

**EXECUTIVE OFFICE OF HEALTH AND HUMAN SERVICES
EARLY INTERVENTION
STATE ANNUAL PERFORMANCE REPORT**

FEBRUARY 2013

Submitted by

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early intervention

supporting families and child development

Part C State Annual Performance Report (APR) for FFY 2011-2012**Overview of the Annual Performance Report Development:**

In accordance with 20 U. S. C 1416(b)(1) of the Individuals with Disabilities Education Improvement Act (IDEA) amendments of 2004 and 20 U. S. C. 1442 Rhode Island Part C program developed a State Performance Plan which was approved by the US Department of Education (US DE) in 2006. In accordance with 20 U. S. C. 1416(b)(2)(C)(ii) and 1442, the lead agency for Part C of IDEA in RI, is submitting this FFY 2011-12 Annual Performance Report.

In addition to the family survey for indicator #4, there were two main sources of data used for this APR. The web based data collection system called the Rhode Island Early Intervention Care Coordination System (RIEICCS) was used to report statewide data for Indicators 2, 3, 5 & 6 as required by OSEP. The state also used focused monitoring data for indicators 1, 7, 8 and 9 from local providers' self-assessment data, which was verified by the State for reliability and accuracy. An annual self-assessment is required and assists providers in conducting internal quality reviews to ensure accuracy and reliability of their data and compliance to State and Federal requirements. By reviewing records internally, providers can analyze the root cause of any non-compliance and begin to take corrective action soon as possible. The State performed an on-site visit for all providers this year.

The Executive Office of Health and Human Services shared and reviewed all APR data at the Interagency Coordinating Council Meeting in January 2013. Data reports included data for all indicators for each year of the State Performance Plan. A review of the APR requirements and a discussion of the data were facilitated. An Executive Summary, which provides data for each indicator by provider, as well as this annual report and an updated State Performance Plan will be available on the DHS website at:

<http://www.dhs.ri.gov/Publications/ReportsPublications/EarlyIntervention/tabid/751/Default.aspx>
no later than February 28, 2013.

A notice to all ICC members, providers, and interested parties that these materials are available on the website is also distributed electronically. Changes to the SPP can be identified by bold red print.

Please note that the original signed copy of the Annual Report Certification of the Interagency Coordination Council has been sent separately to OSEP via US Mail and has also been scanned and sent electronically with this document.

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ANNUAL REPORT CERTIFICATION OF THE
INTERAGENCY COORDINATING COUNCIL
UNDER PART C OF THE
INDIVIDUALS WITH DISABILITIES EDUCATION ACT (IDEA)

Under IDEA Section 641(e)(1)(D) and 34 CFR §303.604(c), the Interagency Coordinating Council (ICC) of each jurisdiction that receives funds under Part C of the IDEA must prepare and submit to the Secretary of the U.S. Department of Education (Department) and to the Governor of its jurisdiction an annual report on the status of the early intervention programs for infants and toddlers with disabilities and their families operated within the State. The ICC may either: (1) prepare and submit its own annual report to the Department and the Governor, or (2) provide this certification with the State lead agency's Annual Performance Report (APR)¹ under Part C of the IDEA. This certification (including the annual report or APR) is due no later than February 15, 2013.

On behalf of the ICC of the State/jurisdiction of Rhode Island, I hereby certify that the ICC is: [please check one]

- 1. Submitting its own annual report (which is attached); or
- 2. Using the State's Part C APR for FFY 2010 in lieu of submitting the ICC's own annual report. By completing this certification, the ICC confirms that it has reviewed the State's Part C APR for accuracy and completeness.²

I hereby further confirm that a copy of this Annual Report Certification and the annual report or APR has been provided to our Governor.

A. A. Z.
Signature of ICC Chairperson

1/17/13
Date

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Providence, RI 02903

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¹ Under IDEA Sections 616(b)(2)(C)(ii)(II) and 642 and under 34 CFR §80.40, the lead agency's APR must report on the State's performance under its State performance plan and contain information about the activities and accomplishments of the grant period for a particular Federal fiscal year (FFY).

² If the ICC is using the State's Part C APR and it disagrees with data or other information presented in the State's Part C APR, the ICC must attach to this certification an explanation of the ICC's disagreement and submit the certification and explanation no later than February 15, 2013.

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Monitoring Priority: Early Intervention Services In Natural Environments

Indicator #1: Percent of infants and toddlers with IFSPs who receive the Early Intervention services on their IFSPs in a timely manner.

(20 USC 1416(a)(3)(A) and 1442)

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.

Data Source: Focused Monitoring Data

FFY	Measurable and Rigorous Target
11-12	100%

Actual Data for FFY11-12: 81.75%

Timely Services (July 1, 2011-June 30, 2012)	# of children	%
Number of child records reviewed and found compliant	206	81.75%
Number of child records reviewed and found non-compliant	46	18.25%
Total	252	100.00%

Discussion of Improvement Activities and Explanation of Slippage, if the State did not meet its target, that occurred for FFY11-12:

RI has slippage with this indicator from 94.07% to 81.75%. RI defines timely services as services initiated within 30 days of the signature on the initial and subsequent IFSPs active during the review period. Data for this indicator was collected through a self-assessment completed by each certified EI provider agency in October 2012. The State selected a list of specific records to review that made up 10% of the children that were referred and enrolled between January 1, 2012-June 30, 2012 (or 20 records, whichever number was greater). The State compared the self-assessment data with the data from RIEICCS, the State's data collection system for Early Intervention, as a first step in data verification and also conducted on-site visits. The on-site visits included a review of 25% of the records from the self-assessment in order to verify accuracy of the data. Findings were issued for any and all non-compliance to the requirement. This verification process is believed to represent the total EI population for the time period in review. The time period selected allows providers to have implemented their corrective action plans from the previous year.

5 out of 10 certified Early Intervention programs had 100% compliance. Two providers had significant slippage, one from 90% to 79.17% and the other from 84.31% to 28.85%. Subtracting the results of our

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lowest performing provider would have resulted in 95.5% compliance by the State. Slippage in this area can be contributed to providers not adhering to the timely service requirements for consultations, significant staff turnover, lack of documentation of family reason for delay, and late data entry and systems issues resulting in inaccurate timely service reports. 46 out of 252 records were found to have noncompliance with timely service requirements. 35 of these were from the lowest performing provider, which is also the State's largest certified EI provider. A current review of this provider's timely service data shows a significant improvement during the first quarter of FY 12-13 (71%).

One new EI provider agency was certified in March 2012. Adding a new provider agency may assist programs by helping to manage enrollment, although the results of this may not be realized until the next review period. Marketing of the new provider occurred slowly resulting in very low enrollment numbers during this period (less than 10).

Correction of FFY 10-11 Findings of Noncompliance:

Year Non-compliance Identified	Total Findings: Timely Services	# of Findings Corrected and Verified within 1 year	# of Findings for which Correction was subsequently corrected and verified	Total Findings Corrected	% Findings Corrected as of 2/1/12
FFY 04-05	7	0	7	7	100%
FFY 05-06	0	0	0	0	100%
FFY 06-07	6	6	0	6	100%
FFY 07-08	6	4	2	6	100%
FFY 08-09	3	3	0	3	100%
FFY 09-10	5	5	0	5	100%
FFY 10-11	4	4	0	4	100%
FFY 11-12	5	0	0	0	*

* Findings from FFY 11-12 were made in December 2012 and the one-year correction requirement has not yet passed.

The State has verified that each EIS program with noncompliance reported by the State 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).

Verification of Correction (either timely or subsequent):

4 identified findings from FFY10-11 were corrected within one year. Providers with findings were required to submit corrective action plans to correct the identified issue that led to the non-compliance. The corrective action plans include a program analysis of the root cause for the non-compliance and action steps with responsible parties and dates. In order for the finding to be closed, Providers are then required to submit evidence of completion of the action plan and evidence of 100% compliance following completion of the action plan. The RIEICCS is utilized to verify accuracy of this data.

Improvement Activities:

See Attachment A

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Revisions, with Justification, to Proposed Targets / Improvement Activities / Timelines / Resources for *FFY 11-12*

N/A

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Monitoring Priority: Early Intervention Services In Natural Environments

Indicator #2: Percent of infants and toddlers with IFSPs who primarily receive early intervention services in the home or community-based settings.

(20 USC 1416(a)(3)(A) and 1442)

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.
Data Source: Data collected for reporting under section 618 (Annual Report of Children Served).
 Table 2

FFY	Measurable and Rigorous Target
11-12	88%

Actual Data for FFY11-12: 89.21%

Natural Environments for FFY 11-12		# of children
Children served in: HOME		1632
Children served in: COMMUNITY-BASED SETTING		88
Children served in: OTHER SETTING (services provided in a setting that is not home or community based. These settings include, but are not limited to, services provided in a hospital, residential facility, clinic, and EI center/setting for children with disabilities)		208
TOTAL # of children with IFSP's		1928
% of children in Natural Environment (Home + Community Based Setting)		89.21%

Discussion of Improvement Activities and Explanation of Slippage, if the State did not meet its target, that occurred for FFY 11-12:

RI has made progress in this area and exceeded its target.

Improvement Activities:

Not Applicable

Revisions, with Justification, to Proposed Targets / Improvement Activities / Timelines / Resources for FFY 11-12

Not Applicable

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Monitoring Priority: Early Intervention Services In Natural Environments

Indicator #3: 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 USC 1416(a)(3)(A) and 1442)

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 and 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.

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.

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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.

Data Source: Data collected through the Rhode Island Early Intervention Care Coordination System (RIEICCS) and the Early Childhood Outcomes Center Child Outcome Summary Forms

Target Data for FFY 11-12:

Outcome	A	B
Outcomes 1 - Positive social-emotional skills	61%	56.4%
Outcomes 2 - Acquisition and use of knowledge and skills	71%	54.7%
Outcomes 3 - Use of appropriate behaviors to meet their needs	69.5%	52.7%

Actual Data for FFY11-12:

<u>Social Relationships Score</u>	<u>Number of children</u>	<u>Using Skill Score</u>	<u>Number of children</u>	<u>Meet Needs Score</u>	<u>Number of children</u>
<u>a</u>	<u>6</u>	<u>a</u>	<u>6</u>	<u>a</u>	<u>5</u>
<u>b</u>	<u>286</u>	<u>b</u>	<u>271</u>	<u>b</u>	<u>263</u>
<u>c</u>	<u>199</u>	<u>c</u>	<u>284</u>	<u>c</u>	<u>288</u>
<u>d</u>	<u>421</u>	<u>d</u>	<u>486</u>	<u>d</u>	<u>518</u>
<u>e</u>	<u>262</u>	<u>e</u>	<u>122</u>	<u>e</u>	<u>96</u>
<u>Totals</u>	<u>1174</u>		<u>1169</u>		<u>1170</u>
<u>Outcome 1</u>	<u>67.98%</u>		<u>73.54%</u>		<u>75.05%</u>
<u>Outcome 2</u>	<u>58.18%</u>		<u>52.01%</u>		<u>52.48%</u>

A. 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.

Outcome	# of Children	Total	Percentage
Outcomes 1 - Positive social-emotional skills	620	912	67.98%
Outcomes 2 - Acquisition and use of knowledge and skills	770	1047	73.54%
Outcomes 3 - Use of appropriate behaviors to meet their needs	806	1074	75.05%

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B. 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

Outcome	# of Children	Total	Percentage
Outcomes 1 - Positive social-emotional skills	683	1174	58.18%
Outcomes 2 - Acquisition and use of knowledge and skills	608	1169	*52.01%
Outcomes 3 - Use of appropriate behaviors to meet their needs	614	1170	*52.48%

* Did not meet target

Discussion of Improvement Activities and Explanation of Slippage, if the State did not meet its target, that occurred for FFY11-12:

For Summary Statement 1 (significant progress), the state met targets in all outcomes.

For Summary Statement 2 (age appropriateness) the state met the target for Outcome 1 - Positive social-emotional skills.

For Summary Statement 2 (age appropriateness) the state did not meet the targets set for Outcome 2 - Acquisition and use of knowledge and skills and Outcome 3 - Use of appropriate behaviors to meet their needs. However, we see evidence that this is the result of better data rather than slippage in performance.

There were 1404 total children in the data set. 230 children (16.38 %) had missing data in Outcome 1; 235 children (16.74 %) had missing data in Outcomes 2; and 234 children (16.67%) in Outcome 3. Missing data includes missing entry or exit ratings (13.32% in Outcomes 1 and 13.46% in Outcomes 2 and 3), a missing yes or no to the progress question (2.14% Outcome 1, and 2.28% Outcomes 2 and 3), and ratings incompatible with the answer to the progress question and considered "impossible"(under 1% for all outcomes). Missing ratings account for the largest percentage of missing data. When we examine missing ratings by discharge category, 69.57% of missing ratings are from children discharged under the category "Attempts to Contact Unsuccessful" and 19.74% are discharged with the category Withdrawal by Parent. These discharge categories are associated with a period of time where there has been a lack of contact with the child which often makes a rating decision not possible. Another reason for missing data is when there has been limited contact with the family. Currently programs indicate the reason why a rating could not be obtained on the COSF when this is the case. All missing data is identified by child ID for programs in a comprehensive outcomes spreadsheet which is updated quarterly for download and also in a data system reporting tool, however these reports do not show the reason why ratings could not be obtained. Providers are expected to review data identified as missing to be sure there is a valid reason for not obtaining a rating.

Analysis of our data has shown the following:

- The percentage of entry ratings of 6's and 7's across all outcomes is less than last year and this has been a consistent trend in our data when comparing our data over time. We attribute this to increased understanding of the ratings due to training and technical assistance.

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- The percentage of “e” is less in Outcomes 2 and 3 than last year and this has also been a consistent trend in our data and is related to the decline in the percentage of 6 and 7 ratings at entry.
- The amount of the decrease in the percentage of “e” is smaller in FY 12 than FY 11 and smaller in FY 11 than FY 10.
- The percentage of “d” has increased in outcome’s 2 and 3 and the percentage of “c” has increased as well, mirroring the overall downward trend in ratings.
- Summary Statement 2 for Outcomes 2 and 3 has been significantly impacted by the decline in the percentage of “e” with lower percentages each year when examining data over time and this has been a consistent trend.

These trends influenced our lowering the targets for Outcomes 2 and 3 in Summary Statement 2 in FY 2011.

- Our projected targets for FY 2012 were close but still too high as our trend in less “e” continued.
- For Outcome 2 our target was 54.7%, the actual data was 52.01% for a difference of 2.69%. Only 1 out of 10 providers met the state target for Outcome 2 and 7 providers had lower percentages in Outcome 2 in FY 2012 than FY 2011.
- For Outcome 3 our target was 52.7% and the actual data was 52.48% for a difference of .22 %. Three out of 10 providers met the target. Five providers had lower percentages in Outcome 3 in FY 2012 than in FY2011.

Our trends in lower “e” continue in Outcomes 1, 2 and 3 and we propose that our targets be reset for Summary Statement 2 to accommodate this.

The state uses a Child Outcomes Workgroup as well as a Data Review Team to review state and program child outcomes data. This group has hypothesized that since our entry scores (1-7) were unpredictably high, then technical assistance had to focus on this as our initial improvement activity. As this resulted in lower (more realistic) entry ratings, the percent of children who demonstrated significant progress would increase and the percent of children who demonstrated age expected skills at discharge would decrease. Current data for FY 2011-2012 supports this. There was an increase in the percentages in Summary Statement 1 in all 3 outcomes. There was a decrease in the percentages of Summary Statement 2 in two outcomes. Our percentage of “e” decreased in all outcomes; our percentage of “d” increased in all outcomes; our percentage of “c” increased in 2 outcomes and our percentage of “b” has decreased in all outcomes.

Improvement activities focused on 2 areas: 1) improving the quality of data, and 2) improving interventions and outcomes for children and their families. Program specific child outcomes data is available in real time through the RIEICCS system. In addition, programs receive a spreadsheet of the outcomes data quarterly. This data can be easily disaggregated by a number of variables: program, Part B eligibility, length of time in EI, etc. The state’s Quality Assurance specialist regularly reviews child outcomes data and when an unusual pattern is discovered, can pull child specific information from the RIEICCS system: evaluation scores, eligibility category, and COSF ratings. Site-based TA has been provided when unusual patterns, such as high exit scores for children who are discharged as “Part B eligible”, are found.

The state is continuing to utilize expertise from the National Professional Development Center on ASD to sustain professional development and resources re: evidence-based practices, coaching, and the collection and use of child data. The Part C Coordinator disseminated a clarification policy on group services and recommended practice within natural environments. This document has served as guiding

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principles for all training and technical assistance and policy revisions. State TA staff continues to implement professional development on routines-based interviews and the impact on functional outcomes

The state continues to utilize the work of the OSEP TA Community of Practice Workgroup on Principles and Practices in Natural Environments document "Seven Key Principles: Looks Like/Doesn't Look Like" as a common foundation for policy development, professional development, and technical assistance. The State has made presentations to the EI Director's Association, the EI Supervisors, and provided a refresher training for staff.

Improvement Activities:

See Attachment A

Revisions, with Justification, to Proposed Targets / Improvement Activities / Timelines / Resources for FFY11-12.**Proposed new targets for FY 2012-13 for summary statement 2:**

Outcome 1: 55.0

Outcome 2: 51.0

Outcome 3: 52.0

Justification:

RI child outcomes data shows a consistent downward trend in "e" and this has affected reaching our targets in Summary Statement 2. We are confident that that the downward trend in 'e' is related to more accurate ratings by providers as a result of technical assistance rather than a decrease in the number children exiting at age expectations. Our data shows no corresponding increases in percentages of children with significant developmental delays exiting EI and no corresponding increases in children eligible for Part B. The downward trend in our percentage of "e" continues into the current year as well. We expect the effects of our ongoing technical assistance not to be evident immediately but visible over time due to the fact that children exit at various points in early intervention, some of them over a span of approximately three years. This makes target setting a challenge and in our case we set our targets too high in FY 10-11. New targets are based on our downward ratings trend, FY 11-12 actual and projections based on actual data for 6 months of FY 12-13;

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Monitoring Priority: Early Intervention Services In Natural Environments

Indicator #4: 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 USC 1416(a)(3)(B) and 1442)

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.

Data Source: ECO Center Family Survey-Revised Version 2-5-10

FFY 2011-2012	Measurable and Rigorous Target	# of families responding that Early Intervention services were very helpful or extremely helpful	# of families responding to survey questions	Actual Data
A. Know their rights	87.5%	612.8	670.6	91.4
B. Effectively communicate their child's needs	93.5%	638.7	673.2	94.9
C. Help their child develop and learn	94.5%	627.2	668	*93.9

* RI did make progress in this area, but did not meet its target.

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A) Know their rights

Agency	# of families responding that Early Intervention services were very helpful or extremely helpful	# of families responding to survey questions	Actual Data
Children's Friend and Service	38.8	42.4	91.5%
Easter Seals	53.2	55.6	95.7%
Family Resources	76.8	86.8	88.5%
Family Service	45.8	51.0	89.8%
Hasbro	74.6	79.6	93.7%
Looking Upwards	53.4	56.6	94.3%
Maher Center	13.6	15.0	90.7%
Meeting Street	94.8	105.0	90.3%
Seven Hills	48.4	53.0	91.3%
Trudeau Memorial	113.4	125.6	90.3%
State Total	612.8	670.6	91.4%

B) Effectively communicate their child's needs

Agency	# of families responding that Early Intervention services were very helpful or extremely helpful	# of families responding to survey questions	Actual Data
Children's Friend and Service	41.2	43.0	95.8%
Easter Seals	55.0	56.0	98.2%
Family Resources	79.2	86.7	91.3%
Family Service	48.0	51.2	93.8%
Hasbro	76.5	79.8	95.9%
Looking Upwards	55.7	57.0	97.7%
Maher Center	14.2	15.0	94.7%
Meeting Street	97.7	104.8	93.2%
Seven Hills	49.2	53.0	92.8%
Trudeau Memorial	122.0	126.7	96.3%
State Total	638.7	673.2	94.9%

C) Help their child develop and learn

Agency	# of families responding that Early Intervention services were very helpful or extremely helpful	# of families responding to survey questions	Actual Data
Children's Friend and Service	40.2	43.0	93.5%
Easter Seals	53.7	54.8	98.0%
Family Resources	78.8	86.0	91.6%

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Agency	# of families responding that Early Intervention services were very helpful or extremely helpful	# of families responding to survey questions	Actual Data
Family Service	47.7	50.7	94.1%
Hasbro	73.0	79.0	92.4%
Looking Upwards	53.3	56.3	94.7%
Maher Center	14.2	15.0	94.7%
Meeting Street	96.8	104.2	92.9%
Seven Hills	49.5	52.8	93.8%
Trudeau Memorial	120.0	126.2	95.1%
State Total	627.2	668	93.9%

Discussion of Improvement Activities and Explanation of Slippage, if the State did not meet its target, that occurred for FFY 11-12:

RI made progress in all three areas and met its target in two of the three areas. RI fell slightly below its target for helping your child to develop and learn and is continuing its efforts to reach or exceed its target. RI also improved its survey response rate from 29% to 38.2%. This can be attributed to a change in delivery method from mailing to hand-delivery, an increase in the dollar amount of gift card drawings, incentives to provider agencies with return rates of 30% or greater (only two providers did not meet the criteria), inclusion of a frequently asked questions document to families explaining why and how the survey is used, and the identification of a survey coordinator within each provider agency.

Early Intervention helped families to:	Previous review period (FY10-11)	Current review period (FY11-12)
Know their rights	87.6%	91.4%
Effectively communicate their child's needs	92.7%	94.9%
Help their child develop and learn	91.9%	93.9%

Survey Response Rates	FFY 05-06	FFY 06-07	FFY 07-08	FFY 08-09	FFY 09-10	FFY 10-11	FFY 11-12
English Delivered	1423	1316	1501	1580	1657	1510	1633
English Returned	411	455	500	459	530	433	626
English Return Rate	28.88%	34.57%	33.31%	29.05%	31.99%	28.70%	38.33%
Spanish Delivered	130	109	114	162	147	126	142
Spanish Returned	16	33	26	26	43	41	52
Spanish Return Rate	12.31%	30.28%	22.81%	16.05%	29.25%	32.50%	36.62%
Total Delivered	1533	1425	1615	1742	1804	1636	1775
Total Returned	427	488	526	485	573	474	678
Total Return Rate	27.50%	34.24%	32.57%	27.84%	31.76%	29.00%	38.20%

Part C State Annual Performance Report (APR) for FFY 2011-2012

Providers that did not meet the state target were required to submit an improvement plan. 8 providers submitted improvement plans related to family outcomes. Improvement plans focused on engaging families in conversations about family outcomes at set intervals, increasing time spent on discussion of rights with families, staff discussions and training on coaching, and utilization of reflective supervision with staff to discuss family outcomes.

Improvement Activities:

See Attachment A

Revisions, with Justification, to Proposed Targets / Improvement Activities / Timelines / Resources for *FFY 11-12*:

N/A

Part C State Annual Performance Report (APR) for FFY 2011-2012

Overview of the Annual Performance Report Development:

Monitoring Priority: Effective General Supervision Part C / Child Find

Indicator #5: **Percent of infants and toddlers birth to 1 with IFSPs compared to national data.**

(20 USC 1416(a)(3)(B) and 1442)

Measurement:

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

Data Source: Data collected for reporting under section 618 (Annual Report of Children Served).
https://www.ideadata.org/tables34th/AR_C-13.xls

FFY	Measurable and Rigorous Target
11-12	2.00%

Actual Data for FFY11-12: 256/11009=2.33% (See website above for data on all States):

Discussion of Improvement Activities and Explanation of Slippage, if the State did not meet its target, that occurred for FFY 11-12:

RI exceeded its target.

Improvement Activities: N/A

Not Applicable

Revisions, with Justification, to Proposed Targets / Improvement Activities / Timelines / Resources for FFY 11-12

Not Applicable

Part C State Annual Performance Report (APR) for FFY 2011-2012

Overview of the Annual Performance Report Development:

Monitoring Priority: Effective General Supervision Part C / Child Find

Indicator #6: Percent of infants and toddlers birth to 3 with IFSPs compared to national data.

(20 USC 1416(a)(3)(B) and 1442)

Measurement:
Percent = [(# of infants and toddler birth to 3 with IFSPs) divided by the (population of infants and toddlers birth to 3)] times 100 compared to national data.

Data Source: Data collected for reporting under section 618 (Annual Report of Children Served).
https://www.ideadata.org/tables34th/AR_C-13.xls

FFY	Measurable and Rigorous Target
11-12	3.80%

Actual Data for FFY11-12: 1928/32939= 5.85% (See website above for data on all States):

Discussion of Improvement Activities and Explanation of Slippage, if the State did not meet its target, that occurred for FFY 11-12:

RI exceeded its target.

Improvement Activities:

Not Applicable

Revisions, with Justification, to Proposed Targets / Improvement Activities / Timelines / Resources for FFY 11-12: N/A

Not Applicable

Part C State Annual Performance Report (APR) for FFY 2011-2012

Overview of the Annual Performance Report Development:

Monitoring Priority: Effective General Supervision Part C / Child Find

Indicator #7: Percent of eligible infants and toddlers with IFSPs for whom an evaluation and assessment and an initial IFSP meeting were conducted within Part C’s 45-day timeline.

(20 USC 1416(a)(3)(B) and 1442)

Measurement:

Percent = [(# of infants and toddlers with IFSPs for whom an evaluation and assessment and an initial IFSP meeting was conducted within Part C’s 45-day timeline) divided by the (# of infants and toddlers with IFSPs 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.

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

FFY	Measurable and Rigorous Target
11-12	100%

Actual Data for FFY11-12: 96.41%

Data for this indicator includes children with a completed evaluation and assessment and initial IFSP meeting held during the time period of January 1, 2012 – June 30, 2012 from verified self-assessment data.

IFSPs held within 45 day time period	200
IFSPs with documented family reason for delay	42
IFSPs held beyond 45 day time period (no documented family reason)	9
TOTAL	251
% IFSPs held within 45 day time period (200 / 251)	79.5%
% IFSPs held within 45 day time period + documented family reason for delay (200+ 42 / 251)	96.41%

The State selected a list of specific records to review that made up 10% of the children that were referred and enrolled between January 1, 2012-June 30, 2012 (or 20 records, whichever number was greater). The State compared the self-assessment data with the data from RIEICCS, the State’s data collection system for Early Intervention as a first step in data verification and also conducted on-site visits. The on-site visits included a review of 25% of the records from the self-assessment in order to verify accuracy of the data. Findings were issued for any and all non-compliance to the requirement. This verification process is believed to represent the total EI population for the time period in review.

Part C State Annual Performance Report (APR) for FFY 2011-2012

The time period selected allows providers to have implemented their corrective action plans from last year's review.

Discussion of Improvement Activities and Explanation of Slippage, if the State did not meet its target, that occurred for FFY 11-12:

RI has made progress in this indicator from 93.28% to 96.41%. 7 out of the 10 certified EI providers had 100% compliance in this area. 3 programs did not meet the state target and experienced slippage from the previous review period. 9 out of 251 records reviewed indicated that the 45 day timeline was not met. 99.2 % of records indicated compliance within 80 days and less than 1% (2 children) had IFSP meetings between 80-101 days from date of referral. Reasons for non-compliance in this area include a lack of sufficient documentation to support family reason for delay and staffing issues. A new provider was certified in March 2012. This was expected to address increases in enrollment, but the new provider enrolled very few children (less than 10) during the review period. Providers are encouraged to use data reports for monitoring this indicator in a proactive manner and are provided with TA regarding appropriate documentation for family reasons for delays.

<u>Reason</u>	<u>45 days</u>	<u>50 days</u>	<u>60 days</u>	<u>70 days</u>	<u>80 days</u>	<u>Over 80 days(101)</u>
Compliance	200					
1) Child illness/hospitalization	0					
2) Family requested delay	13					
3) Unable to contact/family cancellation	29					
4) Provider Issue	9	1	2	3	1	2
Blank-no reason noted	0	0	0	0	0	0
Total	251	1	2	3	1	2
Total within time frame	242	243	245	248	249	251
Percentage within time frame	96.41%	96.81%	97.61%	98.80%	99.20%	100%

Correction of FFY 10-11 Findings of Non-compliance:

Year Non-compliance Identified	Total Findings: 45 Day Timeline	# of Findings corrected and verified within 1 year	# of Findings for which correction was subsequently corrected and verified	Total Findings Corrected	% Findings Corrected as of 2/1/12
FFY 04-05	7	6	1	7	100%
FFY 05-06	6	3	3	6	100%
FFY 06-07	4	4	0	4	100%
FFY 07-08	6	5	1	6	100%
FFY 08-09	3	3	0	3	100%
FFY 09-10	6	6	0	6	100%
FFY 10-11	4	4	0	4	100%
FFY 11-12	3	0	0	0	*

* Findings from FFY 11-12 were made in December 2012 and one-year correction requirement has not yet passed.

Part C State Annual Performance Report (APR) for FFY 2011-2012

The State has verified that each EIS program with noncompliance reported by the State 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).

Verification of Correction (either timely or subsequent):

4 identified findings from FFY10-11 were corrected within one year. Providers with findings were required to submit corrective action plans to correct the identified issue that led to the non-compliance. The corrective action plans include a program analysis of the root cause for the non-compliance and action steps with responsible parties and dates. In order for the finding to be closed, Providers are then required to submit evidence of completion of the action plan and evidence of 100% compliance following completion of the action plan. The RIEICCS is utilized to verify accuracy of this data.

Improvement Activities:

See Attachment A

Revisions, with Justification, to Proposed Targets / Improvement Activities / Timelines / Resources for FFY 11-12

N/A

Part C State Annual Performance Report (APR) for FFY 2011-2012

Overview of the Annual Performance Report Development:

Monitoring Priority: Effective General Supervision Part C / Effective Transition

Indicator #8: Percent of all children exiting Part C who received timely transition planning to support the child's transition to preschool and other appropriate community services by their third birthday including:

- A. IFSPs with transition steps and services
- B. Notification to LEA, if child potentially eligible for Part B: and
- C. Conducted the transition conference held with 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 USC 1416(a)(3)(B) and 1442)

Measurement:

- A. Percent = [(# of children exiting Part C who have an IFSP with transition steps and services) divided by (# of children exiting Part C)] times 100.
- B. Percent = [(# of children exiting Part C and potentially eligible for Part B where notification to the LEA occurred) divided by the (# of children exiting Part C who were potentially eligible for Part B)] times 100.
- C. Percent = [(# 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) divided by the (# of toddlers with disabilities exiting Part C who were potentially eligible for Part B)] times 100.

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

Data Source: Focused Monitoring Data

FFY	Measurable and Rigorous Target
11-12	100%

Actual Data for FFY 11-12:

- A. **97.75%** of children exiting Part C had an IFSP with transition steps and services.
- B. **100%** of children exiting Part C and potentially eligible for Part B had a notification to the LEA.
- C. **100%** of children exiting Part C Conducted the transition conference held with 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.

Part C State Annual Performance Report (APR) for FFY 2011-2012

Category	# Records Compliant	# Records Reviewed	% of Compliance
A-Transition Steps	87	89	97.75%
B-LEA Notification	82	82	100%
C-Transition Conference	81	81	100%

RI does not have a Part B notification opt-out policy.

Discussion of Improvement Activities and Explanation of Slippage, if the State did not meet its target, that occurred for FFY 11-12

RI had 100% compliance in the areas of notification and transition conference, but did have slippage with transition steps. 8 out of 10 certified EI providers were 100% complaint in all areas. 2 programs had slippage, each due to one record. 2 out of 89 records reviewed for this indicator did not meet compliance with the requirement. Both of these records included some documentation of discussions with family related to transitions, but not a sufficient transition plan with steps and services identified. TA was provided as to the requirements of a transition plan.

The State selected a list of specific records to review that made up 10% of the children that were enrolled and discharged between January 1, 2012-June 30, 2012 (or 5 records, whichever number was greater). The State compared the self-assessment data with the data from RIEICCS, the State's data collection system for Early Intervention as a first step in data verification and also conducted on-site visits. The on-site visits included a review of 25% of the records from the self-assessment in order to verify accuracy of the data. Findings were issued for any and all non-compliance to the requirement. This verification process is believed to represent the total EI population for the time period in review. The time period selected allow providers to have implemented their corrected action plans or improvement plans from last year's visit.

Correction of Noncompliance:

Year Non-compliance Identified	Total Findings for (8A) Transition Steps	# of Findings Corrected and Verified within 1 year	# of Findings for which Correction was subsequently corrected and verified	Total Findings Corrected	%Findings Corrected as of 2/1/12
FFY 06-07	1	1	0	1	100%
FFY 07-08	5	4	1	5	100%
FFY 08-09	4	4	0	4	100%
FFY 09-10	2	2	0	2	100%
FFY 10-11	0	0	0	0	100%
FFY 11-12	2	0	0	0	*

* Findings from FFY 11-12 were made in December 2012 and one-year correction requirement has not yet passed.

Year Non-compliance Identified	Total Findings for (8B) LEA Notification	# of Findings Corrected and Verified within 1 year	# of Findings for which Correction was subsequently corrected and verified	Total Findings Corrected	%Findings Corrected as of 2/1/12
FFY 06-07	0	0	0	0	100%
FFY 07-08	0	0	0	0	100%

Part C State Annual Performance Report (APR) for FFY 2011-2012

FFY 08-09	5	5	0	5	100%
FFY 09-10	0	0	0	0	100%
FFY 10-11	0	0	0	0	100%
FFY 11-12	0	0	0	0	100%

* No findings from FFY 11-12 were made

Year Non-compliance Identified	Total Findings for (8C) Transition Conference	# of Findings Corrected and Verified within 1 year	# of Findings for which Correction was subsequently corrected and verified	Total Findings Corrected	%Findings Corrected as of 2/1/12
FFY 06-07	1	1	0	1	100%
FFY 07-08	4	3	1	4	100%
FFY 08-09	5	5	0	5	100%
FFY 09-10	0	0	0	0	100%
FFY 10-11	0	0	0	0	100%
FFY 11-12	0	0	0	0	100%

* No findings from FFY 11-12 were made

The State has verified that each EIS program with noncompliance reported by the State 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).

Verification of Correction (either timely or subsequent):

* No findings from FFY 10-11 were made

Improvement Activities:

Not Applicable

Revisions, with Justification, to Proposed Targets / Improvement Activities / Timelines / Resources for FFY 11-12

N/A

Part C State Annual Performance Report (APR) for FFY 2011-2012

Overview of the Annual Performance Report Development:

Monitoring Priority: Effective General Supervision Part C / General Supervision

Indicator #9: General supervision system (including monitoring, complaints, hearings, etc.) identifies and corrects noncompliance as soon as possible but in no case later than one year from identification.

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

Measurement:

Percent of noncompliance corrected within one year of identification:

- a. # of findings of noncompliance.
- b. # of corrections completed as soon as possible but in no case later than one year from identification.

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

States are required to use the "Indicator 9 Worksheet" to report data for this indicator (see Attachment A)

Data Source: Data to be taken from State monitoring, complaints, hearings and other general supervision system components. Indicate the number of EIS programs monitored related to the monitoring priority areas and indicators and the number of EIS programs monitored related to areas not included in the monitoring priority areas and indicators.

FFY	Measurable and Rigorous Target
11-12	100%

Actual Data for FFY 11-12:

A: Number of findings of noncompliance: 8

B: Percent of noncompliance related to monitoring priority areas and indicators corrected within one year of identification: $8/8 * 100 = 100\%$

Percent of noncompliance related to areas not included in the above monitoring priority areas and indicators corrected within one year of identification: $0/0 * 100 = 0$

Percent of noncompliance identified through other mechanisms (complaints, due process hearings, mediations, etc.) corrected within one year of identification: $0/0 * 100 = 0$

Part C State Annual Performance Report (APR) for FFY 2011-2012

Discussion of Improvement Activities and Explanation of Slippage, if the State did not meet its target, that occurred for FFY 11-12:

RI had 100% compliance in this area.

Verification of Correction (either timely or subsequent):

Indicator/Indicator Clusters	General Supervision System Components	# of EIS Programs Issued Findings in FFY 2009 (7/1/09 to 6/30/10)	(a) # of Findings of noncompliance identified in FFY 2009 (7/1/09 to 6/30/10)	(b) # of Findings of noncompliance from (a) for which correction was verified no later than one year from identification
1. Percent of infants and toddlers with IFSPs who receive the early intervention services on their IFSPs in a timely manner.	Monitoring Activities: Self-Assessment/ Local APR, Data Review, Desk Audit, On-Site Visits, or Other	4	4	4
	Dispute Resolution: Complaints, Hearings	0	0	0
2. Percent of infants and toddlers with IFSPs who primarily receive early intervention services in the home or community-based settings	Monitoring Activities: Self-Assessment/ Local APR, Data Review, Desk Audit, On-Site Visits, or Other	0	0	0
	Dispute Resolution: Complaints, Hearings	0	0	0
3. Percent of infants and toddlers with IFSPs who demonstrate improved outcomes	Monitoring Activities: Self-Assessment/ Local APR, Data Review, Desk Audit, On-Site Visits, or Other	0	0	0
	Dispute Resolution: Complaints, Hearings	0	0	0

Part C State Annual Performance Report (APR) for FFY 2011-2012

Indicator/Indicator Clusters	General Supervision System Components	# of EIS Programs Issued Findings in FFY 2009 (7/1/09 to 6/30/10)	(a) # of Findings of noncompliance identified in FFY 2009 (7/1/09 to 6/30/10)	(b) # of Findings of noncompliance from (a) for which correction was verified no later than one year from identification
4. Percent of families participating in Part C who report that early intervention services have helped the family	Monitoring Activities: Self-Assessment/ Local APR, Data Review, Desk Audit, On-Site Visits, or Other	0	0	0
	Dispute Resolution: Complaints, Hearings	0	0	0
5. Percent of infants and toddlers birth to 1 with IFSPs	Monitoring Activities: Self-Assessment/ Local APR, Data Review, Desk Audit, On-Site Visits, or Other	0	0	0
6. Percent of infants and toddlers birth to 3 with IFSPs	Dispute Resolution: Complaints, Hearings	0	0	0
7. Percent of eligible infants and toddlers with IFSPs for whom an evaluation and assessment and an initial IFSP meeting were conducted within Part C's 45-day timeline.	Monitoring Activities: Self-Assessment/ Local APR, Data Review, Desk Audit, On-Site Visits, or Other	4	4	4
	Dispute Resolution: Complaints, Hearings	0	0	0
8. Percent of all children exiting Part C who received timely transition planning to support the child's transition to preschool and other appropriate community services by their third birthday including:	Monitoring Activities: Self-Assessment/ Local APR, Data Review, Desk Audit, On-Site Visits, or Other	0	0	0
	Dispute Resolution: Complaints, Hearings	0	0	0
A. IFSPs with transition steps and services;				

Part C State Annual Performance Report (APR) for FFY 2011-2012

Indicator/Indicator Clusters	General Supervision System Components	# of EIS Programs Issued Findings in FFY 2009 (7/1/09 to 6/30/10)	(a) # of Findings of noncompliance identified in FFY 2009 (7/1/09 to 6/30/10)	(b) # of Findings of noncompliance from (a) for which correction was verified no later than one year from identification
8. Percent of all children exiting Part C who received timely transition planning to support the child's transition to preschool and other appropriate community services by their third birthday including: B. Notification to LEA, if child potentially eligible for Part B	Monitoring Activities: Self-Assessment/ Local APR, Data Review, Desk Audit, On-Site Visits, or Other	0	0	0
	Dispute Resolution: Complaints, Hearings	0	0	0
8. Percent of toddlers with disabilities exiting Part C with timely transition for whom the Lead Agency has: C. Conducted the transition conference held with 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.	Monitoring Activities: Self-Assessment/ Local APR, Data Review, Desk Audit, On-Site Visits, or Other	0	0	0
	Dispute Resolution: Complaints, Hearings	0	0	0
OTHER AREAS OF NONCOMPLIANCE:	Monitoring Activities: Self-Assessment/ Local APR, Data Review, Desk Audit, On-Site Visits, or Other	0	0	0
	Dispute Resolution: Complaints, Hearings	0	0	0
OTHER AREAS OF NONCOMPLIANCE:	Monitoring Activities: Self-Assessment/ Local APR, Data Review, Desk Audit, On-Site Visits, or Other	0	0	0

Part C State Annual Performance Report (APR) for FFY 2011-2012

Indicator/Indicator Clusters	General Supervision System Components	# of EIS Programs Issued Findings in FFY 2009 (7/1/09 to 6/30/10)	(a) # of Findings of noncompliance identified in FFY 2009 (7/1/09 to 6/30/10)	(b) # of Findings of noncompliance from (a) for which correction was verified no later than one year from identification
	Dispute Resolution: Complaints, Hearings	0	0	0
OTHER AREAS OF NONCOMPLIANCE:	Monitoring Activities: Self-Assessment/ Local APR, Data Review, Desk Audit, On-Site Visits, or Other	0	0	0
	Dispute Resolution: Complaints, Hearings	0	0	0
Sum the numbers down Column a and Column b			8	8

Percentage of non-compliance corrected within one year of identification: $8/8 * 100 = 100\%$

column (b) sum divided by column (a) sum times 100

Improvement Activities:

N/A

Revisions, with Justification, to Proposed Targets / Improvement Activities / Timelines / Resources for 11-12:

N/A

Part C State Annual Performance Report (APR) for FFY 2011-2012

Indicators 10 and 11 have been deleted from the SPP/APR. RI reports data on the timeliness of State complaint decisions and of fully adjudicated due process hearing requests as part of the data they submit under IDEA section 618.

Part C State Annual Performance Report (APR) for FFY 2011-2012

Overview of the Annual Performance Report Development:

Monitoring Priority: Effective General Supervision Part C / General Supervision

Indicator #12: Percent of hearing requests that went to resolution sessions that were resolved through resolution session settlement agreements (applicable if Part B due process procedures are adopted).

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

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

Data Source: Data collected on Part C – Table 4 Report of Dispute Resolution

FFY	Measurable and Rigorous Target
11-12	100%

Actual Data for FFY 11-12:

Part B due process procedures are not utilized by Rhode Island EOHHS Part C program.

Discussion of Improvement Activities Completed and Explanation of Progress or Slippage that occurred for FFY 11-12:

Not Applicable

Improvement Activities:

Not Applicable

Revisions, with Justification, to Proposed Targets / Improvement Activities / Timelines / Resources for 11-12:

Not Applicable

Part C State Annual Performance Report (APR) for FFY 2011-2012

Overview of the Annual Performance Report Development:

Monitoring Priority: Effective General Supervision Part C / General Supervision

Indicator #13: Percent of mediations held that resulted in mediation agreements.
(20 U.S.C. 1416(a)(3)(B) and 1442)

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

Data Source: Data collected on Part C - Table 4 Report of Dispute Resolution

FFY	Measurable and Rigorous Target
11-12	100%

Actual Target Data for FFY 11-12:

No requests for mediations were filed.

Discussion of Improvement Activities Completed and Explanation of Progress or Slippage that occurred for 11-12:

Not Applicable

Improvement Activities:

Not Applicable

Revisions, with Justification, to Proposed Targets / Improvement Activities / Timelines / Resources for 11-12:

Not Applicable

Part C State Annual Performance Report (APR) for FFY 2011-2012

Overview of the Annual Performance Report Development:

Monitoring Priority: Effective General Supervision Part C / General Supervision

Indicator #14: State reported data (618 and State Performance Plan and Annual Performance Report) are timely and accurate.

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

Measurement: State reported data, including 618 data, State performance plan, and annual performance reports, are:

- a. Submitted on or before due dates (February 1 for child count and settings and November 1 for exiting and dispute resolution); and
- b. Accurate, including covering the correct year and following the correct measurement.

States are required to use the "Indicator 14 Data Rubric" for reporting data for this indicator

Data Source: State selected data sources, including data from the State data system, as well as technical assistance and monitoring systems.

FFY	Measurable and Rigorous Target
11-12	100%

Actual Data for FFY11-12: 100%

A. Data has been submitted on or before February 1st for child count, including race and ethnicity, settings and November 1st for exiting, personnel and dispute resolution.

B. RI EOHHS assures that data submitted is accurate and complete. The suggested spreadsheet was used to calculate this data and is included. Focused monitoring was completed in order to ensure accuracy of data for Indicator #1, #7 and Indicator #8.

SPP/APR Data - Indicator 14			
APR Indicator	Valid and Reliable	Correct Calculation	Total
1	1	1	2
2	1	1	2
3	1	1	2
4	1	1	2
5	1	1	2
6	1	1	2

Part C State Annual Performance Report (APR) for FFY 2011-2012

SPP/APR Data - Indicator 14			
APR Indicator	Valid and Reliable	Correct Calculation	Total
7	1	1	2
8a	1	1	2
8b	1	1	2
8c	1	1	2
9	1	1	2
12	N/A	N/A	N/A
13	1	1	2
		Subtotal	24
APR Score Calculation	Timely Submission Points - If the FFY 2009 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) =		29

618 Data – Indicator 14					
Table	Timely	Complete Data	Passed Edit Check	Responded to Data Note Requests	Total
Table 1 - Child Count Due Date: 2/1/11	1	1	1	1	4
Table 2 - Program Settings Due Date: 2/1/11	1	1	1	1	4
Table 3 - Exiting Due Date: 11/1/11	1	1	1	N/A	3

Part C State Annual Performance Report (APR) for FFY 2011-2012

618 Data – Indicator 14					
Table	Timely	Complete Data	Passed Edit Check	Responded to Data Note Requests	Total
Table 4 - Dispute Resolution Due Date: 11/1/11	1	1	1	N/A	3
				Subtotal	14
618 Score Calculation			Grand Total (Subtotal X 2.2) =		30.8

Indicator #14 Calculation	
A. APR Grand Total	29.00
B. 618 Grand Total	30.80
C. APR Grand Total (A) + 618 Grand Total (B) =	59.80
Total NA in APR	2.00
Total NA in 618	2.00
Base	59.80
D. Subtotal (C divided by Base*) =	1.000
E. Indicator Score (Subtotal D x 100) =	100.0

*Note any cell marked as N/A will decrease the denominator by 1 for APR and 2.2 for 618

Discussion of Improvement Activities Completed and Explanation of Progress or Slippage that occurred for FFY11-12:

This indicator was calculated based on the recommended federal guidelines. RI continues to be 100% compliant in this area. Early Intervention lead agency staff include a dedicated data manager. She is responsible for the oversight and management of the web-based data collection and case coordination system, RIEICCS, as well as group and individualized technical assistance to Early Intervention programs related to data collection, quality assurance, and systems issues.

Improvement Activities:

Not Applicable

Revisions, with Justification, to Proposed Targets / Improvement Activities / Timelines / Resources for 11-12

Not Applicable

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Attachment A: Improvement Activities

Indicator(s)	Improvement Activities	Timelines	Resources	Status
1	Training and technical assistance	Ongoing	Sherlock Center on Disabilities	Ongoing
1	New data system	8/06 Implementation and Ongoing	Data manager and Welligent	Ongoing
1	Analysis of data reports	Monthly and Ongoing	Data Review Team: Data manager, Part C Coordinator, Sherlock Center on Disabilities	Ongoing
1	Develop a reimbursement manual	June 08	Lead agency staff, providers, Sherlock Center on Disabilities	Completed and disseminated August 2008.
1	Revise EI paperwork in order to ensure accurate match between IFSP service and service coded on services rendered forms. Reimbursement Guide will be completed, but is no longer the mechanism for improved compliance in this area; instead, this was done through the paperwork revisions.	Pilot by 12/07 Implement by 3/08	Paperwork Project Committee (Lead agency staff, Sherlock Center on Disabilities, providers)	Completed
1	Monitor reliability and accuracy of timely services data report.	6/08 and Ongoing	Data manager, providers	Completed 6/08 and ongoing
1	Analyze and decide whether or not to change timely service definition to date of initiation as	Make final decision by 3/31/09 and implement by	Data manager, providers, ICC, lead agency staff, Sherlock Center on	Completed - Final decision made to not change

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Indicator(s)	Improvement Activities	Timelines	Resources	Status
	agreed to by the parent signature on the IFSP in order to simplify and improve reliability of monitoring reports.	5/1/09	Disabilities	definition.
1	In order to address the difficulties that providers face in recruitment and retention of therapists, the State will begin collaboration with higher education personnel to (1) develop consistent procedures for student placements/internships in EI (2) convene a high interest training annually for EI and other early childhood staff (3) develop and present on career choices in EI to a variety of college and community venues	By 12/08 and Ongoing	Sherlock Center on Disabilities and the University of RI.	Ongoing
1	Certification of one new provider agency	By 3/1/12	Certification Review Team	Completed
3	Develop a child outcomes workgroup to evaluate and review child outcome reports to improve validity and reliability of the scores	Establish by 1/08 and ongoing as needed	Sherlock Center on Disabilities, providers, lead agency staff	Established workgroup meeting on an ongoing basis
3	Training and technical assistance to providers, including adding child outcomes component to Introduction to EI for all new staff, and individual technical assistance to provider agencies.	Twice annually and as needed	Sherlock Center on Disabilities, providers, lead agency staff	Training and TA provided to new staff at least twice annually and as needed to all provider agencies-ongoing
3	Convene state-wide train-the-trainers session on child outcomes and	7/08	Sherlock Center, Child Outcomes Workgroup, Robin	Completed

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Indicator(s)	Improvement Activities	Timelines	Resources	Status
	program-level quality assurance procedures.		Rooney	
3	Provide a better "prompt" for exit data.	By 6/09	Data manager and program data staff.	Completed
3	Develop and disseminate 'Behavioral Indicators and Caregiver Questions' for age ranges re: the child outcomes	By 3/09	Sherlock Center, RI Parent Information Network, Child Outcomes Workgroup	Completed
3	Create a 'Child Outcomes Resource Manual' for each program site for training and technical assistance.	By 9/09 (will be distributed at 1/8/10 training)	Sherlock Center, Child Outcomes Workgroup	Completed
3	The Child Outcomes Workgroup now meets regularly to analyze the state and program data, disaggregating by a variety of factors including: age at time of referral, disability/eligibility category, time in EI, demographics, and Part B eligibility in order to target technical assistance for improved data validity and for program improvement.	Begun 1/09 and ongoing	Child Outcomes Workgroup	Ongoing
3	The Child Outcomes Workgroup has designed and will present a training (1/8/10) for designated Child Outcomes Quality Assurance specialists from each program in order to provide overview of the reporting	1/8/10 and ongoing	Child Outcomes Workgroup	Completed

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Indicator(s)	Improvement Activities	Timelines	Resources	Status
	categories, the summary statements, and methods to ensure high quality data. These CO QA specialists will then further share data quality issues and solutions via an email distribution list. This group will re-convene in the fall of 2010.			
3	Data manager meeting reviews	6/10-8/10 Ongoing	Data managers and program, data staff	Completed quarterly
3	A comprehensive spreadsheet of statewide data by program was developed and is updated quarterly. It is available for easy download to all providers for review and analysis.	1/10 Ongoing	Data managers and program, data staff	Completed quarterly
3	Data system improvements have resulted in an improved outcome report for providers to use to monitor outcomes. An improved outcome report provides an easy way to identify entry and exit missing information. The system scores immediately and identifies "impossible" ratings and blank progress fields	5/10 Ongoing	Data managers and program, data staff	Completed
3	Training and TA geared towards program staff on evidence-based practices and interventions	Ongoing	DHS, Sherlock Center, EI provider agencies	Ongoing
3	Implement training on routines based interviews for	By 3/2011	Sherlock Center	Completed

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Indicator(s)	Improvement Activities	Timelines	Resources	Status
	supervisors and service providers.			
3	Develop guidance document for RBI and disseminate to all provider agencies.	By 4/2011	Sherlock Center	Completed
3	Implement training on infant assessment and assessment summaries.	By 5/2011	Sherlock Center	Completed
3	Develop and implement new training module on completing the COSF and the link to functional outcomes.	By 6/2011	Sherlock Center, Child Outcomes Workgroup	Completed and ongoing
4	Include age of child when referred to demographic question in order to improve ability to analyze data.	In 2007 family survey	RIPIN, lead agency staff, families, providers	Completed
4	DHS will meet with each program to review survey return rates & outcome data. DHS will open discussion regarding what went well, contributing factors to survey return rates and brainstorm ways to improve return rates.	Annually	Lead agency staff, RIPIN, providers, ICC	Ongoing
4	DHS will share outcome data with all certified EI programs and provide TA regarding use of data to improve outcomes, such as incorporating survey questions into regular conversations with families.	Annually	Lead agency staff, RIPIN, providers, ICC	Ongoing

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Indicator(s)	Improvement Activities	Timelines	Resources	Status
4	DHS will revise paperwork/IFSP to incorporate family outcomes into routine conversations and interventions with family.	August 2007	Lead agency staff, RIPIN, providers, ICC	Completed
4	Utilize Sphinx database in order to improve ability to analyze data and identify root cause(s) of slippage or progress	For FY 10-11 and ongoing	RIPIN	Completed and ongoing
4	Develop workgroup to assist in analysis of survey results and current practices and to develop effective and targeted improvement strategies	By August 2010	RIPIN, DHS, ICC, Sherlock Center, EI Providers	Completed and annually
4	Utilize revised version of the ECO Center's Family Outcome Survey	For FY 10-11 and ongoing	RIPIN, ECO Center	Completed and annually
4	Utilize incentives for families to return surveys to increase rate of return.	For FFY 09-10 and annually	RIPIN, DHS	Initiated for FY 09-10 and annually
4	Require any provider agency that falls below the State target in this area to develop and implement an improvement plan to address the low performance during the next review period.	Improvement plans due to State by January 16, 2012 and annually as needed.	Providers, training and TA staff	Completed and annually
7	Technical assistance to all providers regarding	4/06	Sherlock Center on Disabilities, Lead	Completed

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Indicator(s)	Improvement Activities	Timelines	Resources	Status
	data entry of reason if timeline not met.		agency staff	
7	Technical assistance and training on purpose of initial 45 days for eligibility determination and to get the plan started.	Ongoing	Sherlock Center on Disabilities, Lead agency staff	Ongoing
7	Certification of providers	Jan 06 for all previous providers and for Easter Seals. June 06 for Homestead March 07 for Looking Upwards	Certification Review Team	Completed
7	Routine data analysis- (programs were provided with data reports and are now able to run their own reports for quality monitoring purposes)	Ongoing	Data Manager, Welligent, Lead agency staff, Sherlock Center on Disabilities, providers	Ongoing
7	Certification of one new provider agency	By 3/1/12	Certification Review Team	Completed
8	Training and technical assistance	Ongoing	Sherlock Center on Disabilities, Transition mentors, RIPIN	Ongoing
8	Revision of transition forms	August 2007	Sherlock Center on Disabilities, Transition mentors, RIPIN, Lead agency staff, Part B	Completed 2/08
8	Convene Part C/Part B	February 2010	Sherlock Center on	Ongoing

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Indicator(s)	Improvement Activities	Timelines	Resources	Status
	transition taskforce	and ongoing	Disabilities, RI Dept of Ed, Selected Part C and Part B staff, RIPIN Parent Consultant Program	
8	Development and utilization of a new transition report for programs, which can be used as a tickler for transition data in the system and can be used to identify children approaching transition timelines.	By July 2010	EOHHS, Program staff	Completed