

STATE PERFORMANCE PLAN / ANNUAL PERFORMANCE REPORT: PART C

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

For reporting on
FFY 2020

North Carolina



PART C DUE
February 1, 2022

U.S. DEPARTMENT OF EDUCATION
WASHINGTON, DC 20202

Introduction

Instructions

Provide sufficient detail to ensure that the Secretary and the public are informed of and understand the State's systems designed to drive improved results for infants and toddlers with disabilities and their families and to ensure that the Lead Agency (LA) meets the requirements of Part C of the IDEA. This introduction must include descriptions of the State's General Supervision System, Technical Assistance System, Professional Development System, Stakeholder Involvement, and Reporting to the Public.

Intro - Indicator Data

Executive Summary

Additional information related to data collection and reporting

General Supervision System

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

The North Carolina Infant-Toddler Program's (NC ITP) general supervision system continues to function as has been previously described to the Office of Special Education Programs (OSEP). The NC ITP consists of the Early Intervention Branch (EIB), which serves as the state lead agency, and sixteen (16) Children's Developmental Services Agencies (CDSAs), which serve as the local lead agencies. Specifically, the NC ITP continues to conduct annual compliance monitoring by utilizing components of the state's Health Information System (HIS), which serves as the NC ITP's web-based data entry system, a self-assessment tool completed by each CDSA, and a record review process. The primary method for verifying data submitted through the self-assessment workbooks and for verifying demonstration of correction of noncompliance also utilizes a child record review process. As required by the OSEP 09-02 Memorandum, the NC EIB ensures that any identified noncompliance is corrected on two levels: (i) on a child-specific level if the child is still under the jurisdiction of the NC ITP and (ii) on a systemic level, through verification of new or updated data. Monitoring and verification of correction of identified noncompliance are completed by utilizing a combination of child record reviews and when needed, on-site verification visits.

The NC EIB annual compliance monitoring uses HIS to run child lists for the specific time period for all 16 CDSAs to review and verify related child record documentation. For FFY 2020, the NC EIB used three months of data (September, October, and November 2020) to review each compliance indicator. The CDSAs were responsible for ensuring that all related documentation in HIS was accurate and complete using state-designed reports prior to the NC EIB's review for compliance Indicators 1, 7, and 8(a)-(c).

Monitoring for each compliance indicator occurred as follows:

- Indicator 1: Data included all children who were enrolled in the NC ITP and had a new service added to their IFSPs during the review period whose services were due to begin within 30 days of written parental consent. The NC EIB verified service start dates, reasons for delay, and the documentation related to those delays.
- Indicator 7: Data included all children referred to each CDSA during the review period whose IFSP meetings were due to be held within 45 days of the referral date. The NC EIB verified IFSP meeting dates, reasons for delay, and the documentation related to those delays.
- Indicator 8: Data included all children who would be two years nine months old (2.9) during the review period and for whom the following would be due: (8(a)) Transition Plans with steps and strategies; (8(b)) Notification to the Local Education Agency (LEA); and (8(c)) Transition Planning Conferences (TPCs). The NC EIB verified dates transition plans were developed, dates LEAs were notified, TPC dates, reasons for delay, and documentation related to those delays.

During the review period, the CDSAs can submit documentation to the NC EIB to demonstrate correction prior to a finding. CDSAs must demonstrate that correction occurred on two levels or prongs: (i) any child-specific noncompliance was corrected unless the child is no longer within the jurisdiction of the NC ITP; and (ii) correction must be achieved on a systemic level, demonstrated by a review of new/updated data that show the regulatory provisions are being implemented correctly. The NC EIB monitoring staff reviews the documentation submitted, along with a review of the updated data, to determine if the CDSAs meet the requirements to correct prior to a finding being issued.

Following the verification of data in HIS and review of documentation for any correction completed prior to a finding, the NC EIB issues letters to inform each CDSA whether it has been found in compliance with the statutory and regulatory requirements of the Individuals with Disabilities Education Act (IDEA) or that it has findings of noncompliance. In cases where noncompliance is found, the letter includes information on the number of findings, the specific statutory and regulatory provisions for which the CDSA was found to be noncompliant, and instructions to correct the identified noncompliance as soon as possible, but not later than one year from the date the letter of noncompliance is issued. The NC EIB determines, based on the review of data, if the non-compliance is systemic or non-systemic. If the NC ITP determines that the identified non-compliance is systemic, CDSAs are required to develop a corrective action plan (CAP) within 60 days of notification of findings. If the NC ITP determines that the non-compliance is non-systemic, the NC EIB notifies the CDSA that within 90 days updated data will be reviewed to determine if they are meeting regulatory requirements with 100% compliance. If noncompliance continues to be identified, the CDSA will be required to develop a CAP. The NC EIB is available to assist each CDSA with the development of its CAP, and ultimately, the NC EIB informs the CDSA whether the CAP is approved or needs revision.

All CAPs must include an analysis of the root cause of the noncompliance, specific steps and strategies that the CDSA will implement to ensure full correction, and a schedule for submission of progress reports with benchmarks for progress and improvement to ensure timely correction. The NC EIB provides on-going monitoring of CAPs through review and verification of data on both a child-specific and systemic basis, consistent with OSEP Memorandum 09-02.

The NC EIB works with CDSAs to develop improvement plans in areas where results/outcomes are lower than expected or where results data show regression. Improvement plans are similarly tracked and verified, although the goal is improvement and progress, rather than correction and compliance.

Throughout the year, the NC EIB conducts data quality checks to ensure and verify the reliability, accuracy, and timeliness of data reported by the CDSAs. Several methods for data verification are utilized, including running error reports, reviewing routine data reports, requiring regular reports to be submitted for contract deliverables, and conducting on-site data verification visits. Additionally, point-in-time data are routinely provided to CDSAs to ensure that data are reliable, accurate, and valid for 616 and 618 data reporting.

Dispute Resolution:

When parents or other parties have concerns or disagreements related to their children's services, IFSPs or actions/inactions of a CDSA, efforts are made to reach out to the parent as early as possible to attempt to resolve concerns before they escalate to formal disputes or complaints. Generally, the CDSA directors or their designees try to resolve these issues informally through discussion and negotiation. The NC EIB is available, as needed, to

provide guidance, technical assistance, and information to a CDSA and/or to help it navigate these informal discussions or negotiations with parents or other parties. Notwithstanding this upstream preventative approach, parents and others have recourse to resolve disputes. For example, parents are routinely informed of their rights and procedural safeguards at their initial contact with the CDSA and throughout the family's involvement and enrollment in the NC ITP. Parents are provided the Notice of Child and Family Rights booklet (Procedural Safeguards and Parent Rights Books) at required times. Available processes for dispute resolution include mediation, formal state complaint, and due process hearing requests. The NC EIB has designated individuals who conduct an independent investigation of any formal state complaint filed and issue formal written Findings of Facts, Conclusions of Law, within the requisite 60-day time frame, per NC ITP policy and IDEA requirements. An administrative law judge conducts hearings for any due process hearing request filed with the NC EIB.

Technical Assistance System:

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

Technical assistance (TA) is a component of the NC EIB's general supervision system and is provided to CDSAs by NC EIB personnel on numerous topics for a variety of reasons. Each CDSA has a Technical Assistance Coordinator from the NC EIB state office who serves as a single point of contact from the NC EIB office staff for all technical assistance questions and concerns. The TA Coordinator role provides support to CDSAs similar to the functioning of many of the federal TA centers. Each TA Coordinator serves as the primary point of contact for CDSA leadership to communicate any questions and support needs. For relatively simple issues, the TA Coordinator provides an immediate and appropriate response based on his/her expertise. For more complex issues outside the TA Coordinator's scope of knowledge, the respective Coordinator works with other EIB office subject matter experts who are on the TA team to develop a thorough response to CDSA questions and/or provide TA support. This technical assistance structure/framework allows for the TA team to collaboratively provide effective, consistent, and timely TA for all CDSAs.

In addition to the routine handling of inquiries and issues raised by CDSAs, TA is often delivered in response to noncompliance or improvement needs identified through state monitoring activities. In these instances, NC EIB TA staff help CDSAs determine the root cause of noncompliance and/or low performance and assist with the development of a CAP or an improvement plan, depending on the needs of the CDSAs. Also, as state-led program improvement initiatives and activities are planned for implementation, NC EIB personnel leading the improvement efforts also plan, develop, and facilitate TA and training to ensure that all strategies are implemented with fidelity.

Technical assistance is provided through various mediums, both remotely and on-site. Specific TA is often requested by a CDSA, typically pertaining to daily functions to ensure compliance with state and federal requirements and provide high-quality services to families from either the CDSA staff and/or its providers. Some examples of CDSA-identified TA needs for their leadership and management teams have included: support to revise internal practices and procedures, support to improve strategies related to data management, and help with quality improvement activities. Support is also requested when specific training and/or professional development is needed but is not available through local community partners. If the NC EIB is unable to address the TA need, assistance is sought from others, including the federal TA centers, such as: the National Center on Systemic Improvement (NCSI), the Center for IDEA Early Childhood Data Systems (DaSy), and the Early Childhood Technical Assistance Center (ECTA).

The NC EIB TA staff has standard operating procedures that are used to systematically develop and approve new/revised ITP policies and procedure documents. These procedures ensure that documents that originate at the NC EIB are current and approved in the most efficient and timely manner. Simultaneously, it is working to identify and develop recurring TA on the basic tenants of early intervention. The TA component of the general supervision structure is continuing to be revised and enhanced through the work of the State Systemic Improvement Plan (SSIP) implementation teams that is developing a more comprehensive, targeted system of consistent statewide standards and competencies for CDSA staff and providers. The primary focus of the team's continuous efforts is to enhance priority components of a comprehensive system of personnel development (CSPD) for staff and providers of services for the NC ITP.

Professional Development System:

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

The NC EIB is the designated state entity authorized by the North Carolina legislature to establish criteria for certification of personnel working with the NC ITP. These criteria pertain to CDSA employees or network of community service providers across the state. Primarily, the community providers provide services and supports to enrolled families and their infants and toddlers with disabilities. As part of NC's professional development system, the requirements for Infant, Toddler and Family Certification (ITFC) are set forth in a guidance document that can be accessed through the following link: (https://beearly.nc.gov/data/files/pdf/ITFPolicyandProceduresPersonnelCert_revised_2018.pdf).

The ITFC is obtained upon employment with a CDSA or when an enrolled community-based service provider enters into a contractual agreement with a CDSA. The new employee must also have a bachelor's degree or higher from an accredited college or university in a required degree field to receive ITFC. All service coordinators and providers of special instruction must obtain and maintain Infant, Toddler and Family Certification (ITFC). Maintenance of the ITFC requires ten (10) annual contact hours of continuing professional development that focuses on infants and toddlers either with or without disabilities, and their families, which is provided or supported by an approved entity. The list of approved entities is updated once per year and can be found at <https://beearly.nc.gov/data/files/pdf/ContinuingProfessionalDevelopmentApprovedEntities.pdf>. Additionally, staff receive access to an updated compilation of free continuing professional development opportunities and frequent emails are sent and forwarded to CDSAs to keep staff apprised of available trainings, webinars, professional development opportunities, conferences, and other useful resources.

Each CDSA enrolls community-based service providers to provide special instruction and discipline-specific services to families. Service coordination, eligibility evaluations, and initial child and family assessments are completed exclusively by the CDSAs and their staff. CDSAs and enrolled community-based service providers are responsible for ensuring that staff meet the continuing education requirements for the ITFC. In addition, CDSAs and enrolled community-based service providers must ensure their discipline-specific clinicians (e.g., occupational therapists, physical therapists, speech/language pathologists/therapists) comply with their professional licensure or certification requirements, and continuing education requirements.

CDSAs and enrolled community-based service providers must ensure staff are in compliance with the ITP's certification. They review and attest that staff (providers of special instruction and service coordination) have met continuing professional development requirements for annual maintenance of the ITFC. Documentation of compliance with certification and continuing education requirements for CDSA staff is provided to the NC EIB by each of the CDSAs. Attestations for community-based providers are maintained at the CDSAs. This helps ensure that compliance with certification and ITFC are verified on an on-going basis at CDSAs and across each CDSA's provider network.

In the early phase of the SSIP, NC EIB and stakeholder analysis of the NC ITP infrastructure indicated a need to expand professional development opportunities and standards by:

- Creating a system of standardized and consistent statewide professional development for CDSA staff and providers,
- Modifying the certification process, and
- Developing consistent standards for evaluation and assessment (tools), particularly around social emotional development.

The NC ITP has aligned its hiring and certification requirements for service coordinators and providers of special instruction to include mandatory training on how to build and support caregivers' knowledge and skills to enhance their children's development. Current Professional Development statewide initiatives in progress include:

- Continuing to train providers and new CDSA staff on Coaching and Natural Learning Environment Practices. Fidelity measures continue to be implemented for staff and providers that have attended the required trainings.
- Training EI Service Coordinators statewide on Resource Based Practices, as well as, Putting it into Practice training for both CDSA staff and providers.
- Requiring CDSA staff to take Prevent Child Abuse North Carolina's-Responding to Abuse and Neglect annually and pass a post-test.
- Implementation of Pyramid Model complimented by Infant Mental Health competencies. Pyramid Model Implementation (PMI) trainings have begun for Winston-Salem CDSA.
- Training CDSA leadership staff statewide on Agency Capacity Assessment (ACA) training to assist CDSAs with evidence based/informed implementation of PMI and other initiatives.
- Development and implementation of two training modules for staff and providers: Orientation to EI and IFSP.

Broad Stakeholder Input:

The mechanisms for soliciting broad stakeholder input on the State's targets in the SPP/APR and any subsequent revisions that the State has made to those targets, and the development and implementation of Indicator 11, the State's Systemic Improvement Plan (SSIP).

The NC ITP continues to value and obtain broad and regular input from several stakeholder groups. The NC Interagency Coordinating Council (ICC), NC ITP leadership (including CDSA directors and EIB staff), and SSIP implementation team leaders have been provided historical APR data and data trends, graphic representations of outcomes, analyses related to performance, and data that compared the NC ITP's data to comparable data from other states and territories. This put the N.C. ITP's data in context and helps these groups obtain perspective on how the NC ITP performs in comparison to previous years and to other states. This has also been part of a multi-year effort by the NC ITP's Data and Evaluation team to increase data literacy and data use by NC ITP stakeholders, both to facilitate data-informed decision making and to prepare stakeholders for the APR target setting process they would be undertaking for FFY 2020-2025.

For the current SPP/APR, the ICC, NC ITP leadership, parents, and other stakeholders reviewed multiple years of APR data to provide input on targets going forward for Child Outcomes, Family Outcomes, population served birth-to-1 and birth-to-3, the percent of children served in a Natural Environment, and the State-identified Measurable Results (SiMR). Prior to stakeholder meetings, the NC ITP's Data and Evaluation team developed proposed targets for each Indicator based on a variety of commonly used methodologies including: setting targets based on highest performance in prior years, using the Meaningful Difference Calculators developed by the Early Childhood Outcomes Center, using the highest performance by other states, and using pre-COVID trend data. Stakeholder groups were also encouraged to develop their own targets where they did not find any of the pre-developed targets met their needs – targets for both Family Outcomes and Child Outcomes were developed by the stakeholders themselves, while other targets were chosen from those assembled by the Data and Evaluation team.

State-wide data and trends were presented to the ICC at a special meeting in December 2021 to obtain their input regarding targets. Additional input was gathered from CDSA Directors and NC EIB staff across multiple leadership meetings. Further, Data and Evaluation Team members partnered with staff from NC's Parent Training Information Center (Exceptional Children's Assistance Center) to hold family input meetings to inform targets as well. Input from parents was solicited across two days of meetings (described below). While there was consensus between stakeholder groups on targets across many of the APR Indicators, areas where there was not consensus were reviewed with NC ITP management and final APR targets were presented to the full leadership group in January 2022. Final results will also be presented to the ICC at its first scheduled meeting in calendar year 2022. The parent chair of the ICC was a part of the APR review process, and the ICC has adopted the NC ITP's APR and certified it as representing ICC members' views.

Changes to the NC ITPs APR include updating the baseline year for several Indicators. For Family Outcomes, the baseline year is being updated to FY 2016. As noted in prior APRs, the NC ITP made sweeping changes to its process for collecting family outcomes data in FFY 2016, including changing the survey used from the NCSEAM to the FOS-R and changing the collection process from once a year through the mail to on-going at each child's semi-annual IFSP review with paper, online, and phone options for families to complete the survey.

Additionally, the NC ITP is updating the baseline year for Indicators 2, 5, and 6 based on data from the December 1 headcount. The NC ITP would like to update the baseline year on these indicators to FFY 2010 – the year the program's current data system began use. The previous data systems were shared with schools, and it was difficult to ensure children had a single unique identifier in the system making de-duplicating for headcount more challenging. As well, while the current baseline year for these indicators is FFY 2005, the NC ITP changed its eligibility definition in FFY 2006. The NC ITP feels updating the baseline year to FFY 2010 better reflects current practices regarding both eligibility and data collection/reporting.

Apply stakeholder input from introduction to all Part C results indicators (y/n)

YES

Number of Parent Members:

6

Parent Members Engagement:

Describe how the parent members of the Interagency Coordinating Council, parent center staff, parents from local and statewide advocacy and advisory committees, and individual parents were engaged in setting targets, analyzing data, developing improvement strategies, and evaluating progress.

The NC ITP leveraged its ongoing partnership with the Exceptional Children's Assistance Center (ECAC) to solicit parent participation. The ECAC advertised meeting to solicit parent input through its social media and LICC mailing lists. The CDSAs were also involved in sending information to parents enrolled in their local programs. Flyers were sent to invite parents and others community members to an informational meeting where NC ITP staff discussed what would be involved in target setting meetings as well as expectations for parent participants. ECAC staff also discussed the process for reimbursing parents for their time. An additional round of invitations for parents to attend target-setting meetings was conducted again through ECAC and the CDSAs. Parents did not have to attend the info meeting to attend the target setting meetings, and they were not required to be able to attend all sessions to participate. Pre-meeting materials were sent to parents – in both English and Spanish – that covered the basics of target setting, historical data on program performance on the APR Indicators to be reviewed, and some additional context to consider during target setting. All advertising to encourage parents to participate and meeting materials were available in English and Spanish. Real-time Spanish translation was offered during the meetings.

The six parents that attended the meetings were deeply engaged and provided high quality input. Some of the parents attending were involved in other parent organizations and/or had children who had been through both the early childhood and school systems. (Participants in these meetings also included a representative from an organization that works with families with young children and a representative from ECAC who is also a parent.) They brought a depth of experience and knowledge about how the system had worked for their children and others in their communities.

Activities to Improve Outcomes for Children with Disabilities:

Describe the activities conducted to increase the capacity of diverse groups of parents to support the development of implementation activities designed to improve outcomes for infants and toddlers with disabilities and their families.

The NC ITP's SSIP has improved social-emotional child outcomes as its goal. The Coaching implementation work discussed in Indicator 11 (and in prior SSIP reports) is explicitly aimed at developing families' capacity to help improve outcomes for both their individual child, and by extension improve outcomes for children program-wide. On-going implementation of the Pyramid Model also includes a component related to developing parent capacity – each CDSA is required to include a parent as a part of the team leading their implementation of Pyramid model. This will not only ensure parent input into the implementation process, but also develop a pool of parents with expertise related to the Pyramid model for inclusion in the NC ITP's future work.

To help develop parent leaders, NC ITP has contracted with the Exceptional Children's Assistance Center to engage parents from diverse backgrounds of infants and toddlers with disabilities in Family Leadership activities designed to empower families to take leadership roles and contribute to decision-making and program planning at the individual child, local program/CDSA, and state levels. ECAC helps develop parent leaders through a variety of means, including: parent leadership trainings; using the Family Leadership assessment tool to determine which activities a family would be interested in and assess their Family Leadership skills; providing access to information, resources, and training opportunities on Family Leadership through a variety of activities including on-line networking services, toll free telephone number, written information, and individual contacts; and maintaining the Early Intervention section of the ECAC website, including a section focusing on family engagement and Family Leadership.

ECAC is also working with the NC ITP as a part of a larger Preschool Development Grant to support parent engagement and leadership. This work included activities such as: Developing the EIEIO News: Early Intervention Engagement with Intention and Opportunity newsletter; participating in LICC meetings and conducting outreach across the state to recruit families to participate in Family Leadership and Engagement Trainings; creating an Early Childhood Family Leadership calendar of information /activities to share during Family engagement month; and conducting related trainings and webinars for parents and professionals.

Soliciting Public Input:

The mechanisms and timelines for soliciting public input for setting targets, analyzing data, developing improvement strategies, and evaluating progress.

Both the ICC and parent target-setting meetings discussed above were open to the public. Information about the ICC meetings can be found on the NC ITP website. Further, emails and flyers (with contact information of staff to respond to inquiries/questions) were used to invite participants to target setting meetings. ICC meetings are considered public meetings, and twelve (12) non-member guests attended and participated along with ICC members in target-setting. The parent target setting meetings were advertised by the Exceptional Children's Assistance Center through their social media and LICC mailing lists and were not limited to parents. As noted above, in addition to input from the ECAC staff, a representative from an organization working with multiple families attended the parent target setting meetings to provide input.

Making Results Available to the Public:

The mechanisms and timelines for making the results of the target setting, data analysis, development of the improvement strategies, and evaluation available to the public.

Results of the target setting process will be shared with NC ITP leadership and the State ICC by members of the EIB Data and Evaluation team at their regularly scheduled meetings in early 2022. Results will also be provided to the parents and others who participated in the target-setting progress (and local ICCs across the state) through email and through ECAC's LICC mailing lists during the first quarter of calendar year 2022. The final APR/SSIP document, including new targets and strategies, will be made publicly available on the NC ITP website once reviewed by OSEP (see below).

Reporting to the Public:

How and where the State reported to the public on the FFY 2019 performance of each EIS Program located in the State on the targets in the SPP/APR as soon as practicable, but no later than 120 days following the State's submission of its FFY 2019 APR, as required by 34 CFR §303.702(b)(1)(i)(A); and a description of where, on its website, a complete copy of the State's SPP/APR, including any revision if the State has revised the targets that it submitted with its FFY 2019 APR in 2021, is available.

The NC ITP disseminated the FFY 2018 SPP/APR to stakeholders through the local lead agencies (the CDSAs) and posted the FFY 2018 SPP/APR on the NC ITP's website, located at: <https://beearly.nc.gov/data/files/pdf/APRFY2019.pdf>

CDSA-specific APR indicator data, including comparisons to the State target and State actual data, are also posted on the Program's website, which can be accessed from this link: <https://beearly.nc.gov/data/files/pdf/CDSA2018Data.pdf>

Intro - Prior FFY Required Actions

Response to actions required in FFY 2019 SPP/APR

Intro - OSEP Response

The State Interagency Coordinating Council (SICC) submitted to the Secretary its annual report that is required under IDEA section 641(e)(1)(D) and 34 C.F.R. § 303.604(c). The SICC noted it has elected to support the State lead agency's submission of its SPP/APR as its annual report in lieu of submitting a separate report. OSEP accepts the SICC form, which will not be posted publicly with the State's SPP/APR documents.

Intro - Required Actions

Indicator 1: Timely Provision of Services

Instructions and Measurement

Monitoring Priority: Early Intervention Services In Natural Environments

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

Data Source

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

Measurement

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

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

Instructions

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

Targets must be 100%.

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

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

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

Provide detailed information about the timely correction of noncompliance as noted in the Office of Special Education Programs' (OSEP's) response table for the previous SPP/APR. If the State did not ensure timely correction of the previous noncompliance, provide information on the extent to which noncompliance was subsequently corrected (more than one year after identification). In addition, provide information regarding the nature of any continuing noncompliance, methods to ensure correction, and any enforcement actions that were taken.

If the State reported less than 100% compliance for the previous reporting period (e.g., for the FFY 2020 SPP/APR, the data for FFY 2019), and the State did not identify any findings of noncompliance, provide an explanation of why the State did not identify any findings of noncompliance.

1 - Indicator Data

Historical Data

Baseline Year	Baseline Data
2005	73.00%

FFY	2015	2016	2017	2018	2019
Target	100%	100%	100%	100%	100%
Data	99.12%	97.93%	99.26%	99.52%	99.04%

Targets

FFY	2020	2021	2022	2023	2024	2025
Target	100%	100%	100%	100%	100%	100%

FFY 2020 SPP/APR Data

Number of infants and toddlers with IFSPs who receive the early intervention services on their IFSPs in a timely manner	Total number of infants and toddlers with IFSPs	FFY 2019 Data	FFY 2020 Target	FFY 2020 Data	Status	Slippage
3,385	3,622	99.04%	100%	98.37%	Did not meet target	No Slippage

Number of documented delays attributable to exceptional family circumstances

This number will be added to the "Number of infants and toddlers with IFSPs who receive their early intervention services on their IFSPs in a timely manner" field above to calculate the numerator for this indicator.

178

Provide reasons for delay, if applicable.

There were fifty-nine (59) children who did not receive all their IFSP services in a timely manner due to CDSA-specific delays, including inadequate follow-up by CDSA staff, delays in referring children to service providers, delays in providers initiating services, providers or CDSA staff being unavailable to provide services in a timely manner, and other CDSA or Provider Delays. This represents a noncompliance rate of 1.63%.

Include your State's criteria for "timely" receipt of early intervention services (i.e., the time period from parent consent to when IFSP services are actually initiated).

The NC ITP considers timely services to start 30 days or less from the date of parent consent. Any service that starts more than 30 days from the date of consent is considered not timely and a reason for the delay must be documented in HIS.

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

State database

Provide the time period in which the data were collected (e.g., September through December, fourth quarter, selection from the full reporting period).

The NC EIB reviewed data for all children who had services added to IFSPs during the months of September, October, and November 2020. These data are entered into HIS by each of the CDSAs and include all services, start dates, and reasons for any delays.

Describe how the data accurately reflect data for infants and toddlers with IFSPs for the full reporting period.

For Indicator 1, a quarter of the fiscal year was used to determine compliance with the indicator. The state selected September 1, 2020, through November 30, 2020. This is considered representative of the full reporting year because the same requirements are in place for this quarter of the fiscal year as in all quarters. The NC ITP is confident that the chosen reporting period accurately reflects data for infants and toddlers with IFSPs for FFY 2020.

Provide additional information about this indicator (optional)

A total of three thousand six hundred twenty-two (3,622) children with IFSPs were reviewed for this indicator. Three thousand three hundred eighty-five (3,385) of these children received their services in a timely manner. An additional one hundred seventy-eight (178) children did not receive their services in a timely manner due to documented exceptional family circumstances. Therefore, 3,563 out of 3,622 children (98.37%) were provided services on their IFSPs in a timely manner (within 30 days).

These data reflect substantial compliance for Indicator 1.

Additional information regarding FFY 2019 noncompliance data below:

While there were nine findings of noncompliance issued for FFY 2019, there were additional individual instances of noncompliance at 6 CDSAs. One (1) CDSA was in the process of correcting findings issued during FFY 2015 (and has subsequently corrected). The NC ITP did not issue additional findings to this CDSA. The five (5) remaining CDSAs corrected the identified noncompliance prior to findings being issued.

As required in OSEP memo 09-02, to ensure that these individual instances of noncompliance were corrected where possible, the NC EIB conducted record reviews through HIS and reviewed the children's records to verify subsequent correction. The NC EIB compared the data entered into HIS to the child's paper record to verify that correction occurred, if correction was possible. This review determined that each of the children at issue had received services, although late, unless the child was no longer within the jurisdiction of the NC ITP. For those CDSAs that corrected noncompliance prior to a finding, data for subsequent months was reviewed in HIS to ensure those CDSAs had 100% compliance with the regulatory requirement for Timely Services (that new IFSP service begin within 30 days). CDSAs are not permitted to use the process for correction prior to a finding without meeting 100% compliance requirement during review of subsequent months.

Correction of Findings of Noncompliance Identified in FFY 2019

Findings of Noncompliance Identified	Findings of Noncompliance Verified as Corrected Within One Year	Findings of Noncompliance Subsequently Corrected	Findings Not Yet Verified as Corrected
9	2	0	7

FFY 2019 Findings of Noncompliance Verified as Corrected

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

The NC ITP continues to implement a system that identifies and corrects noncompliance as soon as possible, but in any case, not more than one year from the date of identification (i.e., the date on which the NC EIB provided written notification to the CDSA of the noncompliance). The corrective action process begins when the NC EIB issues formal written findings of noncompliance to specific CDSAs, which include the specific statutory and regulatory requirements that are not being correctly implemented. Each CDSA is required to utilize a root cause analysis framework to drill down and to identify the reasons for noncompliance. CDSAs develop CAPs with assistance from the NC EIB to ensure that the identified root cause of the noncompliance is addressed. CDSAs are required to submit frequent progress reports to the NC EIB on an approved schedule, with benchmarks of performance to ensure timely correction of the identified noncompliance. The process used to determine correction of noncompliance includes analysis of progress report

information, verification of the correction of child-specific noncompliance, and month-to-month review of updated data from the statewide database (HIS) to verify 100% compliance with the regulatory requirement for Timely Services (that new IFSP services begin within 30 days). One hundred percent compliance with this requirement must be achieved before non-compliance can be verified as corrected on a systemic basis in accordance with the Individuals with Disabilities Education Act (IDEA) and OSEP Memorandum 09-02.

The OSEP Memorandum 09-02, clarified that for any identified noncompliance, correction must be achieved on two levels or prongs: first, correction must take place at the child-specific level, even if late, unless the child has moved or is no longer within the jurisdiction of the program (e.g., turned three, parent withdrew from program, child died); and second, there must be evidence that the regulatory provision at issue that was not being implemented correctly is now being implemented correctly, based on a review of new previously unreviewed data. The NC EIB continues to utilize these strategies to ensure timely correction of noncompliance, as well as continual review of local procedures and previously issued state guidance documents, and to assess resource and infrastructure issues that might impact each CDSA's ability to meet statutory and regulatory timelines for the provision of timely services. Subsequent data from HIS has been reviewed for the CDSA with non-compliance in FFY 2019 and 100% compliance has been achieved by the CDSA for provision of IFSP services within the 30 day timeline.

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

Four (4) CDSAs account for the nine (9) findings issued in FFY 2019. These CDSA received intensive monitoring, TA, and support from the NC EIB to correct the noncompliance within one year of the finding being issued. As required in OSEP memo 09-02, to ensure that these individual instances of noncompliance were corrected where possible, the NC EIB conducted record reviews through HIS to review the children's records that were initially found to be noncompliant to verify subsequent correction. The NC EIB compares the data entered into HIS to the child's paper record to verify that correction occurred, if correction is possible. Each of the children at issue had received services, although late, unless the child was no longer within the jurisdiction of the NC ITP.

FFY 2019 Findings of Noncompliance Not Yet Verified as Corrected

Actions taken if noncompliance not corrected

Two (2) CDSAs, with a total of seven (7) findings, continued to work on the process of correcting noncompliance beyond the one-year timeline. The NC EIB provided these CDSAs with intensive TA that consisted of a deeper drill down and analysis of the root cause of the noncompliance, a review of the CDSA's internal procedures for documentation and for following up on new services. As a result of this intensive TA, the NC EIB helped identify the reasons for the CDSAs' inability to correct the identified noncompliance to date and assisted the CDSAs with updating their CAPs which included new strategies, benchmarks, and timelines .

In both CDSAs, the deeper root cause analysis revealed that there were provider shortages across many parts of their catchment areas, as well as staffing shortages within the CDSA which resulted in high caseloads particularly in discipline-specific clinical fields. In addition, internal processes were ineffective for follow up with providers and clear documentation for CDSAs attempts to ensure timely service initiation. To assist with staff shortages within the CDSAs, the NC ITP is using temps to help offset the workload.

Current progress reports from the two CDSAs with continuing noncompliance reflect improvement related to the percent of children receiving services in a timely manner; however, further correction is needed to ensure regulatory requirements are being met consistently and that correction has occurred on a systemic basis across both of the CDSA's respective catchment areas.

Correction of Findings of Noncompliance Identified Prior to FFY 2019

Year Findings of Noncompliance Were Identified	Findings of Noncompliance Not Yet Verified as Corrected as of FFY 2019 APR	Findings of Noncompliance Verified as Corrected	Findings Not Yet Verified as Corrected
FFY 2015	1	1	0

FFY 2015

Findings of Noncompliance Verified as Corrected

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

year from the date of identification (i.e., the date on which the NC EIB provided written notification to the CDSA of the noncompliance). The corrective action process begins when the NC EIB issues formal written findings of noncompliance to specific CDSAs, which include the specific statutory and regulatory requirements that are not being correctly implemented. Each CDSA is required to utilize a root cause analysis framework to drill down and to identify the reasons for noncompliance. CDSAs develop CAPs with assistance from the NC EIB to ensure that the identified root cause of the noncompliance is addressed. CDSAs are required to submit frequent progress reports to the NC EIB on an approved schedule, with benchmarks of performance to ensure timely correction of the identified noncompliance. The process used to determine correction of noncompliance includes analysis of progress report information, verification of the correction of child-specific noncompliance, and month-to-month review of updated data from the statewide database (HIS) to verify 100% compliance with the regulatory requirement for Timely Services (that new IFSP services begin within 30 days). One hundred percent compliance with this requirement must be achieved before non-compliance can be verified as corrected on a systemic basis in accordance with the Individuals with Disabilities Education Act (IDEA) and OSEP Memorandum 09-02.

The OSEP Memorandum 09-02, clarified that for any identified noncompliance, correction must be achieved on two levels or prongs: first, correction must take place at the child-specific level, even if late, unless the child has moved or is no longer within the jurisdiction of the program (e.g., turned three, parent withdrew from program, child died); and second, there must be evidence that the regulatory provision at issue that was not being implemented correctly is now being implemented correctly, based on a review of new previously unreviewed data. The NC EIB continues to utilize these strategies to ensure timely correction of noncompliance, as well as continual review of local procedures and previously issued state guidance documents, and to assess resource and infrastructure issues that might impact each CDSA's ability to meet statutory and regulatory timelines for the provision of timely services. Subsequent data from HIS has been reviewed for the CDSA with non-compliance in FFY 2015 and 100% compliance has been achieved by the CDSA for provision of IFSP services within the 30 day timeline.

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

One (1) CDSA accounted for the one (1) remaining finding of non-compliance outstanding from FFY 2015. This CDSA received intensive monitoring, TA, and support from the NC EIB to correct the noncompliance. As required in OSEP memo 09-02, to ensure that individual instances of noncompliance were corrected where possible, the NC EIB conducted record reviews through HIS to review the children's records that were initially found to be noncompliant to verify subsequent correction. The NC EIB compared the data entered into HIS to the child's paper record to verify that correction occurred, if correction was possible. Each of the children at issue had received services, although late, unless the child was no longer within the jurisdiction of the NC ITP. (Correction of this finding of non-compliance was documented in the NC ITP's FFY 2019 APR.)

1 - Prior FFY Required Actions

Because the State reported less than 100% compliance for FFY 2019, the State must report on the status of correction of noncompliance identified in FFY 2019 for this indicator. In addition, the State must demonstrate, in the FFY 2020 SPP/APR, that the remaining one uncorrected finding of noncompliance identified in FFY 2015 was corrected. When reporting on the correction of noncompliance, the State must report, in the FFY 2020 SPP/APR, that it has verified that each EIS program or provider with findings of noncompliance identified in FFY 2019 and the EIS program or provider with remaining noncompliance identified in FFY 2015 is correctly implementing the specific regulatory requirements (i.e., achieved 100% compliance) based on a review of updated data such as data subsequently collected through on-site monitoring or a State data system. In the FFY 2020 SPP/APR, the State must describe the specific actions that were taken to verify the correction.

If the State did not identify any findings of noncompliance in FFY 2019, although its FFY 2019 data reflect less than 100% compliance, provide an explanation of why the State did not identify any findings of noncompliance in FFY 2019.

Response to actions required in FFY 2019 SPP/APR

The status of correction of non-compliance for FFY 2019 and FFY 2015 is addressed above.

1 - OSEP Response

The State reported that it used data from a State database to report on this indicator. The State further reported that it did not use data for the full reporting period (July 1, 2020 - June 30, 2021). The State described how the time period in which the data were collected accurately reflects data for infants and toddlers with IFSPs for the full reporting period.

1 - Required Actions

Because the State reported less than 100% compliance for FFY 2020, the State must report on the status of correction of noncompliance identified in FFY 2020 for this indicator. In addition, the State must demonstrate, in the FFY 2021 SPP/APR, that the remaining seven (7) uncorrected findings of noncompliance identified in FFY 2019 were corrected. When reporting on the correction of noncompliance, the State must report, in the FFY 2021 SPP/APR, that it has verified that each EIS program or provider with findings of noncompliance identified in FFY 2020 and each EIS program or provider with remaining noncompliance identified in FFY 2019: (1) is correctly implementing the specific regulatory requirements (i.e., achieved 100% compliance) based on a review of updated data such as data subsequently collected through on-site monitoring or a State data system; and (2) has corrected each individual case of noncompliance, unless the child is no longer within the jurisdiction of the EIS program or provider, consistent with OSEP Memo 09-02. In the FFY 2021 SPP/APR, the State must describe the specific actions that were taken to verify the correction.

If the State did not identify any findings of noncompliance in FFY 2020, although its FFY 2020 data reflect less than 100% compliance, provide an explanation of why the State did not identify any findings of noncompliance in FFY 2020.

Indicator 2: Services in Natural Environments

Instructions and Measurement

Monitoring Priority: Early Intervention Services In Natural Environments

Results indicator: Percent of infants and toddlers with IFSPs who primarily receive early intervention services in the home or community-based settings. (20 U.S.C. 1416(a)(3)(A) and 1442)

Data Source

Data collected under section 618 of the IDEA (IDEA Part C Child Count and Settings data collection in the ED Facts Metadata and Process System (EMAPS)).

Measurement

Percent = [(# of infants and toddlers with IFSPs who primarily receive early intervention services in the home or community-based settings) divided by the (total # of infants and toddlers with IFSPs)] times 100.

Instructions

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

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

The data reported in this indicator should be consistent with the State's 618 data reported in Table 2. If not, explain.

2 - Indicator Data

Historical Data

Baseline Year	Baseline Data
2010	98.00%

FFY	2015	2016	2017	2018	2019
Target>=	98.50%	98.50%	98.50%	98.50%	98.50%
Data	99.32%	99.55%	99.23%	99.44%	99.50%

Targets

FFY	2020	2021	2022	2023	2024	2025
Target >=	98.50%	98.50%	98.50%	98.50%	98.50%	98.50%

Targets: Description of Stakeholder Input

The NC ITP continues to value and obtain broad and regular input from several stakeholder groups. The NC Interagency Coordinating Council (ICC), NC ITP leadership (including CDSA directors and EIB staff), and SSIP implementation team leaders have been provided historical APR data and data trends, graphic representations of outcomes, analyses related to performance, and data that compared the NC ITP's data to comparable data from other states and territories. This put the N.C. ITP's data in context and helps these groups obtain perspective on how the NC ITP performs in comparison to previous years and to other states. This has also been part of a multi-year effort by the NC ITP's Data and Evaluation team to increase data literacy and data use by NC ITP stakeholders, both to facilitate data-informed decision making and to prepare stakeholders for the APR target setting process they would be undertaking for FFY 2020-2025.

For the current SPP/APR, the ICC, NC ITP leadership, parents, and other stakeholders reviewed multiple years of APR data to provide input on targets going forward for Child Outcomes, Family Outcomes, population served birth-to-1 and birth-to-3, the percent of children served in a Natural Environment, and the State-identified Measurable Results (SiMR). Prior to stakeholder meetings, the NC ITP's Data and Evaluation team developed proposed targets for each Indicator based on a variety of commonly used methodologies including: setting targets based on highest performance in prior years, using the Meaningful Difference Calculators developed by the Early Childhood Outcomes Center, using the highest performance by other states, and using pre-COVID trend data. Stakeholder groups were also encouraged to develop their own targets where they did not find any of the pre-developed targets met their needs – targets for both Family Outcomes and Child Outcomes were developed by the stakeholders themselves, while other targets were chosen from those assembled by the Data and Evaluation team.

State-wide data and trends were presented to the ICC at a special meeting in December 2021 to obtain their input regarding targets. Additional input was gathered from CDSA Directors and NC EIB staff across multiple leadership meetings. Further, Data and Evaluation Team members partnered with staff from NC's Parent Training Information Center (Exceptional Children's Assistance Center) to hold family input meetings to inform targets as well. Input from parents was solicited across two days of meetings (described below). While there was consensus between stakeholder groups on targets across many of the APR Indicators, areas where there was not consensus were reviewed with NC ITP management and final APR targets were presented to the full leadership group in January 2022. Final results will also be presented to the ICC at its first scheduled meeting in calendar year 2022. The parent chair of the ICC was a part of the APR review process, and the ICC has adopted the NC ITP's APR and certified it as representing ICC members' views.

Changes to the NC ITPs APR include updating the baseline year for several Indicators. For Family Outcomes, the baseline year is being updated to FY 2016. As noted in prior APRs, the NC ITP made sweeping changes to its process for collecting family outcomes data in FFY 2016, including changing the survey used from the NCSEAM to the FOS-R and changing the collection process from once a year through the mail to on-going at each child's semi-annual IFSP review with paper, online, and phone options for families to complete the survey.

Additionally, the NC ITP is updating the baseline year for Indicators 2, 5, and 6 based on data from the December 1 headcount. The NC ITP would like to update the baseline year on these indicators to FFY 2010 – the year the program’s current data system began use. The previous data systems were shared with schools, and it was difficult to ensure children had a single unique identifier in the system making de-duplicating for headcount more challenging. As well, while the current baseline year for these indicators is FFY 2005, the NC ITP changed its eligibility definition in FFY 2006. The NC ITP feels updating the baseline year to FFY 2010 better reflects current practices regarding both eligibility and data collection/reporting.

Prepopulated Data

Source	Date	Description	Data
SY 2020-21 EMAPS IDEA Part C Child Count and Settings Survey; Section A: Child Count and Settings by Age	07/08/2021	Number of infants and toddlers with IFSPs who primarily receive early intervention services in the home or community-based settings	8,849
SY 2020-21 EMAPS IDEA Part C Child Count and Settings Survey; Section A: Child Count and Settings by Age	07/08/2021	Total number of infants and toddlers with IFSPs	8,935

FFY 2020 SPP/APR Data

Number of infants and toddlers with IFSPs who primarily receive early intervention services in the home or community-based settings	Total number of Infants and toddlers with IFSPs	FFY 2019 Data	FFY 2020 Target	FFY 2020 Data	Status	Slippage
8,849	8,935	99.50%	98.50%	99.04%	Met target	No Slippage

Provide additional information about this indicator (optional).

Data for this indicator were gathered from HIS, utilizing the December 1, 2020, headcount. There were eight thousand nine hundred thirty-five (8,935) children in the NC ITP’s December 1, 2020, headcount. Of these 8,935 children, 86 (0.96%) did not receive early intervention services primarily in the home or community-based settings. The 99.04% of children who did receive services in the home or community-based setting is well above the state’s target of 98.50%.

2 - Prior FFY Required Actions

None

2 - OSEP Response

The State has revised the baseline for this indicator, using data from FFY 2010, and OSEP accepts that revision.

The State provided targets for FFYs 2020 through 2025 for this indicator, and OSEP accepts those targets.

2 - Required Actions

Indicator 3: Early Childhood Outcomes

Instructions and Measurement

Monitoring Priority: Early Intervention Services In Natural Environments

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

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

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

Data Source

State selected data source.

Measurement

Outcomes:

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

Progress categories for A, B and C:

- a. Percent of infants and toddlers who did not improve functioning = [(# of infants and toddlers who did not improve functioning) divided by (# of infants and toddlers with IFSPs assessed)] times 100.
- b. Percent of infants and toddlers who improved functioning but not sufficient to move nearer to functioning comparable to same-aged peers = [(# of infants and toddlers who improved functioning but not sufficient to move nearer to functioning comparable to same-aged peers) divided by (# of infants and toddlers with IFSPs assessed)] times 100.
- c. Percent of infants and toddlers who improved functioning to a level nearer to same-aged peers but did not reach it = [(# of infants and toddlers who improved functioning to a level nearer to same-aged peers but did not reach it) divided by (# of infants and toddlers with IFSPs assessed)] times 100.
- d. Percent of infants and toddlers who improved functioning to reach a level comparable to same-aged peers = [(# of infants and toddlers who improved functioning to reach a level comparable to same-aged peers) divided by (# of infants and toddlers with IFSPs assessed)] times 100.
- e. Percent of infants and toddlers who maintained functioning at a level comparable to same-aged peers = [(# of infants and toddlers who maintained functioning at a level comparable to same-aged peers) divided by (# of infants and toddlers with IFSPs assessed)] times 100.

Summary Statements for Each of the Three Outcomes:

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

Measurement for Summary Statement 1:

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

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

Measurement for Summary Statement 2:

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

Instructions

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

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

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

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

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

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

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

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

3 - Indicator Data

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

NO

Targets: Description of Stakeholder Input

The NC ITP continues to value and obtain broad and regular input from several stakeholder groups. The NC Interagency Coordinating Council (ICC), NC ITP leadership (including CDSA directors and EIB staff), and SSIP implementation team leaders have been provided historical APR data and data trends, graphic representations of outcomes, analyses related to performance, and data that compared the NC ITP's data to comparable data from other states and territories. This put the N.C. ITP's data in context and helps these groups obtain perspective on how the NC ITP performs in comparison to previous years and to other states. This has also been part of a multi-year effort by the NC ITP's Data and Evaluation team to increase data literacy and data use by NC ITP stakeholders, both to facilitate data-informed decision making and to prepare stakeholders for the APR target setting process they would be undertaking for FFY 2020-2025.

For the current SPP/APR, the ICC, NC ITP leadership, parents, and other stakeholders reviewed multiple years of APR data to provide input on targets going forward for Child Outcomes, Family Outcomes, population served birth-to-1 and birth-to-3, the percent of children served in a Natural Environment, and the State-identified Measurable Results (SiMR). Prior to stakeholder meetings, the NC ITP's Data and Evaluation team developed proposed targets for each Indicator based on a variety of commonly used methodologies including: setting targets based on highest performance in prior years, using the Meaningful Difference Calculators developed by the Early Childhood Outcomes Center, using the highest performance by other states, and using pre-COVID trend data. Stakeholder groups were also encouraged to develop their own targets where they did not find any of the pre-developed targets met their needs – targets for both Family Outcomes and Child Outcomes were developed by the stakeholders themselves, while other targets were chosen from those assembled by the Data and Evaluation team.

State-wide data and trends were presented to the ICC at a special meeting in December 2021 to obtain their input regarding targets. Additional input was gathered from CDSA Directors and NC EIB staff across multiple leadership meetings. Further, Data and Evaluation Team members partnered with staff from NC's Parent Training Information Center (Exceptional Children's Assistance Center) to hold family input meetings to inform targets as well. Input from parents was solicited across two days of meetings (described below). While there was consensus between stakeholder groups on targets across many of the APR Indicators, areas where there was not consensus were reviewed with NC ITP management and final APR targets were presented to the full leadership group in January 2022. Final results will also be presented to the ICC at its first scheduled meeting in calendar year 2022. The parent chair of the ICC was a part of the APR review process, and the ICC has adopted the NC ITP's APR and certified it as representing ICC members' views.

Changes to the NC ITPs APR include updating the baseline year for several Indicators. For Family Outcomes, the baseline year is being updated to FY 2016. As noted in prior APRs, the NC ITP made sweeping changes to its process for collecting family outcomes data in FFY 2016, including changing the survey used from the NCSEAM to the FOS-R and changing the collection process from once a year through the mail to on-going at each child's semi-annual IFSP review with paper, online, and phone options for families to complete the survey.

Additionally, the NC ITP is updating the baseline year for Indicators 2, 5, and 6 based on data from the December 1 headcount. The NC ITP would like to update the baseline year on these indicators to FFY 2010 – the year the program's current data system began use. The previous data systems were shared with schools, and it was difficult to ensure children had a single unique identifier in the system making de-duplicating for headcount more challenging. As well, while the current baseline year for these indicators is FFY 2005, the NC ITP changed its eligibility definition in FFY 2006. The NC ITP feels updating the baseline year to FFY 2010 better reflects current practices regarding both eligibility and data collection/reporting.

Historical Data

Outcome	Baseline	FFY	2015	2016	2017	2018	2019
A1	2008	Target>=	73.50%	73.50%	73.50%	74.00%	74.00%
A1	72.90%	Data	71.28%	70.88%	72.07%	74.29%	75.21%
A2	2008	Target>=	60.00%	60.50%	60.50%	61.00%	61.00%
A2	59.00%	Data	58.38%	55.83%	53.13%	52.94%	52.46%
B1	2008	Target>=	80.00%	80.00%	80.00%	80.50%	80.50%
B1	79.50%	Data	76.66%	78.11%	78.16%	79.77%	81.06%
B2	2008	Target>=	51.40%	51.40%	51.40%	52.00%	52.00%
B2	50.50%	Data	50.99%	49.49%	47.01%	48.05%	47.20%
C1	2008	Target>=	78.00%	78.20%	78.20%	78.40%	78.40%
C1	77.60%	Data	76.79%	77.28%	77.01%	78.89%	79.73%
C2	2008	Target>=	58.00%	58.50%	58.60%	58.60%	58.60%
C2	57.20%	Data	57.55%	55.91%	52.53%	52.05%	51.90%

Targets

FFY	2020	2021	2022	2023	2024	2025
Target A1>=	74.00%	74.62%	75.12%	75.61%	76.11%	76.60%

Target A2>=	61.00%	53.15%	54.66%	56.17%	57.69%	59.20%
Target B1>=	80.50%	80.79%	81.22%	81.65%	82.07%	82.50%
Target B2>=	52.00%	47.72%	48.47%	49.21%	49.96%	50.70%
Target C1>=	78.40%	79.87%	80.30%	80.73%	81.17%	81.60%
Target C2>=	58.60%	51.70%	53.13%	54.55%	55.98%	57.40%

FFY 2020 SPP/APR Data

Number of infants and toddlers with IFSPs assessed

6,697

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

Outcome A Progress Category	Number of children	Percentage of Total
a. Infants and toddlers who did not improve functioning	21	0.31%
b. Infants and toddlers who improved functioning but not sufficient to move nearer to functioning comparable to same-aged peers	1,408	21.02%
c. Infants and toddlers who improved functioning to a level nearer to same-aged peers but did not reach it	1,810	27.03%
d. Infants and toddlers who improved functioning to reach a level comparable to same-aged peers	2,285	34.12%
e. Infants and toddlers who maintained functioning at a level comparable to same-aged peers	1,173	17.52%

Outcome A	Numerator	Denominator	FFY 2019 Data	FFY 2020 Target	FFY 2020 Data	Status	Slippage
A1. Of those children who entered or exited the program below age expectations in Outcome A, the percent who substantially increased their rate of growth by the time they turned 3 years of age or exited the program	4,095	5,524	75.21%	74.00%	74.13%	Met target	No Slippage
A2. The percent of infants and toddlers who were functioning within age expectations in Outcome A by the time they turned 3 years of age or exited the program	3,458	6,697	52.46%	61.00%	51.64%	Did not meet target	No Slippage

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

Outcome B Progress Category	Number of Children	Percentage of Total
a. Infants and toddlers who did not improve functioning	16	0.24%
b. Infants and toddlers who improved functioning but not sufficient to move nearer to functioning comparable to same-aged peers	1,185	17.69%
c. Infants and toddlers who improved functioning to a level nearer to same-aged peers but did not reach it	2,350	35.09%
d. Infants and toddlers who improved functioning to reach a level comparable to same-aged peers	2,566	38.32%
e. Infants and toddlers who maintained functioning at a level comparable to same-aged peers	580	8.66%

Outcome B	Numerator	Denominator	FFY 2019 Data	FFY 2020 Target	FFY 2020 Data	Status	Slippage
B1. Of those children who entered or exited the program below age expectations in	4,916	6,117	81.06%	80.50%	80.37%	Did not meet target	No Slippage

Outcome B	Numerator	Denominator	FFY 2019 Data	FFY 2020 Target	FFY 2020 Data	Status	Slippage
Outcome B, the percent who substantially increased their rate of growth by the time they turned 3 years of age or exited the program							
B2. The percent of infants and toddlers who were functioning within age expectations in Outcome B by the time they turned 3 years of age or exited the program	3,146	6,697	47.20%	52.00%	46.98%	Did not meet target	No Slippage

Outcome C: Use of appropriate behaviors to meet their needs

Outcome C Progress Category	Number of Children	Percentage of Total
a. Infants and toddlers who did not improve functioning	15	0.22%
b. Infants and toddlers who improved functioning but not sufficient to move nearer to functioning comparable to same-aged peers	1,242	18.55%
c. Infants and toddlers who improved functioning to a level nearer to same-aged peers but did not reach it	2,073	30.95%
d. Infants and toddlers who improved functioning to reach a level comparable to same-aged peers	2,782	41.54%
e. Infants and toddlers who maintained functioning at a level comparable to same-aged peers	585	8.74%

Outcome C	Numerator	Denominator	FFY 2019 Data	FFY 2020 Target	FFY 2020 Data	Status	Slippage
C1. Of those children who entered or exited the program below age expectations in Outcome C, the percent who substantially increased their rate of growth by the time they turned 3 years of age or exited the program	4,855	6,112	79.73%	78.40%	79.43%	Met target	No Slippage
C2. The percent of infants and toddlers who were functioning within age expectations in Outcome C by the time they turned 3 years of age or exited the program	3,367	6,697	51.90%	58.60%	50.28%	Did not meet target	Slippage

Provide reasons for C2 slippage, if applicable

Decreases in Child Outcomes scores across Summary Statement 1 and 2 for all three components of Child Outcomes may point to a small impact from the COVID pandemic on Child Outcomes (see narrative below). The decreases in Summary Statement 2 for Outcome C is also part of a longer trend of decreases in Summary Statement 2 across all areas of Child Outcomes, though the decrease only met the threshold for "slippage" for Outcome C.

The number of infants and toddlers who did not receive early intervention services for at least six months before exiting the Part C program.

Question	Number
The number of infants and toddlers who exited the Part C program during the reporting period, as reported in the State's Part C exiting 618 data	8,849
The number of those infants and toddlers who did not receive early intervention services for at least six months before exiting the Part C program.	1,932

Sampling Question	Yes / No
Was sampling used?	NO

Did you use the Early Childhood Outcomes Center (ECO) Child Outcomes Summary Form (COS) process? (yes/no)

YES

List the instruments and procedures used to gather data for this indicator.

North Carolina uses the ECO COS process. CDSA staff enter initial and exit COS scores into HIS. Data from this system is uploaded daily into the Client Services Data Warehouse, where staff at both the local and state levels can run queries specifically designed to ensure that children receive COS ratings when required. Staff run queries monthly that help them identify children with initial IFSPs who have not received an initial COS rating and children who have exited the program or turned three who have not received an exit COS rating.

Annually, EIB staff coordinate a state-wide clean-up of COS data that includes running data reports of initial and exit scores for all children enrolled in the NC ITP. Data are checked for completeness and for any "impossible ratings." CDSA staff are notified of incomplete or impossible ratings, which staff remedy by entering corrected data into HIS or providing information

Provide additional information about this indicator (optional).

FFY 2020 saw decreases in scores for Summary Statement 1 across all three components of Child Outcomes. This represents a departure from recent trends where the NC ITP had experienced slow but steady progress on Summary Statement 1 over time. While scores were lower in FY 2020, they were not outside the range of scores seen over the past few years and scores for FFY 2020 were higher than the average for FFY 2015 through FFY 2019:

- Positive Social-Emotional – FFY 2015-2019 average = 72.75%, FFY 2020 = 74.13%
- Acquiring Knowledge and Skills – FFY 2015-2019 average = 78.75%, FFY 2020 = 80.37%
- Taking Actions to Meet Needs – FFY 2015-2019 average = 77.94%, FFY 2020 = 79.43%

The NC ITP continued to see small decreases for Summary Statement 2 for each of the three outcomes, continuing a trend of gradual decreases since FFY 2013. The decreases in Summary Statement 2 for Positive Social-Emotional and Acquiring Knowledge and Skills were not statistically significant:

- Positive Social-Emotional – FFY 2019 = 52.46%, FFY 2020 = 51.64%, -0.83 difference
- Acquiring Knowledge and Skills – FFY 2019 = 47.20%, FFY 2020 = 46.98%, -0.22 difference

However, the decrease in scores for Taking Action to Meet Needs was found to be significant using the ECO Meaningful Difference calculator.

- Taking Action to Meet Needs – FFY 2019 = 51.90%, FFY 2020 = 50.28%, -1.62 difference

While the decreases for FFY 2020 were still relatively small, the longer-term trend in Summary Statement 2 continues to be of concern, along with the decrease in scores for Summary Statement 1 after several years of increases. The extent to which the COVID-19 pandemic impacted scores is difficult to determine based on a single year of data, but the changes in Summary Statement 1, though small, do make it likely that the pandemic and the programmatic changes it necessitated did have a negative impact on Child Outcomes.

3 - Prior FFY Required Actions

None

3 - OSEP Response

The State provided targets for FFYs 2020 through 2025 for this indicator, and OSEP accepts those targets.

3 - Required Actions

Indicator 4: Family Involvement

Instructions and Measurement

Monitoring Priority: Early Intervention Services In Natural Environments

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

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

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

Data Source

State selected data source. State must describe the data source in the SPP/APR.

Measurement

- A. Percent = [(# of respondent families participating in Part C who report that early intervention services have helped the family know their rights) divided by the (# of respondent families participating in Part C)] times 100.
- B. Percent = [(# of respondent families participating in Part C who report that early intervention services have helped the family effectively communicate their children's needs) divided by the (# of respondent families participating in Part C)] times 100.
- C. Percent = [(# of respondent families participating in Part C who report that early intervention services have helped the family help their children develop and learn) divided by the (# of respondent families participating in Part C)] times 100.

Instructions

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

Provide the actual numbers used in the calculation.

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

While a survey is not required for this indicator, a State using a survey must submit a copy of any new or revised survey with its SPP/APR.

Report the number of families to whom the surveys were distributed and the number of respondent families participating in Part C. The survey response rate is auto calculated using the submitted data.

States will be required to compare the current year's response rate to the previous year(s) response rate(s), and describe strategies that will be implemented which are expected to increase the response rate year over year, particularly for those groups that are underrepresented.

The State must also analyze the response rate to identify potential nonresponse bias and take steps to reduce any identified bias and promote response from a broad cross section of families that received Part C services.

Include the State's analysis of the extent to which the demographics of the infants or toddlers for whom families responded are representative of the demographics of infants and toddlers receiving services in the Part C program. States should consider categories such as race/ethnicity, age of infant or toddler, and geographic location in the State.

States must describe the metric used to determine representativeness (e.g., +/- 3% discrepancy in the proportion of responders compared to target group)

If the analysis shows that the demographics of the infants or toddlers for whom families responded are not representative of the demographics of infants and toddlers receiving services in the Part C program, describe the strategies that the State will use to ensure that in the future the response data are representative of those demographics. In identifying such strategies, the State should consider factors such as how the State distributed the survey to families (e.g., by mail, by e-mail, on-line, by telephone, in-person), if a survey was used, and how responses were collected.

Beginning with the FFY 2022 SPP/APR, due February 1, 2024, when reporting the extent to which the demographics of the infants or toddlers for whom families responded are representative of the demographics of infants and toddlers enrolled in the Part C program, States must include race and ethnicity in its analysis. In addition, the State's analysis must also include at least one of the following demographics: socioeconomic status, parents or guardians whose primary language is other than English and who have limited English proficiency, maternal education, geographic location, and/or another demographic category approved through the stakeholder input process.

States are encouraged to work in collaboration with their OSEP-funded parent centers in collecting data.

4 - Indicator Data

Historical Data

Measure	Baseline	FFY	2015	2016	2017	2018	2019
A	2016	Target>=	75.00%	75.00%	76.00%	76.00%	92.50%
A	92.84%	Data	75.54%	92.84%	94.85%	95.67%	95.36%
B	2016	Target>=	72.00%	72.50%	72.50%	72.50%	95.00%
B	94.86%	Data	72.50%	94.86%	95.95%	96.38%	96.35%
C	2016	Target>=	84.00%	84.00%	84.00%	84.00%	88.00%
C	90.76%	Data	83.07%	90.76%	93.19%	93.81%	93.49%

Targets

FFY	2020	2021	2022	2023	2024	2025
Target A>=	92.50%	98.54%	90.40%	91.27%	92.13%	93.00%
Target B>=	95.00%	92.22%	92.92%	93.61%	94.31%	95.00%
Target C>=	88.00%	86.11%	87.33%	88.56%	89.78%	91.00%

Targets: Description of Stakeholder Input

The NC ITP continues to value and obtain broad and regular input from several stakeholder groups. The NC Interagency Coordinating Council (ICC), NC ITP leadership (including CDSA directors and EIB staff), and SSIP implementation team leaders have been provided historical APR data and data trends, graphic representations of outcomes, analyses related to performance, and data that compared the NC ITP's data to comparable data from other states and territories. This put the N.C. ITP's data in context and helps these groups obtain perspective on how the NC ITP performs in comparison to previous years and to other states. This has also been part of a multi-year effort by the NC ITP's Data and Evaluation team to increase data literacy and data use by NC ITP stakeholders, both to facilitate data-informed decision making and to prepare stakeholders for the APR target setting process they would be undertaking for FFY 2020-2025.

For the current SPP/APR, the ICC, NC ITP leadership, parents, and other stakeholders reviewed multiple years of APR data to provide input on targets going forward for Child Outcomes, Family Outcomes, population served birth-to-1 and birth-to-3, the percent of children served in a Natural Environment, and the State-identified Measurable Results (SiMR). Prior to stakeholder meetings, the NC ITP's Data and Evaluation team developed proposed targets for each Indicator based on a variety of commonly used methodologies including: setting targets based on highest performance in prior years, using the Meaningful Difference Calculators developed by the Early Childhood Outcomes Center, using the highest performance by other states, and using pre-COVID trend data. Stakeholder groups were also encouraged to develop their own targets where they did not find any of the pre-developed targets met their needs – targets for both Family Outcomes and Child Outcomes were developed by the stakeholders themselves, while other targets were chosen from those assembled by the Data and Evaluation team.

State-wide data and trends were presented to the ICC at a special meeting in December 2021 to obtain their input regarding targets. Additional input was gathered from CDSA Directors and NC EIB staff across multiple leadership meetings. Further, Data and Evaluation Team members partnered with staff from NC's Parent Training Information Center (Exceptional Children's Assistance Center) to hold family input meetings to inform targets as well. Input from parents was solicited across two days of meetings (described below). While there was consensus between stakeholder groups on targets across many of the APR Indicators, areas where there was not consensus were reviewed with NC ITP management and final APR targets were presented to the full leadership group in January 2022. Final results will also be presented to the ICC at its first scheduled meeting in calendar year 2022. The parent chair of the ICC was a part of the APR review process, and the ICC has adopted the NC ITP's APR and certified it as representing ICC members' views.

Changes to the NC ITPs APR include updating the baseline year for several Indicators. For Family Outcomes, the baseline year is being updated to FY 2016. As noted in prior APRs, the NC ITP made sweeping changes to its process for collecting family outcomes data in FFY 2016, including changing the survey used from the NCSEAM to the FOS-R and changing the collection process from once a year through the mail to on-going at each child's semi-annual IFSP review with paper, online, and phone options for families to complete the survey.

Additionally, the NC ITP is updating the baseline year for Indicators 2, 5, and 6 based on data from the December 1 headcount. The NC ITP would like to update the baseline year on these indicators to FFY 2010 – the year the program's current data system began use. The previous data systems were shared with schools, and it was difficult to ensure children had a single unique identifier in the system making de-duplicating for headcount more challenging. As well, while the current baseline year for these indicators is FFY 2005, the NC ITP changed its eligibility definition in FFY 2006. The NC ITP feels updating the baseline year to FFY 2010 better reflects current practices regarding both eligibility and data collection/reporting.

FFY 2020 SPP/APR Data

The number of families to whom surveys were distributed	8,730
Number of respondent families participating in Part C	1,742
Survey Response Rate	19.95%
A1. Number of respondent families participating in Part C who report that early intervention services have helped the family know their rights	1,487
A2. Number of responses to the question of whether early intervention services have helped the family know their rights	1,677
B1. Number of respondent families participating in Part C who report that early intervention services have helped the family effectively communicate their children's needs	1,534
B2. Number of responses to the question of whether early intervention services have helped the family effectively communicate their children's needs	1,676
C1. Number of respondent families participating in Part C who report that early intervention services have helped the family help their children develop and learn	1,416
C2. Number of responses to the question of whether early intervention services have helped the family help their children develop and learn	1,668

Measure	FFY 2019 Data	FFY 2020 Target	FFY 2020 Data	Status	Slippage
A. Percent of families participating in Part C who report that early intervention services have helped the family know their rights (A1 divided by A2)	95.36%	92.50%	88.67%	Did not meet target	Slippage
B. Percent of families participating in Part C who report that early intervention services have helped the family effectively communicate their children's needs (B1 divided by B2)	96.35%	95.00%	91.53%	Did not meet target	Slippage
C. Percent of families participating in Part C who report that early intervention services have helped the family help their children develop and learn (C1 divided by C2)	93.49%	88.00%	84.89%	Did not meet target	Slippage

Provide reasons for part A slippage, if applicable

A review of data across FFY 2019 and FFY 2020 showed that scores for Family Outcomes have been significantly lower since the beginning of the COVID-19 pandemic. The NC ITP reviews scores and response rates on a quarterly basis with its CDSA Family Outcomes Coordinators and other agency leadership. The drop in scores became evident starting in the fourth quarter of FFY 2019 (April through June 2020) – the first quarter of data impacted by the pandemic.

Provide reasons for part B slippage, if applicable

See above

Provide reasons for part C slippage, if applicable

See above

Sampling Question	Yes / No
Was sampling used?	NO

Question	Yes / No
Was a collection tool used?	YES
If yes, is it a new or revised collection tool?	NO
The demographics of the infants or toddlers for whom families responded are representative of the demographics of infants and toddlers enrolled in the Part C program.	NO

If not, describe the strategies that the State will use to ensure that in the future the response data are representative of those demographics.

While Family Outcomes data from prior years has been generally representative, the NC ITP had already begun working to improve response rates overall and response rates for minority populations to be even more truly representative. Several activities were noted on the FFY 2019 APR, including reviewing the data quarterly with the CDSA Family Outcomes Coordinators (FOCs) and leadership, brainstorming sessions with the FOCs, working with targeted CDSAs to both overall low response rates and to improve response rates for specific targeted racial/ethnic groups where the CDSA may be having difficulties, and reviewing strategies that are working with the larger FOC group. These efforts continued in FFY 2020 and will continue in FFY 2021. One new effort in FFY 2020 was the establishment of a 1-800 number for families to complete the survey over the phone. While this has not yet resulted in increased response rates, the most recent FOC meeting discussed reinforcing with CDSA staff that this option is available and to encourage its use, particularly with families in under-served groups who may have less access to complete the survey online.

Survey Response Rate

FFY	2019	2020
Survey Response Rate	20.20%	19.95%

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

As noted above, the NC ITP has implemented a variety of strategies designed to improve response rates, both for under-represented groups and for the program as a whole. Given the impact of the pandemic on how the survey has been distributed and completed, that the response rate did not decrease from FFY 2019 to FFY 2020 has been reinforced to staff as a positive takeaway from the work that has been done over the course of FFY 2019 and FFY 2020 to address response rates. However, the NC ITP would like to see the response rate increase and has some additional plans for FFY 2021. These include continued work with targeted CDSAs, continued review of the data and strategies that are working at the quarterly FOC meetings, and working with CDSAs and families to increase use of the 1-800 number option for completing the survey. The NC ITP's Diversity, Equity, and Inclusion (DEI) Council is also being leveraged to assist with efforts to improve response rates for underrepresented groups. NC ITP staff presented information to the DEI Council on the work-to-date to address representativeness to provide that group with an understanding of the data and initiatives already underway, gather their feedback, and lay the groundwork for including their expertise in the work going forward.

Additional ideas generated through the FOC meetings that are under consideration include: technical improvements to the Family Outcomes flyer to make it more user-friendly for cell phone and tablet use and allow for direct access to the survey online through clicking on the family's unique password, translation of the survey into additional languages that are becoming more prevalent, potential use of DocuSign for families to complete and return surveys, and additional revisions to the flyer to ensure families understand all of the available options for completing the survey. In the longer term, the NC ITP is including the Family Outcomes Survey as a part of the RFP for developing a new data system. Specification for the new system include a parent portal where families would be able to complete the survey and automated reminders for families who are due or past due for completing the survey.

Describe the analysis of the response rate including any nonresponse bias that was identified, and the steps taken to reduce any identified bias and promote response from a broad cross section of families that received Part C services.

In addition to the issues noted with response rates for families of Black or African American and Hispanic children discussed below, changes to the way surveys were completed by families likely impacted both response rates overall and from specific demographic groups. Prior to the COVID-19 pandemic, the majority of Family Outcomes surveys were completed on paper copies, usually during the semi-annual IFSP meeting, returned to the EISC, and mailed to the NC ITP central office for data entry. However, since the start of the COVID-19 pandemic in March/April 2020, EISCs have not been meeting with families face-to-face, eliminating that avenue for families to submit paper surveys, and the majority of surveys are not completed by families online.

While prior to the pandemic, the majority of surveys were submitted on paper by all racial/ethnic groups, the percent submitted on paper was higher for families of Black or African American and Hispanic children. The change to surveys needing to be completed online coincided with decreases in response rates for families of these children, indicating that the “digital divide” may have had a more significant impact on these families’ ability to complete the survey. As discussed in other sections, additional strategies continue to be pursued to increase response rates for these groups, as well as for all families.

Include the State’s analysis of the extent to which the demographics of the infants or toddlers for whom families responded are representative of the demographics of infants and toddlers enrolled in the Part C program. States should consider categories such as race/ethnicity, age of infant or toddler, and geographic location in the State.

For the first time since changing its process for conducting the Family Outcomes survey in FFY 2016, the data was less representative in FFY 2020 as compared to the previous year. While data for the smallest racial groups (American Indian or Alaska Native, Asian, Native Hawaiian or Pacific Islander, and Two or More Races) were consistent with their proportion of the NC ITP’s enrolled children, for the three largest groups – Black or African American, Hispanic, and White children – this was not the case.

- Families of White children were significantly over-represented in responses. White children made up 50.6% of the children on the December 1, 2020, headcount, while their families accounted for 60.6% of Family Outcomes survey responses in FFY 2020.
- Families of Black or African American and Hispanic children were under-represented in the survey responses.
- Black or African American children made up 24.5% of the December 1, 2020, headcount, but their families represented only 18.3% of the survey responses.
- Hispanic children made up 18.4% of the December 1, 2020, headcount, but their families represented only 14.9% of the survey responses.

Describe the metric used to determine representativeness (e.g., +/- 3% discrepancy, age of the infant or toddler, and geographic location in the proportion of responders compared to target group).

In prior years, representativeness was determined through a review of both the percent of all respondents within each race/ethnicity categories compared to their percentage of the overall enrolled child population, as well as the response rates for each group. The data had been broadly representative, though some areas for improvement were noted in most years. For FFY 2020, the differences in response rate and in proportional representation led to use of the ECO Meaningful Difference Calculator. The results reinforced what was noted in the initial review – the data was not representative for Black or African American, Hispanic, and White children.

Provide additional information about this indicator (optional).

Prior to the COVID-19 pandemic, scores on all three subscales of the Family Outcomes survey had been consistently high in the mid 90-percent range. Scores dropped slightly in FFY 2019 as the last quarter of the year (April through June 2020) was impacted by the pandemic but not enough to significantly impact scores for the full year. With the pandemic impacting all of FFY 2020, scores dropped considerably across all three areas of Family Outcomes:

- For A – helped the family know their rights – scores dropped from 95.36% in FFY 2019 to 88.67% in FFY 2020 – a 6.69 percent drop
- For B – helped the family communicate their child’s needs – scores dropped from 96.35% in FFY 2019 to 91.53% in FFY 2020 – a 4.82 percent drop
- For C – helped the family help their child – scores dropped from 93.49% in FFY 2019 to 84.89% in FFY 2020 – a 8.6 percent drop

While the focus of the NC ITP’s work around Family Outcomes in FFY 2020 has been on response rates, the decrease in scores has become an increasing concern as scores remained low over the course of FFY 2020. Initial conversations with some low scoring CDSAs have been conducted to brainstorm potential analyses to identify what might be driving lower scores and how to address those issues. Planning for additional analysis of the data in FFY 2021 is currently underway.

4 - Prior FFY Required Actions

OSEP notes that the State submitted verification that the attachment complies with Section 508 of the Rehabilitation Act of 1973, as amended (Section 508). However, one or more of the attachments included in the State’s FFY 2019 SPP/APR submission are not in compliance with Section 508 and will not be posted on the U.S. Department of Education’s IDEA website. Therefore, the State must make the attachment(s) available to the public as soon as practicable, but no later than 120 days after the date of the determination letter.

Response to actions required in FFY 2019 SPP/APR

A version of North Carolina’s FFY 2019 APR, including the charts and graphs originally submitted to OSEP as attachments, was posted to the NC ITP’s website at:

<https://bearly.nc.gov/data/files/pdf/APRFY2019.pdf>

Charts and graphs in this document include alt text descriptions and should be 508 compliant.

4 - OSEP Response

The State has revised the baseline for this indicator, using data from FFY 2016, and OSEP accepts that revision.

The State provided targets for FFYs 2020 through 2025 for this indicator, and OSEP accepts those targets.

The State provided an explanation of how COVID-19 impacted its ability to collect FFY 2020 data for this indicator and steps the State has taken to mitigate the impact of COVID-19 on data collection.

4 - Required Actions

In the FFY 2021 SPP/APR, the State must report whether its FFY 2021 response data are representative of the demographics of infants, toddlers, and families enrolled in the Part C program , and, if not, the actions the State is taking to address this issue. The State must also include its analysis of the extent to which the demographics of the families responding are representative of the population.

Indicator 5: Child Find (Birth to One)

Instructions and Measurement

Monitoring Priority: Effective General Supervision Part C / Child Find

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

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

Data Source

Data collected under section 618 of the IDEA (IDEA Part C Child Count and Settings data collection in the *EDFacts* Metadata and Process System (*EMAPS*)) and Census (for the denominator).

Measurement

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

Instructions

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

Describe the results of the calculations. The data reported in this indicator should be consistent with the State's reported 618 data reported in Table 1. If not, explain why.

5 - Indicator Data

Historical Data

Baseline Year	Baseline Data
2010	1.01%

FFY	2015	2016	2017	2018	2019
Target >=	1.10%	1.15%	1.15%	1.15%	1.15%
Data	1.14%	1.18%	1.16%	1.15%	1.16%

Targets

FFY	2020	2021	2022	2023	2024	2025
Target >=	1.15%	1.11%	1.21%	1.23%	1.25%	1.27%

Targets: Description of Stakeholder Input

The NC ITP continues to value and obtain broad and regular input from several stakeholder groups. The NC Interagency Coordinating Council (ICC), NC ITP leadership (including CDSA directors and EIB staff), and SSIP implementation team leaders have been provided historical APR data and data trends, graphic representations of outcomes, analyses related to performance, and data that compared the NC ITP's data to comparable data from other states and territories. This put the N.C. ITP's data in context and helps these groups obtain perspective on how the NC ITP performs in comparison to previous years and to other states. This has also been part of a multi-year effort by the NC ITP's Data and Evaluation team to increase data literacy and data use by NC ITP stakeholders, both to facilitate data-informed decision making and to prepare stakeholders for the APR target setting process they would be undertaking for FFY 2020-2025.

For the current SPP/APR, the ICC, NC ITP leadership, parents, and other stakeholders reviewed multiple years of APR data to provide input on targets going forward for Child Outcomes, Family Outcomes, population served birth-to-1 and birth-to-3, the percent of children served in a Natural Environment, and the State-identified Measurable Results (SiMR). Prior to stakeholder meetings, the NC ITP's Data and Evaluation team developed proposed targets for each Indicator based on a variety of commonly used methodologies including: setting targets based on highest performance in prior years, using the Meaningful Difference Calculators developed by the Early Childhood Outcomes Center, using the highest performance by other states, and using pre-COVID trend data. Stakeholder groups were also encouraged to develop their own targets where they did not find any of the pre-developed targets met their needs – targets for both Family Outcomes and Child Outcomes were developed by the stakeholders themselves, while other targets were chosen from those assembled by the Data and Evaluation team.

State-wide data and trends were presented to the ICC at a special meeting in December 2021 to obtain their input regarding targets. Additional input was gathered from CDSA Directors and NC EIB staff across multiple leadership meetings. Further, Data and Evaluation Team members partnered with staff from NC's Parent Training Information Center (Exceptional Children's Assistance Center) to hold family input meetings to inform targets as well. Input from parents was solicited across two days of meetings (described below). While there was consensus between stakeholder groups on targets across many of the APR Indicators, areas where there was not consensus were reviewed with NC ITP management and final APR targets were presented to the full leadership group in January 2022. Final results will also be presented to the ICC at its first scheduled meeting in calendar year 2022. The parent chair of the ICC was a part of the APR review process, and the ICC has adopted the NC ITP's APR and certified it as representing ICC members' views.

Changes to the NC ITPs APR include updating the baseline year for several Indicators. For Family Outcomes, the baseline year is being updated to FY 2016. As noted in prior APRs, the NC ITP made sweeping changes to its process for collecting family outcomes data in FFY 2016, including changing the survey used from the NCSEAM to the FOS-R and changing the collection process from once a year through the mail to on-going at each child's semi-annual IFSP review with paper, online, and phone options for families to complete the survey.

Additionally, the NC ITP is updating the baseline year for Indicators 2, 5, and 6 based on data from the December 1 headcount. The NC ITP would like to update the baseline year on these indicators to FFY 2010 – the year the program's current data system began use. The previous data systems were

shared with schools, and it was difficult to ensure children had a single unique identifier in the system making de-duplicating for headcount more challenging. As well, while the current baseline year for these indicators is FFY 2005, the NC ITP changed its eligibility definition in FFY 2006. The NC ITP feels updating the baseline year to FFY 2010 better reflects current practices regarding both eligibility and data collection/reporting.

Prepopulated Data

Source	Date	Description	Data
SY 2020-21 EMAPS IDEA Part C Child Count and Settings Survey; Section A: Child Count and Settings by Age	07/08/2021	Number of infants and toddlers birth to 1 with IFSPs	1,115
Annual State Resident Population Estimates for 6 Race Groups (5 Race Alone Groups and Two or More Races) by Age, Sex, and Hispanic Origin: April 1, 2010 to July 1, 2020	07/08/2021	Population of infants and toddlers birth to 1	118,309

FFY 2020 SPP/APR Data

Number of infants and toddlers birth to 1 with IFSPs	Population of infants and toddlers birth to 1	FFY 2019 Data	FFY 2020 Target	FFY 2020 Data	Status	Slippage
1,115	118,309	1.16%	1.15%	0.94%	Did not meet target	Slippage

Provide reasons for slippage, if applicable

The percent of children birth-to-1 served in FFY 2020 represents an historic low for the NC ITP. Prior to FFY 2020, the state had met its target on this indicator every year since FFY 2010. The NC ITP reports on its headcount for children birth-to-1 on a monthly basis and has been able to track the impact of the pandemic over time. Prior to the start of the COVID-19 pandemic, headcount for this age group was at historic highs, at or near 1,400 children on any given day. With the start of the pandemic, referrals into the NC ITP dropped substantially and took several months to return to pre-pandemic levels. As a result, for much of FFY 2020, headcount for children birth-to-1 hovered at or just below 1,100 children on a given day and continues at that level at the time of writing.

Provide additional information about this indicator (optional)

In FFY 2020, the NC ITP provided services to 0.94% (1,115 of 118,309) of children ages birth to one in the state. This represents a significant decrease from FFY 2019 and represents the first year since FFY 2010 that the NC ITP has not met its target for percentage of children age birth to one served.

As noted above when discussing slippage, the COVID-19 pandemic had a significant impact on referrals to and enrollment in the NC ITP.

5 - Prior FFY Required Actions

None

5 - OSEP Response

The State has revised the baseline for this indicator, using data from FFY 2010, and OSEP accepts that revision.

The State provided targets for FFYs 2020 through 2025 for this indicator, and OSEP accepts those targets.

5 - Required Actions

Indicator 6: Child Find (Birth to Three)

Instructions and Measurement

Monitoring Priority: Effective General Supervision Part C / Child Find

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

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

Data Source

Data collected under IDEA section 618 of the IDEA (IDEA Part C Child Count and Settings data collection in the ED*Facts* Metadata and Process System (EMAPS)) and Census (for the denominator).

Measurement

Percent = [(# of infants and toddlers birth to 3 with IFSPs) divided by the (population of infants and toddlers birth to 3)] times 100.

Instructions

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

Describe the results of the calculations. The data reported in this indicator should be consistent with the State's reported 618 data reported in Table 1. If not, explain why.

6 - Indicator Data

Baseline Year	Baseline Data
2010	2.62%

FFY	2015	2016	2017	2018	2019
Target >=	2.70%	2.70%	2.70%	2.75%	2.85%
Data	2.81%	2.85%	2.88%	2.96%	3.01%

Targets

FFY	2020	2021	2022	2023	2024	2025
Target >=	2.85%	2.74%	3.00%	3.05%	3.10%	3.14%

Targets: Description of Stakeholder Input

The NC ITP continues to value and obtain broad and regular input from several stakeholder groups. The NC Interagency Coordinating Council (ICC), NC ITP leadership (including CDSA directors and EIB staff), and SSIP implementation team leaders have been provided historical APR data and data trends, graphic representations of outcomes, analyses related to performance, and data that compared the NC ITP's data to comparable data from other states and territories. This put the N.C. ITP's data in context and helps these groups obtain perspective on how the NC ITP performs in comparison to previous years and to other states. This has also been part of a multi-year effort by the NC ITP's Data and Evaluation team to increase data literacy and data use by NC ITP stakeholders, both to facilitate data-informed decision making and to prepare stakeholders for the APR target setting process they would be undertaking for FFY 2020-2025.

For the current SPP/APR, the ICC, NC ITP leadership, parents, and other stakeholders reviewed multiple years of APR data to provide input on targets going forward for Child Outcomes, Family Outcomes, population served birth-to-1 and birth-to-3, the percent of children served in a Natural Environment, and the State-identified Measurable Results (SiMR). Prior to stakeholder meetings, the NC ITP's Data and Evaluation team developed proposed targets for each Indicator based on a variety of commonly used methodologies including: setting targets based on highest performance in prior years, using the Meaningful Difference Calculators developed by the Early Childhood Outcomes Center, using the highest performance by other states, and using pre-COVID trend data. Stakeholder groups were also encouraged to develop their own targets where they did not find any of the pre-developed targets met their needs – targets for both Family Outcomes and Child Outcomes were developed by the stakeholders themselves, while other targets were chosen from those assembled by the Data and Evaluation team.

State-wide data and trends were presented to the ICC at a special meeting in December 2021 to obtain their input regarding targets. Additional input was gathered from CDSA Directors and NC EIB staff across multiple leadership meetings. Further, Data and Evaluation Team members partnered with staff from NC's Parent Training Information Center (Exceptional Children's Assistance Center) to hold family input meetings to inform targets as well. Input from parents was solicited across two days of meetings (described below). While there was consensus between stakeholder groups on targets across many of the APR Indicators, areas where there was not consensus were reviewed with NC ITP management and final APR targets were presented to the full leadership group in January 2022. Final results will also be presented to the ICC at its first scheduled meeting in calendar year 2022. The parent chair of the ICC was a part of the APR review process, and the ICC has adopted the NC ITP's APR and certified it as representing ICC members' views.

Changes to the NC ITPs APR include updating the baseline year for several Indicators. For Family Outcomes, the baseline year is being updated to FY 2016. As noted in prior APRs, the NC ITP made sweeping changes to its process for collecting family outcomes data in FFY 2016, including changing the survey used from the NCSEAM to the FOS-R and changing the collection process from once a year through the mail to on-going at each child's semi-annual IFSP review with paper, online, and phone options for families to complete the survey.

Additionally, the NC ITP is updating the baseline year for Indicators 2, 5, and 6 based on data from the December 1 headcount. The NC ITP would like to update the baseline year on these indicators to FFY 2010 – the year the program's current data system began use. The previous data systems were shared with schools, and it was difficult to ensure children had a single unique identifier in the system making de-duplicating for headcount more challenging. As well, while the current baseline year for these indicators is FFY 2005, the NC ITP changed its eligibility definition in FFY 2006. The NC ITP feels updating the baseline year to FFY 2010 better reflects current practices regarding both eligibility and data collection/reporting.

Prepopulated Data

Source	Date	Description	Data
SY 2020-21 EMAPS IDEA Part C Child Count and Settings Survey; Section A: Child Count and Settings by Age	07/08/2021	Number of infants and toddlers birth to 3 with IFSPs	8,935
Annual State Resident Population Estimates for 6 Race Groups (5 Race Alone Groups and Two or More Races) by Age, Sex, and Hispanic Origin: April 1, 2010 to July 1, 2020	07/08/2021	Population of infants and toddlers birth to 3	359,238

FFY 2020 SPP/APR Data

Number of infants and toddlers birth to 3 with IFSPs	Population of infants and toddlers birth to 3	FFY 2019 Data	FFY 2020 Target	FFY 2020 Data	Status	Slippage
8,935	359,238	3.01%	2.85%	2.49%	Did not meet target	Slippage

Provide reasons for slippage, if applicable

The percent of children birth-to-3 served in FFY 2020 represents an historic low for the NC ITP. Prior to FFY 2020, the state had met its target on this indicator every year since FFY 2006. Over that time, the state has been increasing its target, and had even increased the target as recently as FFY 2019 due to historically high headcount data. Daily and annual headcounts were at an all-time high just prior to the start of the COVID-19 pandemic in early spring 2020. For FFY 2019, the NC ITP topped 21,000 children served in a year for the first time in its history. In the first eight months of FFY 2020, daily headcount was averaging just under 11,000 children.

With the start of the pandemic, referrals into the NC ITP dropped substantially and took several months to return to pre-pandemic levels. This impacted agency headcount such that in February 2021, the NC ITP saw the lowest daily headcounts in well over a decade, at just under 8,800. Since that time, headcount has rebounded significantly, with headcount approaching 9,500 at the time of this report.

Provide additional information about this indicator (optional).

In FFY 2020, the NC ITP provided services to 2.49% (8,935 of 359,238) of children ages birth to three in the state. This represents the first time the NC ITP has missed its target for this indicator since the current APR structure was put in place.

See discussion above regarding slippage for more detail on the impact of COVID-19 on headcount.

6 - Prior FFY Required Actions

None

6 - OSEP Response

The State has revised the baseline for this indicator, using data from FFY 2010, and OSEP accepts that revision.

The State provided targets for FFYs 2020 through 2025 for this indicator, and OSEP accepts those targets.

6 - Required Actions

Indicator 7: 45-Day Timeline

Instructions and Measurement

Monitoring Priority: Effective General Supervision Part C / Child Find

Compliance indicator: Percent of eligible infants and toddlers with IFSPs for whom an initial evaluation and initial assessment and an initial IFSP meeting were conducted within Part C's 45-day timeline. (20 U.S.C. 1416(a)(3)(B) and 1442)

Data Source

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

Measurement

Percent = [(# of eligible infants and toddlers with IFSPs for whom an initial evaluation and initial assessment and an initial IFSP meeting were conducted within Part C's 45-day timeline) divided by the (# of eligible infants and toddlers evaluated and assessed for whom an initial IFSP meeting was required to be conducted)] times 100.

Account for untimely evaluations, assessments, and initial IFSP meetings, including the reasons for delays.

Instructions

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

Targets must be 100%.

Describe the results of the calculations and compare the results to the target. Describe the method used to collect these data and if data are from the State's monitoring, describe the procedures used to collect these data. Provide actual numbers used in the calculation.

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

Provide detailed information about the timely correction of noncompliance as noted in OSEP's response table for the previous SPP/APR. If the State did not ensure timely correction of the previous noncompliance, provide information on the extent to which noncompliance was subsequently corrected (more than one year after identification). In addition, provide information regarding the nature of any continuing noncompliance, methods to ensure correction, and any enforcement actions that were taken.

If the State reported less than 100% compliance for the previous reporting period (e.g., for the FFY 2020 SPP/APR, the data for FFY 2019), and the State did not identify any findings of noncompliance, provide an explanation of why the State did not identify any findings of noncompliance.

7 - Indicator Data

Historical Data

Baseline Year	Baseline Data
2005	97.00%

FFY	2015	2016	2017	2018	2019
Target	100%	100%	100%	100%	100%
Data	99.30%	98.56%	99.96%	99.76%	99.88%

Targets

FFY	2020	2021	2022	2023	2024	2025
Target	100%	100%	100%	100%	100%	100%

FFY 2020 SPP/APR Data

Number of eligible infants and toddlers with IFSPs for whom an initial evaluation and assessment and an initial IFSP meeting was conducted within Part C's 45-day timeline	Number of eligible infants and toddlers evaluated and assessed for whom an initial IFSP meeting was required to be conducted	FFY 2019 Data	FFY 2020 Target	FFY 2020 Data	Status	Slippage
1,935	2,036	99.88%	100%	99.66%	Did not meet target	No Slippage

Number of documented delays attributable to exceptional family circumstances

This number will be added to the "Number of eligible infants and toddlers with IFSPs for whom an initial evaluation and assessment and an initial IFSP meeting was conducted within Part C's 45-day timeline" field above to calculate the numerator for this indicator.

94

Provide reasons for delay, if applicable.

Seven (7) children received evaluations/assessments and had IFSPs developed after the expiration of the 45-day timeline from the date of referral due to CDSA-specific delays, including inadequate follow-up and delays by CDSA staff in making initial contact with the family, scheduling evaluations and initial IFSP meetings. This represents a noncompliance rate of only 0.34%.

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

State database

Provide the time period in which the data were collected (e.g., September through December, fourth quarter, selection from the full reporting period).

Compliance in meeting the 45-day timeline indicator was determined via a verification review using data entered by the CDSAs into HIS for all children referred to the NC ITP during September 2020 through November 2020.

Describe how the data accurately reflect data for infants and toddlers with IFSPs for the full reporting period.

For Indicator 7, a quarter of the fiscal year was used to determine compliance with this indicator. The state selected September 1, 2020, through November 30, 2020. This is considered representative of the full reporting year because the same requirements are in place for this quarter of the fiscal year as in all quarters. The NC ITP is confident that the chosen reporting period accurately reflects data for infants and toddlers referred and enrolled for FFY 2020.

Provide additional information about this indicator (optional).

Data on two thousand thirty-six (2,036) children were examined to verify whether the NC ITP was compliant with this indicator. One thousand nine hundred thirty-five (1,935) children received an IFSP within 45 days of referral. An additional ninety-four (94) children did not receive an IFSP in a timely manner due to documented exceptional family circumstances. Therefore, 2,029 out of 2,036 children (99.66%) met the 45-day timeline measured in this indicator.

These data reflect substantial compliance for Indicator 7.

Additional information regarding FFY 2019 noncompliance data below:

While there were no findings of noncompliance issued for FFY19, there were individual instances of noncompliance at 3 CDSAs. One (1) CDSA was in the process of correcting findings issued during FFY18 (and has subsequently corrected). The NC ITP did not issue additional findings to this CDSA. The two (2) remaining CDSAs corrected the identified noncompliance prior to findings being issued.

As required in OSEP memo 09-02, to ensure that these individual instances of noncompliance were corrected where possible, the NC EIB conducted record reviews through HIS and reviewed the children’s records to verify subsequent correction. The NC EIB compared the data entered into HIS to the child’s paper record to verify that correction occurred, if correction was possible. This review determined that each of the children at issue had an IFSP developed, although late, unless the child was no longer within the jurisdiction of the NC ITP. For those CDSAs that corrected noncompliance prior to a finding, data for subsequent months was reviewed in HIS to ensure those CDSAs had 100% compliance with the regulatory requirement for Initial IFSP timeliness (that the IFSP meeting is held no more than 45 days after the date of referral). CDSAs are not permitted to use the process for correction prior to a finding without meeting 100% compliance requirement during review of subsequent months.

Correction of Findings of Noncompliance Identified in FFY 2019

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

Correction of Findings of Noncompliance Identified Prior to FFY 2019

Year Findings of Noncompliance Were Identified	Findings of Noncompliance Not Yet Verified as Corrected as of FFY 2019 APR	Findings of Noncompliance Verified as Corrected	Findings Not Yet Verified as Corrected

7 - Prior FFY Required Actions

Because the State reported less than 100% compliance for FFY 2019, the State must report on the status of correction of noncompliance identified in FFY 2019 for this indicator. When reporting on the correction of noncompliance, the State must report, in the FFY 2020 SPP/APR, that it has verified that each EIS program or provider with noncompliance identified in FFY 2019 for this indicator: (1) is correctly implementing the specific regulatory requirements (i.e., achieved 100% compliance) based on a review of updated data such as data subsequently collected through on-site monitoring or a State data system; and (2) has corrected each individual case of noncompliance, unless the child is no longer within the jurisdiction of the EIS program or provider, consistent with OSEP Memo 09-02. In the FFY 2020 SPP/APR, the State must describe the specific actions that were taken to verify the correction.

If the State did not identify any findings of noncompliance in FFY 2019, although its FFY 2019 data reflect less than 100% compliance, provide an explanation of why the State did not identify any findings of noncompliance in FFY 2019.

Response to actions required in FFY 2019 SPP/APR

The status of correction of non-compliance for FFY 2019 is addressed above.

7 - OSEP Response

The State reported that it used data from a State database to report on this indicator. The State further reported that it did not use data for the full reporting period (July 1, 2020 - June 30, 2021). The State described how the time period in which the data were collected accurately reflects data for infants and toddlers with IFSPs for the full reporting period.

7 - Required Actions

Because the State reported less than 100% compliance for FFY 2020, the State must report on the status of correction of noncompliance identified in FFY 2020 for this indicator. When reporting on the correction of noncompliance, the State must report, in the FFY 2021 SPP/APR, that it has verified that each EIS program or provider with noncompliance identified in FFY 2020 for this indicator: (1) is correctly implementing the specific regulatory requirements (i.e., achieved 100% compliance) based on a review of updated data such as data subsequently collected through on-site monitoring or a State data system; and (2) has corrected each individual case of noncompliance, unless the child is no longer within the jurisdiction of the EIS program or provider, consistent with OSEP Memo 09-02. In the FFY 2021 SPP/APR, the State must describe the specific actions that were taken to verify the correction.

If the State did not identify any findings of noncompliance in FFY 2020, although its FFY 2020 data reflect less than 100% compliance, provide an explanation of why the State did not identify any findings of noncompliance in FFY 2020.

Indicator 8A: Early Childhood Transition

Instructions and Measurement

Monitoring Priority: Effective General Supervision Part C / Effective Transition

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

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

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

Data Source

Data to be taken from monitoring or State data system.

Measurement

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

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

Instructions

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

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

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

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

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

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

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

Indicators 8A, 8B, and 8C: Provide detailed information about the timely correction of noncompliance as noted in OSEP's response table for the previous SPP/APR. If the State did not ensure timely correction of the previous noncompliance, provide information on the extent to which noncompliance was subsequently corrected (more than one year after identification). In addition, provide information regarding the nature of any continuing noncompliance, methods to ensure correction, and any enforcement actions that were taken.

If the State reported less than 100% compliance for the previous reporting period (e.g., for the FFY 2020 SPP/APR, the data for FFY 2019), and the State did not identify any findings of noncompliance, provide an explanation of why the State did not identify any findings of noncompliance.

8A - Indicator Data

Historical Data

Baseline Year	Baseline Data
2005	90.00%

FFY	2015	2016	2017	2018	2019
Target	100%	100%	100%	100%	100%
Data	98.70%	98.95%	99.59%	99.33%	99.83%

Targets

FFY	2020	2021	2022	2023	2024	2025
Target	100%	100%	100%	100%	100%	100%

FFY 2020 SPP/APR Data

Data include only those toddlers with disabilities exiting Part C with timely transition planning for whom the Lead Agency has developed an IFSP with transition steps and services at least 90 days, and at the discretion of all parties, not more than nine months, prior to the toddler's third birthday. (yes/no)

YES

Number of children exiting Part C who have an IFSP with transition steps and services	Number of toddlers with disabilities exiting Part C	FFY 2019 Data	FFY 2020 Target	FFY 2020 Data	Status	Slippage
1,430	1,442	99.83%	100%	99.45%	Did not meet target	No Slippage

Number of documented delays attributable to exceptional family circumstances

This number will be added to the "Number of children exiting Part C who have an IFSP with transition steps and services" field to calculate the numerator for this indicator.

4

Provide reasons for delay, if applicable.

There were eight (8) toddlers exiting Part C who were potentially eligible for Part B, for whom the transition plan was not provided at least 90 days before the toddlers' third birthdays due to CDSA-specific delays, with all eight (8) delayed due to inadequate follow-up by CDSA staff. This represents a noncompliance rate of only 0.55%.

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

State database

Provide the time period in which the data were collected (e.g., September through December, fourth quarter, selection from the full reporting period).

Compliance in meeting early childhood requirements for Indicator 8a was determined via a verification review process. The data used were for all toddlers who would be two years, nine months old (2.9) in September through November 2020.

Describe how the data accurately reflect data for infants and toddlers with IFSPs for the full reporting period.

For Indicator 8a, a quarter of the fiscal year was used to determine compliance with this indicator. The state selected September 1, 2020, through November 30, 2020, and it is considered representative of the full reporting year because the same requirements are in place for this quarter of the fiscal year as in all quarters. The NC EIB is confident that the chosen reporting period accurately reflects data for infants and toddlers transitioning out of the NC ITP during FFY 2020.

Provide additional information about this indicator (optional)

Data on one thousand four hundred forty-two (1,442) children were examined to verify compliance with the transition plan timeline requirement. One thousand four hundred thirty (1,430) children received an IFSP with transition steps and services in a timely manner. An additional four (4) children did not receive a transition plan in a timely manner due to documented exceptional family circumstances. Therefore, 1,434 of 1,442 children (99.45%) were in compliance with the transition plan timeline indicator.

These data reflect substantial compliance for Indicator 8a.

Additional information regarding FFY 2019 noncompliance data below:

While there were no findings of noncompliance issued for FFY 2019, there were individual instances of noncompliance at 3 CDSAs. One (1) CDSA was in the process of correcting findings issued during FFY 2015 (and has subsequently corrected). The NC ITP did not issue additional findings to this CDSA. The two (2) remaining CDSAs corrected the identified noncompliance prior to findings being issued.

As required in OSEP memo 09-02, to ensure that these individual instances of noncompliance were corrected where possible, the NC EIB conducted record reviews through HIS and reviewed the children's records to verify subsequent correction. The NC EIB compared the data entered into HIS to the child's paper record to verify that correction occurred, if correction was possible. This review determined that each of the children at issue had a Transition Plan developed, although late, unless the child was no longer within the jurisdiction of the NC ITP. For those CDSAs that corrected noncompliance prior to a finding, data for subsequent months was reviewed in HIS to ensure those CDSAs had 100% compliance with the regulatory requirement for the Transition Plan (that Transition Plans occur no less than 90 days prior to the child's 3rd birthday). CDSAs are not permitted to use the process for correction prior to a finding without meeting 100% compliance requirement during review of subsequent months.

Correction of Findings of Noncompliance Identified in FFY 2019

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

Correction of Findings of Noncompliance Identified Prior to FFY 2019

Year Findings of Noncompliance Were Identified	Findings of Noncompliance Not Yet Verified as Corrected as of FFY 2019 APR	Findings of Noncompliance Verified as Corrected	Findings Not Yet Verified as Corrected

8A - Prior FFY Required Actions

Because the State reported less than 100% compliance for FFY 2019, the State must report on the status of correction of noncompliance identified in FFY 2019 for this indicator. When reporting on the correction of noncompliance, the State must report, in the FFY 2020 SPP/APR, that it has verified that each EIS program or provider with noncompliance identified in FFY 2019 for this indicator: (1) is correctly implementing the specific regulatory requirements (i.e., achieved 100% compliance) based on a review of updated data such as data subsequently collected through on-site monitoring or a State data system; and (2) has corrected each individual case of noncompliance, unless the child is no longer within the jurisdiction of the EIS program or provider, consistent with OSEP Memo 09-02. In the FFY 2020 SPP/APR, the State must describe the specific actions that were taken to verify the correction.

If the State did not identify any findings of noncompliance in FFY 2019, although its FFY 2019 data reflect less than 100% compliance, provide an explanation of why the State did not identify any findings of noncompliance in FFY 2019.

Response to actions required in FFY 2019 SPP/APR

The status of correction of non-compliance for FFY 2019 is addressed above.

8A - OSEP Response

The State reported that it used data from a State database to report on this indicator. The State further reported that it did not use data for the full reporting period (July 1, 2020 - June 30, 2021). The State described how the time period in which the data were collected accurately reflects data for infants and toddlers with IFSPs for the full reporting period.

8A - Required Actions

Because the State reported less than 100% compliance for FFY 2020, the State must report on the status of correction of noncompliance identified in FFY 2020 for this indicator. When reporting on the correction of noncompliance, the State must report, in the FFY 2021 SPP/APR, that it has verified that each EIS program or provider with noncompliance identified in FFY 2020 for this indicator: (1) is correctly implementing the specific regulatory requirements (i.e., achieved 100% compliance) based on a review of updated data such as data subsequently collected through on-site monitoring or a State data system; and (2) has corrected each individual case of noncompliance, unless the child is no longer within the jurisdiction of the EIS program or provider, consistent with OSEP Memo 09-02. In the FFY 2021 SPP/APR, the State must describe the specific actions that were taken to verify the correction.

If the State did not identify any findings of noncompliance in FFY 2020, although its FFY 2020 data reflect less than 100% compliance, provide an explanation of why the State did not identify any findings of noncompliance in FFY 2020.

Indicator 8B: Early Childhood Transition

Instructions and Measurement

Monitoring Priority: Effective General Supervision Part C / Effective Transition

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

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

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

Data Source

Data to be taken from monitoring or State data system.

Measurement

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

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

Instructions

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

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

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

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

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

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

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

Indicators 8A, 8B, and 8C: Provide detailed information about the timely correction of noncompliance as noted in OSEP's response table for the previous SPP/APR. If the State did not ensure timely correction of the previous noncompliance, provide information on the extent to which noncompliance was subsequently corrected (more than one year after identification). In addition, provide information regarding the nature of any continuing noncompliance, methods to ensure correction, and any enforcement actions that were taken.

If the State reported less than 100% compliance for the previous reporting period (e.g., for the FFY 2020 SPP/APR, the data for FFY 2019), and the State did not identify any findings of noncompliance, provide an explanation of why the State did not identify any findings of noncompliance.

8B - Indicator Data

Historical Data

Baseline Year	Baseline Data
2005	88.00%

FFY	2015	2016	2017	2018	2019
Target	100%	100%	100%	100%	100%
Data	98.92%	98.76%	99.27%	99.12%	99.56%

Targets

FFY	2020	2021	2022	2023	2024	2025
Target	100%	100%	100%	100%	100%	100%

FFY 2020 SPP/APR Data

Data include notification to both the SEA and LEA

YES

Number of toddlers with disabilities exiting Part C where notification to the SEA and LEA occurred at least 90 days prior to their third birthday for toddlers potentially eligible for Part B preschool services	Number of toddlers with disabilities exiting Part C who were potentially eligible for Part B	FFY 2019 Data	FFY 2020 Target	FFY 2020 Data	Status	Slippage
1,579	1,592	99.56%	100%	99.18%	Did not meet target	No Slippage

Number of parents who opted out

This number will be subtracted from the "Number of toddlers with disabilities exiting Part C who were potentially eligible for Part B" field to calculate the denominator for this indicator.

Provide reasons for delay, if applicable.

There were thirteen (13) toddlers exiting Part C who were potentially eligible for Part B, for whom the SEA/LEA notification was not provided at least 90 days before the toddlers' third birthdays due to CDSA-specific delays, with twelve (12) delayed due to inadequate follow-up by CDSA staff and one (1) additional instance coded as "Other CDSA Delay". This represents a noncompliance rate of only 0.82%.

Describe the method used to collect these data.

Compliance in meeting early childhood transition for Indicator 8b was determined via a verification review using data entered by the CDSAs into HIS for all toddlers who would be two years, nine months old in September 2020 through November 2020, and whose respective LEA should have been notified of the toddler's potential eligibility for Part B. The data included dates the LEA was notified, reasons for delays, and service notes related to those delays.

Do you have a written opt-out policy? (yes/no)

NO

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

State database

Provide the time period in which the data were collected (e.g., September through December, fourth quarter, selection from the full reporting period).

Data was collected for all toddlers who would be two years, nine months old (2.9) in September through November 2020.

Describe how the data accurately reflect data for infants and toddlers with IFSPs for the full reporting period.

For Indicator 8b, a quarter of the fiscal year was used to determine compliance with the indicator. The state selected September 1, 2020, through November 30, 2020, and considers this to be representative of the full reporting year because the same requirements are in place for this quarter of the fiscal year as in all quarters. The NC EIB is confident that the chosen reporting period accurately reflects data for infants and toddlers transitioning out of the NC ITP during FFY 2020.

Provide additional information about this indicator (optional).

Data on one thousand five hundred ninety-two (1,592) children were examined to verify compliance with the SEA/LEA notification timeline requirement. One thousand five hundred seventy-nine (1,579) children's records that were reviewed had LEA/SEA notifications completed in a timely manner, for a compliance rate of 99.18%.

These data reflect substantial compliance for Indicator 8b.

Additional information regarding FFY 2019 noncompliance data below:

While there was 1 finding of noncompliance issued for FFY 2019, there were additional individual instances of noncompliance at 1 additional CDSA. This CDSA was in the process of correcting findings issued during FFY 2018 (and has subsequently corrected). The NC ITP did not issue additional findings to this CDSA.

As required in OSEP memo 09-02, to ensure that these individual instances of noncompliance were corrected where possible, the NC EIB conducted record reviews through HIS and reviewed the children's records to verify subsequent correction. The NC EIB compared the data entered into HIS to the child's paper record to verify that correction occurred, if correction was possible. This review determined that each of the children at issue had their LEA/SEA notification completed, although late, unless the child was no longer within the jurisdiction of the NC ITP. For those CDSAs that corrected noncompliance prior to a finding, data for subsequent months was reviewed in HIS to ensure those CDSAs had 100% compliance with the regulatory requirement for the LEA notification (that it occur no less than 90 days prior to the child's 3rd birthday). CDSAs are not permitted to use the process for correction prior to a finding without meeting 100% compliance requirement during review of subsequent months.

Correction of Findings of Noncompliance Identified in FFY 2019

Findings of Noncompliance Identified	Findings of Noncompliance Verified as Corrected Within One Year	Findings of Noncompliance Subsequently Corrected	Findings Not Yet Verified as Corrected
1	1	0	0

FFY 2019 Findings of Noncompliance Verified as Corrected

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

The NC ITP continues to implement a system that identifies and corrects noncompliance as soon as possible, but in any case, not more than one year from the date of identification (i.e., the date on which the NC EIB provided written notification to the CDSA of the noncompliance). The corrective action process begins when the NC EIB issues findings for noncompliance to specific CDSAs, which include the specific statutory and regulatory requirements that are not being correctly implemented. Each CDSA is required to utilize a root cause analysis framework to drill down and to identify the reasons for noncompliance. CDSAs develop CAPs with assistance from the NC EIB to ensure that the identified root cause of the noncompliance is addressed. CDSAs are required to submit frequent progress reports to the NC EIB on an approved schedule, with benchmarks of performance to ensure timely correction of the identified noncompliance.

The process used to determine correction of noncompliance includes: analysis of progress report information, verification of the correction of child-specific noncompliance, and month-to-month review of updated data from the statewide database (HIS) to verify 100% compliance with the regulatory requirement for LEA/SEA Notifications (that LEA/SEA notification occurs at least 90 days prior to the child’s third birthday). One hundred percent compliance with this requirement must be achieved before non-compliance can be verified as corrected on a systemic basis in accordance with IDEA and OSEP Memorandum 09-02.

The OSEP 09-02 Memorandum clarified that for any identified noncompliance, correction must be achieved on two levels or prongs: first, correction must take place at the child-specific level, even if late, unless the child is no longer within the jurisdiction of the program (e.g., turned three, parent withdrew from program, child died); and second, there must be evidence that the regulatory provision at issue that was not being implemented correctly is now being implemented correctly, based on a review of new or subsequent (previously unreviewed) data. The NC EIB continues to utilize these strategies to ensure timely correction of noncompliance, as well as to review local procedures and state guidance, and to assess resource and infrastructure issues that impact each CDSA’s ability to meet statutory and regulatory requirements. The NC EIB continues to address how to sustain correction of noncompliance in specific areas of the state. We continually monitor the implementation of local procedures to ensure CDSAs are providing notification to the LEA/SEA as required, at least 90 days before toddlers’ third birthdays. Subsequent data from HIS has been reviewed for the CDSAs with non-compliance in FFY 2019 and 100% compliance has been achieved by each of these CDSAs for completion of LEA/SEA notification at least 90 days before a toddler’s third birthday.

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

One (1) CDSA accounted for the one (1) finding issued in FFY 2019. This CDSA received intensive monitoring, TA, and support from the NC EIB to correct the noncompliance within one year of the finding being issued. As required in OSEP memo 09-02, to ensure that these individual instances of noncompliance were corrected where possible, the NC EIB conducted record reviews through HIS to review the children’s records that were initially found to be noncompliant to verify subsequent correction. The NC EIB compared the data entered into HIS to the child’s paper record to verify that correction occurred, if correction was possible. Each of the children at issue had their LEA/SEA notification completed, although late, unless the child was no longer within the jurisdiction of the NC ITP.

Correction of Findings of Noncompliance Identified Prior to FFY 2019

Year Findings of Noncompliance Were Identified	Findings of Noncompliance Not Yet Verified as Corrected as of FFY 2019 APR	Findings of Noncompliance Verified as Corrected	Findings Not Yet Verified as Corrected

8B - Prior FFY Required Actions

Because the State reported less than 100% compliance for FFY 2019, the State must report on the status of correction of noncompliance identified in FFY 2019 for this indicator. When reporting on the correction of noncompliance, the State must report, in the FFY 2020 SPP/APR, that it has verified that each EIS program or provider with noncompliance identified in FFY 2019 for this indicator: (1) is correctly implementing the specific regulatory requirements (i.e., achieved 100% compliance) based on a review of updated data such as data subsequently collected through on-site monitoring or a State data system; and (2) has corrected each individual case of noncompliance, unless the child is no longer within the jurisdiction of the EIS program or provider, consistent with OSEP Memo 09-02. In the FFY 2020 SPP/APR, the State must describe the specific actions that were taken to verify the correction.

If the State did not identify any findings of noncompliance in FFY 2019, although its FFY 2019 data reflect less than 100% compliance, provide an explanation of why the State did not identify any findings of noncompliance in FFY 2019.

Response to actions required in FFY 2019 SPP/APR

The status of correction of non-compliance for FFY 2019 is addressed above.

8B - OSEP Response

The State reported that it used data from a State database to report on this indicator. The State further reported that it did not use data for the full reporting period (July 1, 2020 - June 30, 2021). The State described how the time period in which the data were collected accurately reflects data for infants and toddlers with IFSPs for the full reporting period.

8B - Required Actions

Because the State reported less than 100% compliance for FFY 2020, the State must report on the status of correction of noncompliance identified in FFY 2020 for this indicator. When reporting on the correction of noncompliance, the State must report, in the FFY 2021 SPP/APR, that it has verified that each EIS program or provider with noncompliance identified in FFY 2020 for this indicator: (1) is correctly implementing the specific regulatory

requirements (i.e., achieved 100% compliance) based on a review of updated data such as data subsequently collected through on-site monitoring or a State data system; and (2) has corrected each individual case of noncompliance, unless the child is no longer within the jurisdiction of the EIS program or provider, consistent with OSEP Memo 09-02. In the FFY 2021 SPP/APR, the State must describe the specific actions that were taken to verify the correction.

If the State did not identify any findings of noncompliance in FFY 2020, although its FFY 2020 data reflect less than 100% compliance, provide an explanation of why the State did not identify any findings of noncompliance in FFY 2020.

Indicator 8C: Early Childhood Transition

Instructions and Measurement

Monitoring Priority: Effective General Supervision Part C / Effective Transition

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

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

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

Data Source

Data to be taken from monitoring or State data system.

Measurement

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

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

Instructions

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

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

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

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

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

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

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

Indicators 8A, 8B, and 8C: Provide detailed information about the timely correction of noncompliance as noted in OSEP's response table for the previous SPP/APR. If the State did not ensure timely correction of the previous noncompliance, provide information on the extent to which noncompliance was subsequently corrected (more than one year after identification). In addition, provide information regarding the nature of any continuing noncompliance, methods to ensure correction, and any enforcement actions that were taken.

If the State reported less than 100% compliance for the previous reporting period (e.g., for the FFY 2020 SPP/APR, the data for FFY 2019), and the State did not identify any findings of noncompliance, provide an explanation of why the State did not identify any findings of noncompliance.

8C - Indicator Data

Historical Data

Baseline Year	Baseline Data
2005	81.00%

FFY	2015	2016	2017	2018	2019
Target	100%	100%	100%	100%	100%
Data	98.06%	98.13%	99.09%	98.75%	99.54%

Targets

FFY	2020	2021	2022	2023	2024	2025
Target	100%	100%	100%	100%	100%	100%

FFY 2020 SPP/APR Data

Data reflect only those toddlers for whom the Lead Agency has conducted the transition conference held with the approval of the family at least 90 days, and at the discretion of all parties, not more than nine months, prior to the toddler's third birthday for toddlers potentially eligible for Part B preschool services. (yes/no)

YES

Number of toddlers with disabilities exiting Part C where the transition conference occurred at least 90 days, and at the discretion of all parties not more than nine months prior to the toddler's third birthday for toddlers potentially eligible for Part B	Number of toddlers with disabilities exiting Part C who were potentially eligible for Part B	FFY 2019 Data	FFY 2020 Target	FFY 2020 Data	Status	Slippage
1,343	1,368	99.54%	100%	98.83%	Did not meet target	No Slippage

Number of toddlers for whom the parent did not provide approval for the transition conference

This number will be subtracted from the "Number of toddlers with disabilities exiting Part C who were potentially eligible for Part B" field to calculate the denominator for this indicator.

Number of documented delays attributable to exceptional family circumstances

This number will be added to the "Number of toddlers with disabilities exiting Part C where the transition conference occurred at least 90 days, and at the discretion of all parties not more than nine months prior to the toddler's third birthday for toddlers potentially eligible for Part B" field to calculate the numerator for this indicator.

9

Provide reasons for delay, if applicable.

There were sixteen (16) toddlers exiting Part C who were potentially eligible for Part B, for whom TPCs were held late (i.e., less than 90 days before the toddler's third birthday) due to CDSA-specific delays, including inadequate follow-up and delays in initiating the TPC by CDSA staff. This represents a noncompliance rate of 1.17%.

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

State database

Provide the time period in which the data were collected (e.g., September through December, fourth quarter, selection from the full reporting period).

Compliance in meeting early childhood transition requirement for Indicator 8c was determined via a verification review using data entered by the CDSAs into HIS for all toddlers who would be two years, nine months of age in September through November 2020.

Describe how the data accurately reflect data for infants and toddlers with IFSPs for the full reporting period.

For Indicator 8c, a quarter of the fiscal year was used to determine compliance with the indicator. The state selected September 1, 2020, through November 30, 2020, which it considers representative of the full reporting year because the same requirements are in place for this quarter of the fiscal year as in all quarters. The NC EIB is confident that the chosen reporting period accurately reflects data for infants and toddlers transitioning out of the NC ITP during FFY 2020.

Provide additional information about this indicator (optional).

One thousand three hundred sixty-eight (1,368) records were reviewed to examine the percentage of children potentially eligible for Part B for whom a timely TPC was held no later than 90 days before the child's third birthday. One thousand three hundred forty-three (1,343) records showed that a conference was held in a timely manner and an additional nine (9) children's records showed that transition conferences were not held in a timely manner due to documented exceptional family circumstances or late referral to Part C. Therefore, 1,352 of 1,368 children (98.83%) were in compliance with the TPC timeline indicator.

These data reflect substantial compliance for Indicator 8c.

Additional information regarding FFY 2019 noncompliance data below:

While there were no findings of noncompliance issued for FFY 2019, there were individual instances of noncompliance at 6 CDSAs. One (1) CDSA was in the process of correcting findings issued during FFY 2015 (and has subsequently corrected). The NC ITP did not issue additional findings to this CDSA. The five (5) remaining CDSAs corrected the identified noncompliance prior to findings being issued.

As required in OSEP memo 09-02, to ensure that these individual instances of noncompliance were corrected where possible, the NC EIB conducted record reviews through HIS and reviewed the children's records to verify subsequent correction. The NC EIB compared the data entered into HIS to the child's paper record to verify that correction occurred, if correction was possible. This review determined that each of the children at issue had a Transition Planning Conference conducted, although late, unless the child was no longer within the jurisdiction of the NC ITP. For those CDSAs that corrected noncompliance prior to a finding, data for subsequent months was reviewed in HIS to ensure those CDSAs had 100% compliance with the regulatory requirement for the Transition Planning Conference (that it occur no less than 90 days prior to the child's 3rd birthday). CDSAs are not permitted to use the process for correction prior to a finding without meeting 100% compliance requirement during review of subsequent months.

Correction of Findings of Noncompliance Identified in FFY 2019

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

Correction of Findings of Noncompliance Identified Prior to FFY 2019

Year Findings of Noncompliance Were Identified	Findings of Noncompliance Not Yet Verified as Corrected as of FFY 2019 APR	Findings of Noncompliance Verified as Corrected	Findings Not Yet Verified as Corrected
FFY 2015	1	1	0

FFY 2015

Findings of Noncompliance Verified as Corrected

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

The NC ITP continues to implement a system that identifies and corrects noncompliance as soon as possible, but in any case, not more than one year from the date of identification (i.e., the date on which the NC EIB provided written notification to the CDSA of the noncompliance). The corrective action process begins when the NC EIB issues findings for noncompliance to specific CDSAs, which include the specific statutory and regulatory requirements that are not being correctly implemented. Each CDSA is required to utilize a root cause analysis framework to drill down and to identify the reasons for noncompliance. CDSAs develop CAPs with assistance from the NC EIB to ensure that the identified root cause of the noncompliance is addressed. CDSAs are required to submit frequent progress reports to the NC EIB on an approved schedule, with benchmarks of performance to ensure timely correction of the identified noncompliance. The process used to determine correction of noncompliance includes analysis of progress report information, verification of the correction of child-specific noncompliance, and month-to-month review of updated data from the statewide database (HIS) to verify 100% compliance with the regulatory requirement for Transition Planning Conferences (that a Transition Planning Conference occurs at least 90 days prior to the child's third birthday). One hundred percent compliance with this requirement must be achieved before non-compliance can be verified as corrected on a systemic basis in accordance with IDEA and OSEP Memorandum 09-02.

The 09-02 Memorandum clarified that for any identified noncompliance, correction must be achieved on two levels or prongs: first, correction must take place at the child-specific level, even if late, unless the child has moved or is no longer within the jurisdiction of the program (e.g., turned three, parent withdrew from program, child died); and second, there must be evidence that the regulatory provision at issue that was not being implemented correctly, is now being implemented correctly, based on a review of new, previously unreviewed data. The NC EIB continues to utilize these strategies to ensure timely correction of noncompliance, as well as to review local procedures, state policies and procedures, as well as any related state guidance documents in addition to assessing resource and infrastructure issues that impact each CDSA's ability to meet statutory and regulatory requirements, including conducting TPCs at least 90 days before toddlers turn three. The NC EIB continues to address how to sustain correction of noncompliance in specific areas of the state and continually monitors the implementation of local procedures for the transition conference timeline. Subsequent data from HIS has been reviewed for the CDSA with non-compliance in FFY 2015 and 100% compliance has been achieved by this CDSA for conducting Transition Planning Conferences at least 90 days before a toddler's third birthday.

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

One (1) CDSA accounted for the one (1) finding outstanding from FFY 2015. This CDSAs received intensive monitoring, TA, and support from the NC EIB to correct the noncompliance. As required in OSEP memo 09-02, to ensure that these individual instances of noncompliance were corrected where possible, the NC EIB conducted record reviews through HIS to review the children's records that were initially found to be noncompliant to verify subsequent correction. The NC EIB compared the data entered into HIS to the child's paper record to verify that correction occurred, if correction was possible. Each of the children at issue had a TPC completed, although late, unless the child was no longer within the jurisdiction of the NC ITP. (Correction of this finding of non-compliance was documented in the NC ITP's FFY 2019 APR.)

8C - Prior FFY Required Actions

Because the State reported less than 100% compliance for FFY 2019, the State must report on the status of correction of noncompliance identified in FFY 2019 for this indicator. In addition, the State must demonstrate, in the FFY 2020 SPP/APR, that the remaining one uncorrected finding of noncompliance identified in FFY 2015 was corrected. When reporting on the correction of noncompliance, the State must report, in the FFY 2020 SPP/APR, that it has verified that each EIS program or provider with findings of noncompliance identified in FFY 2019 and the EIS program or provider with remaining noncompliance identified in FFY 2015 is correctly implementing the specific regulatory requirements (i.e., achieved 100% compliance) based on a review of updated data such as data subsequently collected through on-site monitoring or a State data system. In the FFY 2020 SPP/APR, the State must describe the specific actions that were taken to verify the correction.

If the State did not identify any findings of noncompliance in FFY 2019, although its FFY 2019 data reflect less than 100% compliance, provide an explanation of why the State did not identify any findings of noncompliance in FFY 2019.

Response to actions required in FFY 2019 SPP/APR

The status of correction of non-compliance for FFY 2019 and FFY 2015 is addressed above.

8C - OSEP Response

The State reported that it used data from a State database to report on this indicator. The State further reported that it did not use data for the full reporting period (July 1, 2020 - June 30, 2021). The State described how the time period in which the data were collected accurately reflects data for infants and toddlers with IFSPs for the full reporting period.

8C - Required Actions

Because the State reported less than 100% compliance for FFY 2020, the State must report on the status of correction of noncompliance identified in FFY 2020 for this indicator. When reporting on the correction of noncompliance, the State must report, in the FFY 2021 SPP/APR, that it has verified that

each EIS program or provider with noncompliance identified in FFY 2020 for this indicator: (1) is correctly implementing the specific regulatory requirements (i.e., achieved 100% compliance) based on a review of updated data such as data subsequently collected through on-site monitoring or a State data system; and (2) has corrected each individual case of noncompliance, unless the child is no longer within the jurisdiction of the EIS program or provider, consistent with OSEP Memo 09-02. In the FFY 2021 SPP/APR, the State must describe the specific actions that were taken to verify the correction.

If the State did not identify any findings of noncompliance in FFY 2020, although its FFY 2020 data reflect less than 100% compliance, provide an explanation of why the State did not identify any findings of noncompliance in FFY 2020.

Indicator 9: Resolution Sessions

Instructions and Measurement

Monitoring Priority: Effective General Supervision Part C / General Supervision

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

Data Source

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

Measurement

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

Instructions

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

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

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

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

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

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

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

9 - Indicator Data

Not Applicable

Select yes if this indicator is not applicable.

YES

Provide an explanation of why it is not applicable below.

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

9 - Prior FFY Required Actions

None

9 - OSEP Response

OSEP notes that this indicator is not applicable.

9 - Required Actions

Indicator 10: Mediation

Instructions and Measurement

Monitoring Priority: Effective General Supervision Part C / General Supervision

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

Data Source

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

Measurement

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

Instructions

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

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

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

The consensus among mediation practitioners is that 75-85% is a reasonable rate of mediations that result in agreements and is consistent with national mediation success rate data. States may express their targets in a range (e.g., 75-85%).

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

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

10 - Indicator Data

Select yes to use target ranges

Target Range not used

Select yes if the data reported in this indicator are not the same as the State's data reported under section 618 of the IDEA.

NO

Prepopulated Data

Source	Date	Description	Data
SY 2020-21 EMAPS IDEA Part C Dispute Resolution Survey; Section B: Mediation Requests	11/03/2021	2.1 Mediations held	0
SY 2020-21 EMAPS IDEA Part C Dispute Resolution Survey; Section B: Mediation Requests	11/03/2021	2.1.a.i Mediations agreements related to due process complaints	0
SY 2020-21 EMAPS IDEA Part C Dispute Resolution Survey; Section B: Mediation Requests	11/03/2021	2.1.b.i Mediations agreements not related to due process complaints	0

Targets: Description of Stakeholder Input

The NC ITP continues to value and obtain broad and regular input from several stakeholder groups. The NC Interagency Coordinating Council (ICC), NC ITP leadership (including CDSA directors and EIB staff), and SSIP implementation team leaders have been provided historical APR data and data trends, graphic representations of outcomes, analyses related to performance, and data that compared the NC ITP's data to comparable data from other states and territories. This put the N.C. ITP's data in context and helps these groups obtain perspective on how the NC ITP performs in comparison to previous years and to other states. This has also been part of a multi-year effort by the NC ITP's Data and Evaluation team to increase data literacy and data use by NC ITP stakeholders, both to facilitate data-informed decision making and to prepare stakeholders for the APR target setting process they would be undertaking for FFY 2020-2025.

For the current SPP/APR, the ICC, NC ITP leadership, parents, and other stakeholders reviewed multiple years of APR data to provide input on targets going forward for Child Outcomes, Family Outcomes, population served birth-to-1 and birth-to-3, the percent of children served in a Natural Environment, and the State-identified Measurable Results (SiMR). Prior to stakeholder meetings, the NC ITP's Data and Evaluation team developed proposed targets for each Indicator based on a variety of commonly used methodologies including: setting targets based on highest performance in prior years, using the Meaningful Difference Calculators developed by the Early Childhood Outcomes Center, using the highest performance by other states, and using pre-COVID trend data. Stakeholder groups were also encouraged to develop their own targets where they did not find any of the pre-developed targets met their needs – targets for both Family Outcomes and Child Outcomes were developed by the stakeholders themselves, while other targets were chosen from those assembled by the Data and Evaluation team.

State-wide data and trends were presented to the ICC at a special meeting in December 2021 to obtain their input regarding targets. Additional input was gathered from CDSA Directors and NC EIB staff across multiple leadership meetings. Further, Data and Evaluation Team members partnered with staff from NC's Parent Training Information Center (Exceptional Children's Assistance Center) to hold family input meetings to inform targets as well. Input from parents was solicited across two days of meetings (described below). While there was consensus between stakeholder groups on targets across many of the APR Indicators, areas where there was not consensus were reviewed with NC ITP management and final APR targets were presented to the full leadership group in January 2022. Final results will also be presented to the ICC at its first scheduled meeting in calendar year 2022. The parent chair of the ICC was a part of the APR review process, and the ICC has adopted the NC ITP's APR and certified it as representing ICC members' views.

Changes to the NC ITPs APR include updating the baseline year for several Indicators. For Family Outcomes, the baseline year is being updated to FY 2016. As noted in prior APRs, the NC ITP made sweeping changes to its process for collecting family outcomes data in FFY 2016, including changing the survey used from the NCSEAM to the FOS-R and changing the collection process from once a year through the mail to on-going at each child's semi-annual IFSP review with paper, online, and phone options for families to complete the survey.

Additionally, the NC ITP is updating the baseline year for Indicators 2, 5, and 6 based on data from the December 1 headcount. The NC ITP would like

to update the baseline year on these indicators to FFY 2010 – the year the program’s current data system began use. The previous data systems were shared with schools, and it was difficult to ensure children had a single unique identifier in the system making de-duplicating for headcount more challenging. As well, while the current baseline year for these indicators is FFY 2005, the NC ITP changed its eligibility definition in FFY 2006. The NC ITP feels updating the baseline year to FFY 2010 better reflects current practices regarding both eligibility and data collection/reporting.

Historical Data

Baseline Year	Baseline Data
2005	

FFY	2015	2016	2017	2018	2019
Target>=					
Data					

Targets

FFY	2020	2021	2022	2023	2024	2025
Target>=						

FFY 2020 SPP/APR Data

2.1.a.i Mediation agreements related to due process complaints	2.1.b.i Mediation agreements not related to due process complaints	2.1 Number of mediations held	FFY 2019 Data	FFY 2020 Target	FFY 2020 Data	Status	Slippage
0	0	0				N/A	N/A

Provide additional information about this indicator (optional)

The NC ITP reported fewer than ten mediations held in FFY 2020 and is not required to provide targets until any fiscal year in which ten or more mediations were held.

10 - Prior FFY Required Actions

None

10 - OSEP Response

The State reported fewer than ten mediations held in FFY 2020. The State is not required to provide targets until any fiscal year in which ten or more mediations were held.

10 - Required Actions

Indicator 11: State Systemic Improvement Plan

Instructions and Measurement

Monitoring Priority: General Supervision

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

Measurement

The State's SPP/APR includes an SSIP that is a comprehensive, ambitious, yet achievable multi-year plan for improving results for infants and toddlers with disabilities and their families. The SSIP includes each of the components described below.

Instructions

Baseline Data: The State must provide baseline data that must be expressed as a percentage and which is aligned with the State-identified Measurable Result(s) for Infants and Toddlers with Disabilities and their Families.

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

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

Overview of the Three Phases of the SSIP

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

Phase I: Analysis:

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

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

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

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

- Results of Ongoing Evaluation and Revisions to the SSIP.

Specific Content of Each Phase of the SSIP

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

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

Phase III: Implementation and Evaluation

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

A. Data Analysis

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

B. Phase III Implementation, Analysis and Evaluation

The State must provide a narrative or graphic representation, e.g., a logic model, of the principal activities, measures and outcomes that were implemented since the State's last SSIP submission (i.e., April 1, 2021). The evaluation should align with the theory of action described in Phase I and the evaluation plan described in Phase II. The State must describe any changes to the activities, strategies, or timelines described in Phase II and include a rationale or justification for the changes. If the State intends to continue implementing the SSIP without modifications, the State must describe how the data from the evaluation support this decision.

The State must summarize the infrastructure improvement strategies that were implemented, and the short-term outcomes achieved, including the measures or rationale used by the State and stakeholders to assess and communicate achievement. Relate short-term outcomes to one or more areas of a systems framework (e.g., governance, data, finance, accountability/monitoring, quality standards, professional development and/or technical assistance) and explain how these strategies support system change and are necessary for: (a) achievement of the SiMR; (b) sustainability of systems improvement efforts; and/or (c) scale-up. The State must describe the next steps for each infrastructure improvement strategy and the anticipated outcomes to be attained during the next fiscal year (e.g., for the FFY 2020 APR, report on anticipated outcomes to be obtained during FFY 2021, i.e., July 1, 2021-June 30, 2022).

The State must summarize the specific evidence-based practices that were implemented and the strategies or activities that supported their selection and ensured their use with fidelity. Describe how the evidence-based practices, and activities or strategies that support their use, are intended to impact the SiMR by changing program/district policies, procedures, and/or practices, teacher/provider practices (i.e., behaviors), parent/caregiver outcomes,

and/or child outcomes. Describe any additional data (i.e., progress monitoring data) that was collected to support the on-going use of the evidence-based practices and inform decision-making for the next year of SSIP implementation.

C. Stakeholder Engagement

The State must describe the specific strategies implemented to engage stakeholders in key improvement efforts and how the State addressed concerns, if any, raised by stakeholders through its engagement activities.

Additional Implementation Activities

The State should identify any activities not already described that it intends to implement in the next fiscal year (e.g., for the FFY 2020 APR, report on activities it intends to implement in FFY 2021, i.e., July 1, 2021-June 30, 2022) including a timeline, anticipated data collection and measures, and expected outcomes that are related to the SiMR. The State should describe any newly identified barriers and include steps to address these barriers.

11 - Indicator Data

Section A: Data Analysis

What is the State-identified Measurable Result (SiMR)?

The North Carolina Infant-Toddler Program (NC ITP) continues to use the SiMR it submitted in April 2015-the Positive Social-Emotional Skills component of Child Outcomes. Specifically, Summary Statement 1-of those infants and toddlers who entered early intervention below age expectations in each Outcome, the percent who substantially increased their rate of growth by the time they turned 3 years of age or exited the program.

The NC ITP's SiMR is calculated using data from a sub-set of its local Children's Developmental Services Agencies (CDSAs). These CDSAs agreed to be pilot sites for implementation of the NC ITP's SSIP strategies. The CDSAs in this pilot group are Elizabeth City, Greensboro, Greenville, Sandhills, and Winston-Salem.

Has the SiMR changed since the last SSIP submission? (yes/no)

NO

Is the State using a subset of the population from the indicator (e.g., a sample, cohort model)? (yes/no)

YES

Provide a description of the subset of the population from the indicator.

The NC ITP's SiMR is calculated using data from a sub-set of its local Children's Developmental Services Agencies (CDSAs). These CDSAs agreed to be pilot sites for implementation of the N.C. ITP's SSIP strategies. The CDSAs in this pilot group are: Elizabeth City, Greensboro, Greenville, Sandhills, and Winston-Salem.

Is the State's theory of action new or revised since the previous submission? (yes/no)

NO

Please provide a link to the current theory of action.

https://beearly.nc.gov/data/files/pdf/NC_SSiP_PhaseIII_year3.pdf

Progress toward the SiMR

Please provide the data for the specific FFY listed below (expressed as actual number and percentages).

Select yes if the State uses two targets for measurement. (yes/no)

NO

Historical Data

Baseline Year	Baseline Data
2013	68.60%

Targets

FFY	2020	2021	2022	2023	2024	2025
Target>=	68.29%	78.33%	78.82%	79.31%	79.81%	80.30%

FFY 2020 SPP/APR Data

# Children who substantially increased their rate of growth in Positive Social-Emotional development by the time they exited the program	# Children who entered or exited the program below age expectations in Positive Social-Emotional development	FFY 2019 Data	FFY 2020 Target	FFY 2020 Data	Status	Slippage
1,292	1,660	79.81%	68.29%	77.83%	Met target	No Slippage

Provide the data source for the FFY 2020 data.

Child Outcomes data used in calculating the SiMR is entered by CDSA staff into the NC ITP's data system – Health Information System (HIS). The data is loaded on a daily basis into NCDHHS' Client Services Data Warehouse (CSDW), where the data can be queried and used for reporting.

Please describe how data are collected and analyzed for the SiMR.

CDSA staff enter Initial and Exit Child Outcomes ratings into HIS on an on-going basis throughout the year. At the end of each fiscal year, data cleanup activities are conducted to ensure ratings were developed for all children where appropriate and that impossible ratings are addressed prior to use of the data for reporting purposes. Once state-wide and CDSA level Summary Statement scores have been calculated, data for the pilot sites is aggregated to calculate the SiMR score.

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

NO

Did the State identify any general data quality concerns, unrelated to COVID-19, that affected progress toward the SiMR during the reporting period? (yes/no)

YES

Describe any data quality issues, unrelated to COVID-19, specific to the SiMR data and include actions taken to address data quality concerns.

As noted in previous SSIP reports, prior to the initiation of its SSIP work, the NC ITP had piloted a Global Outcomes (GO) Integration process at two CDSAs, including one of the CDSAs currently included in the Phase 1 implementation group and the SiMR calculation. The scores for Summary Statement 1 for positive social-emotional skills decreased substantially with the implementation of the GO process for these two CDSAs, and their scores have remained relatively low over time compared to other CDSAs. Because the impact of implementing Global Outcomes has been consistent between these two CDSAs, the lower scores are attributed to the change in process rather than any concerns with the quality of the data. (For additional information on the impact of Global Outcomes on Child Outcomes scores at these CDSAs, including the parallel impact on scores over time, see SSIP document for Phase III Year 3, pg. 8-9.)

While the remaining Phase 1 CDSAs have not yet implemented Global Outcomes, the NC ITP does not view the data reported by those CDSAs to be of poor quality either, as that data has remained consistent over time. Staff at those CDSAs appear to be scoring Child Outcomes consistent with the training they have received in the past. However, the process being different between those CDSAs and the CDSA where GO has been implemented results in data that is not consistent across the Phase 1 group.

The NC ITP was aware of these differences when including the GO pilot CDSA in the Phase 1 implementation/SiMR group and the decision to implement the Pyramid model prior to GO at the remaining CDSAs was taken with full knowledge of these differences and how GO impacts Child Outcomes scores. It is felt that the benefit of being able to compare the results of implementing Coaching/NLEP and Pyramid model at CDSAs that have and have not implemented GO outweighs the potential issue with data inconsistency and that the substantial drop in scores post-GO Implementation may be mitigated for those CDSAs that implement both Coaching/NLEP and the Pyramid model first.

Did the State identify any data quality concerns directly related to the COVID-19 pandemic during the reporting period? (yes/no)

NO

Section B: Implementation, Analysis and Evaluation

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

NO

Describe how the data support the decision not to make revisions to the evaluation plan. Please provide a link to the State's current evaluation plan.

Currently, the NC ITP has had to slippage and continues to make progress towards its SiMR with its scale up of Coaching and Natural Learning Environment Practices. In late 2021, the program began implementation of the Pyramid Model and is working on making changes to its evaluation plan for the next year, with support of the National Center for Pyramid Model Innovations. The State's current evaluation plan can be found at https://beearly.nc.gov/data/files/pdf/NC_SSSIP_PhaseIII_year3.pdf. In addition, the NC ITP lost two key staff during this reporting period (the QA/QI Manager/SSIP Lead and Data Manager) which has impacted the program's capacity to implement further changes.

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

Building on the successes and SSIP work from the previous year, the NC ITP has made significant progress in strengthening implementation of their teaming structure and the state's priorities related to implementation of evidence-based practices - Coaching and Natural Learning Environment Practices and Pyramid Model. To help support all SSIP and professional development efforts, the NC ITP hired a PD Coordinator (as suggested by the NCPMI TA Grant), as well as a part time doctoral-level intern to support Pyramid Model and other SSIP activities.

State and Local Implementation Teams

During this last year, the SIT and SDT evaluated the current roles of each group. It was agreed, at this point in our SSIP process, the two groups did not have enough distinct activities to warrant continuing both teams. The members came to consensus that the teams would be integrated and continue to have representation from all important perspectives including Branch management, data and technical assistance staff, along with both pilot and non-pilot CDSAs. The new team will keep the designation of State Implementation Team.

Over the past year, the SIT held several LIT support meetings with LIT contacts from across the state. In these meetings, staff had opportunities to discuss strengths, share concerns, and ask questions of other CDSAs. In addition, a Share Point site was established to enhance collaboration and share documents related to LIT practices (coaching implementation, etc.).

Coaching and NLEP

Coaching and NLEP Toolkit: A statewide survey focused on local program implementation of the Coaching and NLEP Toolkit was completed in fall 2020. The survey results were used to evaluate the effectiveness of the Toolkit rollout. The SIT has also gathered data from local programs concerning the Toolkit content, requirements, and processes. Based on information gathered above revisions were made to the NC Coaching and NLEP toolkit. Revisions included updating infographics, changing the wording of one question in the Coaching Handbook Quiz and the addition of electronic

submission of the Coaching Handbook Quiz. These revisions provided clarity of the requirements and assisted to streamline of collection of data for completion of the quiz.

Due to the impacts of COVID-19 and the resulting Medicaid flexibilities, the NC ITP had the opportunity to accelerate expansion of its existing teletherapy pilot and enhancing coaching and NLEP statewide. The program pivoted quickly to establishing the infrastructure and supports necessary to maintain services for enrolled and referred children and families in March 2020. Since that time, all services have been provided virtually, including interpreter-supported services for 74 non-English-speaking families. With the support of Preschool Development Grant funds, the program has further leveraged this system of service provision to align with and enhance Coaching and NLEP throughout this reporting period. As part of this expansion and transition, a virtual teletherapy webinar for the purpose of professional development was created (Coaching and Natural Learning Environment Practices in Teletherapy), which embeds the use of these SSIP-identified and -selected practices for promoting the social-emotional development of young children. This webinar is in the final stages of approval by the NC DHHS Dept. of Public Affairs and will then "go live" for program staff and network providers. At least 1,000 ITP service providers will receive formal training in teletherapy technology, practices, and use of Coaching and NLEP through virtual platforms by fall of 2022. A Teletherapy Procedural manual is in process and will be finalized and implemented system wide. Additional teleconferencing equipment to address technology barriers and increase access to virtual services for program staff and families is in the process of being purchased. Additional teletherapy resources and supports will also be available for providers on the program website.

Surveys of program staff, providers, and families were conducted in May 2020 to evaluate effectiveness of teleservices and determine and address potential barriers and additional support needs. Data analysis, including qualitative analysis, was completed and findings shared with participants and other stakeholders. Findings indicated that teletherapy service delivery supported and encouraged the use of coaching practices with families. A follow-up survey to track changes over time is currently in the final stages of development and is expected to be disseminated in early 2022. With this additional evidence to support coaching with a teletherapy method, the EI Branch will continue to work with NC Medicaid and Department of Health and Human Services to advocate for teletherapy codes with reimbursement parity with in-person services to continue beyond the pandemic emergency and to become permanently approved for NC ITP services. Program staff have received informal notification that the expectation is for NC ITP services to be approved for post-pandemic use.

Pyramid Model

Over this past year, the NC ITP has received intensive technical assistance from the National Center for Pyramid Model Innovations. Initial meetings with NCPMI staff and NC ITP staff were held to discuss plans for implementation including training to build capacity of staff to provide intervention through the various levels of the Pyramid Model and to enhance knowledge of infant social-emotional development. One CDSA was identified to implement Pyramid Model, the Winston Salem CDSA. Pyramid Model Implementation began with initial trainings with leadership team members at this CDSA, as well as meetings with state office staff, using NCPMI state level technical assistance.

Describe the short-term or intermediate outcomes achieved for each infrastructure improvement strategy during the reporting period including the measures or rationale used by the State and stakeholders to assess and communicate achievement. Please relate short-term outcomes to one or more areas of a systems framework (e.g., governance, data, finance, accountability/monitoring, quality standards, professional development and/or technical assistance) and explain how these strategies support system change and are necessary for: (a) achievement of the SiMR; (b) sustainability of systems improvement efforts; and/or (c) scale-up.

Teaming Structure and Implementation Science Supports (Governance, Accountability/monitoring, Quality standards):

In addition to streamlining the teaming structure, to ensure clear, consistent and timely communications, an SSIP Team Share Point site was created to allow for each SIT member to access documents, store data and allows for real time, effective collaboration.

An Agency Capacity Assessment (ACA) was created to help determine the strengths and needs of Children's Developmental Services Agencies (CDSA – local implementation agencies) to support implementation of evidence-based practices. The ACA is an effective method of assessing the capacity of a CDSA to implement a specific evidence-based practice and is expected to prepare CDSA leadership teams for implementation of Pyramid Model practices over the next two years. The Greensboro CDSA completed a pilot of the ACA and provided critical feedback/input into how to scale up use of the ACA. Subsequently, a full training was developed and then provided by two SIT members to all 16 CDSAs.

Implementation of Evidence-Based Practices (Professional Development , Quality Standards, Data):

Coaching and Natural Learning Environment Practices

Continued expansion, capacity-building, and strengthening for the NC ITP's established system of coaching has also continued during this reporting period. Virtual Coaching training continued (with approx. 1100 staff and providers trained in 2021) and two virtual Resource-Based Practices training were also provided to approximately 100 CDSA staff. The state has also increased its number of FIPP trained Master (approx. 100) and Fidelity (approx. 10) coaches across the state. Despite staff turnover and the impacts of COVID, the program was able to continue making progress towards having proficient coaches qualified to serve as Approved Observers (AOs) in sustaining practitioner coaching supports for staff and providers working toward fidelity; the program had 118 AOs in 2021. Three regional trainers for Putting it into Practice (Phase II training) have been added this reporting period, for a total of 18 in 2021. A cadre of trainers consisting of a subset of staff qualified as AO and Fidelity Coaches have also been established to provide the required skills practice training in Coaching and NLEP for staff and providers across the state. Fidelity coaches that can train and support new Approved Observers allows our state to build the capacity for sustainability of the practices over time. In addition to new AO's, Fidelity Coaches and Regional trainers, 24 AO's have become certified in the Fidelity in Practice – Early Intervention Observation/ Self-Assessment Checklist.

An on-demand webinar was created (Coaching and Natural Learning Environment Practices in Teletherapy), which embeds the use of these SSIP-identified and -selected practices for promoting the social-emotional development of young children. In 2022, at least 1,000 program staff and network providers in NC are expected to view this webinar. To support quality standards, the Coaching and Natural Learning Environment Practices in Teletherapy webinar, in conjunction with a Teletherapy Procedural Manual and curated resource list, will continue to promote evidence-based practice in the delivery of teleservices to families of young children. A follow-up survey of teletherapy providers and recipients (in progress) will provide information on family satisfaction, perceived efficacy, perceived effectiveness of coaching strategies in teleservices, challenges and barriers to service delivery and change over time in these metrics.

Pyramid Model

As the NC ITP was awarded intensive technical assistance (TA) for Pyramid Model implementation from NCPMI, program leadership worked with NCPMI TA providers to leverage components of the existing system of coaching to align with and support implementation of the Pyramid Model beginning with one implementation site. Also, the EI Branch currently has five members who serve on the Branch Pyramid Leadership Team as well as

Program Implementation Coaches who provide technical assistance to the individual CDSAs when roll-out begins. Currently, the Winston-Salem CDSA is serving as the initial site for the Pyramid Model roll-out. The CDSA has eight members on their CDSA Pyramid Leadership Team, who meet monthly as a group and with the Branch Program Implementation Coaches. The CDSA also has 12 staff on their Leadership Implementation Team and 13 Practitioner Coaches, who will be coaching the EI staff. The total number of staff at the Winston Salem CDSA is 42, with numerous contract providers. The Winston Salem CDSA began implementation of the Pyramid Model, they completed their initial Benchmarks of Quality and created an action plan based on that tool. Their leadership team has been trained and they completed Practices Training for all current direct service staff. In addition, they have identified practitioner coaches and made a plan to continue to implement with all staff in the Spring 2022. In addition, the NC Part C Director, in collaboration with the NC Part B 619 Coordinator and support from the NCPMI, established the North Carolina Pyramid Model Cross-Sector Leadership team that brought together early childhood system stakeholders and leaders from various sectors. The leadership team met monthly and established a vision and mission statement, engaged in cross-sector learning about Pyramid Model implementation, and efforts to leverage resources and efforts related to Pyramid Model across the state. The Pyramid Model State Leadership Team also began discussions about sharing best practices and resources for sustainability and scale-up.

Did the State implement any new (newly identified) infrastructure improvement strategies during the reporting period? (yes/no)

NO

Provide a summary of the next steps for each infrastructure improvement strategy and the anticipated outcomes to be attained during the next reporting period.

The NC ITP will be proactively trying to fill the SSIP Lead role (with the hire of the QA/QI Manager position) and Data Manager positions to help with next steps for the SSIP during the next reporting period.

With respect to the teaming structure that supports oversight and decision-making of the SSIP, the SIT will continue to meet on a monthly basis to assess work progress, address any issues with implementation, and also facilitate resources needed to ensure effective processes and implementation of NC's prioritized evidence-based practices. Further, LITs will also continue to meet to identify and address implementation considerations at the local level, with support as needed from Technical Assistance Coordinators and state staff. Alongside these efforts, the NC ITP will be working towards establishing a new data system that will help with gathering, reporting, and analyzing indicator data (and overall data quality efforts).

List the selected evidence-based practices implemented in the reporting period:

Coaching and Natural Learning Environment Practices
Pyramid Model for Promoting the Social and Emotional Development of Infants and Young Children (Pyramid Model)
Attachment and Biobehavioral Catchup
Circle of Security-Parenting
Positive Parenting Program

Provide a summary of each evidence-based practice.

Coaching and NLEP is a manner of interacting with others that focuses on adult learning styles while encouraging the development of confidence and competence in a parent's ability to support their child's development within the family's natural environment. Virtual Coaching training continues (approx. 1100 in 2021), and two virtual Resource-Based Practices trainings were also provided to approximately 100 CDSA staff. The state has also increased its number of FIPP trained Master and Fidelity (10) coaches across the state.

The Pyramid Model is a conceptual framework of evidence-based practices for promoting young children's healthy social and emotional development in all services provided by the NC Infant Toddler Program. The Pyramid Model uses a tiered approach that provides universal supports (for all families), targeted social emotional supports (for families requiring additional support), and individualized interventions (for families and/or children with higher level needs requiring clinical intervention).

The Attachment and Biobehavioral Catch-up (ABC) is a home-visiting parenting program to help parents nurture and respond sensitively to their infants and toddlers to foster their development and form strong and healthy relationships. Attachment and Bio-behavioral Catch up (ABC) training (Infant version) was provided to approximately 20 service coordinators and clinicians across the state. Coaching continues to remain a focus as it relates to Pyramid Model practices.

The Circle of Security-Parenting is a parenting intervention/education program that focuses on helping caregivers reflect upon children's attachment needs in order to promote secure attachment with a child. Across the state, about 126 staff and providers participated in the Circle of Security Parenting Program and had nine staff members participate in the Facilitator Circle of Security Training.

The Positive Parenting Program® (Triple P) is a parenting and family support system designed to prevent – as well as treat – behavioral and emotional problems in children and teenagers. Each CDSA determines which staff receive Triple P training. Currently, the state does not gather the number of staff trained in this EBP.

Provide a summary of how each evidence-based practices and activities or strategies that support its use, is intended to impact the SiMR by changing program/district policies, procedures, and/or practices, teacher/provider practices (e.g. behaviors), parent/caregiver outcomes, and/or child/outcomes.

While Coaching and NLEP set the base for how staff interact, engage, and empower families, Pyramid model implementation is intended to provide direct support and professional development dedicated to expanding the knowledge of Social Emotional development in the families the NC ITP serves. The Pyramid Model model will integrate universal strategies for all families, then provide a structured process for accessing additional levels of intervention as a family's needs increase. It is expected that this focus on SE development will lead to an improvement in a child's development in this domain. Further, addition evidence-based practices/training such as ABC, Triple P, and Circle of Security-Parenting will help increase staff knowledge and competence in social emotional development, as well provide additional supports to families who require more intensive interventions. The full spectrum of each of these evidence-based practices is intended to have a positive impact on the NC SiMR. Further to this, these EBPs are intended to have a positive impact on caregivers as well.

With the continued TA support from the NCPMI (as well as purveyors of other EBPs), NC will receive expert support on further understanding the impact of these EBPs on children and families enrolled in the NC ITP.

Describe the data collected to monitor fidelity of implementation and to assess practice change.

The NC ITP utilized various tools to help with data collection to monitor fidelity of implementation and to assess practice change. For Coaching and NLEP, the program uses a Proficiency Tracking tool, Coaching Pathway Documents, Self Reflection and other EB observation tools to track fidelity of

practice (however, not all of these are collected statewide). In addition, the program uses Pre- and Post-surveys for professional development/training opportunities such as the Putting it Into Practice training. A total of 3,095 CDSA staff and contract providers have already completed the first step to Coaching Proficiency. Of those, 1,272 completed all three FIPP webinars.

The NC ITP is also collecting data using a pre/post survey as well as a final training feedback survey for all Pyramid-related trainings. The program is using the NCPMI published data collection tools such as their Early Interventionist Pyramid Practices Fidelity Instrument 1.0 (EIPPF1), their EI Practitioner Coaching Contact Log, the Pyramid Model EI (Part C) Benchmarks of Quality data entry form and system, their Summary of Program Coaching form and system, and their Program Implementation Coach Log. Some of these tools will begin to be used in 2022.

Describe any additional data (e.g. progress monitoring) that was collected that supports the decision to continue the ongoing use of each evidence-based practice.

In order to prepare for full rollout of PM practices across the state, the NC ITP completed a Social Emotional Landscape Survey (as a follow up to the survey that was completed in 2019). The survey requested information about screening and assessment tools, along with both internal and external resources. At the beginning of the calendar year, the SIT plans on evaluating the survey data to help support decisions to continue the ongoing use of each EBP.

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

Efforts toward implementing NC's prioritized evidence-based practices will also continue, with a priority focus on statewide scale up of Coaching and Natural Learning Environment Practices and Pyramid Model. Coaching and NLEP implementation will consist of ensuring all new staff and providers are trained in Coaching and NLEP, as well as augmenting the number of AOs, coaches, and staff the reach fidelity with the approach. Further, the NC ITP anticipates 1000 staff and providers completing the webinar on coaching in teletherapy (as discussed above). During the next reporting period, the program will purchase 150 Chromebooks and 50 mi-fi hotspots and distribute to families who would not otherwise have access to teleservices due to a lack of equipment and/or connectivity to support greater access and equity of coaching. A "Teletherapy Guide for Families" (working title) will be developed to help parents decide on their preferred mode of service delivery for EI services when the program resumes in-person services. It assumes permanency of teleservices through NC Medicaid which will allow families to choose between in-person and teleservices, or a combination of both. This guide will be available on the NC ITP website.

The next steps of Pyramid Model implementation include the Practitioner Coaching, Behavior Specialist and Data coordinator training all scheduled for the first quarter of next year. In addition, the Pyramid model leadership team is creating an infographic that will assist other CDSA staff in understanding how current practices integrate with the Pyramid Model. The team will also integrate the Pyramid Model practices with our current Coaching and Natural Learning Environment Practices tool kit, including ongoing requirements to sustain practices. Further, the program intends to engage additional CDSAs in Pyramid Model trainings and initial implementation.

Describe any changes to the activities, strategies, or timelines described in the previous submission and include a rationale or justification for the changes. If the State intends to continue implementing the SSIP without modifications, the State must describe how the data from the evaluation support this decision.

Due to severe staffing shortages (because of COVID, staff turnover, and challenges with recruitment) and the absence of two key leadership roles (i.e. QA/QI Manager and Data Manager) to support SSIP implementation efforts, we anticipate potential implications for timelines and/or progress with SSIP activities. While NC plans to continue SSIP without modifications, however, staffing may affect progress.

Section C: Stakeholder Engagement

Description of Stakeholder Input

The NC ITP continues to value and obtain broad and regular input from several stakeholder groups. The NC Interagency Coordinating Council (ICC), NC ITP leadership (including CDSA directors and EIB staff), and SSIP implementation team leaders have been provided historical APR data and data trends, graphic representations of outcomes, analyses related to performance, and data that compared the NC ITP's data to comparable data from other states and territories. This put the N.C. ITP's data in context and helps these groups obtain perspective on how the NC ITP performs in comparison to previous years and to other states. This has also been part of a multi-year effort by the NC ITP's Data and Evaluation team to increase data literacy and data use by NC ITP stakeholders, both to facilitate data-informed decision making and to prepare stakeholders for the APR target setting process they would be undertaking for FFY 2020-2025.

For the current SPP/APR, the ICC, NC ITP leadership, parents, and other stakeholders reviewed multiple years of APR data to provide input on targets going forward for Child Outcomes, Family Outcomes, population served birth-to-1 and birth-to-3, the percent of children served in a Natural Environment, and the State-identified Measurable Results (SiMR). Prior to stakeholder meetings, the NC ITP's Data and Evaluation team developed proposed targets for each Indicator based on a variety of commonly used methodologies including: setting targets based on highest performance in prior years, using the Meaningful Difference Calculators developed by the Early Childhood Outcomes Center, using the highest performance by other states, and using pre-COVID trend data. Stakeholder groups were also encouraged to develop their own targets where they did not find any of the pre-developed targets met their needs – targets for both Family Outcomes and Child Outcomes were developed by the stakeholders themselves, while other targets were chosen from those assembled by the Data and Evaluation team.

State-wide data and trends were presented to the ICC at a special meeting in December 2021 to obtain their input regarding targets. Additional input was gathered from CDSA Directors and NC EIB staff across multiple leadership meetings. Further, Data and Evaluation Team members partnered with staff from NC's Parent Training Information Center (Exceptional Children's Assistance Center) to hold family input meetings to inform targets as well. Input from parents was solicited across two days of meetings (described below). While there was consensus between stakeholder groups on targets across many of the APR Indicators, areas where there was not consensus were reviewed with NC ITP management and final APR targets were presented to the full leadership group in January 2022. Final results will also be presented to the ICC at its first scheduled meeting in calendar year 2022. The parent chair of the ICC was a part of the APR review process, and the ICC has adopted the NC ITP's APR and certified it as representing ICC members' views.

Changes to the NC ITPs APR include updating the baseline year for several Indicators. For Family Outcomes, the baseline year is being updated to FY 2016. As noted in prior APRs, the NC ITP made sweeping changes to its process for collecting family outcomes data in FFY 2016, including changing the survey used from the NCSEAM to the FOS-R and changing the collection process from once a year through the mail to on-going at each child's

semi-annual IFSP review with paper, online, and phone options for families to complete the survey.

Additionally, the NC ITP is updating the baseline year for Indicators 2, 5, and 6 based on data from the December 1 headcount. The NC ITP would like to update the baseline year on these indicators to FFY 2010 – the year the program's current data system began use. The previous data systems were shared with schools, and it was difficult to ensure children had a single unique identifier in the system making de-duplicating for headcount more challenging. As well, while the current baseline year for these indicators is FFY 2005, the NC ITP changed its eligibility definition in FFY 2006. The NC ITP feels updating the baseline year to FFY 2010 better reflects current practices regarding both eligibility and data collection/reporting.

The NC ITP continues to value and obtain broad and regular input from several stakeholder groups. The NC Interagency Coordinating Council (ICC), NC ITP leadership (including CDSA directors and EIB staff), early childhood system members, and SSIP implementation team leaders have been provided historical APR data and data trends, graphic representations of outcomes, analyses related to performance, and data that compared the NC ITP's data to comparable data from other states and territories. This put the N.C. ITP's data in context and helps these groups obtain perspective on how the NC ITP performs in comparison to previous years and to other states. This has also been part of a multi-year effort by the NC ITP's Data and Evaluation team to increase data literacy and data use by NC ITP stakeholders, both to facilitate data-informed decision making and to prepare stakeholders for the APR target setting process they would be undertaking for FFY 2020-2025.

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NC ITP staff also participate in early childhood

Describe the specific strategies implemented to engage stakeholders in key improvement efforts.

The NC ITP has implemented a variety of strategies to engage stakeholders in key improvement efforts. In light of the COVID-19 pandemic, SSIP updates have continued to occur through predominantly virtual methods, including electronic communications, teleconferences and meeting presentations.

SSIP leads continuously provided monthly updates on SSIP work at EI Branch Leadership meetings, quarterly presentations at state Interagency Coordinating Council (ICC) meetings and other early childhood system stakeholder meetings, as well as our Parent and Training Information Center (the Exceptional Children's Assistance Center) to engage key stakeholders in our SSIP work. NC ITP staff have held quarterly ICC meetings virtually to facilitate engagement with stakeholders about the SSIP and maximize equitable participation of stakeholders from across the state. The program has offered reimbursement to families who attend ICC meetings to ensure their ability to contribute their time and energies to key improvement efforts. With every update, SIT members engage in 2-way communications and invite stakeholders to provide feedback and ask questions.

With the NCPMI Intensive Technical Assistance Application award, the NC Part C Coordinator and Part B 619 Coordinators are co-leading the facilitation of the Cross-Sector Pyramid Model State Leadership Team that will serve as an oversight body of Pyramid Model implementation in each sector. The PM SLT will afford Part C staff the opportunity to engage key early childhood stakeholders in Pyramid Model implementation.

Various NC ITP Staff have also participated in multiple statewide initiatives, coalitions, and collaboratives that bring cross-sector professionals, families, and community members together to advance policies and practices to support improvement in children's social emotional development and early childhood mental health. Further, SDT members have continued to engage stakeholders through multiple collaborative meetings and cross-sector initiatives focused on social-emotional health and development to ensure statewide alignment with existing initiatives and to leverage on-going efforts to support infant and toddlers social-emotional/early childhood mental health across N.C.'s early childhood system. These engagement opportunities, where information about SSIP activities is routinely shared, have included: N.C. Early Childhood Foundation's Pathways to Grade-Level Reading initiative; Leadership Team of the N.C. Social Emotional Health Initiative; Think Babies initiative; and the Infant and Early Childhood Mental Health workgroup.

Stakeholders are given updates and the opportunity to provide feedback and ask questions with every update of the SSIP. These opportunities helped shape the work of the SDT and most recently, the work of the SIT since its establishment. Data collection, primarily through surveys, continues to help engage stakeholder voices in implementation improvement and success. In addition to this, the NC ITP was included as part of a proposal to the Preschool Development Grant to receive training and PD on early childhood mental health and members of the ITP participate on the N.C. Infant and Young Child Mental Health Association Workforce Steering Committee and have helped inform early childhood mental health PD effort to enhance the

capacity of the EI workforce.

Further, the NC ITP has closely partnered with NC's PTIC, the Exceptional Children's Assistance Center, to gather caregiver input into programmatic materials, communications, and trainings that foster improvement efforts. Specific strategies include holding meetings and calls, sending emails with survey links to solicit input, and participating in meetings with families and early childhood system partners. With greater opportunities to leverage technology, virtual meetings have afforded participants to attend meetings that may have been a barrier when long-distance travel was required.

Were there any concerns expressed by stakeholders during engagement activities? (yes/no)

NO

Additional Implementation Activities

List any activities not already described that the State intends to implement in the next fiscal year that are related to the SiMR.

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

Due to staffing shortages, a refined timeline and evaluation plan has yet to be fully refined, however, in 2022, the NC ITP has planned nine PiiP trainings that will train approximately 450 people, two RBP trainings that will provide training to approximately 100 staff, and approximately ten Pyramid-related trainings/ TA meetings scheduled for the first quarter. These professional development opportunities will increase the capacity of EI workforce and their ability to coach families to support their child's social emotional development and subsequently increase the program SiMR.

Attachment and Biobehavioral Catchup

Discussions are underway to offer NC ITP staff training in ABC Toddler in the Spring or Summer 2022. It is anticipated that additional staff will become certified in this evidence-based intervention during the next reporting period.

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

There are multiple barriers that may affect infrastructure and implementation of key improvement strategies, related to staffing, COVID, and a Departmental reorganization.

While staffing shortages are not a new barrier, it continues to have a significant impact on the SSIP. As noted prior, the lack of two key roles (QA/QI Manager and Data Manager) have impacted and will continue to impact progress on activities related to the NC SSIP. Recruitment efforts are currently underway to fill these roles. Further, due to COVID, NC is seeing a dramatic impact on staff availability (due to the spread of COVID) and/or staff are resigning. Further to this, recruitment continues to be a challenge due to low salaries and length of time it takes Human Resources to complete hiring processes. The NC ITP is reporting these issues to the NC DHHS and their team focused on operational excellence. The NC ITP saw a significant turnover in both CDSA Staff and contract providers from February to December of 2021. The number of CDSA staff decreased from 722 to 528, a difference of 194 staff (27% turnover rate). The number of contract providers decreased from 3,295 to 2,819, a difference of 476 providers (14% turnover rate).

COVID has presented barriers with staff wellness and resilience. The continued stress and demands that the shifting landscape has posed for staff has many staff tired, stressed, and carrying larger caseloads (to cover for staff who may be out or resigning). Likewise, professional development opportunities/trainings may also have impacts related to attendance because of COVID (e.g. staff being out sick, needing to take time off due to quarantine or taking care of loved ones, anxiety/fear of falling ill or spreading the virus). In response to this, staff are encouraged to be flexible as needed and make accommodations to their schedule to address the demands COVID has placed on them individually and organizationally.

A newly identified potential challenge, is the NC DHHS is undergoing a reorganization where the NC ITP is being moved to a newly established Division - the Division of Child and Family Well-Being. The infrastructure required to establish Division operations is underway, however, is anticipated to progress over the next reporting period. Recurring meetings with Division leadership is occurring to proactively address any issues related to business continuity that could impact program operations.

Provide additional information about this indicator (optional).

11 - Prior FFY Required Actions

None

11 - OSEP Response

The State provided targets for FFYs 2020 through 2025 for this indicator, and OSEP accepts those targets.

11 - Required Actions

Certification

Instructions

Choose the appropriate selection and complete all the certification information fields. Then click the "Submit" button to submit your APR.

Certify

I certify that I am the Director of the State's Lead Agency under Part C of the IDEA, or his or her designee, and that the State's submission of its IDEA Part C State Performance Plan/Annual Performance Report is accurate.

Select the certifier's role

Lead Agency Director

Name and title of the individual certifying the accuracy of the State's submission of its IDEA Part C State Performance Plan/Annual Performance Report.

Name:

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04/26/22 9:58:40 AM