Introduction to the State Performance Plan (SPP)/Annual Performance Report (APR)

General Supervision System:

The systems that are in place to ensure that IDEA Part C requirements are met, e.g., monitoring systems, dispute resolution systems.

Rhode Island Early Intervention incorporates eight components that interact and inform each other to ensure implementation of IDEA and to identify and correct noncompliance. Specific components include the following:

1. State Performance Plan/Annual Performance Report (SPP/APR) and other state selected monitoring indicators
2. Rhode Island Early Intervention Certification Standards
3. Fiscal Management and Oversight
4. Complaints/Dispute Resolution System
5. Rhode Island Early Intervention Care Coordination System (web based data collection system)
6. Integrated Monitoring Activities (e.g., annual desk audit, onsite focused monitoring visits, Early Intervention provider self-assessments)
7. Professional Development and Technical Assistance (TA) System
8. Improvement Plans, Corrective Action Plans, Incentives and Sanctions

The RI Executive Office of Health and Human Services utilizes RI's general supervision system to ensure compliance with IDEA and RI EI Certification Standards. There are three main sources of data used for the SPP/APR. The web based data collection system called the Rhode Island Early Intervention Care Coordination System (RIEICCS) is used to report statewide and program specific data for Indicators 2, 3, 5 & 6 as required by OSEP. The Early Childhood Outcomes Center Family Survey (revised version-2-5-10) is used to gather data for Indicator #4. All families with an active IFSP (pulled on March 31, 2014) were hand delivered a survey. Focused monitoring data is used for indicators 1, 7, 8 and 9. All 11 certified Early Intervention programs participate in focused monitoring annually. Programs are provided a self-asessment tool and a list of State selected records including 10% of each programs enrollment during January 1-June 30 (or at least 20 records). Records reviewed for Indicator 8 include 10% of those discharged during the same time period (or at least 5 records). The lead agency review team (which includes CSPD staff) then conducts site based visits to all certified EI programs every year in order to review 25% of the records (or a minimum of 10) from the self-assessment in order to verify accuracy of the data. These on-site record reviews provide an opportunity for gathering data for federal reporting and as a mechanism for identification of techncial assistance and professional development needs. The state also reviews any and all complaints (including informal complaints), mediations, and due process hearings to identify performance issues and noncompliance.

Early Intervention programs are required to provide detailed explanations for any and all findings of noncompliance identified and are asked to conduct an analysis of the root cause for any and all findings. RI verifies that each Early Intervention program with noncompliance correctly implements the specific regulatory requirements and initiates services for each child, although late, unless the child no longer resides within the jurisdiction of the EI program. Corrective action plans are required for any and all findings of noncompliance. Corrective action plans must include for each finding, an analysis of the root cause of the noncompliance, strategies to correct the noncompliance, including who will do what by when. Periodic reproting on the corrective action plans is also required until evidence of correction of each finding is submited and verified by the lead agency. The lead agency requires evidence of correction of any and all findings as soon as possible but no later than one year from the identification of the finding. The lead agency may also require Performance Improvment Plans on selected performance indicators and/or State selected quality measures. State determinations are made annually for all certifid EI progams in RI in accordance with OSEP. Programs that meet requirements are awarded an incentive payment. Programs that do not Meet Requirments are given a sanction that may include: Additional reporting requirements; Specific directives to address the root cause for the non-compliance; Increased ongoing on-site monitoring and technical assistance; Closure to new-referrals; Change of certification status, which may include financial sanctions; and Termination of certification.

Technical Assistance System:

The mechanisms that the State has in place to ensure the timely delivery of high quality, evidenced based technical assistance and support to early intervention service (EIS) programs.

The RI Executive Office of Health and Human Services utilizes a contract with the Paul V. Sherlock Center on Disabilities at Rhode Island College (RI's University Center for Excellence in Developmental Disabilities) to ensure the timely and effective delivery of high quality and evidence based technical assistance and support to RI's Early Intervention system. The Sherlock Center has been providing technical assistance to RI's Early Intervention system since 2001. Responsibilities under this contract include:

- Working in collaboration with the lead agency to design and implement an effective general supervision system that includes data review and analysis, site based program visits, record reviews, and the development, implementation and monitoring of corrective action and improvement plans.
- Developing and providing technical assistance to the lead agency and local providers on operationalizing policy into effective practice.
- Identifying and addressing barriers to implementaion of policy and evidence based practices.
- Developing and providing high quality, user friendly guidance and written resources for local providers and families and maintaining them on an accessible website. (http://www.ric.edu/sherlockcenter/ei.html)
- Provide and support reflective, relationship-based work and local leadership development. Actively participate in monthly face-to face meetings with EI Administration team, EI Directors, stakeholders, and supervisors.

Professional Development System:

The mechanisms the State has in place to ensure that service providers are effectively providing services that improve results for infants and toddlers with disabilities and their families.

The RI Executive Office of Health and Human Services utilizes a contract with the Paul V. Sherlock Center on Disabilities at Rhode Island College (RI's University Center for Excellence in Developmental Disabilities) to ensure that service providers are effectively providing services that improve results for infants and toddlers with disabilities and their families. The Sherlock Center has been providing professional development to RI's Early Intervention system since 2001. Responsibilities under this contract include:

- Developing, implementing, and continuously evaluating RI’s Comprehensive System of Personnel Development. This includes specific focus on recruitment/retention, increasing workforce capacity, providing effective PD, and developing leadership and understanding of the principles and practices of Early Intervention in order to improve outcomes for children and families.
- Developing and implementing assessments of the needs of programs and service providers to effectively implement evidence based practices in order to improve outcomes for children and families.
- Develop and utilize RI EI Competencies that support the Key Principles ad Practices of EI. Assist and support EI programs to utiize competencies to establish the basis for job descriptions and individualized professional development plans.
- Based on EI Competencies, establish an EI Certificate Program to provide a career path for Level 1 providers to become Level 2.
- Develop and provide the Introduction to EI course. This is a 4 day required training for all new EI providers. It is based on the competencies and is focused on pragmatic skills of relationship-based work. . Its format follows the IFSP development process. Content delivered via an activity-based, interactive curriculum. Experienced local program

staff serve as “mentors’ during each session. Course provides for a consistent message re: the purpose and service delivery model of EI. Presenters include: a panel of parents who have been through the EI system; the Part C Coordinator; a developmental behavioral pediatrician; and the state CAPTA liaison.

- Develop and lead the Supervisor's Seminar. This is a monthly session for program supervisors co-facilitated by an infant mental health consultant. It focuses on: skill building re: reflective supervision; networking and resource sharing; and, leadership support re: RI’s service delivery model.
- Provide annual topical trainings that are based on needs assessment, evaluated for content, relevant to work, and impact, and closely coordinated with EI management (supervisors and directors)
- Provide conference sponsorships in order to support staff to participate in national/regional professional development in evidence-based practices. Staff are then required to assume a leadership role in state level professional development and coaching.
- Coordinate and lead the Transition Mentors group. Participants from each EI program meet for professional development and technical assistance that align with the EI Transition Policy and the EI Competencies.
- Coordinate and lead low incidence resource groups, which are small EI learning communities re: special populations (e.g., children who are deaf or hard of hearing; those with autism spectrum disorders; and those with visual impairments)

Stakeholder Involvement:

The mechanism for soliciting broad stakeholder input on targets in the SPP, including revisions to targets.

The RI Executive Office of Health and Human Services (EOHHS) developed presentations to provide information to and gather input from stakeholders related to RI's State Performance Plan and Annual Performance Reports, current and historical data and targets for both compliance and improvement indicators, and previous and ongoing strategies for improvement. This presentaion and materials were used with the state's administrative team, the state's ICC, and the state's EI Director's group. Each of the groups were asked to make suggestions for new targets through 2018 with ideas for new or continued improvement strategies. Information was compiled and utilized in setting the new targets and reported back to each of the stakeholder groups for final review and comment. All of the groups agreed to the final targets set.

Reporting to the Public:

How and where the State reported to the public on the FFY 2012 performance of each EIS Program or Provider located in the State on the targets in the SPP/APR as soon as practicable, but no later than 120 days following the State’s submission of its FFY 2012 APR, as required by 34 CFR §300.602(b)(1)(i)(A); and a description of where, on its Web site, a complete copy of the State’s SPP, including any revision if the State has revised the SPP that it submitted with its FFY 2012 APR in 2014, is available.

The Executive Office of Health and Human Services shared and reviewed all SPP/APR data with the ICC and the EI Director's group both in January 2015. Data reports included data for all indicators for each EI program and the state as a whole for each year of the State Performance Plan. A review of the APR indicators, measurement requirements, previous and current data, and improvement strategies are discussed each year with the ICC and the EI Directors group. As EOHHS does annually, data for each indicator by program, as well as this annual report and an updated State Performance Plan will be available no later than February 28, 2015 on the EOHHS website at: http://www.eohhs.ri.gov/ProvidersPartners/ProviderManualsGuidelines/MedicaidProviderManual/EarlyInterventionProviders/EarlyInterventionProgram.aspx

An electronic notice is provided to all ICC members, EI programs, and interested parties that these materials are available on the website.

Indicator 1: Timely provision of services

Monitoring Priority: Early Intervention Services In Natural Environments

Compliance indicator: Percent of infants and toddlers with IFSPs who receive the early intervention services on their IFSPs in a timely manner.

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

Historical Data

Baseline Data: 2005

FFY	2005	2006	2007	2008	2009	2010	2011	2012
Target		100%	100%	100%	100%	100%	100%	100%
Data	64.81%	81.98%	83.33%	88.10%	90.10%	94.07%	81.75%	95.75%

Key: Gray – Data Prior to Baseline Yellow – Baseline

FFY 2013 - FFY 2018 Targets

FFY	2013	2014	2015	2016	2017	2018
Target	100%	100%	100%	100%	100%	100%

FFY 2013 SPP/APR Data

Prepopulated Data

Source	Date	Description	Data	Overwrite Data
SY 2013-14 Child Count/Educational Environment Data Groups	9/24/2014	Total number of infants and toddlers with IFSPs	2,087	275

Explanation of Alternate Data

State uses focused monitoring data for this indicator.

FFY 2013 SPP/APR Data

Number of infants and toddlers with IFSPs who receive the early intervention services on their IFSPs in a timely manner	Total number of infants and toddlers with IFSPs	FFY 2012 Data*	FFY 2013 Target*	FFY 2013 Data
250	275	95.75%	100%	95.42%

Number of documented delays attributable to exceptional family circumstances (this number will be added to the Number of infants and toddlers with IFSPs who receive their early intervention services on their IFSPs in a timely manner)	13

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

- (●) State monitoring
- ( ) State database

Describe the method used to select EIS programs for monitoring.

All eleven certified Early Intervention programs were selected for monitoring. 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, 2014-June 30, 2014 (or 20 records if 20 exist, 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 of all certified EI Programs. 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.

Provide additional information about this indicator (optional)

The percentage of compliance the state reports is (263/275) 95.64% The state adds 13 to the Number of infants and toddlers with IFSPs who receive the early intervention services on their IFSPs in a timely manner instead of subtracting from Total number of infants and toddlers with IFSPs. This year 13 children had at least one service not provided in a timely manner between 7/1/13-6/30/14 with documentation present to support that the delay was due to a family issue. All children, although late, did receive services as indicated on their IFSPs if they remained enrolled.

Actions required in FFY 2012 response table

None

Responses to actions required in FFY 2012 response table, not including correction of findings

Correction of Findings of Noncompliance Identified in FFY 2012

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

FFY 2012 Findings of Noncompliance Verified as Corrected

Describe how the State verified that each LEA with noncompliance is correctly implementing the regulatory requirements

Four identified findings of noncompliance from FFY 2012 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.

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

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 services in place for each child, although late, unless the child is no longer within the jurisdiction of the EIS program, consistent with OSEP Memorandum 09-02. Providers develop

correction action plans to correct non-compliance and are required to send state staff documentation of correction. The self-assessment and state review process system was designed to also verify that EI providers have corrected there non compliance or remain compliant.

Indicator 2: Services in Natural Environments

Monitoring Priority: Early Intervention Services In Natural Environments

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

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

Historical Data

Baseline Data: 2005

FFY	2005	2006	2007	2008	2009	2010	2011	2012
Target ≥		95.00%	95.00%	95.00%	88.00%	88.00%	88.00%	88.00%
Data	91.41%	88.94%	85.86%	90.90%	89.40%	87.02%	89.21%	93.98%

Key: Gray – Data Prior to Baseline Yellow – Baseline

FFY 2013 - FFY 2018 Targets

FFY	2013	2014	2015	2016	2017	2018
Target ≥	94.00%	94.20%	94.40%	94.60%	94.80%	95.00%

Targets: Description of Stakeholder Input

The RI Executive Office of Health and Human Services (EOHHS) developed presentations to provide information to and gather input from stakeholders related to RI's State Performance Plan and Annual Performance Reports, current and historical data and targets for both compliance and improvement indicators, and previous and ongoing strategies for improvement. This presentation and materials were used with the state's administrative team, the state's ICC, and the state's EI Director's group. Each of the groups were asked to make suggestions for new targets through 2018 with ideas for new or continued improvement strategies. Information was compiled and utilized in setting the new targets and reported back to each of the stakeholder groups for final review and comment. All of the groups agreed to the final targets set.

Prepopulated Data

Source	Date	Description	Data	Overwrite Data
SY 2013-14 Child Count/Educational Environment Data Groups	9/24/2014	Number of infants and toddlers with IFSPs who primarily receive early intervention services in the home or community-based settings	1,999	1999
SY 2013-14 Child Count/Educational Environment Data Groups	9/24/2014	Total number of infants and toddlers with IFSPs	2,087	2087

Explanation of Alternate Data

618 data utilized

FFY 2013 SPP/APR Data

Number of infants and toddlers with IFSPs who primarily receive early intervention services in the home or	Total number of infants and toddlers with IFSPs	FFY 2012 Data*	FFY 2013 Target*	FFY 2013 Data

community-based settings				
1,999	2,087	93.98%	94.00%	95.78%

Actions required in FFY 2012 response table

None

Responses to actions required in FFY 2012 response table

N/A

Indicator 3: Early Childhood Outcomes

Monitoring Priority: Early Intervention Services In Natural Environments

Results indicator: Percent of infants and toddlers with IFSPs who demonstrate improved:

A. **Positive social-emotional skills (including social relationships);**
B. **Acquisition and use of knowledge and skills (including early language/ communication); and**
C. **Use of appropriate behaviors to meet their needs.**

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

Historical Data

	Baseline Year	FFY	2005	2006	2007	2008	2009	2010	2011	2012
A1	2008	Target ≥					60.90%	61.00%	61.00%	61.00%
		Data				60.95%	57.92%	62.69%	67.98%	67.86%
A2	2008	Target ≥					64.00%	65.00%	56.40%	56.40%
		Data				64.55%	60.25%	56.34%	58.18%	55.23%
B1	2008	Target ≥					70.00%	71.00%	71.00%	71.00%
		Data				70.18%	66.50%	70.91%	73.54%	77.83%
B2	2008	Target ≥					62.00%	63.00%	54.70%	54.70%
		Data				62.83%	58.46%	54.62%	52.01%	52.32%
C1	2008	Target ≥					68.00%	69.50%	69.50%	69.50%
		Data				69.24%	68.01%	72.61%	75.05%	77.35%
C2	2008	Target ≥					58.00%	60.00%	52.70%	52.70%
		Data				59.58%	55.37%	52.65%	52.48%	53.96%

Key: Gray – Data Prior to Baseline Yellow – Baseline

FFY 2013 - FFY 2018 Targets

FFY	2013	2014	2015	2016	2017	2018
Target A1 ≥	67.90%	68.00%	68.20%	68.80%	70.00%	71.00%
Target A2 ≥	57.00%	57.20%	57.40%	57.60%	57.80%	58.00%
Target B1 ≥	74.00%	74.20%	74.60%	74.80%	75.00%	75.20%
Target B2 ≥	54.70%	54.70%	54.80%	54.80%	55.00%	55.00%
Target C1 ≥	70.00%	70.50%	71.00%	71.50%	72.00%	72.50%
Target C2 ≥	54.00%	54.20%	54.40%	54.60%	54.80%	55.00%

Targets: Description of Stakeholder Input

The RI Executive Office of Health and Human Services (EOHHS) developed presentations to provide information to and gather input from stakeholders related to RI's State Performance Plan and Annual Performance Reports, current and historical data and targets for both compliance and improvement indicators, and previous and ongoing Strategies for improvement. This presentation and materials were used with the state's administrative team, the state's ICC, and the state's EI Director's group. Each of the groups were asked to make suggestions for new targets through 2018 with ideas for new or continued improvement strategies. Information was compiled and utilized in setting the new targets and reported back to each of the stakeholder groups for final review and comment. All of the groups agreed to the final targets set.

FFY 2013 SPP/APR Data

Number of infants and toddlers with IFSPs assessed	1,224

Does the State's Part C eligibility criteria include infants and toddlers who are at risk of having substantial developmental

delays (or "at-risk infants and toddlers") under IDEA section 632(5)(B)(i)? No

Outcome A: Positive social-emotional skills (including social relationships)

	Number of Children
a. Infants and toddlers who did not improve functioning	7
b. Infants and toddlers who improved functioning but not sufficient to move nearer to functioning comparable to same-aged peers	310
c. Infants and toddlers who improved functioning to a level nearer to same-aged peers but did not reach it	199
d. Infants and toddlers who improved functioning to reach a level comparable to same-aged peers	472
e. Infants and toddlers who maintained functioning at a level comparable to same-aged peers	236

	Numerator	Denominator	FFY 2012 Data*	FFY 2013 Target*	FFY 2013 Data
A1. Of those children who entered or exited the program below age expectations in Outcome A, the percent who substantially increased their rate of growth by the time they turned 3 years of age or exited the program (c+d)/(a+b+c+d).	671	988	67.86%	67.90%	67.91%
A2. The percent of infants and toddlers who were functioning within age expectations in Outcome A by the time they turned 3 years of age or exited the program (d+e)/(a+b+c+d+e).	708	1,224	55.23%	57.00%	57.84%

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

	Number of Children
a. Infants and toddlers who did not improve functioning	5
b. Infants and toddlers who improved functioning but not sufficient to move nearer to functioning comparable to same-aged peers	277
c. Infants and toddlers who improved functioning to a level nearer to same-aged peers but did not reach it	305
d. Infants and toddlers who improved functioning to reach a level comparable to same-aged peers	545
e. Infants and toddlers who maintained functioning at a level comparable to same-aged peers	93

	Numerator	Denominator	FFY 2012 Data*	FFY 2013 Target*	FFY 2013 Data
B1. Of those children who entered or exited the program below age expectations in Outcome B, the percent who substantially increased their rate of growth by the time they turned 3 years of age or exited the program (c+d)/(a+b+c+d).	850	1,132	77.83%	74.00%	75.09%
B2. The percent of infants and toddlers who were functioning within age expectations in Outcome B by the time they turned 3 years of age or exited the program (d+e)/(a+b+c+d+e).	638	1,225	52.32%	54.70%	52.08%

Outcome C: Use of appropriate behaviors to meet their needs

	Number of Children
a. Infants and toddlers who did not improve functioning	3
b. Infants and toddlers who improved functioning but not sufficient to move nearer to functioning comparable to same-aged peers	263
c. Infants and toddlers who improved functioning to a level nearer to same-aged peers but did not reach it	295
d. Infants and toddlers who improved functioning to reach a level comparable to same-aged peers	580

	Number of Children
e. Infants and toddlers who maintained functioning at a level comparable to same-aged peers	79

	Numerator	Denominator	FFY 2012 Data*	FFY 2013 Target*	FFY 2013 Data
C1. Of those children who entered or exited the program below age expectations in Outcome C, the percent who substantially increased their rate of growth by the time they turned 3 years of age or exited the program (c+d)/(a+b+c+d).	875	1,141	77.35%	70.00%	76.69%
C2. The percent of infants and toddlers who were functioning within age expectations in Outcome C by the time they turned 3 years of age or exited the program (d+e)/(a+b+c+d+e).	659	1,220	53.96%	54.00%	54.02%

Was sampling used? No

Did you use the Early Childhood Outcomes Center (ECO) Child Outcomes Summary Form (COSF)? Yes

Actions required in FFY 2012 response table

The State must report progress data and actual target data for FFY 2013 in the FFY 2013 APR.

Responses to actions required in FFY 2012 response table

Progress and actual target date are reported.

Indicator 4: Family Involvement

Monitoring Priority: Early Intervention Services In Natural Environments

Results indicator: Percent of families participating in Part C who report that early intervention services have helped the family:

A. Know their rights;
B. Effectively communicate their children's needs; and
C. Help their children develop and learn.

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

Historical Data

	Baseline Year	FFY	2005	2006	2007	2008	2009	2010	2011	2012
A	2006	Target ≥				86.00%	87.00%	87.50%	87.50%	87.50%
		Data		87.89%	89.04%	91.33%	85.46%	87.60%	91.40%	92.36%
B	2006	Target ≥				92.00%	93.00%	93.50%	93.50%	93.50%
		Data		91.40%	93.53%	93.45%	90.88%	92.70%	94.90%	94.90%
C	2006	Target ≥				93.00%	94.00%	94.50%	94.50%	94.50%
		Data		93.90%	93.75%	95.77%	90.36%	91.90%	93.90%	94.75%

Key: Gray – Data Prior to Baseline Yellow – Baseline

FFY 2013 - FFY 2018 Targets

FFY	2013	2014	2015	2016	2017	2018
Target A ≥	90.00%	90.20%	90.40%	90.60%	90.80%	91.00%
Target B ≥	94.00%	94.00%	94.20%	94.60%	94.80%	95.00%
Target C ≥	94.50%	94.50%	94.50%	94.50%	94.50%	94.50%

Targets: Description of Stakeholder Input

The RI Executive Office of Health and Human Services (EOHHS) developed presentations to provide information to and gather input from stakeholders related to RI's State Performance Plan and Annual Performance Reports, current and historical data and targets for both compliance and improvement indicators, and previous and ongoing Strategies for improvement. This presentation and materials were used with the state's administrative team, the state's ICC, and the state's EI Director's group. Each of the groups were asked to make suggestions for new targets through 2018 with ideas for new or continued improvement strategies. Information was compiled and utilized in setting the new targets and reported back to each of the stakeholder groups for final review and comment. All of the groups agreed to the final targets set.

FFY 2013 SPP/APR Data

Number of respondent families participating in Part C	859
A1. Number of respondent families participating in Part C who report that early intervention services have helped the family know their rights	779
A2. Number of responses to the question of whether early intervention services have helped the family know their rights	849
B1. Number of respondent families participating in Part C who report that early intervention services have helped the family effectively communicate their children's needs	802

B2. Number of responses to the question of whether early intervention services have helped the family effectively communicate their children's needs	853
C1. Number of respondent families participating in Part C who report that early intervention services have helped the family help their children develop and learn	789
C2. Number of responses to the question of whether early intervention services have helped the family help their children develop and learn	845

	FFY 2012 Data*	FFY 2013 Target*	FFY 2013 Data
A. Percent of families participating in Part C who report that early intervention services have helped the family know their rights	92.36%	90.00%	91.76%
B. Percent of families participating in Part C who report that early intervention services have helped the family effectively communicate their children's needs	94.90%	94.00%	94.02%
C. Percent of families participating in Part C who report that early intervention services have helped the family help their children develop and learn	94.75%	94.50%	93.37%

Explanation of C Slippage

Families participating in Part C who report that early intervention services have helped the family help their children develop and learn was lower this year by 1.38% and therefore RI did not meet its target. RI did improve its return rate again this year from 41.12% last year to 44.48% this year. Providers ranged from 89.72% to 99.07% on these survey questions with 5 out of 11 certified programs reaching over 95%. No specific change in practice have been found to be the cause of the slippage. RI intend to address improvement strategies through the SSIP.

Describe how the State has ensured that any response data are valid and reliable, including how the data represent the demographics of the State.

RI has a stakeholder workgroup focusing on the survey which includes a *Survey Coordinator* who represented each EI agency. Service coordinators were responsible for delivering the surveys to families. The Survey Coordinators are charged with bringing the surveys to each agency, explaining the survey delivery process and encouraging their coworkers to follow up with families throughout the summer as surveys were being collected. Weekly return updates were provided to agencies. This group met to discuss progress and to support each other with ideas on how to further encourage staff and families to get outstanding surveys completed and turned in. Then the workgroup later reconvened for a series of meetings to analyze the gathered survey data and provide a report to the Part C Coordinator. Data is analyzed using SAS Statisital software and discussed with the group. Data is determined to be valid and reliable. The demographic data of the respondents matched statewide data.

A total of 1931 surveys were delivered, including 1761 English surveys and 170 Spanish surveys. RI received 859 returned surveys, inlcuding 779 English surveys and 80 Spansih surveys. The response group is representative of the population. All Certified EI programs were able to meet our minimum target of 35%, with many meeting or exceeding their results from last year.

Was sampling used? No

Was a collection tool used? Yes

Is it a new or revised collection tool? No

- (●) **Yes, the data accurately represent the demographics of the State**
- ( ) **No, the data does not accurately represent the demographics of the State**

Provide additional information about this indicator (optional)

Actions required in FFY 2012 response table

None

Responses to actions required in FFY 2012 response table, not including correction of findings

N/A

Indicator 5: Child Find (Birth to One)

Monitoring Priority: Effective General Supervision Part C / Child Find

Results indicator: Percent of infants and toddlers birth to 1 with IFSPs compared to national data.

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

Historical Data

Baseline Data: 2005

FFY	2005	2006	2007	2008	2009	2010	2011	2012
Target ≥		1.75%	1.75%	1.75%	1.90%	2.00%	2.00%	2.00%
Data	1.86%	2.04%	2.29%	2.20%	2.38%	2.45%	2.33%	2.86%

Key: Gray – Data Prior to Baseline Yellow – Baseline

FFY 2013 - FFY 2018 Targets

FFY	2013	2014	2015	2016	2017	2018
Target ≥	2.50%	2.50%	2.50%	2.50%	2.50%	2.50%

Targets: Description of Stakeholder Input

The RI Executive Office of Health and Human Services (EOHHS) developed presentations to provide information to and gather input from stakeholders related to RI's State Performance Plan and Annual Performance Reports, current and historical data and targets for both compliance and improvement indicators, and previous and ongoing Strategies for improvement. This presentation and materials were used with the state's administrative team, the state's ICC, and the state's EI Director's group. Each of the groups were asked to make suggestions for new targets through 2018 with ideas for new or continued improvement strategies. Information was compiled and utilized in setting the new targets and reported back to each of the stakeholder groups for final review and comment. All of the groups agreed to the final targets set.

Prepopulated Data

Source	Date	Description	Data	Overwrite Data
SY 2013-14 Child Count/Educational Environment Data Groups	9/24/2014	Number of infants and toddlers birth to 1 with IFSPs	315	
U.S. Census Annual State Resident Population Estimates April 1, 2010 to July 1, 2013	12/16/2014	Population of infants and toddlers birth to 1	10,912	

FFY 2013 SPP/APR Data

Number of infants and toddlers birth to 1 with IFSPs	Population of infants and toddlers birth to 1	FFY 2012 Data*	FFY 2013 Target*	FFY 2013 Data
315	10,912	2.86%	2.50%	2.89%

Actions required in FFY 2012 response table

None

Responses to actions required in FFY 2012 response table

N/A

Indicator 6: Child Find (Birth to Three)

Monitoring Priority: Effective General Supervision Part C / Child Find

Results indicator: Percent of infants and toddlers birth to 3 with IFSPs compared to national data.

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

Historical Data

Baseline Data: 2005

FFY	2005	2006	2007	2008	2009	2010	2011	2012
Target ≥		3.60%	3.60%	3.60%	3.80%	3.80%	3.80%	3.80%
Data	4.09%	4.39%	4.61%	4.79%	5.12%	5.47%	5.85%	6.08%

Key: Gray – Data Prior to Baseline Yellow – Baseline

FFY 2013 - FFY 2018 Targets

FFY	2013	2014	2015	2016	2017	2018
Target ≥	3.80%	6.00%	6.00%	6.00%	6.00%	6.00%

Targets: Description of Stakeholder Input

The RI Executive Office of Health and Human Services (EOHHS) developed presentations to provide information to and gather input from stakeholders related to RI's State Performance Plan and Annual Performance Reports, current and historical data and targets for both compliance and improvement indicators, and previous and ongoing Strategies for improvement. This presentation and materials were used with the state's administrative team, the state's ICC, and the state's EI Director's group. Each of the groups were asked to make suggestions for new targets through 2018 with ideas for new or continued improvement strategies. Information was compiled and utilized in setting the new targets and reported back to each of the stakeholder groups for final review and comment. All of the groups agreed to the final targets set.

Prepopulated Data

Source	Date	Description	Data	Overwrite Data
SY 2013-14 Child Count/Educational Environment Data Groups	9/24/2014	Number of infants and toddlers birth to 3 with IFSPs	2,087	
U.S. Census Annual State Resident Population Estimates April 1, 2010 to July 1, 2013	12/16/2014	Population of infants and toddlers birth to 3	32,815	

FFY 2013 SPP/APR Data

Number of infants and toddlers birth to 3 with IFSPs	Population of infants and toddlers birth to 3	FFY 2012 Data*	FFY 2013 Target*	FFY 2013 Data
2,087	32,815	6.08%	3.80%	6.36%

Actions required in FFY 2012 response table

None

Responses to actions required in FFY 2012 response table

N/A

Indicator 7: 45-day timeline

Monitoring Priority: Effective General Supervision Part C / Child Find

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

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

Historical Data

Baseline Data: 2005

FFY	2005	2006	2007	2008	2009	2010	2011	2012
Target		100%	100%	100%	100%	100%	100%	100%
Data	71.70%	79.73%	83.33%	91.07%	93.70%	93.28%	96.41%	96.91%

Key: Gray – Data Prior to Baseline Yellow – Baseline

FFY 2013 - FFY 2018 Targets

FFY	2013	2014	2015	2016	2017	2018
Target	100%	100%	100%	100%	100%	100%

FFY 2013 SPP/APR Data

Number of eligible infants and toddlers with IFSPs for whom an initial evaluation and assessment and an initial IFSP meeting was conducted within Part C's 45-day timeline	Number of eligible infants and toddlers evaluated and assessed for whom an initial IFSP meeting was required to be conducted	FFY 2012 Data*	FFY 2013 Target*	FFY 2013 Data
243	280	96.91%	100%	97.98%

Number of documented delays attributable to exceptional family circumstances (this number will be added to the Number of eligible infants and toddlers with IFSPs for whom an initial evaluation and assessment and an initial IFSP meeting was conducted within Part C's 45-day timeline)	32

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

- (●) **State monitoring**
- ( ) **State database**

Describe the method used to select EIS programs for monitoring.

All eleven certified Early Intervention programs were selected for monitoring. 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, 2014-June 30, 2014 (or 20 records if 20 exist, 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 of all certified EI Programs. 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.

Provide additional information about this indicator (optional)

The percentage of compliance the state reports is (275/280) 98.21% The state adds 32 to the Number of eligible infants and toddlers with IFSPs for whom an initial evaluation and assessment and an initial IFSP meeting was conducted within Part C's 45-day timeline instead of subtracting from Number of eligible infants and toddlers evaluated and assessed for whom an initial IFSP meeting was required to be conducted. There are three reasons for exceptional circumstances accepted by the state 1-child illness, 2-unable to contact and 3-family request for delay. All reasons must be well documented. This year 32 records included documentation of exceptional family circumstances, including 15 due to unable to contact and 17 due to family request for delay. All non-compliance was corrected between 4 and 35 days.

Actions required in FFY 2012 response table

None

Responses to actions required in FFY 2012 response table, not including correction of findings

Correction of Findings of Noncompliance Identified in FFY 2012

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

FFY 2012 Findings of Noncompliance Verified as Corrected

Describe how the State verified that each LEA with noncompliance is correctly implementing the regulatory requirements

Three identified findings of noncompliance from FFY 2012 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.

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

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 services in place for each child, although late, unless the child is no longer within the jurisdiction of the EIS program, consistent with OSEP Memorandum 09-02. Providers develop correction action plans to correct non-compliance and are required to send state staff evidence of correction. The self-assessment and state review process was designed to also verify that EI providers have corrected there non compliance or remain compliant.

Indicator 8A: Early Childhood Transition

Monitoring Priority: Effective General Supervision Part C / Effective Transition

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

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

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

Historical Data

Baseline Data: 2005

FFY	2005	2006	2007	2008	2009	2010	2011	2012
Target		100%	100%	100%	100%	100%	100%	100%
Data	79.00%	99.00%	94.00%	90.50%	97.40%	100%	97.75%	95.56%

Key: Gray – Data Prior to Baseline Yellow – Baseline

FFY 2013 - FFY 2018 Targets

FFY	2013	2014	2015	2016	2017	2018
Target	100%	100%	100%	100%	100%	100%

FFY 2013 SPP/APR Data

Data include only those toddlers with disabilities exiting Part C with timely transition planning for whom the Lead Agency has developed an IFSP with transition steps and services at least 90 days, and at the discretion of all parties, not more than nine months, prior to the toddler's third birthday.

- (●) Yes
- ( ) No

Number of children exiting Part C who have an IFSP with transition steps and services	Number of toddlers with disabilities exiting Part C	FFY 2012 Data*	FFY 2013 Target*	FFY 2013 Data
116	117	95.56%	100%	99.15%

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

- (●) State monitoring
- ( ) State database

Describe the method used to select EIS programs for monitoring.

All eleven certified Early Intervention programs were selected for monitoring. 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, 2014-June 30, 2014 (or 10 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 of all certified EI Programs. 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.

Actions required in FFY 2012 response table

None

Responses to actions required in FFY 2012 response table, not including correction of findings

NA

Correction of Findings of Noncompliance Identified in FFY 2012

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

FFY 2012 Findings of Noncompliance Verified as Corrected

Describe how the State verified that each LEA with noncompliance is correctly implementing the regulatory requirements

Four identified findings from FFY 2012 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. The four providers who had non-compliance last year are 100% compliance this year.

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

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 services in place 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. Providers develop correction action plans to correct non-compliance and are required to send state staff documentation of correction. The self-assessment and state review process was designed to also verify that EI providers have corrected there non compliance or remain compliant.

Indicator 8B: Early Childhood Transition

Monitoring Priority: Effective General Supervision Part C / Effective Transition

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

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

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

Historical Data

Baseline Data: 2005

FFY	2005	2006	2007	2008	2009	2010	2011	2012
Target		100%	100%	100%	100%	100%	100%	100%
Data	96.00%	100%	100%	96.65%	100%	100%	100%	97.56%

Key: Gray – Data Prior to Baseline Yellow – Baseline

FFY 2013 - FFY 2018 Targets

FFY	2013	2014	2015	2016	2017	2018
Target	100%	100%	100%	100%	100%	100%

FFY 2013 SPP/APR Data

Data include notification to both the SEA and LEA

(•) Yes
( ) No

Number of toddlers with disabilities exiting Part C where notification to the SEA and LEA occurred at least 90 days prior to their third birthday for toddlers potentially eligible for Part B preschool services	Number of toddlers with disabilities exiting Part C who were potentially eligible for Part B	FFY 2012 Data*	FFY 2013 Target*	FFY 2013 Data
114	116	97.56%	100%	98.28%

Describe the method used to collect these data

All eleven certified Early Intervention programs were selected for monitoring. 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, 2014-June 30, 2014 (or 10 records, which ever 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 of all certified EI Programs. 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.

Do you have a written opt-out policy? Yes

Is the policy on file with the Department? Yes

Actions required in FFY 2012 response table

None

Responses to actions required in FFY 2012 response table, not including correction of findings

Correction of Findings of Noncompliance Identified in FFY 2012

Findings of Noncompliance Identified	Findings of Noncompliance Verified as Corrected Within One Year	Findings of Noncompliance Subsequently Corrected	Findings Not Yet Verified as Corrected
2	2	0	0

FFY 2012 Findings of Noncompliance Verified as Corrected

Describe how the State verified that each LEA with noncompliance is correctly implementing the regulatory requirements

Two identified findings from FFY 2012 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. One provider who had non-compliance last year are 100% compliance this year. The other provider stayed the same due to a different finding.

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

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 services in place 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. Providers develop correction action plans to correct non-compliance and are required to send state staff documentation of correction. The self-assessment and state review process was designed to also verify that EI providers have corrected there non compliance or remain compliant.

Indicator 8C: Early Childhood Transition

Monitoring Priority: Effective General Supervision Part C / Effective Transition

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

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

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

Historical Data

Baseline Data: 2005

FFY	2005	2006	2007	2008	2009	2010	2011	2012
Target		100%	100%	100%	100%	100%	100%	100%
Data	91.00%	100%	91.00%	90.64%	100%	100%	100%	92.68%

Key: Gray – Data Prior to Baseline Yellow – Baseline

FFY 2013 - FFY 2018 Targets

FFY	2013	2014	2015	2016	2017	2018
Target	100%	100%	100%	100%	100%	100%

FFY 2013 SPP/APR Data

Data reflect only those toddlers for whom the Lead Agency has conducted the transition conference held with the approval of the family at least 90 days, and at the discretion of all parties, not more than nine months, prior to the toddler's third birthday for toddlers potentially eligible for Part B preschool services

- (●) Yes
- ( ) No

Number of toddlers with disabilities exiting Part C where the transition conference occurred at least 90 days, and at the discretion of all parties at least nine months prior to the toddler's third birthday for toddlers potentially eligible for Part B	Number of toddlers with disabilities exiting Part C who were potentially eligible for Part B	FFY 2012 Data*	FFY 2013 Target*	FFY 2013 Data
104	118	92.68%	100%	88.14%

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

- (●) State monitoring
- ( ) State database that includes data for the entire reporting year

Describe the method used to select EIS programs for monitoring.

All eleven certified Early Intervention programs were selected for monitoring. 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, 2014-June 30, 2014 (or 10 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 of all certified EI Programs. 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.

Actions required in FFY 2012 response table

None

Responses to actions required in FFY 2012 response table, not including correction of findings

Correction of Findings of Noncompliance Identified in FFY 2012

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

FFY 2012 Findings of Noncompliance Verified as Corrected

Describe how the State verified that each LEA with noncompliance is correctly implementing the regulatory requirements

Four identified findings from FFY 2012 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. Two providers who had non-compliance last year are 100% compliance this year. One provider showed improvement and the other had slippage due to another finding.

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

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 services in place 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. Providers develop correction action plans to correct non-compliance and are required to send state staff documentation of correction. The self-assessment and state review process was designed to also verify that EI providers have corrected there non compliance or remain compliant.

Indicator 9: Resolution Sessions

Monitoring Priority: Effective General Supervision Part C / General Supervision

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

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

Historical Data

Baseline Data:

FFY	2005	2006	2007	2008	2009	2010	2011	2012
Target ≥								
Data								

Key: Gray – Data Prior to Baseline Yellow – Baseline

FFY 2013 - FFY 2018 Targets

FFY	2013	2014	2015	2016	2017	2018
Target ≥						

Targets: Description of Stakeholder Input

Prepopulated Data

Source	Date	Description	Data	Overwrite Data
EMAPS IDEA Part B Dispute Resolution Survey; Section C: Due Process Complaints	11/5/2014	3.1 Number of resolution sessions		
EMAPS IDEA Part B Dispute Resolution Survey; Section C: Due Process Complaints	11/5/2014	3.1(a) Number resolution sessions resolved through settlement agreements		

FFY 2013 SPP/APR Data

3.1 Number of resolution sessions	3.1(a) Number resolution sessions resolved through settlement agreements	FFY 2012 Data*	FFY 2013 Target*	FFY 2013 Data

Actions required in FFY 2012 response table

None

Responses to actions required in FFY 2012 response table

Indicator 10: Mediation

Monitoring Priority: Effective General Supervision Part C / General Supervision

Results indicator: Percent of mediations held that resulted in mediation agreements.

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

Historical Data

Baseline Data: 2005

FFY	2005	2006	2007	2008	2009	2010	2011	2012
Target ≥								
Data								

Key: Gray – Data Prior to Baseline Yellow – Baseline

FFY 2013 - FFY 2018 Targets

FFY	2013	2014	2015	2016	2017	2018
Target ≥						

Targets: Description of Stakeholder Input

Prepopulated Data

Source	Date	Description	Data	Overwrite Data
EMAPS IDEA Part B Dispute Resolution Survey; Section B: Mediation Requests	11/5/2014	2.1.a.i Mediations agreements related to due process complaints	0	
EMAPS IDEA Part B Dispute Resolution Survey; Section B: Mediation Requests	11/5/2014	2.1.b.i Mediations agreements not related to due process complaints	0	
EMAPS IDEA Part B Dispute Resolution Survey; Section B: Mediation Requests	11/5/2014	2.1 Mediations held	0	

FFY 2013 SPP/APR Data

2.1.a.i Mediations agreements related to due process complaints	2.1.b.i Mediations agreements not related to due process complaints	2.1 Mediations held	FFY 2012 Data*	FFY 2013 Target*	FFY 2013 Data
0	0	0			

Actions required in FFY 2012 response table

None

Responses to actions required in FFY 2012 response table

Indicator 11: State Systemic Improvement Plan

Monitoring Priority: General Supervision

Results indicator: The State's SPP/APR includes a State Systemic Improvement Plan (SSIP) that meets the requirements set forth for this indicator.

Baseline Data

FFY	2013
Data	

FFY 2014 - FFY 2018 Targets

FFY	2014	2015	2016	2017	2018
Target					

Description of Measure

Targets: Description of Stakeholder Input

Data Analysis

A description of how the State identified and analyzed key data, including data from SPP/APR indicators, 618 data collections, and other available data as applicable, to: (1) select the State-identified Measurable Result(s) for Infants and Toddlers with Disabilities and their Families, and (2) identify root causes contributing to low performance. The description must include information about how the data were disaggregated by multiple variables (e.g., EIS program and/or EIS provider, geographic region, race/ethnicity, socioeconomic status, gender, etc.) As part of its data analysis, the State should also consider compliance data and whether those data present potential barriers to improvement. In addition, if the State identifies any concerns about the quality of the data, the description must include how the State will address these concerns. Finally, if additional data are needed, the description should include the methods and timelines to collect and analyze the additional data.

Analysis of State Infrastructure to Support Improvement and Build Capacity

A description of how the State analyzed the capacity of its current infrastructure to support improvement and build capacity in EIS programs and/or EIS providers to implement, scale up, and sustain the use of evidence-based practices to improve results for infants and toddlers with disabilities and their families. State systems that make up its infrastructure include, at a minimum: governance, fiscal, quality standards, professional development, data, technical assistance, and accountability/monitoring. The description must include current strengths of the systems, the extent the systems are coordinated, and areas for improvement of functioning within and across the systems. The State must also identify current State-level improvement plans and other early learning initiatives, such as Race to the Top-Early Learning Challenge and the Home Visiting program and describe the extent that these new initiatives are aligned, and how they are, or could be, integrated with, the SSIP. Finally, the State should identify representatives (e.g., offices, agencies, positions, individuals, and other stakeholders) that were involved in developing Phase I of the SSIP and that will be involved in developing and implementing Phase II of the SSIP.

State-identified Measurable Result(s) for Infants and Toddlers with Disabilities and Their Families

A statement of the result(s) the State intends to achieve through the implementation of the SSIP. The State-identified Measurable Result(s) for Infants and Toddlers with Disabilities and their Families must be aligned to an SPP/APR indicator or a component of an SPP/APR indicator. The State-identified Measurable Result(s) for Infants and Toddlers with Disabilities and their Families must be clearly based on the Data and State Infrastructure Analyses and must be a child- or family-level outcome in contrast to a process outcome. The State may select a single result (e.g., increase the rate of growth in infants and toddlers demonstrating positive social-emotional skills) or a cluster of related results (e.g., increase the percentage reported under child outcome B under Indicator 3 of the SPP/APR (knowledge and skills) and increase the percentage trend reported for families under Indicator 4 (helping their child develop and learn)).

Statement

Description

Selection of Coherent Improvement Strategies

An explanation of how the improvement strategies were selected, and why they are sound, logical and aligned, and will lead to a measurable improvement in the State-identified Measurable Result(s) for Infants and Toddlers with Disabilities and their Families. The improvement strategies should include the strategies, identified through the Data and State Infrastructure Analyses, that are needed to improve the State infrastructure and to support EIS program and/or EIS provider implementation of evidence-based practices to improve the State-identified result(s) for infants and toddlers with disabilities and their families. The State must describe how implementation of the improvement strategies will address identified root causes for low performance and ultimately build EIS program and/or EIS provider capacity to achieve the State-identified Measurable Result(s) for Infants and Toddlers with Disabilities and their Families.

Theory of Action

A graphic illustration that shows the rationale of how implementing the coherent set of improvement strategies selected will increase the State's capacity to lead meaningful change in EIS programs and/or EIS providers, and achieve improvement in the State-identified Measurable Result(s) for Infants and Toddlers with Disabilities and their Families.

Submitted Theory of Action: No Theory of Action Submitted

Provide a description of the provided graphic illustration (optional)

Certify and Submit your SPP/APR

This indicator is not applicable.