a decrease in the percentage of category "d." and a slight increase in "e".

The initial analysis was presented to both the RI ICC and the EI Association groups. During both meetings, participants, including parents, provided insight on potential reasons for slippage. With this input, the RI state team has hypothesized several reasons for these changes and the resulting slippage:

1. FFY22 data regarding length of time children were enrolled EI show that there are more children who were enrolled for 12-24 months than in FFY21, and subsequently, less children enrolled 6 to 12 months than in FFY21. Children who entered EI 12 to 24 months ago, were born in and entered EI during the height of the pandemic when most of the eligibility determinations were conducted virtually. The team hypothesizes that entry ratings of children were not as accurate due to the limitations of the virtual platform used during that time. Qualitative data from providers regarding evaluations conducted virtually, indicate that this method provided less opportunity to observe the skills and behaviors of the child. Due to the size of the virtual "window," information from all senses was not available, and providers became more dependent on parent report. We presume that by not having full access to the child and family in their natural environment, and the lack of ability to utilize standardized tools, entry ratings were less reliable and higher entry ratings were noted. The exit rating is completed after the child has been in EI for more than six months and providers gained a more comprehensive understanding of the child's development, progress, and needs which most likely led to more accurate ratings at exit. This phenomenon may have led to ratings being the same or lower at exit as compared to entry, causing a higher percentage of "b" rather than category "c" or "d" causing the overall percentage in B1 to be lower.
2. The effects of the pandemic on children's development and family mental health have been heavily publicized. It could be that the slippage is due to the overreaching effects of the pandemic especially regarding social emotional skills that has an impact on all areas of development. Parental fear about their child or family's health and the impact of that on the social experiences they are comfortable with for their child may be limiting progress reflected in the ratings.
3. RI has developed a new electronic record which became live in 8/22. Data entry staff as well as clinical staff have had to learn new systems. Data for this indicator could not be migrated into the new system and providers had to manually add the entry ratings from the old system to a new place in the new system. Data entry errors such as reversing the entry and exit ratings, entering the wrong numbers for entry, forgetting to enter the entry ratings from the old system have been noticed by state staff. It could be that there are data entry errors in the data which has influenced the overall data. State staff have provided individual data checks for all agencies with follow up to minimize data errors, as well as provided weekly "office hours" for TA needs, provided comprehensive TA to agencies with data anomalies. As part of focused monitoring Corrective Action Plans were also required for providers who were found to have significant data quality issues.

Provide reasons for B2 slippage, if applicable

RI had 3.21 percentage points slippage in FFY22 when compared to FFY21. The state has conducted an analysis of its FFY 22 B2 data. When comparing progress categories in FFY22 and FY21, there is an increase in the percentage of category "b", and a decrease in the percentage of category "d." and a slight increase in "e".

The initial analysis was presented to both the RI ICC and the EI Association groups. During both meetings, participants, including parents, provided insight on potential reasons for slippage. With this input, the RI state team has hypothesized several reasons for these changes and the resulting slippage:

1. FFY22 data regarding length of time children were enrolled EI show that there are more children who were enrolled for 12-24 months than in FFY21, and subsequently, less children enrolled 6 to 12 months than in FFY21. Children who entered EI 12 to 24 months ago, were born in and entered EI during the height of the pandemic when most of the eligibility determinations were conducted virtually. The team hypothesizes that entry ratings of children were not as accurate due to the limitations of the virtual platform used during that time. Qualitative data from providers regarding evaluations conducted virtually, indicate that this method provided less opportunity to observe the skills and behaviors of the child. Due to the size of the virtual "window," information from all senses was not available, and providers became more dependent on parent report. We presume that by not having full

access to the child and family in their natural environment, and the lack of ability to utilize standardized tools, entry ratings were less reliable and higher entry ratings were noted. The exit rating is completed after the child has been in EI for more than six months and providers gained a more comprehensive understanding of the child's development, progress, and needs which most likely led to more accurate ratings at exit. This phenomenon may have led to ratings being the same or lower at exit as compared to entry resulting in a higher percentage of "b" rather than in category "d" causing the overall percentage in B2 to be lower.

2. The effects of the pandemic on children's development and family mental health have been heavily publicized. It could be that the slippage is due to the overarching effects of the pandemic especially regarding social emotional skills that has an impact on all areas of development. Parental fear about their child or family's health and the impact of that on the social experiences they are comfortable with for their child may be limiting progress reflected in the ratings.

3. RI has developed a new electronic record which became live in 8/22. Data entry staff as well as clinical staff have had to learn new systems. Data for this indicator could not be migrated into the new system and providers had to manually add the entry ratings from the old system to a new place in the new system. Data entry errors such as reversing the entry and exit ratings, entering the wrong numbers for entry, forgetting to enter the entry ratings from the old system have been noticed by state staff. It could be that there are data entry errors in the data which has influenced the overall data. State staff have provided individual data checks for all agencies with follow up to minimize data errors, as well as provided weekly "office hours" for TA needs, provided comprehensive TA to agencies with data anomalies. As part of focused monitoring Corrective Action Plans were also required for providers who were found to have significant data quality issues.

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	8	0.61%
b. Infants and toddlers who improved functioning but not sufficient to move nearer to functioning comparable to same-aged peers	610	46.25%
c. Infants and toddlers who improved functioning to a level nearer to same-aged peers but did not reach it	214	16.22%
d. Infants and toddlers who improved functioning to reach a level comparable to same-aged peers	413	31.31%
e. Infants and toddlers who maintained functioning at a level comparable to same-aged peers	74	5.61%

Outcome C	Numerator	Denominator	FFY 2021 Data	FFY 2022 Target	FFY 2022 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	627	1,245	55.86%	63.25%	50.36%	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	487	1,319	41.83%	48.40%	36.92%	Did not meet target	Slippage

Provide reasons for C1 slippage, if applicable

RI had 5.50 percentage points slippage in FFY22 when compared to FFY21. The state has conducted an analysis of its FFY 22 C1 data. When comparing progress categories in FFY22 and FY21, there is an increase in the percentage of category "b", and a decrease in the percentage of categories "c" and "d."

The initial analysis was presented to both the RI ICC and the EI Association groups. During both meetings, participants, including parents, provided insight on potential reasons for slippage. With this input, the RI state team has hypothesized several reasons for these changes and the resulting slippage:

1. FFY22 data regarding length of time children were enrolled EI show that there are more children who were enrolled for 12-24 months than in FFY21, and subsequently, less children enrolled 6 to 12 months than in FFY21. Children who entered EI 12 to 24 months ago, were born in and entered EI during the height of the pandemic when most of the eligibility determinations were conducted virtually. The team hypothesizes that entry ratings of children were not as accurate due to the limitations of the virtual platform used during that time. Qualitative data from providers regarding evaluations conducted virtually, indicate that this method provided less opportunity to observe the skills and behaviors of the child. Due to the size of the virtual "window," information from all senses was not available, and providers became more dependent on parent report. We presume that by not having full access to the child and family in their natural environment, and the lack of ability to utilize standardized tools, entry ratings were less reliable and higher entry ratings were noted. The exit rating is completed after the child has been in EI for more than six months and providers gained a more comprehensive understanding of the child's development, progress, and needs which most likely led to more accurate ratings at exit. This phenomenon may have led to ratings being the same or lower at exit as compared to entry resulting in a higher percentage of "b." This limited opportunity for the rating to be higher at exit to be counted in category "c" or "d", causes the overall percentage in C1 to be lower.

2. The effects of the pandemic on children's development and family mental health have been heavily publicized. It could be that the slippage is due to the overarching effects of the pandemic especially regarding social emotional skills that has an impact on all areas of development. Parental fear about

their child or family's health and the impact of that on the social experiences they are comfortable with for their child may be limiting progress reflected in the ratings.

3. RI has developed a new electronic record which became live in 8/22. Data entry staff as well as clinical staff have had to learn new systems. Data for this indicator could not be migrated into the new system and providers had to manually add the entry ratings from the old system to a new place in the new system. Data entry errors such as reversing the entry and exit ratings, entering the wrong numbers for entry, forgetting to enter the entry ratings from the old system have been noticed by state staff. It could be that there are data entry errors in the data which has influenced the overall data. State staff have provided individual data checks for all agencies with follow up to minimize data errors, as well as provided weekly "office hours" for TA needs, provided comprehensive TA to agencies with data anomalies. As part of focused monitoring Corrective Action Plans were also required for providers who were found to have significant data quality issues.

Provide reasons for C2 slippage, if applicable

RI had 4.90 percentage points slippage in FFY22 when compared to FFY21. The state has conducted an analysis of its FFY 22 C2 data. When comparing progress categories in FFY22 and FY21, there is an increase in the percentage of category "b", and a decrease in the percentage of category "d." and "c".

The initial analysis was presented to both the RI ICC and the EI Association groups. During both meetings, participants, including parents, provided insight on potential reasons for slippage. With this input, the RI state team has hypothesized several reasons for these changes and the resulting slippage:

1. FFY22 data regarding length of time children were enrolled EI show that there are more children who were enrolled for 12-24 months than in FFY21, and subsequently, less children enrolled 6 to 12 months than in FFY21. Children who entered EI 12 to 24 months ago, were born in and entered EI during the height of the pandemic when most of the eligibility determinations were conducted virtually. The team hypothesizes that entry ratings of children were not as accurate due to the limitations of the virtual platform used during that time. Qualitative data from providers regarding evaluations conducted virtually, indicate that this method provided less opportunity to observe the skills and behaviors of the child. Due to the size of the virtual "window," information from all senses were not available, and providers became more dependent on parent report. We presume that by not having full access to the child and family in their natural environment, and the lack of ability to utilize standardized tools, entry ratings were less reliable and higher entry ratings were noted. The exit rating is completed after the child has been in EI for more than six months and providers gained a more comprehensive understanding of the child's development, progress, and needs which most likely led to more accurate ratings at exit. This phenomenon may have led to ratings being the same or lower at exit as compared to entry resulting in a higher percentage of "b". This limits the opportunity for the rating to be higher at exit to be counted in category "d", causing the overall percentage in C2 to be lower.

2. The effects of the pandemic on children's development and family mental health have been heavily publicized. It could be that the slippage is due to the overreaching effects of the pandemic especially regarding social emotional skills that has an impact on all areas of development. Parental fear about their child or family's health and the impact of that on the social experiences they are comfortable with for their child may be limiting progress reflected in the ratings.

3. RI has developed a new electronic record which became live in 8/22. Data entry staff as well as clinical staff have had to learn new systems. Data for this indicator could not be migrated into the new system and providers had to manually add the entry ratings from the old system to a new place in the new system. Data entry errors such as reversing the entry and exit ratings, entering the wrong numbers for entry, forgetting to enter the entry ratings from the old system have been noticed by state staff. It could be that there are data entry errors in the data which has influenced the overall data. State staff have provided individual data checks for all agencies with follow up to minimize data errors, as well as provided weekly "office hours" for TA needs, provided comprehensive TA to agencies with data anomalies. As part of focused monitoring Corrective Action Plans were also required for providers who were found to have significant data quality issues.

FFY 2022 SPP/APR Data

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	1,989
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.	511
Number of infants and toddlers with IFSPs assessed	1,319

Sampling Question	Yes / No
Was sampling used?	NO

Did you use the Early Childhood Outcomes Center (ECO) Child Outcomes Summary (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 RIEICCS 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/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	2017	2018	2019	2020	2021
A	2006	Target>=	90.80%	91.00%	92.00%	88.67%	89.00%
A	87.89%	Data	91.41%	91.63%	88.67%	89.23%	87.61%
B	2006	Target>=	94.80%	95.00%	96.00%	92.52%	93.00%
B	91.40%	Data	94.78%	95.94%	92.52%	93.79%	90.44%
C	2006	Target>=	94.50%	94.50%	94.50%	89.95%	91.00%
C	93.90%	Data	92.40%	93.74%	89.95%	89.06%	87.40%

Targets

FFY	2022	2023	2024	2025
Target A>=	89.50%	90.00%	91.00%	92.00%
Target B>=	93.50%	94.00%	95.00%	96.00%
Target C>=	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. Children's Cabinet and Early Learning Council. These monthly meetings are comprised of state and community leaders representing people of diverse backgrounds (race/ethnicity, socioeconomic status, geographic locations) with the focus on improving outcomes for children. Several EI strategies and data presentations have been the focus of input from these stakeholder groups. These groups also include family members who have had a child in the Early Intervention system.
8. 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 2022 SPP/APR Data

The number of families to whom surveys were distributed	1,607
---	-------

Number of respondent families participating in Part C	758
Survey Response Rate	47.17%
A1. Number of respondent families participating in Part C who report that early intervention services have helped the family know their rights	652
A2. Number of responses to the question of whether early intervention services have helped the family know their rights	730
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	683
B2. Number of responses to the question of whether early intervention services have helped the family effectively communicate their children's needs	741
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	668
C2. Number of responses to the question of whether early intervention services have helped the family help their children develop and learn	748

Measure	FFY 2021 Data	FFY 2022 Target	FFY 2022 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)	87.61%	89.50%	89.32%	Did not meet target	No Slippage
B. Percent of families participating in Part C who report that early intervention services have helped the family effectively communicate their children's needs (B1 divided by B2)	90.44%	93.50%	92.17%	Did not meet target	No Slippage
C. Percent of families participating in Part C who report that early intervention services have helped the family help their children develop and learn (C1 divided by C2)	87.40%	92.00%	89.30%	Did not meet target	No Slippage

Sampling Question	Yes / No
Was sampling used?	NO

Question	Yes / No
Was a collection tool used?	YES
If yes, is it a new or revised collection tool?	NO

Response Rate

FFY	2021	2022
Survey Response Rate	46.26%	47.17%

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).

Surveys returned were analyzed using the ECTA Meaningful Differences Calculator for representativeness with regard to race/ethnicity and socioeconomic status (as measured by families who are Medicaid recipients vs those with private insurance) and compared to one day enrollment.

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.

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. States must include race/ethnicity in their analysis. In addition, the State's analysis must 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 category approved through the stakeholder input process.

Using the ECTA Meaningful Differences Calculator to analyze the Family Outcomes data, RI's response rate in FFY22 for race are representative of infants and toddlers enrolled in the Part C program.

Data are representative for the African American or Black Population
Number of families in target population=117

Number of families who did respond to survey=55
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=6
Number of families who did respond to survey=1
Target representation=<1%
Actual representation=<1%
Difference=0%

Data are representative for the Asian population
Number of families in target population=43
Number of families who did respond to survey=20
Target representation=3%
Actual representation=3%
Difference=0%

Data are representative of the Hispanic population:
Number of families in target population=491
Number of families who did respond to survey=236
Target representation=31%
Actual representation=31%
Difference= 0%

Data are representative for the White population:
Number of families in target population=836
Number of families who did respond to survey=395
Target representation=52%
Actual representation=52%
Difference= 0%

Data are representative for the Native Hawaiian or other Pacific Islander
Number of families in target population= 2
Number of families who did respond to survey= 1
Target representation=<1%
Actual representation=<1%
Difference= 0%

Data are representative for families that identify as more than one race:
Number of families in target population=44
Number of families who did respond to survey=13
Target representation=3%
Actual representation=2%
Difference= -1%

Surveys returned were analyzed using the ECTA Meaningful Differences Calculator for representativeness with regard to language spoken. Upon analysis for this review period, RI is demonstrating an equitable representation for this historically underrepresented population due to the successful implementation of strategies. Data provided are for those families who indicated primary language on the survey.

Data are representative for families that report Spanish as their primary language:
Number of families in target population=170
Number of families who did respond to survey=86
Target representation=11%
Actual representation=11%
Difference= 0%

Data are representative for families that report English as their primary language:
Number of families in target population=1410
Number of families who did respond to survey=672
Target representation=88%
Actual representation=89%
Difference=1%

Surveys returned were analyzed using the ECTA Meaningful Differences Calculator for representativeness with regard to age at referral. 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=634
Number of families who did respond to survey=272
Target representation=39%
Actual representation=36%
Difference= -3%

Data are representative for children who were referred to EI between 13-24 months of age.
Number of families in target population=670
Number of families who did respond to survey=331
Target representation=42%
Actual representation=44%
Difference= 2%

Data are representative for children who were referred to EI between 25-35 months of age.
Number of families in target population=303
Number of families who did respond to survey=155
Target representation=19%
Actual representation=20%
Difference = 1%

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. (yes/no)

YES

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

Rhode Island continued the implementation of steps from FFY2021 to reduce bias and promote response from a broad cross section of families that received Part C services. These steps include: continuation the utilization 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 for any written and spoken language other than English and Spanish; 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 were reviewed with the ICC and the state Family Survey Workgroup and this group decided to continue with the same strategies in FFY22 as significant improvements were achieved in representativeness with regard to race/ethnicity, age at referral and language spoken.

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.

Rhode Island continued the implementation of steps from FFY2021 to reduce bias and promote response from a broad cross section of families that received Part C services. These steps include: continuation the utilization 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 for any written and spoken language other than English and Spanish; 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 were reviewed with the ICC and the state Family Survey Workgroup and this group decided to continue with the same strategies in FFY22 as significant improvements were achieved in representativeness with regard to race/ethnicity. Through these analyses, a slight increase in response rate was noted and no nonresponse bias were identified.

Using the ECTA Meaningful Differences Calculator to analyze the Family Outcomes data, RI's response rate in FFY22 for race are representative of infants and toddlers enrolled in the Part C program over the time period of 7/1/22 - 6/30/23.

Data are representative for the African American or Black Population
Number of families in target population=288
Number of families who did respond to survey=55
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=14
Number of families who did respond to survey=1
Target representation=<1%
Actual representation=<1%
Difference=0%

Data are representative for the Asian population
Number of families in target population=77
Number of families who did respond to survey=20
Target representation=2%
Actual representation=3%
Difference= 1%

Data are representative of the Hispanic population:
Number of families in target population=1256
Number of families who did respond to survey=236
Target representation=32%
Actual representation=31%
Difference= -1%

Data are representative for the White population:
Number of families in target population=2185
Number of families who did respond to survey=395
Target representation=55%
Actual representation=52%

Difference= -3%

Data are representative for the Native Hawaiian or other Pacific Islander
Number of families in target population= 6
Number of families who did respond to survey= 1
Target representation=<1%
Actual representation=<1%
Difference= 0%

Data are representative for families that identify as more than one race:
Number of families in target population=127
Number of families who did respond to survey=13
Target representation=3%
Actual representation=2%
Difference= -1%

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 2023) 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 2023 and continued through September (deadline for all surveys was September 30, 2023).

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 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.

Response to actions required in FFY 2021 SPP/APR

Rhode Island's FFY22 response data are representative of the demographics of infants, toddlers and families enrolled in the Part C program with regard to race/ethnicity, language spoken, and age at referral.

4 - OSEP Response

4 - Required Actions

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	2017	2018	2019	2020	2021
Target >=	2.50%	2.50%	2.50%	2.50%	2.70%
Data	2.60%	3.14%	2.93%	2.22%	2.74%

Targets

FFY	2022	2023	2024	2025
Target >=	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 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. Children's Cabinet and Early Learning Council. These monthly meetings are comprised of state and community leaders representing people of diverse backgrounds (race/ethnicity, socioeconomic status, geographic locations) with the focus on improving outcomes for children. Several EI strategies and data presentations have been the focus of input from these stakeholder groups. These groups also include family members who have had a child in the Early Intervention system.

8. 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 2022-23 EMAPS IDEA Part C Child Count and Settings Survey; Section A: Child Count and Settings by Age	08/30/2023	Number of infants and toddlers birth to 1 with IFSPs	142
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	06/20/2023	Population of infants and toddlers birth to 1	10,532

FFY 2022 SPP/APR Data

Number of infants and toddlers birth to 1 with IFSPs	Population of infants and toddlers birth to 1	FFY 2021 Data	FFY 2022 Target	FFY 2022 Data	Status	Slippage
142	10,532	2.74%	2.90%	1.35%	Did not meet target	Slippage

Provide reasons for slippage, if applicable

Although Rhode Island saw a decrease in both cumulative and day counts, analysis of these data show that the distribution percentages for race/ethnicity and gender remained relatively stable as compared to 2021. Specifically for age, there was a disproportionate decrease in Birth to 1-year-olds in our EI system. This is hypothesized to be due to a decrease in live births in our state. In 2020, the U.S. Census Bureau conducted its most recent decennial Census. Although the overall population of Rhode Island (1,097,379) grew by 4.3% from 2010 to 2020, the child population (209,785) declined by 6.3% over this same period. Rhode Island has the second lowest fertility rate among states (48.3 births per 1,000 women ages 15 to 44). The general decline in the fertility rate is due to women delaying childbearing, as well as having fewer total children. Specific to live births, Rhode Island had approximately 11,000 live births in CY17 and these numbers have declined since with only 10,100 live births in CY22. (RI Kids Count Factbook, 2023).

In addition, Rhode Island notes that due to delays in ensuring that families have an IFSP in place within 45-days, some children were not counted in the total count as they had not yet been fully enrolled, although at some point in the enrollment process. Also, due to these delays, it has been reported through input from community referral sources, that pediatricians often referred children directly to an outpatient clinic simultaneously with an Early Intervention referral. Then, when Early Intervention contacted the family to continue the referral process, many families did not accept the referral and stated they wanted to remain with outpatient clinical services.

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	2017	2018	2019	2020	2021
Target >=	6.00%	6.00%	6.00%	6.00%	6.50%
Data	6.14%	6.54%	7.14%	6.42%	6.62%

Targets

FFY	2022	2023	2024	2025
Target >=	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 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. Children's Cabinet and Early Learning Council. These monthly meetings are comprised of state and community leaders representing people of diverse backgrounds (race/ethnicity, socioeconomic status, geographic locations) with the focus on improving outcomes for children. Several EI strategies and data presentations have been the focus of input from these stakeholder groups. These groups also include family members who have had a child in the Early Intervention system.

8. 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 2022-23 EMAPS IDEA Part C Child Count and Settings Survey; Section A: Child Count and Settings by Age	08/30/2023	Number of infants and toddlers birth to 3 with IFSPs	1,906
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	06/20/2023	Population of infants and toddlers birth to 3	31,046

FFY 2022 SPP/APR Data

Number of infants and toddlers birth to 3 with IFSPs	Population of infants and toddlers birth to 3	FFY 2021 Data	FFY 2022 Target	FFY 2022 Data	Status	Slippage
1,906	31,046	6.62%	7.00%	6.14%	Did not meet target	Slippage

Provide reasons for slippage, if applicable

Although Rhode Island saw a decrease in both cumulative and day counts, analysis of these data show that the distribution percentages for race/ethnicity and gender remained relatively stable as compared to 2021. Specifically for age, there was a disproportionate decrease in Birth to 1-year-olds in our EI system. This is hypothesized to be due to a decrease in live births in our state. In 2020, the U.S. Census Bureau conducted its most recent decennial Census. Although the overall population of Rhode Island (1,097,379) grew by 4.3% from 2010 to 2020, the child population (209,785) declined by 6.3% over this same period. Rhode Island has the second lowest fertility rate among states (48.3 births per 1,000 women ages 15 to 44). The general decline in the fertility rate is due to women delaying childbearing, as well as having fewer total children. Specific to live births, Rhode Island had approximately 11,000 live births in CY17 and these numbers have declined since with only 10,100 live births in CY22. (RI Kids Count Factbook, 2023).

In addition, Rhode Island notes that due to delays in ensuring that families have an IFSP in place within 45-days, some children were not counted in the total count as they had not yet been fully enrolled, although at some point in the enrollment process. Also, due to these delays, it has been reported through input from community referral sources, that pediatricians often referred children directly to an outpatient clinic simultaneously with an Early Intervention referral. Then, when Early Intervention contacted the family to continue the referral process, many families did not accept the referral and stated they wanted to remain with outpatient clinical services.

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 child-specific and regulatory/systemic noncompliance as noted in OSEP's response 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 2022 SPP/APR, the data for FFY 2021), 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	2017	2018	2019	2020	2021
Target	100%	100%	100%	100%	100%
Data	98.40%	96.92%	97.29%	97.67%	34.89%

Targets

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

FFY 2022 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 2021 Data	FFY 2022 Target	FFY 2022 Data	Status	Slippage
60	215	34.89%	100%	33.49%	Did not meet target	Slippage

Provide reasons for slippage, if applicable.

Rhode Island noted a very slight 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 2022), the staffing capacity was at 80% of what

was typical before the Pandemic (comparing to January of 2020), yet the referral rate was at approximately 103% of typical. As of September 2023, staffing has increased to 88% capacity, but the referral rate continues to increase and was at 112% also in September 2023. This has continued to created an overwhelming burden on the EI providers and we predicted that the providers would have difficulty meeting the 45-timeline indicator again this year. 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 temporary process began in November of 2021. In December of 2022, during this reporting year, providers resumed accepting referrals directly.

Several additional efforts and activities have been implemented with the goal of improving outcomes for children, increasing staffing capacity to meet referral rates, meeting federal indicators, and continuing quality services in the RIEI system:

Workforce Campaign:

- With the use of Preschool Development Grant funding, EOHHS led and supported a workforce campaign for the EI system. This effort resulted in a social media campaign to recruit more Early Intervention staff and the ability for EI providers to post jobs on the Skills for Rhode Island's Future web page.
- Collaboration with Higher Education
 - Working with URI to develop a Bachelor level EI Certification program. This will reduce the time it takes to train new personnel and allow providers to receive reimbursement at a higher rate.
 - Working with RIC to support the new Early Childhood Infant Toddler Track by providing internships for the students. Also note that the curriculum for this track was mostly developed by educators working in the Early Intervention field.

Personnel Standards Review:

- Purpose is to reduce any personnel requirements without losing quality so that EI agencies can increase the pool of potential candidates. Focus will shift toward competence, not just educational requirements.
- Public Comment period began on 1/15/24 and hearings are scheduled for mid-February.

Expanding Service Capacity:

- The Early Intervention state team is actively seeking private therapeutic clinics that are willing to provide services in families' homes, to contract with the EI providers to support more families with speech, occupational, and physical therapy. If a clinic is willing, a training will be provided to the clinic staff on the EI service delivery model. Then, the individual EI provider will be able to contract with these clinics at their own discretion. We have two clinics currently who are slated for the EI training and expect that the providers will be able to contract starting mid-fall. A third clinic has recently shown interest. Note: these providers are agreeing to provide services in the natural environment.

Recruitment, Retention and Family Outreach Activities Implemented by EI Providers:

- Per monitoring reports from our providers, retainment rates have seen an improvement. However, despite extensive recruitment efforts, they still struggle with obtaining new, qualified staff to provide EI services.
- Outreach efforts to families have improved, as the referral rate has exceeded what it was pre-pandemic and family engagement rates have also improved. The following are a list of strategies and activities to date that the EI providers have implemented to improve staffing capacity, outreach to families, and improve family engagement:
 - Recruitment/Retention
 - Bonus payments in the form of stipends made directly to current employees
 - Overall salary increases and improved benefits for EI staff
 - Sign-on bonuses for new staff
 - Attendance at job fairs to attract new staff
 - Ongoing advertisements and posting of positions on a variety of websites
 - Professional Development opportunities (trainings, workshops, both in-person and virtual)
 - Staff appreciation activities
 - Updated technology (tablets, phones, Zoom account, etc.)
 - Supplies and equipment to ensure a sanitized workplace
 - Mileage reimbursement rate increases to federal rates and travel incentives
 - Bonuses to staff for working off-hours/weekends
 - Overtime compensation made available to serve more families
 - Data entry support
 - Outreach/Family Engagement
 - Outreach to families in the form of letters, phone calls, mailings to engage or re-engage
 - Cultural diversity/equity trainings
 - Anti-racism training
 - Welcome bags for new EI families
 - Outreach to referral sources
 - Updated internal procedures to ensure families go through referral process as quickly as possible
 - Some agencies added a referral/outreach coordinator to the EI team

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.

12

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.

Unjustified reasons for delay are those that are directly due to provider issues.

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

State monitoring

Describe the method used to select EIS programs for monitoring.

All 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 2021

Findings of Noncompliance Identified	Findings of Noncompliance Verified as Corrected Within One Year	Findings of Noncompliance Subsequently Corrected	Findings Not Yet Verified as Corrected
9	1		8

FFY 2021 Findings of Noncompliance Verified as Corrected**Describe how the State verified that the source of noncompliance is correctly implementing the regulatory requirements.**

Of the nine (9) findings of RI 45-Day Timeline findings, one (1) instance of noncompliance is 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 and scheduling eligibility evaluations within timelines. The State has verified that one (1) EIS provider with noncompliance reported by the State in FFY21 under this indicator: (1) is correctly implementing the specific regulatory requirements; and (2) has completed an initial evaluation and assessment and an initial IFSP 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 FFY21 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, the state team confirmed correction for one (1) agency via 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 through the State's process of Focused Monitoring that all 153 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, dated October 17, 2008 (OSEP Memo 09-02).

FFY 2021 Findings of Noncompliance Not Yet Verified as Corrected**Actions taken if noncompliance not corrected**

Eight (8) 45-day findings in FFY21 have continued into FFY22. The state TA team has met with each individual agency, as needed, to support them with the development of their continued Corrective Action Plans. A new Corrective Action Plan form was developed in this reporting year to assist each agency with steps to truly find root causes, develop strategies that are specific to improving these root causes, create a data collection plan to monitor progress, and create a reporting schedule to update the state of the agency's progress. All agencies experiencing continued non-compliance have successfully submitted their Corrective Action Plans and the state TA staff will regularly meet with these providers to support with trainings, data collection, and other TA needs related to Indicator 7.

Correction of Findings of Noncompliance Identified Prior to FFY 2021

Year Findings of Noncompliance Were Identified	Findings of Noncompliance Not Yet Verified as Corrected as of FFY 2021 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 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.

Response to actions required in FFY 2021 SPP/APR

Of the nine (9) findings of RI 45-Day Timeline findings, one (1) instance of noncompliance is 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 and scheduling eligibility evaluations within timelines. The State has verified that one (1) EIS provider with noncompliance reported by the State in FFY21 under this indicator: (1) is correctly implementing the specific regulatory requirements; and (2) has completed an initial evaluation and assessment and an initial IFSP 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 FFY21 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, one (1) program submitted a data sample that was 100% compliant to close this finding of non-compliance.

The state verified through the State's process of Focused Monitoring that all 153 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, dated October 17, 2008 (OSEP Memo 09-02).

7 - OSEP Response

7 - Required Actions

Because the State reported less than 100% compliance for FFY 2022, the State must report on the status of correction of noncompliance identified in FFY 2022 for this indicator. In addition, the State must demonstrate, in the FFY 2023 SPP/APR, that the remaining eight uncorrected findings of noncompliance identified in FFY 2021 were corrected. When reporting on the correction of noncompliance, the State must report, in the FFY 2023 SPP/APR, that it has verified that each EIS program or provider with findings of noncompliance identified in FFY 2022 and each EIS program or provider with remaining noncompliance identified in FFY 2021: (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 QA 23-01. In the FFY 2023 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 2022, although its FFY 2022 data reflect less than 100% compliance, provide an explanation of why the State did not identify any findings of noncompliance in FFY 2022.

Indicator 8A: Early Childhood Transition

Instructions and Measurement

Monitoring Priority: Effective General Supervision Part C / Effective Transition

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

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

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

Data Source

Data to be taken from monitoring or State data system.

Measurement

- A. Percent = $\left[\frac{\text{(\# of toddlers with disabilities exiting Part C who have an IFSP with transition steps and services at least 90 days, and at the discretion of all parties not more than nine months, prior to their third birthday)}}{\text{(\# of toddlers with disabilities exiting Part C)}} \right] \times 100$.
- B. Percent = $\left[\frac{\text{(\# of toddlers with disabilities exiting Part C where notification (consistent with any opt-out policy adopted by the State) to the SEA and LEA occurred at least 90 days prior to their third birthday for toddlers potentially eligible for Part B preschool services)}}{\text{(\# of toddlers with disabilities exiting Part C who were potentially eligible for Part B)}} \right] \times 100$.
- C. Percent = $\left[\frac{\text{(\# of toddlers with disabilities exiting Part C where the transition conference occurred at least 90 days, and at the discretion of all parties not more than nine months, prior to the toddler's third birthday for toddlers potentially eligible for Part B)}}{\text{(\# of toddlers with disabilities exiting Part C who were potentially eligible for Part B)}} \right] \times 100$.

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

Instructions

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

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

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

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

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

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

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

Indicators 8A, 8B, and 8C: Provide detailed information about the timely correction of child-specific and regulatory/systemic noncompliance as noted in OSEP's response 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 2022 SPP/APR, the data for FFY 2021), 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	2017	2018	2019	2020	2021
Target	100%	100%	100%	100%	100%
Data	100.00%	99.03%	99.03%	100.00%	100.00%

Targets

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

FFY 2022 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 2021 Data	FFY 2022 Target	FFY 2022 Data	Status	Slippage
92	93	100.00%	100%	98.92%	Did not meet target	Slippage

Provide reasons for slippage, if applicable

One record did not meet the requirements of 8A. This one (1) finding with one (1) occurrence was due to an error by the service coordinator responsible for the completion of this task.

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.

Justified reasons that the Transition Steps were not completed include: family requested delay/cancellation, child illness/hospitalization, and unable to contact family.

Unjustified reasons that the Transition Steps were not completed include provider issues.

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

State monitoring

Describe the method used to select EIS programs for monitoring.

All 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 2021**

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

Correction of Findings of Noncompliance Identified Prior to FFY 2021

Year Findings of Noncompliance Were Identified	Findings of Noncompliance Not Yet Verified as Corrected as of FFY 2021 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**

Because the State reported less than 100% compliance for FFY 2022, the State must report on the status of correction of noncompliance identified in FFY 2022 for this indicator. When reporting on the correction of noncompliance, the State must report, in the FFY 2023 SPP/APR, that it has verified that each EIS program or provider with noncompliance identified in FFY 2022 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 QA 23-01. In the FFY 2023 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 2022, although its FFY 2022 data reflect less than 100% compliance, provide an explanation of why the State did not identify any findings of noncompliance in FFY 2022.

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 child-specific and regulatory/systemic noncompliance as noted in OSEP's response 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 2022 SPP/APR, the data for FFY 2021), 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	2017	2018	2019	2020	2021
Target	100%	100%	100%	100%	100%
Data	100.00%	100.00%	100.00%	99.05%	100.00%

Targets

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

FFY 2022 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 2021 Data	FFY 2022 Target	FFY 2022 Data	Status	Slippage
95	96	100.00%	100%	98.96%	Did not meet target	Slippage

Provide reasons for slippage, if applicable

One record did not meet the requirement of timely notification. The notification in this instance did occur, but not within the required timelines due to a staff error missing the timeline for notification.

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.

Justified reasons that the notification was not timely include: family requested delay/cancellation, child illness/hospitalization, and unable to contact family.

Unjustified reasons that the notification was not timely are due to provider issues.

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 2021**

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

Correction of Findings of Noncompliance Identified Prior to FFY 2021

Year Findings of Noncompliance Were Identified	Findings of Noncompliance Not Yet Verified as Corrected as of FFY 2021 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 2021 APR	Findings of Noncompliance Verified as Corrected	Findings Not Yet Verified as Corrected

8B - Prior FFY Required Actions

None

8B - OSEP Response

8B - Required Actions

Because the State reported less than 100% compliance for FFY 2022, the State must report on the status of correction of noncompliance identified in FFY 2022 for this indicator. When reporting on the correction of noncompliance, the State must report, in the FFY 2023 SPP/APR, that it has verified that each EIS program or provider with noncompliance identified in FFY 2022 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 QA 23-01. In the FFY 2023 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 2022, although its FFY 2022 data reflect less than 100% compliance, provide an explanation of why the State did not identify any findings of noncompliance in FFY 2022.

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:

- 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 child-specific and regulatory/systemic noncompliance as noted in OSEP's response 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 2022 SPP/APR, the data for FFY 2021), 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	2017	2018	2019	2020	2021
Target	100%	100%	100%	100%	100%
Data	100.00%	99.03%	100.00%	98.06%	98.97%

Targets

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

FFY 2022 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 2021 Data	FFY 2022 Target	FFY 2022 Data	Status	Slippage
86	93	98.97%	100%	92.47%	Did not meet target	Slippage

Provide reasons for slippage, if applicable

Seven (7) records did not meet the requirements of a Transition Conference. The Transition conference in all cases were held, but either not within the required timelines due to a provider issue or that the conference did not have evidence of ensuring that the LEA was notified of the conference.

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.

0

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.

Unjustified reasons that the Transition conference was not held within timelines are due to provider issues.

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

State monitoring

Describe the method used to select EIS programs for monitoring.

All 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 2021**

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	0		1

FFY 2021 Findings of Noncompliance Not Yet Verified as Corrected**Actions taken if noncompliance not corrected**

The one (1) findings in FFY21 has continued into FFY22. The state TA team has met with the individual agency to support them with the development of their continued Corrective Action Plan related to timely Transition Conferences. A new Corrective Action Plan form was developed in this reporting year to assist each agency with steps to truly find root causes, develop strategies that are specific to improving these root causes, create a data collection plan to monitor progress, and create a reporting schedule to update the state of the agency's progress. The agency experiencing continued non-compliance has successfully submitted their Corrective Action Plan and the state TA staff will regularly meet with this provider to support with trainings, data collection, and other TA needs related to Indicator 8C.

Correction of Findings of Noncompliance Identified Prior to FFY 2021

Year Findings of Noncompliance Were Identified	Findings of Noncompliance Not Yet Verified as Corrected as of FFY 2021 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 2021 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 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.

Response to actions required in FFY 2021 SPP/APR

The one (1) findings in FFY21 has continued into FFY22. The state TA team has met with the individual agency to support them with the development of their continued Corrective Action Plan related to timely Transition Conferences. A new Corrective Action Plan form was developed in this reporting year to assist each agency with steps to truly find root causes, develop strategies that are specific to improving these root causes, create a data collection plan to monitor progress, and create a reporting schedule to update the state of the agency's progress. The agency experiencing continued non-compliance has successfully submitted their Corrective Action Plan and the state TA staff will regularly meet with this provider to support with trainings, data collection, and other TA needs related to Indicator 8C.

8C - OSEP Response

8C - Required Actions

Because the State reported less than 100% compliance for FFY 2022, the State must report on the status of correction of noncompliance identified in FFY 2022 for this indicator. In addition, the State must demonstrate, in the FFY 2023 SPP/APR, that the remaining uncorrected finding of noncompliance identified in FFY 2021 was corrected. When reporting on the correction of noncompliance, the State must report, in the FFY 2023 SPP/APR, that it has verified that each EIS program or provider with findings of noncompliance identified in FFY 2022 and each EIS program or provider with remaining noncompliance identified in FFY 2021: (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 QA 23-01. In the FFY 2023 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 2022, although its FFY 2022 data reflect less than 100% compliance, provide an explanation of why the State did not identify any findings of noncompliance in FFY 2022.

Indicator 9: Resolution Sessions

Instructions and Measurement

Monitoring Priority: Effective General Supervision Part C / General Supervision

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

Data Source

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

Measurement

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

Instructions

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

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

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

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

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

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

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

9 - Indicator Data

Not Applicable

Select yes if this indicator is not applicable.

YES

Provide an explanation of why it is not applicable below.

RI has adopted Part C due process procedures under section 639 of the IDEA.

9 - Prior FFY Required Actions

OSEP notes that this indicator is not applicable.

Response to actions required in FFY 2021 SPP/APR

9 - OSEP Response

OSEP notes that this indicator is not applicable.

9 - Required Actions

Indicator 10: Mediation

Instructions and Measurement

Monitoring Priority: Effective General Supervision Part C / General Supervision

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

Data Source

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

Measurement

Percent = $[(2.1(a)(i) + 2.1(b)(i)) \text{ divided by } 2.1] \text{ times } 100$.

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 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 2022-23 EMAPS IDEA Part C Dispute Resolution Survey; Section B: Mediation Requests	11/15/2023	2.1 Mediations held	0
SY 2022-23 EMAPS IDEA Part C Dispute Resolution Survey; Section B: Mediation Requests	11/15/2023	2.1.a.i Mediations agreements related to due process complaints	0
SY 2022-23 EMAPS IDEA Part C Dispute Resolution Survey; Section B: Mediation Requests	11/15/2023	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 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. Children's Cabinet and Early Learning Council. These monthly meetings are comprised of state and community leaders representing people of diverse backgrounds (race/ethnicity, socioeconomic status, geographic locations) with the focus on improving outcomes for children. Several EI strategies and data presentations have been the focus of input from these stakeholder groups. These groups also include family members who have had a child in the Early Intervention system.

8. 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	2017	2018	2019	2020	2021
Target>=				.00%	
Data					

Targets

FFY	2022	2023	2024	2025
Target>=	0.00%			

FFY 2022 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 2021 Data	FFY 2022 Target	FFY 2022 Data	Status	Slippage
0	0	0		0.00%		N/A	N/A

Provide additional information about this indicator (optional)

10 - Prior FFY Required Actions

None

10 - OSEP Response

The State reported fewer than ten mediations held in FFY 2022. 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 expressed as a percentage and which is aligned with the State-identified Measurable Result(s) for Infants and Toddlers with Disabilities and their Families.

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

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

Overview of the Three Phases of the SSIP

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

Phase I: Analysis:

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

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

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

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

- Results of Ongoing Evaluation and Revisions to the SSIP.

Specific Content of Each Phase of the SSIP

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

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

Phase III: Implementation and Evaluation

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

A. Data Analysis

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

B. Phase III Implementation, Analysis and Evaluation

The State must provide a narrative or graphic representation, (e.g., a logic model) of the principal activities, measures and outcomes that were implemented since the State's last SSIP submission (i.e., February 1, 2023). 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 2022 APR, report on anticipated outcomes to be obtained during FFY 2023, i.e., July 1, 2023-June 30, 2024).

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 (e.g., behaviors), parent/caregiver outcomes,

and/or child outcomes. Describe any additional data (e.g., 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 2022 APR, report on activities it intends to implement in FFY 2023, i.e., July 1, 2023-June 30, 2024) 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)

NO

Please provide a link to the current theory of action.

<https://sherlockcenter.ric.edu/files/ei-ssip-theory>

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	Current Relationship	2022	2023	2024	2025
Target	Data must be greater than or equal to the target	51.00%	53.00%	55.00%	57.00%

FFY 2022 SPP/APR Data

Numerator	Denominator	FFY 2021 Data	FFY 2022 Target	FFY 2022 Data	Status	Slippage
458	1,099	44.94%	51.00%	41.67%	Did not meet target	Slippage

Provide reasons for slippage, if applicable

RI had 3.27 percentage points slippage in FFY22 when compared to FFY21. The state has conducted an analysis of the FFY 22 A1 data used for the SiMR. When comparing progress categories in FFY22 and FY21, there was an increase in the percentage of category "b", a decrease in the percentage of both categories "d.", and "e." RI did note an increase in category "c", however, the increase was not enough to offset the decrease in "b" and the increase in "d". The RI state team has hypothesized several reasons for these changes and the resulting slippage:

1. FFY22 data regarding length of time children were enrolled EI show that there are more children who were enrolled for 12-24 months than in FFY21,

and subsequently, less children enrolled 6 to 12 months than in FFY21. Children who entered EI 12 to 24 months ago, were born in and entered EI during the height of the pandemic when most of the eligibility determinations were conducted virtually. The team hypothesizes that entry ratings of children were not as accurate due to the limitations of the virtual platform used during that time. Qualitative data from providers regarding evaluations conducted virtually, indicate that this method provided less opportunity to observe the skills and behaviors of the child. Due to the size of the virtual "window," information from all senses were not available, and providers became more dependent on parent report. We presume that by not having full access to the child and family in their natural environment, and the lack of ability to utilize standardized tools, entry ratings were less reliable and higher entry ratings were noted. The exit rating is completed after the child has been in EI for more than six months and providers gained a more comprehensive understanding of the child's development, progress, and needs which most likely led to more accurate ratings at exit. This phenomenon may have led to ratings being the same or lower at exit as compared to entry, causing a higher percentage of "b." This limited the potential for the rating to be higher at exit leading to more instances of category "c" or "d" causing the overall percentage in A1 to be lower.

2. The effects of the pandemic on children's development and family mental health have been heavily publicized. Slippage could also have been caused by the overreaching effects of the pandemic, especially in the area of social and emotional skills. We have heard from families both through focus groups, the ICC, and through provider report that parents express concerns about their child and/or family's physical and emotional health. In particular, the families express that they did not access, and continue to limit, social experiences and wonder about the impact on the overall development, in particular social and emotional development, of their infant or toddler.

3. RI EI's electronic record went live in August of 2022 and program level data entry, management, and clinical staff had to learn and be comfortable with this new system. Past entry data for this indicator could not be migrated into the new system and providers had to manually enter these the entry ratings from the old system to a new field in the new system. On review of reliable data related to Indicator 3, the state staff noted several data entry errors such as: reversing entry and exit rating dates, entering the incorrect numbers for entry, and forgetting to enter the entry ratings from the old system. The state staff worked with each individual EI agency to correct these errors to provide as much validity as possible for Indicator 3. In addition, state staff provided weekly "office hours" for data technical assistance needs and continued to provide comprehensive technical assistance to individual agencies with data anomalies. As a requirement of RI's focused monitoring process, Corrective Action Plans were also required for those providers who were found to have timely data entry and/or data quality issues.

Provide the data source for the FFY 2022 data.

Child Outcomes Data collected in the RI Early Intervention Data System is the data source for Indicator 11. FY22 data show that 41.67 % of children discharged demonstrated improvement in Positive Social Emotional Skills as measured by Outcome 1: Summary Statement A1.

458 children (Numerator) were reported in Outcome A progress categories (c) and (d) and 1,099 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. These data are collected in the state EI database for all children enrolled for 6 months or longer. Data are analyzed as state aggregate as well as by individual agencies. Data can be disaggregated by % of children in numerous categories such as: length of time in program, age at referral, insurance, race/ethnicity, discharge to Part B, etc.

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

YES

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

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

Data collected in FFY19 and FFY20 (as reported in FFY19) regarding the documentation of services provided showed progress toward the SiMR. Services Rendered Forms were assessed utilizing 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 services delivered 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 indicates progress towards the SiMR.

New data in FFY 22 show 43 participants attended a required training, Introduction to EI. Introduction to EI is a four-part statewide training for any new employee at the agency level regardless of discipline or position. This training covers EI core competencies, EI service delivery model, processes and procedures, attachment and early brain development, RBI™ and Routines Based Home Visiting™ (RBHV). These data demonstrate that RBI™ and RBHV™ are embedded into required statewide training providing all new staff with a solid foundation in these two practices shows progress of RI's SSIP.

In addition, in FFY22, 20 supervisors participated in a Learning Collaborative (LC) provided by the Rhode Island Association of Infant Mental Health (RIAIMH). This LC included 36 hours of intensive training on the following: Infant and Early Childhood Mental Health (IECMH); Principles of 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 that focuses on the integration of IMH diversity tenets into their work; and the Early Relational Health Screening tool. Completion of this training meets a short-term outcome of the SSIP and indicates progress towards in 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://sherlockcenter.ric.edu/files/ei-ssip-evaluation>

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

NO

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

Infrastructure improvement strategies employed during the year are as follows:

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
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
Strategy 2. Provide PD for supervisors and providers

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 A2: Strategy 1: "Develop an Implementation Plan to add an assessment tool specifically for social emotional development as a statewide practice," is tied to the short-term outcome, "Providers have knowledge of new procedures related to implementing an SE assessment tool."

Activities in FFY22:

Reviewed the following social emotional assessments: Devereux Early Childhood Assessment I/T (Infant-Toddler) (DECA); Infant Toddler Social Emotional Assessment (ITSEA), Social Emotional Assessment/Evaluation Measure (SEAM), and Parenting Interactions with Children: Checklist of Observations Linked to Outcomes (PICCOLO). Based on the review, three (3) tools were selected for a pilot completed in June 2023, two (2) tools were eliminated, and two (2) tools (the DECA and PICCOLO) were selected for the development of training materials.

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™."

Activities in FFY22:

"Introduction to EI" was conducted (a four-part introductory training which covers core competencies, processes, attachment and early brain development, RBI™ and RBHV) with 43 new staff statewide in attendance.

Strand C2: Strategy 1: "Develop an implementation plan regarding the provision of training that provides a foundational level of knowledge regarding social emotional development for providers and a specific social emotional evidence-based practice for implementation" is tied to the short-term outcome, "Providers have foundational knowledge of social/emotional development" and "Providers have knowledge of specific evidence-based practices to address social/emotional needs".

Activities in FFY22:

1. A clinical staff level needs assessment for Early Intervention staff was conducted to inform trainings and support in the area of social and emotional development and Early Relational Health (ERH). This assessment was developed by the RI EI TA/PD team with technical assistance by the National Center on Children in Poverty (NCCP), the University of RI, and RIAIMH. The results of the needs assessment indicated that providers do, in fact, need training and support with infant/toddler social and emotional development and ERH.
2. The RI EI TA/PD explored national existing modules to provide a foundational level training in infant/toddler social and emotional development and ERH for RI EI clinical staff. Although the team found appropriate content and attempted to collaborate with other states to use existing models, this has not yet been successful. Instead, RI EI TA/PD team developed a plan for an in-house training series. The development and implementation of a 10-12 hour training series is planned for FFY23.

Strand C2: Strategy 2: "Provide PD for supervisors and providers" 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 SE needs."

Activities in FFY22:

Twenty (20) supervisors participated in a 36-hour learning collaborative provided by RIAIMH that included training on the following topics: 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 that focuses on integration of IMH diversity tenets into their work; and, the Early Relational Health Screening tool. This training has been made possible through collaboration with RIAIMH and a grant from the Van Buren Charitable Foundation. The goal of this 3-year grant is to expand the capacity of EI providers to support the individualized needs of children and their families in the areas of ERH, SE development, and reflective consultation through a community of practice model.

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:

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 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 family 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 lend 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 RBI™ and RBHV™, families will be guided through the process of describing their child's functioning in all developmental areas, especially social and emotional development, through the discussion of the child and family's daily activities and routines. Through this process, families begin to identify concerns and priorities they have for their child and family to guide the development of family-owned, functional outcomes. Using strategies of RBHV™, EI providers can provide support by building upon strategies and activities that families have tried or are interested in trying within their daily routines and activities. RBHV™ strategies are aimed at improving parents/caregivers' skills and confidence to enhance their child's social emotional and overall development, and as a result, children progress toward IFSP goals impacting RI's SiMR. RI's expansion of the SSIP in FFY21 focused on building the knowledge and skills of providers regarding social emotional assessment, social emotional development, and early relational health. The goal is to build the capacity of providers to support the individualized needs of children and their families in the areas of ERH and SE development within the RBHV™ model.

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 FFY22, one (1) staff person reached fidelity. Although this number falls short of RI's fidelity goals, it is understandable given the challenges facing providers in FFY22. Provider economic issues, and staffing shortages, have impacted staff ability to participate in RBI fidelity activities. Practice change resulting from implementing the RBI™ has been monitored by evaluating the quality of IFSP outcomes.

Data have been collected during the annual provider self-assessment process as part of RI's general supervision process. During this process, IFSP goal quality was assessed using the criteria of: family owned, functional, measurable, and embedded in a routine. Data from consecutive years are compared to baseline in FFY18 with quality data now ranging between 96% and 99.98%. These data represent significant improvement from the FFY18 baseline which was between 67% and 91.6%. These improvements show that the practice of developing IFSP outcomes with families had changed and improved. FFY 22's data results will be analyzed in FFY23 to determine if quality has been maintained. In addition, FFY22's data will establish a baseline to measure the number of outcomes related to SE development to measure practice changes related to the implementation of trainings in ERH and SE development.

Data related to practice change specific to RBHV™ have been collected through RI's general supervision process with a systematic review of Services Rendered Forms (SRFs) documentation. These were reviewed utilizing a rubric measuring criterion 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 FFY22 due to the staffing constraints impacting providers and state staff availability. 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 state staff involvement with the implementation of an electronic health record and time constraints of providers, the timing of an SRF review in FFY22 was postponed. State staff have developed session notes in the electronic record which are fully aligned with the RBHV™ model and the RI team will plan to review in FFY23.

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.

None to report.

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

Strand B1: "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™."

Next Steps:

Conduct "Introduction to EI" (a four-part introductory training which covers core competencies, processes, attachment and early brain development, RBI™ and RBHV™) for new staff in FFY23.

Strand A2: "Build infrastructure to support implementation of an assessment tool(s) specific to social emotional development" is tied to the short term outcome "Providers have knowledge of new procedures related to implementing the SE assessment tool(s)."

Next Steps:

1. Identify resources for training on tools.
2. Integrate tools into the training plan in development with RIAIMH
3. Develop a plan to measure impact of using the S/E tool
4. Develop training for two assessment tools (DECA and PICCOLO)

Strand C2: "Build knowledge and skills of EI Providers in supporting children's social emotional skills" is tied to the short-term outcome, "Providers have

foundational knowledge of SE development.”

Next Steps:

Provide professional development (PD) for supervisors and providers in the form of a five-part, 10-12 hour training series that will focus on the provision of a foundational level of social emotional development for EI providers across all disciplines. Sessions are outlined as follows:

Session 1: Early Relationships Matter

Session 2: Infant and Early Childhood Mental Health Reflective Practice in Action

Session 3: Infant and Early Childhood Mental Health: Understanding and Addressing Challenging Behaviors

Session 4: Infant and Early Childhood Mental Health: Understanding Families

Session 5: Infant and Early Childhood Mental Health: Supporting EI Providers.

Strand C2: “Build knowledge and skills of EI Providers in supporting children’s social emotional skills” 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 SE needs.”

Next Steps:

Continue RI EI’s collaboration with RAIMH for the second year of “Infant Early Childhood Mental Health (IECMH) Principles and Reflective Supervision and Consultation Practices in EI”. During this second year, 21 supervisors will participate in “Reflective Consultation for Supervisors,” a group facilitated by IECMH Reflective Consultants for 24 total hours. Participation in the group will meet the criteria necessary to achieve the Infant Family Reflective Supervisor Endorsement® credential.

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

YES

If yes, describe how evaluation data support the decision to implement without any modifications to the SSIP.

RI expanded the SSIP in FFY21 to include 3 new strands of focus. Since the expansion was so recent, data regarding the impact of these new strands are not yet available. However, RI does have some promising data that supports that these new strands are what the system needs to make progress. For example, one strategy added in FFY21 was to build the knowledge and skills of EI Providers in supporting children’s social emotional skills by developing and distributing a knowledge-based needs assessment. The needs assessment would then form the basis of our training plan in SE development and ERH. Data show that the needs assessment had a completion rate of 66%, quite high despite that EI providers are coping with high caseloads due to staffing shortages leaving minimal time to complete the survey.

The needs assessment data show that providers report not feeling knowledgeable on the topic but rather chose the descriptor categories of: “Somewhat knowledgeable,” “I want to learn more,” “I am uncomfortable,” or “I am somewhat uncomfortable” in many areas of ERH and SE development. A result of these data have created a strong foundation and stated the need for our EI providers to be more confident in this topic and has led to the planning of a series of related trainings in FFY23.

A second strategy to build the knowledge and skills of EI providers, is to provide professional development in evidence-based practices regarding SE development and ERH. This work has begun and through a collaboration with the Rhode Island Association for Infant Mental Health (RIAIMH) and utilizing funds from a 3-year grant from the Van Buren Charitable Foundation. The goal of the grant, submitted and successfully received by RIAIMH, 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. In FFY22, 20 supervisors participated in 36 hours of training through the project, meeting Year 1 training goals. Data from pre- and post-surveys of the 12-session training have shown positive results. For example, prior to training, answers to the statement “I am familiar with IECMH Foundational Principles and Practices,” 14% stated “Not At All/A Little”, 60% stated “Somewhat”, and only 25% stated “Very Much”. After the training, the percentage changed no staff stating, “Not At All/A Little”, 25% of staff stated “Somewhat”, and 75% stated “Very Much.” When asked how helpful the staff found the sessions, all staff either reported “somewhat” or “very much.”

These data also show a high level of commitment by the agency supervisors and directors during a staffing crisis. As the number of who participated, and length of time was quite significant given the circumstances. Additional data collected show that at the beginning of FFY22, RI had 2 EI Supervisors that were IMH-Endorsed® at a category approved to provide IMH-Reflective Supervision. At the end of FFY22, 16 EI Supervisors have applied for the Infant Family Reflective Supervisor Endorsement® credential and 1 EI Supervisor applied for Infant Mental Health Mentor – Clinical Endorsement® credential. Endorsement is a critical ingredient in building the capacity of RI’s supervisors to provide reflective supervision and consultation and provides an important first step toward RI’s goals and indicates that RI’s SSIP is progressing as intended.

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 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. Children's Cabinet and Early Learning Council. These monthly meetings are comprised of state and community leaders representing people of diverse backgrounds (race/ethnicity, socioeconomic status, geographic locations) with the focus on improving outcomes for children. Several EI strategies and data presentations have been the focus of input from these stakeholder groups. These groups also include family members who have had a child in the Early Intervention system.

8. 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 are used to identify and resolve barriers and pilot new procedures and processes. RI has an existing structure of monthly meetings with these groups, which include 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 subgroup of the SSIP Leadership team, an EI agency program manager, and the Rhode Island Association for Infant Mental Health. The grant, from the Van Buren Charitable Foundation, was received and aims 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. Because the fiscal health of the EI agencies have been a struggle, the project did not want to put any undue strain at the local level. Reimbursement for staff's time was written into the grant to ensure EI supervisor participation and engagement as they play a key role in SSIP activities. In FFY22, 20 supervisors participated in and provided continual feedback for "Infant Early Childhood Mental Health (IECMH) Principles and Reflective Practices in EI", a learning collaborative which included training in the use of the Early Relational Health Screen (ERHS) tool.

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. In FFY22, staff participated in a statewide needs assessment which was used to develop the FFY23 training series on SE and early relational health. Incorporating provider feedback is RI's strategy to engage stakeholders in key improvement activities.

Parents are an integral 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 provides 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 RI EI's Family Survey 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 with a Spanish speaking RI Parent Information Network 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 including: 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 other stakeholder representation as well. Current members include 3 parents of children with special needs; 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 Emeritus, 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.

As noted above, in FFY22, supervisors participated in "Infant Early Childhood Mental Health (IECMH) Principles and Reflective Practices in EI" a learning collaborative which included training in the use of the Early Relational Health Screen (ERHS) tool. The ERHS is an instrument that can be used to screen, monitor, and promote health in parent-child dyads. This tool involves video-taped sessions of unstructured play including standard toys and for toddlers, standard challenges. It was thought that RI might use this tool as one of the statewide SE assessment tools, however, feedback from the supervisor group indicated that although learning about the tool was helpful, they felt it should not be adopted for statewide use. Supervisors indicated that the tool was informative in teaching the nuances of observing parent-child behaviors but noted that the interpretation of the behaviors was inconsistent, subjective, and variable. In addition, the guidance to use the tool is evolving and did not offer RI a final product that could be promoted with confidence. Consequently, RI did not select the ERHS as one of the tools for the statewide training.

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.

None to report.

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

None to report.

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

None to report.

Provide additional information about this indicator (optional).

Nothing to report.

11 - Prior FFY Required Actions

None

11 - OSEP Response

The State did not provide the numerator and denominator descriptions in the FFY 2022 SPP/APR Data table. The State must provide the description of the numerator and denominator used to calculate its FFY 2022 data.

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

Title:

RI Part C Coordinator

Email:

jennifer.kaufman@ohhs.ri.gov

Phone:

4015752665

Submitted on:

04/22/24 1:12:21 PM

Determination Enclosures

RDA Matrix

Rhode Island

2024 Part C Results-Driven Accountability Matrix

Results-Driven Accountability Percentage and Determination (1)

Percentage (%)	Determination
58.04%	Needs Intervention

Results and Compliance Overall Scoring

Section	Total Points Available	Points Earned	Score (%)
Results	8	3	37.50%
Compliance	14	11	78.57%

2024 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)	1,319
Number of Children Reported Exiting in 618 Data (i.e., 618 exiting data)	1,989
Percentage of Children Exiting who are Included in Outcome Data (%)	66.31
Data Completeness Score (please see Appendix A for a detailed description of this calculation)	2

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

Data Anomalies Score (please see Appendix B for a detailed description of this calculation)	1
--	---

II. Child Performance

(a) Data Comparison: Comparing your State's 2022 Outcomes Data to other States' 2022 Outcomes Data

Data Comparison Score (please see Appendix C for a detailed description of this calculation)	0
---	---

(b) Performance Change Over Time: Comparing your State's FFY 2022 data to your State's FFY 2021 data

Performance Change Score (please see Appendix D for a detailed description of this calculation)	0
--	---

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 2022	41.67%	38.13%	45.97%	30.10%	50.36%	36.92%
FFY 2021	44.94%	44.49%	49.68%	33.31%	55.86%	41.83%

(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 2024: Part C."

2024 Part C Compliance Matrix

Part C Compliance Indicator (2)	Performance (%)	Full Correction of Findings of Noncompliance Identified in FFY 2021 (3)	Score
Indicator 1: Timely service provision	90.70%	YES	2
Indicator 7: 45-day timeline	33.49%	NO	0
Indicator 8A: Timely transition plan	98.92%	N/A	2
Indicator 8B: Transition notification	98.96%	N/A	2
Indicator 8C: Timely transition conference	92.47%	NO	1
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
Programmatic Specific Conditions	None		
Uncorrected identified noncompliance	None		

(2) The complete language for each indicator is located in the Part C SPP/APR Indicator Measurement Table at:

https://sites.ed.gov/idea/files/2024_Part-C_SPP-APR_Measurement_Table.pdf

(3) This column reflects full correction, which is factored into the scoring only when the compliance data are $\geq 90\%$ and $< 95\%$ for an indicator.

Appendix A

I. (a) Data Completeness:

The Percent of Children Included in your State's 2022 Outcomes Data (Indicator C3)

Data completeness was calculated using the total number of Part C children who were included in your State's FFY 2022 Outcomes Data (C3) and the total number of children your State reported in its FFY 2022 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 2022 in the State's FFY 2022 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 2022 Outcomes Data

This score represents a summary of the data anomalies in the FFY 2022 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 2018 – FFY 2021 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 e (numbers are shown as rounded for display purposes, and values are based on data for States with summary statement denominator greater than 199 exiters). 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 2022 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

Expected Range of Responses for Each Outcome and Category, FFY 2022

Outcome\Category	Mean	StDev	-1SD	+1SD
Outcome A\Category a	1.57	3.26	-1.69	4.83
Outcome B\Category a	1.39	3	-1.6	4.39
Outcome C\Category a	1.26	2.6	-1.33	3.86

Outcome\Category	Mean	StDev	-2SD	+2SD
Outcome A\ Category b	24.07	9.01	6.05	42.08
Outcome A\ Category c	20.96	13.11	-5.27	47.19
Outcome A\ Category d	26.97	9.61	7.74	46.2
Outcome A\ Category e	26.43	15.4	-4.37	57.23
Outcome B\ Category b	25.63	9.71	6.21	45.04
Outcome B\ Category c	29.44	12.56	4.32	54.57
Outcome B\ Category d	31.02	8.11	14.8	47.25
Outcome B\ Category e	12.51	8.23	-3.96	28.98
Outcome C\ Category b	20.98	8.89	3.19	38.76
Outcome C\ Category c	23.49	13.59	-3.68	50.66
Outcome C\ Category d	33.36	8.28	16.8	49.93
Outcome C\ Category e	20.91	15.22	-9.53	51.35

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 2022

Number of Infants and Toddlers with IFSP's Assessed in your State	1,319
---	-------

Outcome A — Positive Social Relationships	Category a	Category b	Category c	Category d	Category e
State Performance	8	633	175	283	220
Performance (%)	0.61%	47.99%	13.27%	21.46%	16.68%
Scores	1	0	1	1	1

Outcome B — Knowledge and Skills	Category a	Category b	Category c	Category d	Category e
State Performance	7	657	258	307	90
Performance (%)	0.53%	49.81%	19.56%	23.28%	6.82%
Scores	1	0	1	1	1

Outcome C — Actions to Meet Needs	Category a	Category b	Category c	Category d	Category e
State Performance	8	610	214	413	74
Performance (%)	0.61%	46.25%	16.22%	31.31%	5.61%
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
----------------------	---

Appendix C

II. (a) Data Comparison:

Comparing Your State's 2022 Outcomes Data to Other States' 2022 Outcome Data

This score represents how your State's FFY 2022 Outcomes data compares to other States' FFY 2022 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 Statement (values are based on data for States with a summary statement denominator greater than 199 exiters). 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 2022

Percentiles	Outcome A SS1	Outcome A SS2	Outcome B SS1	Outcome B SS2	Outcome C SS1	Outcome C SS2
10	45.63%	35.29%	54.05%	27.07%	51.93%	33.56%
90	82.58%	69.37%	81.10%	56.55%	85.30%	71.29%

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 2022

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 (%)	41.67%	38.13%	45.97%	30.10%	50.36%	36.92%
Points	0	1	0	1	0	1

Total Points Across SS1 and SS2(*)	3
------------------------------------	---

Your State's Data Comparison Score	0
------------------------------------	---

Appendix D

II. (b) Performance Change Over Time:

Comparing your State's FFY 2022 data to your State's FFY 2021 data

The Summary Statement percentages in each Outcomes Area from the previous year's reporting (FFY 2021) is compared to the current year (FFY 2022) 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. All values are shown as rounded for display purposes.

Step 1: Compute the difference between the FFY 2022 and FFY 2021 summary statements.

e.g., $C3A\ FFY2022\% - C3A\ FFY2021\% = \text{Difference in proportions}$

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 on

$$\text{Sqrt}([(FFY2021\% * (1-FFY2021\%)) / FFY2021N] + [(FFY2022\% * (1-FFY2022\%)) / FFY2022N]) = \text{Standard Error of Difference in Proportions}$$

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 2021 to FFY 2022

1 = No statistically significant change

2= statistically significant increase from FFY 2021 to FFY 2022

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

Summary Statement/ Child Outcome	FFY 2021 N	FFY 2021 Summary Statement (%)	FFY 2022 N	FFY 2022 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	1,057	44.94%	1,099	41.67%	-3.26	0.0213	-1.5299	0.1261	NO	1
SS1/Outcome B: Knowledge and Skills	1,232	49.68%	1,229	45.97%	-3.70	0.0201	-1.8400	0.0658	NO	1
SS1/Outcome C: Actions to meet needs	1,237	55.86%	1,245	50.36%	-5.50	0.0200	-2.7493	0.006	YES	0
SS2/Outcome A: Positive Social Relationships	1,315	44.49%	1,319	38.13%	-6.35	0.0191	-3.3171	0.0009	YES	0
SS2/Outcome B: Knowledge and Skills	1,315	33.31%	1,319	30.10%	-3.21	0.0181	-1.7709	0.0766	NO	1
SS2/Outcome C: Actions to meet needs	1,315	41.83%	1,319	36.92%	-4.90	0.0190	-2.5785	0.0099	YES	0

Total Points Across SS1 and SS2	3
---------------------------------	---

Your State's Performance Change Score	0
---------------------------------------	---

Data Rubric
Rhode Island

FFY 2022 APR (1)

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

APR Score Calculation

Subtotal	12
Timely Submission Points - If the FFY 2022 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

(1) 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 (2)

Table	Timely	Complete Data	Passed Edit Check	Total
Child Count/Settings Due Date: 8/30/23	1	1	1	3
Exiting Due Date: 2/21/24	1	1	1	3
Dispute Resolution Due Date: 11/15/23	1	1	1	3

618 Score Calculation

Subtotal	9
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) (3) =	1.0000
E. Indicator Score (Subtotal D x 100) =	100.00

(2) 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.

(3) 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.

APR and 618 -Timely and Accurate State Reported Data

DATE: February 2024 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	8/30/2023
Part C Exiting	Part C Exiting Collection in EMAPS	2/21/2024
Part C Dispute Resolution	Part C Dispute Resolution Survey in EMAPS	11/15/2023

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>).

Dispute Resolution

IDEA Part C

Rhode Island

Year 2022-23

A zero count should be used when there were no events or occurrences to report in the specific category for the given reporting period. Check "Missing" if the state did not collect or could not report a count for the specific category. Please provide an explanation for the missing data in the comment box at the top of the page.

Section A: Written, Signed Complaints

(1) Total number of written signed complaints filed.	0
(1.1) Complaints with reports issued.	0
(1.1) (a) Reports with findings of noncompliance.	0
(1.1) (b) Reports within timelines.	0
(1.1) (c) Reports within extended timelines.	0
(1.2) Complaints pending.	0
(1.2) (a) Complaints pending a due process hearing.	0
(1.3) Complaints withdrawn or dismissed.	0

Section B: Mediation Requests

(2) Total number of mediation requests received through all dispute resolution processes.	0
(2.1) Mediations held.	0
(2.1) (a) Mediations held related to due process complaints.	0
(2.1) (a) (i) Mediation agreements related to due process complaints.	0
(2.1) (b) Mediations held no related to due process complaints.	0
(2.1) (b) (i) Mediation agreements not related to due process complaints.	0
(2.2) Mediations pending.	0
(2.3) Mediations not held.	0

Section C: Due Process Complaints

(3) Total number of due process complaints filed.	0
Has your state adopted Part C due process hearing procedures under 34 CFR 303.430(d)(1) or Part B due process hearing procedures under 34 CFR 303.430(d)(2)?	PARTC
(3.1) Resolution meetings (applicable ONLY for states using Part B due process hearing procedures).	N/A
(3.1) (a) Written settlement agreements reached through resolution meetings.	N/A
(3.2) Hearings fully adjudicated.	0
(3.2) (a) Decisions within timeline.	0
(3.2) (b) Decisions within extended timeline.	0
(3.3) Hearings pending.	0
(3.4) Due process complaints withdrawn or dismissed (including resolved without a hearing).	0

State Comments:

This report shows the most recent data that was entered by:
Rhode Island

These data were extracted on the close date:
11/15/2023

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 2024 will be posted in June 2024. Copy and paste the link below into a browser to view.

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



United States Department of Education Office of Special Education and Rehabilitative Services

Final Determination Letter

June 18, 2024

Honorable Richard Charest
Secretary
Rhode Island Executive Office of Health and Human Services
3 West Road, Virks Building
Cranston, RI 02920

Dear Secretary Charest :

I am writing to advise you of the U.S. Department of Education's (Department) 2024 determination under Section 616 and 642 of the Individuals with Disabilities Education Act (IDEA). The Department has determined that Rhode Island needs intervention in implementing the requirements of Part C of the IDEA. This determination is based on the totality of Rhode Island's data and information, including the Federal fiscal year (FFY) 2022 State Performance Plan/Annual Performance Report (SPP/APR), other State-reported data, and other publicly available information.

Rhode Island's 2024 determination is based on the data reflected in Rhode Island's "2024 Part C Results-Driven Accountability Matrix" (RDA Matrix). The RDA Matrix is individualized for Rhode Island and consists of:

- (1) a Compliance Matrix that includes scoring on Compliance Indicators and other compliance factors;
- (2) a Results Matrix (including Components and Appendices) that include scoring on Results Elements;
- (3) a Compliance Score and a Results Score;
- (4) an RDA Percentage based on both the Compliance Score and the Results Score; and
- (5) Rhode Island's Determination.

The RDA Matrix is further explained in a document, entitled "How the Department Made Determinations under Sections 616(d) and 642 of the Individuals with Disabilities Education Act in 2024: Part C" (HTDMD-C).

The Office of Special Education Programs (OSEP) is continuing to use both results data and compliance data in making the Department's determinations in 2024, as it did for Part C determinations in 2015-2023. (The specifics of the determination procedures and criteria are set forth in the HTDMD-C document and reflected in the RDA Matrix for Rhode Island.) For 2024, the Department's IDEA Part C determinations continue to include consideration of each State's Child Outcomes data, which measure how children who receive Part C services are improving functioning in three outcome areas that are critical to school readiness:

- positive social-emotional skills;
- acquisition and use of knowledge and skills (including early language/communication); and
- use of appropriate behaviors to meet their needs.

Specifically, the Department considered the data quality and the child performance levels in each State's Child Outcomes FFY 2022 data.

You may access the results of OSEP's review of Rhode Island's SPP/APR and other relevant data by accessing the EMAPS SPP/APR reporting tool using your State-specific log-on information at <https://emaps.ed.gov/suite/>. When you access Rhode Island's SPP/APR on the site, you will find, in Indicators 1 through 11, the OSEP Response to the indicator and any actions that Rhode Island is required to take. The actions that Rhode Island is required to take are in the "Required Actions" section of the indicator.

It is important for your State to review the Introduction to the SPP/APR, which may also include language in the "OSEP Response" and/or "Required Actions" sections.

Your State will also find the following important documents in the Determinations Enclosures section:

- (1) Rhode Island's RDA Matrix;
- (2) the HTDMD [link](#);
- (3) "2024 Data Rubric Part C," which shows how OSEP calculated the State's "Timely and Accurate State-Reported Data" score in the Compliance Matrix; and
- (4) "Dispute Resolution 2022-2023," which includes the IDEA Section 618 data that OSEP used to calculate the State's "Timely State Complaint Decisions" and "Timely Due Process Hearing Decisions" scores in the Compliance Matrix.

As noted above, the Department has determined that Rhode Island needs intervention in implementing the requirements of Part C of IDEA. The Department identifies a State as needing intervention under IDEA Part C if its RDA Percentage is less than 60%. Rhode Island's RDA Percentage is 58.04%. The major factors contributing to Rhode Island's 2024 Needs Intervention determination are the State's RDA score of zero on certain results elements in addition to the State's low level of compliance data reported under Indicator 7 for the 45-day timeline.

400 MARYLAND AVE. S.W., WASHINGTON DC 20202-2600

www.ed.gov

The Department of Education's mission is to promote student achievement and preparation for global competitiveness by fostering educational excellence and ensuring equal access.



United States Department of Education Office of Special Education and Rehabilitative Services

In the 2024 Part C Results Matrix, the State received a score of zero on both child performance data elements (i.e., comparing the State's FFY 2022 outcomes data to other State's FFY 2022 outcome data and comparing the State's FFY 2022 data to the State's FFY 2021 data). This means that the State's FFY 2022 child outcome results data were low when compared to the national child outcome data provided by all other IDEA Part C grantees for FFY 2022 in addition to being low when compared to the State's own FFY 2021 child outcomes data. In the 2024 Part C Compliance Matrix, the State received a score of zero for its low performance (33.49%) reported on compliance with the 45-day timeline requirements in Indicator 7.

Pursuant to Sections 616(d)(2)(B) and 642 of the IDEA and 34 C.F.R. §303.703(b)(2), a State that is determined to be "needs intervention" or "needs substantial intervention" and does not agree with this determination, may request an opportunity to meet with the Assistant Secretary to demonstrate why the Department should change the State's determination. To request a hearing, submit a letter to Glenna Wright-Gallo, Assistant Secretary for Special Education and Rehabilitative Services, U.S. Department of Education, 400 Maryland Avenue, S.W., Washington, D.C. 20202 within 15 days of the date of this letter. The letter must include the basis for your request for a change in Rhode Island's determination.

IDEA determinations provide an opportunity for all stakeholders to examine State data as that data relate to improving outcomes for infants, toddlers, children, and youth with disabilities. The Department encourages stakeholders to review State SPP/APR data and other available data as part of the focus on improving equitable outcomes for infants, toddlers, children, and youth with disabilities. Key areas the Department encourages State and local personnel to review are access to high-quality intervention and instruction; effective implementation of individualized family service plans (IFSPs) and individualized education programs (IEPs), using data to drive decision-making, supporting strong relationship building with families, and actively addressing educator and other personnel shortages.

For 2025 and beyond, the Department is considering two additional criteria related to IDEA Part C determinations. First, the Department is considering as a factor OSEP-identified longstanding noncompliance (i.e., unresolved findings issued by OSEP at least three years ago). This factor would be reflected in the determination for each State through the "longstanding noncompliance" section of the Compliance Matrix beginning with the 2025 determinations. In implementing this factor, the Department is also considering beginning in 2025 whether a State that would otherwise receive a score of meets requirements would not be able to receive a determination of meets requirements if the State had OSEP-identified longstanding noncompliance (i.e., unresolved findings issued by OSEP at least three or more years ago). Second, the Department is reviewing whether and how to consider IDEA Part C results data reported under three indicators in order to improve results for all infants, toddlers, and children with disabilities. This review would include considering alternative scoring options for child outcome Indicator C-3 and considering as potential additional factors the information and data that States report under child find Indicators C-5 and C-6.

For the FFY 2023 SPP/APR submission due on February 1, 2025, OSEP is providing the following information about the IDEA Section 618 data. The 2023-24 IDEA Section 618 Part C data submitted as of the due date will be used for the FFY 2023 SPP/APR and the 2025 IDEA Part C Results Matrix and States will not be able to resubmit their IDEA Section 618 data after the due date. The 2023-24 IDEA Section 618 Part C data that States submit will automatically be prepopulated in the SPP/APR reporting platform for Part C SPP/APR Indicators 2, 5, 6, 9, and 10 (as they have in the past). Under EDFacts Modernization, States are expected to submit high-quality IDEA Section 618 Part C data that can be published and used by the Department as of the due date. States are expected to conduct data quality reviews prior to the applicable due date. OSEP expects States to take one of the following actions for all business rules that are triggered in the appropriate EDFacts system prior to the applicable due date: 1) revise the uploaded data to address the edit; or 2) provide a data note addressing why the data submission triggered the business rule. There will not be a resubmission period for the IDEA Section 618 Part C data.

As a reminder, Rhode Island must report annually to the public, by posting on the State lead agency's website, on the performance of each early intervention service (EIS) program located in Rhode Island on the targets in the SPP/APR as soon as practicable, but no later than 120 days after Rhode Island's submission of its FFY 2022 SPP/APR. In addition, Rhode Island must:

- (1) review EIS program performance against targets in Rhode Island's SPP/APR;
- (2) determine if each EIS program "meets the requirements" of Part C, or "needs assistance," "needs intervention," or "needs substantial intervention" in implementing Part C of the IDEA;
- (3) take appropriate enforcement action; and
- (4) inform each EIS program of its determination.

Further, Rhode Island must make its SPP/APR available to the public by posting it on the State lead agency's website. Within the upcoming weeks, OSEP will be finalizing a State Profile that:

- (1) includes Rhode Island's determination letter and SPP/APR, OSEP attachments, and all State attachments that are accessible in accordance with Section 508 of the Rehabilitation Act of 1973; and
- (2) will be accessible to the public via the ed.gov website.

OSEP appreciates Rhode Island's efforts to improve results for infants and toddlers with disabilities and their families and looks forward to working with Rhode Island over the next year as we continue our important work of improving the lives of children with disabilities and their families. Please contact your OSEP State Lead if you have any questions, would like to discuss this further, or want to request technical assistance.

400 MARYLAND AVE. S.W., WASHINGTON DC 20202-2600

www.ed.gov

The Department of Education's mission is to promote student achievement and preparation for global competitiveness by fostering educational excellence and ensuring equal access.



**United States Department of Education
Office of Special Education and Rehabilitative Services**

Sincerely,

Valerie C. Williams

Valerie C. Williams

Director

Office of Special Education Programs

cc: State Part C Coordinator

400 MARYLAND AVE. S.W., WASHINGTON DC 20202-2600

www.ed.gov

The Department of Education's mission is to promote student achievement and preparation for global competitiveness by fostering educational excellence and ensuring equal access.