RHODE ISLAND STATE IMPROVEMENT PLAN

Continuing Improvement Monitoring Process (CIMP)

June, 2002

ACKNOWLEDGMENTS

We are deeply grateful to all who have contributed to the Rhode Island Improvement Plan, a five-year plan designed to maximize positive outcomes for children and families as a result of their participation in the system of services under the Individuals with Disabilities Education Act (IDEA), Part C and Part B. This plan is part of the overall Rhode Island Continuous Improvement Monitoring Process (CIMP). The following are to be commended and thanked for their dedication and commitment to this very successful undertaking:

- The children with disabilities in Rhode Island, their parents, family members and teachers, service providers and administrators
- The members of the Rhode Island Improvement Plan Advisory Committee (IPAC) and the Self-Assessment Steering Committee which preceded it
- The State Special Education Advisory Committee (SEAC)
- The State Interagency Coordinating Council (ICC)
- The staff of the Northeast Regional Resource Center (NERRC)
- The staff of the Rhode Island Department of Education (RIDE), Office of Special Needs (OSN)
- The staff of the Early Intervention (EI) Services at the Rhode Island Department of Health (DOH)
- The Rhode Island Parent Information Network (RIPIN) including the Parent Training and Information Center (PTIC), Family Voices of Rhode Island and the Parent Consultant Program
- The Parent Support Network of Rhode Island
- The staff of the Rhode Island Technical Assistance Project at Rhode Island College

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EXECUTIVE SUMMARY

The United States Department of Education, Office of Special Education Programs (OSEP) is responsible for monitoring all states to ensure compliance with the Individuals with Disabilities Education Act (IDEA). The Continuous Improvement Monitoring Process (CIMP) is the vehicle it uses to measure compliance and assess the impact and effectiveness of state and local efforts to provide early intervention services to infants and toddlers with disabilities and developmental delays and their families under Part C of IDEA and a free appropriate public education to children and youth with disabilities under Part B of IDEA.

The CIMP proceeds through phases, the first of which is the completion of a Self-Assessment. Rhode Island conducted this Self-Assessment in May-December, 2001 as a public driven partnership in which Part C and Part B constituencies worked together in a unified approach to facilitate a seamless birth to age twenty-one system. Rhode Island's Self-Assessment examines seven (7) cluster areas: General Supervision, Early Childhood Transition, Family-Centered Services, Parent Involvement, Early Intervention Services in Natural Environments, Free Appropriate Public Education in the Least Restrictive Environment, and Comprehensive Public Awareness and Child Find System. The Self-Assessment describes how well the State is achieving results for children with disabilities:

- establishing a baseline for measurement of progress;
- measuring compliance with pertinent Federal and State legal requirements; and
- identifying strengths, concerns, data needs and preliminary ideas for improvement strategies associated with the seven (7) cluster areas.

Building on Self-Assessment results, Rhode Island engaged in the Improvement Planning phase of the CIMP in January-June, 2002. The resulting RI Improvement Plan is a 5-year plan (2002-2007) designed to achieve desired outcomes articulated for children and families as a result of their participation in the system of services under the Individuals with Disabilities Education Act (IDEA). As with the Self-Assessment, the Rhode Island Improvement Plan is a unified Part C/Part B birth to age twenty-one systems change plan organized around seven (7) areas. Each of these seven (7) areas has plans addressing IDEA Part B and/or Part C as follows:

RI Improvement Plan Area	IDEA Parts
General Supervision	•Part C Plan •Part B Plan •Plan Addressing Shared Part C/Part B Issues
Early Childhood Transition	Plan Addressing Shared Part C/Part B Issues
Secondary Transition	Part B Plan
Family Partnerships	• Part C Plan • Part B Plan • Plan Addressing Shared Part C/Part B Issues
Appropriate Participation in Natural Environments	• Part C Plan • Part B Plan • Plan Addressing Shared Part C/Part B Issues
Comprehensive Public Awareness/Child Find	• Part C Plan • Part B Plan • Plan Addressing Shared Part C/Part B Issues
Comprehensive System of Personnel Development	• Part C Plan • Part B Plan • Plan Addressing Shared Part C/Part B Issues

Each of these Improvement Plans includes the following components:

- desired outcome
- baseline data established through the Self-Assessment and related data sources and
- evidence of change statements (long term) and benchmarks (short term) to measure progress toward desired outcomes
- improvement strategies to move Rhode Island from baseline to desired outcomes
- action plans for implementing improvement strategies including activities, beginning and ending dates, responsible parties, resources, Part B/C interface, Improvement Strategy Evaluation and Reporting, and Action Plan Interface with SEAC, ICC or Related Groups

An overview of these plans follows. The complete improvement plan for each cluster area is provided in the full report. The subsequent plan-summaries include the desired outcome statements and improvement strategies for each of the seven (7) areas:

General Supervision

Desired Outcome: Improved outcomes for all eligible children birth-21 and their families will result from an information management system(s) designed to collect, report and analyze reliable data that informs decision-making and ensures system accountability.

Part C Plan Improvement Strategies

1.A. Written materials and training integrating law, regulations and policy will be provided to all agencies and new direct service providers.
2.A. The state Medicaid agency (DHS) and HEALTH will work collaboratively to ensure that Early Intervention can effectively access Medicaid funding for services delivered in the context of a best EI practices model by January 2003.
2.B. The state legislative body will be informed annually about Early Intervention successes, outcomes, activities, financial status, and goals to promote support of the Early Intervention Program by July 2003.
2.C. All local programs will utilize private funding in accordance with federal and state laws. The possibility of enacting legislation regarding mandatory payment of EI services by private insurance companies will be explored.
3.A. Information obtained through quality assurance activities will be used for decision making at state and local levels by January 2003.

3.B. Methods for assuring that all families are knowledgeable and have support regarding procedural safeguards are explored and implemented.
4.A. Ongoing monitoring and reporting activities will be completed in a timely manner.

Part B Plan Improvement Strategies

1.A. A data management system, which is responsive to the needs of the SEA, LEA, parents and the general public and which informs all on programs, practices and strategies, which results in improved child outcomes, will be developed.
2.A. A mechanism in the data management system, which compiles LEA special education compliance information per State and Federal Regulations will be created.
3.A. A mechanism in the data management system which tracks parent inquires to the SEA and responses/technical assistance provided by staff will be created.
4.A. All information provided by the data management system will be made accessible to LEAs, parents, the general public and all other key stakeholders (i.e., SEAC, ICC, RIPIN, PSN, RIDE personnel, RITAP personnel etc.) and data from the database will be used to identify state and local priorities for training and professional development activities.

Improvement Strategies of the Plan Addressing Shared Part C/Part B Issues

1.A. A plan for the interface of Parts B and C data systems will be developed so that data on children birth to eight can be collected and interpreted for report to RI SEAC and ICC.
2.A. Parts B and C staff will meet with other stakeholders to review monitoring procedures regarding transition, and revisions will be considered.
2.B. Parts B and C staff will meet to outline a protocol for addressing concerns raised by families, EI providers, and LEAs during the C/B transition.

Early Childhood Transition

Desired Outcome: Transition planning results in needed supports and services, available and provided as appropriate, to a child and the child's family when the child exits Part C.

Improvement Strategies of the Plan Addressing Shared Part C/Part B Issues

1.A. Guidelines for transition will be written in the HEALTH Certification Standards for Part C providers and monitored through the Quality Assurance plan.

1.B. Early Intervention providers will enter transition-meeting data in EIMIS. Discharge data entered in EIMIS will accurately reflect services needed and where the child was referred.

1.C. In partnership with Part B, Part C, the Sherlock Center and URI, a Transition Leadership Team will be formed to strengthen the transition process and provide technical assistance, training, and support to all participants.

1.D. Part C and Part B created and will continue to support an Early Childhood Transition Coordinator to assist in issues surrounding transition and to act as a bridge across the two systems.

1.E. An Early Childhood Transition Network (with representatives from RIPIN Parent Consultant program, families, school districts, EI programs, HEALTH, Sherlock Center, and RI Dept. of Education) has been created to provide resources, to clarify requirements, and to disseminate best practices.

2.A. Early Intervention providers will enter transition meeting data in EIMIS. Discharge data entered in EIMIS will accurately reflect where the child was referred. (Part C)

2.B. Transition Teams will work with community partners to refer children not eligible for Part B. (Part C)

3.A. The Offices of Special Needs and Management Information Systems in the Department of Education will develop an integrated student-based data system.

3.B. RIDE will develop a plan to expand and enhance inclusive settings within the schools and in the communities. This will result in an increased number of quality inclusive settings under Part B so that more children will receive their special education in those settings.

4.A. Parts C and B will develop program performance standards for transition and a self-assessment process to determine if transition standards are being met.

4.B. Parts C and B will develop a statewide protocol for the written transition plan, required under RIDE Regulations.

4.C. Parts B and C will provide leadership in designing a consistent transition plan format.

4.D. Parts C and B will succeed in development, and provide training re: statewide Transition plan form. Parts C and B will participate in the development of program performance standards for such issues as: meaningful family participation and staff knowledge of inclusionary options and supports.

Secondary Transition

Desired Outcome: All youth with disabilities will have improved life outcomes in the areas of education, employment, and independent living.

Part B Plan Improvement Strategies

1.A. RIDE will develop a uniform definition of what constitutes graduation with a regular diploma and establish a data system that accurately collects the

number of students that graduate with a regular diploma.

1.B. RIDE will develop performance targets for the numbers of students with disabilities who will graduate with a regular diploma.

2.A. RIDE will develop a uniform definition of what constitutes a "dropout" and establish a data system that accurately collects the number of students that dropout.

2.B. RIDE will establish performance targets for reducing the numbers of students with disabilities who dropout.

3.A. RIDE will analyze and, if necessary, develop systems for collecting post-school activity data on students with disabilities coordinated with comparable data sets for students without disabilities.

3.B. RIDE will establish performance targets to improve student post-school outcomes.

4.A. RIDE will develop new protocols for collecting evidence of statements of needed transition services through the computer based data management system [see General Supervision Part B Evidence of Change #3].

4.B. RIDE will develop and disseminate effective strategies for developing the statements of needed transition services.

5.A. All existing cooperative agreements will include a statement of identified gaps in services, articulations of the coordination of services and funding and include evaluative components.

5.B. The RI Transition Council will establish a protocol for identifying service gaps and the means to address the gaps through interagency articulations.

6.A. RIDE will develop new protocols for collecting evidence of the participation and active involvement of students with disabilities in transition planning through the computer based data management system [see General Supervision Part B Evidence of Change #3].

6.B. RIDE will develop and disseminate effective strategies for the participation and active involvement of students with disabilities in transition planning.

7.A. RIDE will develop new protocols for collecting evidence of student participation in meaningful career/vocational assessment that informs transition planning through the computer based data management system [see General Supervision Part B Evidence of Change #3].

7.B. RIDE will develop and disseminate effective strategies for the participation of students in meaningful career/vocational assessment that informs transition planning.

Family Partnerships

Desired Outcome: Families are partners in the design and delivery of services needed to support their child's development and learning. Outcomes for all children are enhanced by the participation of families in all levels of decision-making (individual, system, policy).

Part C Plan Improvement Strategies

1.A. All materials available to families regarding EI will be reviewed, revised and made available to families in a variety of languages and formats.
2.A. Written materials for families and providers, training to providers, family workshops and monitoring procedures will consistently support family involvement in IFSP development and service delivery.
2.B. A special emphasis on outreach to fathers and other under represented caregivers will occur through training and workshops.
3.B. Written materials, training, family workshops and statewide policy will reflect a commitment to provide culturally competent/sensitive services to all EI families.
4.A. With EI Providers, Parent Consultants in each EI program will provide and/or organize a variety of family-to-family contact opportunities to ensure that parents have access to the information and support they need for active participation in decision-making.
5.A. Families will be invited to participate in state and local planning. Barriers to participation will be identified and strategies for overcoming barriers will be developed.

Part B Plan Improvement Strategies

1.A. The RIDE in collaboration with the RI SEAC, the LAC, Family Organizations, representatives of culturally and linguistically diverse populations and others will create specific activities that address students with disabilities and engage in professional development activities that promote awareness and understanding of student outcomes to engage in policy guidance regarding the unmet needs of students with disabilities at the state and local level.
2.A. The RIDE in collaboration with RIPIN, PSNRI, RI SEAC, the IEP NETWORK and CSPD efforts will facilitate the coordination and provision of technical assistance and professional development to enhance informational dissemination and learning opportunities for families.
3.A. The RIDE MIS will expand its current special education census database by creating a category to identify parent participation at the Team Meeting and the IEP meeting. In addition, RIDE MIS will investigate a process of collecting parent participation data across department activities, ie. SALT, District Strategic Planning Teams, School Improvement Teams Advisory Committees and study groups etc. which include specific demographics related to overall diversity and parent participation.

Improvement Strategies of the Plan Addressing Shared Part C/Part B Issues

1.A. The RI SEAC and the ICC membership will develop a process for communicating and create a liaison position within their memberships to participate in respective committee activities.

1.B. A statewide data system to track families transitioning from EI and after will be established. This system will include tracking parents' opportunities to participate fully and actively participate in the special education process from survey on opportunities for families to participate as well as data to determine that there is no difference in participation levels among families with different cultural, linguistic, and socioeconomic backgrounds. (January 2005)

1. C. Families are consistently provided with information about resources in their community. This information will be developed in a variety of languages and in a variety of modes so that families of different backgrounds will have the opportunity to access and understand it. Information available to families will include a statewide "Parent's Guide to Transition," "R.I. Special Education Regulations" and the "Parents' Guide to Special Education."

1.D. Parent Consultants, the Local Special Education Advisory Committees (LACs), and the RI Special Education Advisory Committee (RI SEAC) will work together to ensure that families leaving EI have a contact person locally and at the state level.

Appropriate Participation in Natural Environments

Desired Outcome: Developmental and performance outcomes for eligible infants and toddlers and their families and children and youth with disabilities are enhanced by the provision of appropriate services and education in settings natural for the child's age and in which children without disabilities participate.

Part C Plan Improvement Strategies

1.A. A consistent statewide definition of natural environments will be developed and promulgated through statewide policy in both Certification and Operational Standards.

1.B. Statewide provider training, monitoring and forms will be reviewed and revised to support the statewide definition and policy on Natural Environments.

1.C. Outreach to early childhood professionals and other community members, particularly those who contract to provide EI services, will include an emphasis on understanding natural environments, the importance of natural environments, and strategies for successful participation in natural environments. This outreach emphasis will be coordinated with the training information that EI providers have.

1.D. The Revised Quality Assurance Plan to address compliance issues regarding Natural Environments will be followed.

Part B Plan Improvement Strategies

1.A. Annual improvement amounts will be set by school, district and statewide, to reduce inappropriate disability identification and reduce disproportionate identification rates by race/ethnicity.

1.B. The School Support System monitoring of school districts will include analysis and appropriate correction, including professional development, at district and school levels of factors influencing high referrals to special education and appropriate, effective and non-biased evaluation policies, procedures, techniques, tools and decision-making.

1.C. Revised guidelines for decision-making for the categories of learning disabilities, speech and language disabilities and other health impairments will be provided.

2.A. Annual improvement amounts will be set by school, district and statewide, to improve high school completion, dropout, suspension and expulsion rates for children with disabilities.

2.B. The School Support System monitoring of school districts will include analysis and appropriate correction, including professional development, at district and school levels of high school completion, dropout, suspension and expulsion rates of students with disabilities.

2.C. High expectations for achievement of students with disabilities, and classroom instruction that provides effective support for the diverse learning needs of all students, with and without disabilities, will be promoted through professional development and support.

3.1 & 2.A. Annual improvement amounts will be set by school, district and statewide, to attain participation of all students with disabilities in state and district assessments, to ensure quality and consistency in the use of test accommodations, to assure that all eligible and only eligible students with disabilities participate in State/district-wide alternate assessments, and that participation rates in alternate assessments are comparable to national data.

3.1 & 2.B. Guidance to schools and districts on participation of students with disabilities in state and district assessments, including policies and procedures regarding accommodations and alternate assessment will continue to be refined.

3.1 & 2.C. The School Support System monitoring of school districts will include analysis and appropriate correction, including professional development, at district and school levels of participation of students with disabilities in state and district assessments with or without accommodations and in alternate assessments, the quality and consistency of use of test accommodations, and the eligibility of students with disabilities to participate in State/district-wide alternate assessments.

3.3.A. Annual improvement amounts will be set, by school, district and statewide, to improve performance results for children with disabilities.

3.3.B. High expectations for achievement of students with disabilities, and classroom instruction that provides effective support for the diverse learning needs of all

students, with and without disabilities, will be set through professional development and support.

4.1.A. The School Support System monitoring of school districts will include analysis and appropriate correction, including professional development, at district and school levels of the participation and progress of children with disabilities ages 3– 21 (including those whose behavior influences learning) in the general curriculum.

4.1.B. High expectations for achievement of students with disabilities, and classroom instruction that provides effective support for the diverse learning needs of all students, with and without disabilities, will be promoted through professional development and support.

4.2 & 3.A. Annual improvement amounts will be set by school, district and statewide, to achieve: education of children with disabilities, to the maximum extent appropriate, including participation in nonacademic and extracurricular activities, with non-disabled peers, at the school they would attend if they did not have disabilities, and; percentages of children with disabilities in each disability category, served along each point in the continuum, disaggregated by race/ethnicity, that are equal to or better than national averages.

4.2 & 3.B. The School Support System monitoring of school districts will include analysis and appropriate correction, including professional development, at district and school levels of type and location of special education supports and services, and percentages of children with disabilities in each disability category, served along each point in the continuum, disaggregated by race/ethnicity.

4.2 & 3.C. High expectations for achievement of students with disabilities, and classroom instruction that provides effective support for the diverse learning needs of all students, with and without disabilities, will be promoted through professional development and support.

4.2 & 3.D. Accurate district reporting of type and location of special education supports and services will be ensured.

<u>Improvement Strategies of the Plan Addressing Shared Part C/Part B Issues</u>

1.A. Parents, Part B and Part C staff will outline the similarities and differences in the philosophy and implementation of Natural Environments and Least Restrictive Environments so that all parties entering into the transition process will have clear understanding of the terms. Parents, Part B and Part C staff will also explore methods for dissemination of this information.

Comprehensive Public Awareness/Child Find

Desired Outcome: All children birth to 21 who are suspected to be eligible for services under IDEA, Parts C or B are located, identified, and evaluated and have an appropriate referral for services.

Part C Plan Improvement Strategies

1.A. The maintenance or establishment of linkages among multicultural populations and other underrepresented groups through on-site training and dissemination of information to increase the percentage of eligible infants and toddlers being served, including those from specific target populations, will be assured.

1.B. Lead agency will develop and implement a multi-level, comprehensive outreach plan that is culturally and linguistically diverse.

2.A. Public awareness strategic initiatives will be developed, implemented and monitored.

Part B Plan Improvement Strategies

1.A. The RIDE and HEALTH will build into a revised interagency agreement a tracking system, as part of seamless data collection that yields an annual report of identification rates, beginning at age three years, for children from each major racial/ethnic group.

2.A. The RIDE School Support System will include analysis and correction measures that address professional development, effective and non-biased student evaluation policies, procedures, techniques, tools and decision-making.

3.A. The RIDE will designate qualified staff, resources and responsibility within the agency for leading, supporting and overseeing the Child Outreach System, including dissemination of standards, provision of technical assistance to local districts, management of accountability systems and linkage with Department of Health screening programs and other interagency collaboration.

4. The RIDE will intensify its efforts to assist schools and districts in building their capacity for developmentally enhancing prevention and intervention prior to students being identified as needing special services through the following:

4.A. Annual statewide reporting by district for initial referrals will include: students' ages, presenting issues, and child characteristics, such as poverty, language, race/ethnicity, and history of services.

4.B. Resources, with performance criteria, will be targeted to schools/districts with lowest reading performance at the 4th grade and highest identification rates for students aged 6 and older.

4.C. State level professional development supports will be built, including best practice guidance, technical assistance and training networks, that inform school improvement planning in ways that enhance prevention and early intervention efforts, including parent partnerships.

Improvement Strategies of the Plan Addressing Shared Part C/Part B Issues

1.A. A plan will be developed to ensure that Parts C and B public awareness activities are coordinated.

Comprehensive System of Personnel Development

Desired Outcome: Developmental and performance outcomes for eligible infants and toddlers and their families and children and youth with disabilities are enhanced by appropriately prepared personnel and family members.

Part C Plan Improvement Strategies

1.A. Curriculum for introduction to Early Intervention training course will be developed and revised based on current literature of Best Practice in Early Intervention.
1.B. Participation in training course (or approved substitute) will be required by HEALTH.
1.C. Financial support for CSPD activities will be available through the state lead agency – HEALTH (January 2002 and ongoing).
1.D. Training priorities are identified and updated bi-annually and will be used to develop annual CSPD training plan (January 2002 and ongoing).
1.E. Competencies for Early Intervention Providers will be identified and serve as the basis for Professional Development (January 2004).
1.F. Partnerships with Institutions of Higher Education will be established to support the inclusion of appropriate curriculum and field placements that prepare students for employment in Early Intervention.
2.A. Training will be provided to all service providers in Early Intervention on family-centered practice, natural learning opportunities and trans-disciplinary model of service delivery.
2.B. Quality assurance data will be utilized to provide feedback to agencies and to identify training needs regarding IFSP development and implementation (including writing functional outcomes based on identified family priorities, use of informal and formal supports to enhance child's development).

Part B Plan Improvement Strategies

1.A. State System By 2003, the RIDE will establish a RIDE-wide system of data collection to insure that the necessary data of CSPD are included. This data includes: (a) trends in the special education census, (b) personnel needs, (c) continuing education needs of personnel who work with students with disabilities, (d) performance of students in a variety of outcome areas, (e) needs of families, (f) retention and recruitment data for administrators and other personnel, (g) higher education needs, (h) I-Plans submitted for renewal of certification, (i) number of

emergency certificates for public and nonpublic special education and related service personnel, including career technical centers and hospital settings (j) number of fully certified special education administrators, and (k) other data points required by IDEA, ESEA, and Higher Education Act.

1.B.C.E. State System and Personnel By 2003, all colleges and universities involved in teacher education will collaborate to recruit and prepare sufficient numbers of qualified professional staff who have the skills necessary to meet the needs of students with disabilities in general education settings and to close the gap between research and teacher training.

1.D. Personnel By 2007, RIDE's CSPD will ensure a proactive system of teacher recruitment and retention activities integrated across local, state and regional activities that will focus on personnel with disabilities and from groups that are under represented in the field of education.

2.A-C. State and Local System(s) By 2006, RIDE's CSPD system will support the implementation of statewide initiatives, such as IREAD, the I-Plan, Mentoring, Autism Support Center, Character Education, Project ACCESS, IEP Network, etc. within the local school districts.

2.A-C. Local By 2006, School Improvement Plan Professional Development Activities will support increased opportunities for students with disabilities to participate in general education settings and increase performance on state assessments and other outcome measures.

3.A-C. State and Local System(s) By 2003, RIDE will establish leadership development opportunities to ensure that school district personnel and families have the skills and knowledge to support all persons working with children and youth with disabilities and families.

Improvement Strategies of the Plan Addressing Shared Part C/Part B Issues

1.A. State System By 2003, the RIDE and HEALTH will establish a shared system of data collection in reference to CSPD required information.

1.B. State System By 2003, the RIDE and HEALTH will have a formalized system of communication between Part B and Part C.

1.C. Personnel By 2004, the personnel development plan will be implemented and fully funded.

How CIMP has Resulted in a Unified Birth to Twenty-One System

One of the key purposes of Improvement Planning is to ensure systems change that will create significant improvement in results for children with disabilities and their families. Rhode Island's unified approach to CIMP yielded the value added benefit of putting into place structures and supports that will shape systemic changes in practice. Prior to Self-Assessment, the Early

Intervention system (birth to age three) under the Rhode Island Department of Health and School Age Children (three to age twenty-one) under the Rhode Island Department of Education, operated for the most part as separate entities. During the CIMP process Part C and Part B constituencies worked in concert to review data and develop strengths and concerns in the cluster areas and then to develop desired outcomes and improvement strategies.

The process resulted in building the capacity of the very people responsible for implementation. The advantage was not only evidenced in the creation of unified strategies but the added benefit was demonstrated in the relationship building among the people themselves. The people got to know each other's systems and also got to know each other, to the extent that they are now on a first name basis. Through the joint completion of CIMP tasks, relationships were built among the people who will be responsible for implementing the action plans. This collaboration toward implementing a seamless birth to age twenty-one system is truly reflective of systemic change in Rhode Island. Moreover, an ongoing structure to ensure continued unification during plan implementation has been established.

Implementation of the Improvement Plan

The next step for Rhode Island will be to begin implementation of the improvement strategies in the Plan. The same unified Part B and Part C approach used in the Self-Assessment and Improvement Planning phases of CIMP will be continued in the Plan Implementation phase. The Rhode Island Department of Education (RIDE)/Part B and the Rhode Island Department of Health (HEALTH) Early Intervention/Part C will assume joint responsibility for plan implementation, monitoring and evaluation. In addition, "Steering Committee" functions related to the Improvement Plan will be jointly assumed by the State Special Education Advisory Committee (SEAC) and the State Interagency Coordinating Council (ICC) in keeping with their statutory responsibilities under IDEA to advise and assist the lead agencies for Part B and Part C. These joint responsibilities will be coordinated through joint Part B/Part C staff meetings and an annual joint ICC/SEAC meeting.

INTRODUCTION

Preface

The Individuals with Disabilities Education Act (IDEA) requires each state to provide early intervention services (Part C of the law) and special education (Part B of the law) to children with disabilities birth to twenty-one. The United States Department of Education, Office of Special Education Programs (OSEP) is responsible for monitoring all states to ensure compliance with the IDEA. The Continuous Improvement Monitoring Process (CIMP) is the vehicle used to assess the impact and effectiveness of state and local efforts to provide early intervention services to infants and toddlers and their families, and a free appropriate public education to children and youth with disabilities.

The CIMP proceeds through phases, the first of which is the completion of a Self-Assessment. Rhode Island conducted this Self-Assessment in May-December, 2001 as a public driven partnership in which Part C and Part B constituencies worked together in a unified approach to facilitate a seamless birth to age twenty-one system. Rhode Island's Self-Assessment examined seven (7) cluster areas: General Supervision, Early Childhood Transition, Family-Centered Services, Parent Involvement, Early Intervention Services in Natural Environments, Free Appropriate Public Education in the Least Restrictive Environment, and Comprehensive Public Awareness and Child Find System. The Self-Assessment described how well the State was achieving results for children with disabilities:

- establishing a baseline for measurement of progress;
- measuring compliance with pertinent Federal and State legal requirements; and
- identifying strengths, concerns, data needs and preliminary ideas for improvement strategies associated with the seven (7) cluster areas.

Building on Self-Assessment results, Rhode Island engaged in the Improvement Planning phase of the CIMP in January-June, 2002. This document presents Rhode Island's Improvement Plan, a 5 year plan (2002-2007) designed to achieve desired outcomes articulated for children and families as a result of their participation in the system of services under the Individuals with Disabilities Education Act (IDEA).

Overview of IDEA Implementation in Rhode Island

Infants and Toddlers Birth to Age Three

Very young children ages birth to three with disabilities or significant developmental delays are entitled to services through the State's Early Intervention System established under IDEA, Part C. The lead agency responsible for the administration of the Early Intervention system in Rhode

Island is the Department of Health. Through a statewide network of community-based providers, all eligible infants and toddlers and their families received comprehensive services until children reach age three. If children enrolled in Early Intervention need ongoing services and supports when they reach age three, services and supports are provided to transition children to other appropriate services. The Department of Health is responsible for:

- Ensuring statewide compliance with all Federal and State mandates governing the provision of Early Intervention.
- Providing leadership and technical support to all agencies within the Early Intervention system.
- Promoting collaboration among all agencies and individuals involved in the provision of Early Intervention services and supports.
- Administering federal and state funds appropriated to ensure the provision of quality Early Intervention services and supports to all eligible infants and toddlers with disabilities and their families.
- Collaborating with the Rhode Island Department of Education to ensure a smooth transition from Early Intervention to School System Services.

Children from Age Three to Twenty-One

Among the many principles that guide the work of the Rhode Island Department of Education, the following are beliefs that apply to all children but particularly to children with disabilities:

- All children can and want to learn and do so in a variety of ways.
- Family is the primary influence on a child's development.
- Higher expectations drive higher achievement.

The mission of the Department of Education is to lead and support schools and communities in ensuring that all students achieve at the high levels needed to lead fulfilling and productive lives, to compete in academic and employment settings, and to contribute to society.

To do this, the Rhode Island Department of Education:

- Advocates for coherent public policy.
- Enhances local capacity to improve teaching and learning.
- Sustains an effective accountability system by building innovative partnerships, which create positive change.

The Office of Special Needs at the Rhode Island Department of Education provides the following services to ensure that this mission results in improved outcomes for children with disabilities and their families:

- Oversight and monitoring of the implementation of the IDEA, Part B and its regulations in all Rhode Island schools and communities.
- Training and technical assistance to service providers and parents in the design, delivery, and evaluation of special education and related services.
- The administration of federal funds to support the design, delivery, and evaluation of special education and related services throughout Rhode Island.
- The facilitation of partnerships and collaboration to improve results for children with disabilities and their families.
- Collaboration with the Rhode Island Department of Health to ensure a smooth transition from Early Intervention to School System Services.

Continuous Improvement Monitoring Process

The Continuous Improvement Monitoring Process (CIMP) is a systems change process that not only drives and supports improved results for infants, toddlers, children, and youth with disabilities and their families, but also measures compliance with legal requirements. CIMP is an inclusive, public process that includes stakeholders as partners including broad dissemination of the process and its results. It is continuous and ongoing rather than implemented as a single event. It is data-driven and uses quantitative and qualitative information to assess performance.

The CIMP includes multiple phases as depicted below:

The phases consist of the following:

Self-Assessment. The state appoints and works with a Steering Committee, composed of key stakeholders representing diverse perspectives, to develop and implement a Self-Assessment that analyzes how successful the state has been in achieving compliance and improving results.

Validation Planning. The state works with OSEP staff to plan strategies for validating the Self-Assessment results including public input meetings, surveys, telephone calls, etc.

Validation Data Collection. OSEP collects data, presents the data to the state and works with the state to plan the reporting process. OSEP may collect data at both the state and local levels.

Reporting to the Public. OSEP's report reviewing the state's performance is made available to the public.

Improvement Planning. Based upon the Self-Assessment and validation results, the state develops an improvement plan that addresses both compliance and improvement of results for children with disabilities. It includes timelines, benchmarks, and methods to verify improvement. Plan development includes stakeholder involvement strategies.

Implementation of Improvement Strategies. The state implements its improvement plan and evaluates the effectiveness of the plan.

Verification and Consequences. Based upon documentation that OSEP receives from the state, as well as other sources, OSEP verifies the effectiveness of actions taken in implementing the Improvement Plan.

This report presented herein reflects completion of the Improvement Planning phase, which includes a description of how the state will coordinate plan implementation.

Description of the Rhode Island Improvement Planning Process

The Rhode Island Improvement Plan is a unified Part C/ Part B birth to age twenty-one systems change five (5) year plan (2002-07) organized around seven (7) areas:

- General Supervision
- Early Childhood Transition
- Secondary Transition
- Family Partnerships
- Appropriate Participation in Natural Environments
- Comprehensive Public Awareness/Child Find
- Comprehensive System of Personnel Development

Systems Change Approach

Plans have been developed to address each of these seven (7) topical areas using a systems change approach. This approach focuses on the achievement of desired child and family outcomes through addressing the following four (4) systems change elements:

1. State Systems Level Structures and Supports - e.g., consistent policies and procedures across agencies; mechanisms for training and TA; clear agency responsibilities, funding plans and agreements; ongoing interagency planning/groups/mechanisms.

2. Local/Community Systems Level Structures and Supports - e.g., consistent and supportive agency and program policies and procedures; job descriptions and supervisor expectations; local service options; ongoing interagency planning groups/mechanisms.

3. Personnel Issues: Recruitment, Training and Support - e.g., personnel shortages; needs for information, skills, attitudes and/or ongoing support.

4. Implementation Procedures - e.g., how policies and procedures are actually being implemented re: appropriate sequence, timelines, with appropriate people involved.

Throughout the Improvement Plans for the seven (7) plan topical areas, the reader will see improvement strategies, evidence of change, benchmarks and action plan activities that focus on these four (4) elements.

Criteria For Setting Priorities For Improvement Planning

The Improvement Plan is not intended to an all-inclusive comprehensive plan to address all issues associated with children with disabilities. Rather, the plan focuses on identified priority needs based on self-assessment and other relevant data (or lack thereof). Criteria used to set priorities for inclusion in the Improvement Plan were:

- most linked to desired outcome statement re: impact on students and families;
- addresses an issue(s) of non-compliance (non-compliance issues were required to be addressed in year 1 of the 5 year plan);
- likely big return on investment;
- directly linked to evidence of change statement;
- doable;
- takes into account current commitments of personnel and resources.

When	Who/What
Jan. & Feb. process.	Core Team meets and develops strategies for carrying out the Improvement Plan
Feb./March 20	Based on the Self-Assessment report produced by the Steering Committee, state staff develop desired outcome statements, identify baseline data and develop evidence of change and benchmark statements. Individual IPAC member input is solicited.
March 21	At their respective meetings, State Special Education Advisory Committee (SEAC) and Interagency Coordinating Council (ICC) provide input on desired outcome statements and evidence of change and benchmark statements.
Mar. 21-Apr. 9	State staff refine their work based on SEAC and IPAC input and develop improvement strategies, using, as appropriate, ideas for improvement strategies generated by the Steering Committee in Appendix F of the Self-Assessment report.
April 10	IPAC reviews and provides recommendations on desired outcome statements, evidence of change and benchmark statements, and improvement strategies. State staff revise plans based on IPAC input.
April 18	Joint meeting of state staff to • confirm desired outcome statements, evidence of change and benchmark statements, and improvement strategies • ensure plan congruence across topics and across Part B/C, and • clarify parameters for action planning.

When	Who/What
Apr. 19-May 13	State staff develop action plans
May 14	Core Team review and input on action plans.
May 16	SEAC and ICC review and input on action plans.
May 17-June 5	State staff complete action plans based on input of Core Team, SEAC and ICC.
June 6	Core team and state staff review action plans to finalize document that is congruent across topics & across Part B/C.
July 1	Submission to federal government.
July 11	Core Team meets to coordinate dissemination strategies and plan for September joint Part B/Part C staff meeting.
July	Statewide dissemination and initiation of plan implementation.
August 1 - 2	In conjunction with the August 1-2, 2002 Summer Leadership Institute, IPAC attends for roll out on finalized plans and next steps. All SEAC and ICC members invited to attend this meeting as well as a broad range of constituencies with an interest in services for children with disabilities birth-age twenty-one. Keynote and breakout sessions all address the unified Part B/C system theme and priorities in the Improvement Plan.

When	Who/What
September - Repeated annually	Joint Part B/Part C staff meeting to coordinate, monitor and evaluate plan implementation and prepare for presentation to joint ICC/SEAC meeting in November.
October- Repeated annually	Meeting of ICC and SEAC Executive Committee and Part B and C staff to plan agenda for joint ICC/SEAC meeting in November.
November - and Repeated the annually	Joint ICC/SEAC meeting to (a) review Improvement Plan status, (b) provide advice assistance, and (c) identify priorities for joint ICC/SEAC report for submission to legislature and other audiences.
December, Repeat annually	Meeting of ICC and SEAC Executive Committee and Part B and C staff to debrief November session and develop plans for ICC/SEAC report to the legislature.
January, 2003 - Repeated annually	ICC and SEAC Chairs present joint ICC/SEAC report to the legislature.
March, 2003 - Repeated annually	Joint Part B/Part C staff meeting to coordinate, monitor and evaluate plan implementation.

Stakeholder Involvement

The Improvement Plan process in Rhode Island was designed to be a unified and public driven partnership to improve results for children with disabilities. To facilitate a seamless birth to age twenty-one systems perspective, Part C and Part B constituencies worked in concert. The Director of the Office of Special Needs of the Rhode Island Department of Education (Part B Lead Agency) and the Chief of Early Intervention of the Rhode Island Department of Health (Part C Lead Agency) co-chaired the Core Team, which was established to coordinate support for the overall CIMP.

The role of the State Special Education Advisory Committee (SEAC) and the State Interagency Coordinating Council (ICC) in relation to the CIMP was further clarified and strengthened. In recognition of the SEAC's and ICC's statutory responsibility under IDEA to advise and assist the Part B and Part C Lead Agencies, it was decided to transition to use of the SEAC and ICC as the overall Steering Committee for the Improvement Plan process. This transition was facilitated in the following way. First, sixty (60) people were recruited from volunteers among the ninety-seven (97) persons who participated on the Self-Assessment Steering Committee to serve on an Improvement Plan Advisory Committee (IPAC). The SEAC and ICC Chairpersons co-chaired the IPAC. The IPAC was used as a key input group through a single full day meeting in April 2002 to ensure continuity between the Self-Assessment and the Improvement Plan as well as to secure input from these key stakeholders. Following IPAC member attendance at an August Improvement Plan roll out session (see Plan Dissemination Strategies appearing later in this introduction), the IPAC will end. At the same time, the role of the SEAC and the ICC will be strengthened. Not only were these two groups represented on the Self-Assessment Steering Committee and the IPAC, but both the SEAC and ICC also held separate meetings to provide improvement plan input in March and in May 2002. Also, Improvement Plan Action Plans stipulate how these plans will interface with the SEAC, ICC and/or other related advisory groups. Finally, the SEAC and ICC will hold annual joint meetings to monitor and evaluate plan implementation (see Plan Implementation Coordination, Monitoring and Evaluation later in this introduction).

The following clarifies roles and responsibilities of following groups/individuals.

- RI Continuous Improvement Monitoring Process (CIMP) Core Team
- Improvement Plan Advisory Committee (IPAC)
- Relationship of RI Interagency Coordinating Council (ICC) and RI Special Education Advisory Committee (SEAC) to Improvement Planning
- State Staff

Group and Composition	Roles and Responsibilities
Core Team - Representatives of RI Department of Education (RIDE), Office of Special Needs (OSN); RIDE Management; RI Department of Health (HEALTH), Early Intervention (EI); RI Parent Information Network (RIPIN); RI Technical Assistance Project (RITAP); RI Interagency Coordinating Council (ICC); RI Special Education Advisory Committee (SEAC); Northeast Regional Resource Center (NERRC); University Affiliated Project; RI Enhancement Grant Project.	• Meet monthly to coordinate improvement planning process logistics, document publication and dissemination • Serve on the IPAC.

Group and Composition	Roles and Responsibilities
Improvement Plan Advisory Committee (IPAC) - 60 people representing the State Special Education Advisory Committee (SEAC), Interagency Coordinating Council (ICC), Self-Assessment Steering Committee plus all members of the RI CIMP Core Team. All members have an equal voice in decision-making regardless of affiliation as opposed to Self-Assessment during which state staff were recorders and resources and expressly intended not to be full participants. The IPAC is co-chaired by ICC and SEAC chairpersons.	• The role of the IPAC is advisory to RIDE and HEALTH re: Improvement Plan process via developing recommendations for improvement planning desired outcomes, evidence of change, benchmarks, and improvement strategies and ensuring continuity with the Self-Assessment. • Meet twice during improvement planning on April 10, 2002 to develop recommendations for Improvement Plan elements and in conjunction with the August 1-2, 2002 Summer Leadership Institute for the "roll out" of the final plan. • Individual IPAC members were asked to provide input to state staff providing leadership for the development of plans for assigned topics.

Group and Composition	Roles and Responsibilities
Interagency Coordinating Council (ICC) and RI Special Education Advisory Committee (SEAC) - Consistent with the Individuals with Disabilities Education Act (Part B - SEAC and Part C - ICC) and their respective bylaws	• Have representatives on the IPAC as a vehicle for providing input to IPAC. • At their respective March meetings, provide input on Improvement Plan Desired Outcomes, Evidence of Change Statements and Benchmarks prior to submission to IPAC to ensure that these outcomes are compatible with current SEAC and ICC priorities for fulfilling their statutory advisory responsibilities. • At their respective May meetings, provide input on Improvement Plan Action Plans to offer input on these plans and to ensure appropriate interface with the SEAC and ICC re: fulfilling their statutory advisory responsibilities. • Attend IPAC meeting at August 1-2 Summer Leadership Institute to be informed about the final plan document. • Meet as a combined ICC/SEAC group in fall, 2003 and each year thereafter to review Improvement Plan implementation and evaluation, to provide advice to RIDE and HEALTH in this regard and to develop a joint report to the state legislature.

Group and Composition	Roles and Responsibilities
State Staff - State staff persons assigned with primary responsibility for development of plans related to the Improvement Plan topics. "State" staff includes representatives of the RIDE Department of Education, Department of Health, RI Technical Assistance Project and RI Parent Information Network.	• Draft plans related to topic assigned to them. • Facilitate IPAC review and consensus building on these plans in April 2002. During IPAC review, state staff and IPAC members will be considered partners, having an equal voice in discussions (as opposed to role staff played in Self-Assessment - that of resource/recorder). • Make plans available for SEAC and ICC review and input at their March and May meetings. • Incorporate SEAC, ICC and IPAC input into plans. • Participate in joint Part B/Part C State Staff meetings in April and in June to assure congruence of plan sections within and across plan topics,avoiding plan "silos" which do not interface. • Following plan development, carry out roles as defined in the plan including attending joint Part B/Part C State staff meetings every 6 months to coordinate, monitor and evaluate implementation.

How CIMP has Resulted in a Unified Birth to Twenty-One System

One of the key purposes of Improvement Planning is to ensure systems change that will create significant improvement in results for children with disabilities and their families. Rhode Island's unified approach to CIMP yielded the value added benefit of putting into place structures and supports that will shape systemic changes in practice. Prior to Self-Assessment, the Early Intervention system (birth to age three) under the Rhode Island Department of Health and School Age Children (three to age twenty-one) under the Rhode Island Department of Education, operated for the most part as separate entities. During the CIMP process Part C and Part B constituencies worked in concert to review data and develop strengths and concerns in the cluster areas and then to develop desired outcomes and improvement strategies.

The process resulted in building the capacity of the very people responsible for implementation. The advantage was not only evidenced in the creation of unified strategies but the added benefit was demonstrated in the relationship building among the people themselves. The people got to know each other's systems and also got to know each other, to the extent that they are now on a first name basis. Through the joint completion of CIMP tasks, relationships were built among the people who will be responsible for implementing the action plans. This collaboration toward implementing a seamless birth to age twenty-one system is truly reflective of systemic change in Rhode Island. Moreover, an ongoing structure to ensure continued unification during plan implementation has been established.

Plan Dissemination Strategies

The plan will be disseminated through the following strategies:

Mailing to:

- CIMP Improvement Plan Advisory Committee and Self-Assessment Steering Committee (by their nature, members of these Committees represent a broad spectrum of key stakeholder groups in the state)
- State Agency Heads and Directors
- ICC and SEAC
- School districts
- Charter Schools
- Educational Collaboratives
- Non-Public Special Education Schools
- RI Parent Information Network

- Parent Support Network
- Disability Support Groups
- Early Intervention sites
- Rhode Island Congressional Delegation
- State Library

Postings on:

- RI Department of Education, RI Department of Health/Early Intervention and related websites
- Utilization of Tech Access Project to translate this document into different formats to ensure accessibility

Roll out of this plan at the annual Summer Leadership Institute, August 1-2, 2002. Participants will include Improvement Plan Advisory Committee members, SEAC members, ICC members and a broad range of constituencies with an interest in services for children with disabilities birth to age twenty-one. The plan will drive the overall theme of the Institute, with the keynote and breakout sessions focusing on a unified birth-age twenty-one system and the Improvement Plan topical areas.

Plan Implementation Coordination, Monitoring and Evaluation

The following process will be carried out on an annual basis related to coordinating plan implementation, monitoring and evaluation of the Improvement Plan. The RI Department of Education (RIDE)/Part B and the Rhode Island Department of Health (HEALTH) Early Intervention/Part C will assume joint responsibility for plan implementation, monitoring and evaluation. In addition, "Steering Committee" functions related to the Improvement Plan will be jointly assumed by the State Special Education Advisory Committee (SEAC) and State Interagency Coordinating Council (ICC) in keeping with their statutory responsibilities under IDEA to advise and assist the lead agencies for Part B and Part C. These joint responsibilities will be coordinated through joint Part B/Part C staff meetings and an annual joint ICC/SEAC meeting.

The annual schedule will be:

1. Each September and March joint Part B/Part C staff meetings to coordinate, monitor and evaluate plan implementation;

2. Each November, joint ICC/SEAC meeting to
   - review Improvement Plan status,
   - provide advice and assistance*, and

- identify priorities for a joint ICC/SEAC report for submission to the legislature and other audiences; and

3. Each January, ICC and SEAC Chairs' presentation of joint ICC/SEAC report to the legislature.

* HEALTH Early Intervention/Part C and the RIDE/Part B and will share information and seek advice and assistance from the ICC and SEAC throughout the year as appropriate in light of Improvement Plan Action Plan strategies for interface with these groups.

Explanation of Plan Document

The Rhode Island Improvement Plan is organized around seven (7) areas. Each of these seven (7) areas has plans addressing IDEA Part B and/or Part C as follows:

RI Improvement Plan Area	IDEA Parts
General Supervision	• Part C Plan • Part B Plan • Plan Addressing Shared Part C/Part B Issues
Early Childhood Transition	Plan Addressing Shared Part C/Part B Issues
Secondary Transition	Part B Plan
Family Partnerships	• Part C Plan • Part B Plan • Plan Addressing Shared Part C/Part B Issues
Appropriate Participation in Natural Environments	• Part C Plan • Part B Plan • Plan Addressing Shared Part C/Part B Issues
Comprehensive Public Awareness/Child Find	• Part C Plan • Part B Plan • Plan Addressing Shared Part C/Part B Issues
Comprehensive System of Personnel Development	• Part C Plan • Part B Plan • Plan Addressing Shared Part C/Part B Issues

Each of these Improvement Plans includes the following components:

Desired Outcome Statements - Goal-like statements describing the benefits for children and families as a result of their participation in the system of services under the Individuals with Disabilities Education Act (IDEA).

Baseline Information - This is an identification of what the state/Self-Assessment Steering Committee concluded about the state's current performance and results re: children with disabilities and their families.

Evidence of Change and Benchmarks - These are based on review of baseline data and reflect application of the "Criteria for Setting Priorities for Improvement Planning" above. Evidence of change statements are measurable statements of long term changes in the system intended as a result of plan implementation. Whenever possible, evidence of change statements are articulated as child and/or family outcomes reflecting the effects of state and local efforts, e.g., increased numbers of students with disabilities graduating, increased numbers of families actively participating in the IEP process. In some instances, particularly those related to IDEA compliance issues, evidence of change statements might also reflect actual state and local efforts, e.g., promulgation of a new law or policy, establishment of a data system. However, the emphasis is on effects. Benchmarks are established for each of the evidence of change statements, which are measurable statements of short-term progress moving from baseline toward the evidence of change (by 2003, _____ will occur, by 2004, ____ will occur, etc.).

Improvement Strategies - Given the evidence of change statements and baseline data, one or more root causes were identified and associated with the priority needs. An effort was made to link the root cause with one or more of the four (4) systems change elements: (1) state system, (2) local system, (3) personnel, and/or (4) implementation. Then, improvement strategies are articulated which attack these root causes and which meet the above "Criteria for Setting Priorities for Improvement Planning."

Action Plan - These address one or more improvement strategies. These action plans will be used to ensure plan accountability and facilitate implementation coordinated across the Rhode Island Department of Education (Part B) and the Rhode Island Department of Health (Part C) as well as linkage with the State Special Education Advisory Committee (SEAC) and State Interagency Coordinating Council. Each action plan identifies:

1. *State Agency Primary Contact Person(s):* Identifies the state staff person with primary responsibility for action plan development and implementation.

2. *Activities to Implement Strategies:* Identifies the major activities to be carried out to implement the strategy. Each activity includes beginning and ending dates and the person(s) responsible.

3. *Resource Allocation:* Resources needed to implement the strategy or particular action steps such as funding sources, people, projects, etc.

4. *Part B/C Interface:* Information here describes activities such as:
   - Communication - sharing needs assessment information, data on services, training and TA information.
   - Coordination of parallel improvement strategies - common items in respective monitoring/data collection systems (e.g., asking the same questions about Part B/C transition) and sharing of findings, emphasis on same policy or training issues within respective agency trainings.
   - Collaboration, i.e., improvement strategies carried out as a joint effort, unified data system, joint training, joint funding or special projects, joint policy development, adoption of common forms that can be used in both systems, etc.

5. *Strategy Evaluation and Reporting:* Identifies how plan implementation status will be reported to the RIDE, OSN (Part B), HEALTH/EI (Part C), or both. This information will help in plan monitoring and evaluation.

6. *Interface with SEAC, ICC or Related Groups:* Identifies how the SEAC, ICC, CSPD Committee, project advisory committees, topic specific task forces, or other ongoing key stakeholder groups relevant to the action plan will be involved with implementation and/or evaluation of this strategy.

Acronyms

AACTE	American Association for Colleges for Teacher Education
AAFP	American Academy of Family Physicians
AAMFT	American Association for Marriage and Family Therapy
AAMR	American Association on Mental Retardation
AAP	American Academy of Pediatrics
AAUAP	American Association of University Affiliated Programs
ACYF	Administration for Children, Youth and Families (DHHS)
ADA	Americans with Disabilities Act
AFT	American Federation of Teachers
AHA	American Hospital Association
AMA	American Medical Association
AMCHP	Association of Maternal and Child Health Programs
ANA	American Nurses Association
AOTA	American Occupational Therapy Association
APA	American Psychological Association
APHA	American Public Health Association
APTA	American Physical Therapy Association
ARC	The Arc (formerly the Association for Retarded Citizens)
ARCH	Access to Respite Care and Help
ASD	Autism Spectrum Disorders
ASHA	American School Health Association
ASHA	American Speech-Language-Hearing Association
AT	Assistive Technology
ATAP	Assistive Technology Access Partnership
BD	Behavioral Disordered
BEST	Behavioral, Emotional, and Social Trends
BIA	Bureau of Indian Affairs (U.S.)
CAP	Community Alternative Program
CASSP	Child and Adolescent Service System Program
CATCH	Community Access to Child Health

CCD	Consortium for Citizens with Disabilities
CCSSO	Council of Chief State School Officers
CDA	Child Development Associate
CDC	Centers for Disease Control and Prevention (DHHS)
CDF	Children's Defense Fund
CEC	Council for Exceptional Children
CEDARR	Comprehensive Evaluation, Diagnosis, Assessment, Referral and Reevaluation
CFR	Code of Federal Regulations
CHADD	Children and Adults with Attention-Deficit/Hyperactivity Disorders
CICCC	Council of Interagency Coordinating Council Chairs
CIMP	Continuous Improvement Monitoring Process
COSSMHO	National Coalition of Hispanic Health and Human Services Organizations
COZ	Child Opportunity Zone
CRS	Congressional Research Services (United States Library of Congress)
CSAP	Center for Substance Abuse Prevention (DHHS)
CSEF	Center for Special Education Finance
CSHCN	Children with Special Health Care Needs
CSPD	Comprehensive System of Personnel Development
CWLA	Child Welfare League of America
DAP	Developmentally Appropriate Practice
DCYF	Department of Children, Youth and Families
DD	Developmental Disabilities; Developmental Delay
DEC	Division of Early Childhood (of the CEC)
DHHS	United States Department of Health and Human Services
DHS	Department of Human Services
DOE	United States Department of Education
DOH	Department of Health
DSQIC	Disability Services Quality Improvement Centers (Head Start)
EC	Early Childhood
ECSE	Early Childhood Special Education
EDGAR	Education Department General Administrative Regulations
EI	Early Intervention

EIP	Early Intervention Program
EPSDT	Early Periodic Screening, Diagnosis, and Treatment (Medicaid Program)
ERIC	Educational Resources Information Center
ESD	Extended School Day
ESEA	Elementary and Secondary Education Act
ESY	Extended School Year
FAPE	Free Appropriate Public Education
FERPA	Family Educational Rights and Privacy Act
FICC	Federal Interagency Coordinating Council
FRC	Federal Resource Center
GAO	United States General Accounting Office
GCS	Grants and Contracts Services
GPRA	Government Performance and Results Act
HCFA	Health Care Financing Administration
HIAA	Health Insurance Association of America
HMHB	Healthy Mothers, Healthy Babies Coalition
HMO	Health Maintenance Organization
HRSA	Health Resources and Services Administration (DHHS)
IASA	Improving America's School Act
ICC	Interagency Coordinating Council
IDEA	Individuals with Disabilities Education Act
IEP	Individualized Education Program
IFSP	Individualized Family Service Plan
IHE	Institute of Higher Education
IHS	Indian Health Service (DHHS)
IPP	Individual Program Planning
JDRP	Joint Dissemination Review Panel (now PEP)
LAC	Local Advisory Committee
LD	Learning Disability
LDA	Learning Disabilities Association
LEA	Local Education Agency
LEP	Limited English Proficiency

LRE	Least Restrictive Environment
MART	Multi-Agency Review Team
MCH	Maternal and Child Health
MCHB	Maternal and Child Health Bureaus (DHHS)
MDBDF	March of Dimes Birth Defects Foundation
MR	Mental Retardation
MRRC	Mental Retardation Resource Center
NACHRI	National Association of Children's Hospitals and Related Institutions
NAEYC	National Association for the Education of Young Children
NAFCC	National Association for Family Child Care
NASBE	National Association of State Boards of Education
NASDSE	National Association of State Directors of Special Education
NASMHPD	National Association of State Mental Health Program Directors
NASMRPD	National Association of State Mental Retardation Program Directors
NCCIP	National Center for Clinical Infant Programs (now referred to as ZERO TO THREE)
NCEMCH	National Center for Education in Maternal and Child Health
NCSL	National Conference of State Legislatures
NEA	National Education Association
NECTAS	National Early Childhood Technical Assistance System
NERRC	Northeast Regional Resource Center
NGA	National Governor's Association
NICHCY	National Information Center for Children and Youth with Disabilities
NICHD	National Institute of Child Health and Human Development (DHHS)
NICU	Neonatal Intensive Care Unit
NIDRR	National Institute of Disabilities and Rehabilitation Research
NIMH	National Institute of Mental Health (DHHS)
NORD	National Organization for Rare Disorders
NPND	National Parent Network on Disabilities
NPRM	Notice of Proposed Rule Making
OERI	Office of Educational Research and Improvement (DOE)
OHDS	Office of Human Development Services
OMB	U.S. Office of Management and Budget

ORS	Office of Rehabilitation Services
OSARR	Ocean State Association of Residential Resources
OSCIL	Ocean State Center for Independent Living
OSEP	Office of Special Education Programs (OSERS)
OSERS	Office of Special Education and Rehabilitative Services (DOE)
OSN	Office of Special Needs (Rhode Island)
OT	Occupational Therapy
PACER	Parent Advocacy Coalition for Educational Rights
PARI	People Actively Reaching Independence
PCC	Parent and Child Center (Head Start)
PDD	Pervasive Developmental Disorder
PSN	Parent Support Network (Rhode Island)
PT	Physical Therapy
PTI	Parent Training and Information Centers (PACER)
RFP	Request for Proposals
RIARC	Rhode Island Association for Retarded Citizens
RIDE	Rhode Island Department of Education
RIDLT	Rhode Island Department of Labor and Training
RIGL	Rhode Island General Laws
RIPIN	Rhode Island Parent Information Network (PTIC in Rhode Island)
RITAP	Rhode Island Technical Assistance Project at Rhode Island College
RITIE	Rhode Island Transition, Independence, Employment
RRC	Regional Resource Centers (OSERS)
SCD	Sherlock Center on Disabilities (formerly the University Affiliated Program (UAP))
SCSHCN	Services for Children with Special Health Care Needs
SCSHN	Services for Children with Special Health Needs
SEA	State Education Agency
SEAC	State Educational Advisory Committee
SEPT/TA	Supported Employment Parent Training/ Technical Assistance
SIG	State Improvement Grants
SLDT	Specific Learning Disability Team
SPG	State Plan Grants

SPL	Speech-language
SPLP	Speech-language Pathologist
SPRANS	Special Projects of Regional and National Significance (MCHB)
SSA	Social Security Administration
SSI	Supplemental Security Income
SSS	School Support System
STOMP	Specialized Training of Military Parents
TA	Technical Assistance
TANF	Temporary Assistance to Needy Families (DHHS)
TAPP	Technical Assistance to Parent Projects
TASC	Technical Assistance Support Center (Head Start)
TASH	The Association for Persons with Severe Handicaps
TDD/TTY	Telecommunication Device for the Deaf/Teletype
TIG	Transition Improvement Grant
T/TA	Training and Technical Assistance
UAP	University Affiliated Program (now the Sherlock Center on Disabilities)
UCP	United Cerebral Palsy
VR	Vocational Rehabilitation
WIC	Women, Infants and Children (Special Supplemental Food Program)
ZERO TO THREE	formerly NCCIP (National Center for Clinical Infant Programs)

Reference for Locating Relevant Resources

The following are resources relevant to this Improvement Plan.

- Agenda and Minutes for April 10, 2002 Improvement Plan Advisory Committee Meeting
- Comments resulting from March and May Improvement Plan input sessions with State Special Education Advisory Committee and with State Interagency Coordinating Council.
- Desired Outcomes Cross Reference to Self-Assessment Cluster Reports and Part B/C Performance Goals and Objectives
- IPAC Mailing List
- Rhode Island Early Intervention System Certification Standards (August 2000) – Computer File
- Rhode Island Early Intervention System Certification Standards (June 2002) – Computer File
- Rhode Island Early Intervention Improvement Plan Gantt Chart and Time Line (June 2002) – Hard Copy
- Rhode Island Early Intervention Operational Standards (May 2002) – Computer File
- Rhode Island Department of Health Individualized Family Service Plan (IFSP) (English of Spanish – Computer File
- Rhode Island Early Intervention Quality Assurance Procedures (March 2002) – Computer File
- Rhode Island Early Intervention Reimbursement Procedures (May 2002) – Computer File
- RI Improvement Planning Steps (specific instructions re: improvement plan development)

- Roles and Responsibilities re: RI Improvement Plan
- Self-Assessment Report for RI's CIMP
- Summary of RI Improvement Plan Tasks, Timelines and Stakeholder Involvement

Rather than including them in this document, the reader is referred to the following sources where copies of these resources as well as copies of this Improvement Plan can be obtained:

Early Intervention Services RI Department of Health 3 Capitol Hill Providence, RI 02908 Phone: 401/222-4632 www.health.state.ri.us	Office of Special Needs RI Department of Education 255 Westminster Street Providence, RI 02903 Phone: 401/222-4600 www.ridoe.net
RI Technical Assistance Project (RITAP) Rhode Island College 610 Mt. Pleasant Ave Providence, RI 02908 Phone: 401/456-4600 www.ritap.org	

GENERAL SUPERVISION

RHODE ISLAND STATE IMPROVEMENT PLAN: GENERAL SUPERVISION – PART C

Desired Outcome Statement(s):

Improved outcomes for all eligible children birth through 21 (birth through three, Part C) and their families will result from an information management system(s) designed to collect, report, and analyze reliable data that informs decision-making and ensures system accountability.

Baseline:

1.1. Written information regarding EI services found in several different documents.
1.2. Training available to agencies and new direct service providers inconsistent due in part to inconsistent funding for training.

Evidence of Change:

1. All EI Provider agencies and direct service staff will have the knowledge needed to provide services to families that adhere to federal and state law, as well as state regulation and policy.

Benchmarks:

1.a. Clear guidelines will be provided to programs and staff regarding implementation of law, regulations, and policy by July 2002.

Improvement Strategy(ies):

1.A. Written materials and training integrating law, regulations and policy will be provided to all agencies and new direct service providers.

State Agency Primary Contact Person(s): Client Services Coordinator, CSPD Coordinator

Activities to Implement Strategies:	Resource Allocation	Part B/Part C Interface	Strategy Evaluation & Reporting	Interface with SEAC, ICC or Related Groups
1.A.1. Certification Standards, which delineate expectations of local programs, are developed and serve as the basis of the local programs' contracts with HEALTH. Quality assurance activities are based on the Certification Standards and are linked to the Certification Process for local programs. January 2001 and ongoing – HEALTH 1.A.2. Operational Standards integrating law, regulation, and policy will be developed to complement the Certification Process, Quality Assurance Plan, and Reimbursement Guide. These Standards will be distributed to all programs, as well as to the ICC. Present to July 2002 - HEALTH	Part C and State funds	Certification and Operational Standards are available for review Part B staff invited to attend and participate in training, particularly in training on transition to Part B	Certification and Operational Standards are available for review Course attendance and course evaluation	Certification and Operational Standards are available for review Report to the ICC Information regarding EI will be available to Early Head Start

Activities to Implement Strategies:	Resource Allocation	Part B/Part C Interface	Strategy Evaluation & Reporting	Interface with SEAC, ICC or Related Groups
1.A.3. Training regarding the implementation of law, regulation, and policy will be provided to all new Early Intervention staff through HEALTH mandated attendance at the Introduction to EI course and the Supervision course. Present and ongoing - HEALTH, URI Training Center	Part C and State funds	Certification and Operational Standards are available for review Part B staff invited to attend and participate in training, particularly in training on transition to Part B	Certification and Operational Standards are available for review Course attendance and course evaluation	Certification and Operational Standards are available for review Report to the ICC Information regarding EI will be available to Early Head Start

Desired Outcome Statement(s):

Improved outcomes for all eligible children birth through 21 (birth through three, Part C) and their families will result from an information management system(s) designed to collect, report, and analyze reliable data that informs decision-making and ensures system accountability.

Baseline:

2.1 Limited accountability locally regarding use of grant-based funds
2.2. Programs inconsistent in ability to access Medicaid funding
2.3. Private insurance funding is limited.

Evidence of Change:

2. Multiple funding streams will be maximized to support a comprehensive system of EI service delivery.

Benchmarks:

2.a. Early Intervention will transition from grant based funding of local providers to a payment by service system* utilizing Part C funds, state funds, private insurance funds and Medicaid funds. (by January 2003 and ongoing)
2.b. Use of private insurance to support early intervention services will increase by 2% each year over the next 3 years (2003, 2004, 2005).

*** This means that Providers are paid for each service they deliver to families by HEALTH, Medicaid, and Private Insurance- NOT that families pay for services**

Improvement Strategy(ies):
2.A. The state Medicaid agency (DHS) and HEALTH will work collaboratively to ensure that Early Intervention can effectively access Medicaid funding for services delivered in the context of a best EI practices model by January 2003.

State Agency Primary Contact Person(s): Part C Coordinator

Activities to Implement Strategies:	Resource Allocation	Part B/Part C Interface	Strategy Evaluation & Reporting	Interface with SEAC, ICC or Related Groups
2.A.1. Staff from DHS and HEALTH will meet to agree on an algorithm for determining rates for EI services that will include consideration of sound practice such as natural environments and a flexible transdisciplinary approach. Funding streams for interpretation and translation will be explored. The algorithm will be reviewed at least once every two years. The review of rates will consider program performance data available through EIMIS. September 2002 and ongoing - Part C Coordinator 2.A.2. Using agreed upon methods rates will be calculated, rate information disseminated and payment to EI providers will reflect the jointly determined rates November 2001 and ongoing -Part C Coordinator	Part C and State, Medicaid funds	NA	Joint rate determination completed and available for publc review Medicaid status of providers reviewed	Report to the ICC

Activities to Implement Strategies:	Resource Allocation	Part B/Part C Interface	Strategy Evaluation & Reporting	Interface with SEAC, ICC or Related Groups
2.A.3. All EI providers will become Medicaid providers (January 2002) and will bill all Rite Care Plans and private insurance companies. January 2003 and ongoing - Local EI providers with technical assistance from HEALTH 2.A.4. The process of determining eligibility for Medicaid funding (Katie Beckett, SSI) and the process of obtaining durable medical equipment through Medicaid will be reviewed with DHS to determine whether they can be streamlined so that Medicaid can be accessed more quickly for children enrolled in Early Intervention. Advocates request clear guidelines and an appeals process with delineated timelines, which will be considered. January 2003 – DHS, HEALTH				

Improvement Strategy(ies):

2.B. The state legislative body will be informed annually about Early Intervention successes, outcomes, activities, financial status, and goals to promote support of the Early Intervention Program by July 2003.

State Agency Primary ContactPerson(s): Policy Coordinator

Activities to Implement Strategies:	Resource Allocation	Part B/Part C Interface	Strategy Evaluation & Reporting	Interface with SEAC, ICC or Related Groups
2.B.1. A Report to the General Assembly, based on the EI Annual Report, will be prepared and distributed annually. This report will be available to all EI agencies. January 2003 to July 2003 and ongoingPolicy Coordinator, ICC chair	NA	NA	Report available for public review	Report to the ICC

Improvement Strategy(ies):

2.C. All local programs will utilize private funding in accordance with federal and state laws. The possibility of enacting legislation regarding mandatory payment of EI services by private insurance companies will be explored.

State Agency Primary Contact Person(s): Part C Coordinator, Quality Assurance Coordinator

Activities to Implement Strategies:	Resource Allocation	Part B/Part C Interface	Strategy Evaluation & Reporting	Interface with SEAC, ICC or Related Groups
2.C.1. EI programs will continue to become providers for private insurance companies and bill private insurance when allowed to do so by families. January 2002 and ongoing - Local EI providers with technical assistance from HEALTH 2.C.2. HEALTH will provide all information requested by the General Assembly as the possibility of mandatory payment of EI services by private insurance companies is explored. January 2001 and ongoing - Part C Coordinator	Part C and State funds as appropriate	NA	EI Program's status with insurance companies tracked, billing to private insurance tracked Status of bill tracked	Report to the ICC

Desired Outcome Statement(s):

Improved outcomes for all eligible children birth through 21 (birth through three, Part C) and their families will result from an information management system(s) designed to collect, report, and analyze reliable data that informs decision-making and ensures system accountability.

Baseline:

3.1. Former data system in FOCUS, data collected not checked for accuracy, data collected inconsistently used for demographic and census information by local programs
3.2. Integration of all data sources and process for use of data in decision making not clearly delineated
3.3. Statewide Operational standards not developed
3.4. 62% of families are aware of next steps in the event of an issue with their early intervention services (Family Satisfaction Survey 2001)

Evidence of Change:

3. Quality assurance activities will integrate all available data sources, including EIMIS (a comprehensive electronic data system), and will be used as the basis for state and local decision making, as well as to assure consistent local implementation of Early Intervention services.

Benchmarks:

3.a. A Quality Assurance Plan will be developed, reviewed by key stakeholders, and fully implemented by January 2003. (ongoing)
3.b. Consistent local implementation of EI services is supported by families who are knowledgeable regarding procedural safeguards. Families who are aware of procedures to resolve disagreements in EI will increase by 5% per year for three years (e.g. 67% in 2003, 72% in 2004, 77% in 2005).

Improvement Strategy(ies):
3.A. Information obtained through quality assurance activities will be used for decision making at state and local levels by January 2003.

State Agency Primary Contact Person(s): Quality Assurance Coordinator, Client Services Coordinator

Activities to Implement Strategies:	Resource Allocation	Part B/Part C Interface	Strategy Evaluation & Reporting	Interface with SEAC, ICC or Related Groups
3.A.1. Complete and accurate data is submitted into a user-friendly data system (EIMIS) by local programs on a monthly basis. This is supported by the Quality Assurance Coordinator with expertise to support the data system hired by HEALTH. Submission of data to HEALTH on a monthly basis is required for reimbursement to local programs. 3.A.1.1. Activities to maintain an accurate data system at local programs are supported financially by a file management fee through HEALTH.	Part C and State funds as appropriate	NA	Data available through EIMIS Records of Quality Assurance Activities, including compliance reports, progress toward corrections needed, data regarding program demographics, quarterly meetings with EI Providers.	Report to the ICC for further evaluation and planning.

Activities to Implement Strategies:	Resource Allocation	Part B/Part C Interface	Strategy Evaluation & Reporting	Interface with SEAC, ICC or Related Groups
3.A.1.2. On-site technical assistance by HEALTH and by quarterly meetings of all data managers with the HEALTH Data and Quality Assurance Coordinator. 3.A.1.3. Accuracy of EIMIS data is checked against paper records during quarterly record reviews. 3.A.1.4. The usefulness of the data system will be reviewed with revisions as needed at least once every two years. January 2003 and ongoing. HEALTH, Local EI providers				

Activities to Implement Strategies:	Resource Allocation	Part B/Part C Interface	Strategy Evaluation & Reporting	Interface with SEAC, ICC or Related Groups
3.A.2. The Quality Assurance Plan outlines how family satisfaction, data on formal and informal complaints, record review, site visits, billing information, and EIMIS data will be integrated. Record Review will include a focus on IFSPs. (Please refer to natural environments, family involvement and CSPD sections for more information). It will also delineate the process of providing feedback to local programs, including, as needed, the requirements for corrective action plans, as well as the process for monitoring improvement in areas of concern. This Plan will be available to local programs, ICC members, parent consultants, and others (through the self-assessment process) for comment in 2001/2002 and then fully implemented. Possible use of data from other sources such as CEDARR will be explored.				

Activities to Implement Strategies:	Resource Allocation	Part B/Part C Interface	Strategy Evaluation & Reporting	Interface with SEAC, ICC or Related Groups
3.A.2 (continued) Additionally consideration of information obtained from families who withdraw from EI or who transfer between EI programs for QA purposes will be further explored. January 2003 and ongoing - HEALTH 3.A.3. Data from all quality assurance activities are used by local programs in program management, and in developing program professional development plans, as well as long- and short-term program goals (i.e., tracking 45 days, tracking caseload of staff to anticipate staffing needs). January 2003 and ongoing - Local EI providers with technical assistance from HEALTH 3A.4. Data from all quality assurance activities is used in setting priorities for training and outreach (see also CSPD and Public Awareness), as well as in policy development at the state level. July 2003 and ongoing - HEALTH, CSPD Part C and State funds as appropriate				

Improvement Strategy(ies): 3.B. Methods for assuring that all families are knowledgeable and have support regarding procedural safeguards are explored and implemented.

State Agency Primary Contact Person(s): Client Services Coordinator

Activities to Implement Strategies:	Resource Allocation	Part B/Part C Interface	Strategy Evaluation & Reporting	Interface with SEAC, ICC or Related Groups
3.B.1. Information regarding procedural safeguards and resolving disagreements in EI will be reviewed and revised with a marketing consultant. This information will be available in a variety of languages. The information will be provided to every family at intake. July 2002 and ongoing – HEALTH 3.B.2. A variety of methods for providing information regarding Procedural Safeguards will be delivered to parents and staff at the local program level. January 2001 and ongoing – RIPIN	Part C and State funds as appropriate	NA	Change from baseline on Family Survey Number of training completed and training evaluation	Report to the ICC for further evaluation and planning.

Activities to Implement Strategies:	Resource Allocation	Part B/Part C Interface	Strategy Evaluation & Reporting	Interface with SEAC, ICC or Related Groups
3.B.3. The Client Services Coordinator at HEALTH will provide information and assistance in resolving disagreements to families. Rhode Island Parent Information Network (RIPIN) parent consultants will be available at a program level to assist families in understanding Procedural Safeguards. Families will also receive information on other sources of support available (i.e., Parent Support Network, RI Disability Law Center, etc.) via the Central Directory. January 2001 and ongoing - Client Services Coordinator, RIPIN	Part C and State funds as appropriate	NA	Change from baseline on Family Survey Number of training completed and training evaluation	Report to the ICC for further evaluation and planning.

Desired Outcome Statement(s):

Improved outcomes for all eligible children birth through 21 (birth through three, Part C) and their families will result from an information management system(s) designed to collect, report, and analyze reliable data that informs decision-making and ensures system accountability.

Baseline:

For consistency all responses will reflect the September to December 2001 and the January to March 2002 reporting periods unless otherwise noted.

4.1. Service Coordinators should be identified on all IFSPs and sign all IFSPs. The IFSP contains an evaluation summary and a Transition section. It also includes a Family Page that gives families the opportunity to identify resources and priorities, as well as agencies/ programs that they would like Early Intervention to coordinate. In addition the IFSP includes information on both early intervention services and outside services, such as medical services. Finally all IFSPs ask that a parent consultant from Rhode Island Parent Information Network (Rhode Island's PITC) be identified to ensure that families are aware of and have identified support regarding advocacy services. During recent review of 116 records (September 2001 to March 2002), 101 IFSPs were expected to have been completed (remainder: children not eligible or referral less than 45 days previously). One hundred IFSPs were present in the record (99%). Of the completed IFSPs, one (1%) was missing the service coordinator signature, one (1%) was missing the evaluation summary, two (2%) were missing information regarding the parent consultant and 2 (2%) were missing the Family Page. No documentation that the family declined to participate in the completion of the Family Page was noted. The area of greatest weakness was in the Transition section, 11% of the IFSPs were missing some information regarding transition (this sample included children of all ages between birth and three). Most typically missing were the anticipated transition dates - 9%.
To address concerns raised in record review, the importance of filling out the IFSP completely was emphasized in both Record Review Feedback to programs and in the IFSP training. Additionally a half-day of training on Transition has been incorporated into the training series required for new service providers. HEALTH's responsibility to ensure that service coordinators are providing all required services will continue to be met through our Quality Assurance Procedure.

4.2. Data from September to December 2001 indicated that 78.2% of IFSPs were developed within 45 days of referral. In the record review for the same reporting period, 16% of IFSPs developed later than 45 days had documentation regarding the cause of the delay. EI directors were provided with information regarding non-compliance. In the subsequent

reporting period (January to March 2002), 13.3% of IFSPs were developed within 45 days of referral, 31.2% of IFSPs developed later than 45 days had documentation regarding the cause of the delay. Based on this data, all of our seven providers have been required to submit Corrective Action Plans to HEALTH. These Corrective Action Plans will be monitored through the Ongoing Quality Assurance Procedure.

4.3. During recent review of 116 records (September 2001 to March 2002), 107 evaluations were completed, 3 evaluations were expected or ongoing and 6 evaluations (5.4 %) were partially completed (pages missing from record) or were not completed. Of the completed evaluations, 94% demonstrated evidence that all five developmental domains were assessed using more than one procedure. Early Intervention Program directors were given information regarding evaluations that did not meet requirements. No corrective action plans were requested at this time, however this area will continue to be monitored through the Ongoing Quality Assurance Procedure.

4.4. Documentation that family assessments including family concerns, priorities, and resources have been completed is contained on the Family Page of the IFSP. During recent review of 116 records (September 2001 to March 2002), 101 IFSPs were expected to have been completed (remainder: children not eligible or referral less than 45 days previously). One hundred IFSPs were present in the record (99%). Of the completed IFSPs, 2 (2%) were missing the Family Page. No documentation that the family declined to participate in the completion of the Family Page was noted. Early Intervention Program directors were given information regarding IFSPs that did not meet requirements. No corrective action plans were requested at this time, however this area will continue to be monitored through the Ongoing Quality Assurance Procedure.

4.5. Health has piloted several methods of effectively monitoring the full implementation of IFSPs. One level of monitoring consists of reviewing parent complaints and parent feedback through survey. In the family survey completed for 2001, 82% of families indicated that their IFSP was fully implemented, 12% of families indicated that their IFSP was not fully implemented and 7% indicated that the question asked was not applicable to them (Total not 100% due to rounding). None of the formal complaints or requests for mediation received in 2001 through May 31, 2002 (3 total) have involved concerns regarding non provision of services in the IFSP. Informal concerns shared with the Health department by parents have also been summarized. In the period from August 2000 to November 2001, HEALTH received an average of 1.13 calls per month from parents with concerns. Sixty-one percent of those calls concerned non-provision of services in the IFSP, particularly speech therapy. In the period from December 2001 to May 2002, HEALTH received an average of 0.66 calls per month from parents with

concerns. Fifty percent (2) of those calls concerned non-provisions of services in the IFSP.

HEALTH has explored monitoring the implementation of the IFSP electronically, however in the pilot phase found unacceptable levels of discrepancy between the electronic record and the paper record regarding services rendered. While we continue to pursue greater consistency in the electronic and paper records through technical assistance and feedback to providers, we have concluded that a paper record review will be used in monitoring the full implementation of the IFSP at this point. In 2 reviews of the paper records, we examined the implementation of the IFSP in 94 records. In 47% of the records, the IFSP was fully implemented. Six percent of the records did not have complete IFSPs (child not eligible, family declined services, IFSP in progress, 1 IFSP missing from the record). In 15% of the records, compliance in implementing the IFSP could not be determined due to insufficient information. In some cases the information was insufficient because the IFSP had recently been completed, however in at least one case there was inadequate documentation of services delivered. In 35% of the records reviewed the IFSP wasn't delivered as written. In 4% of the records, more services were delivered than were called for by the IFSP. In 11% of the records, some services were over delivered while some services were under delivered. In these records, it was not clear whether IFSPs had not been appropriately updated to reflect current service provision or if some services that should have been provided were not provided. Finally in 18% of the records it was clear that the IFSP had not been fully implemented (Total not 100% due to rounding). All program directors have been informed regarding the rate of non-compliance in implementation of IFSPs. Additionally directors are expected to notify HEALTH and provide a Corrective Action Plan when staffing issues have impacted either completion of the IFSP within 45 days or implementation of the IFSP. Currently 2 of our 7 providers have Corrective Action Plans regarding staffing. Both providers submit weekly updates to HEALTH regarding the status of their Corrective Action Plan.

As HEALTH continues to refine the monitoring of the implementation of the IFSP, several issues need to be considered. First, HEALTH emphasized to both directors (through record review feedback) and direct service staff (through training on the IFSP), the importance of updating the IFSP through the IFSP review progress **before** services change as well as documentation of all services delivered. Additionally HEALTH has recently introduced (May 2002) an IFSP review form to clarify and streamline the IFSP review. In this manner, we hope to obtain a more accurate data regarding IFSP implementation. However in order to plan for effective improvement in the full implementation of IFSPs, HEALTH will review and revise the Record Review portion of the Quality Assurance Plan to gather more specific data by January 2003, with information available by July 2003. Questions that will be considered include the length of time it takes to fully implement a new IFSP, issues regarding delivery of specific services, and consistency of service delivery. Information gathered presently and additional information gathered is incorporated into Quality Assurance Procedures and

Corrective Action Plans will be required and monitored as appropriate.

4.6. The family survey completed in 2001 by the Early Intervention Parent Consultant Program at the Rhode Island Parent Information Network asked, "Were your family's needs and concerns addressed in the development of the IFSP?" Of the 387 families responding, 82% said yes, 11% indicated for the most part, 4% indicated somewhat and 1% indicated very little or no. While HEALTH continues to emphasize the importance of family centered practice in written materials such as the Operational Standards and in training, we have not required Corrective Action Plans of any of our providers based on this information or on the information received through parent contacts with HEALTH. However as part of our anticipated focus on the IFSP during the Record Review portion of Quality Assurance Procedure, this question will be incorporated into Record Review by January 2003, with information available by July 2003. Information gathered presently and additional information gathered is incorporated into Quality Assurance Procedure and Corrective Action Plans will be required and monitored as appropriate.

4.7. The IFSP contains a section on outside services, such as medical services, as well as an opportunity for families to indicate how they would like EI to interact with outside providers or potential providers on the Family Page. In addition, we collect information on the variety of agencies that EI collaborates with in Record Review. No patterns of omission of these sections, or of agencies have been noted in Record Review. However as part of our anticipated focus on the IFSP during the Record Review portion of Quality Assurance Procedure, this question and related questions (such as the number of non EI staff who participate in the development of the IFSP to ensure a "diversely constituted IFSP team") will be considered for incorporation into Record Review by January 2003, with information available by July 2003. Information gathered presently and additional information gathered is incorporated into Quality Assurance Procedure and Corrective Action Plans will be monitored as appropriate.

4.8. In Rhode Island, Transition is expected to begin 6 months before a child's third birthday by the Regulations of both the Department of Education and the Department of Health. In Record Review, HEALTH does monitor to ensure that this standard is met. In the 116 records reviewed from September 2001 to March 2002, 101 IFSPs were expected to have been completed (remainder: children not eligible or referral less than 45 days previously). One hundred IFSPs were present in the record (99%). Of these 100 children, 35 were 30 or more months old. There was documentation that Transition had been initiated for 51% of these 35 children. Currently Record Review does not address the individualization of goals for children and families during the Transition Process, nor does it distinguish between children eligible for Part B and those not eligible for Part B. Clearly, this is

an area for improvement planning. An Early Childhood Transition Coordinator has been jointly hired by the Department of Education and the Department of Health to lead efforts in this area. Training has been provided to all EI programs regarding Transition and is provided on an ongoing basis to new Early Intervention staff. In addition, a statewide leadership group has been formed (RI Transition Network). This group will develop a statewide Transition Plan form that will meet the requirements (including individualization of goals and plans) of Parts B and C. The Record Review portion of the Quality Assurance Procedure will be revised by January 2003 to address Transition Issues more specifically (this will include the presence of a written transition plan and the occurrence of a transition meeting for all children including those not eligible for Part B services), with information available by July 2003. Information gathered presently and additional information gathered is incorporated into Quality Assurance Procedure and Corrective Action Plans will be monitored as appropriate. Finally information regarding Transition will be coordinated across Parts C and B as delineated in the Transition and General Supervision sections of this plan.

4.9. Currently, all EI programs are expected to provide LEAs with a written "census" of children who are potentially eligible at least twice per year. The census includes number of children and date of third birthday rather than personally identifiable information. The effectiveness of this system was raised at joint training/focus groups held with all EI providers and LEAs during this past year. Two issues were raised. First, LEAs were unclear if they should expect census information from all EI providers as EI Providers are expected to provide service on a statewide basis, Second, one EI provider was identified by a few LEAs as providing the census "late, " however several of these LEAs wanted the census at different times of the year. The possibility of centralizing this function through HEALTH was raised and will continue to be explored.

Evidence of Change:

4. The following information is highlighted in some of the Part C Improvement strategies. OSEP has asked for a clearer picture of our monitoring strategies. Below describes Part C continuing monitoring process and yearly reporting guidelines that are outlined in the Quality Assurance Procedures, Operational Standards, and Reimbursement Procedures.

Benchmarks:

4.a. Monitoring will show continuous improvement in areas identified through Quality Assurance Procedures with use of ongoing improvement strategies developed by providers with technical assistance from HEALTH.

Improvement Strategy(ies): 4.A. Ongoing monitoring and reporting activities will be completed in a timely manner.

State Agency Primary Contact Person(s): Client Services Coordinator, CSPD Coordinator

Activities to Implement Strategies:	Resource Allocation	Part B/Part C Interface	Strategy Evaluation & Reporting	Interface with SEAC, ICC or Related Groups
4.1. Technical and informational assistance is provided to the public, families, providers and outside agencies in a timely manner and logged. Daily, HEALTH Staff, RIPIN, URI, Sherlock Center 4.2. Reimbursement review, data review, Quality Assurance review. Monthly, Client Services Reimbursement Coordinator 4.3. Policy updates based on legislative actions and national court decisions, funding monitoring and surrogate parent monitoring. Monthly, Policy Coordinator, Part C Coordinator 4.4. EIMIS data is complied monthly. Information and data reports are written when requested by HEALTH, KIDSNET, Kids Count, legislators, and other interested parties. Monthly, Quality Assurance Coordinator	Part C and State funds as appropriate	See transition	Federal Reporting, Certification acceptance – See baseline data	Report to the ICC

Activities to Implement Strategies:	Resource Allocation	Part B/Part C Interface	Strategy Evaluation & Reporting	Interface with SEAC, ICC or Related Groups
4.5. Special Request Responses and Out Reach Activities. Monthly, Special Project Coordinator 4.6. Family requests, support and family feedback through surveys are tracked and summarized. Monthly, RIPIN, Client Services Coordinator 4.7. EIMIS system development, provider meetings for technical assistance and overall update on quality assurance activities as related to Quality Assurance Procedures. Quarterly, Quality Assurance Coordinator 4.8. Training calendar reviewed and integrated with identified system needs (new staff and updates). Quarterly, Health Staff, URI 4.9. Transition collaboration and review. Sherlock Center, Part C & Part B staff				

Activities to Implement Strategies:	Resource Allocation	Part B/Part C Interface	Strategy Evaluation & Reporting	Interface with SEAC, ICC or Related Groups
4.10. Record Review, provider data review. Quarterly, HEALTH Staff 4.11. OSEP data reporting. Yearly, Quality Assurance Coordinator 4.12. Annual Report. Policy Coordinator 4.13. Health and Provider Meetings, Partnership Meeting Monthly, HEALTH staff, Providers, Partners (such as WIC & VNA) 4.14. CIMP time line review, six month planning Bi-annually, Health Staff				

RHODE ISLAND STATE IMPROVEMENT PLAN: GENERAL SUPERVISION – PART B

Desired Outcome:

Improved outcomes for all eligible children birth-21 (birth through 3, Part C) and their families will result from an information management system(s) designed to collect, report and analyze reliable data that informs decision-making and ensures system accountability.

Baseline:

1.1 Special Education Census (review current database)

Evidence of Change:

1. The current Special Education Census data system is reviewed and refined to maximize data cross-referencing and disaggregation by July 2003.

Benchmarks:

1a. A report by the OSEP Enhancement Grant Consultant detailing the review and refinement recommendations will be shared with key stakeholders (i.e., Special Education State Advisory Council, LEAs, RIDE staff) by January 2003.

1b. Resources will be identified for the system refinement and ongoing update by July 2003.

1c. Refinements and adjustment to the Special Education Census will be implemented as appropriate by July 2003.

1d. Accuracy of the data Management system is checked against paper records during quarterly data management spot checks beginning January 2004.

Improvement Strategy(ies):

1.A. A data management system, which is responsive to the needs of the SEA, LEA, parents and the general public and which informs all on programs, practices and strategies which results in improved child outcomes will be developed.

State Agency Primary Contact Person(s):

RIDE, OSN Part B Personnel., Sherlock Center for Disabilities Personnel and RITAP Personnel

Activities to Implement Strategies: (1) Activities, (2) Beginning & Ending Dates, & (3) Responsible Parties	**Resource Allocation**	**Part B/Part C Interface**	**Strategy Evaluation & Reporting**	**Interface with SEAC, ICC or Related Groups**
1.1. and 1.A.1. Expand the collaborative dialogue and the interdepartmental work between RIDE, Office of Special Needs, the Office of Assessment, and the Office of Network and Informational Systems to connect data collection fields, maximize data management and growth. 1.2. and 1.A.2. July 2002-July 2005 1.3. and 1.A.3. The OSN System Support Technician in collaboration with the Consultant hired through the Enhancement Grant would be the primary parties responsible for completion of the activities. A secondary tier of responsibility would include the liaison(s) from the Office of Assessment and the Office of Network and Informational Systems.	RIDE, Office of Special Needs, the Sherlock Center for Disabilities, Rhode Island Technical Assistance Project and Enhancement Grant personnel.	Collaborative dialogue to share information and to examine the potential of interfacing data systems as appropriate.	1.The current Special Education Census data system is reviewed and refined to maximize data cross-referencing and disaggregation by July 2003. 1.A A report by the OSEP Enhancement Grant Consultant detailing the review and refinement recommendations will be shared with key stakeholders (i.e., Special Education State Advisory Council, LEAs, RIDE staff) by January 2003.	All completed reports and web-based information will be made available to SEAC. ICC, LEAs, and the general public.

Activities to Implement Strategies: (1) Activities, (2) Beginning & Ending Dates, & (3) Responsible Parties	**Resource Allocation**	**Part B/Part C Interface**	**Strategy Evaluation & Reporting**	**Interface with SEAC, ICC or Related Groups**
1.B.1. The Consultant hired through the Enhancement Grant will review and make recommendations for refinement of the Special Education Census data collection process and provide on-site assistance to the OSN System Support Technician with consultation from the Office of Assessment and the Office of Network and Information Systems. 1.B.2. July 2002- July 2005 1.B.3. The OSN System Support Technician in collaboration with the consultant hired through the Enhancement Grant would be the primary party responsible for completion of the activities. A secondary tier of responsibility would include the liaison(s) from the Office of Assessment and the Office of Network and Informational Systems	RIDE, Office of Special Needs, the Sherlock Center for Disabilities, Rhode Island Technical Assistance Project and Enhancement Grant personnel.	Collaborative dialogue to share information and to examine the potential of interfacing data systems as appropriate.	1.B. Resources will be identified for the system refinement and ongoing update by July 2003.	All completed reports and web-based information will be made available to SEAC. ICC, LEAs, and the general public.

Activities to Implement Strategies: (1) Activities, (2) Beginning & Ending Dates, & (3) Responsible Parties	**Resource Allocation**	**Part B/Part C Interface**	**Strategy Evaluation & Reporting**	**Interface with SEAC, ICC or Related Groups**
1.C.1. Maintain an accurate data system at the LEA supported through technical assistance seminars(s) offered to all LEAs representatives charged with completing the district's Special Education Census. 1C.2. August 2003-September 2003 1.C.3. Enhancement Grant Consultant and OSN Systems Support Technician.	RIDE, Office of Special Needs, the Sherlock Center for Disabilities, Rhode Island Technical Assistance Project and Enhancement Grant personnel.	Collaborative dialogue to share information and to examine the potential of interfacing data systems as appropriate.	1.C. Refinements and adjustment to the Special Education Census will be implemented as appropriate by July 2003.	All completed reports and web-based information will be made available to SEAC. ICC, LEAs, and the general public.
1.D.1. Accuracy of the data management system is checked against paper records during spot checks. 1.D.2. July 2004 - July 2005 1.D.3. Accuracy of the data management system is checked against paper records during spot checks.	RIDE, Office of Special Needs, the Sherlock Center for Disabilities, Rhode Island Technical Assistance Project and Enhancement Grant personnel.	Collaborative dialogue to share information and to examine the potential of interfacing data systems as appropriate.	1.D. Accuracy of the data management system is checked against paper records during quarterly data management spot checks beginning January 2004.	All completed reports and web-based information will be made available to SEAC. ICC, LEAs, and the general public.

Desired Outcome:

Improved outcomes for all eligible children birth-21 (birth through 3, Part C) and their families will result from an information management system(s) designed to collect, report and analyze reliable data that informs decision-making and ensures system accountability.

Baseline:

2.1. Records of complaints, mediations and hearings (These are available via written summaries but no computer database is available).
2.2. State monitoring (School Support Reports are available on the Rhode Island Department of Education (RIDE) website. Record review information is documented on paper but not via a computer database).

Evidence of Change:

2. A user-friendly comprehensive computer-based data management system is established with ongoing compliance activities such as monitoring (School Support), procedural safeguards (complaint, mediation and hearing processes). This is done with input from key stakeholders.

Benchmarks:

2.a. Resources will be identified for establishing the computer-based system, data entry, ongoing system management, refinement and update by July 2003.
2.b. The data system will be developed and in operation for complaint, mediation, hearing and School Support System information by November 2003.
2.c. Accuracy of the data management system is checked against paper records during quarterly data management spot checks beginning March 2004.
2.d. A user-friendly procedural safeguard informational brochure will be developed. This will occur with input from key stakeholders (i.e., State Special Education Parent Advisory Council, Parent Support Network, RI Parent Information Network, RIDE staff) by July 2003.

Improvement Strategy(ies):
2.A. A mechanism in the data management system, which complies the LEA compliance information to Rhode Island State and the Federal Regulations on special education, will be created.

State Agency Primary Contact Person(s):
RIDE, OSN Part B Personnel, Sherlock Center for Disabilities Personnel and RITAP Personnel

Activities to Implement Strategies: (1) Activities, (2) Beginning & Ending Dates, & (3) Responsible Parties	**Resource Allocation**	**Part B/Part C Interface**	**Strategy Evaluation & Reporting**	**Interface with SEAC, ICC or Related Groups**
2.1. and 2A.1. Complaint, mediations and hearing information will be available from RIDE, OSN website. 2.2. and 2A.2. January 2004 - ongoing 2.3. and 2A.3. Personnel identified to do data entry, ongoing data refinement and system management.	Personnel identified to do data entry, ongoing data refinement and system management in consultation with RIDE, Office of Special Needs, Sherlock Center for Disabilities, and Rhode Island Technical Assistance Project personnel	Collaborative dialogue to share information and to examine the potential of interfacing data systems as appropriate.	2. A user-friendly comprehensive computer-based data management system is established with ongoing compliance activities such as monitoring (School Support), procedural safeguards (complaint, mediation and hearing processes). This is done with input from key stakeholders. 2.A. Resources will be identified for establishing the computer-based system, data entry, ongoing system management, refinement and update by November 2003.	All completed reports and web-based information will be made available to SEAC. ICC, LEAs, and the general public.

Activities to Implement Strategies: (1) Activities, (2) Beginning & Ending Dates, & (3) Responsible Parties	**Resource Allocation**	**Part B/Part C Interface**	**Strategy Evaluation & Reporting**	**Interface with SEAC, ICC or Related Groups**
2.B.1. A comparison of complaint, mediation and hearing LEA compliance information across time will be conducted and interfaced with the comprehensive computer based data management system 2.B.2. July 2003 - July 2005 2.B.3. Personnel identified to do data entry, ongoing data refinement and system management	Personnel identified to do data entry, ongoing data refinement and system management in consultation with RIDE, Office of Special Needs, Sherlock Center for Disabilities, and Rhode Island Technical Assistance Project personnel	Collaborative dialogue to share information and to examine the potential of interfacing data systems as appropriate.	2.B. The data system will be developed and in operation for complaint, mediation, hearing and School Support System information by November 2003.	All completed reports and web-based information will be made available to SEAC. ICC, LEAs, and the general public.

Activities to Implement Strategies: (1) Activities, (2) Beginning & Ending Dates, & (3) Responsible Parties	**Resource Allocation**	**Part B/Part C Interface**	**Strategy Evaluation & Reporting**	**Interface with SEAC, ICC or Related Groups**
2.C.1. School Support System information will be available for RIDE, OSN website 2.C.2. July 2002- ongoing 2.C.3. Personnel identified to do data entry, ongoing data refinement and system management	Personnel identified to do data entry, ongoing data refinement and system management in consultation with RIDE, Office of Special Needs, Sherlock Center for Disabilities, and Rhode Island Technical Assistance Project personnel	Collaborative dialogue to share information and to examine the potential of interfacing data systems as appropriate.	2.C. Accuracy of the data management system is checked against paper records during quarterly data management spot checks beginning March2004.	All completed reports and web-based information will be made available to SEAC. ICC, LEAs, and the general public.

Activities to Implement Strategies: (1) Activities, (2) Beginning & Ending Dates, & (3) Responsible Parties	**Resource Allocation**	**Part B/Part C Interface**	**Strategy Evaluation & Reporting**	**Interface with SEAC, ICC or Related Groups**
2.D.1. A user-friendly procedural safeguard informational brochure will be available. 2.D.2. July 2003-ongoing 2.D.3. RIDE, Office of Special Needs personnel and Rhode Island Technical Assistance Project Personnel	Personnel identified to do data entry, ongoing data refinement and system management in consultation with RIDE, Office of Special Needs, Sherlock Center for Disabilities, and Rhode Island Technical Assistance Project personnel	Collaborative dialogue to share information and to examine the potential of interfacing data systems as appropriate.	2.D. A user-friendly procedural safeguard informational brochure will be developed. This will occur with input from key stakeholders (i.e., State Special Education Parent Advisory Council, Parent Support Network, Rhode Island Parent Information Network, RIDE staff) by July 2003.	All completed reports and web-based information will be made available to SEAC. ICC, LEAs, and the general public.

Desired Outcome:

Improved outcomes for all eligible children birth-21 (birth through 3, Part C) and their families will result from an information management system(s) designed to collect, report and analyze reliable data that informs decision-making and ensures system accountability.

Baseline:

3.1. Technical Assistance/Parent Phone Calls (Educational Specialists maintain written logs but no computer database is available).

Evidence of Change:

3. A user-friendly computer-based data system will be established for logging technical assistance/ parent phone calls. This will occur with input from key stakeholders.

Benchmarks:

3.a. Resources will be identified for establishing the computer-based system, ongoing system management, refinement and update by July 2003.
3.b. The data base system will developed and in operation by November 2003.
3.c. Usefulness of the system for decision-making will be reviewed and the system will be revised as needed after a two-year implementation period (by July 2005).

Improvement Strategy (ies):
3.A. A mechanism in the data management system which tracks parent inquires to the SEA and responses/technical assistance provided by RIDE, OSN staff will be created.

State Agency Primary Contact Person(s):
RIDE, OSN Part B Personnel, Sherlock Center for Disabilities Personnel and RITAP Personnel

Activities to Implement Strategies: (1) Activities, (2) Beginning & Ending Dates, & (3) Responsible Parties	**Resource Allocation**	**Part B/Part C Interface**	**Strategy Evaluation & Reporting**	**Interface with SEAC, ICC or Related Groups**
3.1. and 3.A.1. Use data from the data management system to assist in setting state and local priorities for training and professional development activities regarding issue and technical assistance provided to families. 3.2. and 3.A.2. July 2002 - July 2003 3.3. and 3.A.3. RIDE, Office of Special Needs in collaboration with the RIDE, Office of Network and Informational Systems and the Rhode Island Technical Assistance Project Personnel.	Personnel from the RIDE, Office of Special Needs Personnel in conjunction with RIDE Office of Network and Informational Systems, the Sherlock Center for Disabilities personnel and Rhode Island Technical Assistance Project personnel.	Collaborative dialogue to share information and to examine the potential of interfacing data systems as appropriate.	3. A user-friendly computer-based data system will be established for logging technical assistance/ parent phone calls. This will occur with input from key stakeholders. 3.A. Resources will be identified for establishing the computer-based system, ongoing system management, refinement and update by July 2003.	All completed reports and web-based information will be made available to SEAC. ICC, LEAs, and the general public.

Activities to Implement Strategies: (1) Activities, (2) Beginning & Ending Dates, & (3) Responsible Parties	**Resource Allocation**	**Part B/Part C Interface**	**Strategy Evaluation & Reporting**	**Interface with SEAC, ICC or Related Groups**
3.B.1. Data from the database is used by LEAs for program management and improvement. 3.B.2. November 2003-ongoing 3.B.3. RIDE, OSN in collaboration with the RIDE Office of Network and Informational Systems, and the Rhode Island Technical Assistance Project Personnel	RIDE, Office of Special Needs in collaboration with the RIDE, Office of Network and Informational Systems, the Sherlock Center for Disabilities, and Rhode Island Technical Assistance Project personnel	Collaborative dialogue to share information and to examine the potential of interfacing data systems as appropriate.	3.B. The data base system will be developed for tracking parent inquiries and responses/technical assistance provided. This will be in operation by November 2003.	All completed reports and web-based information will be made available to SEAC. ICC, LEAs, and the general public.

Activities to Implement Strategies: (1) Activities, (2) Beginning & Ending Dates, & (3) Responsible Parties	**Resource Allocation**	**Part B/Part C Interface**	**Strategy Evaluation & Reporting**	**Interface with SEAC, ICC or Related Groups**
3.C.1. Key stakeholders will review the usefulness of the data management system for decision-making/data management and collaborate on the refinement/ revision process as appropriate. 3.C.2. July 2003 - July 20053. 3.C.3. RIDE, Office of Special Needs in collaboration with the RIDE, Office of Network and Informational Systems and the Rhode Island Technical Assistance Project Personnel.	RIDE, Office of Special Needs in collaboration with the RIDE, Office of Network and Informational Systems, the Sherlock Center for Disabilities, and Rhode Island Technical Assistance Project personnel	Collaborative dialogue to share information and to examine the potential of interfacing data systems as appropriate.	3.C. Usefulness of the system fordecision-making will be reviewed and the system willbe revised asneeded after a two-year implementation period for tracking parent inquires and responses/technical assistance.	All completed reports and web-based information will be made available to SEAC. ICC, LEAs, and the general public.

Desired Outcome:

Improved outcomes for all eligible children birth-21 (birth through 3, Part C) and their families will result from an information management system(s) designed to collect, report and analyze reliable data that informs decision-making and ensures system accountability.

Baseline:

4.1 Special Education Census (review current database).
4.2. Records of complaints, mediations and hearings (These are available via written summaries but no computer database is available).
4.3. State monitoring (School Support Reports are available on the RIDE website. Record review information is documented on paper but not via a computer database).
4.4. Technical Assistance/Parent Phone Calls (Educational Specialists maintain written logs but no computer database is available).

Evidence of Change:

4. RIDE, Office of Special Needs will incorporate all available data including those delineated in numbers 1-3, for state and local decision making as well as to assure consistent local implementation of the RI Regulations Governing the Education of Children with Disabilities.

Benchmarks:

4.a. Information from all available databases will be utilized to inform topical areas/activities for the quarterly Statewide Leadership Institutes. This information will inform Institute planning beginning the second year of the data system inception (the 2004-2005 school year).
4.b. Information from all available databases will be utilized to inform topical areas/activities for LEA professional development activities beginning the second year of the data system inception (the 2004-2005 school year).
4.c. Usefulness of the system for decision-making will be reviewed and the system will be revised as needed after a two-year implementation period (by December 2005).

Improvement Strategy (ies):

4.A. All information provided by the data management system will be made accessible to LEAs, parents, the general public and all other key stakeholders (i.e., SEAC, ICC, RIPIN, PSN, RIDE personnel, RITAP personnel etc.) and data from the database will be used to identify state and local priorities for training and professional development activities.

State Agency Primary Contact Person(s):

RIDE, OSN Part B Personnel, Sherlock Center for Disabilities Personnel and RITAP Personnel

Activities to Implement Strategies: (1) Activities, (2) Beginning & Ending Dates, & (3) Responsible Parties	**Resource Allocation**	**Part B/Part C Interface**	**Strategy Evaluation & Reporting**	**Interface with SEAC, ICC or Related Groups**
4.1. and 4.A.1. Data from the database will be utilized by LEAs for program management and improvement (i.e., Special Education Census information, School Support System, IEP Network, topical trends/themes of LEAs complaints, mediations and hearings). 4.2. and 4.A.2. July 2003 - July 2005 4.3. and 4.A.3. RIDE, Office of Special Needs in collaboration with the RIDE, Office of Network and Informational Systems and the Rhode Island Technical Assistance Project Personnel.	RIDE, Office of Special Needs in collaboration with the RIDE, Office of Network and Informational Systems, the Sherlock Center for Disabilities, and Rhode Island Technical Assistance Project personnel	Collaborative dialogue to share information and to examine the potential of interfacing data systems as appropriate.	4. RIDE, Office of Special Needs will incorporate all available data including those delineated in numbers 1-3, for state and local decision making as well as to assure consistent local implementation of the Rhode Island Regulations Governing the Education of Children with Disabilities.	All completed reports and web-based information will be made available to SEAC. ICC, LEAs, and the general public.

Activities to Implement Strategies: (1) Activities, (2) Beginning & Ending Dates, & (3) Responsible Parties	**Resource Allocation**	**Part B/Part C Interface**	**Strategy Evaluation & Reporting**	**Interface with SEAC, ICC or Related Groups**
4.B.1. Participant evaluations from the Rhode Island Statewide Leadership Institutes will be used to review the usefulness of the topical areas/activities presented as a result of the information from the databases. 4.B.2. September 2004 - September 2005 4.B.3. RIDE, Office of Special Needs in collaboration with the RIDE, Office of Network and Informational Systems and the Rhode Island Technical Assistance Project.	RIDE, Office of Special Needs in collaboration with the RIDE, Office of Network and Informational Systems, the Sherlock Center for Disabilities, and Rhode Island Technical Assistance Project personnel	Collaborative dialogue to share information and to examine the potential of interfacing data systems as appropriate.	4.B. Information from all available databases will be utilized to inform topical areas/ activities for LEA professional development activities beginning the second year of the data system inception (the 2004-2005 school year).	All completed reports and web-based information will be made available to SEAC. ICC, LEAs, and the general public.

Activities to Implement Strategies: (1) Activities, (2) Beginning & Ending Dates, & (3) Responsible Parties	**Resource Allocation**	**Part B/ParT C Interface**	**Strategy Evaluation & Reporting**	**Interface with SEAC, ICC or Related Groups**
4.C.1. Key stakeholders will review the usefulness of the data management system for decision-making and collaborate on the refinement/revision process as appropriate. 4.C.2. July 2003 - July 2005 4.C.3. RIDE, Office of Special Needs in collaboration with the RIDE, Office of Network and Informational Systems and the Rhode Island Technical Assistance Project Personnel.	RIDE, Office of Special Needs in collaboration with the RIDE, Office of Network and Informational Systems, the Sherlock Center for Disabilities, and Rhode Island Technical Assistance Project personnel	Collaborative dialogue to share information and to examine the potential of interfacing data systems as appropriate.	4.C. Usefulness of the system for decision-making will be reviewed and the system willbe revised as needed after a two-year implementation period (by December 2005).	All completed reports and web-based information will be made available to SEAC. ICC, LEAs, and the general public.

RHODE ISLAND STATE IMPROVEMENT PLAN: GENERAL SUPERVISION – SHARED PART B/PART C ISSUES

Desired Outcome:

Improved outcomes for all eligible children birth through 21 (birth through three, Part C) and their families will result from an information management system(s) designed to collect, report, and analyze reliable data that informs decision-making and ensures system accountability.

Baseline:

1.1. Not currently possible to track children across Part C & B data systems

Evidence of Change:

1. Outcomes for children will be improved by utilizing data from Part B & C in interdepartmental Decision-making.

Benchmarks:

1.a. A plan for the interface of Part B & C Data systems will be developed by July 2003.

1.b. Outcomes for children birth to 8 will be tracked through the data interface by 2004.

1.c. Report on data regarding outcomes for Children birth to 8 will be reported annually to the ICC & SEAC beginning in 2005.

Improvement Strategy(ies):

1.A. A plan for the interface of Parts B and C data systems will be developed so that data on children birth to eight can be collected and interpreted for report to RI SEAC and ICC.

State Agency Primary Contact Person(s): Client Service Coordinator, RIPIN, Part B Staff

Activities to Implement Strategies:	Resource Allocation	Part B/Part C Interface	Strategy Evaluation & Reporting	Interface with SEAC, ICC or Related Groups
1.A.1. Parts B and C data personnel will meet to identify goals and variables to be tracked across data systems. Indicators to be considered will include: • # of children exiting EI who receive preschool special education services and or other preschool services (i.e., community, Head Start)ß level and types of support utilized • placement • # of EI children who receive Part B services through preschool into K, 1, and 2 • # of EI children who do not utilize preschool services who receive Part B services in K, 1, and 2 • # of children who no longer need Part C or Part B services. • other methods of identifying outcomes will be considered July 2003 - Part B and Part C data personnel, data consultant.	Part B, C and State Funds Grant Funds Funding sources for data and data interface will be jointly pursued by HEALTH and RIDE	NA	Data reports available	Report to ICC and RI SEAC

Activities to Implement Strategies:	Resource Allocation	Part B/Part C Interface	Strategy Evaluation & Reporting	Interface with SEAC, ICC or Related Groups
1.A.2. Data systems consultant will make recommendations for systems interface. January 2004 - Data Consultant 1.A.3. Data interface will be completed, data compiled and interpreted. Report prepared. January 2005 - Part B and Part C data personnel, data consultant	Part B, C and State Funds Grant Funds Funding sources for data and data interface will be jointly pursued by HEALTH and RIDE	NA	Data reports available	Report to ICC and RI SEAC

Desired Outcome:

Improved outcomes for all eligible children birth through 21 (birth through three, Part C) and their families will result from an information management system(s) designed to collect, report, and analyze reliable data that informs decision-making and ensures system accountability.

Baseline:

1.1. Not currently possible to track children across Part C & B data systems

Evidence of Change:

2. A system to monitor and enforce regulation regarding C/B Transition during the Transition period will be jointly developed by Part B & C (see also Part C Transition)

Benchmarks:

2.a. Transition information gathered through quality assurance (Part C) and School Support visits (Part B) will be complimentary and will be shared between Part B & C on a regular basis by January 2003

Improvement Strategy(ies):

2.A. Parts B and C staff will meet with other stakeholders to review monitoring procedures regarding transition, and revisions will be considered.

State Agency Primary Contact Person(s): Transition Coordinator, Part B and Part C Staff

Activities to Implement Strategies:	Resource Allocation	Part B/Part C Interface	Strategy Evaluation & Reporting	Interface with SEAC, ICC or Related Groups
2.A.1. A workgroup will be formed to review current monitoring regarding EI to Part B transition. The work group will suggest revisions to Part B and C monitoring activities to ensure a complementary approach is utilized. July 2003 - Transition Coordinator	Part B, C and State Funds	NA	Summary of workgroup recommendations	Report to ICC and RI SEAC

Improvement Strategy(ies):

2.B. Parts B and C staff will meet to outline a protocol for addressing concerns raised by families, EI providers, and LEAs during the C/B transition.

State Agency Primary Contact Person(s): Transition Coordinator, Part B staff, Client Service Coordinator, RIPIN

Activities to Implement Strategies:	Resource Allocation	Part B/Part C Interface	Strategy Evaluation & Reporting	Interface with SEAC, ICC or Related Groups
2.B.1. A workgroup will be formed to review current monitoring regarding transition. The work group will suggest a protocol for addressing concerns regarding EI to Part B transition. July 2003 - Transition Coordinator, Part B and C staff, Parents	Part B, C and State Funds	NA	Protocol developed	Report to ICC and RI SEAC

EARLY CHILDHOOD TRANSITION

RHODE ISLAND STATE IMPROVEMENT PLAN: PLAN ADDRESSING SHARED PART B/PART C ISSUES

Desired Outcome:

Transition planning results in needed supports and services, available and provided as appropriate, to a child and the child's family when the child exits Part C.

Baseline:

1.1. Limited transition data available. Children who complete the Part C program are tracked to see where they are referred.
1.2. EIMIS reports 70% of children exiting Part C at age 3 are referred to Part B (2000). No state-level data system available from Part B to indicate if children who are discharged from Part C into Part B are eligible for special education services.

Evidence of Change:

1. All children eligible for Part B services will receive special education and related services by their third birthday. Exceptions to this would be children who will turn 36 months between May and September whose Transition activities need to occur on an adjusted timeline to allow for participation of all three parties, and to ensure placement upon opening of school or when the child turns 36 months if a 230-day or extended school year program is to be provided

Benchmarks:

1.a. EI Certification Standards will include the guidelines for transition services and monitored through the Quality Assurance Plan by January 2002.
1.b. Transition meetings will be entered into the EIMIS and monitored for improvement by January 2002. (ongoing)
1.c. Early Childhood Transition Coordinator will review data on transition by district and suggest problem-solving techniques and work with both Parts B and C to resolve issues by September 2002. (ongoing)
1.d. A data system will be developed for RIDE Part B that is compatible with HEALTH Part C data to provide accurate information on the beginning time of services for eligible children and to determine reasons for children not receiving services by age three. (January 2006)

Improvement Strategy(ies):

1.A. Guidelines for transition will be written in the HEALTH Certification Standards for Part C providers and monitored through the Quality Assurance plan.

State Agency Primary Contact Person(s): Part C, Policy Coordinator

Activities to Implement Strategies:	Resource Allocation	Part B/Part C Interface	Strategy Evaluation & Reporting	Interface with SEAC, ICC or Related Groups
1.A.1. Early Intervention Program Certification Standards have outlined transition planning as of January 2001. These will be reviewed and edited to match desired CIMP Goal in May 2002 by Part C staff for certification and re-certification in August 2002. 1.A.2. Program Certification Standards will be updated to incorporate the Rhode Island Improvement Strategy for transition in June 2002 by Part C Staff. 1.A.3. New Program Certification Standards will be distributed to all providers and monitored for compliance quarterly in recorded review in August 2002 by Part C Staff.	Part C Staff, Part C federal and state monies	Part B will be informed through joint staff meetings	Quality Assurance Plan/Record Review	Report of activities will be made to the ICC

Improvement Strategy(ies):

1.B. Early Intervention providers will enter transition-meeting data in EIMIS. Discharge data entered in EIMIS will accurately reflect anticipated services and service location identified through the transition process.

State Agency Primary Contact Person(s): Part C, Quality Assurance Coordinator

Activities to Implement Strategies:	Resource Allocation	Part B/Part C Interface	Strategy Evaluation & Reporting	Interface with SEAC, ICC or Related Groups
1.B.1. The Early Childhood Transition Coordinator and Part C Quality Assurance Coordinator will review that data and the data rules for entering transition on April 23, 2002. 1.B.2. Early Childhood Transition Coordinator will review and compare EI discharge screen to Part B definitions by 6/1/02. 1.B.3. A mechanism will be developed to improve the accuracy of the discharge data. Transition Coordinator will provide written update of discharge status options and add a "status unknown" by 6/1/02.	Part C, Part B, Sherlock Center and RIPIN Parent Consultant Program staff; Part C federal and state monies	Part B will be given transition reports and part of ongoing improvement strategies	Steps will be monitored by Part C six-month plan. Transition will be monitored in record review	ICC will review data collected and request data reports based on their agenda items

Activities to Implement Strategies:	Resource Allocation	Part B/Part C Interface	Strategy Evaluation & Reporting	Interface with SEAC, ICC or Related Groups
1.B.4. EIMIS will be updated by Quality Assurance Coordinator to incorporate discharge protocol changes (e.g., eliminating IEP date as a required field) by 11/1/02. 1.B.5. Parts C and B will utilize the data to generate a report for use by both Part C and Part B providers. 1.B.6. Documentation and presentation will be developed for EI providers re: new discharge data protocols by 11/1/01. 1.B.7. Presentations will be scheduled at all EI programs by 1/1/03. 1.B.8. Part C, Quality Assurance Coordinator will revise/add or update the discharge information in EIMIS to accurately reflect transition meetings to all provider sites by the end of September 2002.	Part C, Part B, Sherlock Center and RIPIN Parent Consultant Program staff; Part C federal and state monies	Part B will be given transition reports and part of ongoing improvement strategies	Steps will be monitored by Part C six-month plan. Transition will be monitored in record review	ICC will review data collected and request data reports based on their agenda items

Activities to Implement Strategies:	Resource Allocation	Part B/Part C Interface	Strategy Evaluation & Reporting	Interface with SEAC, ICC or Related Groups
1.B.9. Data systems consultant will make recommendations for systems interface. Funding sources for data and data interface will be jointly pursued by HEALTH and RIDE. 1.B.10. Training will be developed for accurate data entry of transition data in conjunction with the plan for statewide transition plan (see strategy 1.c). 1.B.11. Transition data will be reviewed for accuracy and corrected action plans developed as necessary in quarterly record reviews starting in June 2002. Transition data will be expected to improve after transition training by January 2003.	Part C, Part B, Sherlock Center and RIPIN Parent Consultant Program staff; Part C federal and state monies	Part B will be given transition reports and part of ongoing improvement strategies	Steps will be monitored by Part C six-month plan. Transition will be monitored in record review	ICC will review data collected and request data reports based on their agenda items

Improvement Strategy(ies):

1.C. In partnership with Part B, Part C, the Sherlock Center and URI, a Transition Leadership Team has formed to strengthen the transition process and provide technical assistance, training, and support to all participants.

1.D. Part C and Part B created and continue to support an Early Childhood Transition Coordinator to assist in issues surrounding transition and to act as a bridge across the two systems.

1.E. An Early Childhood Transition Network (with representatives from RIPIN Parent Consultant program, families, school districts, EI programs, HEALTH, Sherlock Center, and RI Dept. of Education) has been created to provide resources, to clarify requirements, and to disseminate best practices.

State Agency Primary Contact Person(s): The Early Childhood Transition Coordinator

Activities to Implement Strategies:	Resource Allocation	Part B/Part C Interface	Strategy Evaluation & Reporting	Interface with SEAC, ICC or Related Groups
1.C.1. Transition Leadership Team (formed in 2002) will continue to provide data-based technical assistance and monitoring regarding the transition process and will review and share data with local Part C and B providers. 1.C.2. Transition Leadership team will develop training to service providers and local education agencies on the transition process by the end of February 2003.	Part C, Part B, Sherlock Center and RIPIN staff	Part B will be given transition reports and part of ongoing improvement strategies	Steps will be monitored by Part C six-month plan. Transition will be monitored in record review. Survey information from all participant groups.	ICC and SEAC will review data collected and request data reports based on their agenda items

Activities to Implement Strategies:	Resource Allocation	Part B/Part C Interface	Strategy Evaluation & Reporting	Interface with SEAC, ICC or Related Groups
1.C.3. Informational Training for EI programs on Part C data requirements and how they interface with Part B will begin in March of 2003. They will be given by Part C Quality Assurance Coordinator and the Early Childhood Transition Coordinator, and highlight the meeting, data collection, and procedures. 1.C.4. Transition Leadership Team will provide and continually review transition data to Part C and B providers to support their self-assessment and continuing improvement. 1.C.5. Part C and B providers will develop individual community plans based on self-assessment, including transition surveys and community forums. 9/02-9/03.	Part C, Part B, Sherlock Center and RIPIN staff	Part B will be given transition reports and part of ongoing improvement strategies	Steps will be monitored by Part C six-month plan. Transition will be monitored in record review. Survey information from all participant groups.	IICC and SEAC will review data collected and request data reports based on their agenda items

Activities to Implement Strategies:	Resource Allocation	Part B/Part C Interface	Strategy Evaluation & Reporting	Interface with SEAC, ICC or Related Groups
1.C.6. Network will produce document of Frequently Asked Questions in order to clarify policy and promote best practice by 2003.	Part C, Part B, Sherlock Center and RIPIN staff	Part B will be given transition reports and part of ongoing improvement strategies	Steps will be monitored by Part C six-month plan. Transition will be monitored in record review. Survey information from all participant groups.	ICC and SEAC will review data collected and request data reports based on their agenda items

Desired Outcome:

Transition planning results in needed supports and services, available and provided as appropriate, to a child and the child's family when the child exits Part C.

Baseline:

2.1. In 2000, EI changed its computer system to better track information. Current data indicates that 30% of 3 year olds exiting Part C are found not eligible for Part B services.

Evidence of Change:

2. All Children exiting Part C services who are found not eligible for services under Part B are referred to other appropriate community-based services by their third birthday.

Benchmarks:

2.a. More accurate discharge data needs to be collected to determine if all families are referred to community supports. (January 2003)

2.b. Parts C and B will have statewide information on available service/support options for 3-year-olds children and their families. (2003)

Improvement Strategy(ies):

2.A. Early Intervention providers will enter transition-meeting data in EIMIS. Discharge data entered in EIMIS will accurately reflect where the child was referred. (Part C)

State Agency Primary Contact Person(s): Part C, Quality Assurance Coordinator

Activities to Implement Strategies:	Resource Allocation	Part B/Part C Interface	Strategy Evaluation & Reporting	Interface with SEAC, ICC or Related Groups
2.A.1. Same as 1A – see above				

Improvement Strategy(ies):
2.B. Transition Teams will work with community partners to refer children not eligible for Part B. (Part C)

State Agency Primary Contact Person(s): Transition Leadership Team

Activities to Implement Strategies:	Resource Allocation	Part B/Part C Interface	Strategy Evaluation & Reporting	Interface with SEAC, ICC or Related Groups
2.B.1. Accurate discharge data from EIMIS will be collected to indicate the numbers of non-eligible children by community. (Refer to action plans for Strategy #1.) 2.B.2. Part C and B will work together to gather information about options in the community for children not eligible for Part B. 2.B.3. EI, school districts, and community providers will develop strategies within the Transition process to work together to identify appropriate community supports and will refer families accordingly (Part C and B).	Part C, Part B, Sherlock Center and RIPIN staff, Part C federal and state monies	Part B will be given transition reports and part of ongoing improvement strategies	Steps will be monitored by Part C six-month plan. Transition will be monitored in record review.	ICC will review data collected and request data reports based on their agenda items. Ongoing information exchange with programs such as RI Head Start programs, Parents as Teachers, HIPPY, Comprehensive Child Care Services, RI Library system and others.

Desired Outcome:

Transition planning results in needed supports and services, available and provided as appropriate, to a child and the child's family when the child exits Part C.

Baseline:

3.1. Currently school districts submit data through the Consolidated Resource Plan on the array of services that are provided to preschool children who are eligible to receive special education services, including the number of children in inclusive settings.
3.2. Department of Education currently has several initiatives targeted to improve the quality of early childhood services Keys to Quality Accreditation and the Early Learning Performance Standards.

Evidence of Change:

3. The percentage of children leaving Part C services who are placed in inclusive preschool or other settings will increase.

Benchmarks:

3.a. All school districts will provide an array of services, including inclusive settings as specified in the RI Special Education Regulations for children eligible for special education services. (2002)
3.b. More children will be placed in inclusive settings within the school and community. (2004)
3.c. Information shared and utilized by early childhood stakeholders/partner agencies in order to develop a statewide plan for meeting the needs of all young children and their families. (2004)

Improvement Strategy(ies):

3.A. The Offices of Special Needs and Management Information Systems in the Department of Education will develop an integrated student-based data system.

State Agency Primary Contact Person(s): Part B,

Activities to Implement Strategies:	Resource Allocation	Part B/Part C Interface	Strategy Evaluation & Reporting	Interface with SEAC, ICC or Related Groups
3.A.1. RIDE Part B staff will revise and develop an integrated student-based data system that aligns with federal data collection and supports reliable reporting and analysis of data. By 6/30/04 3.A.2. RIDE Part B staff will compare percentage of preschool children with disabilities who are placed in inclusive preschool or other settings to national, district, and state data. By 12/31/04	Part B	Once Part B has developed system, Part C Quality Assurance Coordinator will review process and initiate discussions on unique identifier and tracking further plan will be developed January 2007.	Part B	ICC and SEAC will receive progress reports based on their agenda items

Improvement Strategy(ies):

3.B. RIDE will develop a plan to expand and enhance inclusive settings within the schools and in the communities. This will result in an increased number of quality inclusive settings under Part B so that more children will receive their special education in those settings.

State Agency Primary Contact Person(s): Part B

Activities to Implement Strategies:	Resource Allocation	Part B/Part C Interface	Strategy Evaluation & Reporting	Interface with SEAC, ICC or Related Groups
3.B.1. A state-level Early Childhood Steering Committee will be formed to develop a plan for implementing community-based early childhood special education services. 3.B.2. Committee will provide statewide professional development on benefits and models of inclusive services for preschool children as well as best practices for success in those settings. 3.B.3. RIDE will continue to provide state level program development support to school districts in developing partnerships with community early care and education programs in order to utilize those settings as an option for placement.	Part B fiscal resources, Section 619 staff, Transition Coordinator	Part B will provide updates on system development to Part C	Steps will be monitored by Part B/ 619.	ICC and SEAC will receive progress reports based on their agenda items

Desired Outcome:

Transition planning results in needed supports and services, available and provided as appropriate, to a child and the child's family when the child exits Part C.

Baseline:

4.1. No baseline data available on quality of transition. Transition survey has been developed and will be utilized. EIMIS will also be utilized to track data.
4.2. Data suggests that although many transition teams are using the process as required by both sets of regulations, there is little written documentation that provides evidence of the implementation.

Evidence of Change:

4. Quality and compliant transition planning occurring with Part C, Part B providers, and parents.

Benchmarks:

4.a. Staff will have a better understanding of the process of transition for both Part C and B as a result of professional development activities and collaborative meeting structures (2003).
4.b. Transition data in family surveys and surveys for all participant groups (EI and district staff) will show increased meaningful participation has occurred by December 2004.
4.c. Personnel participating in transition meeting will be documented in EIMIS by January 2003.
4.d. There will be an individualized, written Transition plan for all children exiting Part C who are eligible for preschool special education services.

Improvement Strategy(ies):

4.A. Parts C and B will develop program performance standards for transition and a self-assessment process to determine if transition standards are being met.

4.B. Parts C and B will develop a statewide protocol for the written transition plan, required under RIDE Regulations.

State Agency Primary Contact Person(s): Transition Leadership Team

Activities to Implement Strategies:	Resource Allocation	Part B/Part C Interface	Strategy Evaluation & Reporting	Interface with SEAC, ICC or Related Groups
4.A.1. An interagency task force of Part C, Part B and family partners will develop a draft of program performance standards. 8/03 4.A.2. Drafts of a self-rating scale for the two outcomes listed above will be disseminated. 1/03 4.A.3. Performance standards will be piloted in a few communities in order to use feedback to refine/ revise standards. 10/04	Part C, Part B, Sherlock Center and RIPIN Parent Consultant staff; Part C and B federal, state monies, grant monies	Part B will provide updates on system development to Part C	Steps will be monitored by Part C six-month plan.	ICC and SEAC will receive progress reports based on their agenda items

Activities to Implement Strategies:	Resource Allocation	Part B/Part C Interface	Strategy Evaluation & Reporting	Interface with SEAC, ICC or Related Groups
4.A.4. Part C and B will identify an evaluator who will determine a self-assessment process that aligns with the standards and incorporates input from Transition surveys. 4.A.5. Transition Network will draft a protocol by 11/02. Public comment for feedback by 1/03. Pilot by 5/03. Statewide use by 6/03. 4.A.6. Part C and B will provide statewide training on implementing standards and utilizing protocol.	Part C, Part B, Sherlock Center and RIPIN Parent Consultant staff; Part C and B federal, state monies, grant monies	Part B will provide updates on system development to Part C	Steps will be monitored by Part C six-month plan.	ICC and SEAC will receive progress reports based on their agenda items

Improvement Strategy(ies):

4.C. Parts B and C will provide leadership in designing a consistent transition plan format.

4.D. Parts C and B will succeed in development, and provide training re: statewide Transition plan form.
Parts C and B will participate in the development of program performance standards for such issues as: meaningful family participation and staff knowledge of inclusionary options and supports.

State Agency Primary Contact Person(s):

Activities to Implement Strategies:	Resource Allocation	Part B/Part C Interface	Strategy Evaluation & Reporting	Interface with SEAC, ICC or Related Groups
4.C.1. Transition Leadership Team and the Network will develop a statewide form to document the Transition Process by 10/12. 4.C.2. A draft will be piloted 10/02– 3/03. 4.C.3. Revision, training, and statewide implementation by 10/03. 4.C.4. Evaluation of the tool by 9/04.	Part C, Part B, Sherlock Center and RIPIN Parent Consultant staff; Part C and B federal, state monies, grant monies	Part B will provide updates on system development to Part C	Steps will be monitored by Part C six-month plan. Notice of plans will be part of Part C Quality Assurance record reviews and school Support visit Record reviews.	ICC and SEAC will receive progress reports based on their agenda items. Both will be asked for input after getting first draft of performance standards. Coordinate with Coalition for Family Support and Involvement.

SECONDARY TRANSITION

RHODE ISLAND STATE IMPROVEMENT PLAN: SECONDARY TRANSITION – PART B

Desired Outcome Statement(s):

All youth with disabilities will have improved life outcomes in the areas of education, employment and independent living.

Baseline:

1.1. 77% Regular Education graduation rate (source: IDEA data based on state reported data, USDOE/OSEP, Data Analysis System as of 8/30/01).
1.2. 76% Special Education graduation rate (source: IDEA data based on state reported data, USDOE/OSEP, Data Analysis System as of 8/30/01)

Evidence of Change:

1. The rate of youth with disabilities graduating with a regular diploma will be more comparable to those for children without disabilities - by June 2007.

Benchmarks:

1.a. The rate of graduation with a regular diploma data will be uniformly collected and accurately reported by June 2004.
1.a. The data collected for children with and without disabilities will be reliable by June 2004.
1.b. State and local performance targets for the numbers of students with disabilities who will graduate with a regular diploma will exist by September 2005.
1.b. The number of students with disabilities graduating with a regular diploma will increase by 3% by June 2007.

Improvement Strategy(ies):

1.A. RIDE will develop a uniform definition of what constitutes graduation with a regular diploma and establish a data system that accurately collects the number of students that graduate with a regular diploma.

State Agency Primary Contact Person(s): RIDE, OSN Part B Personnel, Regional Transition Centers

Activities to Implement Strategies: (1) Activities, (2) Beginning & Ending Dates, & (3) Responsible Parties	**Resource Allocation**	**Part B/Part C Interface**	**Strategy Evaluation & Reporting**	**Interface with SEAC, ICC or Related Groups**
1.A.1. RIDE will research and analyze the current criteria used for establishing graduation with a regular high school diploma in the LEAs. This will include review of emerging state and national policy recommendations, (i.e. RI High School Summit). Dates: September 2002-December 2003. Partners: RIDE-Secondary Transition Coordinator, RIDE-Office of High School Reform Research Consultant	RIDE Personnel $30,000 (1 yr. consultant) or merge with existing contract(s)	None	RIDE will monitor research consultant contract and define specific outcomes. Report will be in the form of final recommendations.	For all actions, reports to SEAC and the RI Transition Council for comments and suggestions. Review policy recommendations with SEAC as they emerge.
1.A.2. RIDE will finalize a working definition of graduation with a regular high school diploma and communicate the definition to LEAs for accurate data reporting. Date: February 2004-April 2004 Partners: RIDE-Secondary Transition Coordinator, RIDE-Office of High School Reform Research Consultant	RIDE Personnel	None	Communication of working definition to all LEAs and partners.	

Activities to Implement Strategies: (1) Activities, (2) Beginning & Ending Dates, & (3) Responsible Parties	**Resource Allocation**	**Part B/Part C Interface**	**Strategy Evaluation & Reporting**	**Interface with SEAC, ICC or Related Groups**
1.A.3. RIDE will coordinate the Special Education census data system and train LEA census personnel in the working definition of graduation with a regular high school diploma to ensure consistency in data collection. Date:February 2004-September 2004 Partners: RIDE-Secondary Transition Coordinator, RIDE- SpEd Census Data Coordinator, LEA, SpEd Census Data Coordinators	RIDE Personnel	None	Definition implemented in RIDE Special Education Census data system and LEA data personnel trained.	
1.A.4. RIDE will fully implement data collection system with the working definition of graduation with a regular high school diploma Date:September 2004 Partners:RIDE-Secondary Transition Coordinator, RIDE- SpEd Census Data Coordinator, LEA, SpEd Census Data Coordinators	RIDE Personnel	None	System implemented.	

Improvement Strategy(ies):
1.B. RIDE will develop performance targets for the numbers of students with disabilities who will graduate with a regular diploma.

State Agency Primary Contact Person(s): RIDE, OSN Part B Personnel, Regional Transition Centers

Activities to Implement Strategies: (1) Activities, (2) Beginning & Ending Dates, & (3) Responsible Parties	**Resource Allocation**	**Part B/Part C Interface**	**Strategy Evaluation & Reporting**	**Interface with SEAC, ICC or Related Groups**
1.B.1. RIDE will establish graduation with a regular high school diploma improvement targets based on the first set of data collected (December 2004). Dates: March 2005. Partners: RIDE-SecondaryTransition Coordinator, RIDE- SpEd Census Data Coordinator, LEA, SpEd Census Data Coordinators	RIDE Personnel	None	Improvement targets established and monitored through RIDE accountability systems, (School Support System or SALT).	For all actions, reports to SEAC and the RI Transition Council for comments and suggestions. Review policy recommendations with SEAC as they emerge.
1.B.2. RIDE will convey improvement targets to LEAs. Date: April 2005-June 2005 Partners: RIDE-Secondary Transition Coordinator, RIDE- SpEd Census Data Coordinator, LEA, SpEd Census Data Coordinators	RIDE Personnel	None	Improvement targets established and monitored through RIDE accountability systems, (School Support System or SALT).	

Desired Outcome Statement(s):

All youth with disabilities will have improved life outcomes in the areas of education, employment and independent living.

Baseline:

2.1. 16.9% average statewide dropout rate for 1999 (source: Information Works! 2000).
2.2. 31.49% average statewide dropout rate for students with disabilities in 1999 (source: Children with Disabilities Study, August, 2001)

Evidence of Change:

2. Dropout rates for youth with disabilities are more comparable to those for youth without disabilities - by June 2007.

Benchmarks:

2.a.1. The dropout rate data will be uniformly collected and accurately reported by June 2004.
2.a.2. The dropout data collected for children with and without disabilities will be reliable by June 2004.
2.b.1. State and local dropout performance targets will exist by September 2005.
2.b.2. The dropout rate for students with disabilities will be reduced by 50% - by June 2006.

Improvement Strategy(ies):

2.A. RIDE will develop a uniform definition of what constitutes a "dropout" and establish a data system that accurately collects the number of students that dropout.

State Agency Primary Contact Person(s): RIDE, OSN Part B Personnel, Regional Transition Centers

Activities to Implement Strategies: (1) Activities, (2) Beginning & Ending Dates, & (3) Responsible Parties	**Resource Allocation**	**Part B/Part C Interface**	**Strategy Evaluation & Reporting**	**Interface with SEAC, ICC or Related Groups**
2.A.1. RIDE will research and analyze the current criteria used for defining and reporting dropouts in the LEAs. This will include review of emerging state and national policy recommendations. Dates: September 2002- June 2003. Partners: RIDE-Secondary Transition Coordinator, RIDE- Office of High School Reform Research Consultant	RIDE Personnel $30,000 (1 yr. consultant) or merge with existing contract(s)	None	RIDE will monitor research consultant contract and define specific outcomes. Report will be in the form of final recommendations.	For all actions, reports to SEAC and the RI Transition Council for comments and suggestions. Review policy recommendations with SEAC as they emerge.
2.A.2. RIDE will finalize a definition of "dropout" and amend data reporting systems accordingly (RIDE data and Special Education Census data). Dates: June 2003 - February 2004. Partners: RIDE -Secondary Transition Coordinator, RIDE - Office of High School Reform, RIDE - Research Office, RIDE - SpEd Census Data Coordinator	RIDE Personnel	None	Finalized definition of dropout and amendments, as necessary, to RIDE data reporting systems.	

Activities to Implement Strategies: (1) Activities, (2) Beginning & Ending Dates, & (3) Responsible Parties	**Resource Allocation**	**Part B/Part C Interface**	**Strategy Evaluation & Reporting**	**Interface with SEAC, ICC or Related Groups**
2.A.3. RIDE will train LEA personnel on the reporting of data and the definition of "dropout". **Dates:** February 2004 - July 2004. **Partners:** RIDE-Secondary Transition Coordinator RIDE- Office of High School Reform RIDE- Research Office RIDE- SpEd Census Data Coordinator	RIDE Personnel	None	Communication of working definition to all LEAs and partners.	
2.A.4. RIDE will implement necessary data systems for recording accurate dropout rates. **Dates:** September 2004- July 2005. **Partners:** RIDE-Secondary Transition Coordinator RIDE- Office of High School Reform RIDE- Research Office RIDE- SpEd Census Data Coordinator	RIDE Personnel	None	System implemented.	

Improvement Strategy(ies):
2.B. RIDE will establish performance targets for reducing the numbers of students with disabilities who dropout.

State Agency Primary Contact Person(s): RIDE, OSN Part B Personnel, Regional Transition Centers

Activities to Implement Strategies: (1) Activities, (2) Beginning & Ending Dates, & (3) Responsible Parties	**Resource Allocation**	**Part B/Part C Interface**	**Strategy Evaluation & Reporting**	**Interface with SEAC, ICC or Related Groups**
2.B.1. RIDE will establish dropout rate reduction targets based on the first set of data collected (July 2005). **Dates:** September 2006. **Partners:** RIDE-Secondary Transition Coordinator, RIDE- SpEd Census Data Coordinator, LEA SpEd Census Data Coordinators	RIDE Personnel	None	Improvement targets established and monitored through RIDE accountability systems, (InfoWorks!).	For all actions, reports to SEAC and the RI Transition Council for comments and suggestions. Review policy recommendations with SEAC as they emerge.
2.B.2. RIDE will convey improvement targets to LEAs. **Date:** September 2006 -June 2006 **Partners:** RIDE-Secondary Transition Coordinator	RIDE Personnel	None	Improvement targets established and monitored through RIDE accountability systems, (InfoWorks!).	

Desired Outcome Statement(s):

All youth with disabilities will have improved life outcomes in the areas of education, employment and independent living.

Baseline Information:

3.1. No comparable post-school outcome data exist.
** Outcome data exist in the RITIE Outcome Study and the National Longitudinal Outcome Study, however this data does not have comparable cohorts for students without disabilities.

Evidence of Change:

3. Students with disabilities will participate in post-school activities (e.g., employment, post-secondary education, etc.) at comparable rates to students without disabilities – by June 2007.

Benchmarks:

3.a.1. Student outcome data will be uniformly collected and accurately reported by January 2004.
3.a.2. Student outcome data collected for children with and without disabilities will be reliable by January 2004.
3.b.1. State and local post school activity performance targets will exist by September 2005.

Improvement Strategy(ies):

3.A. RIDE will analyze and, if necessary, develop systems for collecting post-school activity data on students with disabilities coordinated with comparable data sets for students without disabilities.

State Agency Primary Contact Person(s): RIDE, OSN Part B Personnel, Regional Transition Centers

Activities to Implement Strategies: (1) Activities, (2) Beginning & Ending Dates, & (3) Responsible Parties	**Resource Allocation**	**Part B/Part C Interface**	**Strategy Evaluation & Reporting**	**Interface with SEAC, ICC or Related Groups**
3.A.1. RIDE will collect and analyze existing data systems for use as a post-school outcome data system (i.e. Perkins, Department of Labor and Training, etc.). Dates: October 2002- July 2003. Partners: RIDE-Secondary Transition Coordinator, RI Transition Council, Other State Agencies (as needed)	RIDE Personnel	None	Oversight of the outcome measurement system will be facilitated by the RI Transition Council.	For all actions, reports to SEAC and the RI Transition Council for comments and suggestions. Review policy recommendations with SEAC as they emerge.
3.A.2. RIDE will amend an existing system or develop a new system to collect student outcome data. Dates: August 2003- July 2004. Partners: RIDE-Secondary Transition Coordinator, RI Transition Council, Other State Agencies (as needed), Consultant (if system needs to be developed)	RIDE Personnel $20,000-100,000 (Consultant to amend existing system or develop new system)	None		

Activities to Implement Strategies: (1) Activities, (2) Beginning & Ending Dates, & (3) Responsible Parties	**Resource Allocation**	**Part B/Part C Interface**	**Strategy Evaluation & Reporting**	**Interface with SEAC, ICC or Related Groups**
3.A.3. RIDE will implement a phase-in of the outcome data system for one school year in one of the Collaborative regions to pilot the system. **Dates:** September 2004 - August 2005. **Partners:** RIDE-Secondary Transition Coordinator, RI Transition Council, Other State Agencies (as needed), Consultant (if system needs to be developed), Regional Educational Collaboratives, and LEA's	RIDE Personnel $50,000 (Consultant for system implementation)	None		
3.A.4. RIDE will implement the outcome data system statewide. **Dates:** September 2005 - August 2006. **Partners:** RIDE-Secondary Transition Coordinator, RI Transition Council, Other State Agencies (as needed), Consultant (if system needs to be developed), Regional Educational Collaboratives, LEA's	RIDE Personnel $50,000-100,000 (Consultant for statewide implementation of system)	None		

Improvement Strategy(ies):
3.B. RIDE will establish performance targets to improve student post-school outcomes.

State Agency Primary Contact Person(s): RIDE, OSN Part B Personnel, Regional Transition Centers

Activities to Implement Strategies: (1) Activities, (2) Beginning & Ending Dates, & (3) Responsible Parties	**Resource Allocation**	**Part B/Part C Interface**	**Strategy Evaluation & Reporting**	**Interface with SEAC, ICC or Related Groups**
3.B.1. RIDE will establish improvement targets for the pilot region based on the analysis of the first data set. Dates: September 2005. Partners: RIDE-Secondary Transition Coordinator, RI Transition Council, LEAs	RIDE Personnel	None	Oversight of the outcome measurement system will be facilitated by the RI Transition Council	For all actions, reports to SEAC and the RI Transition Council for comments and suggestions. Review policy recommendations with SEAC as they emerge.
3.B.2. RIDE will establish improvement targets for the balance of the state based on the data from the first statewide data set. Dates: September 2006. Partners: RIDE-Secondary Transition Coordinator, RI Transition Council, LEAs	RIDE Personnel	None		

Desired Outcome Statement(s):

All youth with disabilities will have improved life outcomes in the areas of education, employment and independent living.

Baseline:

4.1. Information on the statement of needed transition services, course of study and interagency linkages is currently collected through the records review process of the School Support System. This data is not currently analyzed at the state systems level and the information collected does not examine the quality of the statements, (source: RIDE)

Evidence of Change:

4. All students with disabilities, beginning at age 14 or younger if appropriate, will have outcomes focused statements of transition needs, (which include a focus on employment, post-secondary education, independent living) including statements, for children age 16 or younger if appropriate, of necessary interagency responsibilities and linkages in their IEPs by June 2007.

Benchmarks:

4.a.1. A system to accurately collect evidence of the statement of needed transition services will be operational by September 2004.

4.a.2. The statement of needed transition services will accurately reflect the long-term goals of the student by September 2005.

4.b.1. Quality indicators of good statements of transition service needs, course of study and interagency linkages will exist by September 2004.

Improvement Strategy(ies):
4.A. RIDE will develop new protocols for collecting evidence of statements of needed transition services through the computer based data management system, [see General Supervision Part B Evidence of Change #3].

State Agency Primary Contact Person(s): RIDE, OSN Part B Personnel, Regional Transition Centers

Activities to Implement Strategies: (1) Activities, (2) Beginning & Ending Dates, & (3) Responsible Parties	**Resource Allocation**	**Part B/Part C Interface**	**Strategy Evaluation & Reporting**	**Interface with SEAC, ICC or Related Groups**
4.A.1. RIDE will research and develop protocols for collecting and analyzing evidence of needed transition services statements including record reviews, student interviews, parent interviews and observation. Dates: July 2002 - July 2003. Partners: RIDE-Secondary Transition Coordinator, RIDE-School Support Coordinator, RI Transition Council, RIPIN- Transition Resource Parents, EP Network, Regional Transition Advisory Committees	RIDE Personnel $20,000 (1 yr. Consultant) or merge with existing contract(s)	None	Oversight of the outcome measurement system will be facilitated by the RI Transition Council.	For all actions, reports to SEAC and the RI Transition Council for comments and suggestions. Review policy recommendations with SEAC as they emerge.

Activities to Implement Strategies: (1) Activities, (2) Beginning & Ending Dates, & (3) Responsible Parties	**Resource Allocation**	**Part B/Part C Interface**	**Strategy Evaluation & Reporting**	**Interface with SEAC, ICC or Related Groups**
4.A.2. RIDE will merge protocols into the computer based data management system, [see General Supervision Part B Evidence of Change #3] and the School Support System. Dates: July 2003 - ongoing. Partners: RIDE-Secondary Transition Coordinator RIDE- School Support Coordinator RI Transition Council RIPIN- Transition Resource Parents IEP Network Regional Transition Advisory Committees	RIDE Personnel	None		

Improvement Strategy(ies):
4.B. RIDE will develop and disseminate effective strategies for developing the statements of needed transition services.

State Agency Primary Contact Person(s): RIDE, OSN Part B Personnel, Regional Transition Centers

Activities to Implement Strategies: (1) Activities, (2) Beginning & Ending Dates, & (3) Responsible Parties	**Resource Allocation**	**Part B/Part C Interface**	**Strategy Evaluation & Reporting**	**Interface with SEAC, ICC or Related Groups**
4.B.1. Based on data reported in first years data set (July 2004) RIDE will establish improvement targets. Dates: July 2004 - ongoing. Partners: RIDE-Secondary Transition Coordinator, RIDE- School Support Coordinator, RI Transition Council, RIPIN- Transition Resource Parents, IEP Network, Regional Transition Advisory Committees	RIDE Personnel Partner Agency Personnel	None	Oversight of the outcome measurement system will be facilitated by the RI Transition Council	For all actions, reports to SEAC and the RI Transition Council for comments and suggestions. Review policy recommendations with SEAC as they emerge.

Activities to Implement Strategies: (1) Activities, (2) Beginning & Ending Dates, & (3) Responsible Parties	**Resource Allocation**	**Part B/Part C Interface**	**Strategy Evaluation & Reporting**	**Interface with SEAC, ICC or Related Groups**
4.B.2. RIDE will develop and implement capacity building strategies for improving statements of needed transition services. **Dates:** July 2004 - ongoing. **Partners:** RIDE-Secondary Transition Coordinator, RIDE - School Support Coordinator, RI Transition Council, RIPIN- Transition Resource Parents, IEP Network, Regional Transition Advisory Committees	RIDE PersonnelPartner Agency Personnel $20,000 (Consultant for training) or amendment to existing contracts	None		

Desired Outcome Statement(s):

All youth with disabilities will have improved life outcomes in the areas of education, employment and independent living.

Baseline Information:

5.1. Cooperative agreements exist between RIDE and DHS/ORS and DHS/ORS and MHRH that address the coordination of transition services. RIDE also maintains agreements with the DOC and DCYF, (source: RIDE).
5.2. The Rhode Island Transition Council is governed by a cooperative agreement that calls for all state agencies to identify and close gaps in transition services, (source: RIDE).
5.3. Data collection on the effectiveness of the cooperative agreements has been limited to ORS client outcome data. There has been no formal analysis or review of this data, (source: ORS).

Evidence of Change:

5. Formal agreements between the SEA and other agencies will exist for transition services identified by the Transition Council, (as necessary) to provide improved access and ensure an effective transition for students to post school supports by June 2007.

Benchmarks:

5.a.1. Current and new agreements will specifically address the identified gaps in services by June 2003.
5.a.2. Agreements will contain articulations of the coordination of services and funding commitments by June 2003.
5.a.3. Agreements will contain evaluative components with mechanisms for data collection and review by June 2003.
5.b.1. The RI Transition Council will utilize Cooperative Agreement protocols for establishing service gaps by September 2003.

Improvement Strategy(ies):

5.A. All existing cooperative agreements will include a statement of identified gaps in services, articulations of the coordination of services and funding and include evaluative components.

State Agency Primary Contact Person(s): RIDE, OSN Part B Personnel, Regional Transition Centers

Activities to Implement Strategies: (1) Activities, (2) Beginning & Ending Dates, & (3) Responsible Parties	**Resource Allocation**	**Part B/Part C Interface**	**Strategy Evaluation & Reporting**	**Interface with SEAC, ICC or Related Groups**
5.A.1. RIDE and the RI Transition Council will review all current cooperative agreements for compliance with the following criteria: -Statement of identified service gaps -Articulations of service agreement -Funding -Evaluation of the agreement Dates: October 2002 - January 2003. Partners: RIDE-Secondary Transition Coordinator, RI Transition Council	RIDE Personnel Partner Agency Personnel	None anticipated	Oversight of the outcome measurement system will be facilitated by the RI Transition Council.	For all actions, reports to SEAC and the RI Transition Council for comments and suggestions. Review policy recommendations with SEAC as they emerge.

Activities to Implement Strategies: (1) Activities, (2) Beginning & Ending Dates, & (3) Responsible Parties	**Resource Allocation**	**Part B/Part C Interface**	**Strategy Evaluation & Reporting**	**Interface with SEAC, ICC or Related Groups**
5.A.2. The RI Transition Council will propose recommendations to the current agreements and guide necessary revisions. Dates: January 2003 - December 2004. Partners: RIDE-Secondary Transition Coordinator, RI Transition Council	RIDE Personnel Partner Agency Personnel	None anticipated		
5.A.3. All new cooperative agreements negotiated after July 2002 will contain the criteria in #1. Dates: October 2002- ongoing. Partners: RIDE-Secondary Transition Coordinator, RI Transition Council	RIDE Personnel Partner Agency Personnel	None anticipated		

Improvement Strategy(ies):

5.B. The RI Transition Council will establish a protocol for identifying service gaps and the means to address the gaps through interagency articulations.

State Agency Primary Contact Person(s): RIDE, OSN Part B Personnel, Regional Transition Centers

Activities to Implement Strategies: (1) Activities, (2) Beginning & Ending Dates, & (3) Responsible Parties	**Resource Allocation**	**Part B/Part C Interface**	**Strategy Evaluation & Reporting**	**Interface with SEAC, ICC or Related Groups**
5.B.1. The RI Transition Council will establish service gap protocols to include in the RIDE computer based management system [General Supervision Part B Evidence of Change #3] for secondary transition to monitor service gaps. Dates: July 2002- July 2003. Partners: RIDE-Secondary Transition Coordinator, RI Transition Council, RIDE- School Support Coordinator	RIDE Personnel	None Anticipated	Oversight of the outcome measurement system will be facilitated by the RI Transition Council.	For all actions, reports to SEAC and the RI Transition Council for comments and suggestions. Review policy recommendations with SEAC as they emerge.

Activities to Implement Strategies: (1) Activities, (2) Beginning & Ending Dates, & (3) Responsible Parties	**Resource Allocation**	**Part B/Part C Interface**	**Strategy Evaluation & Reporting**	**Interface with SEAC, ICC or Related Groups**
5.B.2. The RI Transition Council will develop necessary cooperative agreements based on the data reported in the RIDE computer based management system [General Supervision Part B Evidence of Change #3]. **Dates:** July 2004 - ongoing. **Partners:** RIDE-Secondary Transition Coordinator, RI Transition Council, RIDE- School Support Coordinator	RIDE Personnel Partner Agency Personnel	None Anticipated		

Desired Outcome Statement(s):

All youth with disabilities will have improved life outcomes in the areas of education, employment and independent living.

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Baseline:

6.1. There is currently no formal data on the participation and active involvement of students with disabilities in transition planning, (source: RIDE)

Evidence of Change:

6. Students with disabilities are prepared, supported and actively involved in appropriate transition planning, which includes: student's responsibility and support with follow up, knowledge about their role and options and support with developing self-advocacy skills by June 2007.

Benchmarks:

6.a.1. RIDE will establish indicator data of student involvement in transition planning by September 2003.

6.a.2. RIDE will collect and report indicator data by April 2005.

6.b.1. RIDE will develop interventions based on the data analysis to improve student involvement in transition planning by September 2005.

Improvement Strategy(ies):

6.A. RIDE will develop new protocols for collecting evidence of the participation and active involvement of students with disabilities in transition planning through the computer based data management system, [see General Supervision Part B Evidence of Change #3].

State Agency Primary Contact Person(s): RIDE, OSN Part B Personnel, Regional Transition Centers

Activities to Implement Strategies: (1) Activities, (2) Beginning & Ending Dates, & (3) Responsible Parties	**Resource Allocation**	**Part B/Part C Interface**	**Strategy Evaluation & Reporting**	**Interface with SEAC, ICC or Related Groups**
6.A.1. RIDE will research and develop protocols for collecting and analyzing evidence of the participation and active involvement of students with disabilities in transition planning including record reviews, student interviews, parent interviews and observation. Dates: July 2002 - July 2003. Partners: RIDE-Secondary Transition Coordinator, RIDE-School Support Coordinator, RI Transition Council, RIPIN- Transition Resource Parents, IEP Network, Regional Transition Advisory Committees	RIDE Personnel $20,000 (1 yr. Consultant) or merge with existing contract(s)	None	Oversight of the outcome measurement system will be facilitated by the RI Transition Council.	For all actions, reports to SEAC and the RI Transition Council for comments and suggestions. Review policy recommendations with SEAC as they emerge.

Activities to Implement Strategies: (1) Activities, (2) Beginning & Ending Dates, & (3) Responsible Parties	**Resource Allocation**	**Part B/Part C Interface**	**Strategy Evaluation & Reporting**	**Interface with SEAC, ICC or Related Groups**
6.A.2. RIDE will merge protocols into the computer based data management system, [see General Supervision Part B Evidence of Change #3] and the School Support System. Dates:July 2003 - ongoing. Partners:RIDE-Secondary Transition Coordinator, RIDE- School Support Coordinator, RI Transition Council RIPIN- Transition Resource Parents IEP Network, Regional Transition Advisory Committees	RIDE Personnel	None		

Improvement Strategy(ies):

6.B. RIDE will develop and disseminate effective strategies for the participation and active involvement of students with disabilities in transition planning.

State Agency Primary Contact Person(s): RIDE, OSN Part B Personnel, Regional Transition Centers

Activities to Implement Strategies: (1) Activities, (2) Beginning & Ending Dates, & (3) Responsible Parties	**Resource Allocation**	**Part B/Part C Interface**	**Strategy Evaluation & Reporting**	**Interface with SEAC, ICC or Related Groups**
6.B.1. Based on data reported in first year's data set (July 2004) RIDE will establish improvement targets. Dates: July 2004 - ongoing. Partners: RIDE-Secondary Transition Coordinator, RIDE-School Support Coordinator, RI Transition Council, RIPIN- Transition Resource Parents, IEP Network, Regional Transition Advisory Committees	RIDE Personnel Partner Agency Personnel	None	Oversight of the outcome measurement system will be facilitated by the RI Transition Council.	For all actions, reports to SEAC and the RI Transition Council for comments and suggestions. Review policy recommendations with SEAC as they emerge.

Activities to Implement Strategies: (1) Activities, (2) Beginning & Ending Dates, & (3) Responsible Parties	**Resource Allocation**	**Part B/Part C Interface**	**Strategy Evaluation & Reporting**	**Interface with SEAC, ICC or Related Groups**
6.B.2. RIDE will develop and implement capacity building strategies to improve the participation and active involvement of students with disabilities in transition planning. Dates: July 2004 - ongoing. Partners: RIDE-Secondary Transition Coordinator, RIDE-School Support Coordinator, RI Transition Council, RIPIN- Transition Resource Parents, IEP Network, Regional Transition Advisory Committees	RIDE PersonnelPartner Agency Personnel $20,000 (Consultant for training) or amendment to existing contracts	None		

Desired Outcome Statement(s):

All youth with disabilities will have improved life outcomes in the areas of education, employment and independent living.
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Baseline:

7.1. There is currently no formal data on the participation of students with disabilities in meaningful career/vocational assessment, (source: RIDE).

Evidence of Change:

7. Students with disabilities will have meaningful career/vocational assessment that informs transition planning by June 2007.

Benchmarks:

7.a.1. RIDE will establish indicator data of student participation in meaningful career/vocational assessment by December 2003.
7.a.2. LEAs will report the annual participation data of students in vocational assessment by June 2005.
7.a.3. RIDE will collect and report indicator data by January 2005.

7.b.1. RIDE will develop interventions based on the data to assist student participation in meaningful career/vocational assessment by April 2005.

Improvement Strategy(ies):

7.A. RIDE will develop new protocols for collecting evidence of student participation in meaningful career/vocational assessment that informs transition planning through the computer based data management system, [see General Supervision Part B Evidence of Change #3].

State Agency Primary Contact Person(s): RIDE, OSN Part B Personnel, Regional Transition Centers

Activities to Implement Strategies: (1) Activities, (2) Beginning & Ending Dates, & (3) Responsible Parties	**Resource Allocation**	**Part B/Part C Interface**	**Strategy Evaluation & Reporting**	**Interface with SEAC, ICC or Related Groups**
7.A.1. RIDE will research and develop protocols for collecting and analyzing evidence of the participation of students in meaningful career/vocational assessment that informs transition planning including record reviews, student interviews, parent interviews and observation. Dates: July 2002- July 2003. Partners: RIDE-Secondary Transition Coordinator, RIDE-School Support Coordinator, RI Transition Council RIPIN-Transition Resource Parents IEP Network, Regional Transition Advisory Committees	RIDE Personnel $20,000 (1 yr. Consultant) or merge with existing contract(s)	None	Oversight of the outcome measurement system will be facilitated by the RI Transition Council.	For all actions, reports to SEAC and the RI Transition Council for comments and suggestions. Review policy recommendations with SEAC as they emerge.

Activities to Implement Strategies: (1) Activities, (2) Beginning & Ending Dates, & (3) Responsible Parties	**Resource Allocation**	**Part B/Part C Interface**	**Strategy Evaluation & Reporting**	**Interface with SEAC, ICC or Related Groups**
7.A.2. RIDE will merge protocols into the computer based data management system, [see General Supervision Part B Evidence of Change #3] and the School Support System. Dates: July 2003 - ongoing. Partners: RIDE-Secondary Transition Coordinator, RIDE- School Support Coordinator, RI Transition Council RIPIN- Transition Resource Parents IEP Network, Regional Transition Advisory Committees	RIDE Personnel	None		

Improvement Strategy(ies):

7.B. RIDE will develop and disseminate effective strategies for the participation of students in meaningful career/vocational assessment that informs transition planning.

State Agency Primary Contact Person(s): RIDE, OSN Part B Personnel, Regional Transition Centers

Activities to Implement Strategies: (1) Activities, (2) Beginning & Ending Dates, & (3) Responsible Parties	**Resource Allocation**	**Part B/Part C Interface**	**Strategy Evaluation & Reporting**	**Interface with SEAC, ICC or Related Groups**
7.B.1. Based on data reported in first year's data set (July 2004) RIDE will establish improvement targets. Dates: July 2004- ongoing. Partners: RIDE-Secondary Transition Coordinator, RIDE- School Support Coordinator, RI Transition Council RIPIN - Transition Resource Parents IEP Network, Regional Transition Advisory Committees	RIDE Personnel Partner Agency Personnel	None	Oversight of the outcome measurement system will be facilitated by the RI Transition Council.	For all actions, reports to SEAC and the RI Transition Council for comments and suggestions. Review policy recommendations with SEAC as they emerge.

Activities to Implement Strategies: (1) Activities, (2) Beginning & Ending Dates, & (3) Responsible Parties	**Resource Allocation**	**Part B/Part C Interface**	**Strategy Evaluation & Reporting**	**Interface with SEAC, ICC or Related Groups**
7.B.2. RIDE will develop and implement capacity building strategies to improve the participation of students in meaningful career/vocational assessment that informs transition planning. Dates: July 2004- ongoing. Partners: RIDE-Secondary Transition Coordinator, RIDE- School Support Coordinator, RI Transition Council RIPIN - Transition Resource Parents IEP Network, Regional Transition Advisory Committees	RIDE Personnel Partner Agency Personnel $20,000 (Consultant for training) or amendment to existing contracts	None		

FAMILY PARTNERSHIPS

RHODE ISLAND STATE IMPROVEMENT PLAN: FAMILY PARTNERSHIPS - PART C

Desired Outcome:

Families are partners in the design and delivery of services needed to support their child's development and learning. Outcomes for all children are enhanced by the participation of families in all levels of decision-making (individual, system, and policy).

Baseline:

1.1. Part C establishes Parent Consultant program to reflect the assumption that program quality will be enhanced by knowledgeable consumers.
1.2. Parent Consultant for Quality Assurance and Training hired to be part of EI Training Center Parent/ Professional partnership.
1.3. Currently, no statewide information packets.
1.4. Information regarding EI does not emphasize the family-centered and natural learning opportunities philosophy.
1.5. Based on the Family Satisfaction Survey, overall satisfaction rate is:
60% - Excellent
25% - Very Good

Current Family Satisfaction Survey is not tied to performance criteria.

1.6. 62% of families are aware of next steps in the event of an issue with their EI services (Family Satisfaction Survey, 2001)

Evidence of Change:

1. Families are knowledgeable about what constitutes quality Early Intervention services.

Benchmarks:

1.a. All families receiving services in EI are provided with meaningful information regarding family-centered practice, procedural safeguards and the role of parents and professionals in maximizing natural learning opportunities together. Information will be available in a variety of formats (written, presentations, one on one contacts through RIPIN). September 2003 and ongoing

Improvement Strategy(ies):

1.A. All materials available to families regarding EI will be reviewed, revised and made available to families in a variety of languages and formats.

State Agency Primary Contact Person(s): Client Service Coordinator, RIPIN

Activities to Implement Strategies:	Resource Allocation	Part B/Part C Interface	Strategy Evaluation & Reporting	Interface with SEAC, ICC or Related Groups
1.1. Written Public Awareness Materials for Outreach to Families will be reviewed and revised. Present to September 2002 - HEALTH staff, parent representatives, Policy Studies Institute (Publicity Consulting Firm) 1.2. Written Materials regarding procedural safeguards will be reviewed and revised. Present to September 2002 - HEALTH staff, parent representatives, Policy Studies Institute (Publicity Consulting Firm)	Part C and State Funds & Staff	Copies of materials provided to Part B Part B staff invited to attend workshops	Materials reviewed by focus groups comprised of parents Final materials available for public review Course Evaluations Workshop Evaluations Family Survey	Materials presented to ICC Report to ICC# of workshops and results of evaluations Results reported to ICC January 2004 and annually thereafter

Activities to Implement Strategies:	Resource Allocation	Part B/Part C Interface	Strategy Evaluation & Reporting	Interface with SEAC, ICC or Related Groups
1.3. Statewide Intake and accompanying resource materials will be developed and used by all EI providers. Information will include the Central Directory and a Parent's Guide to EI. The Parent's Guide will outline family-centered services, family involvement, participation in the IFSP process, and maximizing natural learning opportunities. January 2003 to January 2004 - HEALTH staff, parent representatives 1.4. Training in Introduction to EI course for EI staff will include information regarding family-centered services, family involvement, and maximizing natural learning opportunities so that the information in the Intake Packet is supported verbally by service coordinators at Intake. January 2003 to January 2004 - HEALTH staff, parent representatives, Training Center				

Activities to Implement Strategies:	Resource Allocation	Part B/Part C Interface	Strategy Evaluation & Reporting	Interface with SEAC, ICC or Related Groups
1.5. Family Workshops to include "Basic Rights in EI, Orientation To EI, Accessing Community Supports and Options for Medical Assistance" will be developed or revised as needed and offered to parents and caregivers in a variety of languages. Present to January 2004 - Health, RIPIN 1.6. Family Satisfaction Survey to be revised to 1) include quality indicators so that families will be able to assess the extent to which their services are family centered and use natural learning opportunities. 2) obtain information regarding family understanding of Procedural Safeguards. Present to January 2004 - Health, RIPIN				

Desired Outcome:

Families are partners in the design and delivery of services needed to support their child's development and learning. Outcomes for all children are enhanced by the participation of families in all levels of decision-making (individual, system, and policy).

Baseline:

2.1. Current Family Satisfaction Survey utilizes satisfaction scale but is not tied to performance criteria.
2.2. All new EI staff are required to attend the HDF-298, "Introduction to Early Intervention," but no follow up on how staff are utilizing the information given on family-centered practices.
2.3. Family Satisfaction Survey:
74% of families said they were actively involved in the development of their IFSP.
83% said their families needs and concerns were addressed in the development of the IFSP.
2.4. No baseline data
2.5. A consultant who is a father who actively participated in EI and was hired via the Parent Consultant contractor (RIPIN)
2.6. Regular "Father's Group" is occurring in two EI provider sites.
2.7. No data on fathers/males attending IFSPs or any other training.

Evidence of Change:

2. All families in EI are partners participating in the design of their family's IFSP and in the delivery of services utilizing natural learning opportunities.

Benchmarks:

2.a. 90% of families will be knowledgeable about how they can participate in the IFSP. (November 2005)
2.b. 90% of families will report that they are actively involved with every EI service/visit provided and that they use what is learned between service/visits. (March 2006)
2.c. Participation of fathers or male caregivers will increase in the initial IFSP and in workshops, and will increase by 3% annually. (January 2004, ongoing)
2.d. IFSP strategies reflect increase of involvement of family and community caregivers in utilizing natural learning opportunities to address child developmental outcomes by 10% annually each year for three years (1/05, 1/06,1/07)

Improvement Strategy(ies):

2.A. Written materials for families and providers, training to providers, family workshops and monitoring procedures will consistently support family involvement in IFSP development and service delivery.

State Agency Primary Contact Person(s): RIPIN, Client Service Coordinator

Activities to Implement Strategies:	Resource Allocation	Part B/Part C Interface	Strategy Evaluation & Reporting	Interface with SEAC, ICC or Related Groups
2.A.1. All written materials, training and workshops described in the action plans for this cluster area and the CSPD cluster area will be reviewed for consistency in the presentation of the concept and implementation of Family Involvement. Present and ongoing - HEALTH, RIPIN, Parent representatives, and URI Training Center 2.A.2. Operational and Certification Standards will reflect and support commitment to family involvement. Present to December 2002 – HEALTH	Part C and State Funds & Staff	N/A	Training leadership group (consisting of parents, experienced clinicians, HEALTH representative, RIPIN representative, URI representative will meet and reach consensus regarding consistency and recommend revisions as needed Operational and Certification Standards are available for public review Data summarized and available for review Family Satisfaction Survey Quality Assurance Records	Operational and Certification Standards are available for ICC review and feedback Data summarized and available for ICC review Data summarized and available for ICC review

Activities to Implement Strategies:	Resource Allocation	Part B/Part C Interface	Strategy Evaluation & Reporting	Interface with SEAC, ICC or Related Groups
2.A.3. Methods for evaluation of Family Involvement will be delineated and include: • Revision of Family Satisfaction Survey to assess family satisfaction with their level of participation in the IFSP and services, as well as confidence in supporting their child's development through natural learning opportunities • Revision of the record review process to include an assessment of family involvement in the development of IFSP goals and the implementation of strategies to enhance child development. Record review will also track who participated in the IFSP with particular attention to the participation of fathers and community representatives. • Baseline data will be obtained and summarized annually January 2003 to January 2004 - HEALTH, RIPIN				

Activities to Implement Strategies:	Resource Allocation	Part B/Part C Interface	Strategy Evaluation & Reporting	Interface with SEAC, ICC or Related Groups
2.A.4. Data regarding Family Involvement is incorporated into the Quality Assurance Procedure. Present and on going - HEALTH				

Improvement Strategy(ies):

2.B. A special emphasis on outreach to fathers and other under represented caregivers will occur through training and workshops.

State agency Primary Contact Person(s): Client Service Coordinator, RIPIN

Activities to Implement Strategies:	Resource Allocation	Part B/Part C Interface	Strategy Evaluation & Reporting	Interface with SEAC, ICC or Related Groups
2.B.1. A baseline of participation of fathers/male caregivers and other under represented caregivers in IFSP development and family workshops will be established. January 2003 to January 2004 - HEALTH, RIPIN 2.B.2. A workgroup to look at increased participation of fathers/ male caretakers and other under represented caregivers. January 2003 to January 2004 - HEALTH, RIPIN 2.B.3. Funding to establish support groups and present workshops specifically for fathers and other under represented caregivers will be available. Present and ongoing - Part C coordinator	Part C and State Funds & Staff	Information shared with Part B staff	Baseline data summarized and available for review Workgroup minutes will be recorded and available for review Budget Information	Baseline data summarized and available for review ICC membership invited to participate in workgroup Report to ICC

Desired Outcome:

Families are partners in the design and delivery of services needed to support their child's development and learning. Outcomes for all children are enhanced by the participation of families in all levels of decision-making (individual, system, and policy).

Baseline:

3.1. EI Central Directory available for families in English and Spanish.
3.2. No data on whom or how many families receive the Central Directory.
3.3. Family Satisfaction Survey:
92% of families said EI services are respectful of family's choices, race, religion and life experiences.
3.4. No other specific baseline data available.

Evidence of Change:

3. Families reflecting the diverse population of EI have knowledge of EI, are accessing the services and supports they need and are fully involved in the design and delivery of such services.

Benchmarks:

3.a. By July 2007, families will have equal access to services, and there is no difference among various cultural, economic, and linguistic groups. Demographic information should match RI demographics (race, poverty, education).

Improvement Strategy(ies):

3.A. Written materials, training, family workshops and statewide policy will reflect a commitment to providing culturally competent/sensitive services to all EI families

State Agency Primary Contact Person(s): Client Service Coordinator, RIPIN

Activities to Implement Strategies:	Resource Allocation	Part B/Part C Interface	Strategy Evaluation & Reporting	Interface with SEAC, ICC or Related Groups
3.A.1. All written materials designed for families including the IFSP, and Central Directory will be designed to reach families with varying literacy levels and are available in multiple languages and formats. Alternative to written presentation of materials will be explored. Present to January 2004, ongoing - HEALTH 3.A.2. All training and workshops described in the action plans for this cluster area and the CSPD cluster area will be reviewed for cultural competence. Present to January 2004 - RIPIN	Part C and State Funds & Staff	Information shared with Part B staff	Materials available for review Baseline participation of non-English speaking families in family workshops will be obtained and will increasingly match the appropriate proportion of the population. Demographic information regarding the Parent consultant cohort will be available for review Quality Assurance Records	Materials available for review Report to the ICC Demographic information regarding the Parent consultant cohort will be available for review

Activities to Implement Strategies:	Resource Allocation	Part B/Part C Interface	Strategy Evaluation & Reporting	Interface with SEAC, ICC or Related Groups
3.A.3. Parent Consultants available as supports to families will reflect the diverse population of EI based on demographic data. Present and ongoing – RIPIN 3.A.4. Information regarding participation in EI, access to services and involvement in the design and delivery of services will be analyzed across linguistically, culturally, racially different populations as part of Quality Assurance. Differences in these areas will be addressed through the Quality Assurance Procedures. Present to January 2004 - HEALTH				

Desired Outcome:

Families are partners in the design and delivery of services needed to support their child's development and learning. Outcomes for all children are enhanced by the participation of families in all levels of decision-making (individual, system, and policy).

Baseline:

4.1. Family Satisfaction Survey:
78% of families were given the opportunity to meet with a Parent Consultant.
69% of families indicated that they did not take the opportunity to meet with a Parent Consultant

Evidence of Change:

4. All families will have opportunities for family-to-family support.

Benchmarks:

4.a. Through the Parent Consultant Program, 93 % of families will have the opportunity for parent-to-parent support, even when services are provided in natural environments. (January 2006)
January 2003 – 82%
January 2004 – 86%
January 2005 – 89%
January 2006 - 93%

4.b. There will be an increase in the percentage of families who participate in one or more family support opportunities.

Improvement Strategy(ies):

4.A. With EI Providers, Parent Consultants in each EI program will provide and/or organize a variety of family-to-family contact opportunities to ensure that parents have access to the information and support they need for active participation in decision-making.

State Agency Primary Contact Person(s): RIPIN, Client Service Coordinator

Activities to Implement Strategies:	Resource Allocation	Part B/Part C Interface	Strategy Evaluation & Reporting	Interface with SEAC, ICC or Related Groups
4.A.1. The importance of family-to-family support will be delineated and supported in HEALTH's Certification and Operational Standards. September 2002 HEALTH. 4.A.2. Parent Consultants from diverse backgrounds will be hired to work with each EI provider agency. September 2002 and ongoing RIPIN	Part C and State Funds & Staff	Training will be open to Part B personnel and families as appropriate	Certification and Operational Standards available for review Composition of Parent Consultant cohort will be tracked and available for review Participation in training tracked. Family and Program Satisfaction with the Parent Consultant Program collected Parent Consultant service data will be entered and fully integrated into the EIMIS. Distribution of newsletter will be documented	Certification and Operational Standards available for review and feedback Report to the ICC

Activities to Implement Strategies:	Resource Allocation	Part B/Part C Interface	Strategy Evaluation & Reporting	Interface with SEAC, ICC or Related Groups
4.A.3. Parent Consultants will participate in culturally respectful training and supervision to assist them in developing the skills and knowledge to act as effective supports to other families. Such training will include participation in the Introduction to Early Intervention course with other providers of EI services as well as training regarding the Surrogate Parent Program, Transition and Options for Medical Assistance. Parent Consultants will be invited to participate in all training available to other EI service providers. April 2002 and ongoing RIPIN, HEALTH, URI Training Center 4.A.4. Parent Consultants will be available to support families using a variety of methods. Methods will include but are not limited to one to one support, parent workshops and the statewide EI newsletter written by and for parents. September 2002 and ongoing, data entered into EIMIS as of January 2003 RIPIN, all Parent Consultants			Program Satisfaction (through participation in performance reviews) with the Parent Consultant Program collected Number of trainings provided by Parent Consultant Program for other EI providers will be tracked Course evaluations Utilization of parent consultants through EIMIS Family Satisfaction Survey	

Activities to Implement Strategies:	Resource Allocation	Part B/Part C Interface	Strategy Evaluation & Reporting	Interface with SEAC, ICC or Related Groups
4.A.5. Parent Consultants will act as consultants regarding family involvement (e.g., getting and keeping families involved in EI and EI service delivery) to each EI provider agency. April 2001 and ongoing RIPIN, all Parent Consultants 4.A.6. EI Providers will be trained on the Parent Consultant Program and how to effectively utilize parent consultant services through the Introduction to Early Intervention course, the Supervision course and presentations to EI provider agencies. September 2002 and ongoing - RIPIN, URI Training Center 4.A.7. RIPIN with EI Provider Agencies will develop a reliable system to ensure that families have the opportunity to meet with Parent Consultants at the earliest possible opportunity. The effectiveness of including written information regarding the Parent Consultant program in intake materials, the Central Directory, and The Parent's Guide to EI will be explored. Present to December 2003 - RIPIN, EI Provider Agencies				

Desired Outcome:

Families are partners in the design and delivery of services needed to support their child's development and learning. Outcomes for all children are enhanced by the participation of families in all levels of decision-making (individual, system, and policy).

Baseline:

5.1. No baseline data

Evidence of Change:

5. Family members (including but not exclusively parent consultants) reflecting the diversity of families in EI represent families in state and local planning as they participate in decision making, training, and system change activities.

Benchmarks:

5.a. From baseline data, increase parent involvement in state and local planning by 2% each year. (starting February 2003-2007)

Improvement Strategy(ies):
5.A. Families will be invited to participate in state and local planning. Barriers to participation will be identified and strategies for overcoming barriers will be developed.

State Agency Primary Contact Person(s): RIPIN, Client Service Coordinator

Activities to Implement Strategies:	Resource Allocation	Part B/Part C Interface	Strategy Evaluation & Reporting	Interface with SEAC, ICC or Related Groups
5.A.1. HEALTH's Commitment to family involvement at all levels of training decision making will be delineated in the Certification and Operational Standards. September 2002 - HEALTH 5.A.2. Parents other than Parent Consultants will be invited to participate in state and local planning through the EI newsletter, the family satisfaction survey and personal contact by Parent Consultants and service coordinators. June 2003 and ongoing -RIPIN, EI provider Agencies 5.A.3. Parents will participate in planning and decision-making at the local and state level through membership in the ICC, ICC subcommittees, work groups, training groups. April 2001 and ongoing - HEALTH, EI providers, RIPIN	Part C and State Funds & Staff	Parents will participate in Part B and C collaborative efforts EI presentations to Part B will use a parent/ professional training model Collaborative efforts to identify and address barriers will be explored.	Certification and Operational Standards available for review Baseline data on the participation of parents who are not parent consultants in training and policy development will be collected. Increases in such participation will be monitored Summary of Parent membership maintained	Certification and Operational Standards available for review and feedback Report to ICC Participation of ICC membership and Report to ICC

Activities to Implement Strategies:	Resource Allocation	Part B/Part C Interface	Strategy Evaluation & Reporting	Interface with SEAC, ICC or Related Groups
5.A.4. Parent/professional training teams will model parent/professional partnerships. June 2003 - RIPIN, URI Training Center 5.A.5. Barriers to participation in planning and training will be identified and strategies to address barriers will be identified. The use of the family survey to identify barriers will be explored. December 2003 and ongoing - RIPIN, HEALTH 5.A.6. Parents will be fully integrated into Quality Assurance Activities through the Family Satisfaction Survey, parent consultant participation in Record Review and technical assistance from the Parent Consultant Program as needed to address areas of concern within EI Provider Agencies. March 2003 and ongoing - RIPIN, HEALTH				

RHODE ISLAND STATE IMPROVEMENT PLAN: FAMILY PARTNERSHIPS - PART B

Desired Outcome:

Families are partners in the design and delivery of services to support their child's development and learning. Outcomes for all children are enhanced by the participation of families in all levels of decision-making (individual, systems, and policy)

Baseline:

1.1. State and Local Committees membership lists, guidelines for membership, meeting agendas, and meeting minutes.
1.2. SALT Parent Survey Results are a strong and rich source of data. Responses of Parents of students with disabilities are not reported separately.
1.3. School Support System visits provide a stratified random source of information and include local advisory committee information and parent interviews and surveys.
1.4. Data demonstrates that families are invited and participate in developing policies at the state and local level, but doesn't describe coordination with other family initiatives, diversity, ethnicity and geographic information of those families participating.

Evidence of Change:

1. Parents participate in the development of educational policies at the state and local level.

Benchmarks:

1.a. By June 2003 the RI SEAC will utilize data from the RI CIMP, the SSS District Reports, SALT, and student performance data especially indicators from the RI Biennial Performance Report to address the unmet needs of students with disabilities. (state)
1.b. By September 2004 each LEA has an established, active LAC. (local)
1.c. By September 2004 each LAC has established a system for communicating with School District Strategic Planning Teams and School Improvement Teams.
1.d. By June 2004 RIDE has established Family Policies and Practices, which incorporate Family Centered Protocols. (local)
1.e. By September 2004 PD is facilitated at the state and local level on Family Policies and Practices. (state and local)

Improvement Strategy:

1.A. The RIDE in collaboration with the RI SEAC, the LAC, Family Organizations, representatives of culturally and linguistically diverse populations and others will create specific activities that address students with disabilities and engage in professional development activities that promote awareness and understanding of student outcomes to engage in policy guidance regarding the unmet needs of students with disabilities at the state and local level.

State Agency Primary Contact Person(s): Family and Community Liaison

Activities to Implement Strategies:	Resource Allocation	Part B/Part C Interface	Strategy Evaluation & Reporting	Interface with SEAC, ICC or Related Groups
1. A.1. The RI SEAC will review the progress and activities of the CIMP. The committee will be provided by OSN with monthly reports to review and make recommendations for continued improvement planning annually. This information will be incorporated in the RI SEAC Annual Report. June 2003	RI SEAC Budget	OSN/DOH will meet biannually	Sub-committees are established and individual findings are embedded in the RI SEAC Annual Report and available to the public.	ICC, RI SEAC Member Liaisons report to the larger committee. In addition a joint meeting of the RI SEAC and the ICC will be held annually.

Activities to Implement Strategies:	Resource Allocation	Part B/Part C Interface	Strategy Evaluation & Reporting	Interface with SEAC, ICC or Related Groups
1.A.2. The RI SEAC will participate in and review the School Support System (SSS) district visits and reports. The committee will be provided quarterly reports to review and comment annually regarding the unmet needs of students with disabilities. This information will be incorporated in the RI SEAC Annual Report. June 2003	OSN Staff			
1.A.3. RIDE/OSN will provide the related data quarterly for RI SEAC review and comment. June 2003	OSN Staff			
1.A.4. Professional Development on SALT related data (Parent Survey Results) and other related data will be presented at the RI SEAC meeting annually for review and comment. June 2003	OSN Staff			
1.A.5. The RI SEAC will develop an annual report to respond publicly regarding the committee activities, their findings and recommendations addressing the unmet needs of students with disabilities. June 2003	RIDE/OSN Staff	Provide Part C staff with the RI SEAC Annual Report.		

Activities to Implement Strategies:	Resource Allocation	Part B/Part C Interface	Strategy Evaluation & Reporting	Interface with SEAC, ICC or Related Groups
1.B.1. OSN will facilitate an annual needs assessment with each of the LEA Special Education Administrators and the Chairpersons of the district LAC to address the status of their district LAC. Follow up and technical assistance will be provided to the district to assure successful implementation and facilitation of the LAC. September 2004	RI SEAC Budget OSN Staff	NA	LAC are established in Each LEA	Findings will be shared with Related Groups to coordinate support and technical assistance.
1. C.1. OSN will provide guidance and technical assistance to each LEA Special Education Administrator in collaboration with the LAC to encourage the creation of an information system with the District Strategic Planning Teams and the School Improvement Teams to be informed and or participate in Team activities and initiatives. September 2004	OSN Staff assistance and support.	NA	Each LAC has established a communication system with their District Strategic Planning Team and School Improvement Team.	NA

Activities to Implement Strategies:	Resource Allocation	Part B/Part C Interface	Strategy Evaluation & Reporting	Interface with SEAC, ICC or Related Groups
1.D.1. RIDE/OSN in collaboration with the Coalition for Family Support and Involvement, RI SEAC, Family Organizations, Educators and others will facilitate a work group to review current RIDE related Family Policies and Practices (the All KIDS, ALL SCHOOLS, Rhode Island Comprehensive Education Strategy-Community and Family Involvement, Title 1, PTA National Standards the Family School Compact and others), and provide guidance to RIDE as it relates to Family Centered Practices. June 2004	OSN Staff coordination and facilitation in collaboration with the Office of Integrated social Services (OISS) at RIDE	Collaborative dialogue to	RIDE has Family Policies and Practices, which are Family Centered.	Related groups who are not participating are kept informed. Related groups that are not participating are kept informed.
1.E.1. The Family Policy and Practices work group will work collaboratively with the CSPD efforts to develop and coordinate training, technical assistance and information dissemination for families, educators and administrators regarding the ALL KIDS, ALL SCHOOLS, Rhode Island Comprehensive Education Strategy-Community and Family Involvement. September 2004	OSN Staff coordination and facilitation in collaboration with the OISS at RIDE	Collaborative dialogue to share information and to examine the potential of coordination of training.	Professional Development on Family Policies and Practices is facilitated at the state and local level.	Related groups who are not participating are kept informed.

Desired Outcome:

Families are partners in the design and delivery of services to support their child's development and learning. Outcomes for all children are enhanced by the participation of families in all levels of decision-making (individual, systems, and policy).

Baseline:

2.1. The "equal participants" language is the basis for determining that there are no reliable quantitative or qualitative sources of data available at this time.
2.2. Though Professional development opportunities for families exist, there are no reliable consistent systemic approaches for planning comprehensive, culturally and linguistically appropriate training to occur within the districts and/or statewide related to special education practices, protocols and regulations.
2.3. School Support System Visits, Parent Interviews and surveys.
2.4. Public input underscored the need that information is critical for families to be able to design and develop services for their child.

Evidence of Change:

2. Families of students with disabilities have access to information, training and technical assistance regarding special education regulations, protocols and practices and participate on special education policy related initiatives.

Benchmarks:

2.a. By September 2003 training and technical assistance is provided to LACs that provides the skills and knowledge to address the unmet needs of students with disabilities that is comprehensive, culturally competent and family centered. (state and local)
2.b. By September 2004 LACs are addressing the unmet needs of students by monitoring District Strategic Plans, School Improvement Plans, School Support Plans, SALT, and other related data. (local)
2.c. By September 2005 parents of students with disabilities receive district and school based information regarding special education regulations, protocols and opportunities to participate in school based activities and educational reform initiatives.
2.d. By September 2005 culturally and linguistically diverse parents of students with disabilities have access to language and culturally appropriate information regarding special education regulations, protocols and practices and participate on special education policy related initiatives.

Improvement Strategy:

2.A. The RIDE in collaboration with RIPIN, PSNRI, RI SEAC, the IEP NETWORK and CSPD efforts will facilitate the coordination and provision of technical assistance and professional development to enhance informational decimation and learning opportunities for families.

State Agency Primary Contact Person(s): Family and Community Liaison

Activities to Implement Strategies:	Resource Allocation	Part B/Part C Interface	Strategy Evaluation & Reporting	Interface with SEAC, ICC or Related Groups
2.A.1. RIDE in collaboration with the RIPIN and individual LEAs will develop and facilitate annually a needs assessment analyzing the LAC organizational and professional development needs. September 2003 2.A.2. RIDE in collaboration with the CSPD efforts the RIPIN and other professional development/technical assistance supports will coordinated effective response solutions to meet the identified needs of the LAC including information dissemination, program evaluation and follow up annually. All professional development/technical assistance will be culturally and linguistically appropriate and family centered. September 2003	Part B funding OSN/RIPIN Staff will assist and facilitate support to districts.	Collaborative dialogue to share information and potential coordination of training.	Training and technical assistance is provided to the LAC based on an annual assessment of committee needs.	Findings will be shared with related groups to coordinate support and technical assistance.

Activities to Implement Strategies:	Resource Allocation	Part B/Part C Interface	Strategy Evaluation & Reporting	Interface with SEAC, ICC or Related Groups
2.A.3. In collaboration with the IEP NETWORK professional development/technical assistance will be provided for the LAC members, district families and interested educators. September 2003				
2.B.1. The OSN in collaboration with the RI SEAC will provide guidance and technical support to assist the LACs in monitoring the SSS District Support Plan, the District Strategic Plan and the local School Improvement Plan. Reports to the full committee regarding the unmet needs of students with disabilities will be facilitated annually. September 2004	OSN Staff in collaboration with the RI SEAC will assist and support districts	NA	LACs are publicly commenting on the unmet needs of students with disabilities within their LEAs	Findings shared with related groups and public.

Activities to Implement Strategies:	Resource Allocation	Part B/Part C Interface	Strategy Evaluation & Reporting	Interface with SEAC, ICC or Related Groups
2.C.1. OSN will provide technical assistance to each LEA Special Education Administrator and the LAC in collaboration with the District Principals to develop informational materials for parents of students with disabilities that are school based, culturally and linguistically appropriate and provide opportunity for parent participation in school reform activities. September 2005	OSN Staff will assist and	Information Collaboration	Each school has comprehensive information for parents of students with disabilities.	Materials shared with related groups as appropriate.
2.D.1. The RIDE/OSN will implement a work group comprised of individuals representing culturally and linguistically diverse populations interested in students with disabilities and their families to address the unique special education needs of this student population. September 2005	Part B funding OSN Staff will coordinate and facilitate.	Collaborative dialogue to share information.	Special Education regulations, protocols and practices are linguistically and culturally appropriate.	Information shared with related groups not participating in process.

Desired Outcome:

Families are partners in the design and delivery of services to support their child's development and learning. Outcomes for all children are enhanced by the participation of families in all levels of decision-making (individual, systems, and policy).

Baseline:

3.1. There is no current data system that reports equal participation by parents in the design and development of their child's special education and related services.
3.2. SALT survey data reported is not disaggregated by response from families of students with disabilities.
3.3. Data demonstrates that families are invited and participate in developing policies at the state level, but data does not include diversity, geographic information, ethnicity and disability specific information.

Evidence of Change:

3. A comprehensive data collection system is in place to track parent participation in education policy development and "equal" participation in the design and planning of their child's service plan.

Benchmarks:

3.a. By September 2005 data is available to report the numbers of parents participating in their child's IEP.
3.b. By September 2005 data is available to report the numbers of parents participating in special education policy related activities.

Improvement Strategy:

3.A. The RIDE MIS will expand its current special education census database by creating a category to identify parent participation at the Team Meeting and the IEP meeting. In addition RIDE MIS will investigate a process of collecting parent participation data across department activities, ie. SALT, District Strategic Planning Teams, School Improvement Teams Advisory Committees and study groups etc., which include specific demographics related to overall diversity and parent participation.

State Agency Primary Contact Person(s): Family and Community Liaison

Activities to Implement Strategies:	Resource Allocation	Part B/Part C Interface	Strategy Evaluation & Reporting	Interface with SEAC, ICC or Related Groups
3.A.1. RIDE/OSN/MIS will develop an integrated student based data collection system to identify parent participation in the IEP process. September 2005	Personnel from the RIDE, OSN, and MIS.	Collaborative dialogue to share information and to examine the potential of interfacing data systems as appropriate.	Data is available to report the numbers of parents participating in their child's IEP and to what extent they are participating.	All completed reports and web-based information are available to SEAC, ICC, related groups and the general public.
3.A.2. OSN will collaborate with RIPIN, PSNRI, RI SEAC, and the LAC in assessing a sample of parents of children with disabilities to determine the manor and extent to which they participate in the development, implementation and evaluation of their child's IEP. September 2005	OSN Staff will coordinate process and assessment with collaborators.	Collaborative dialogue to share information and potential collaboration.	(same as above)	(same as above)

Activities to Implement Strategies:	Resource Allocation	Part B/Part C Interface	Strategy Evaluation & Reporting	Interface with SEAC, ICC or Related Groups
3.B.1. RIDE/OSN/MIS will design a process for collecting SALT data related to the Parent Survey Results data that disaggregates parents of students with disabilities. September 2005	Personnel from the RIDE, OSN, and MIS.	NA	Data is available describing how parents are participating in their child's education and in the overall school reform efforts at the state and local level	All completed reports and web-based information will be made available to SEAC, ICC, related groups and the general public.
3.C.1. RIDE/OSN/MIS will design a process for collecting parent participation data on the District Strategic Planning Teams, School Improvement Teams that disaggregates parents of students with disabilities. September 2005	Personnel from the RIDE, OSN, and MIS.	Collaborative dialogue to share information and to examine the potential of interfacing data systems as appropriate.	(same as above)	(same as above)

RHODE ISLAND STATE IMPROVEMENT PLAN: FAMILY PARTNERSHIPS - PART C/PART B ISSUES

Desired Outcome:

Families are partners in the design and delivery of services needed to support their child's development and learning. Outcomes for all children are enhanced by the participation of families in all levels of decision-making (individual, system, policy).

Baseline:

1.1. Currently, families in Early Intervention have the opportunity to attend workshops/trainings on "Transition from EI," "IEP,""Basic Rights in Special Education."
1.2. If families can't attend the workshops, there is an opportunity for family-to-family support in the transition process.
1.3. Data exists on how many families attend these workshops, but it is unclear who and how many are *not* attending.
1.4. Information on transition and special education is available in written English only.
1.5. RI. Regulations are available in written English only.
1.6. Parents' Guide to Special Education is written in English only.
1.7. There are some agencies that can connect families and mentors, but together they are not coordinated, and there are not enough "mentors" to serve all families, if they choose.
1.8. No baseline data available on participation levels in Part C and in Part B.

Evidence of Change:

1. All families transitioning out of Early Intervention will have the necessary knowledge, skills, and resources to navigate the special education system and the community programs/resources to ensure a seamless system of services for their child and family.

Benchmarks:

1.a. Establish a statewide data system to track families transitioning from EI. (March 2004)
1.b. Families are consistently provided with resources in their community. Collect data on resources. (March 2003)
1.c. Every family transitioning from EI will have an individual transition support plan and families are connected with the appropriate service and/or resource including Part B, 504, Head Start and other places where young children without disabilities spend time. (January 2004)
1.d. All families are provided with opportunities for skill development on how they can fully and actively participate in the special education system and the development of their child's IEP. Collect data from survey on opportunities. (April 2004)
1.e. Data will be collected to establish baseline data on all above to determine that there is no difference in participation levels among families with cultural, linguistic, and socioeconomic backgrounds. (January 2005)

Improvement Strategy(ies):
1.A. The RI SEAC and the ICC membership will develop a process for communicating, and create a liaison position within their memberships to participate in respective committee activities.

State Agency Primary Contact Person(s): Special Projects Coordinator Part C and Family and Community Liaison

Activities to Implement Strategies:	Resource Allocation	Part B/Part C Interface	Strategy Evaluation & Reporting	Interface with SEAC, ICC or Related Groups
1. A.1. The RI SEAC and members of the ICC will meet and develop a membership plan to create a liaison position within their committees and address a process for effective communication regarding collaborative efforts including evaluation.	Part B and C Funds DOH and OSN staff	Information collaboration	Member liaisons will report to the larger RI SEAC and ICC	ICC, SEAC member liaisons

Improvement Strategy(ies):

1.B. A Statewide data system to track families transitioning from EI and after will be established. This system will include tracking parents' opportunities to participate fully and actively in the special education process from survey on opportunities for families to participate as well as data to determine that there is no difference in participation levels among families with different cultural, linguistic, and socioeconomic backgrounds. (January 2005)

State Agency Primary Contact Person(s): RIPIN, Client service Coordinator, Family and Community Liaison

Activities to Implement Strategies:	Resource Allocation	Part B/Part C Interface	Strategy Evaluation & Reporting	Interface with SEAC, ICC or Related Groups
1.B.1. Continue to survey Part C families. Present and ongoing – RIPIN 1.B.2. Develop a survey for families in Part B regarding participation, with demographic information included. Establish baseline. Present to January 2005 - Part B staff 1.B. 3. Conduct Part B and C surveys annually. January 2005 and ongoing - Part B/ C staff and RIPIN 1.B.4. Develop a system to compare data collected by Part C with that collected by Part B. Coordinate this information with other data available (i.e. EIMIS). Present to January 2005 - Part B staff, Part C staff, RIPIN staff	Part B and C Funds DOH, OSN, and RIPIN staff	Collaborative dialogue to share information	Survey results Comparative summary integrating B and C survey and other available data	Present to ICC and SEAC for further evaluation and implementation planning.

Improvement Strategy(ies):

1. C. Families are consistently provided with information about resources in their community. This information will be developed in a variety of languages and in a variety of modes so that families of different backgrounds will have the opportunity to access and understand it. Information available to families will include a statewide "Parent's Guide to Transition", "R.I. Special Education Regulations" and the "Parents' Guide to Special Education."

State Agency Primary Contact Person(s): Client Service Coordinator, RIPIN, Family and Community Liaison

Activities to Implement Strategies:	Resource Allocation	Part B/Part C Interface	Strategy Evaluation & Reporting	Interface with SEAC, ICC or Related Groups
1.C.1. Part C will ensure Parent Consultants, as well as other Early Intervention providers and Part B stakeholders, will develop a database of community resources appropriate for preschool children. Present to March 2003 - Parent consultants through RIPIN with input from EI providers, LEAs, state staff and others as appropriate	Part B and C Funds Other funding will be explored DOH, OSN and RIPIN staff	Collaborative dialogue to share information and to examine the potential of coordination of training and resource identification	Information on community resources available for public dissemination. "Parent's Guide to Transition" available for public dissemination. Summary of needs assessment Parent training curriculum Training evaluations	Present to ICC and SEAC for further evaluation and implementation planning.

Activities to Implement Strategies:	Resource Allocation	Part B/Part C Interface	Strategy Evaluation & Reporting	Interface with SEAC, ICC or Related Groups
1.C.2. Needs assessment will be conducted semi-annually to assess what type of training and/or information would be most helpful for families transitioning out of EI. March 2003 to January 2004 and ongoing - Transition Coordinator, Parent consultants through RIPIN with input from EI providers, LEAs, state staff and others as appropriate 1.C.3. Parts C, B and Partners will ensure training on the family's role and options of participation will be available to every family in a way useful and understandable to them. Training opportunities will explore the differences between the Early Intervention (Part C) and the Special Education Systems (Part B) including the development and use of IFSP/IEP, Natural Environments/FAPE, etc. Present and ongoing - Transition Coordinator, Parent Consultants through RIPIN with input from EI providers, LEAs, state staff and others as appropriate				

Activities to Implement Strategies:	Resource Allocation	Part B/Part C Interface	Strategy Evaluation & Reporting	Interface with SEAC, ICC or Related Groups
1.C.4. Parts C and B will ensure families will have a copy of the R.I. Special Education Regulations and the Parents' Guide to Special Education when they transition from EI. All EI providers will have copies of these resources to share with parents. January 2003 - Transition Coordinator 1.C.5. A statewide "Parent's Guide to Transition" will be developed and given to parents at the beginning of the Transition process at 28 months or as soon as possible thereafter. January 2004 - Transition Coordinator, Parent Consultants through RIPIN with input from EI providers, LEAs, state staff and others as appropriate				

Improvement Strategy(ies):

1.D. Parent Consultants, the Local Special Education Advisory Committees (LACs), and the RI Special Education Advisory Committee (RI SEAC) will work together to ensure that families leaving EI have a contact person locally and at the state level.

State Agency Primary Contact Person(s): Client Service Coordinator, RIPIN, Family and Community Liaison

Activities to Implement Strategies:	Resource Allocation	Part B/Part C Interface	Strategy Evaluation & Reporting	Interface with SEAC, ICC or Related Groups
1.D.1. A list of professional contacts at the state and local level will be developed and include preschool coordinators and state staff assigned to districts. This list will be included in the "Parent's Guide to Transition" when it is completed. All EI providers will have this list and provide it to families at the beginning of the transition process. January 2003 - Transition Coordinator 1.D.2. Parts C, B and partners will develop a mentorship program to connect families in Part C with families in the Part B system. This may include participation by LAC membership. January 2004 - Transition Coordinator, Parent Consultants through RIPIN	Part B and C Funds Other funding will be explored DOH, OSN and RIPIN staff	Collaborative dialogue to share information	Materials developed available for review Number of families participating in the mentorship program will be tracked. Usefulness of mentorship program will be rated in the Family surveys.	Present to ICC and SEAC for further evaluation and implementation planning.

APPROPRIATE PARTICIPATION IN NATURAL ENVIRONMENTS

RHODE ISLAND STATE IMPROVEMENT PLAN: APPROPRIATE PARTICIPATION IN NATURAL ENVIRONMENTS - PART C

Desired Outcome:

Developmental and performance outcomes for eligible infants and toddlers with disabilities and their families are enhanced by the provisions of appropriate services and education in settings natural for the child's age and in which children without disabilities participate.

Baseline:

1.1 Lead Agency currently utilizes the federal definition of Natural Environments in certification Standards and monitoring. "Natural Environments" means to the maximum extent appropriate to meet the needs of the child, EI services must be provided in locations, including the home and community settings, in which children without disabilities participate. This also means settings that are natural or normal for the child's age peers who have no disability. However there is inconsistency among providers in the understanding of implementation of the concept of Natural Learning Opportunity within Natural Environments.

1.2 The EIMIS tracks the setting where services are provided. Services provided in natural environments: 73% in 2000

1.3. In 2000, children received services in the following settings:
Home 57.56%
Hospital .12%
Program for typical children 4.5%
Program for EI children 1.83%
Residential Facility .25%
Provider location 24.66%
Other 10.95%

Evidence of Change:

1. Each child and family has an assigned service coordinator who assures that IFSP goals and services enhance child development through the use of natural learning opportunities that are primarily found in home, in community settings and in programs designed for typically developing children.

Benchmarks:

1.a. All early intervention providers will be provided with a clear definition of natural environments, which incorporates the concept of natural learning opportunities as is consistent with current best practice. January 2003.

1.b. The assessment and IFSP process will focus on identifying learning opportunities in natural environments, and delineating strategies using such learning opportunities to obtain functional, family owned goals. Baseline obtained by January 2003, 5% increase each year 2003-2007.

1.c. The percentage of infants and toddlers with disabilities receiving early intervention services in natural environments increases to 90% and justification for services that are not in natural environments will be present in all IFSPs when needed by 2007.

- This percentage increases to 80% by 2003.
- This percentage increases to 82% by 2004.
- This percentage increases to 84% by 2005.
- This percentage increases to 86% by 2006.

1.d. When state monitoring identifies deficiencies regarding services in natural environments, EI providers will develop corrective action plans to define improvement strategies. Implementation and outcomes of strategies will be monitored by HEALTH and progress will be a condition for continued certification. January 2002 (ongoing)

Improvement Strategy(ies):

1.A. A consistent statewide definition of natural environments will be developed and promulgated through statewide policy in both Certification and Operational Standards.

State Agency Primary Contact Person(s): Client Services Coordinator

Activities to Implement Strategies:	Resource Allocation	Part B/Part C Interface	Strategy Evaluation & Reporting	Interface with SEAC, ICC or Related Groups
1.A.1. Review current literature and the definitions of natural environments used by other states Present to July 2002 - Client Services Coordinator, CSPD Coordinator (URI), RIPIN 1.A.2. Obtain input from stakeholders regarding Natural Environments through surveys July 2003 to September 2003 - Client Services Coordinator, CSPD Coordinator (URI), RIPIN	Part C Funds UCMC, "Project of National Significance…" URI Training Center	Information shared in Biannual Part B&C Joint Staff Meeting	Statewide definition and policy will be available for public review Provider Contracts with HEALTH will be based on the Certification Standards Distribution of Operational Standards at Intro to EI course, staff meeting, training on natural environments Review percentage of services in Natural Environments and plan accordingly as stated in Quality Procedures	ICC will provide input into and feedback on Statewide definition of Natural Environments

Activities to Implement Strategies:	Resource Allocation	Part B/Part C Interface	Strategy Evaluation & Reporting	Interface with SEAC, ICC or Related Groups
1.A.3. Revise Operational and Certification Standards with an approved definition of Natural environments and other information obtained through surveys as needed September 2002 to October 2002 - Client Services Coordinator, Quality Assurance Coordinator, Special Project Coordinator 1.A.4.All programs will be provided with the Operational Standards and the certification Standards (which will serve as the basis for contracts with HEALTH) October 2002 to December 2002 – Client Services Coordinator, Quality Assurance Coordinator, Special Project Coordinator 1.A.5. All direct service providers will receive a copy of the revised Operational Standards and will participate in Training on Natural Environments offered in partnership with UCMC, "Project of National Significance…" January 2003 and ongoing - Client Services Coordinator, CSPD Coordinator (URI)				

Improvement Strategy(ies):

1.B. Statewide provider training, monitoring and forms will be reviewed and revised to support the statewide definition and policy on Natural Environments.

State Agency Primary Contact Person(s): Client Services Coordinator, Quality Assurance Coordinator

Activities to Implement Strategies:	Resource Allocation	Part B/Part C Interface	Strategy Evaluation & Reporting	Interface with SEAC, ICC or Related Groups
1.B.1. HEALTH staff will participate in the University of Connecticut's Project of National Significance on Enhancing Learning Opportunities. Plan statewide training around natural environments and natural learning opportunities in conjunction with Project. Present to September 2002 - Client Services Coordinator, CSPD Coordinator (URI), RIPIN	Part C Funds UCMC, "Project of National Significance…" URI Training Center	Information shared in Biannual Part B&C Joint Staff Meeting	Number of trainings and attendance at trainings tracked Revised IFSP available for review Assessment workgroup will produce a summary of its recommended Practice Changes in written IFSPs will be monitored in Quality Assurance activities	CSPD will participate in development of training Report regarding training and monitoring will be made to the ICC

Activities to Implement Strategies:	Resource Allocation	Part B/Part C Interface	Strategy Evaluation & Reporting	Interface with SEAC, ICC or Related Groups
1.B.2. CSPD/URI Family Partnership will provide ongoing training around utilization of natural learning opportunities as part of the orientation for new EI providers, as well as training and technical assistance to programs or providers, particularly those identified as not providing services in natural environments. September 2002 and ongoing - Client Services Coordinator, CSPD Coordinator (URI), RIPIN 1.B.3. The IFSP form will be revised. Training and support documentation for the revised IFSP will be made available to all service providers. Additional support materials regarding the utilization of natural learning opportunities will be developed and disseminated in conjunction with the University of Connecticut's Project of National Significance on Enhancing Learning Opportunities, CSPD and the ICC.				

Activities to Implement Strategies:	Resource Allocation	Part B/Part C Interface	Strategy Evaluation & Reporting	Interface with SEAC, ICC or Related Groups
1.B.4. An assessment workgroup will be formed to recommend sound clinical practice for the link between assessment and interventions based on functional, family owned goals that utilize natural learning opportunities. Present to January 2003 - Client Services Coordinator, CSPD Coordinator (URI) 1.B.5. A rubric for determining the extent to which IFSPs demonstrate the use of natural learning opportunities will be developed and incorporated as part of the record review portion of the Quality Assurance Plan. Present to January 2003 - Client Services Coordinator, Quality Assurance Coordinator, Client Services Reimbursement Coordinator				

Improvement Strategy(ies):

1.C. Outreach to early childhood professionals and other community members, particularly those who contract to provide EI services, will include an emphasis on understanding natural environments, the importance of natural environments, and strategies for successful participation in natural environments. This outreach emphasis will be coordinated with the training information that EI providers have.

State Agency Primary Contact Person(s): Client Services Coordinator, Client Services Reimbursement Coordinator

Activities to Implement Strategies:	Resource Allocation	Part B/Part C Interface	Strategy Evaluation & Reporting	Interface with SEAC, ICC or Related Groups
1.C. 1.Establish connections with Institutes of Higher Education to promote the inclusion of natural learning opportunities in the curriculum of degree programs for professionals who may service young children with developmental delays or disabilities. January 2004 and ongoing - RIPIN, URI 1.C.2. CSPD will explore ways of providing collaborating systems with information about natural learning opportunities and participate in providing information to collaborating systems June 2004 and ongoing - CSPD Coordinator (URI)1.	Part C Funds UCMC, "Project of National Significance…" URI Training Center	Information shared in Biannual Part B&C Joint Staff Meeting	Increase in utilization of Natural Environments	CSPD and ICC will provide input into plan to provide community members with information about Natural Environments and to strengthen community linkages

Activities to Implement Strategies:	Resource Allocation	Part B/Part C Interface	Strategy Evaluation & Reporting	Interface with SEAC, ICC or Related Groups
1.C.3. Collect and analyze data and costs regarding the participation of children served by Part C in community settings (type, duration, barriers, support through EI), including childcare and Early Head Start as part of Quality Assurance activities. June 2004 and ongoing - Client Services Coordinator, Quality Assurance Coordinator, Client Services Reimbursement Coordinator 1.C.4. Issues and Barriers raised through Quality Assurance and other methods of gathering information such as family surveys will be addressed by a work group comprised of key stakeholders including members of the ICC, parents, program representatives and members of the early childhood community. January 2005 and ongoing - Client Services Coordinator, CSPD Coordinator, RIPIN				

Activities to Implement Strategies:	Resource Allocation	Part B/Part C Interface	Strategy Evaluation & Reporting	Interface with SEAC, ICC or Related Groups
1.C.5. Develop a plan in collaboration with Head Start and other early childhood systems identified to promote the use of natural learning opportunities for all young children and address increased access to appropriate community activities for children in Early Intervention January 2005 to June 2005 - Client Services Coordinator, CSPD Coordinator, RIPIN 1.C.6. With ICC support, implement that plan to utilize natural learning opportunities by strengthening linkages with other community resources. June 2005 and ongoing - Client Services Coordinator, CSPD Coordinator, RIPIN, Special Projects Coordinator				

Improvement Strategy(ies):
1.D. The Revised Quality Assurance Plan to address compliance issues regarding Natural Environments will be followed.

State Agency Primary Contact Person(s):
Client Services Coordinator, Quality Assurance Coordinator, Client Services Reimbursement Coordinator

Activities to Implement Strategies:	Resource Allocation	Part B/Part C Interface	Strategy Evaluation & Reporting	Interface with SEAC, ICC or Related Groups
1.D.1. Quality Assurance activities will be revised to incorporate statewide definition of natural environments including the concept of natural learning opportunities. This revision will utilize the rubric to assess the use of natural learning opportunities in the IFSP. January 2003 - Client Services Coordinator, Quality Assurance Coordinator	Part C Funds	Information shared in Biannual Part B and C Joint Staff Meeting	Quality Assurance Reports	Report to ICC

Activities to Implement Strategies:	Resource Allocation	Part B/Part C Interface	Strategy Evaluation & Reporting	Interface with SEAC, ICC or Related Groups
1.D.2. It will also include information from the Family Satisfaction Questionnaire. A Corrective Action Plan will be required when noncompliance is identified. Technical Assistance will be available from HEALTH and The URI Training Center. Failure to develop or complete a Corrective Action Plan will lead to loss of certification. Ongoing - Client Services Coordinator, Quality Assurance Coordinator				

RHODE ISLAND IMPROVEMENT PLAN: APPROPRIATE PARTICIPATION IN NATURAL ENVIRONMENTS - PART B

Desired Outcome:

Developmental and performance outcomes for eligible infants and toddlers and their families and children and youth with disabilities are enhanced by the provision of appropriate services and education in settings natural for the child's age and which children without disabilities participate.

Baseline:

1.1. The percentage of children with disabilities receiving special education, as identified by State eligibility criteria, was 3.33% (age 6-21 cohort) to 3.97% (age 6-17 cohort) more than the average of the other fifty states and the District of Columbia in 1997-1998 (the most recent year for which data are available). Compared to the other 50 states and DC from 1995-98, there is a less than 1% difference for Rhode Island's students in all disabilities categories except for Learning Disabilities which had approximately a 3% higher incidence. [Source: U.S. D.O.E. - O.S.E.P Data Analysis System]

1.2. Data indicate that in several instances the number of children with disabilities receiving special education, and in each disability category, disaggregated by race/ethnicity is more than 10% divergent from the number of children by race/ethnicity in the general population. For example, according to the OSEP Data Analysis System, children who are black are disproportionately identified as having mental retardation at a rate that is almost 50% higher than their representation in the general population. On the other hand, students who are Hispanic are disproportionately identified as having emotional disturbance at a rate that is almost 50% lower than their representation in the general population. See accompanying documentation for more detail.

Evidence of Change Statement(s):

1.1 The percentage of children with disabilities receiving special education, as identified by State eligibility criteria, is within one (1) percentage point of the average national percentage (age 6-21 cohort) by June 30, 2007.

1.2 The number of children with disabilities receiving special education, and in each disability category, disaggregated by race/ethnicity, is within 10% of the number of children by race/ethnicity in the general population by June 30, 2007.

Benchmarks:

1.1.a. The percentage of children with disabilities receiving special education, as identified by State eligibility

criteria, is within two and one half (2 1/2) percentage points of the national percentage by June 30, 2005.

1.1.b. The percentage of children with disabilities receiving special education, as identified by State eligibility criteria, is within two (2) percentage points of the national percentage by June 30, 2006.

1.2.a. The number of children with disabilities receiving special education, and in each disability category, disaggregated by race/ethnicity, is closer to the number of children by race/ethnicity in the general population by a factor of 25% by June 30, 2004.

1.2.b. The number of children with disabilities receiving special education, and in each disability category, disaggregated by race/ethnicity, is closer to the number of children by race/ethnicity in the general population by a factor of 50% by June 30, 2005.

1.2.c. The number of children with disabilities receiving special education, and in each disability category, disaggregated by race/ethnicity, is closer to the number of children by race/ethnicity in the general population by a factor of 75% by June 30, 2006.

Improvement Strategy(ies):

1.A. Annual improvement amounts will be set, by school, district and statewide, to reduce inappropriate disability identification and reduce disproportionate identification rates by race/ethnicity.

State Agency Primary Contact Person(s): Part B, Director of Office of Special Needs

Activities to Implement Strategies: [Activities, Beginning & Ending Dates, Responsible Parties]	**Resource Allocation**	**Part B/Part C Interface**	**Strategy Evaluation & Reporting**	**Interface with SEAC, ICC or Related Groups**
1.a.1. Revise/develop an integrated student-based data system that aligns with federal data collection and supports reliable reporting and analysis of data, including disaggregation by race/ethnicity -RIDE Part B staff with RIDE Office of Network and Information Systems staff - by June 30, 2004. 1.a.2. Compare the percentage of children with disabilities in general, disaggregated by race/ethnicity, and by disability category to national, district and state data - RIDE Part B staff - by December 31, 2004.	Part B Staff Office of Network and Information Systems Staff LEA Staff General Supervision Enhancement Grant	N.A.	Complete, functioning system. Report to Director of Part B/Office of Special Needs.	Information provided to State Special Education Advisory Committee, Diverse Learning Needs Teams

Activities to Implement Strategies: [Activities, Beginning & Ending Dates, Responsible Parties]	**Resource Allocation**	**Part B/Part C Interface**	**Strategy Evaluation & Reporting**	**Interface with SEAC, ICC or Related Groups**
1.a.3. Describe any deviations of identification rates, including by race/ethnicity, by school, district and statewide - RIDE Part B Staff - by March 31, 2005 1.a.4. Set specific improvement amounts and schedules to reduce inappropriate disability identification and reduce disproportionate identification rates by race/ethnicity - RIDE Part B staff with LEA staff - by June 30, 2005.	Part B Staff Office of Network and Information Systems Staff LEA Staff General Supervision Enhancement Grant	N.A.	Complete, functioning system. Report to Director of Part B/Office of Special Needs.	Information provided to State Special Education Advisory Committee, Diverse Learning Needs Teams

Improvement Strategy(ies):

1.B. The School Support System monitoring of school districts will include analysis and appropriate correction, including professional development, at district and school levels of factors influencing high referrals to special education and appropriate, effective and non-biased evaluation policies, procedures, techniques, tools and decision-making.

Activities to Implement Strategies: [Activities, Beginning & Ending Dates, Responsible Parties]	**Resource Allocation**	**Part B/Part C Interface**	**Strategy Evaluation & Reporting**	**Interface with SEAC, ICC or Related Groups**
1.b.1. Develop format for documentation of these issues during the School Support Process - RIDE Part B staff - by September 2002 1.b.2. Maintain log of statewide status by district regarding adherence to these correction steps in their School Support Plans - RIDE Part B staff - ongoing from September 2002 1.b.3. Assess degree of improvement regarding these issues and redirect/ strengthen correction steps, by district and statewide as appropriate - RIDE Part B staff - ongoing from September 2003	Part B Staff Committee Members LEA Staff	N.A.	District and State School Support System reports, logs and follow-up plans.	Information provided to State Special Education Advisory Committee, Diverse Learning Needs Teams

Improvement Strategy(ies):

1.C. Revised guidelines for decision-making for the categories of learning disabilities, speech and language disabilities and other health impairments will be provided.

Activities to Implement Strategies: [Activities, Beginning & Ending Dates, Responsible Parties]	**Resource Allocation**	**Part B/Part C Interface**	**Strategy Evaluation & Reporting**	**Interface with SEAC, ICC or Related Groups**
1.c.1. Learning Disabilities 1.c.1.a. Convene a committee to revise existing guidelines for identification of students as learning disabled - consultant(s) contracted by RIDE Part B staff - by September 2002 1.c.1.b. Conduct analyses of current guidelines and federal level learning disability studies and develop a plan to revise guidelines - the committee with consultant(s) - by November 2002 1.c.1.c. Disseminate interim guidelines and provide opportunities for response - the committee, consultants, RIDE Part B Staff - by January 2003 (and later if needed in response to federal guidelines)	Part B StaffCommittee Members LEA Staff	N.A.	Completed documents disseminated. Report to Director of Part B/Office of Special Needs.	Information provided to and/or participation on committees of key stakeholder groups, such as: State Special Education Advisory Committee Diverse Learning Needs Teams RI School Psychologists Association RI Speech Hearing Association Association of RI Administrators of Special Education RI Parent Information Network

Activities to Implement Strategies: [Activities, Beginning & Ending Dates, Responsible Parties]	**Resource Allocation**	**Part B/Part C Interface**	**Strategy Evaluation & Reporting**	**Interface with SEAC, ICC or Related Groups**
1.c.1.d. Finalize and disseminate guidelines - the committee, consultants, RIDE Part B Staff - by June 2004 (after federal guidelines) 1.c.1.e. Review impact and effectiveness of guidelines, plan revision or professional development as needed - the committee, consultants, RIDE Part B Staff - annually 1.c.2. Speech and Language Disabilities 1.c.2.a. Complete guideline development currently in process, finalize and disseminate guidelines - the committee, Part B Staff - by September 2002 1.c.2.b. Review impact and effectiveness of guidelines, plan revision or professional development as needed - the committee, consultants, RIDE Part B Staff - annually				

Activities to Implement Strategies: [Activities, Beginning & Ending Dates, Responsible Parties]	**Resource Allocation**	**Part B/Part C Interface**	**Strategy Evaluation & Reporting**	**Interface with SEAC, ICC or Related Groups**
1.c.3. Other Health Impairments 1.c.3.a. Convene a committee to develop guidelines for identification of students as other health impaired - consultant(s) contracted by RIDE Part B staff - by September 2003 1.c.3.b. Conduct analyses of current practices, federal guidelines, other states' documents, etc., and develop a plan to develop guidelines - the committee with consultant(s) - by November 2003 1.c.3.c. Disseminate interim guidelines and provide opportunities for response - the committee, consultants, RIDE Part B Staff - by September 2004 1.c.3.d. Finalize and disseminate guidelines - the committee, consultants, RIDE Part B Staff - by June 2005				

Activities to Implement Strategies: [Activities, Beginning & Ending Dates, Responsible Parties]	**Resource Allocation**	**Part B/Part C Interface**	**Strategy Evaluation & Reporting**	**Interface with SEAC, ICC or Related Groups**
1.c.3.e. Review impact and effectiveness of guidelines, plan revisions or professional development as needed - the committee, consultants, RIDE Part B Staff - annually				

Desired Outcome:

Developmental and performance outcomes for eligible infants and toddlers and their families and children and youth with disabilities are enhanced by the provision of appropriate services and education in settings natural for the child's age and which children without disabilities participate.

Baseline:

2.1. In Rhode Island, students with disabilities who stay in school through high school graduation or age 21 receive either a regular diploma or a certificate of completion. In the 2000-2001 school year, 69 students with disabilities completed high school with a certificate and 1101 students with disabilities graduated with a regular diploma. These numbers together represent 13.5% of all students completing high school that year. Federal figures indicate a 67% special education graduation rate, versus a 77% general education graduation rate. [Source: U.S. D.O.E. - O.S.E.P Data Analysis System]

2.2. In 1999 there was a 16.9% average statewide dropout rate (source: InfoWorks!). In the same school year there was a 31.49% average statewide dropout rate for students with disabilities (source: Children with Disabilities Study, August 2001)
[See Secondary Transition Part B, 2.1, 2.2]

2.3. During the 2000-2001 school year, there were 33,867 suspensions/expulsions in Rhode Island's public schools. Of those, 12,190, or 35.9%, were students with disabilities, a rate nearly twice as high as their representation of 19.4% in the general population (December 1, 2000 public enrollment figures).

Evidence of Change Statement(s):

2.1. High school completion rates for children with disabilities are more comparable to completion rates for non-disabled children by June 30, 2007.

2.2. Dropout rates for children with disabilities are more comparable to those for children without disabilities – by June 30, 2007.

2.3. Suspension and expulsion rates for children with disabilities, including those whose behavior influences learning, are within 10% of their representation in the general population – by June 30, 2007.

Benchmarks:

2.1.a. Specific improvement amounts and schedule to be determined based on data.

2.2.a [See Secondary Transition Part B, 2.1, 2.2]

2.3.a. Suspension and expulsion rates for children with disabilities, including those whose behavior influences learning, are within 75% of their

representation in the general population – by June 30, 2004.

2.3.b. Suspension and expulsion rates for children with disabilities, including those whose behavior influences learning, are within 50% of their representation in the general population – by June 30, 2005.

2.3.c. Suspension and expulsion rates for children with disabilities, including those whose behavior influences learning, are within 25% of their representation in the general population – by June 30, 2006.

Improvement Strategy(ies):

2.A. Annual improvement amounts will be set, by school, district and statewide, to improve high school completion, dropout, suspension and expulsion rates for children with disabilities.

State Agency Primary Contact Person(s): Part B, Director of Office of Special Needs

Activities to Implement Strategies: [Activities, Beginning & Ending Dates, Responsible Parties]	**Resource Allocation**	**Part B/Part C Interface**	**Strategy Evaluation & Reporting**	**Interface with SEAC, ICC or Related Groups**
2.a.1. Revise/develop an integrated student-based data system that aligns with federal data collection and supports reliable reporting and analysis of data regarding high school completion, dropout, suspension and expulsion rates for children with and without disabilities - RIDE Part B staff with RIDE Office of Network and Information Systems staff - by June 30, 2004.	Part B Staff Office of Network and Information Systems Staff LEA Staff Transition Council General Supervision Enhancement Grant	N.A.	Complete functioning system Report to Director of Part B/Office of Special Needs.	Information provided to State Special Education Advisory Committee, Diverse Learning Needs Teams

Activities to Implement Strategies: [Activities, Beginning & Ending Dates, Responsible Parties]	**Resource Allocation**	**Part B/Part C Interface**	**Strategy Evaluation & Reporting**	**Interface with SEAC, ICC or Related Groups**
2.a.2. Compare high school completion, dropout, suspension and expulsion rates for children with and without disabilities by school, district and statewide - RIDE Part B staff - by December 31, 2004. 2.a.3. Describe any deviations between high school completion, dropout, suspension and expulsion rates of students with and without disabilities, by school, district and statewide - RIDE Part B Staff - by March 31, 2005 2.a.4. Set specific improvement amounts and schedules to improve high school completion, dropout, suspension and expulsion rates of students with disabilities - RIDE Part B staff with LEA staff - by June 30, 2005.				

Improvement Strategy(ies):

2.B. The School Support System monitoring of school districts will include analysis and appropriate correction, including professional development, at district and school levels of high school completion, dropout, suspension and expulsion rates of students with disabilities.

Activities to Implement Strategies: [Activities, Beginning & Ending Dates, Responsible Parties]	**Resource Allocation**	**Part B/Part C Interface**	**Strategy Evaluation & Reporting**	**Interface with SEAC, ICC or Related Groups**
2.b.1. Develop format for documentation of these issues during the School Support Process - RIDE Part B staff - by September 2002 2.b.2. Maintain log of statewide status by district regarding adherence to these correction steps in their School Support Plans - RIDE Part B staff - ongoing from September 2002 2.b.3. Assess degree of improvement regarding these issues and redirect/ strengthen correction steps, by district and statewide as appropriate - RIDE Part B staff - ongoing from September 2003	Part B Staff	N.A.	District and State School Support System reports, logs and follow-up plans.	Information provided to State Special Education Advisory Committee, Diverse Learning Needs Teams

Improvement Strategy(ies):

2.C. High expectations for achievement of students with disabilities, and classroom instruction that provides effective support for the diverse learning needs of all students, with and without disabilities, will be promoted through professional development and support.

Activities to Implement Strategies: [Activities, Beginning & Ending Dates, Responsible Parties]	**Resource Allocation**	**Part B/Part C Interface**	**Strategy Evaluation & Reporting**	**Interface with SEAC, ICC or Related Groups**
2.c.1. Collaborate with RIDE Part B staff, partners and/or leadership of Office of Special Needs sponsored statewide and regional professional development initiatives to specify (written descriptions) how each will focus on high expectations and effective classroom instruction within their professional development and support activities. Initiatives include: comprehensive reading approaches, diverse learning needs and differentiated instruction, positive behavioral supports (including Functional Behavioral Assessments), IEPs aligned with high-quality standards-based general curriculum, IEPs oriented toward the natural environment, ongoing embedded assessment, etc .- RIDE Part B Staff, partners and/or initiative leadership - by September 2002	- Part B Staff - Office of Instruction Staff - Office of Assessment Staff Initiatives such as: - IRead - Reading First Grant - Diverse Learning Needs Teams - IEP Network - Teacher Support Team Network - Etc.	N.A.	Report to Directors, Part B/Office of Special Needs, Office of Instruction, Office of Assessment	[See First Column] Information provided to State Special Education Advisory Committee

Activities to Implement Strategies: [Activities, Beginning & Ending Dates, Responsible Parties]	**Resource Allocation**	**Part B/Part C Interface**	**Strategy Evaluation & Reporting**	**Interface with SEAC, ICC or Related Groups**
2.c.2. Collect and review documentation of activities and examples of impact on classroom instruction - RIDE Part B Staff - ongoing from January 2003 2.c.3. Review, analyze and describe impacts and revise (as needed) the specific focus by initiatives on high expectations and effective classroom instruction - RIDE Part B Staff- annually - September				

Desired Outcome:

Developmental and performance outcomes for eligible infants and toddlers and their families and children and youth with disabilities are enhanced by the provision of appropriate services and education in settings natural for the child's age and which children without disabilities participate.

Baseline:

3.1. Rhode Island has begun to collect data regarding appropriate administration of test modifications and accommodations. The existing data do not capture the quality and consistency of implementation of state assessments. In the 2001 state assessment program, an average of 75% of elementary students with IEPs, 74% of middle school students with IEPs, and 69% of high school students with IEPs participated - with or without accommodations, or via alternate assessment. [RIDE Office of Assessment data]

3.2. In 2001, about .5% of Rhode Island students participated in state assessment via alternate assessment portfolios (between 2% and 4% - an average of 2.6% - of students with disabilities at various grade levels). [RIDE Office of Assessment data]

3.3. Rhode Island does not currently have longitudinal data on individual students or cohorts of students that would indicate improvement of performance. However, as data are currently collected, gaps exist, ranging between 20% and 40% across all assessed grades and subjects in the numbers of students with disabilities meeting the standards as compared to their non-disabled peers [InfoWorks– 2000-2001 school year]. [see attached for performance of students with disabilities on 2000-2001 state assessment – Biennial Performance Report Table 18]

Evidence of Change Statement(s):

3.1. All children with disabilities participate in State/district-wide general assessment programs with appropriate test accommodations, as needed, across districts and comparably with national data by June 30, 2007.

3.2 Children with disabilities participate in State/district-wide alternate assessments at a rate comparable to national data by June 30, 2007. All eligible children participate in alternate assessments. Alternate assessments are used only for eligible children.

3.3. Performance results for children with disabilities on large-scale assessments improve by 3% per year (15% total), and at a rate that decreases any gap between the performance of children with disabilities and their non-disabled peers by June 30, 2007.

Benchmarks:

3.1.a. The participation of students with disabilities in statewide assessments, with appropriate test accommodations increases across districts and levels by 15 percentage points by June 30, 2004.

3.1.a. The participation of students with disabilities in statewide assessments, with appropriate test accommodations increases across districts and levels by 20 percentage points by June 30, 2005.

3.1.a. The participation of students with disabilities in statewide assessments, with appropriate test accommodations increases across districts and levels by 25 percentage points by June 30, 2006.

3.2.a. 70% of children with disabilities who are eligible participate in state assessment via alternate assessment by June 30, 2004. State/district percentages remain at or below national levels.

3.2.b. 80% of children with disabilities who are eligible participate in state assessment via alternate assessment by June 30, 2005. State/district percentages remain at or below national levels.

3.2.c. 90% of children with disabilities who are eligible participate in state assessment via alternate assessment by June 30, 2006. State/district percentages remain at or below national levels.

3.3.a. [3% per year]

Improvement Strategy(ies):

3.1 & 2.A. Annual improvement amounts will be set, by school, district and statewide, to attain participation of all students with disabilities in state and district assessments, to ensure quality and consistency in the use of test accommodations, to assure that all eligible and only eligible students with disabilities participate in State/district-wide alternate assessments, and that participation rates in alternate assessments are comparable to national data.

State Agency Primary Contact Person(s): Part B, Director of Office of Special Needs

Activities to Implement Strategies: [Activities, Beginning & Ending Dates, Responsible Parties]	**Resource Allocation**	**Part B/Part C Interface**	**Strategy Evaluation & Reporting**	**Interface with SEAC, ICC or Related Groups**
3.1 & 2.a.1. Revise/develop an integrated student-based data system that aligns with federal data collection and supports reliable reporting and analysis of data, including participation of students with disabilities in state and district assessments with or without accommodations and in alternate assessments, the quality and consistency of use of test accommodations, and the eligibility of students with disabilities to participate in State/district-wide alternate assessments - RIDE Part B staff with RIDE Office of Network and Information Systems staff and RIDE Office of Assessment staff - by June 30, 2004	Part B Staff Office of Network and Information Systems Staff Office of Assessment LEA Staff General Supervision Enhancement Grant Assessment Accommodation Grant	N.A.	Complete, functioning system. Report to Directors of Part B/Office of Special Needs, Office of Assessment.	Information provided to State Special Education Advisory Committee, Diverse Learning Needs Teams Assessment Advisory Committees

Activities to Implement Strategies: [Activities, Beginning & Ending Dates, Responsible Parties]	**Resource Allocation**	**Part B/Part C Interface**	**Strategy Evaluation & Reporting**	**Interface with SEAC, ICC or Related Groups**
3.1 & 2.a.2. Compare the participation of students with disabilities in state and district assessments with or without accommodations and in alternate assessments, the quality and consistency of use of test accommodations, and the eligibility of students with disabilities to participate in State/district-wide alternate assessments to national, district and state data - RIDE Part B staff with RIDE Office of Assessment staff - by December 31, 2004.				

Activities to Implement Strategies: [Activities, Beginning & Ending Dates, Responsible Parties]	**Resource Allocation**	**Part B/Part C Interface**	**Strategy Evaluation & Reporting**	**Interface with SEAC, ICC or Related Groups**
3.1 & 2.a.3. Describe any deviations of participation of students with disabilities in state and district assessments with or without accommodations and in alternate assessments, the quality and consistency of use of test accommodations, and the eligibility of students with disabilities to participate in State/district-wide alternate assessments by school, district and statewide - RIDE Part B Staff with RIDE Office of Assessment staff - by March 31, 2005				

Activities to Implement Strategies: [Activities, Beginning & Ending Dates, Responsible Parties]	**Resource Allocation**	**Part B/Part C Interface**	**Strategy Evaluation & Reporting**	**Interface with SEAC, ICC or Related Groups**
3.1 & 2.a.4. Set specific improvement amounts and schedules regarding participation of students with disabilities in state and district assessments with or without accommodations and in alternate assessments, the quality and consistency of use of test accommodations, and the eligibility of students with disabilities to participate in State/district-wide alternate assessments by school, district and statewide - RIDE Part B staff with RIDE Office of Assessment staff and LEA staff - by June 30, 2005.				

Improvement Strategy(ies):
3.1 & 2.B. Guidance to schools and districts on participation of students with disabilities in state and district assessments, including policies and procedures regarding accommodations and alternate assessment will continue to be refined.

Activities to Implement Strategies: [Activities, Beginning & Ending Dates, Responsible Parties]	**Resource Allocation**	**Part B/Part C Interface**	**Strategy Evaluation & Reporting**	**Interface with SEAC, ICC or Related Groups**
3.1 & 2.b.1. Continue to collaborate with RIDE Office of Assessment Staff to analyze school and district adherence to state and district assessment participation requirements and accommodation policies - RIDE Part B Staff with RIDE Office of Assessment Staff - ongoing 3.1 & 2.b.2. Identify and produce general and specific revisions and/or additions needed in guidance provided to schools and districts - RIDE Part B Staff with RIDE Office of Assessment Staff - ongoing 3.1 & 2.b.3. Provide professional development to school and district staff as needed to ensure full achievement of these requirements - RIDE Part B Staff with RIDE Office of Assessment Staff - ongoing	Part B Staff Office of Assessment Staff LEA and School Staff Assessment Advisory Committees IEP Network	N.A.	Revised guidelines disseminated. Professional development plan. Report to Directors, Part B/Office of Special Needs, Assessment	Information provided to State Special Education Advisory Committee

Improvement Strategy(ies):

3.1 & 2.C. The School Support System monitoring of school districts will include analysis and appropriate correction, including professional development, at district and school levels of participation of students with disabilities in state and district assessments with or without accommodations and in alternate assessments, the quality and consistency of use of test accommodations, and the eligibility of students with disabilities to participate in State/district-wide alternate assessments.

Activities to Implement Strategies: [Activities, Beginning & Ending Dates, Responsible Parties]	**Resource Allocation**	**Part B/Part C Interface**	**Strategy Evaluation & Reporting**	**Interface with SEAC, ICC or Related Groups**
3.1 & 2.c.1. Develop format for documentation of these issues during the School Support Process - RIDE Part B staff - by September 2002 3.1 & 2.c.2. Maintain log of statewide status by district regarding adherence to these correction steps in their School Support Plans - RIDE Part B staff - ongoing from September 200 3.1 & 2.c.3. Assess degree of improvement regarding these issues and redirect/strengthen correction steps, by district and statewide as appropriate - RIDE Part B staff - ongoing from September 2003	Part B Staff	N.A.	District and State School Support System reports, logs and follow-up plans.	Information provided to State Special Education Advisory Committee, Assessment Advisory Committees

Improvement Strategy(ies):
3.3.A. Annual improvement amounts will be set, by school, district and statewide, to improve performance results for children with disabilities.

State Agency Primary Contact Person(s): Part B, Director of Office of Special Needs

Activities to Implement Strategies: [Activities, Beginning & Ending Dates, Responsible Parties]	**Resource Allocation**	**Part B/Part C Interface**	**Strategy Evaluation & Reporting**	**Interface with SEAC, ICC or Related Groups**
3.3.a.1. Revise/develop an integrated student-based data system that aligns with federal data collection and supports reliable reporting and longitudinal analysis of data, including performance results for individuals and cohorts of children with disabilities on large-scale assessments, and any gaps between the performance of children with disabilities and their non-disabled peers - RIDE Part B staff with RIDE Office of Network and Information Systems staff and RIDE Office of Assessment staff - by June 30, 2004.	Part B Staff Office of Network and Information Systems Staff Office of Assessment Staff LEA Staff General Supervision Enhancement Grant Assessment Accommodation Grant	N.A.	Complete, functioning system. Report to Director of Part B/Office of Special Needs.	Information provided to State Special Education Advisory Committee, Diverse Learning Needs Teams, Assessment Advisory Committees

Activities to Implement Strategies: [Activities, Beginning & Ending Dates, Responsible Parties]	**Resource Allocation**	**Part B/Part C Interface**	**Strategy Evaluation & Reporting**	**Interface with SEAC, ICC or Related Groups**
3.3.a.2. Compare performance results for children with disabilities on large-scale assessments, and any gaps between the performance of children with disabilities and their non-disabled peers to national, district and state data - RIDE Part B staff with RIDE Office of Assessment staff - by December 31, 2004. 3.3.a.3. Describe any deviations of performance results for children with disabilities on large-scale assessments, and any gaps between the performance of children with disabilities and their non-disabled peers by school, district and statewide - RIDE Part B Staff with RIDE Office of Assessment staff - by March 31, 2005				

Activities to Implement Strategies: [Activities, Beginning & Ending Dates, Responsible Parties]	**Resource Allocation**	**Part B/Part C Interface**	**Strategy Evaluation & Reporting**	**Interface with SEAC, ICC or Related Groups**
3.3.a.4. Set specific improvement amounts and schedules regarding performance results for children with disabilities on large-scale assessments, and any gaps between the performance of children with disabilities and their non-disabled peers by school, district and statewide - RIDE Part B staff with RIDE Office of Assessment staff and LEA staff - by June 30, 2005.				

Improvement Strategy(ies):

3.3.B. High expectations for achievement of students with disabilities, and classroom instruction that provides effective support for the diverse learning needs of all students, with and without disabilities, will be set through professional development and support.

Activities to Implement Strategies: [Activities, Beginning & Ending Dates, Responsible Parties]	**Resource Allocation**	**Part B/Part C Interface**	**Strategy Evaluation & Reporting**	**Interface with SEAC, ICC or Related Groups**
3.3.b.1. Collaborate with RIDE Part B staff, partners and/or leadership of Office of Special Needs sponsored statewide and regional professional development initiatives to specify (written descriptions) how each will focus on high expectations and effective classroom instruction within their professional development and support activities. Initiatives include: comprehensive reading approaches, diverse learning needs and differentiated instruction, positive behavioral supports (including Functional Behavioral Assessments), IEPs aligned with high-quality standards-based general curriculum, IEPs oriented toward the natural environment, ongoing embedded assessment, etc. - RIDE Part B Staff, partners and/or initiative leadership - by September 2002.	- Part B Staff - Office of Instruction Staff - Office of Assessment Staff Initiatives such as: - IRead - Reading First Grant - Diverse Learning Needs Teams - IEP Network - Teacher Support Team Network - Etc.	N.A.	Report to Directors, Part B/Office of Special Needs, Office of Instruction, Office of Assessment	[See First Column] Information provided to State Special Education Advisory Committee

Activities to Implement Strategies: [Activities, Beginning & Ending Dates, Responsible Parties]	**Resource Allocation**	**Part B/Part C Interface**	**Strategy Evaluation & Reporting**	**Interface with SEAC, ICC or Related Groups**
3.3.b.2. Collect and review documentation of activities and examples of impact on classroom instruction - RIDE Part B Staff - ongoing from January 2003. 3.3.b.3. Review, analyze and describe impacts and revise (as needed) the specific focus by initiatives on high expectations and effective classroom instruction - RIDE Part B Staff - annually – September				

Desired Outcome:

Developmental and performance outcomes for eligible infants and toddlers and their families and children and youth with disabilities are enhanced by the provision of appropriate services and education in settings natural for the child's age and which children without disabilities participate.

Baseline:

4.1. School Support System reports discuss participation and progress made in the general curriculum by children with disabilities including those whose behavior influences learning for each district and its schools on a five year cycle. These are not yet available in a format from which data can be automatically compiled. [School Support System Reports are available online by district – ridoe.net]

4.2. School Support System reports discuss the location of delivery of student services for each district and its schools on a five-year cycle. These are not yet available in a format from which data can be automatically compiled. Data are not yet collected on participation of students with disabilities in non-academic and extra curricular activities. [School Support System Reports are available online by district – ridoe.net]

4.3. Data indicate that Rhode Island serves students with disabilities outside the general education classroom for more than 60% of their time at higher rates than the national baseline, and that rates may vary by race/ethnicity. [Source: U.S. D.O.E. - O.S.E.P Data Analysis System, Table 5.2, Number, Percentage and Difference of Children Ages 6 – 21 Served in Different Educational Environments Under IDEA Part B During the 1999-2000 School Year]

Evidence of Change Statement(s):

4.1 Children with disabilities ages 3 - 21 (including those whose behavior influences learning) participate and progress more in the general curriculum by June 30, 2007. [General curriculum includes developmentally-appropriate curriculum aligned with state Early Childhood Standards; see Early Childhood Transition Plan]

4.2. To the maximum extent appropriate, children with disabilities are educated, including participation in nonacademic and extracurricular activities, with non-disabled peers, at the school they would attend if they did not have disabilities, by June 30, 2007.

4.3. The percentages of children with disabilities in each disability category, served along each point in the continuum, disaggregated by race/ethnicity, are equal to or better than national averages by June 30, 2007.

Benchmarks:

4.1.a. Specific improvement amounts and schedule to be determined based on data.
4.2.a. Specific improvement amounts and schedule to be determined based on data.
4.3.a. The percentages of children with disabilities in each disability category, served along each point in the continuum, disaggregated by race/ethnicity, are closer to national averages by a factor of 25% by June 30, 2004.
4.3.b. The percentages of children with disabilities in each disability category, served along each point in the continuum, disaggregated by race/ethnicity, are closer to national averages by a factor of 50% by June 30, 2005.
4.3.c. The percentages of children with disabilities in each disability category, served along each point in the continuum, disaggregated by race/ethnicity, are closer to national averages by a factor of 75% by June 30, 2006.

Improvement Strategy(ies):

4.1.A. The School Support System monitoring of school districts will include analysis and appropriate correction, including professional development, at district and school levels of the participation and progress of children with disabilities ages 3 – 21 (including those whose behavior influences learning) in the general curriculum.

State Agency Primary Contact Person(s): Part B, Director of Office of Special Needs

Activities to Implement Strategies: [Activities, Beginning & Ending Dates, Responsible Parties]	**Resource Allocation**	**Part B/Part C Interface**	**Strategy Evaluation & Reporting**	**Interface with SEAC, ICC or Related Groups**
4.1.a.1. Develop format for documentation of these issues during the School Support Process - RIDE Part B staff - by September 2002 4.1.a.2. Maintain log of statewide status by district regarding adherence to these correction steps in their School Support Plans - RIDE Part B staff - ongoing from September 2002 4.1.a.3. Assess degree of improvement regarding these issues and redirect/strengthen correction steps, by district and statewide as appropriate - RIDE Part B staff - ongoing from September 2003	Part B Staff	N.A.	District and State School Support System reports, logs and follow-up plans.	Information provided to State Special Education Advisory Committee, Diverse Learning Needs Teams

Improvement Strategy(ies):

4.1.B. High expectations for achievement of students with disabilities, and classroom instruction that provides effective support for the diverse learning needs of all students, with and without disabilities, will be promoted through professional development and support.

Activities to Implement Strategies: [Activities, Beginning & Ending Dates, Responsible Parties]	**Resource Allocation**	**Part B/Part C Interface**	**Strategy Evaluation & Reporting**	**Interface with SEAC, ICC or Related Groups**
4.1.b.1. Collaborate with RIDE Part B staff, partners and/or leadership of Office of Special Needs sponsored statewide and regional professional development initiatives to specify (written descriptions) how each will focus on high expectations and effective classroom instruction within their professional development and support activities. Initiatives include: comprehensive reading approaches, diverse learning needs and differentiated instruction, positive behavioral supports (including Functional Behavioral Assessments), IEPs aligned with high-quality standards-based general curriculum, IEPs oriented toward the natural environment, ongoing embedded assessment, etc. - RIDE Part B Staff, partners and/or initiative leadership - by September 2002	- Part B Staff - Office of Instruction Staff - Office of Assessment Staff Initiatives such as: - IRead-Reading First Grant - Diverse Learning Needs Teams - IEP Network - Teacher Support Team Network - Etc.	N.A.	Report to Directors, Part B/Office of Special Needs, Office of Instruction, Office of Assessment	[See First Column] Information provided to State Special Education Advisory Committee

Activities to Implement Strategies: [Activities, Beginning & Ending Dates, Responsible Parties]	**Resource Allocation**	**Part B/Part C Interface**	**Strategy Evaluation & Reporting**	**Interface with SEAC, ICC or Related Groups**
4.1.b.2. Collect and review documentation of activities and examples of impact on classroom instruction - RIDE Part B Staff - ongoing from January 2003 4.1.b.3. Review, analyze and describe impacts and revise (as needed) the specific focus by initiatives on high expectations and effective classroom instruction - RIDE Part B Staff - annually – September				

Improvement Strategy(ies):

4.2 & 3.A. Annual improvement amounts will be set, by school, district and statewide, to achieve: education of children with disabilities, to the maximum extent appropriate, including participation in nonacademic and extracurricular activities, with non-disabled peers, at the school they would attend if they did not have disabilities, and; percentages of children with disabilities in each disability category, served along each point in the continuum, disaggregated by race/ethnicity, that are equal to or better than national averages.

State Agency Primary Contact Person(s): Part B, Director of Office of Special Needs

Activities to Implement Strategies: [Activities, Beginning & Ending Dates, Responsible Parties]	**Resource Allocation**	**Part B/Part C Interface**	**Strategy Evaluation & Reporting**	**Interface with SEAC, ICC or Related Groups**
4.2 & 3.a.1. Revise/develop an integrated student-based data system that aligns with federal data collection and supports reliable reporting and analysis of data, including type and location of special education supports and services, and percentages of children with disabilities in each disability category, served along each point in the continuum, disaggregated by race/ethnicity - RIDE Part B staff with RIDE Office of Network and Information Systems staff - by June 30, 200	Part B Staff Office of Network and Information Systems Staff LEA Staff General Supervision Enhancement Grant	N.A.	Complete, functioning system. Report to Director of Part B/Office of Special Needs.	Information provided to State Special Education Advisory Committee, Diverse Learning Needs Teams

Activities to Implement Strategies: [Activities, Beginning & Ending Dates, Responsible Parties]	**Resource Allocation**	**Part B/Part C Interface**	**Strategy Evaluation & Reporting**	**Interface with SEAC, ICC or Related Groups**
4.2 & 3.a.2. Compare the type and location of special education supports and services, and percentages of children with disabilities in each disability category, served along each point in the continuum, disaggregated by race/ ethnicity to national, district and state data - RIDE Part B staff - by December 31, 2004. 4.2 & 3.a.3. Describe any deviations of type and location of special education supports and services, and percentages of children with disabilities in each disability category, served along each point in the continuum, disaggregated by race/ ethnicity by school, district and statewide - RIDE Part B Staff - by March 31, 2005				

Activities to Implement Strategies: [Activities, Beginning & Ending Dates, Responsible Parties]	**Resource Allocation**	**Part B/Part C Interface**	**Strategy Evaluation & Reporting**	**Interface with SEAC, ICC or Related Groups**
4.2 & 3.a.4. Set specific improvement amounts and schedules regarding type and location of special education supports and services, and percentages of children with disabilities in each disability category, served along each point in the continuum, disaggregated by race/ ethnicity by school, district and statewide - RIDE Part B staff with LEA staff - by June 30, 2005.				

Improvement Strategy(ies):

4.2 & 3.B. The School Support System monitoring of school districts will include analysis and appropriate correction, including professional development, at district and school levels of type and location of special education supports and services, and percentages of children with disabilities in each disability category, served along each point in the continuum, disaggregated by race/ethnicity.

Activities to Implement Strategies: [Activities, Beginning & Ending Dates, Responsible Parties]	**Resource Allocation**	**Part B/Part C Interface**	**Strategy Evaluation & Reporting**	**Interface with SEAC, ICC or Related Groups**
4.2 & 3.b.1. Develop format for documentation of these issues during the School Support Process - RIDE Part B staff - by September 2002 4.2 & 3.b.2. Maintain log of statewide status by district regarding adherence to these correction steps in their School Support Plans - RIDE Part B staff - ongoing from September 2002 4.2 & 3.b.3. Assess degree of improvement regarding these issues and redirect/strengthen correction steps, by district and statewide as appropriate - RIDE Part B staff - ongoing from September 2003	Part B Staff	N.A.	District and State School Support System reports, logs and follow-up plans.	Information provided to State Special Education Advisory Committee, Diverse Learning Needs Teams

Improvement Strategy(ies):

4.2 & 3.C. High expectations for achievement of students with disabilities, and classroom instruction that provides effective support for the diverse learning needs of all students, with and without disabilities, will be promoted through professional development and support.

Activities to Implement Strategies: [Activities, Beginning & Ending Dates, Responsible Parties]	**Resource Allocation**	**Part B/Part C Interface**	**Strategy Evaluation & Reporting**	**Interface with SEAC, ICC or Related Groups**
4.2 & 3.c.1. Collaborate with RIDE Part B staff, partners and/or leadership of Office of Special Needs sponsored statewide and regional professional development initiatives to specify (written descriptions) how each will focus on high expectations, effective classroom instruction and inclusive educational strategies within their professional development and support activities. Initiatives include: comprehensive reading approaches, diverse learning needs and differentiated instruction, positive behavioral supports (including Functional Behavioral Assessments), IEPs aligned with high-quality standards-based general curriculum, IEPs oriented toward the natural environment, ongoing embedded assessment, etc. - RIDE Part B Staff, partners and/or initiative leadership - by September 2002	- Part B Staff - Office of Instruction Staff - Office of Assessment Staff Initiatives such as: - IRead-Reading First Grant - Diverse Learning Needs Teams - IEP Network - Teacher Support Team Network - Etc.	N.A.	Report to Directors, Part B/Office of Special Needs, Office of Instruction, Office of Assessment	[See First Column] Information provided to State Special Education Advisory Committee

Activities to Implement Strategies: [Activities, Beginning & Ending Dates, Responsible Parties]	**Resource Allocation**	**Part B/Part C Interface**	**Strategy Evaluation & Reporting**	**Interface with SEAC, ICC or Related Groups**
4.2 & 3.c.2. Collect and review documentation of activities and examples of impact on classroom instruction - RIDE Part B Staff - ongoing from January 2003 4.2 & 3.c.3. Review, analyze and describe impacts and revise (as needed) the specific focus by initiatives on high expectations and effective classroom instruction - RIDE Part B Staff - annually – September				

Improvement Strategy(ies):
4.2 & 3.D. Accurate district reporting of type and location of special education supports and services will be ensured.

Activities to Implement Strategies: [Activities, Beginning & Ending Dates, Responsible Parties]	**Resource Allocation**	**Part B/Part C Interface**	**Strategy Evaluation & Reporting**	**Interface with SEAC, ICC or Related Groups**
4.2 & 3.d.1. Complete analysis and revision of regulatory array of supports and services and specify alignment with Rhode Island integrated and federal data systems. - Committee, Part B Staff - September 2004 4.2 & 3.d.2. Disseminate information and guidance on the array of supports and services and reporting - Part B Staff - June 2005 4.2 & 3.d.3. Provide professional development on the array of supports and services and reporting - Part B Staff, Districts, School Support System - ongoing from September 2005	Part B Staff Committee Members LEA Staff	N.A.	Completed documents disseminated. Professional development plan completed. Report to Director of Part B/Office of Special Needs.	Information provided to and/or participation on committees of key stakeholder groups, such as: State Special Education Advisory Committee Association of RI Administrators of Special Education RI Parent Information Network

RHODE ISLAND STATE IMPROVEMENT PLAN: APPROPRIATE PARTICIPATION IN NATURAL ENVIRONMENTS - PLAN ADDRESSING SHARED PART C/PART B ISSUES

Desired Outcome:

Developmental and performance outcomes for eligible infants and toddlers and their families and children and youth with disabilities are enhanced by the provision of appropriate services and education in settings natural for the child's age and in which children without disabilities participate.

Baseline:

1.1. Side-by-Side Comparison of Early Intervention and Special Education regulations completed several years previously.

Evidence of Change:

1. In order to promote coordinated transitions from Part C to Part B services, parents, Part B service providers and Part C service providers will have common understanding regarding the meaning of both Natural Environments and Least Restrictive Environments

Benchmarks:

1.a. Information regarding the similarity and the differences in Natural Environments and Least Restrictive Environments will be available to parents, Part B personnel and Part C personnel in a variety of modalities by July 2003.

Improvement Strategy (ies):

1.A. Parents, Part B and Part C staff will outline the similarities and differences in the philosophy and implementation of Natural Environments and Least Restrictive Environments so that all parties entering into the transition process will have a clear understanding of the terms. Parents, Part B and Part C staff will also explore methods for dissemination of this information

Activities to Implement Strategies: [Activities, Beginning & Ending Dates, Responsible Parties]	**Resource Allocation**	**Part B/Part C Interface**	**Strategy Evaluation & Reporting**	**Interface with SEAC, ICC or Related Groups**
1.1. A team of people including Part B and C staff as well as parents will be identified to compare and contrast Natural Environments and Least Restrictive Environments. The use of existing groups such as the Transition Network or IFSP as IEP group will be considered. Present to July 2002 - Part B and C lead Agencies 1.2. The identified team will revise existing materials such as the Side-by-Side Comparison to reflect changing regulation and practice in the use of Natural Environments and Least Restrictive. Environments Written Materials will be disseminated to providers (LEAs and EI providers) by the Transition Network December 2002 - Selected Team	Part B and C staff Part B and C Funds	N.A.	Work group membership available for review Revised materials available for review Training materials available for review	Revised materials available for ICC and SEAC review Report to SEAC, ICC

Activities to Implement Strategies: [Activities, Beginning & Ending Dates, Responsible Parties]	**Resource Allocation**	**Part B/Part C Interface**	**Strategy Evaluation & Reporting**	**Interface with SEAC, ICC or Related Groups**
1.3. Information regarding key transition concepts is provided in the Introduction to EI course and through RIPIN workshop for parents. Joint training opportunities for Part B and C staff as well as parents regarding these topics will be explored by the workgroup. December 2002 - RIPIN, URI Training Center, Part C and B staff				

COMPREHENSIVE PUBLIC AWARENESS/CHILD FIND

RHODE ISLAND STATE IMPROVEMENT PLAN: COMPREHENSIVE PUBLIC AWARENESS/CHILD FIND - PART C

Desired Outcome:

All children birth through twenty-one (birth through three, Part C) who are suspected to be eligible for services under IDEA, Part B, or Part C are located, identified, evaluated, and have an appropriate referral for services, when warranted.

Baseline:

1.1. Based on total number of infants & toddlers receiving EI services:
Dec. 1, 2000:
1.American Indian Alaska Native: .008%
2.Asian/Pacific Is: 1.2%
3.African American: 8.6%
4.Hispanic/Latino: 18%
5.White (Non Hispanic): 71.%
Dec.1, 2001:
1.American Indian/ Alaska Native: .006%
2. Asian/Pacific Is: 1.9%
3.African American: 7.6%
4. Hispanic/Latino: 20.40%
5.White (Non Hispanic): 69.39%

1.2. HEALTH operates a Family Health Hotline with personnel that are fluent in English, Spanish, Portuguese, and French.
Early Intervention is operating an 800 number in English and Spanish.
No system exists for ensuring equitable culturally appropriate development and distribution of referral information that is culturally and linguistically diverse.

Evidence of Change:

1. All eligible children and their families, regardless of ethnic/cultural or socioeconomic background, are identified in a timely manner.

Benchmarks:

1.a. Create and maintain an accountability system for tracking, reporting, and assessing the cultural appropriateness and overall effectiveness of public outreach efforts related to referral.
1.b. Collect information regarding regional public awareness activities that address underrepresented groups based on data from EIMIS, as well as demographic data from the "Kids Count" system by January 2007.
1.c. Compare provider site data with geographical data to determine outreach needs (2007).
1.d. Develop and sustain a statewide system to ensure a variety of culturally appropriate and effective outreach approaches regarding access to EI services (2005).

Improvement Strategy(ies):

1.A. The maintenance or establishment of linkages among multicultural populations and other underrepresented groups through on-site training and dissemination of information to increase the percentage of eligible infants and toddlers being served, including those from specific target populations, will be assured.

State Agency Primary Contact Person(s): Client Services Coordinator, Quality Assurance Coordinator

Activities to Implement Strategies:	Resource Allocation	Part B/Part C Interface	Strategy Evaluation & Reporting	Interface with SEAC, ICC or Related Groups
1.A.1. HEALTH will obtain residence data from existing state sources regarding current community ethnic/ cultural makeup to establish a baseline. January 2004 (ongoing). Pediatrician Partner Initiative 1.A.2. EMIS reports regarding identified population demographics will be developed and compared to state residence data. January 2004 (ongoing) Pediatrician Partner Initiative, Quality Assurance Coordinator 1.A.3. Based on reports, HEALTH will develop baseline criteria for community outreach that each provider site will utilize for comprehensive outreach plans. October 2004 (ongoing) Client Service Coordinator, Providers	Part C Staff, Part C federal and state monies	N.A.	Strategic Planning updates andQuality Assurance Plan / Record Review	Report of activities will be made to the ICC. Report activities to community partnership committee.

Activities to Implement Strategies:	Resource Allocation	Part B/Part C Interface	Strategy Evaluation & Reporting	Interface with SEAC, ICC or Related Groups
1.B.4. HEALTH will incorporate additional outreach, which will include Parent As Teacher Program, DCYF, Family Outreach Program and WIC. Initiated June 2002 (ongoing) Part C staff.				

Improvement Strategy(ies):

1. B. Lead agency will develop and implement a multi-level, comprehensive outreach plan that is culturally and linguistically diverse.

State Agency Primary Contact Person(s): Client Services Coordinator, Client Services Reimburstment Coordinator

Activities to Implement Strategies:	Resource Allocation	Part B/Part C Interface	Strategy Evaluation & Reporting	Interface with SEAC, ICC or Related Groups
1.B.1. Baseline criteria for an effective outreach initiative will be established in conjunction with 1A. January 2004 (ongoing). Pediatrician Partner Initiative 1.B.2. HEALTH will provide demographic information to each EI agency via Kids Count data. January 2004 (ongoing). Pediatrician Partner Initiative 1.B.3. Each provider will expand their individual agency's plan for comprehensive outreach, which will meet HEALTH's baseline criteria with annual benchmark reports to HEALTH. January 2007 (ongoing) Part C Staff.	Part C Staff, Part C federal and state monies	N.A.	Quality Assurance Plan /Record Review	Report of activities will be made to the ICC Report activities to community partnership committee.

Activities to Implement Strategies:	Resource Allocation	Part B/Part C Interface	Strategy Evaluation & Reporting	Interface with SEAC, ICC or Related Groups
1.B.4. HEALTH will incorporate additional outreach, which will include Parent As Teachers Program, DCYF, Family Outreach Program and WIC. Initiated June 2002 (ongoing) Part C staff.				

Desired Outcome:

All children birth through twenty-one (birth through three, Part C) who are suspected to be eligible for services under IDEA, Part B, or Part C are located, identified, evaluated, and have an appropriate referral for services, when warranted.

Baseline:

2.1. The percentage of infants identified (just under 1%) during the first 12 months of life is lower than the overall percentage identified (2.7%) during the birth to three period.

Evidence of Change:

2. The proportion of infants identified during the first 12 months of life will increase by 15% within five years.

Benchmarks:

2.a. Review & revise all outreach materials for emphasis on early referral by 5/02 with sequencing of:

Dec.2003-2.0%
Dec.2004-3.0%
Dec.2005-3.0%

2.b. Work in partnership with physicians to develop a more common ground between EI/education community and the physician/medical community (2004).

2.c. Increase the number of referrals by physicians as soon as developmental milestones not met are identified or if any potential developmental concerns are present. Percentage of increase improvements:

.5% at year end (2003)
.5% at year end (2005)
.5% at year end (2007)

Improvement Strategy(ies):
2.A. Public awareness strategic initiatives will be developed, implemented and monitored.

State Agency Primary Contact Person(s): Special Project Coordinator, Client Services Reimbursement Coordinator

Activities to Implement Strategies:	Resource Allocation	Part B/Part C Interface	Strategy Evaluation & Reporting	Interface with SEAC, ICC or Related Groups
2.A.1. Develop materials for public awareness campaign with HEALTH's marketing consultants. June 2002 (ongoing) Special Projects Coordinator 2.A.2. Target outreach program to physicians and hospitals utilizing state and local outreach professionals. EI and physicians will collaboratively learn about and promote effective local practices through information sessions regarding systems awareness and referrals. January 2003 (ongoing) Pediatrician Partner Initiative 2.A.3. Strategize with pediatricians and hospital discharge planners on best ways to familiarize families with EIs making EI presence in the medical community a common occurrence. Initiated in July 2002 (ongoing) Pediatrician Partner Initiative	Part C Staff, Part C federal and state monies EI funds are being earmarked to increase home visiting options for hard to find/ reach children and their families.	N.A.	Quality Assurance Plan /Record Review EI Budget	Report of activities will be made to the ICC Report activities to community partnership committee.

Activities to Implement Strategies:	Resource Allocation	Part B/Part C Interface	Strategy Evaluation & Reporting	Interface with SEAC, ICC or Related Groups
2.A.4. Community Partner meetings will be held monthly to strengthen relationships between EI providers, Family Outreach/Home, Visiting Programs and other community resources. January 2002 (ongoing) Part C staff 2.A.5. Based on feedback from previous actions, additional outreach plans will include OB/GYN, Neurologists, Geneticists, and other community based organizations to the current priority outreach audiences. February 2005 (Ongoing). Pediatrician Partner Initiative, Client Services Reimbursement Coordinator 2.A.6. Consider implications in disseminating developmental screening tools to childcare providers serving infants. Initiated June 2002 by Communications Unit.				

Activities to Implement Strategies:	Resource Allocation	Part B/Part C Interface	Strategy Evaluation & Reporting	Interface with SEAC, ICC or Related Groups
2.A.7. Design informational materials, based on statewide data through KIDS COUNT, regarding developmental indicators that are red flags for early referrals to EI. These materials will be widely disseminated for the diverse population in a variety of languages as data reports indicate. January 2005 – January 2006 Client Service Coordinator				

RHODE ISLAND STATE IMPROVEMENT PLAN: COMPREHENSIVE PUBLIC AWARENESS/ CHILD FIND - PART B

Desired Outcome:

All children aged birth to 21 who are suspected to be eligible for services under IDEA, Parts C or B, are located, identified, and evaluated and have an appropriate referral for services.

Baseline:

1.1. State System Strength – RI identifies children aged birth through five from various racial/ethnic groups as having disabilities at rates that are proportionate to percentages of resident children in these groups, w/a slightly lower percentage identified among most minority groups and slightly higher for whites. –

Evidence of Change:

1. (State Systems): Identification rates for children aged birth through five from various racial/ethnic groups will be maintained as proportionate to percentages of resident children in these groups, with deviations of any group no greater than 3 percentage points.

Benchmarks:

1.a. For each year from the present to 2007, these rates for children aged birth– five will be maintained.

Improvement Strategy:

1.A. The RIDE and Health will build into a revised interagency agreement and tracking system, as part of seamless data collection, that yields an annual report of identification rates, beginning at age three years, for children from each major racial/ethnic group.

State Agency Primary Contact Person(s): RIDE Office of Special Needs: Director

Activities to Implement Strategies:	Resource Allocation	Part B/Part C Interface	Strategy Evaluation & Reporting	Interface with SEAC, ICC or Related Groups
1.A.1. September 2002 – March 2003: As RIDE and DOH convene an interagency workgroup to revise their interagency agreement; this workgroup will address as one of its tasks the creation of a seamless Birth-21 tracking system. To be implementation-ready by March 2003, this tracking system will yield an annual report of child identification rates for each major racial/ethnic group. 1.A.2. April 2003: RIDE will inform local school districts of impact of tracking system on subsequent annual strategic and funding plans. 1.A.3. June 1, 2003: RIDE's information system will update its tracking capacity to incorporate related new data elements called for in the interagency agreement and begin providing related technical assistance to school districts.	Staff time: RIDE, DOH. Necessary technical acquisitions to support new system	Series of interagency workgroup meetings: RIDE, DOH	Work plan delineated with results consistent with strategy outcomes, with tracking system revisions conceived and agreed to by March 2003.	Report annually to ICC regarding strategic and funding plans and status of collaboration efforts; Keep RI SEAC informed

Desired Outcome:

All children aged birth to 21 who are suspected to be eligible for services under IDEA, Parts C or B, are located, identified, and evaluated and have an appropriate referral for services.

Baseline:

2.1. State System Concern - (See cluster, Appropriate Participation in Natural Environments) RI identifies school aged children from several racial/ethnic groups at rates that are more than 10% divergent from the percentage in the general population. For example, according to the OSEP Data Analysis System, students who are black are identified as having mental retardation at a rate nearly 50% higher than their representation in the general population. Students who are Hispanic are identified as having emotional disturbance at a rate nearly 50% lower than their representation in the general population.

Evidence of Change:

2. (See cluster, Appropriate Participation in Natural Environments) Identification rates, including within each disability category, for school-aged students will be proportionate within 10% to percentages of resident children in these groups.

Improvement Strategy(ies):
2.A. The RIDE School Support System will include analysis and correction measures that address professional development, effective and non-biased student evaluation policies, procedures, techniques, tools and decision-making.

State Agency Primary Contact Person(s): RIDE Office of Special Needs: Director

Activities to Implement Strategies:	Resource Allocation	Part B/Part C Interface	Strategy Evaluation & Reporting	Interface with SEAC, ICC or Related Groups
2.A.1 Action Plans for Strategy #2: See Cluster "Appropriate Participation in Natural Environments" Action Plans for Strategy # 1		Part C/Part B Transition Network will identify ways that emerging non-biased practices can extend to children and families at the birth-three level.		

Desired Outcome:

All children aged birth to 21 who are suspected to be eligible for services under IDEA, Parts C or B, are located, identified, and evaluated and have an appropriate referral for services.

Baseline:

3.1. State System Concern - The RIDE resources (staff & budget) devoted to overseeing and supporting the preschool screening system (Child Outreach) have been gradually eliminated since 1990. Statewide standards for local implementation drafted in 1994 have not been formally adopted and disseminated.

Evidence of Change:

3. (State Systems): RIDE will establish a system of standards, accountability, training and technical assistance for overseeing and supporting a locally-implemented, culturally competent screening system available to children aged three through five years, focusing on enhancement of the preschool screening system known as Child Outreach.

Benchmarks:

3.a. By June 2003, a RIDE staffing and supporting resource plan will be created.
3.b. By October 2004, Child Outreach standards will be disseminated.
3.c. By June 2005, a system of accountability, training and technical assistance will be operational.
3.d. By June 2006, local district plans for implementation of the standards, including staffing and resource plans, will be delineated in annual strategic and consolidated resource plans.
3.e. By June 2007, local districts will operate Child Outreach consistent with RIDE standards.

Improvement Strategy:

3.A. The RIDE will designate qualified staff, resources and responsibility within the agency for leading, supporting and overseeing the Child Outreach System, including dissemination of standards, provision of technical assistance to local districts, management of accountability systems and linkage with Department of Health screening programs and other interagency collaboration.

State Agency Primary Contact Person(s): RIDE Office of Special Needs: Director

Activities to Implement Strategies:	Resource Allocation	Part B/Part C Interface	Strategy Evaluation & Reporting	Interface with SEAC, ICC or Related Groups
3.A.1. In Spring 2003, as part of its FY 04 strategic budgeting decisions, RIDE will assign responsibility to qualified staff and dedicate resources over time to support leadership, accountability, program development, professional development and technical assistance for the statewide Child Outreach Program. 3.A.2. September 2004 - June 2004: RIDE will conduct necessary research, consult expertise, and engage representative Child Outreach Coordinators to develop and disseminate accountability and operational standards for local Child Outreach Programs.	RIDE staff time and budget allocation; Local school district staff time and strategic budgeting.	Coordination of the systems through the interagency RIDE/DOH workgroup convened to address interagency agreement	June 2003: Staff assignment and budgetary allocation evidenced in RIDE OSN budget. June 2004 and thereafter: Annual report by OSN of activity completion and progress toward strategy outcomes.	Keep SEAC informed.

Activities to Implement Strategies:	Resource Allocation	Part B/Part C Interface	Strategy Evaluation & Reporting	Interface with SEAC, ICC or Related Groups
3.A.3. July 2004 and ongoing: RIDE will provide local school communities with leadership, technical assistance and professional development in areas such as the use of data for program enhancements, culturally appropriate outreach and marketing, best practices in developmental screening, and others as necessary to support school districts in operationalizing the Child Outreach standards and accountability system. 3.A.4. September 2004: RIDE Offices of Special Needs and Network & Information Systems will work together to incorporate annual data collection and reporting regarding percentages of children screened and rescreened through Child Outreach. This system will be capable of disaggregating data by factors such as child & family characteristics, race, culture/ethnicity, poverty, screening disposition, and other factors.				

Desired Outcome:

All children aged birth to 21 who are suspected to be eligible for services under IDEA, Parts C or B, are located, identified, and evaluated and have an appropriate referral for services.

Baseline:

4.1. State System Concern - RI identifies more students than the national average as having disabilities. The percentage of eligible children aged 6-21 is approximately 3.33% higher than the national percentage and reflects the highest percentage in the nation. Incidence rates peak in 3rd-4th grades.

4.2. Local System Concern – The existing preschool screening program for 3-5 years olds (Child Outreach) currently screens an average of only 30 % of 3 year olds and 50 % of 4 year olds statewide. In the absence of state level standards for local implementation, local commitment of staffing and resources to conduct Child Outreach is variable across districts.

Evidence of Change:

4. RI students aged 6-21 will be identified as eligible for services under IDEA at a rate that is comparable to within 1% of the average national percentage.

Benchmarks:

4.a. By June 30, 2004, the state data collection system will be aligned with federal data collection.

4.b. By June 30, 2005, the percentage of RI children aged 6-21 identified overall and at each age level as eligible for services will be within 2 1/2 percentage points of the national average.

4.c. By June 30, 2006, the percentage of RI children aged 6-21 identified overall and at each age level as eligible for services will be within 2 percentage points of the national average.

4.d. By June 30, 2006, the percentage of RI children aged 6-21 identified overall and at each age level as eligible for services will be within 1 percentage point of the national average.

Improvement Strategy(ies):

4. The RIDE will intensify its efforts to assist schools and districts in building their capacity for developmentally enhancing prevention and intervention prior to students being identified as needing special services through the following:

4.A. Annual statewide reporting by district for initial referrals will include: students' ages, presenting issues, and child characteristics, such as poverty, language, race/ethnicity, and history of services.

4.B. Resources, with performance criteria, will be targeted to schools/districts with lowest reading performance at the 4th grade and highest identification rates for students aged 6 and older.

4.C. State level professional development supports will be built, including best practice guidance, technical assistance and training networks, that inform school improvement planning in ways that enhance prevention and early intervention efforts, including parent partnerships.

State Agency Primary Contact Person(s): RIDE Office of Special Needs: Director

Activities to Implement Strategies:	Resource Allocation	Part B/Part C Interface	Strategy Evaluation & Reporting	Interface with SEAC, ICC or Related Groups
4.A.1. September 2002 – March 2003: RIDE Offices of Special Needs and Network & Information Systems will work together to identify initial referral data elements to be built into existing information management system and incorporate necessary capacities into information collection and management systems.	RIDE: Staff time; Necessary technical acquisitions to support new system	N/A	4.A. New data elements incorporated in Spring 2003 CRP applications. Annual reporting as part of RIDE school performance reports (i.e. INFOWORKS 2004).	

Activities to Implement Strategies:	Resource Allocation	Part B/Part C Interface	Strategy Evaluation & Reporting	Interface with SEAC, ICC or Related Groups
4.A.2. April 2003: RIDE will inform local school districts of impact of new data collection/accountability on subsequent annual strategic and funding plans. 4.A.3. September 2003: RIDE will operationalize data collection regarding conditions at the time of initial referral (students' ages, presenting issues, and child characteristics such as poverty, language, race/ethnicity and history of services). 4.A.4. May 2004: Districts address initial referral issues in annual strategic funding plan submissions for FY 05. 4.B. & C. See: "Appropriate Participation in Natural Environments " Action Plans, Strategy #1.A.				

Desired Outcome:

All children aged birth to 21 who are suspected to be eligible for services under IDEA, Parts C or B, are located, identified, and evaluated and have an appropriate referral for services.

Baseline:

5.1. Implementation Concern – Implementation of Child Outreach is uneven from district to district. There are a variety of local Child Outreach practices that reach on site into community early care and education programs including nursery, childcare and Head Start programs. These practices are not tracked or reported. Collaboration is promoted in a state level interagency agreement among the Departments of Education, Health and Human Services and Head Start. The extent of local awareness of this agreement is unknown.

Evidence of Change:

5. (Local Systems): At least 80 % of three, four and five year old RI children will participate each year in Child Outreach screening, with their families receiving culturally appropriate information regarding child development and community-based resources.

Benchmarks:

5.a. See Item 3 above.
5.b. By June 2004, 50 % of resident three year olds, 60% of resident four year olds, and 80% of five year olds will participate in Child Outreach.
5.c. By June 2005, 60% of resident three year olds, 75% of resident four year olds, and 80% of five year olds will participate in Child Outreach, with families receiving resource information identified above.
5.d. By June 2006, 80% of resident three, four, and five year old children will participate annually in Child Outreach, with their families receiving resource information identified above.

Improvement Strategy(ies) and Activities to Implement Strategies:

See Improvement Strategy #3.A. above

RHODE ISLAND STATE IMPROVEMENT PLAN: COMPREHENSIVE PUBLIC AWARENESS/CHILD FIND - ADDRESSING SHARED PART C/PART B ISSUES

Desired Outcome:

All children birth through twenty-one (birth through three, Part C) who are suspected to be eligible for services under IDEA, Part B, or Part C are located, identified, evaluated, and have an appropriate referral for services, when warranted.

Baseline:

1.1. R.I. has in place some alternate methods of public outreach and awareness re family health, early intervention, and preschool services. The full array of existing public awareness and outreach activities is not currently tracked or reported. Confusion regarding when to refer to Part B or C exists among families and community partners.

Evidence of Change:

1. An ongoing, culturally appropriate statewide public awareness and outreach campaign will be in place in R.I. that sets standards, collects data, and reports on state and local awareness and outreach regarding access to services under IDEA for children ages birth to five years.

Benchmarks:

1.a. Families and community partners are aware of key components of EI and services for ages 3-5 with systems in place to track families and collect data in order to ensure appropriate services for children and families birth to five years of age.

Improvement Strategy(ies):
1.A. A plan will be developed to ensure that Parts C and B public awareness activities are coordinated

State Agency Primary Contact Person(s): Part C and Part B Coordinator

Activities to Implement Strategies:	Resource Allocation	Part B/Part C Interface	Strategy Evaluation & Reporting	Interface with SEAC, ICC or Related Groups
1. 1. Revise and rewrite the interagency agreement between RIDE and DOH to specify who, does what, where, when and how. January 2005 Part C and Part B Coordinators. 1.2. DOH and RIDE and other community-based organizations will collaborate in developing a coordinated public awareness effort. January 2005 Part C and Part B Coordinators. 1.3. RIDE and DOH will design and implement a seamless data collection system. Refer to Part B data plan and Part B & C Transition Plan. 1.4. RIDE and DOH will collect and share data regarding outcomes of public awareness for part C and B. January 2005 (ongoing). Part C and Part B Coordinators.	Part C & B Staff, Part C & B federal and state monies	Semi-annual collaborative meetings	Strategic Planning updates	Report of activities will be made to the ICC & SEAC semi-annually

COMPREHENSIVE SYSTEM OF PERSONNEL DEVELOPMENT

RHODE ISLAND STATE IMPROVEMENT PLAN: COMPREHENSIVE SYSTEM OF PERSONNEL DEVELOPMENT - PLAN PART C

Desired Outcome:

Developmental and performance outcomes for eligible infants and toddlers with disabilities and their families are enhanced by appropriately prepared personnel and family members.

Baseline:

1.1. Early Intervention Training Center established through contract with URI Family Resource Partnership in September 2001. Prior to this, no state funding consistently available for training.
1.2. Training needs assessment completed by Early Intervention Training Center through agency site visits (Fall 2001)
1.3. First draft of RI Early Intervention competencies developed by CSPD Coordinator in 1999 but not formally reviewed, adopted, or distributed to providers.
1.4. Inconsistent use of professional development plans by agencies. Plans not developed in relation to R.I. competencies. Professional development funds from lead agency to provider agencies first made available March 2002.

Evidence of Change:

1. Outcomes for children and families are enhanced by adequate numbers of early intervention service providers with the knowledge and skills necessary to provide appropriate developmental supports.

Benchmarks:

1.a. All new Early Intervention staff have completed approved training for new providers within one year of employment. (July 2003)
1.b. Training is developed based on results of training needs assessment, tied to professional development plans and the RI Early Intervention Professional Competencies. (July 2004)
1.c. Training Programs at Institutions of Higher Education include curriculum regarding Best Practice and field practicum opportunities in Early Intervention, as indicated by a 33% increase in field placements, internships and affiliations by July 2007.

Improvement Strategy(ies):
1. A. Curriculum for introduction to Early Intervention training course will be developed and revised based on current literature of Best Practice in Early Intervention.

State Agency Primary Contact Person(s): CSPD Coordinator

Activities to Implement Strategies:	Resource Allocation	Part B/Part C Interface	Strategy Evaluation & Reporting	Interface with SEAC, ICC or Related Groups
1.A.1. Training Team made up of EI Personnel from different disciplines reviews training content and literature delineating Best Practice to update introduction to Early Intervention Training Course curriculum. October 2001 – ongoing EI Training Center Coordinator 1.A.2. Training materials and course assignments are integrated into Introduction to Early Intervention manual, which can be used as a resource by new staff. December 2001- ongoing Training Center Coordinator	1.Part C Funds	1. NA	Ongoing validation of curriculum by review of current professional literature and review of training curriculum used in other states. Relevance to EI personnel responsibilities validated through Course Evaluations. Local programs have orientation procedure in place. Percentage of Supervisors who attend training is tracked.	CSPD committee receives updates on training content and is given opportunity to provide feedback to training team. CSPD committee to receive updates from Work Group and have opportunity for input

Activities to Implement Strategies:	Resource Allocation	Part B/Part C Interface	Strategy Evaluation & Reporting	Interface with SEAC, ICC or Related Groups
1.A.3. CSPD work group develops additional written resources on New Staff Orientation to be used as part of local program Orientation. June 2003 - CSPD Committee Chairs 1.A.4. Supervisors are encouraged to attend introduction to Early Intervention Training Course in order to support new staff and implement appropriate agency practices. All Supervisors are updated regarding course material and discussion at monthly Supervisor's course. December 2001-ongoing Training Center Staff				

Improvement Strategy(ies):
1.B. Participation in training course (or approved substitute) will be required by HEALTH.

State Agency Primary Contact Person(s): Part C Coordinator

Activities to Implement Strategies:	Resource Allocation	Part B/Part C Interface	Strategy Evaluation & Reporting	Interface with SEAC, ICC or Related Groups
1.B.1. Introduction to Early Intervention Course is offered by RI Early Intervention Training Center at least two times per year. December 2001 and ongoing - Early Intervention Training Center 1.B.2. Requirement for attendance at Introduction to Early Intervention Course offered by RI Early Intervention Training Center is included in Operational Standards and Certification Standards issued by HEALTH. September 2002 - Part C Coordinator	Part C Funds	NA	Dates and attendance are recorded Operational Standards and Certification Standards available for review	Annual report to ICC regarding training attendance Operational Standards and Certification Standards are presented to ICC for review and comment

Improvement Strategy(ies):
1.C. Financial support for CSPD activities will be available through the state lead agency – HEALTH (January 2002 and ongoing)

State Agency Primary Contact Person(s): Part C Coordinator

Activities to Implement Strategies:	Resource Allocation	Part B/Part C Interface	Strategy Evaluation & Reporting	Interface with SEAC, ICC or Related Groups
1.C.1. Funds are budgeted annually for RI Early Intervention Training Center and local agency professional development activities. September 2001 and ongoing - Part C Coordinator	Part C	NA	Budget and utilization of funding available for review	Annual Report to ICC

Improvement Strategy(ies):
1.D. Training priorities are identified and updated bi-annually and will be used to develop annual CSPD training plan. (January 2002 and ongoing)

State Agency Primary Contact Person(s): CSPD Coordinator

Activities to Implement Strategies:	Resource Allocation	Part B/Part C Interface	Strategy Evaluation & Reporting	Interface with SEAC, ICC or Related Groups
1.D.1. Needs assessments are conducted bi-annually with agency management and staff. January 2002 and ongoing - RI Early Intervention Training Center 1.D.2. CSPD Committee provides feedback and recommendations regarding training needs. February 2002 and ongoing - CSPD Committee 1.D.3. Training needs are identified through ongoing analysis of quality assurance data. January 2002 and ongoing - Part C Staff, RIPIN staff and CSPD Coordinator	Part C funds	Summary of Needs Assessment shared with Combined Part B and C CSPD leadership group	Summary of Needs Assessment presented to Part C staff and CSPD committee Minutes available for public review QA feedback leading to training needs maintained by EI Training Center	Summary of Needs Assessment presented to Part C staff and CSPD committee Training update provided annually to ICC

Improvement Strategy(ies):

1.E. Competencies for Early Intervention Providers will be identified and serve as the basis for Professional Development (January 2004)

State Agency Primary Contact Person(s): CSPD Coordinator

Activities to Implement Strategies:	Resource Allocation	Part B/Part C Interface	Strategy Evaluation & Reporting	Interface with SEAC, ICC or Related Groups
1.E.1. Initial draft of competency areas and indicators are identified at CSPD workshop. March 2002 - CSPD Coordinator 1.E.2. CSPD work group on Early Intervention Competencies refines and develops recommended draft. September 2002 - EI Training Center Director 1.E.3. Feedback is elicited from key stakeholders. November 2002 - Part C Staff, EI Directors, RIPIN 1.E.4. Final draft is presented and ratified by ICC members. January 2003 - ICC Chair 1.E.5. Technical assistance is offered to agency management staff on utilizing competencies for performance review and professional development plans. June 2004 - EI Training Center Director	Training Center Staff	Competencies shared with Part B CSPD leadership group	Competencies are available for public review Percentage of agencies utilizing professional development plans will be tracked	ICC ratifies

Improvement Strategy(ies):

1.F. Partnerships with Institutions of Higher Education will be established to support the inclusion of appropriate curriculum and field placements that prepare students for employment in Early Intervention

State Agency Primary Contact Person(s): CSPD Coordinator, URI Training Office

Activities to Implement Strategies:	Resource Allocation	Part B/Part C Interface	Strategy Evaluation & Reporting	Interface with SEAC, ICC or Related Groups
1.F.1. Collect data regarding current training programs, curriculum, and internship opportunities in Early Intervention related fields at the Institutes of Higher Education in Rhode Island. January 2003 - EI Training Center Director 1.F.2.A planning group of faculty from regional IHE'S will be convened to address curriculum development needs. June 2003 - EI Training Center Director	Part C funds OSEP funded grant Part C funds EI Training Center staff Part C and Training Center staff	Review with Part B/C CSPD leadership group Explore opportunities for support with Part B/C CSPD leadership group	Report made to CSPD committee and Part C Staff Plan written by faculty group for review with CSPD Materials available for review Number of internships will be tracked from 2004 baseline to 2007 Report on training to CSPD committee Track number of external funding sources for internships	Report shared with ICC Report shared with CSPD and ICC Materials available for ICC review Part of annual report to ICC of training activities

Activities to Implement Strategies:	Resource Allocation	Part B/Part C Interface	Strategy Evaluation & Reporting	Interface with SEAC, ICC or Related Groups
1.F.3. Curriculum materials and support will be provided through RI's participation in OSEP grant for "Project of National Significance regarding Natural Learning Opportunities" through UCMC. June 2003 - EI Training Center Director 1.F.4. Technical assistance is provided to EI programs to facilitate recruitment of interns and provision of appropriate supervision and support. December 2003 - EI Training Center Staff 1.F.5. Implement training support for interns placed in Early Intervention programs. January 2004 - EI Training Center Staff1. 1.F.6. Identify financial resources to support internships in Early Intervention. June 2004 - EI Training Center Director & Part C Coordinator	Part C funds OSEP funded grant Part C funds EI Training Center staff Part C and Training Center staff	Review with Part B/C CSPD leadership group Explore opportunities for support with Part B/C CSPD leadership group	Report made to CSPD committee and Part C Staff Plan written by faculty group for review with CSPD Materials available for review Number of internships will be tracked from 2004 baseline to 2007 Report on training to CSPD committee Track number of external funding sources for internships	Report shared with ICC Report shared with CSPD and ICC Materials available for ICC review Part of annual report to ICC of training activities

Desired Outcome:

Developmental and performance outcomes for eligible infants and toddlers with disabilities and their families are enhanced by appropriately prepared personnel and family members.

Baseline:

2.1. Refer to this Evidence of Change under Family Involvement, Part C.
2.2. Curriculum for Introduction to Early Intervention course revised Fall 2001 to include discussion of transdisciplinary model
2.3. Current quality assurance review process monitors existence of IFSP outcomes but does not evaluate for family-centered priorities, functional outcomes or use of transdisciplinary approach.

Evidence of Change:

2.a. Families and caregivers are knowledgeable about what constitutes quality EI services. See Benchmarks, baseline and strategies under Family Involvement, Part C.
2.b. EI service providers utilize their expertise to support the family's capacity to enhance their child's development.

Benchmarks:

2.a.1. Refer to Benchmarks under Family Involvement, Part C.
2.b.1. EI service providers have knowledge of family-centered practice, use of natural learning opportunities to promote child's development and the trans-disciplinary model of service delivery. (January 2004)
2.b.2. Percentages of IFSP outcomes, which are functional, based on family priorities and include transdisciplinary strategies to support caregivers in achieving their child's developmental outcomes, increases by 10% annually each year for three years. (1/05, 1/06, 1/07)

Improvement Strategy(ies):

2.A. Training will be provided to all service providers in Early Intervention on family-centered practice, natural learning opportunities and trans-disciplinary model of service delivery.

State Agency Primary Contact Person(s): CSPD Coordinator, Client Services Coordinator

Activities to Implement Strategies:	Resource Allocation	Part B/Part C Interface	Strategy Evaluation & Reporting	Interface with SEAC, ICC or Related Groups
2.A.1. Curriculum for required training for new service providers includes current information on family-centered practice, use of natural learning opportunities and the trans-disciplinary model of service delivery. January 2002-ongoing, EI Training Center 2.A.2. Through participation in OSEP funded "Project of National Significance on Natural Learning Opportunities" all service providers will participate in training on current best practice and implementation through use of the IFSP. December 2002 - EI Training Center 2.A.3. Ongoing training and technical assistance models will be developed with faculty from OSEP grant to assist programs in implementation of training content. December 2003, EI Training Center	Part C Funds EI Training Center Staff support	Key Part B Personnel invited to participate in training activities. Part B personnel to determine implications of training content for pre-school services	Course Evaluations Reports to CSPD Committee Evaluation strategies to be developed with OSEP grant faculty	Reports to CSPD.Annual Training Report to ICC ICC leadership invited to participate in training activities

Improvement Strategy(ies):

2.B. Quality assurance data will be utilized to provide feedback to agencies and to identify training needs regarding IFSP development and implementation (including writing functional outcomes based on identified family priorities, use of informal and formal supports to enhance child's development)

State Agency Primary Contact Person(s): Client Service Coordinator, Quality Assurance Coordinator, CSPD Coordinator

Activities to Implement Strategies:	Resource Allocation	Part B/Part C Interface	Strategy Evaluation & Reporting	Interface with SEAC, ICC or Related Groups
2.B.1. Develop criteria for reviewing IFSP outcomes, with input from EI Training Center and RIPIN. December 2002 - Client Service Coordinator, Quality Assurance Coordinator 2.B.2. Collect qualitative baseline data on IFSP through quality assurance process, including record review. June 2003 Client Service Coordinator, Quality Assurance Coordinator	Part C funds	NA	Criteria will be available for review Baseline data available for review Reports to programs and ICC Meet percentage increase of IFSP outcomes meeting criteria listed in this benchmark	Annual report to ICC Report to CSPD committee as part of ongoing training needs assessment

Activities to Implement Strategies:	Resource Allocation	Part B/Part C Interface	Strategy Evaluation & Reporting	Interface with SEAC, ICC or Related Groups
2.B.3. Update data annually through quality assurance process and identify trends June 2004 and ongoing - Client Service Coordinator, Quality Assurance Coordinator, 2.B.4. Analyze data to identify training and technical assistance needs and need for agency corrective action plans. June 2004 and ongoing - Client Service Coordinator, Quality Assurance Coordinator, EI Training Center Staff	Part C funds	NA	Criteria will be available for review Baseline data available for review Reports to programs and ICC Meet percentage increase of IFSP outcomes meeting criteria listed in this benchmark	Annual report to ICC Report to CSPD committee as part of ongoing training needs assessment

Desired Outcome:

Developmental and performance outcomes for eligible infants and toddlers with disabilities and their families are enhanced by appropriately prepared personnel and family members.

Baseline:

3.1. Refer to this Evidence of Change under Family Involvement, Part C.

Evidence of Change:

3. Families and caregivers understand how to use natural learning opportunities to enhance child's development.

Benchmarks:

3.a. Please refer to Benchmarks, baseline and strategies under Family Involvement, Part C.

RHODE ISLAND STATE IMPROVEMENT PLAN: PART B PLAN

Desired Outcome Statement(s):

Developmental and performance outcomes for eligible infants and toddlers and their families and children and youth with disabilities are enhanced by highly qualified personnel and family members.

Baseline:

1.1. Personnel Number of personnel providing special education and related services currently totals 5,000 of which 1,800 are special education teachers. Currently 10% of our special education teachers are emergency certified and need to be brought to full certification. This percentage does not include emergency certified teachers in the non-public special education schools. (current data not available on this last issue)

1.2. Personnel RI projects the need for 50% more special educators than our RI Institutions of Higher Education (IHE) will produce in the next five years. Nationally there is a 10% shortage of special education teachers.

1.3. Personnel Nationally there is 30% shortage of special education faculty in our Institutions of Higher Education. Nationally there are 30% fewer Ph.D. candidates in special education.

1.4. State System In Rhode Island the number of nontraditional certification renewals (I-Plan) is approximately 10% of all eligible renewals. I-Plans are based upon the RI Beginning Teacher Standards and Interstate New Teacher Assessment and Support Consortium (INTASC) Model Standards.

1.5. Personnel RI Beginning Teacher Standards and Interstate New Teacher Assessment and Support Consortium (INTASC) are part of the RI approval and accreditation of personnel preparation programs in higher education programs. RI belongs to National Association of State Directors Teacher Education and Certification (NASDTEC) and Interstate Certification Compact (ICC) as well as Northeast Regional Credential. In addition RI has entered into a memorandum of understanding with the northeast region states to explore and work together on common certification issues.

1.6. Implementation Personnel requirements are under review and the outcome may impact future data on personnel needs.

Evidence of Change:

1. All children and youth with disabilities will be taught by highly qualified and fully certified special educators, general educators, related service providers and teacher assistants. "A Quality Teacher in Every Classroom" GW Bush

Benchmarks:

1.a. Data collected and analyzed through the RIDE is used to inform and affect a statewide system for professional development that integrates professional development requirements under the ESEA, IDEA and Higher Education Act by 2004.
1.b. 95% of RI special education teachers and personnel who work with students with disabilities are fully certified by 2004.
1.c. All RI special education teachers and personnel who work with students with disabilities are fully certified by 2006.
1.d. All teacher certification renewals are through I-Plans by 2007.
1.e. All public and private institutions of higher education in RI that have an interest in the preparation and support of personnel who work with students with disabilities and their families support quality professional development programs to meet recruitment and retention needs for a highly qualified educational workforce statewide by 2007. INTASC standards are incorporated into the IHE preservice programs.

Improvement Strategy(ies):

1.A. State System By 2003, the RIDE will establish a RIDE-wide system of data collection to insure that the necessary data of CSPD are included. This data includes: (a) trends in the special education census, (b) personnel needs, (c) continuing education needs of personnel who work with students with disabilities, (d) performance of students in a variety of outcome areas, (e) needs of families, (f) retention and recruitment data for administrators and other personnel, (g) higher education needs, (h) I-Plans submitted for renewal of certification, (i) number of emergency certificates for public and nonpublic special education and related service personnel, including career technical centers and hospital settings (j) number of fully certified special education administrators, and (k) other data points required by IDEA, ESEA, and Higher Education Act.

State Agency Primary Contact Person(s): CSPD Coordinator

Activities to Implement Strategies: (1) Activities, (2) Beginning & Ending Dates, & (3) Responsibility Parties	**Resource Allocation**	**Part B/Part C Interface**	**Strategy Evaluation & Reporting**	**Interface with SEAC, ICC or Related Groups**
1.A.1. The CSPD Coordinator will work with the RIDE Office of MIS to assure that CSPD data needs are included in the RIDE electronic data collection system. (July 2002-July 2003) 1.A.2. RIDE will form a CSPD Leadership Team and 3 subcommittees: Higher Education, Research to Practice and Leadership Development. (July 2002-September 2004) 1.A.3. CSPD Leadership Team will collect, analyze and use data for ongoing implementation and revision of the statewide CSPD plan. (July 2004-June 2007)	Enhancement Grant IDEA Part B Discretionary Funds SIG funds	Part C participates on Leadership Team	Analysis of CSPD data Annual report to CSPD Leadership Team Independent Evaluator Report	CSPD Leadership Team will provide information and seek advice from SEAC at least annually.

Improvement Strategy(ies):

1.B.C.E. State System and Personnel By 2003, all colleges and universities involved in teacher education will collaborate to recruit and prepare sufficient numbers of qualified professional staff who have the skills necessary to meet the needs of students with disabilities in general education settings and to close the gap between research and teacher training.

1.D. Personnel By 2007, RIDE's CSPD will ensure a proactive system of teacher recruitment and retention activities integrated across local, state and regional activities that will focus on personnel with disabilities and from groups that are under represented in the field of education.

State Agency Primary Contact Person(s): CSPD Coordinator

Activities to Implement Strategies: (1) Activities, (2) Beginning & Ending Dates, & (3) Responsible Parties	**Resource Allocation**	**Part B/Part C Interface**	**Strategy Evaluation & Reporting**	**Interface with SEAC, ICC or Related Groups**
1.B-E.1 The Higher Education Coordinating subcommittee will use data to develop guidelines for greater collaboration at preservice level between general and special education to produce long term program and curriculum changes in higher education. (September 2002-June 2007)	IDEA Part B Discretionary Funds SIG funds	Part C participates on CSPD Leadership Team	Annual sub committee report to CSPD Leadership Team on Teacher Recruitment, Certification and Retention data	SEAC is represented on CSPD subcommittees to obtain information and advise as needed.

Activities to Implement Strategies: (1) Activities, (2) Beginning & Ending Dates, & (3) Responsible Parties	**Resource Allocation**	**Part B/Part C Interface**	**Strategy Evaluation & Reporting**	**Interface with SEAC, ICC or Related Groups**
1.B-E. 2. RIDE CSPD Coordinator will work with the Office of Teacher Certification and Institutions of Higher Education to assure that preservice programs incorporate the RI Beginning Teacher Standards and the INTASC standards. August 2003-August 2004) 1.B-E.3. RIDE CSPD Leadership Team will oversee the development and implementation of a statewide recruitment action plan focused on the recruitment of staff from such groups as, teacher assistants, family members, minority groups and students with disabilities. (October 2002-June 2007) 1.B-E.4. RIDE CSPD Leadership Team will establish guidelines for implementation of the RI National Symposium Action Plan for the development of non-traditional programs to support emergency certified teacher candidates achieve full certification. (May 2002-May 2003)				

Activities to Implement Strategies: (1) Activities, (2) Beginning & Ending Dates, & (3) Responsible Parties	**Resource Allocation**	**Part B/Part C Interface**	**Strategy Evaluation & Reporting**	**Interface with SEAC, ICC or Related Groups**
1.b-e.5. RIDE will work both regionally and within RI to develop and implement strategies to recruit, prepare and retain teachers in areas of low incidence (TBI, Autism, Bilingual Speech/Language etc) (July 2004-June 2007) 1.B-E.6. RIDE CSPD Coordinator will assist NERRC develop and implement regional recruitment and retention strategies. (June 2002- June 2003) 1.B-E.7. RIDE CSPD Coordinator will work with the RIDE Office of Teacher Certification, Institutions of Higher Education and approved teacher assistant programs to insure teacher assistant programs meet the RI Teacher Assistant Standards and address the Elementary and Secondary Education Act requirements as appropriate. (June 2003-June 2007)				

Desired Outcome Statement(s):

Developmental and performance outcomes for eligible infants and toddlers and their families and children and youth with disabilities are enhanced by highly qualified personnel and family members.

Baseline:

2.1. State and Local Systems It is unclear how many interagency agreements exist to support the appropriate preparation of personnel.
2.2. Local Systems 10 of the 12 priority topics of professional development reported by teachers directly relate to skills and knowledge needed to ensure that students with disabilities as well as their non-disabled peers, reach high standards.
2.3. Personnel Nationally, teachers report feeling unprepared to deal with students with disabilities.

Evidence of Change:

2. All school improvement professional development plans provide for the knowledge and skills necessary for all teachers and other school personnel to support diverse learning needs in general education classrooms. Professional development is research based, focused on closing equity gaps in performance outcomes, and meets the RI Standards for Professional Development.

Benchmarks:

2.a. All school professional development plans will evidence that professional development provides for opportunities for all personnel to acquire knowledge and skills to meet the diverse learning needs in general education classrooms by 2006.
2.b. 60% of all school districts in RI will have formal partnership agreements for professional development with State Education Agency (SEA), Parent Training Information Center (PTIC), Local Education Authority (LEA), Institutions of Higher Education (IHE), RI Technical Assistance Project (RITAP), the educational collaboratives and other Technical Assistance providers which support local school improvement professional development plans by 2005.
2.c. All school districts in RI will have formal partnership agreements for professional development with State Education Agency (SEA), Parent Training Information Center (PTIC), Local Education Authority (LEA), Institutions of Higher Education (IHE), RI Technical Assistance Project (RITAP), educational collaboratives and other Technical Assistance providers which support local school improvement professional development plans by 2007.

Improvement Strategy(ies):

2. A-C. State and Local System(s) By 2006, RIDE's CSPD system will support the implementation of statewide initiatives, such as IREAD, the I-Plan, Mentoring, Autism Support Center, Character Education, Project ACCESS, IEP Network, etc., within the local school districts.

2.A-C. Local By 2006 School Improvement Plan Professional Development Activities will support increased opportunities for students with disabilities to participate in general education settings and increase performance on state assessments and other outcome measures.

State Agency Primary Contact Person(s): CSPD Coordinator

Activities to Implement Strategies: (1) Activities, (2) Beginning & Ending Dates, & (3) Responsible Parties	**Resource Allocation**	**Part B/Part C Interface**	**Strategy Evaluation & Reporting**	**Interface with SEAC, ICC or Related Groups**
2.A-C.1. CSPD Leadership Team will establish a Research to Practice sub committee. (July 2002-September 2002) 2.A.2. Research to Practice committee will design a set of research based Core Practices/ Curriculum to support increased performance of students with disabilities in general curriculum from Early Childhood thru age 21. (January 2003-January 2005)	IDEA Part B discretionary funds Enhancement Grant SIG Funds	N/A	Annual Sub committee report to CSPD Leadership Team on student performance, SALT, consumer satisfaction and partnership agreements	Annual CSPD Leadership Team report to SEAC SEAC is represented on CSPD subcommittees to obtain information and advise as needed

Activities to Implement Strategies: (1) Activities, (2) Beginning & Ending Dates, & (3) Responsible Parties	**Resource Allocation**	**Part B/Part C Interface**	**Strategy Evaluation & Reporting**	**Interface with SEAC, ICC or Related Groups**
2.B.1. CSPD Coordinator will disseminate Core Practices/ Curriculum to schools for use in self-assessment and development of School Improvement Plans. (January 2005- June 2007) 2.B.2. CSPD Coordinator will work with RIDE Office of MIS to establish a web-based system of information dissemination based upon the Core Practice/Curriculum. (January 2005-January 2006) 2.B.3 RIDE will implement this web based system for school improvement teams to easily access connections to statewide technical assistance networks, initiatives and professional development. (January 2006-June 2007) 2.C.1 RIDE will develop and distribute a template model of partnership agreements based upon Core Practice/Curriculum for use by School Improvement Teams statewide. January 2005-June 2005)				

Desired Outcome Statement(s):

Developmental and performance outcomes for eligible infants and toddlers and their families and children and youth with disabilities are enhanced by highly qualified personnel and family members.

Baseline:

3.1. Implementation Retention is hampered by paperwork, number of meetings, and lack of administrative support for teachers.
3.2. Personnel It is anticipated that there will be at least five vacancies of special education administrators in the upcoming 2002-2003 school year.

Evidence of Change:

3. All administrators, general educators, special educators, related service providers, school personnel and families are highly qualified leaders with knowledge and skills to guide and support personnel to improve performance for children and youth with disabilities.

Benchmarks:

3.a. Quarterly statewide Leadership Institutes include family members, administrators, special educators, general educators related service providers and other agency personnel as members of the audience and also as team presenters of professional development.
3.b. Aspiring Principals Project professional development plan provides for the knowledge and skills necessary to guide and support personnel to improve performance for children and youth with disabilities by 2007.
3.c. Fully certified and highly qualified persons will fill all Rhode Island special education administrative vacancies by 2005.

Improvement Strategy(ies):

3.A-C. State and Local System(s) By 2003, RIDE will establish leadership development opportunities to ensure that school district personnel and families have the skills and knowledge to support all persons working with children and youth with disabilities and families.

State Agency Primary Contact Person(s): CSPD Coordinator

Activities to Implement Strategies: (1) Activities, (2) Beginning & Ending Dates, & (3) Responsible Parties	**Resource Allocation**	**Part B/Part C Interface**	**Strategy Evaluation & Reporting**	**Interface with SEAC, ICC or Related Groups**
3.A.1. CSPD Leadership Team will convene a Leadership Development Coordinating Subcommittee. (July 2002-September 2002) 3.A.2. The Leadership Development Coordinating Committee will use data for planning quarterly statewide Leadership Institute Agendas for RITAP to carryout. (August 2002-June 2007)	IDEA Part B discretionary funds Enhancement Grant SIG Funds	N/A	Annual Sub Committee Report to CSPD Leadership Team on Administrator recruitment and retention data, SALT survey and Family Coalition data	Annual CSPD Leadership Team report to SEAC SEAC is represented on CSPD subcommittees to obtain information and advise as needed Partnership Agreements with RITAP. RI Principals Association, RI Association of School Committees, Association of RI Administrators of Special Education, RI Parent Information Network

Activities to Implement Strategies: (1) Activities, (2) Beginning & Ending Dates, & (3) Responsible Parties	**Resource Allocation**	**Part B/Part C Interface**	**Strategy Evaluation & Reporting**	**Interface with SEAC, ICC or Related Groups**
3.B.1 CSPD Coordinator and RI Principals Association will implement the formal partnership agreement to: develop principals leadership curriculum for higher education, conduct annual workshops on improving the participation and progress of students with disabilities in the general curriculum, disseminate information on research based best practices to principals statewide, participate in the design and implementation of a principals track in yearly summer institutes. (July 2003-June2007) 3.C.1. CSPD Coordinator and the RI Association of School Committees will implement the formal partnership agreement to: host annual informational dinner meetings on special education issues for school committee members and local policy makers. (July 2003-June 2007)				

Activities to Implement Strategies: (1) Activities, (2) Beginning & Ending Dates, & (3) Responsible Parties	**Resource Allocation**	**Part B/Part C Interface**	**Strategy Evaluation & Reporting**	**Interface with SEAC, ICC or Related Groups**
3.C.2. CSPD Coordinator and Association of RI Administrators of Special Education will implement the formal partnership agreement to: participate in development of Core Practices/Curriculum, recruit and support 3 high quality administrators to serve as mentors to aspiring administrators of special education. (July 2003-June2007) 3.C.3. CSPD Coordinator and the Rhode Island Parent Information Network will implement the formal partnership agreement to: develop a curriculum focused on family centered practices for use at pre service and inservice professional development statewide, collaborate with the Family Coalition to provide professional development and support to parents who assume leadership roles on Local Advisory Committees and School Improvement Teams, engage in formal partnerships with 60 targeted low performing schools to provide professional development in local schools as requested. (July 2003-June 2007)				

RHODE ISLAND STATE IMPROVEMENT PLAN: PLAN ADRESSING SHARED PART C/PART B ISSUES

Desired Outcome:

Developmental and performance outcomes for eligible infants and toddlers and their families and children and youth with disabilities are enhanced by highly qualified personnel and family members.

Baseline:

1. There is currently no formal communication system between Part B and Part C regarding CSPD activities. There is currently no data regarding common professional development needs.

Evidence of Change:

1. A system for regular communication between Part B and Part C CSPD is established to address commonalities of certification and professional development in a coordinated service delivery system.

Benchmarks:

1.a. Data collected and analyzed through a shared data collection system is used to inform and affect a statewide system for professional development, which integrates Part B, and Part C professional development by 2004.

1.b. A Part B and Part C leadership team creates a collaborative professional development plan to address commonalities of certification and professional development to enhance a coordinated service delivery system by 2002.

Improvement Strategy(ies):

1.A. State System: By 2003 the RIDE and HEALTH will establish a shared system of data collection in reference to CSPD required information.

State Agency Primary Contact Person(s): CSPD Coordinators Part B and Part C

Activities to Implement Strategies:	Resource Allocation	Part B/Part C Interface	Strategy Evaluation & Reporting	Interface with SEAC, ICC or Related Groups
1.A.1. RIDE and HEALTH will provide to HEALTH EI MIS and RIDE MIS the elements of common CSPD data needs to be included in the coordinated data system. (September 2002- September 2004) 1.A.2. CSPD data will be analyzed by the CSPD Leadership Team to develop, implement and review a B/C personnel development plan. (October 2003-June2007)	Enhancement GrantPart B/C IDEA Discretionary Funds	Improvement strategies carried out as a joint effort	Annual Report to CSPD Leadership Team	Annual CSPD Leadership Team Report to ICC and SEAC, regarding B/C personnel development plan in order to facilitate input and provide information.

Improvement Strategy(ies):

1.B. State System: By 2003, the RIDE and HEALTH will have a formalized system of communication between Part B and Part C.

1.C. Personnel: By 2004, The personnel development plan will be implemented and fully funded.

State Agency Primary Contact Person(s): CSPD Coordinator Part B and Pact C

Activities to Implement Strategies:	Resource Allocation	Part B/Part C Interface	Strategy Evaluation & Reporting	Interface with SEAC, ICC or Related Groups
1.B.1. The Part B and Part C CSPD Coordinators will meet at least twice per year to establish professional development opportunities that address commonalities and increase communication across agencies. (December 2002-June2007) 1.B.2. The part B and C CSPD Coordinators will participate in joint staff meetings as directed by RIDE and HEALTH directors. (January 2003-June 2007) 1.B.3. The RIDE and HEALTH will formalize a partnership agreement to fully fund the Part B/C personnel development plan. (May 2003-July 2003)	Enhancement GrantPart B/C IDEA Discretionary Funds	Improvement strategies carried out as a joint effort	Annual Report to CSPD Leadership Team	Annual CSPD Leadership Team Report to ICC and SEAC, regarding B/C personnel development plan in order to facilitate input and provide information.

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