

# Rhode Island Early Intervention



## Annual Public Report State Fiscal Year 2011

Early Intervention is a federal program defined in the Individuals with Disabilities Education Act (IDEA) section 34 CFR Part 303 (Part C). Parts C of these regulations pertain specifically to infants and toddlers, birth to three. IDEA was originally enacted to ensure children with disabilities have the opportunity to receive a free appropriate public education, just like other children. The Office of Special Education Programs (OSEP) is the federal office responsible for ensuring that States comply with IDEA. On an annual basis the state provides a comprehensive report detailing Rhode Island's compliance. This Annual Performance Report is available on line at <http://www.DHS.ri.gov/>, Children with Special Needs.

IDEA defines eligible children as those with significant development delays. States are required to define that more specifically. In RI, eligible children have certain diagnosed conditions known to impact development or have functional evaluation results that meet the definition of developmental delay<sup>1</sup>. Children may also be determined eligible if they have multiple established conditions that increase the probability of atypical development.

Once a child is found eligible for EI, providers assess what the family is already doing that promotes their child's development and what the family sees as challenges. The EI team then uses an interactive coaching style to share ideas and practice new skills with caregivers who then practice them with their child. Coaching in Early Intervention respects a family's competency and empowers parents to support their child's development over time. Whenever possible, services are provided in the child's natural environment, or settings that are natural or normal for the child's same age peers who do not have a disability<sup>2</sup>. For most children, this would be their home. Research tells us that children learn best when they take part in natural learning opportunities embedded into everyday routines. Within these activities families engage with their children as they practice new skills and achieve new outcomes. Outcomes are developed by the family, along with their EI team, and provide attainable goals as well as a means of measuring the impact of Early Intervention on both the child and family.

All children leaving EI go through a transition process that prepares them and their caregivers for what is to follow. For children who are not eligible for special education, or those leaving prior to age 3, the EI team will suggest community based programs that support healthy child development. For children eligible for special education, the transition process helps families articulate their child's strengths and needs. EI staff empowers families as they work with the preschool team to write sound IEP goals and ensure a smooth transition.

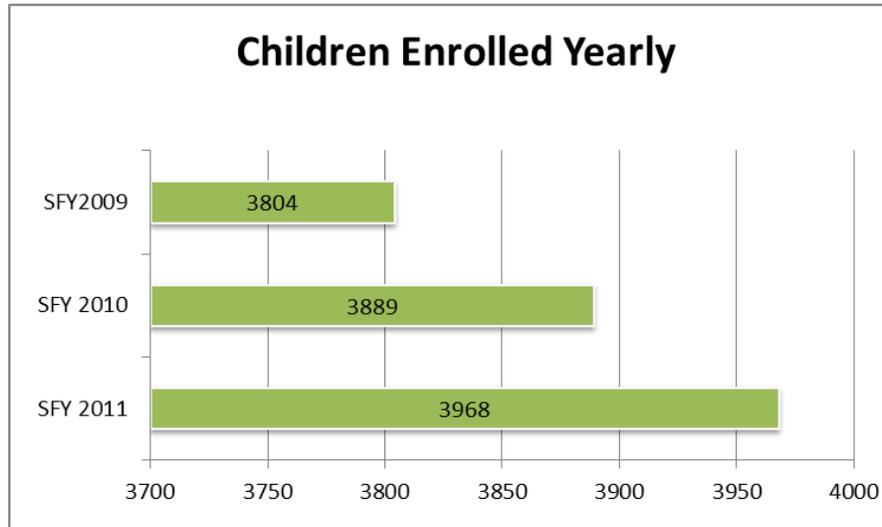
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<sup>1</sup> Infants and toddlers are evaluated in all areas of functioning including: cognitive, physical, communication, social and emotional, and adaptive development using various assessment tools.

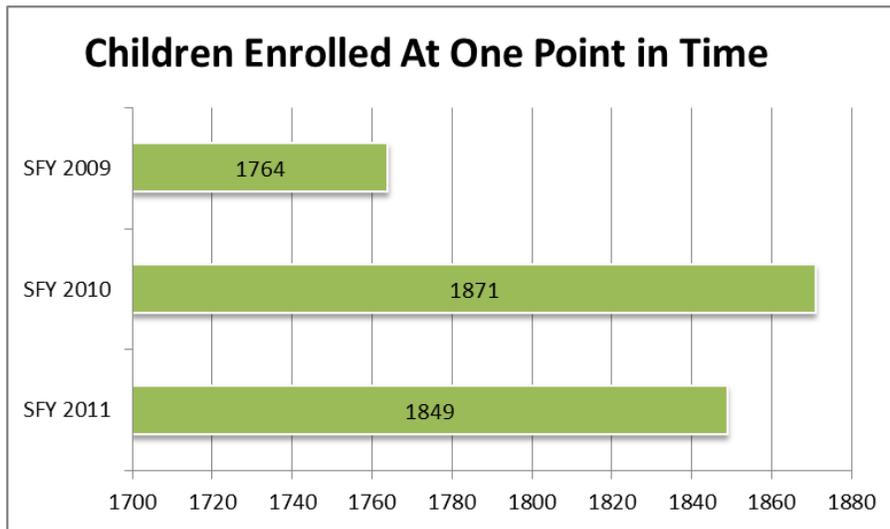
<sup>2</sup> IDEA Regulation 303:12(4)(b)(2)

## How Many Children Does Early Intervention Serve?

During SFY<sup>3</sup> 2011 a total of 3,968 children were enrolled in Rhode Island's Early Intervention system. Our enrollment continues to grow slightly each year. We expect this trend to continue.



Children enter and exit EI throughout the year. While there were a total of 3,968 children enrolled throughout the year, on a given day<sup>4</sup>, enrollment was:



<sup>3</sup> SFY is the acronym for State Fiscal Year, July 1, 2010 – June 30, 2011

<sup>4</sup> Data collected on December 1, 2010. Data is lower in SFY 2011 due to a delay in recording data by one provider. Data collected on December 1, 2011 is 1928.

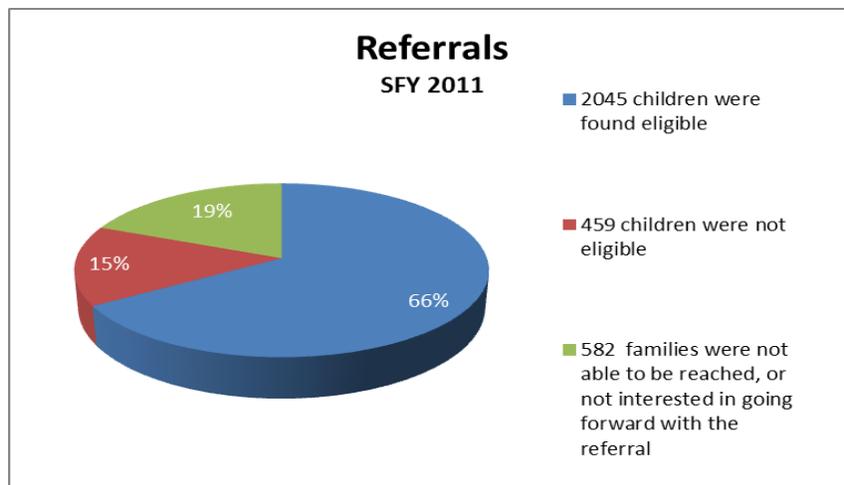
## How do Families Become Involved in Early Intervention Services?

Most children are referred to Early Intervention by their parents. In most cases parents have heard about EI from their pediatricians. Other referrals come from hospitals, visiting nurses, DCYF, childcare centers, First Connections<sup>5</sup> and others.

In SFY 2011, Early Intervention received 3,086 referrals which continues to be a steady increase over past years.

<u>SFY</u>	<u>Number of Referrals</u>
2011	3,086
2010	2,879
2009	2,780

## What Happens with the Referrals Made to Early Intervention?



## How do Rhode Island's Child Find Efforts Compare to Other States and Territories?

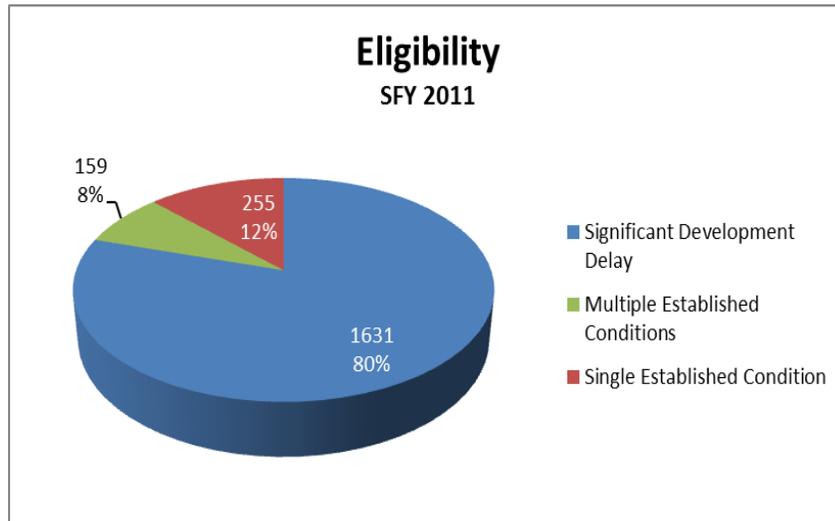
	Compared to all States and Territories	Compared to all States and Territories with Moderate Eligibility Criteria
Birth – 1 year <sup>6</sup>	3 <sup>rd</sup>	2 <sup>nd</sup>
Birth – 3 years <sup>7</sup>	3 <sup>rd</sup>	2 <sup>nd</sup>

<sup>5</sup> First Connections is a program within the RI Department of Health that provides home visits and screenings for newborns at risk due to trauma, substance exposure, risk factors within the home, medical conditions and other characteristics that put infants at risk for developmental delay.

<sup>6</sup> Actual Data SFY2011 Birth -1year = 269/10959=2.45%; New Mexico 1<sup>st</sup>, Massachusetts 2<sup>nd</sup>.

<sup>7</sup> Actual Data SFY2011 Birth – 3 years=1849/33780=5.47%; Massachusetts 1st

## What Makes a Child Eligible for Early Intervention?



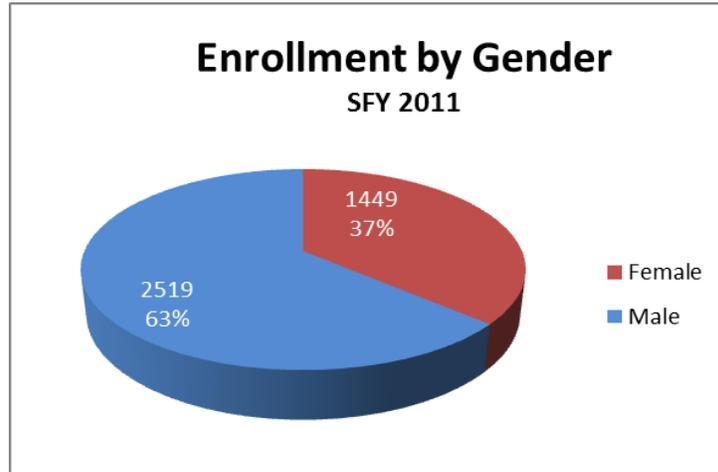
**Children can qualify for Early Intervention if they meet one of three eligibility criteria:**

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

**Significant Developmental Delay:** Demonstrated by evaluation results that are 2 standard deviations below average in at least one area of development or 1.5 standard deviations below average in two or more areas of development. The areas of development evaluated are (1) cognitive, (2) physical (including vision and hearing), (3) communication, (4) social/emotional, and (5) adaptive development. Sometimes the scores on an evaluation tool do not adequately document a child's skills and functioning throughout his day. In situations like this, the evaluation team can use *informed clinical opinion* to analyze the evaluation results to determine that a child does have a significant developmental delay.

**Multiple Established Conditions:** Children with a prenatal, perinatal, neonatal, or early life environmental stressors, that when occurring together increase the probability of atypical development. As a guideline, the identification of any one child characteristic and three additional family characteristics would qualify a child for EI services. Examples might include gestational age less than 32 weeks, prenatal drug and alcohol exposure, multiple trauma or loss, birth parent less than 18 years of age, inadequate food and shelter and/or involvement with Department of Children, Youth and Families (DCYF).

**Does a Particular Gender Present Greater Enrollment in Early Intervention?**



**Children and Families in Early Intervention Come From Many Ethnic Backgrounds.**

<u>Race/Ethnicity</u>	<u>Children Enrolled in SFY 2011</u>	<u>Percentage</u>
White	2098	52.87%
Hispanic	1413	35.61%
Black/African American	239	6.02%
Mixed Racial	127	3.20%
Asian	68	1.71%
American Indian or Alaska Native	18	0.45%
Native Hawaiian or Other Pacific Islander	5	0.13%



**...and Speak Many Languages.**

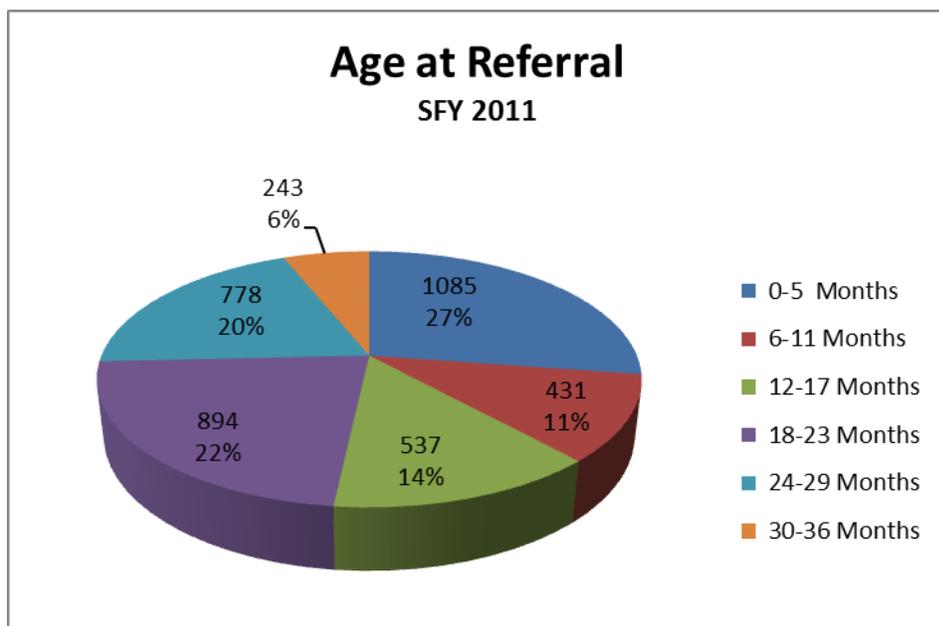
- English..... 90%
- Spanish..... 9%
- 12 other languages.....1%

“We are so grateful for our son’s early intervention team. They truly care about our son and have been so helpful in helping him make progress. They always have great ideas and are so great with our son.”

-Anonymous Comment from Parent Survey, 2011



## What is the Average Age That Children Enroll in Early Intervention?



## Who Are the Children We Serve?

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

<i><b>Rhode Island City/Town</b></i>	<i><b>Number of Children in RI &lt;3 yrs<sup>8</sup> of Age</b></i>	<i><b>No. of Children Enrolled In EI</b></i>	<i><b>Percent of Children in EI Relative to Population &lt; 3</b></i>
Barrington	366	13	4%
Bristol	507	40	8%
Burrillville	460	19	4%
Central Falls	1,028	55	5%
Charlestown	186	7	4%
Coventry	940	41	4%
Cranston	2,318	91	4%
Cumberland	970	49	5%
East Greenwich	299	16	5%
East Providence	1,560	76	5%
Exeter	166	6	4%
Foster	113	5	4%
Glocester	247	7	3%
Hopkinton	258	18	7%
Jamestown	85	3	4%
Johnston	816	42	5%
Lincoln	587	37	6%
Little Compton	68	4	6%
Middletown	502	24	5%
Narragansett	271	11	4%
New Shoreham	21	2	10%
Newport	820	52	6%
North Kingstown	728	60	8%
North Providence	851	57	7%
North Smithfield	290	12	4%
Pawtucket	2,959	149	5%

<sup>8</sup> 2011 Rhode Island KIDS COUNT Factbook, Population under age 3 is based on Census 2010 and may not reflect increases or decreases in population.

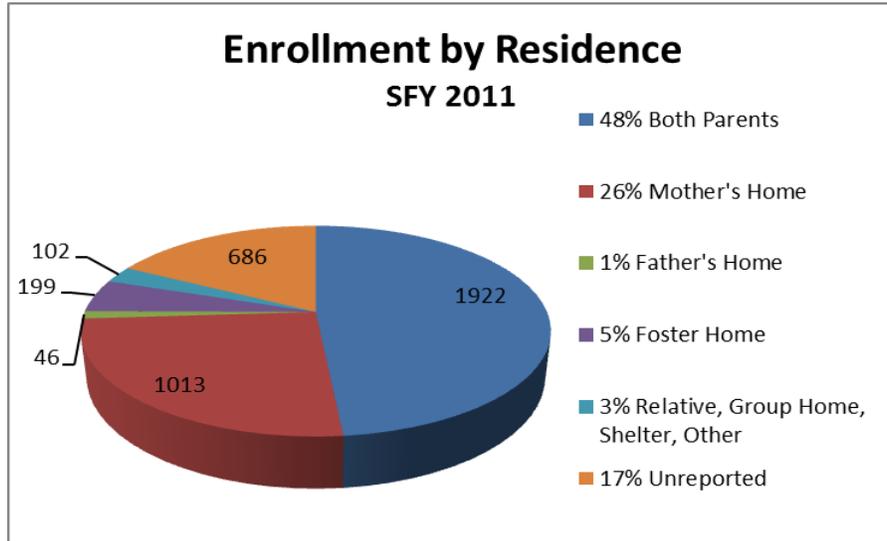
<b>Rhode Island City/Town</b>	<b>Number of Children in RI &lt;3 yrs<sup>9</sup> of Age</b>	<b>No. of Children Enrolled In EI</b>	<b>Percent of Children in EI Relative to Population &lt; 3</b>
Portsmouth	429	23	5%
Providence	7,609	402	5%
Richmond	235	4	2%
Scituate	193	13	7%
Smithfield	402	14	3%
South Kingstown	640	53	8%
Tiverton	398	27	7%
Warren	296	20	7%
Warwick	2,322	141	6%
West Greenwich	178	7	4%
West Warwick	1,044	79	8%
Westerly	726	46	6%
Woonsocket	1,900	124	7%

<b>Rhode Island City/Town</b>	<b>Number of Children in RI &lt;3 yrs<sup>10</sup> of Age</b>	<b>No. of Children Enrolled In EI</b>	<b>Percent of Children in EI Relative to Population &lt; 3</b>
Core Cities	15,360	861	6%
Remainder of State	18,428	988	5%
Rhode Island	33,788	1,849	5%

<sup>8</sup> 2011 Rhode Island KIDS COUNT Factbook, Population under age 3 is based on Census 2010 and may not reflect increases or decreases in population.

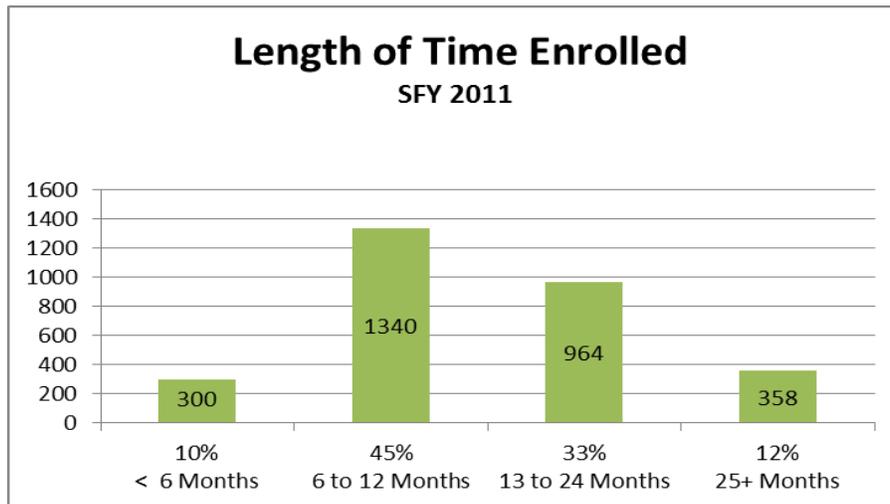
<sup>10</sup> 2011 Rhode Island KIDS COUNT Factbook, Population under age 3 is based on Census 2010 and may not reflect increases or decreases in population.

## Who do Most Children in Early Intervention Live With?



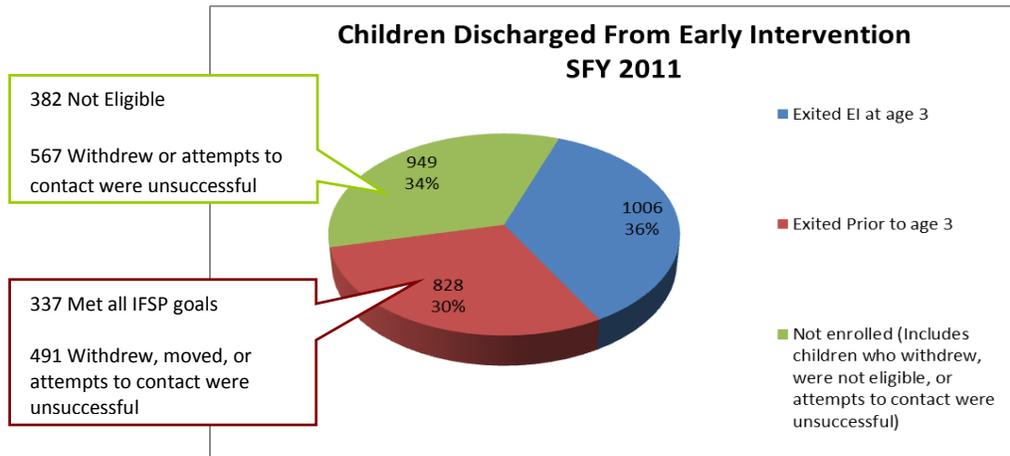
Most children lived in 2 parent households (48%), while 26% of children in EI lived with a single parent and 5% resided in foster placement.

## How Long do Most Children Stay in Early Intervention?



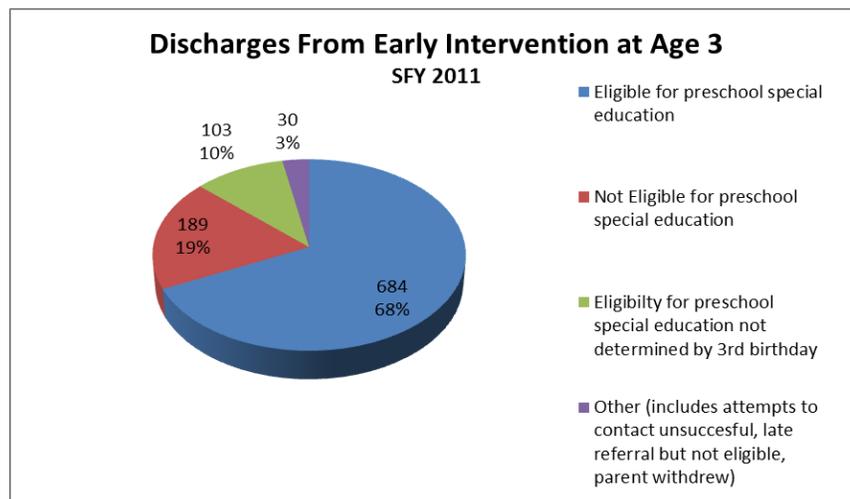
“My support system is limited to a few friends but, ever since I started with EI, it has helped me join more social activities.” – Anonymous Comment from Parent Survey, 2011

## What Are the Reasons a Child Exits Early Intervention?



All children with a complete referral are enrolled in order for data to be collected. This applies even for those children found not eligible. Children and their families exit or are discharged from Early Intervention for many reasons prior to age 3. Some do not qualify; some meet their goals and no longer need EI services. Others will move or withdraw by family choice. In SFY 2011, Early Intervention discharged 2,783 children.

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



*Of the 3 year olds discharged in SFY 2011, 68% qualified for Special Education Services and related services through their local school departments. Special Education regulations are outlined in IDEA Part B.*



### ***Children will...***

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

## **How do We Measure Success?**

As providers, we want certain things for all children such as developing positive social relationships and developing appropriate actions to meet their needs. These outcomes can be applied to a child as they near the level of functioning as their same age peers, or to a child who has much more complicated impairments.

In Rhode Island Early Intervention, we not only want these outcomes for children and families, we use them to measure how our Early Intervention program is impacting their lives and every day functioning. This past year we saw children make gains in all outcome areas.

### **Developing positive social and emotional skills including social relationships:**

- *99.2% of children made gains*
- *62.69% made significant gains*

### **Acquiring and using new knowledge and skills:**

- *99.82% of children made gains*
- *70.91% made significant gains*

### **Using appropriate behaviors to meet their needs:**

- *99.55% of children made gains*
- *72.61% made significant gains*



### ***Families will...***

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

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

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

Family outcomes are assessed annually by responses<sup>11</sup> to our parent survey, administered by RI Parent Information Network (RIPIN).<sup>12</sup>

**93% of families told us that Early Intervention helped them communicate effectively about their child.**

**88% of families told us that Early Intervention helped them to understand their rights within the EI system.**

**92% of families told us that Early Intervention helped them understand how their child develops and learns.**

Demographic information collected includes: person completing the survey, child's age when referred, child's current age, length of time in EI, number of children in EI, race/ethnicity, primary area of delay, parental education and household income. The responses are believed to represent the total EI enrollment.

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<sup>11</sup> 2011 survey response rate was 29%

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

## Financing Early Intervention in Rhode Island

**Total Cost:** \$20.9 million

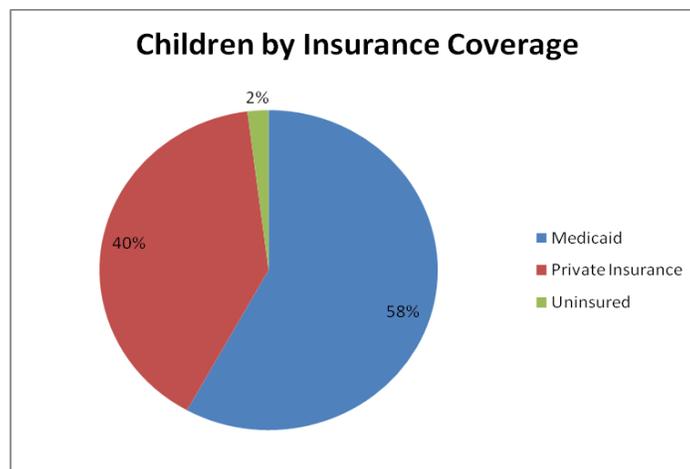
**Administration of the EI system:** 10% of total cost

**Direct services to children and their families:** 90% of total cost

### Who pays for Early Intervention?

Rhode Island annually applies for, and receives a Part C (Early Intervention) federal grant from the Office of Special Education Programs of approximately \$2.15 million. These funds are utilized for the administration of the EI system in Rhode Island.

Families receive all Early Intervention evaluations, services and supports at no cost. EI does submit claims to a family's insurer for payment, but the benefits are not subject to any deductible or coinsurance factor and it is not applied to any annual or lifetime maximum. RI law mandates that insurers provide coverage for up to \$5,000 per child per calendar year. The State covers all costs that exceed \$5000, costs for families that are uninsured or may be covered by a self-funded plan that is not required to adhere to the mandate. For children that are enrolled in Medicaid, the state and federal governments share the costs.



**Rhode Island Executive Office of Health and Human Services**

**Brenda DuHamel,  
Chief, Family Health Systems  
Part C Coordinator**

**Rhode Island Early Intervention Providers**

**Children's Friend & Service**

*621 Dexter Street  
Central Falls, RI 02863-2603  
Ph. 721-9200*

**Easter Seals, RI**

*213 Robinson Street  
Wakefield, RI 02879  
Ph. 284-1000*

**Family Resources Community Action**

*245 Main Street  
Woonsocket, RI 02895-3123  
Ph. 766-0900*

**Family Service of RI**

*134 Thurbers Avenue  
Providence, RI 02905-4754  
Ph. 331-1350*

**Hasbro Children's Hospital**

*765 Allens Ave Suite 110  
Providence, RI 02905  
Ph. 444-3201*

**James L. Maher Center**

*120 Hillside Avenue  
Newport, RI 02840-1227  
Ph. 848-2660*

**Seven Hills Rhode Island**

*30 Cumberland Street, 1st floor  
Woonsocket, RI 02895  
Ph. 775-1500*

*535 Centerville Road*

*Suite 301  
Warwick, RI 02886  
Ph. 921-1470*

**J. Arthur Trudeau Memorial Center**

*250 Commonwealth Avenue  
Warwick, RI 02886-2752  
Ph. 823-1731*

*25 West Independence Way*

*Kingston, RI 02881  
Ph. 284-1980*

**Looking Upwards, Inc.**

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

**Meeting Street**

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

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

## Early Intervention Supporting Partners

**Paul V. Sherlock Center on Disabilities  
EI Training and Technical Assistance Center  
and Early Childhood Transitions**  
Rhode Island College  
600 Mt. Pleasant Avenue  
Providence, RI 02908  
Ph. 456-8072, Fax.456-8150  
TDD 456-8773  
Ph. 525-2380, Fax: 421-3280

**Rhode Island Parent Information  
Network (RIPIN)**  
1210 Pontiac Avenue  
Cranston, RI 02920  
Ph.270-0101, Fax. 270-7049

## Inter-Agency Coordinating Council

### 2011 ICC Membership

<b>James Berson</b> <i>Director of Business Development &amp; Grants Meeting Street Chair</i>	<b>Ruth Gallucci</b> <i>Coordinator of Early Childhood Initiatives RI Department of Education</i>	<b>Joanne Quinn</b> <i>Autism Project of Rhode Island</i>
<b>Ben Lessing</b> <i>Family Resource Community Action Vice Chair</i>	<b>Deborah Garneau</b> <i>Chief, Office of Special Healthcare Needs Department of Health</i>	<b>Kathleen Schlenz</b> <i>Sargent Rehabilitation Center</i>
<b>Brenda DuHamel</b> <i>Chief, Family Health Systems Part C Coordinator</i>	<b>Nicole Gotovich</b> <i>Family Representative</i>	<b>Michelle Simpson</b> <i>Director, Early Childhood Cranston School Department</i>
<b>Beth Azero</b> <i>Family Representative</i>	<b>Siobhan Holmader</b> <i>Family Representative</i>	<b>Susan Stevenson</b> <i>Gateway Healthcare</i>
<b>Michael Cancelliere</b> <i>Family Representative</i>	<b>Lisa LaDew</b> <i>Sr. Director, Early Childhood Services Head Start</i>	<b>Jane Stone-Tatro</b> <i>Family Representative</i>
<b>Laurie Dickenson</b> <i>Family Representative</i>	<b>Karen McCurdy</b> <i>Human Development and Family Studies University of Rhode Island</i>	<b>Charles E. Williams</b> <i>Acting Chief of Staff Behavioral Healthcare, Developmental Disabilities and Hospitals</i>
<b>Adrienne-Jo Evens</b> <i>Senior Health Analyst RI Department of Business Regulations</i>	<b>Representative Eileen Naughton</b> <i>District 21, Warwick</i>	<b>Dr. Yvette Yatchmink</b> <i>Children's Neurodevelopment Center Hasbro Children's Hospital</i>
<b>Mary Fournier</b> <i>Director, Hasbro Early Intervention Hasbro Children's Hospital</i>	<b>Frank Pace</b> <i>Clinical Dir. of Positive Education Partnerships Department of Children, Youth and Families</i>	

Lincoln D. Chafee, Governor

Steven M. Costantino, Secretary,  
Executive Office of Health and Human Services

Deborah Florio, Administrator,  
Executive Office of Health and Human Services

Brenda DuHamel, Chief  
Family Health Systems, Part C Coordinator  
Executive Office of Health and Human Services

Executive Office of Health and Human Services  
Early Intervention Program  
Center for Child and Family Health  
Hazard Building #74, West Rd.  
Cranston, RI 02920.



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the Department of Education Office of Special Education Programs.