

ANNUAL PERFORMANCE PLAN

FOR NORTH CAROLINA 2009

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Part C State Annual Performance Report (APR) for FFY 2009

Overview of the APR Development:

North Carolina's early intervention program is organizationally located in the North Carolina (NC) Department of Health and Human Services, in the Division of Public Health. The Early Intervention Branch within the Women's and Children's Health Section of the Division of Public Health manages the program on a statewide level. The Early Intervention Branch's eighteen (18) employed and contracted Children's Developmental Services Agencies (CDSAs) administer the program on a local level.

In preparation for developing a revised APR, including annual targets for FFY 2011 and FFY 2012, the NC Early Intervention Branch Central Office reviewed the most recent state APR (FFY 2009), recent monitoring data, and the OSEP Determination Report for FFY 2008. The NC EI Program has received a determination of "meets requirements" for two consecutive years, which is the highest recognition awarded to states by OSEP. NC was one of 28 states to receive this highest distinction. The FFY 2008 determination letter further states "Specific factors affecting NC's "meets requirements" determination" include:

- its provision of valid and reliable data for each Indicator and
- its 95% or more reporting of compliance on Indicators 1, 7, 8a, 8b, 8c, 9, 10, 11 and 14.

The NC EI Program continues to value and obtain broad input from several different stakeholder groups on a continuing basis. For this APR, the NC Interagency Coordinating Council (ICC) served as the primary advisory board and provided feedback at meetings held in October and December 2010 and January 2011. Other stakeholder groups including the Division of Public Health Women's and Children's Health Section Family Advisory Council, and the Commission for Children with Special Health Care Needs will continue to review progress reports and provide input at their regularly scheduled meetings throughout the year.

When the APR is approved by OSEP, the NC EI Program will disseminate the report to stakeholders through the local lead agencies and post it on the program's website (www.ncei.org/publications).

The NC EI Program exceeds the target for two indicators (Indicators 2 and 6), meets the target for four of the indicators (Indicators 3, 10, 11 and 13) and although below target on six indicators (Indicators 1, 4, 5, 7, 8 and 9), shows improvement or substantial compliance. Indicator 9 describes in detail the progress and slippage on all indicators, as well as improvement activities, timelines and revisions.*

*Indicator 12 is not applicable to NC, as Part C due processes are used.

CDSA – Specific Performance on APR Indicators for FY 2009-2010 (Attachment to the Overview Section)

CDSA	Indicator 1 Target: 100%	Indicator 2 Target: 97.5%	Indicator 3a Target		Indicator 3b Target		Indicator 3c Target		Indicator 5 Target: 1.10%	Indicator 6 Target: 1.98%	Indicator 7 Target: 100%	Indicator 8a Target: 100%	Indicator 8b Target: 100%	Indicator 8c Target: 100%
			SS1 & SS2: 71.2%	SS2: 57.9%	SS1 & SS2: 76.4%	SS2: 49.6%	SS1 & SS2: 75.2%	SS2: 56.0%						
Asheville	93.10%	100%	73%	75%	71%	57%	78%	68%	0.91%	2.56%	92.59%	100%	100%	96.88%
Blue Ridge	97.14%	100%	67%	71%	72%	54%	71%	56%	1.46%	3.74%	94.44%	100%	100%	95.45%
Charlotte	88.33%	100%	79%	70%	83%	62%	79%	65%	1.24%	2.37%	77.27%	100%	100%	97.44%
Concord	100%	100%	78%	76%	86%	69%	83%	74%	1.19%	2.72%	100%	100%	100%	100%
Durham	96.83%	99%	52%	47%	63%	38%	58%	49%	0.88%	2.15%	88.89%	100%	96.30%	92.59%
Elizabeth City	100%	100%	99%	51%	97%	17%	97%	44%	1.26%	3.03%	95.00%	100%	100%	100%
Fayetteville	100%	98%	57%	56%	66%	42%	71%	52%	0.73%	2.27%	97.62%	100%	97.83%	97.83%
Greensboro	95.00%	100%	84%	62%	89%	48%	89%	52%	1.10%	2.57%	96.36%	100%	100%	92.31%
Greenville	97.78%	99%	70%	67%	79%	58%	79%	69%	0.96%	2.99%	90.63%	100%	100%	100%
Morganton	89.74%	98%	73%	60%	76%	59%	80%	58%	1.06%	2.32%	92.59%	96.55%	96.55%	89.66%
New Bern	100%	100%	88%	52%	90%	47%	89%	48%	0.66%	1.82%	100%	100%	100%	100%
Raleigh	98.31%	99%	70%	55%	80%	56%	77%	58%	1.09%	2.77%	98.72%	100%	100%	100%
Rocky Mount	100%	99%	63%	55%	71%	38%	72%	54%	1.08%	2.69%	100%	100%	100%	100%
Sandhills	87.50%	94%	73%	73%	80%	64%	75%	67%	0.78%	2.42%	96.00%	100%	100%	90.00%
Shelby	91.67%	96%	69%	55%	70%	49%	71%	50%	2.01%	3.50%	95.12%	100%	100%	95.83%
Smokies	N/A	98%	80%	61%	77%	52%	80%	53%	1.71%	4.41%	N/A	N/A	100%	N/A
Wilmington	97.30%	100%	58%	43%	65%	40%	65%	42%	1.09%	2.01%	94.12%	100%	100%	100%
Winston-Salem	100.00%	100%	68%	54%	71%	39%	79%	60%	1.04%	2.59%	100%	100%	100%	100%
State Average	95.98%	99%	72.3%	60.5%	77.7%	51.1%	77.7%	58.2%	1.04%	2.48%	94.60%	99.82%	99.47%	97.24%

Note: Indicators 9, 10, 11, 13, and 14 are not CDSA-specific. Indicator 12 is not applicable to North Carolina's Early Intervention program. CDSA specific data for Indicator 4 is not available as the data represents a small number and cannot be extrapolated to the wider service population.

Monitoring Priority: Early Intervention Services In Natural Environments

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

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

Measurement:

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

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

FFY	Measurable and Rigorous Target
2009	100%

Actual Target Data for FFY 2009:

95.98%

Actual Target Data for 2009-2010: Six hundred seventy two children (672) received their services in a timely manner. Ninety two (92) children did not receive their services in a timely manner due to documented exceptional family circumstances. Four percent (n = 32) of children did not receive all their services in a timely manner due to CDSA specific delays. Therefore, seven hundred sixty four (764) out of seven hundred ninety six (796) children (95.98%) met the timely services indicator.

CDSA	2009
Asheville^	93.10%
Blue Ridge^*	97.14%
Charlotte^	88.33%
Concord	100%
Durham^	96.83%
Elizabeth City	100%
Fayetteville	100%
Greensboro^*	95.00%
Greenville^	97.78%
Morganton^	89.74%
New Bern	100%
Raleigh^	98.31%
Rocky Mount	100%
Sandhills^*	87.50%
Shelby^	91.67%
Smokies	NA
Wilmington^	97.30%
Winston-Salem	100.00%
Total	95.98%

Describe the method used to collect data – if data are from State monitoring, describe the method used to select EIS programs for monitoring. If data are from a State database, include data for the entire reporting year (July 1, 2009 – June 30, 2010).

There is one CDSA, which shows data in the previous table as NA (not applicable). This CDSA is in the process of correcting noncompliance beyond the one-year timeline in multiple indicators. EI Branch Central Office staff along with the Part C Coordinator conducted a site visit with the CDSA to identify the root causes of continuing noncompliance. The reasons for noncompliance beyond the one-year timeline included: challenges with provider availability and inefficiencies in local processes to monitor documentation and to initiate services in a timely manner. This CDSA also has had significant staff vacancies including primary leadership positions. Intensive technical assistance has been provided to CDSA staff to assure efficiency in procedures affecting timeliness of services. A corrective action plan addressing individual areas of concern with strategies, benchmarks, and timelines was developed and revised to include on-site monitoring and the submission of monthly progress reports. The Early Intervention Branch Central Office is intensively involved in hiring processes for leadership positions in order to achieve stability for the CDSA. Evidence of correction of noncompliance is expected by February 2011.

Compliance by the CDSAs in meeting the timely services compliance indicator was determined via a self-assessment record review of all children who had services added to their Individualized Family Service Plan (IFSP) in September 2009. The self-assessment record review included newly referred children and children already enrolled in the program. Seven hundred ninety six (796) records of children were reviewed for timeliness of initial and subsequent service initiation. Eighty-four percent (n = 672) of children received their services in a timely manner. Eleven percent (n = 92) of children did not receive all their services in a timely manner due to documented exceptional family circumstances. Four percent (n = 32) of children did not receive all their services in a timely manner due to CDSA specific delays. The reasons for the delays included: lack of appropriately qualified community-based providers and failure to follow policies and procedures.

Identification of Noncompliance in FFY 2009

Record review data indicate six (6) CDSAs achieved 100% compliance (including documented family exceptional circumstances). Eleven (11) CDSAs (denoted in chart with ^) have been issued finding(s) and received a Corrective Action Plan (CAP) to show correction of noncompliance as soon as possible, but in no case more than one year from identification (i.e., the date on which the NC EI Program provided written notification to the CDSA of the noncompliance). From the time of monitoring, three (3) CDSAs (denoted in chart with *) have since corrected findings of noncompliance. The EI Branch Central Office staff verified the correction of child-specific noncompliance and reviewed updated subsequent data verifying that the timely services requirement was being implemented in accordance with IDEA. The remaining eight (8) CDSAs are being monitored following the process outlined in the “Verification of Correction” section.

Infants and Toddlers with IFSPs who receive Early Intervention Services in a Timely Manner:

a. Number of infants and toddlers with IFSPs who receive the early intervention services on their IFSPs in a timely manner (including exceptional circumstances)	764
b. Total number of infants and toddlers with IFSPs	796
Percent of infants and toddlers with IFSPs who receive the early intervention services on their IFSPs in a timely manner (Percent = [(a) divided by (b)] times 100)	95.98%

Discussion of Improvement Activities Completed and Explanation of Progress or Slippage that occurred for FFY 2009:

The NC EI Program experienced slippage from 97.21% (FFY 2008) to 95.98% (FFY 2009). Challenges have continued in providing services in a timely manner due to the lack of appropriately qualified community-based providers and inefficiencies in local processes to initiate services in a timely manner. Improvement activities to address these challenges included: hiring direct service staff at the local CDSAs to provide services when a community provider is not available and streamlining local processes to initiate timely services, and focused technical assistance. The NC EI Program expected that these challenges would continue, therefore we initiated the exploration of new service delivery models to improve and have greater access to community-based providers. These efforts facilitated a comprehensive systems improvement initiative to implement a more consistent statewide Early Intervention (EI) system that supports quality services to children and their families congruent with the principles and requirements of IDEA Part C. The system wide goal is to improve outcomes for 1) state and 2) local systems as well as for 3) children and families who receive services from those systems.

Correction of FFY 2008 Findings of Noncompliance (if State reported less than 100% compliance):

Level of compliance (actual target data) State reported for FFY 2008 for this indicator: 97%

1. Number of findings of noncompliance the State made during FFY 2008 (the period from July 1, 2008, through June 30, 2009)	13
2. Number of FFY 2008 findings the State verified as timely corrected (verified as corrected within one year from the date of notification to the EIS program of the finding)	10
3. Number of FFY 2008 findings <u>not</u> verified as corrected within one year [(1) minus (2)]	3

Correction of FFY 2008 Findings of Noncompliance Not Timely Corrected (corrected more than one year from identification of the noncompliance) and/or Not Corrected:

4. Number of FFY 2008 findings not timely corrected (same as the number from (3) above)	3
5. Number of FFY 2008 findings the State has verified as corrected beyond the one-year timeline (“subsequent correction”)	0
6. Number of FFY 2008 findings <u>not</u> verified as corrected [(4) minus (5)]	3

Actions Taken if Noncompliance Not Corrected:

For FFY 2008 findings for which the State has not yet verified correction, explain what the State has done to identify the root cause(s) of continuing noncompliance, and what the State is doing about the continued lack of compliance, including, as appropriate, enforcement actions taken against an EIS program that continues to show noncompliance.

One CDSA, with three findings, is in the process of correcting noncompliance beyond the one-year timeline. EI Branch Central Office staff along with the Part C Coordinator conducted a site visit with the CDSA to identify the root causes of continuing noncompliance. The site visit resulted in the identification of key areas needing improvement. The focus of support includes leadership development, prioritizing staff vacancies, reducing provider limitations, strengthening personnel management, use of data to make programmatic decisions, general staff accountability and internal quality assurance processes. Intensive technical assistance has been provided for service providers and CDSA staff to assure efficiency in procedures affecting timeliness of services.

A corrective action plan addressing individual areas of concern with strategies, benchmarks, and timelines was developed and revised to include on-site monitoring and the submission of monthly progress reports. EI Branch Central Office staff will verify through record reviews of updated subsequent data that the CDSA: (1) is correctly implementing the specific regulatory requirements; and (2) has initiated services for each child, although late, unless the child is no longer within the jurisdiction of the NC EI Program. The process utilized to determine correction of noncompliance includes: analysis of progress report information, verification of the correction of child-specific noncompliance and review of updated subsequent data verifying that the timely services requirement is being implemented in accordance with IDEA. While current progress reports from this CDSA reflect improvement related to the percent of children receiving services in a timely manner, further correction is still needed to ensure all regulatory requirements are met. Evidence of correction of noncompliance is expected by February 2011.

Verification of Correction of FFY 2008 noncompliance or FFY 2008 findings (either timely or subsequent):

For States that Reported Less than 100% Compliance for FFY 2008 for Indicator 1 or that made findings in FFY 2008 under Indicator 1:

As specified in OSEP’s June 1, 2010, FFY 2008 SPP/APR Response Table, the State must report, when reporting the correction of noncompliance in its FFY 2009 APR due February 1, 2011, that it has verified that each EIS program with noncompliance reflected in the data the State reported for this indicator: (1) is correctly implementing the timely service provision requirements (i.e., achieved 100% compliance) in 34 CFR §§303.340(c), 303.342(e), and 303.344(f)(1) based on updated data such as data subsequently collected through on-site monitoring or a State data system; and (2) has initiated services, although late, for any child whose services were not initiated in a timely manner, unless the child is no longer within the jurisdiction of the EIS program, consistent with OSEP Memorandum 09-02, dated October 17, 2008 (OSEP Memo 09-02).

Describe the specific actions that the State took to verify the correction of findings of noncompliance identified in FFY 2008:

There were nine (9) CDSAs in corrective action issued in FY 2008-2009. These CDSAs received intensive monitoring. Eight (8) of the CDSAs corrected their noncompliance within one year of the finding(s) being issued. The EI Branch Central Office staff verified through record reviews of updated subsequent data that the CDSAs: (1) are correctly implementing the specific regulatory requirements; and (2) have initiated services for each child, although late, unless the child is no longer within the jurisdiction of the NC EI Program.

The NC EI Program has a system to identify and correct noncompliance as soon as possible, but in no case more than one year from identification (i.e., the date on which the NC EI Program provided written notification to the CDSA of the noncompliance). For those CDSAs issued finding(s), the EI Branch Central Office along with the CDSA investigate the underlying reasons that contributed to the noncompliance. The specific regulatory requirements are reviewed with the CDSA. A corrective action process is developed matching strategies with root causes of noncompliance. During the corrective action process, the EI Branch Central Office staff monitors the status of the CDSAs' progress through the submission of record review data, and a review of the implementation of efficient strategies. Correction of noncompliance is determined as soon as possible, but in no case more than one year from identification. The process utilized to determine correction of noncompliance includes: analysis of progress report information, verification of the correction of child-specific noncompliance and review of updated subsequent data verifying that the timely services requirement is being implemented in accordance with IDEA. The NC EI Program continues to address how to sustain correction of noncompliance across the state.

Correction of Remaining FFY 2007 Findings of Noncompliance (if applicable):

For FFY 2007 findings that the State has not yet corrected, explain what the State has done to identify the root cause(s) of continuing noncompliance, and what the State is doing about the continued lack of compliance, including, as appropriate, enforcement actions taken against an EIS program that continues to show noncompliance.

1. Number of remaining uncorrected FFY 2007 findings of noncompliance noted in OSEP's June 2010, FFY 2008 APR response table for this indicator	0
2. Number of remaining FFY 2007 findings the State has verified as corrected	0
3. Number of remaining FFY 2007 findings the State has NOT verified as corrected [(1) minus (2)]	0

**PC Users - To utilize the auto-calculating function; enter numbers in the appropriate boxes. Next, place the cursor in the grey box (in front of the text labeled "0"), then right click for a menu of options, and then select "update field."*

**MAC Users - To utilize the auto-calculating function; enter numbers in the appropriate boxes. Next, place the cursor in the grey box (in front of the text labeled "0"), then right click (PC) or select the control key (Mac) for a menu of options, and then select "update field."*

Verification of Correction of Remaining FFY 2007 findings:

For States with Findings of Noncompliance Identified in FFY 2007 that were not reported as corrected in the FFY 2008 APR:

As specified in OSEP's June 1, 2010 FFY 2008 SPP/APR Response Table, the State must report, when reporting the correction of noncompliance, that it has verified that each EIS program with findings of noncompliance identified in FFY 2007 that were not reported as corrected in the FFY 2008 APR: (1)) is correctly implementing the timely service provision requirements (i.e., achieved 100% compliance) in 34

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CFR §§303.340(c), 303.342(e), and 303.344(f)(1) based on updated data such as data subsequently collected through on-site monitoring or a State data system; and (2) has initiated services, although late, for any child whose services were not initiated in a timely manner, unless the child is no longer within the jurisdiction of the EIS program, consistent with OSEP Memorandum 09-02, dated October 17, 2009 (OSEP Memo 09-02).

Describe the specific actions that the State took to verify the correction of findings of noncompliance identified in FFY 2007:

Not applicable

Correction of Any Remaining Findings of Noncompliance from FFY 2006 or Earlier (if applicable):

Provide information regarding correction of any remaining findings of noncompliance from FFY 2006 or earlier using the same table format provided above for findings made in FFY 2007.

Not applicable

Additional Information Required by the OSEP APR Response Table for this Indicator (if applicable):

Statement from the Response Table	State's Response
Not applicable	

Revisions, with Justification, to Proposed Targets / Improvement Activities / Timelines / Resources for FFY 2010 (if applicable):

The State will continue to receive technical assistance through the National Early Childhood Technical Assistance Center (NECTAC), Mid-South Regional Resource Center (Mid-South) and the Data Accountability Center (DAC) to better serve children and families by ensuring equal access and availability to all children and families to high quality EI services.

OUTCOME: Improve access to appropriately qualified providers

<p>IMPROVEMENT ACTIVITIES</p>	<p>TIMELINE (FFYs 2010, 2011 and 2012)</p>	<p>RESOURCES</p>
<p>1. Review program variations</p> <ul style="list-style-type: none"> ➤ review existing state policies and procedures ➤ review current roles/responsibilities of CDSA staff and adjust EI program personnel allocations that are not aligned with enrolled populations across catchment areas ➤ assess the reimbursement system and assure revenue and fiscal sustainability ➤ research other states' policies and procedures for comparison 	<p>December 2010- June 2011</p>	<p>Mid-South, NECTAC and DAC</p> <p>Other Part C Programs</p> <p>OSEP</p> <p>Stakeholders (internal & external)</p> <p>Evidence – based practice documents</p>
<p>2. Propose the development of policies and procedures for each component of the EI service system that support consistent service delivery across CDSAs</p> <ul style="list-style-type: none"> ➤ review revised procedures for child find, referral/intake/screening, evaluation and assessment, service coordination, IFSPs, services, transition, procedural safeguards, and administration ➤ receive technical assistance on our proposed multi-level targets for state infrastructure, personnel development, CDSA infrastructure, and NC EI Program Practices ➤ compare proposed state policies and procedures with IDEA Part C ➤ develop a work plan that outlines activities, timelines and resources towards implementation 	<p>December 2010-June 2011</p>	<p>Mid-South, NECTAC, and DAC</p> <p>Stakeholders (internal & external)</p> <p>Evidence – based practice documents/presentations</p>
<p>3. Initiate steps toward implementation of new policies and procedures</p> <ul style="list-style-type: none"> ➤ identify supports and resources needed to implement procedures more consistently across all CDSAs including guidance materials and implementation plans ➤ develop a plan for evaluating local implementation 	<p>March 2011-June 2012</p>	<p>Mid-South, NECTAC and DAC</p> <p>Stakeholders (internal & external)</p>

In FFY 2008, this plan addressed exploration of new service delivery models (working with other states, researchers, reviewing literature, stakeholder input and consultation/technical assistance from NECTAC). In FFY 2009, based on stakeholder input we have refocused our improvement activities towards a comprehensive systems improvement initiative. Through an extensive review of our current service delivery system and exploration of other models of practice, including the primary service provider model we determined that there are a number of variations across the state in the following areas:

- Implementation and interpretation of state policies and procedures
- Use of evidence-based practices
- Provision of services in a timely manner
- Percentage of children enrolled in the NC EI Program
- Staff roles/responsibilities
- Use of revenue

Monitoring Priority: Early Intervention Services in Natural Environments

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

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

Measurement:

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

FFY	Measurable and Rigorous Target
2009-2010	97.5%

Actual Target Data for 2009-2010: 9869 ÷ 9971 = 99.0%

CDSA	Dec 1, 2009 Head Count	Number of children receiving services at home or in other natural environments	Percent of children receiving services at home or in other natural environments
Asheville	345	345	100%
Blue Ridge	235	235	100%
Charlotte	1046	1046	100%
Concord	805	805	100%
Durham	595	592	99%
Elizabeth City	208	207	100%
Fayetteville	628	616	98%
Greensboro	875	874	100%
Greenville	488	482	99%
Morganton	341	333	98%
New Bern	380	380	100%
Raleigh	1105	1099	99%
Rocky Mount	526	522	99%
Sandhills	457	429	94%
Shelby	608	582	96%
Smokies	265	260	98%
Wilmington	346	346	100%
Winston-Salem	718	716	100%
NC	9971	9869	99%

Discussion of Improvement Activities Completed and Explanation of Progress or Slippage that occurred for 2009:

The table shows that the percentage of children receiving services at home or in other natural environments is 99%. The data from FY 2009-2010 documents that the target was met and was exceeded by 1.5%. NC recognizes that there are appropriate justifications whereby the IFSP team supports the decision for a child's needs to best be met outside of a natural environment setting. The State will continue to monitor local programs to ensure that IFSP teams make service setting decisions on an individualized basis and in compliance with this indicator.

Revisions, with Justification, to Proposed Targets / Improvement Activities / Timelines / Resources for 2009:

Training and technical assistance will continue to be provided to CDSA management, focusing on service delivery guidelines as outlined in the NC Infant-Toddler Program Policy and Procedures manual. Early Intervention Branch Central Office staff will continue to provide TA to CDSA management, which will ensure compliance by their staff and network providers. This will continue to include assessment in the natural environment and development of functional IFSP outcomes.

An overview discussion of this indicator, including the state's past performance and proposed targets for 2011 and 2012 was presented to the state ICC in October 2010 and the ICC Child and Family subcommittee in December 2010. Additionally, feedback and input were requested from local CDSA administrators and EI Branch Central Office staff in January 2011. Targets for the upcoming two fiscal years (FFYs 2011-2012 and 2012-2013) are recommended to remain at 98.0%. This will continue to allow for the individual needs of children to be met. NC recognizes that there are appropriate justifications whereby the IFSP team supports the decision for a child's needs to best be met outside of a natural environment setting.

For each of the next two fiscal years of the SPP (2011-2012 and 2012-2013), the state will continue to report on data, findings, procedures, and progress towards established targets in the APR. Monitoring will continue to focus on the review of locally-reported data via the Health Information System (HIS) database, as well as through EI Branch Central Office staff discussions with CDSA staff (including review of individual IFSPs, evaluations/assessments, progress notes) to ensure that IFSP teams are making setting decisions based on the individual needs of the children, and in compliance with this indicator.

Monitoring Priority: Early Intervention Services In Natural Environments**Indicator 3:** Percent of infants and toddlers with IFSPs who demonstrate improved:

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

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

Measurement:

Outcomes:

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

Progress categories for A, B and C:

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

Summary Statements for Each of the Three Outcomes (use for FFY 2009-2010 reporting):

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

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.

Overview of Issue/Description of System or Process:

Our process for implementation of child outcomes measurement within NC is on target and is consistent with activities outlined in our State Performance Plan. By the end of June 2007, NC’s Early Intervention Program completed the process of phasing in all CDSAs for reporting on the child outcomes indicator. By November 2007, all 18 CDSAs were in the routine cycle of reporting entry and exit data to the EI Branch Central Office. NC is using the ECO Child Outcomes Summary Form (COSF) as our measurement tool. Per ECO’s website, there are numerous assessment tools that states use to inform child outcomes rating. Within NC, there is no standard tool that is required for usage across our 18 CDSAs. NC utilizes a variety of assessment procedures to inform the child’s IFSP team of the rating in each of the three outcome areas. Assessment procedures may include, but are not limited to observations, interviews, play assessments, developmental scales, criterion-referenced and norm-referenced instruments. With all CDSAs actively collecting and reporting child outcomes data, we are able to use the data to inform our local process of child outcome target setting, and program improvement strategies.

Specifically, all children enrolled in early intervention for a minimum of six months receive an entry and exit measurement of their developmental status when compared with same-aged peers.¹ The three areas of development are positive social-emotional skills, acquiring and using knowledge and skills, and use of appropriate action to meet needs. The measurement of these behaviors and skills is completed by reviewing all available information compiled through developmental evaluation, observation, input of caregivers, and interviews with parents of the child.

The initial rating in each outcome area is assigned as the child enters services when the IFSP is signed. An exit rating is determined no more than 30 days prior to the child’s third birthday and transition from early intervention services or at exit from the program. Child outcome data from all 18 CDSAs are uploaded monthly to the state-approved data base. Monthly data cleaning activities are conducted and include audits for “impossible” rating combinations and missing data elements.

Target Data and Actual Target Data for FFY 2009:

Targets and Actual Data for Part C Children Exiting in FFY 2009

Summary Statements	Targets FFY 2009 (% of children)	Actual FFY 2009 (% of children)
Outcome A: Positive social-emotional skills (including social relationships)		
1. 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 exited the program	71.2%	72.3%
2. The percent of children who were functioning within age expectations in Outcome A by the time they exited the program	57.9%	60.5%

¹Note: Because NC uses the ECO COSF measurement tool, “compared with same-aged peers” refers to the assignment of a score of 6 (Child’s functioning generally is considered appropriate for his or her age but there are some significant concerns about the child’s functioning in this outcome area. These concerns may be substantial enough to suggest monitoring or possible additional support.) or 7 (Child shows functioning expected for his or her age in all or almost all everyday situations that are part of the child’s life. Functioning is considered appropriate for his or her age.) on the rating scale to measure developmental status.

Outcome B: Acquisition and use of knowledge and skills (including early language/communication and early literacy)		
1. Of those children who entered or exited the program below age expectations in Outcome B, the percent who substantially increased their rate of growth by the time they exited the program	76.4%	77.7%
2. The percent of children who were functioning within age expectations in Outcome B by the time they exited the program	49.6%	51.1%
Outcome C: Use of appropriate behaviors to meet their needs		
1. 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 exited the program	75.2%	77.7%
2. The percent of children who were functioning within age expectations in Outcome C by the time they exited the program	56.0%	58.2%

Progress Data for FFY 2009

A. Positive social-emotional skills (including social relationships):	Number of children	% of children
a. Percent of children who did not improve functioning	52	0.9%
b. Percent of children who improved functioning but not sufficient to move nearer to functioning comparable to same-aged peers	1161	19.1%
c. Percent of children who improved functioning to a level nearer to same-aged peers but did not reach	1179	19.4%
d. Percent of children who improved functioning to reach a level comparable to same-aged peers	1994	32.9%
e. Percent of children who maintained functioning at a level comparable to same-aged peers	1677	27.7%
Total	N= 6063	100%
B. Acquisition and use of knowledge and skills (including early language/communication):	Number of children	% of children
a. Percent of children who did not improve functioning	43	0.7%
b. Percent of children who improved functioning but not sufficient to move nearer to functioning comparable to same-aged peers	1171	19.3%
c. Percent of children who improved functioning to a level nearer to same-aged peers but did not reach	1748	28.8%
d. Percent of children who improved functioning to reach a level comparable to same-aged peers	2494	41.1%
e. Percent of children who maintained functioning at a level comparable to same-aged peers	607	10.0%
Total	N= 6063	100%

C. Use of appropriate behaviors to meet their needs:	Number of children	% of children
a. Percent of children who did not improve functioning	42	0.7%
b. Percent of children who improved functioning but not sufficient to move nearer to functioning comparable to same-aged peers	1119	18.5%
c. Percent of children who improved functioning to a level nearer to same-aged peers but did not reach	1376	22.7%
d. Percent of children who improved functioning to reach a level comparable to same-aged peers	2672	44.1%
e. Percent of children who maintained functioning at a level comparable to same-aged peers	854	14.1%
Total	N= 6063	100%

Discussion of Improvement Activities Completed and Explanation of Progress or Slippage that occurred for FFY 2009:

Data from FFY 2009 document that the targets were met and exceeded for both Summary Statements in each of the three outcome areas. Our statewide efforts continue to focus on building our capacity to collect and report consistent and reliable data. The NC EI Program continues to work closely with our partners at ECO Center and is currently participating in the ENHANCE Project, a project funded by the U.S. Department of Education looking at the quality of child outcomes data being collected with the COSF. Through this project, state data studies will be conducted over the next four years. These studies will investigate local processes, examine statewide data, explore patterns, and provide insight into how to promote data quality.

In our ongoing efforts to target activities around data accuracy and reliability, EI Branch Central Office staff have developed a pilot process to verify the consistency of child outcomes ratings across the state. This process is designed to both monitor and provide targeted technical assistance to local programs identified as consistent outliers in their child outcomes data. Elements of this process include record reviews, staff interviews and conducting system needs assessments. This process will be an ongoing component of our general supervision system.

Setting Measurable and Rigorous Targets for Child Outcomes:

Measurable and Rigorous Target				
Timeline		Positive social-emotional skills	Acquisition and use of knowledge and skills	Use of appropriate behaviors to meet their needs
<i>FFY 2010 (2010-2011)</i>	<i>Summary Statement I</i>	<i>73.5%</i>	<i>80%</i>	<i>78 %</i>
	<i>Summary Statement II</i>	<i>59.6%</i>	<i>51.1%</i>	<i>57.8%</i>

Part C – APR FFY 2009

North Carolina
State

<i>FFY 2011 (2011-2012)</i>	<i>Summary Statement I</i>	73.5%	80%	78 %
	<i>Summary Statement II</i>	59.6%	51.1%	57.8%
<i>FFY 2012 (2012-2013)</i>	<i>Summary Statement I</i>	73.5%	80%	78 %
	<i>Summary Statement II</i>	59.6%	51.1%	57.8%

Revisions, with Justification, to Proposed Targets / Improvement Activities / Timelines / Resources for FFY 2010

The targets for FFYs 2011 and 2012 would remain the same as those established for 2010. The justification used was based on the assumption that: 1) we would have no major statewide programmatic shifts that would impact our performance on child outcomes; and that 2) growth trends which were less than or equal to trends observed between FY 2007-2008 and FY 2008-2009 were reasonable.

During this time period, we will continue our ongoing monthly data quality checks and will have instituted a system for child outcomes data verification to maintain the data quality of this indicator and provide intense targeted technical assistance.

An overview discussion of this indicator, including the state's past performance and proposed targets for 2011 and 2012 was presented to the state ICC in October 2010 and the ICC Child and Family subcommittee in December 2010. Additionally, feedback and input were requested from local CDSA administrators and EI Branch Central Office staff in January 2011.

Monitoring Priority: Early Intervention Services In Natural Environments

Indicator 4: Percent of families participating in Part C who report that early intervention services have helped the family:

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

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

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

FFY	Measurable and Rigorous Target
2006	a) know their rights - Strongly agree/agree = 89% b) effectively communicate their children's needs - Strongly agree/agree = 83% c) help their children develop and learn - Strongly agree/agree = 89%
2007	a) know their rights - Strongly agree/agree = 90% b) effectively communicate their children's needs - Strongly agree/agree = 84% c) help their children develop and learn - Strongly agree/agree = 90%
2008	a) know their rights - Strongly agree/agree = 90% b) effectively communicate their children's needs - Strongly agree/agree = 85% c) help their children develop and learn - Strongly agree/agree = 91%
2009	a) know their rights - Strongly agree/agree = 90% b) effectively communicate their children's needs - Strongly agree/agree = 86% c) help their children develop and learn - Strongly agree/agree = 91%
2010	a) know their rights - Strongly agree/agree = 90% b) effectively communicate their children's needs - Strongly agree/agree = 86% c) help their children develop and learn - Strongly agree/agree = 91%

Actual Target Data for FFY 2009:

For FFY 2009, all families of children receiving services for at least six months in the early intervention program in NC were mailed the *NCSEAM Family Survey – Early Intervention*. The *NCSEAM Family Survey* is designed to yield reliable, valid and useful measures of families' perceptions and involvement in early intervention. It is specifically intended to measure the outcome areas required by OSEP. For assistance in distributing surveys and analyzing results of returned surveys, NC contracted with **Avatar International LLC**.

Each survey mailed contained a cover letter and a postage-paid envelope for returning the completed survey. A total of 6066 surveys were mailed by Avatar International using a client address file provided by the NC EI Branch Central Office. The total number of surveys mailed represents the EI headcount (9971) minus children who had not been enrolled at least six months (3905).

Survey Results

The *NCSEAM Family Survey – Early Intervention* (NC version) includes one demographic item (child's age at the time he/she was referred for early intervention services) and 47 rating scale items divided into two groups: "Family-Centered Services" and "Impact of Early Intervention Services on Your Family."

On February 5, 2010, 6,066 surveys were mailed to the families of children ages birth to three with disabilities and receiving services under the IDEA Part C in NC, using an address file provided to Avatar International, LLC by the State of NC. Of the surveys mailed, 1,399 surveys were returned with measurable Impact on Family (IOF) data and 1,423 surveys were returned with measurable Family-Centered Services (FCS) data. An analysis of the responses to the survey's Impact of Early Intervention (EI) Services on Families scale is used for reporting the SPP / APR indicators 4a, 4b, and 4c. The effective response rate was approximately 23.1%. The data meet or exceed the National Center for Special Education Accountability Monitoring (NCSEAM) 2005 National Item Validation Study's standards for the internal consistency, completeness, and overall quality.

Survey Data by Race/Ethnicity

Data	Source	N	Am Ind.	Asian/ Pac. Is	Black	Hispanic	White	Other
EI Headcount	12/1/09 data	9971	106 (1%)	199 (2%)	2696 (27%)	1819 (18%)	5084 (51%)	
Target Group	Total surveys distributed	6066	1.1% (66)	1.8% (112)	26.5 (1609)	16.7 (1012)	53% (3211)	
Respondent Pool	Total surveys returned	1399	0.9% (13)	1.7% (24)	18.7% (261)	9.9% (138)	68.1% (953)	

Survey Data by Gender and Language

Data	Source	N	Male	Female	English	Spanish
Target Group	Total surveys distributed	6066	3725 (61.4%)	2341 (38.6%)	5294 (87.3%)	772 (12.7%)
Respondent Pool	Total surveys returned	1399	876 (62.6%)	523 (37.4%)	1282 (91.6%)	117 (8.4%)

Representativeness of Data

Since surveys were mailed to 6,066 families with valid addresses, this is the population that the resulting sample should strive to represent. For gender, the sample is representative of the population. For ethnicity, the groups "Black (African American)" and "Hispanic/Latino" are under-represented, while the group "White" is over-represented. For language, Spanish-speakers are slightly under-represented.

Improvement activities will be implemented to increase response rate and representativeness of Black and Hispanic families.

To account for differences between the sample and the population, respondents were weighted accordingly. For example, the population probability of the respondent being male, English speaking, white, and from the Winston-Salem CDSA is 2.7965%. The sample probability of this same respondent is 3.5025%. Therefore, this respondent is over-represented in the sample. To account for this over-representation, this respondent's measure is weighted by a factor equal to 0.7907 (note: $3.5025\% \times 0.7907 = 2.7965\%$). Similarly, this weighting procedure was applied to all respondents.

The following table provides a summary of NC's target goals and actual survey results for FFY 2009.

Indicator	FFY 2009 NCSEAM Survey	Target Goals FFY 2009	Actual Results FFY 2009
4: Percent of families participating in Part C who report that early intervention services have helped the family to:	NCSEAM Family Survey – Early Intervention		
a) know their rights;	a) 75%= 1049 of 1399 families <i>Over the past year, Early Intervention services have helped me and/or my family know about my child's and family's rights concerning Early Intervention services.</i>	a) 90%	a) 75%
b) effectively communicate their children's needs; and	b) 72%=1007 of 1399 families <i>Over the past year, Early Intervention services have helped me and/or my family communicate more effectively with the people who work with my child and family.</i>	b) 86%	b) 72%
c) help their children develop and learn	c) 84%= 1175 of 1399 families <i>Over the past year, Early Intervention services have helped me and/or my family understand my child's special needs.</i>	c) 91%	c) 84%

Discussion of Improvement Activities Completed and Explanation of Progress or Slippage that occurred for FFY2009:

Completed Improvement Activities

NC worked closely with our state Parent Training Institute, Exceptional Children's Assistance Center (ECAC) to provide support to enhance the capacity of families to know their rights, communicate their children's needs and enhance their ability to help their children develop and learn. The following are some of the training, activities and materials produced this year:

- *Early Steps* fact sheets in English and Spanish
 - Early Intervention – Community
 - 5 Steps to Becoming Your Child’s Best Advocate
 - Questions Parents Can Ask About Early Intervention
- Record-Keeping Toolkit distributed to all CDSAs for newly enrolled families
- Direct ordering of additional *Early Steps* publications
- *Parents As Collaborative Leaders* training
- Early intervention blog on the ECAC website

Explanation of Progress or Slippage

Implementation of these improvement activities resulted in a slight increase change in the return rate of surveys (23.1%) and a slight increase in the ratings given by families. (see NCSEAM FFY 2009 survey table on preceding page)

Revisions, with Justification, to Proposed Targets / Improvement Activities / Timelines / Resources for FFY 2010:

In FFY 2010, NC will continue to partner and collaborate with ECAC to provide follow-up and networking opportunities for participants in the *Parents As Collaborative Leaders* training, develop materials to focus on helping families know their rights, and utilize community-based media to educate the general public and families from underserved and special populations about early intervention and the NC Early Intervention program.

An overview discussion of this indicator, including the state’s past performance and proposed targets for 2011 and 2012 was presented to the state ICC in October 2010 and the ICC Child and Family subcommittee in December 2010. Additionally, feedback and input were requested from local CDSA Directors and EI Branch Central Office staff in January 2011. Based on these discussions and input, the targets for the upcoming two fiscal years (FFYs 2011 and 2012) would remain the same as those established for 2010.

FFY 2011 (2011-2012)	a) know their rights - Strongly agree/agree = 90% b) effectively communicate their children’s needs - Strongly agree/agree = 86% c) help their children develop and learn - Strongly agree/agree = 91%
FFY 2012 (2012-2013)	a) know their rights - Strongly agree/agree = 90% b) effectively communicate their children’s needs - Strongly agree/agree = 86% c) help their children develop and learn - Strongly agree/agree = 91%

Revisions, with Justification, to Proposed Targets / Improvement Activities / Timelines / Resources for FFY 2011-FFY 2012

The NC EI Program will involve stakeholders (State ICC, parents, ECAC, Family Council, and CDSA staff) to get input on continuing challenges in meeting targets. A subgroup of the NC ICC will review and evaluate improvement activities, keeping only those shown to be effective and adding any that would help meet targets. To assist with recommendations, stakeholders will review the Part C Indicator 4 analyses FFY 2008-FFY 2009, which describe the various approaches and methods other states used in conducting family outcome measurement including information about population, response rates, and representativeness.

Improvement activities:

- Examine local program capacity (CDSAs) to determine if there are adequate resources to consistently implement new improvement activities on a statewide basis
- Evaluate survey distribution (e.g., distribution and return)
- Explore follow-up strategies to increase returned surveys such as hand-delivery of surveys
- Investigate an incentive process to improve response rates
- Develop activities to increase response rate and representativeness of Black and Spanish-speaking families.
- Offer families option of on-line/web-based NCSEAM survey

Monitoring Priority: Effective General Supervision Part C / Child Find

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

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

Measurement:

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

FFY	Measurable and Rigorous Target
FFY 2009	1.10%

Actual Target Data for 2009-2010: There were 1382 children aged birth to one year enrolled in the NC Infant Toddler Program on December 1, 2009. On December 1, 2009, the state population for this group was 132,275. The actual percentage is **1.04%**.

CDSA	Children Aged Birth to One	Population Aged Birth to One	Percent of Population Aged Birth to One
Asheville	40	4,406	0.91%
Blue Ridge	29	1993	1.46%
Charlotte	181	14648	1.24%
Concord	115	9700	1.19%
Durham	81	9185	0.88%
Elizabeth City	28	2217	1.26%
Fayetteville	68	9374	0.73%
Greensboro	123	11204	1.10%
Greenville	52	5416	0.96%
Morganton	50	4736	1.06%
New Bern	47	7082	0.66%
Raleigh	144	13256	1.09%
Rocky Mount	70	6477	1.08%
Sandhills	49	6246	0.78%
Shelby	115	5709	2.01%
Smokies	34	1983	1.71%
Wilmington	61	5620	1.09%
Winston-Salem	95	9094	1.04%
NC (state demographer data)	1382	128,346	1.08%
NC (US Census Bureau data)	1382	132,275	1.04%
National	44,341	4,314,824	1.03%

This table provides the birth to one year of age data for the eighteen CDSAs. The table also shows the statewide and national percentage of children enrolled in early intervention services as compared to the same-age population.

We have included the data as reported by the NC state demographer as well as the data from the US Census Bureau for comparative purposes. The state demographer data is also used because it is the population used in NC public health publications. The difference in population numbers creates a difference in the percentages.

Discussion of Improvement Activities Completed and Explanation of Progress or Slippage that occurred for FFY 2009:

NC’s current data shows a significant increase in both the percentage and number of children ages birth to 1 year enrolled in and served by the EI program from FFY 2008 (.95% or 1276 children) to FFY 2009 (1.04% or 1382 children)². It is noteworthy that children receiving early intervention services on military bases are counted in NC’s total population of children ages birth to one; however, these children are not actually served by the state’s program. There were 21 children ages birth to one on the December 1 Headcount data for the two military installations in NC; these 21 children reside in the Fayetteville and New Bern CDSA service delivery areas. Educational and Developmental Intervention Services (EDIS) is the military program that provides Part C Early Intervention Services to children in families living on military bases.

Progress may be attributed to several improvement activities. NC implemented a focused monitoring process in FFY 2008. EI Branch Central Office staff identified common trends, such as public awareness and intake procedures, across CDSAs and continue to provide technical assistance to increase the number of children aged birth to 1 year enrolled in early intervention services.

In addition, the NC ICC has implemented a statewide Local Interagency Coordinating Council (LICC) reporting tool for the past 3 years. This tool allows NC LICCs to report child find activities and provides LICCs a consistent method to document their local efforts. FFY 2008 reflects the first full reporting year for the LICC child find and transition activities. The submitted reports show improvements in reporting methods as compared to previous LICC reporting efforts, and the process has been further streamlined and improved. The FFY 2009 annual LICC report reflects the percent of reporting LICCs that indicated they conducted at least one event/activity from July 2009 – June 2010. Respondents could indicate multiple efforts; therefore, the percentages reflected in the tables will not add to 100%.

Percent of Reporting LICCs’ Outreach Activities Discussing Part C Eligibility Process

Primary Referral Source	FFY 07	FFY 08	FFY 09
Physicians & Medical Community	61%	78%	77%
Parent/Family Caregiver	67%	74%	82%
Child Care Programs	39%	58%	63%
Public Health Department	53%	49%	50%
Hospital(s)	46%	43%	45%
Other: Libraries, WIC programs, More At Four, YMCA, Area College Early Childhood Education Students	41%	43%	42%
Department of Social Services	56%	39%	52%
Child Care Resource & Referral Agency	37%	36%	43%
Partnerships for Children/ Smart Start	36%	36%	55%
Early Head Start/Head Start	30%	36%	52%
Mental Health Agency/Provider	29%	32%	28%
Domestic Violence Shelters & Agencies	21%	16%	25%
Shelters for Families Who Are Homeless	11%	8%	15%
Even Start	6%	5%	7%

² Percentages are based on US Census Bureau Data.

Several key improvements from the information provided in the table above:

- Partnerships for Children/Smart Start are the target referral population with the most significant increase of LICCs reporting outreach activities (36% to 55%)
- Reporting LICCs noted a marked increase in outreach activities targeting Early Head Start/Head Start increased (36% to 55%) as did Departments of Social Services (39% to 52%)
- Outreach activities targeting domestic violence shelters & agencies (16% to 25%), homeless shelters (8% to 15%), and parent/family caregiver (74% to 82%) also increased

Other improvement activities include:

- **Monthly headcount data** continue to be shared with each CDSA. These data identify each CDSA’s percentage of enrollment on the first day of each month, related to the number of children ages birth to one in the population.
- **Successful improvement strategies** from CDSAs with high percentages and/or improved percentages continue to be shared with all CDSAs. CDSAs were encouraged to implement relevant strategies to improve their child find efforts.
- **“Contributing Factors”** studies regarding birth to one percentage and child find activities were conducted by some CDSAs. These local, internal studies not only increased awareness, but are also linked to improving the participating CDSAs birth to one percentages.
- A **Child Find Toolkit** has been developed and reviewed with internal stakeholders. EI Branch Central Office staff have used components of this toolkit to provide technical assistance to CDSAs as needed and/or requested.
- **ARRA-funded service coordination positions** were hired at several CDSAs with historically low birth to one child find percentages. While the impact of these positions is in early stages of analysis, and will span the FFY 2010 program year, improvements are noticeable.
- The **NECTAC Webinars “Series on Early Identification and Part C Eligibility”** (February – June 2010) were attended by several Central Office and local CDSA staff members.
- An **LICC training** held on May 4 and 6, 2010 focused on sharing successful child find strategies implemented by CDSAs.
- A **referral analysis tool** is in place and data are shared with CDSAs on a monthly basis.

Although the proposed target has not been achieved, progress has occurred. Improvement activities continue to be updated and implemented.

Revisions, with Justification, to Proposed Targets / Improvement Activities / Timelines / Resources for FFY 2010, FFY 2011 and FFY 2012:

Proposed Targets

The NC EI Program APR for FFY 2007 included proposed revisions, with justifications, to this performance indicator. OSEP approved the proposed revisions and the state has implemented the revised targets since FFY 2008. Currently, the targets and actual figures are:

	FFY 2004	FFY 2005	FFY 2006	FFY 2007	FFY 2008	FFY 2009	FFY 2010
Target	baseline	1.00	1.00	1.10	1.10	1.10	1.10
Actual	0.78	0.97	0.84	0.89	0.95	1.04	NA

With OSEP’s approval, targets were adjusted in FFY 2008 for FFYs 2008, 2009 and 2010. These targets are believed to better represent NC referral and enrollment trends as well as program capacity. Given these recent modifications and continued progress, it is recommended that targets for FFYs 2011 and 2012 remain at 1.10%.

We believe the following proposed targets are appropriate with our program capabilities, yet still rigorous:

	FFY 2004	FFY 2005	FFY 2006	FFY 2007	FFY 2008	FFY 2009	FFY 2010	FFY 2011	FFY 2012
Target	baseline	1.00	1.00	1.10	1.10	1.10	1.10	1.10	1.10
Actual	0.78	0.97	0.84	0.89	0.98	1.04	--	--	--

On December 13, 2010, a small group of stakeholders recommended reviewing other data sources that might more accurately reflect NC's performance in finding and serving eligible children ages birth to one (e.g., different points in time, referral disposition, enrollment over time). A subsequent discussion with CDSA Directors and EI Branch Central Office staff reflected the same concerns.

Improvement Activities for FFYs 2010, 2011 and 2012

1. Use of ARRA Funds to Support Service Coordination and Child Find Activities

- Develop relationships and rapport with key referral sources (e.g., NICU, doctor's offices, child care centers)
- Follow-up to persons/agencies who referred children
- Participate in community activities and outreach opportunities
- Track and analyze activities and progress towards meeting the target (locally and at the state level)

2. Public Awareness Campaign

- Continue to distribute program brochure to families and referral sources
- Launch newly redesigned website for easier access by families and other referral sources
- Develop and implement future public awareness tools for statewide use
- Develop and execute a targeted statewide public awareness campaign for the birth to 1 population
- Translate materials needed for the population of families served

3. Data Analysis

- Continue to provide monthly head count reports to CDSAs for program analysis regarding progress and slippage
- Continue to provide referral disposition reports to CDSAs for program analysis
- Continue to provide referral analysis tool to CDSAs for program analysis
- Provide technical assistance in local data analysis as needed
- Review and analyze state data regarding population, referrals, and enrollment across time

4. LICC Outreach Trainings and Reporting

- Continue to support LICC outreach efforts and utilize annual report
- Provide technical assistance regarding child find strategies as needed

5. Technical Assistance Opportunities

- Participate in webinars and other trainings presented by national technical assistance partners
- Use information to improve statewide and local child find efforts

6. Explore Linkage with NC Birth Defects Registry

- Determine whether information available from the registry is useful for child find efforts
- Develop system for obtaining referral information, if applicable

Monitoring Priority: Effective General Supervision Part C / Child Find

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

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

Measurement:

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

FFY	Measurable and Rigorous Target
FFY 2009	1.98%

Actual Target Data for 2009: There were 9971 children aged birth to three years enrolled in the NC's EI Program on December 1, 2009. On December 1, 2009, the state population for this group was 402,502. The actual percentage is **2.48%**.

CDSA	Children Aged Birth to Three	Population Aged Birth to Three	Percent of Population Aged Birth to Three
Asheville	345	13,477	2.56%
Blue Ridge	235	6,285	3.74%
Charlotte	1046	44,074	2.37%
Concord	805	29,636	2.72%
Durham	595	27,659	2.15%
Elizabeth City	208	6,867	3.03%
Fayetteville	628	27,662	2.27%
Greensboro	875	33,985	2.57%
Greenville	488	16,338	2.99%
Morganton	341	14,680	2.32%
New Bern	380	20,828	1.82%
Raleigh	1105	39,856	2.77%
Rocky Mount	526	19,584	2.69%
Sandhills	457	18,869	2.42%
Shelby	608	17,351	3.50%
Smokies	265	6,003	4.41%
Wilmington	346	17,203	2.01%
Winston-Salem	718	27,714	2.59%
NC (state demographer data)	9971	388,071	2.57%
NC (US Census Bureau data)	9971	402,502	2.48%
National	348,604	13,055,982	2.67%

This table provides the birth to three year of age data for the eighteen CDSAs. The table also shows statewide totals and the national percentage of children enrolled in early intervention services as compared to the same-age population.

Discussion of Improvement Activities Completed and Explanation of Progress or Slippage that occurred for FFY 2009:

NC’s current data indicate continued increases in both the percentage and number of children ages birth to three years enrolled in and served by the EI program from FFY 2008 (2.33% or 9290) to FFY 2009 (2.48% or 9971 children)³. The population in NC and the number of children served by the Early Intervention Program both have continued to grow. As noted in Indicator 5, children receiving early intervention services on military bases are counted in NC’s total population of children ages birth to three, although they are not actually served by the state’s program. There were 119 children ages birth to three on the December 1 Headcount for the two military installations in NC. Educational and Developmental Intervention Services (EDIS) is the military program that provides Part C Early Intervention Services to children in families living on military bases.

Efforts to show more successful child find activities over the past four years have included revising intake processes at CDSAs to more quickly respond to families whose children were referred to the program, and local outreach and public awareness activities about early intervention. Programs continue to provide monthly headcount data based upon the number of children enrolled in the program on the first day of each calendar month. CDSAs also continue to use strategies from focused-monitoring visits to increase child find activities. Most CDSAs continued to show improvements above the state target in this indicator. CDSAs that needed further technical assistance were provided additional support. All improvement activities discussed for Indicator 5 also apply to this indicator.

Revisions, with Justification, to Proposed Targets / Improvement Activities / Timelines / Resources for FFY 2010, FFY 2011 and FFY 2012:

Proposed Targets

Currently, the state targets and actual figures are:

	FFY 2004	FFY 2005	FFY 2006	FFY 2007	FFY 2008	FFY 2009	FFY 2010
Target	Baseline	1.94	1.95	1.95	1.96	1.98	2.00
Actual	1.88	2.76	2.49	2.50	2.55	2.48	--

In an effort to plan for future targets, the NC Early Intervention Program:

- compared FFY 2009 actual performance to other states identified as having “moderate” eligibility definitions (as of 2007),
- compared FFY 2009 population served to other states,
- examined FFY 2009 and FFY 2010 targets set by states identified as having “moderate” eligibility definitions (as of 2007),
- reviewed NC Early Intervention Program targets and actual performance over time,
- compared the NC Early Intervention Program FFY 2009 actual performance to national average for FFY 2009,
- reviewed NC Population data from 2005-2009, and
- reviewed the NC Early Intervention Program referral trends over time.

Findings revealed that while NC is currently meeting the target, performance is below the national average. In addition, while the state’s population for this age group continues to grow, referrals appear to have leveled. Based on the information gathered, it is recommended that the targets increase to 2.05% for FFY 2011 and 2.10% for FFY 2012. An overview discussion of this indicator, including the state’s past performance and proposed targets for 2011 and 2012, was presented to the state ICC in October 2010 and the ICC Child and Family subcommittee in December 2010. Additionally, feedback and input were requested from local CDSA administrators and EI Branch Central Office staff in January 2011. Based on

³ Percentages are based on US Census Bureau data.

these discussions, targets for the upcoming two fiscal years (FFYs 2011-2012 and 2012-2013) are shown below.

We believe the following proposed targets are appropriate with our program capabilities, yet still rigorous:

	FFY 2004	FFY 2005	FFY 2006	FFY 2007	FFY 2008	FFY 2009	FFY 2010	FFY 2011	FFY 2012
Target	baseline	1.94	1.95	1.95	1.96	1.98	2.00	2.05	2.10
Actual	1.88	2.76	2.49	2.50	2.55	2.48	--	--	--

Improvement Activities for FFYs 2010, 2011 and 2012

- 1. Use of ARRA Funds to Support Service Coordination and Child Find Activities**
 - Develop relationships and rapport with key referral sources (e.g., NICU, doctor’s offices, child care centers)
 - Follow-up to persons/agencies who referred children
 - Participate in community activities and outreach opportunities
 - Track and analyze activities and progress towards meeting the target (locally and at the state level)
- 2. Public Awareness Campaign**
 - Continue to distribute program brochure to families and referral sources
 - Launch newly redesigned website for easier access by families and other referral sources
 - Develop and implement future public awareness tools for statewide use
 - Develop and execute a targeted statewide public awareness campaign for the birth to 1 population
 - Translate materials needed for the population of families served
- 3. Data Analysis**
 - Continue to provide monthly head count reports to CDSAs for program analysis regarding progress and slippage
 - Continue to provide referral disposition reports to CDSAs for program analysis
 - Continue to provide referral analysis tool to CDSAs for program analysis
 - Provide technical assistance in local data analysis as needed
 - Review and analyze state data regarding population, referrals, and enrollment across time
- 4. LICC Outreach Trainings and Reporting**
 - Continue to support LICC outreach efforts and utilize annual report
 - Provide technical assistance regarding child find strategies as needed
- 5. Technical Assistance Opportunities**
 - Participate in webinars and other trainings presented by national technical assistance partners
 - Use information to improve statewide and local child find efforts
- 6. Explore Linkage with NC Birth Defects Registry**
 - Determine whether information available from the registry is useful for child find efforts
 - Develop system for obtaining referral information, if applicable

Monitoring Priority: Effective General Supervision Part C / Child Find

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

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

Measurement:

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

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

FFY	Measurable and Rigorous Target
2009	100%

Actual Target Data for FFY 2009:

94.60%

Describe the method used to collect data – if data are from State monitoring, describe the method used to select EIS programs for monitoring. If data are from a State database, include data for the entire reporting year (July 1, 2009 – June 30, 2010).

Actual Target Data for FFY 2009: Five hundred sixty one (561) children received an IFSP within 45 days of referral. Seventy (70) children did not receive an IFSP in a timely manner due to documented exceptional family circumstances. Almost six percent (n = 36) of children did not receive an IFSP within 45 days of referral due to CDSA circumstances. Therefore, six hundred thirty one (631) out of six hundred sixty seven (667) children (94.60%) met the 45 day timeline indicator.

The state’s database is not used for monitoring purposes. Compliance by the CDSAs in meeting the 45 day timeline indicator was determined via a self-assessment record review of all children referred in August 2009. During FFY 2009, the EI Branch Central Office provided each CDSA with a list of children (extracted from the state’s database) who were referred in August 2009. The record review process is used to determine compliance or noncompliance including an account for untimely evaluations, assessments, and initial IFSP meetings, including the specific reasons for delays

The state believes that this time period for record review selection is representative of infants and toddlers with IFSPs for the full reporting period for the following reasons:

- i. Record review data included the entire population of children referred to the program in August 2009 ; and
- ii. Based on the review of FFY 2008 and FFY 2009 referral data, referrals received in August are representative of all other months except those in which the number of referrals is reduced generally related to inclement weather (November and December).

Through this process, data on six hundred sixty seven (667) children were examined to verify the 45-day timeline for compliance. Overall, the NC Early Intervention Program reported 94.60% compliance for FFY 2009. This figure represents slippage of 2.65% from the FFY 2008 figure of 97.25%.

Infants Evaluated and Assessed and provided an Initial IFSP meeting Within Part C’s 45-day timeline:

a. Number of infants and toddlers with IFSPs for whom an evaluation and assessment and an initial IFSP meeting was conducted within Part C’s 45-day timeline (including exceptional circumstances)	631
b. Number of infants and toddlers with IFSPs evaluated and assessed for whom an initial IFSP meeting was required to be conducted	667
Percent of eligible infants and toddlers with IFSPs for whom an evaluation and assessment and an initial IFSP meeting were conducted within Part C’s 45-day timeline (Percent = [(a) divided by (b)] times 100)	94.60%

**PC Users - To utilize the auto-calculating function; enter numbers in the appropriate boxes. Next, place the cursor in the grey box (in front of the text labeled “!Zero Divide”), then right click for a menu of options, and then select “update field.”*

**MAC Users - To utilize the auto-calculating function; enter numbers in the appropriate boxes. Next, place the cursor in the grey box (in front of the text labeled “!Zero Divide”), then right click (PC) or select the control key (Mac) for a menu of options, and then select “update field.”*

Discussion of Improvement Activities Completed and Explanation of Progress or Slippage that occurred in FFY 2009:

In FFY 2009, of the six hundred sixty seven (667) children whose records were reviewed, almost eighty-four percent (n = 561) of children received an IFSP within 45 days of referral. Approximately eleven percent (n = 70) showed delays due to documented exceptional family circumstances. Almost six percent (n = 36) of children did not receive an IFSP within 45 days of referral. Where relevant, each program submitted reasons why any child did not receive an IFSP within 45 days. The reasons for the delays included: delays in evaluation and assessment and failure to follow policies and procedures. The delays in evaluation and assessment involved staff availability in addition to procedures regarding intake and scheduling that caused the evaluation and initial IFSP to be scheduled beyond the 45-day timeline. The next table displays the results of the data inquiry with the analysis as follows:

October 2009 CDSA	Compliance
Asheville^	92.59%
Blue Ridge^	94.44%
Charlotte^	77.27%
Concord	100%
Durham^	88.89%
Elizabeth City^*+	95.00%
Fayetteville^	97.62%
Greensboro^*	96.36%
Greenville^	90.63%
Morganton^	92.59%
New Bern	100%
Raleigh^	98.72%
Rocky Mount	100%
Sandhills^*	96.00%
Shelby^	95.12%
Smokies	NA
Wilmington^	94.12%
Winston-Salem	100%
Total	94.60%

Identification of Noncompliance in FFY 2009

As noted previously, one CDSA received intensive monitoring and monthly data submission requirements due to previously uncorrected noncompliance. This CDSA is noted with NA (not applicable) in the table.

Record review data indicate four (4) CDSAs achieved 100% compliance (including documented exceptional family circumstances). Thirteen (13) CDSAs (denoted in chart with ^) have been issued a finding(s) and received a Corrective Action Plan (CAP). Noncompliance must be corrected as soon as possible, but in no case more than one year from identification (i.e., the date on which the NC EI Program provided written notification to the CDSA of the noncompliance). From the time of monitoring, three (3) CDSAs (denoted in chart with *) have since corrected findings of noncompliance. The EI Branch Central Office staff verified the correction of child-specific noncompliance and reviewed updated subsequent data verifying that the 45-day timeline requirement was being implemented in accordance with IDEA. The remaining ten (10) CDSAs are being monitored following the process outlined under the "Verification of Correction" section.

The slippage from 97.25% (FFY 2008) to 94.6% (FFY 2009) can be attributed to the following:

- application of consistent reasons for delays due to documented exceptional circumstances;
- delays in evaluation scheduling; and
- inefficiencies in local processes to develop IFSPs within 45 days from referral.

Improvement activities included: the implementation of technical assistance briefs to consistently apply reasons for delays due to documented exceptional circumstances and the establishment of additional timelines to ensure that children and families who are eligible for Part C receive appropriate services promptly. EI Branch Central Office staff provided focused technical assistance to targeted CDSAs to support examination of causes for delay and the implementation of efficient strategies. The NC EI Program anticipate progress in the next fiscal year with the clarification of reasons for delays due to documented exceptional circumstances and CDSA circumstances.

Related Requirements:

As a result of the FFY 2009 self-assessment, it was determined that one (1) of the thirteen (13) CDSAs in corrective action required focused monitoring of the statutory and regulatory requirements related to Indicator 7: 45-day timeline as part of their corrections. In FFY 2009, the CDSA (denoted in chart with +) was issued a finding related to one instance of failure to identify a surrogate parent and received a Corrective Action Plan (CAP) due to noncompliance in the related requirement. The CDSA received intensive monitoring and corrected the noncompliance regarding surrogate parent identification within one year of the finding being issued.

Correction of FFY 2008 Findings of Noncompliance (if State reported less than 100% compliance):

Level of compliance (actual target data) State reported for FFY 2008 for this indicator: 97.25%

1. Number of findings of noncompliance the State made during FFY 2008 (the period from July 1, 2008, through June 30, 2009)	3
2. Number of FFY 2008 findings the State verified as timely corrected (corrected within one year from the date of notification to the EIS program of the finding)	3
3. Number of FFY 2008 findings <u>not</u> verified as corrected within one year [(1) minus (2)]	0

Correction of FFY 2008 Findings of Noncompliance Not Timely Corrected (corrected more than one year from identification of the noncompliance) and/or Not Corrected:

4. Number of FFY 2008 findings not timely corrected (same as the number from (3) above)	0
5. Number of FFY 2008 findings the State has verified as corrected beyond the one-year timeline ("subsequent correction")	0
6. Number of FFY 2008 findings <u>not</u> verified as corrected [(4) minus (5)]	0

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**MAC Users - To utilize the auto-calculating function, enter numbers in the appropriate boxes. Next, place the cursor in the grey box (in front of the text labeled "0"), then select the control key for a menu of options, and then select "update field."*

Actions Taken if Noncompliance Not Corrected:

For FFY 2008 findings for which the State has not yet verified correction, explain what the State has done to identify the root cause(s) of continuing noncompliance, and what the State is doing about the continued lack of compliance, including, as appropriate, enforcement actions taken against an EIS program that continues to show noncompliance.

Not applicable

Verification of Correction of FFY 2008 noncompliance or FFY 2008 findings (either timely or subsequent):

For States that Reported Less than 100% Compliance for FFY 2008 for Indicator 7 or that made findings in FFY 2008 under Indicator 7:

As specified in OSEP’s June 1, 2010, FFY 2008 SPP/APR Response table, the State must report, when reporting the correction of noncompliance in the FFY 2009 APR, due February 1, 2011, report that it verified that each EIS program with noncompliance reflected in the data the State reported for this indicator : (1) is correctly implementing the 45-day timeline requirements (i.e., achieved 100% compliance) in 34 CFR §§303.321(e)(2), 303.322(e)(1), and 303.342(a) based on a review of updated data such as data subsequently collected through on-site monitoring or a State data system; and (2) has conducted the initial evaluation, assessment, and IFSP meeting, although late, for any child for whom the 45-day timeline was not met, unless the child is no longer within the jurisdiction of the EIS program, consistent with OSEP Memo 09-02.

Describe the specific actions that the State took to verify the correction of findings of noncompliance identified in FFY 2008:

There were three (3) CDSAs in corrective action issued in FFY 2008. These CDSAs received intensive monitoring and corrected their noncompliance within one year of the finding being issued. The EI Branch Central Office staff verified through record reviews of updated subsequent data that each CDSA: (1) is correctly implementing the specific regulatory requirements; and (2) has conducted the initial evaluation, assessment and IFSP meeting, although late, unless the child is no longer within the jurisdiction of the CDSA/NC EI Program.

The NC EI Program has a system to identify and correct noncompliance as soon as possible, but in no case more than one year from identification (i.e., the date on which the NC EI Program provided written notification to the CDSA of the noncompliance). For those CDSAs issued finding(s), the EI Branch Central Office along with the CDSA investigate the underlying reasons that contributed to the noncompliance. The specific regulatory requirements are reviewed with the CDSA. A corrective action process is developed, matching strategies with root causes of noncompliance. During the corrective action process, the EI Branch Central Office staff monitors the status of the CDSA’s progress through the submission of record review data, and a review of the implementation of efficient strategies. Correction of noncompliance is determined as soon as possible, but in no case more than one year from identification. The process utilized to determine correction of noncompliance includes: analysis of progress report information, verification of the correction of child-specific noncompliance and review of updated subsequent data verifying that the timely services requirement is being implemented in accordance with IDEA. The NC EI Program continues to address how to sustain correction of noncompliance across the state.

Correction of Remaining FFY 2007 Findings of Noncompliance (if applicable):

For FFY 2007 findings that the State has not yet corrected, explain what the State has done to identify the root cause(s) of continuing noncompliance, and what the State is doing about the continued lack of compliance, including, as appropriate, enforcement actions taken against an EIS program that continues to show noncompliance.

1. Number of remaining FFY 2007 findings of noncompliance noted in OSEP’s June 2010, FFY 2008 APR response table for this indicator	0
2. Number of remaining FFY 2007 findings the State has verified as corrected	0
3. Number of remaining FFY 2007 findings the State has NOT verified as corrected [(1) minus (2)]	0

Verification of Remaining FFY 2007 findings:

Part C – APR FFY 2009

North Carolina
State

For States with Findings of Noncompliance Identified in FFY 2007 that were not reported as corrected in the FFY 2008 APR:

As specified in OSEP's June 1, 2010 FFY 2008 SPP/APR Response table, when reporting the correction of noncompliance, the State must report, in its FFY 2009 APR, that it has verified that each EIS program with remaining noncompliance: (1) is correctly implementing the 45-day timeline requirements (i.e., achieved 100% compliance) in 34 CFR §§303.321(e)(2), 303.322(e)(1), and 303.342(a) based on a review of updated data such as data subsequently collected through on-site monitoring or a State data system; and (2) has conducted the initial evaluation, assessment, and IFSP meeting, although late, for any child for whom the 45-day timeline was not met, unless the child is no longer within the jurisdiction of the EIS program, consistent with OSEP Memo 09-02.

Describe the specific actions that the State took to verify the correction of findings of noncompliance identified in FFY 2007:

Not applicable

Correction of Any Remaining Findings of Noncompliance from FFY 2006 or Earlier (if applicable):

Provide information regarding correction of any remaining findings of noncompliance from FFY 2006 or earlier using the same table format provided above for findings made in FFY 2007.

Not applicable

Additional Information Required by the OSEP APR Response Table for this Indicator (if applicable):

Statement from the Response Table	State's Response
Not applicable	

Revisions, with Justification, to Proposed Targets / Improvement Activities / Timelines / Resources for FFYs 2010, 2011 and 2012 (if applicable):

CDSAs will continue to use their internal quality assurance processes to monitor the 45-day timeline. The EI Branch Central Office staff will continue to verify data and ensure that CDSAs maintain compliance. Ongoing monitoring and technical assistance are occurring per the SPP. These ongoing monitoring and technical assistance efforts will focus on quickly identifying and remediating any noncompliance. In addition, during FFY 2009, the NC EI Program refocused improvement activities towards a comprehensive system improvement initiative. Through an extensive review of current service delivery, the NC EI Program determined that there are a number of variations across the state in areas including:

- Implementation and interpretation of state policies and procedures
- Use of evidence-based practices
- Percentage of children enrolled in the NC EI Program
- Staff roles/responsibilities

These variations result in inconsistencies in access to and availability of quality services for all children and families. The NC EI Program's revisions to the objective of improving access to appropriately qualified providers have evolved into the implementation of a more consistent state Early Intervention (EI) system that supports access to quality services and supports for children and their families congruent with the principles and requirements of IDEA Part C. Improvement activities described in Indicator 1 regarding revised procedures for child find, intake/referral/screening, service coordination, evaluation and assessment, and IFSP development should result in improvement.

Monitoring Priority: Effective General Supervision Part C / Effective Transition

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

- A IFSPs with transition steps and services

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

Measurement:

Percent = [(# of children exiting Part C who have an IFSP with transition steps and services) divided by the (# of children exiting Part C)] times 100.

FFY	Measurable and Rigorous Target
2009	100%

Actual Target Data for FFY 2009:

Service Plan Includes Transition Steps and Services: 99.82% (542 out of 543) (n=543)

Data for IFSPs with transition steps and services are collected via a self-assessment process. CDSAs were provided with a list of records for all children who were 2 years and nine months in October 2009 and should have had a transition plan with steps developed, notification to the LEA, and a transition planning conference by the month of October 2009 to review as part of the self-assessment process. Reasons for noncompliance are collected when noncompliance is identified.

CDSA	FFY 2009
Asheville	100%
Blue Ridge	100%
Charlotte	100%
Concord	100%
Durham	100%
Elizabeth City	100%
Fayetteville	100%
Greensboro	100%
Greenville	100%
Morganton^	96.55%
New Bern	100%
Raleigh	100%
Rocky Mount+	100%
Sandhills	100%
Shelby	100%
Smokies*	N/A
Wilmington	100%
Winston-Salem	100%
Total	99.82%

Table A: This table denotes 99.82% (n=543) compliance in FFY 2009 for children who are transitioning and have IFSPs with transition steps and services. There was improvement of 0.32% from FFY 2008 data of 99.50%. One CDSA (denoted with *) did not submit data as part of the 2010 self assessment process for Indicator 8A due to the CDSA already being under corrective action for this indicator. This CDSA was involved in intensive on-going monitoring by the EI Branch Central Office staff and regular submission of record review data to the EI Branch Central Office, as noted previously.

Children Exiting Part C who Received Timely Transition Planning:

a. Number of children exiting Part C who have an IFSP with transition steps and services	542
b. Number of children exiting Part C	543
Percent of all children exiting Part C who received timely transition planning to support the child’s transition to preschool and other appropriate community services by their third birthday (Percent = [(a) divided by (b)] times 100)	99.82%

**PC Users - To utilize the auto-calculating function; enter numbers in the appropriate boxes. Next, place the cursor in the grey box (in front of the text labeled “!Zero Divide”), then right click for a menu of options, and then select “update field.”*

Identification of noncompliance in FFY 2009-2010

In the 2010 self-assessment process, there were 543 records reviewed to examine whether IFSPs had transition plans with steps and services for children who were transitioning in October 2009. There were sixteen (16) of the seventeen CDSAs reported that achieved 100% compliance. One (1) of the seventeen CDSAs (denoted with ^) was cited with one (1) finding due to inadequate follow up by CDSA personnel. Corrective actions were implemented and the CDSA corrected the noncompliance in less than a year from notification of the noncompliance. As part of correction EI Branch Central Office staff together with the individual CDSA staff investigated the underlying reasons that contributed to the noncompliance. The specific regulatory requirements were reviewed with the CDSA. A corrective action process was developed matching strategies with the root causes of noncompliance. During the corrective action process, EI Branch Central Office staff monitored the status of the CDSA’s progress through the submission of record review data by the CDSA and through a review of the implementation of efficient strategies. For this CDSA correction of all noncompliance regarding policies and procedures occurred less than one year from the finding being issued. In addition, for any CDSA, all child specific noncompliance was corrected as soon as possible unless the child was no longer within the jurisdiction of the NC EI Program. Verification of correction occurred through a process in which EI Branch Central Office staff monitored the status of the CDSA’s progress through reviewing the submission of record review data along with reviewing the implementation of efficient strategies. EI Branch Central Office staff analyzed the progress report information, held discussions with CDSA management, and verified record review data by reviewing records on site. Through this process EI Branch Central Office staff verified that this CDSA has corrected noncompliance and is correctly implementing the specific regulatory requirement and has developed an IFSP with transition steps and services for each child specific noncompliance, unless the child is no longer within the jurisdiction of the CDSA/NC EI Program. Data verification ensured that specific regulatory requirements under IDEA were being met and that there were no additional individual child- specific instances.

Discussion of Improvement Activities Completed and Explanation of Progress or Slippage that occurred in FFY 2009:

See above description with Table A.

The NC EI Program continues to focus its improvement activities on maintaining compliance and effective transition practices. The purpose is to become more effective in identifying and correcting noncompliance and ensuring system wide improvement. Strategies involve a variety of activities including partnering with the Part B 619 program to help ensure children experience a smooth transition from Part C to Part B. A practice document, *Guiding Practices in Transition* was developed for both Part B and Part C personnel during a previous fiscal year. Currently this document is being revised to reflect clarification received from OSEP in the December 2009 Transition FAQ document as well as clarification received from TA partners.

Part C – APR FFY 2009

North Carolina
State

This APR of 2009-2010 shows improvement in compliance for Indicator 8A. Although there was not 100% compliance, strategies to address the finding were identified in the corrective action process and correction of the noncompliance has already occurred.

Correction of FFY 2008 Findings of Noncompliance (if State reported less than 100% compliance):

Level of compliance (actual target data) State reported for FFY 2008 for this indicator: 99.50%

1. Number of findings of noncompliance the State made during FFY 2008 (the period from July 1, 2008, through June 30, 2009)	2
2. Number of FFY 2008 findings the State verified as timely corrected (corrected within one year from the date of notification to the EIS program of the finding)	2
3. Number of FFY 2008 findings <u>not</u> verified as corrected within one year [(1) minus (2)]	0

Correction of FFY 2008 Findings of Noncompliance Not Timely Corrected (corrected more than one year from identification of the noncompliance) and/or Not Corrected:

4. Number of FFY 2008 findings not timely corrected (same as the number from (3) above)	0
5. Number of FFY 2008 findings the State has verified as corrected beyond the one-year timeline ("subsequent correction")	0
6. Number of FFY 2008 findings <u>not</u> verified as corrected [(4) minus (5)]	0

**PC Users - To utilize the auto-calculating function, enter numbers in the appropriate boxes. Next, place the cursor in the grey box (in front of the text labeled "0"), then right click for a menu of options, and then select "update field."*

Actions Taken if Noncompliance Not Corrected:

For FFY 2008 findings for which the State has not yet verified correction, explain what the State has done to identify the root cause(s) of continuing noncompliance, and what the State is doing about the continued lack of compliance, including, as appropriate, enforcement actions taken against an EIS program that continues to show noncompliance.

None. All noncompliance was corrected within the one year timeline.

Verification of Correction of FFY 2008 noncompliance or FFY 2008 findings (either timely or subsequent):

For States that Reported Less than 100% Compliance for FFY 2008 for Indicator 8A or that made findings in FFY 2008 under Indicator 7:

As specified in OSEP's June 1, 2010, FFY 2008 SPP/APR Response table, the State must report, when reporting the correction of noncompliance in its FFY 2009 APR due February 1, 2011, that it has verified that each EIS program with noncompliance reflected in the data the State reported for this indicator: (1) is correctly implementing the IFSP transition content requirements (i.e., achieved 100% compliance) in 34 CFR §303.148(b)(4) and 303.344(h) (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 developed an IFSP with transition steps and services for each child, unless the child is no longer within the jurisdiction of the EIS program, consistent with OSEP Memo 09-02.

Describe the specific actions that the State took to verify the correction of findings of noncompliance identified in FFY 2008:

In FFY 2008-2009, two CDSAs were cited with one finding each and corrective actions were implemented and completed within one year from written notification. CDSA one (denoted with + in Table A) corrected and verification was completed by August 1, 2009. The specific regulatory requirements were reviewed with the CDSA and EI Branch Central Office staff monitored the status of CDSA one’s progress through the submission of record review data by the CDSA. Verification of correction occurred through a process in which EI Branch Central Office staff monitored the status of the CDSA’s progress through reviewing the submission of record review data. EI Branch Central Office staff analyzed the progress report information, held discussions with CDSA management, and verified record review data by reviewing records onsite. Through this process EI Branch Central Office staff verified that CDSA one had corrected noncompliance and is correctly implementing the specific regulatory requirement and has developed an IFSP with transition steps and services for each child specific noncompliance, unless the child was no longer within the jurisdiction of the CDSA/NC EI Program.

At the time of the 2010 self-assessment, the second CDSA (denoted with * in Table A) was submitting data on a monthly basis as part of the corrective action plan process and was being monitored through that process. This CDSA was not issued any new findings in FFY 2009 – 2010 for this indicator. As part of correction for FY 2008-2009, the second CDSA received intensive monitoring. EI Branch Central Office staff together with the individual CDSA staff investigated the underlying reasons that contributed to the noncompliance. The specific regulatory requirements were reviewed with the CDSA. A corrective action process was developed matching strategies with the root causes of noncompliance. During the corrective action process, EI Branch Central Office staff monitored the status of the CDSA’s progress through the submission of record review data by the CDSA and through a review of the implementation of efficient strategies. For this second CDSA, correction of all noncompliance regarding policies and procedures occurred less than one year from the finding being issued. In addition, all child specific noncompliance was corrected as soon as possible unless the child was no longer within the jurisdiction of the NC EI Program. Verification of correction occurred through a process in which EI Branch Central Office staff monitored the status of the CDSA’s progress through reviewing the submission of record review data along with reviewing the implementation of efficient strategies. EI Branch Central Office staff analyzed the progress report information, held discussions with CDSA management, and verified record review data by reviewing records onsite. Through this process EI Branch Central Office staff verified that this second CDSA has corrected noncompliance and is correctly implementing the specific regulatory requirement and has developed an IFSP with transition steps and services for each child specific noncompliance, unless the child was no longer within the jurisdiction of the CDSA/NC EI Program.

Correction of Remaining FFY 2007 Findings of Noncompliance (if applicable):

For FFY 2007 findings that the State has not yet corrected, explain what the State has done to identify the root cause(s) of continuing noncompliance, and what the State is doing about the continued lack of compliance, including, as appropriate, enforcement actions taken against an EIS program that continues to show noncompliance.

1. Number of remaining FFY 2007 findings of noncompliance noted in OSEP’s June 2010, FFY 2008 APR response table for this indicator	0
2. Number of remaining FFY 2007 findings the State has verified as corrected	0
3. Number of remaining FFY 2007 findings the State has NOT verified as corrected [(1) minus (2)]	0

Verification of Correction of Remaining FFY 2007 findings:

For States with Findings of Noncompliance Identified in FFY 2007 that were not reported as corrected in the FFY 2008 APR, as specified in OSEP’s June 1, 2010 FFY 2008 SPP/APR Response table, the State

must, when reporting the correction of noncompliance, report in its FFY 2009 APR, that it has verified that each EIS program with remaining noncompliance: (1) is correctly implementing the IFSP transition content requirements (i.e., achieved 100% compliance) in 34 CFR §303.148(b)(4) and 303.344(h) (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 developed an IFSP with transition steps and services for each child, unless the child is no longer within the jurisdiction of the EIS program, consistent with OSEP Memo 09-02.

Describe the specific actions that the State took to verify the correction of findings of noncompliance identified in FFY 2007:

None. All noncompliance was corrected within the one year timeline.

Correction of Any Remaining Findings of Noncompliance from FFY 2006 or Earlier (if applicable):

Provide information regarding correction of any remaining findings of noncompliance from FFY 2006 or earlier using the same table format provided above for findings made in FFY 2007.

None. All noncompliance was corrected within the one year timeline.

Additional Information Required by the OSEP APR Response Table for this Indicator (if applicable):

Statement from the Response Table	State's Response
Not applicable	

Revisions, with Justification, to Proposed Targets / Improvement Activities / Timelines / Resources for FFY 2010, FFY 2011 and FFY 2012 (if applicable):

The 2005-2010 SPP improvement activities were reviewed. Compliance with this indicator remains high and ongoing monitoring and technical assistance are occurring per the SPP. These ongoing monitoring and technical assistance efforts focus on quickly identifying and remedying any noncompliance; this improvement activity will continue. The majority of the improvement activities planned for 2011-2012 will be conducted in partnership with the Part B 619 program to help ensure children experience a smooth transition from Part C to Part B. Improvement activities for 2011-2012 include the following:

- review and revision of Part C and Part B 619 programs' Interagency Agreement to include the information clarified in OSEP's December 2009 Transition FAQ document;
- review and revision of the practice document *Guiding Practices in Transition* to include the information clarified in OSEP's December 2009 Transition FAQ document;
- partnering with Part B 619 program to develop a training video for Part C and Part B staff on best practices in transitions as a method to sustain trainings conducted two years ago and including current policy per OSEP's FAQ;
- require local Part C programs (CDSAs) to develop regional plans with their respective LEAs on transition, submit the plans to the responsible state agencies (EI Branch Central Office and the Department of Public Instruction (DPI), and implement the regional plans, and;

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- continued annual review by the ICC of the annual reporting on transition activities from the LICCs through the LICC Transitions Reporting Tool.

Monitoring Priority: Effective General Supervision Part C / Effective Transition

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

- A Notification to LEA, if child potentially eligible for Part B;

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

Measurement:
Percent = [(# of children exiting Part C and potentially eligible for Part B where the notification to the LEA occurred) divided by the (# of children exiting Part C who were potentially eligible for Part B)] times 100.

FFY	Measurable and Rigorous Target
2009	100%

Actual Target Data for FFY 2009:

Notification to the LEA of children deemed potentially eligible: 99.47% (562 out of 565)(n=565)

Data are from state monitoring efforts. Data for the notification to LEA, if the child is potentially eligible for Part B, are collected via self-assessment. CDSAs were provided with a list of records for all children who were two years and nine months in October 2009 and should have had a transition plan with steps developed, notification to the LEA, and a transition planning conference by the month of October 2009 to review as part of the self-assessment process. All children enrolled in Part C in NC are potentially eligible for Part B in NC. Reasons for noncompliance are collected when noncompliance is identified.

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CDSA	FFY 2009
Asheville	100%
Blue Ridge	100%
Charlotte	100%
Concord	100%
Durham^	96.30%
Elizabeth City	100%
Fayetteville^	97.83%
Greensboro	100%
Greenville	100%
Morganton^	96.55%
New Bern	100%
Raleigh	100%
Rocky Mount	100%
Sandhills	100%
Shelby	100%
Smokies	100%
Wilmington	100%
Winston-Salem	100%
Total	99.47%

Table B: This table denotes slight slippage in notification to the LEA of children deemed potentially eligible for Part B from 99.54% in FFY 2008 to 99.47% (n=565) in FFY 2009.

Identification of noncompliance in FFY 2009

In FFY 2009-2010, there were 565 records reviewed to examine whether the LEA was appropriately notified of potentially eligible children. There were fifteen (15) of eighteen CDSAs which reported 100% compliance. Three (3) (denoted with ^) of the eighteen CDSAs were cited with one finding each. Corrective actions were developed and implemented to address internal processes for tracking of LEA notification. Correction of noncompliance is to occur within one year from written notification of the finding.

Children Exiting Part C who Received Timely Transition Planning (Notification to LEA):

a. Number of children exiting Part C and potentially eligible for Part B where the notification to the LEA occurred	562
b. Number of children exiting Part C who were potentially eligible for Part B	565
Percent of all children exiting Part C who received timely transition planning to support the child's transition to preschool and other appropriate community services by their third birthday (Notification to LEA) (Percent = [(a) divided by (b)] times 100)	99.47%

Discussion of Improvement Activities Completed and Explanation of Progress or Slippage that occurred in FFY 2009:

See previous description.

The NC EI Program continues to focus its improvement activities on maintaining compliance and effective transition practices. The purpose is to become more effective in identifying and correcting noncompliance and ensuring system-wide improvement. Strategies involve a variety of activities including partnering with the Part B 619 program to help ensure children experience a smooth transition from Part C to Part B. A practice document, *Guiding Practices in Transition* was developed for both Part B and Part C personnel

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in a previous fiscal year. Currently this document is being revised to reflect clarification received from OSEP in the December 2009 Transition FAQ document as well as clarification received from TA partners.

This APR of 2009-2010 denotes a slight slippage in notification to the LEA of children deemed potentially eligible for Part B from 99.54% in FFY 2008 to 99.47% (n=565) in FFY 2009. Although there was not 100% compliance, strategies to address the findings were identified in the corrective action process and progress has already occurred in correcting noncompliance. EI Branch Central Office staff together with the individual CDSA staff investigated the underlying reasons that contributed to the noncompliance. The specific regulatory requirements were reviewed with the CDSAs. A corrective action process was developed, matching strategies with the root causes of noncompliance. During the corrective action process, EI Branch Central Office staff members are monitoring the status of the CDSAs' progress through the submission of record review data by the CDSAs and through a review of the implementation of efficient strategies. For these three CDSAs correction of all noncompliance regarding policies and procedures will occur less than one year from the finding being issued. In addition, all child specific noncompliance will be corrected as soon as possible unless the child is no longer within the jurisdiction of the NC EI Program. Verification of correction will occur through a process in which EI Branch Central Office staff monitor the status of the CDSAs' progress through reviewing the submission of record review data along with reviewing the implementation of efficient strategies. EI Branch Central Office staff will analyze the progress report information, hold discussions with CDSA management, and verify record review data by reviewing records on site. Through this process EI Branch Central Office staff will verify that these three CDSAs will have corrected noncompliance and are correctly implementing the specific regulatory requirement and have provided LEA notification for each child specific noncompliance, unless the child is no longer within the jurisdiction of the CDSA/NC EI Program.

Correction of FFY 2008 Findings of Noncompliance (if State reported less than 100% compliance):

Level of compliance (actual target data) State reported for FFY 2008 for this indicator: 99.54%

1. Number of findings of noncompliance the State made during FFY 2008 (the period from July 1, 2008, through June 30, 2009)	1
2. Number of FFY 2008 findings the State verified as timely corrected (corrected within one year from the date of notification to the EIS program of the finding)	1
3. Number of FFY 2008 findings <u>not</u> verified as corrected within one year [(1) minus (2)]	0

Correction of FFY 2008 Findings of Noncompliance Not Timely Corrected (corrected more than one year from identification of the noncompliance) and/or Not Corrected:

4. Number of FFY 2008 findings not timely corrected (same as the number from (3) above)	0
5. Number of FFY 2008 findings the State has verified as corrected beyond the one-year timeline ("subsequent correction")	0
6. Number of FFY 2008 findings <u>not</u> verified as corrected [(4) minus (5)]	0

Actions Taken if Noncompliance Not Corrected:

For FFY 2008 findings for which the State has not yet verified correction, explain what the State has done to identify the root cause(s) of continuing noncompliance, and what the State is doing about the continued lack of compliance, including, as appropriate, enforcement actions taken against an EIS program that continues to show noncompliance.

None. All noncompliance was corrected within the one year timeline.

Verification of Correction of FFY 2008 noncompliance or FFY 2008 findings (either timely or subsequent):

For States that Reported Less than 100% Compliance for FFY 2008 for Indicator 8B or that made findings in FFY 2008 under Indicator 8B:

As specified in OSEP’s June 1, 2010, FFY 2008 SPP/APR Response table, the State must report, when reporting the correction of noncompliance in its FFY 2009 APR due February 1, 2011, that it has verified that each EIS program with noncompliance reflected in the data the State reported for this indicator: (1) is correctly implementing the LEA notification requirements (i.e., achieved 100% compliance) in IDEA section 637(a)(9)(A)(ii)(I) and 34 CFR §303.148(b)(1) based on a review of updated data such as data subsequently collected through on-site monitoring or a State data system; and (2) has provided notification to the LEA for each child, unless the child is no longer within the jurisdiction of the EIS program, consistent with OSEP Memo 09-02.

Describe the specific actions that the State took to verify the correction of findings of noncompliance identified in FFY 2008:

In FFY 2008-2009, one CDSA was cited with a finding and corrective actions were implemented and completed within one year from written notification. As part of correction for FY 2008-2009 this CDSA received intensive monitoring. EI Branch Central Office staff together with the individual CDSA staff investigated the underlying reasons that contributed to the noncompliance. The specific regulatory requirements were reviewed with the CDSA. A corrective action process was developed, matching strategies with the root causes of noncompliance. During the corrective action process, EI Branch Central Office staff monitored the status of the CDSA’s progress through the submission of record review data by the CDSA and through a review of the implementation of efficient strategies. For this CDSA correction of all noncompliance regarding policies and procedures occurred less than one year from the finding being issued. In addition, all child specific noncompliance was corrected as soon as possible unless the child was no longer within the jurisdiction of the NC EI Program. Verification of correction occurred through a process in which EI Branch Central Office staff monitored the status of the CDSA’s progress through reviewing the submission of record review data along with reviewing the implementation of efficient strategies. EI Branch Central Office staff analyzed the progress report information, held discussions with CDSA management, and verified record review data by reviewing records on site. Through this process EI Central Office staff verified that this CDSA has corrected noncompliance and is correctly implementing the specific regulatory requirement and has developed an IFSP with transition steps and services for each child specific noncompliance, unless the child is no longer within the jurisdiction of the CDSA/NC EI Program.

Correction of Remaining FFY 2007 Findings of Noncompliance (if applicable):

For FFY 2007 findings that the State has not yet corrected, explain what the State has done to identify the root cause(s) of continuing noncompliance, and what the State is doing about the continued lack of compliance, including, as appropriate, enforcement actions taken against an EIS program that continues to show noncompliance.

1. Number of remaining FFY 2007 findings of noncompliance noted in OSEP’s June 2010, FFY 2008 APR response table for this indicator	0
2. Number of remaining FFY 2007 findings the State has verified as corrected	0
3. Number of remaining FFY 2007 findings the State has NOT verified as corrected [(1) minus (2)]	0

Verification of Correction of Remaining FFY 2007 findings:

For States with Findings of Noncompliance Identified in FFY 2007 that were not reported as corrected in the FFY 2008 APR, as specified in OSEP’s June 1, 2010 FFY 2008 SPP/APR Response table, the State must, when reporting the correction of noncompliance, report in its FFY 2009 APR, that it has verified that each EIS program with remaining noncompliance: (1) is correctly implementing the LEA notification requirements (i.e., achieved 100% compliance) in IDEA section 637(a)(9)(A)(ii)(I) and 34 CFR §303.148(b)(1) based on a review of updated data such as data subsequently collected through on-site monitoring or a State data system; and (2) has provided notification to the LEA for each child, unless the child is no longer within the jurisdiction of the EIS program, consistent with OSEP Memo 09-02.

Describe the specific actions that the State took to verify the correction of findings of noncompliance identified in FFY 2007:

None. All noncompliance was corrected within the one-year timeline.

Correction of Any Remaining Findings of Noncompliance from FFY 2006 or Earlier (if applicable):

Not applicable. All noncompliance was corrected within the one year timeline.

Additional Information Required by the OSEP APR Response Table for this Indicator (if applicable):

Statement from the Response Table	State’s Response
Not applicable	

Revisions, with Justification, to Proposed Targets / Improvement Activities / Timelines / Resources for FFY 2010, FFY 2011 and FFY 2012:

The 2005-2010 SPP 2005-2010 improvement activities were reviewed. Compliance with this indicator remains high and ongoing monitoring and technical assistance are occurring per the SPP. These ongoing monitoring and technical assistance efforts focus on quickly identifying and remedying any non compliance; this improvement activity will continue. The majority of the improvement activities planned for 2011-2012 will be conducted in partnership with the Part B 619 program to help ensure children experience a smooth transition from Part C to Part B. Improvement activities for 2011-2012 include the following:

- review and revision of Part C and Part B 619 programs’ Interagency Agreement to include the information clarified in OSEP’s December 2009 Transition FAQ document;
- review and revision of the practice document *Guiding Practices in Transition* to include the information clarified in OSEP’s December 2009 Transition FAQ document;
- partnering with Part B 619 program to develop a training video for Part C and Part B staff on best practices in transitions as a method to sustain trainings conducted two years ago, and including policy from the OSEP FAQ;
- require local Part C programs (CDSAs) to develop regional plans with their respective LEAs on transition, submit the plans to the responsible state agencies, and implement the regional plans;
- continued annual review by the ICC of the annual reporting on transition activities from the LICCs through the LICC Transitions Reporting Tool.

Monitoring Priority: Effective General Supervision Part C / Effective Transition

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

- C. Transition conference, if child potentially eligible for Part B.
(20 U.S.C. 1416(a)(3)(B) and 1442)

Measurement:

Percent = [(# of children exiting Part C and potentially eligible for Part B where the transition conference occurred) divided by the (# of children exiting Part C who were potentially eligible for Part B)] times 100.

Account for untimely transition conferences, including reasons for delays.

FFY	Measurable and Rigorous Target
2009	100%

Actual Target Data for FFY 2009:

Transition Planning Conference: 97.24% [(474 timely + 54 exceptional circumstance) out of 543] (n=543)

Data are from state monitoring efforts. Data are for the transition conference, if a child is potentially eligible for Part B, are collected via self-assessment. CDSAs were provided with a list of records for all children who were two years and nine months old in October 2009 and should have had a transition plan with steps developed, notification to the LEA, and a transition planning conference by the month of October 2009 to review as part of the self-assessment process. Reasons for noncompliance are collected when noncompliance is identified.

CDSA	FFY 2009
Asheville^ ## +	96.88%
Blue Ridge^	95.45%
Charlotte^	97.44%
Concord	100%
Durham^	92.59%
Elizabeth City	100%
Fayetteville^	97.83%
Greensboro^	92.31%
Greenville	100%
Morganton^	89.66%
New Bern	100%
Raleigh	100%
Rocky Mount	100%
Sandhills#	90.00%
Shelby^	95.83%
Smokies*	N/A
Wilmington	100%
Winston-Salem	100%
Total	97.24%

Table C: The data shows 97.24% compliance for FFY 2009, which represents slippage in compliance as compared to FFY 2008 data of 98.09%. One CDSA (denoted with *) did not submit data as part of the 2010 self assessment process for Indicator 8C due to the CDSA already being under corrective action for this indicator which involved intensive on-going monitoring by the EI Central Office staff and regular submission of record review data to the EI Central Office.

In FFY 2009, 543 records were reviewed to examine the percentage of children potentially eligible for Part B and whether a timely transition planning conference was held no later than 90 days before the child's third birthday. 87.29% (474 out of 543) of records denoted that a conference was held in a timely manner. 9.94% (54 out of 543) were not held in a timely manner due to documented exceptional family circumstances or late referral to Part C--defined as a referral received less than 90 days before the 3rd birthday.

Children Exiting Part C who Received Timely Transition Planning (Transition Conference):

a. Number of children exiting Part C and potentially eligible for Part B where the transition conference occurred	528
b. Number of children exiting Part C who were potentially eligible for Part B	543
Percent of all children exiting Part C who received timely transition planning to support the child's transition to preschool and other appropriate community services by their third birthday (Transition Conference) (Percent = [(a) divided by (b)] times 100)	97.24%

Discussion of Improvement Activities Completed and Explanation of Progress or Slippage that occurred in FFY 2009:

Identification of noncompliance in FFY 2009

See above description with Table C

The data in Table C represents 97.24% compliance for FY 2009-2010. This APR for FFY 2009 shows a slight slippage in compliance for the indicator 8C as compared to FFY 2008 data of 98.09%. Eight (8) CDSAs reported 100% compliance. Eight (8) CDSAs (denoted with ^) were cited with a finding; corrective actions were developed and implemented. One (1) of these eight CDSAs (denoted with a ##) has already completed the corrective action process and corrected the noncompliance in less than a year from

notification of the noncompliance. One (1) CDSA (denoted with #) was cited with two (2) findings and a corrective action plan was issued. Therefore, there were a total of ten (10) findings in NC. Compliance is to be corrected as soon as possible for all findings but no later than one year from the written notification.

As a result of the FFY 2009 self-assessment, it was determined that one (1) of the thirteen (13) CDSAs in corrective action required focused monitoring of the statutory and regulatory requirements related to Indicator 8C timely transition conferences as part of their corrections. The CDSA received intensive monitoring and corrected their noncompliance related to the compliance indicator within one year of the finding being issued. However, in FFY 2009, the CDSA (denoted in chart with +) has been issued two (2) findings for related requirements. The first finding has been issued for one instance of noncompliance related to failure to invite the LEA to the transition conference and failure in making a referral to the LEA for Part B services. The second finding has been issued for one instance of noncompliance related to the procedural safeguard of consent. The CDSA received a Corrective Action Plan due to the noncompliance to be corrected as soon as possible, but in no case more than one year from identification (i.e., the date on which the NC EI Program provided written notification to the CDSA of the noncompliance).

The NC EI Program continues to focus its improvement activities on maintaining compliance and effective transition practices. The purpose is to become more effective in identifying and correcting noncompliance and ensuring system-wide improvement. Strategies involve a variety of activities including partnering with the Part B 619 program to help ensure children experience a smooth transition from Part C to Part B. A practice document, *Guiding Practices in Transition* was developed for both Part B and Part C personnel in a previous fiscal year. Currently this document is being revised to reflect clarification received from OSEP in the December 2009 Transition FAQ document as well as clarification received from TA partners. Stakeholder input has been gathered from Part C and Part B staff as part of implementing clarification received from OSEP's Transition FAQ and will assist in revising the practice document.

An ongoing improvement activity for indicators 8A, 8B, and 8C that is completed annually involves a review of data regarding transition activities gathered by all of NC's LICCs. A statewide LICC reporting tool was developed in FFY 2007 that allows NC LICCs to report child find and transition activities. The tool provides LICCs a way to document their local efforts via a consistent method and reflect the degree of early intervention activities conducted across NC. The transition reporting tool captured the frequency of six listed transition activities:

1. Discussion(s) about specific local procedures for transition between Infant Toddler or Preschool/Exceptional Children programs as indicated by the state level interagency agreement
2. Assistance in the development or dissemination of a list of community resources and contacts for children who may not qualify for early intervention services
3. Assistance in the development or dissemination of a community list of resources and contacts for children enrolled in the Infant Toddler or Preschool/Exceptional Children programs.
4. Information on local orientation program for new professionals with information on community programs, contacts, referral procedures, and transition practices.
5. Information on local community forum(s) that address community transition issues and procedures between programs.
6. Review of written program information for families on the transition process and provide input to the Infant Toddler or Preschool/Exceptional Children programs.

These LICC activities focus on transition for children and families across many different age groups and settings, not just the transition from the Part C program to the Part B program. For example, activities at the LICC may target any or all of the following five programs or entities where children with or at risk for developmental disabilities may transition:

1. Infant-Toddler Program
2. Preschool/Exceptional Children's Program
3. Other Community Agencies/Programs
4. Kindergarten Settings
5. Hospital Settings

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The reporting tool also documented the number of events/activities conducted by LICC partners. FFY 2009 reflects the second full reporting year for the LICC child find and transition activities.

The submitted reports for FFY 2009 better reflect the number of outreach activities as compared to the last fiscal year. In summary, the following are noted from the reporting LICC's Transition Summary:

- 66% of reporting LICCs indicated transition efforts among four or more separate transition activities versus only three for last fiscal year and one transition activity in the prior fiscal year.
- Local efforts targeting the Infant-Toddler Program and Preschool/Exceptional Children's Program continue to be the most commonly reported populations for overall transition efforts.
- Other Community Agencies/Programs (Child Service Coordination, Early Head Start/Head Start, Child Care Community, Smart Start programs, and More at Four programs) is the third most reported community entity targeted for transition efforts by LICCs.

A few LICC reports appeared to have reported participants versus events, thus skewing a consistent ability for cross comparison among LICCs. Further targeted technical assistance is recommended to assist those LICCs in differentiating reported events.

Correction of FFY 2008 Findings of Noncompliance (if State reported less than 100% compliance):

Level of compliance (actual target data) State reported for FFY 2008 for this indicator: 98.09%

1. Number of findings of noncompliance the State made during FFY 2008 (the period from July 1, 2008, through June 30, 2009)	6
2. Number of FFY 2008 findings the State verified as timely corrected (corrected within one year from the date of notification to the EIS program of the finding)	6
3. Number of FFY 2008 findings <u>not</u> verified as corrected within one year [(1) minus (2)]	0

FFY 2008 Findings of Noncompliance Not Timely Corrected (corrected more than one year from identification of the noncompliance) and/or Not Corrected:

4. Number of FFY 2008 findings not timely corrected (same as the number from (3) above)	0
5. Number of FFY 2008 findings the State has verified as corrected beyond the one-year timeline ("subsequent correction")	0
6. Number of FFY 2008 findings <u>not</u> verified as corrected [(4) minus (5)]	0

Actions Taken if Noncompliance Not Corrected:

For FFY 2008 findings for which the State has not yet verified correction, explain what the State has done to identify the root cause(s) of continuing noncompliance, and what the State is doing about the continued lack of compliance, including, as appropriate, enforcement actions taken against an EIS program that continues to show noncompliance.

None. All noncompliance was corrected within the one year timeline.

Verification of Correction of FFY 2008 noncompliance or FFY 2008 findings (either timely or subsequent):

For States that Reported Less than 100% Compliance for FFY 2008 for Indicator 8C or that made findings in FFY 2008 under Indicator 8C:

As specified in OSEP’s June 1, 2010 FFY 2008 SPP/APR Response table, the State must, when reporting the correction of noncompliance, report in its FFY 2009 APR due February 1, 2011, that it has verified that each EIS program with noncompliance reflected in the data the State reported for this indicator: (1) is correctly implementing the timely transition conference requirements in 34 CFR §303.148(b)(2)(i) (as modified by IDEA section 637(a)(9)(A)(ii)(II)) (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 conducted a transition conference, although late, for any child potentially eligible for Part B whose transition conference was not timely, unless the child is no longer within the jurisdiction of the EIS program, consistent with OSEP Memo 09-02.

Describe the specific actions that the State took to verify the correction of findings of noncompliance identified in FFY 2008:

There were four CDSAs in corrective action issued in FFY 2008. These four CDSAs received intensive monitoring. EI Branch Central Office staff together with individual CDSA staff members investigated the underlying reasons that contributed to the noncompliance. A corrective action process was developed for each CDSA matching strategies with the root causes of noncompliance. During the corrective action process, EI Branch Central Office staff monitored the status of each CDSA’s progress through the submission of record review data and a review of the implementation of efficient strategies. For these four CDSAs correction of all noncompliance regarding policies and procedures occurred less than one year from the finding being issued. In addition, all child specific noncompliance was corrected with transition conferences occurring as soon as possible unless the child was no longer within the jurisdiction of the NC EI Program. Verification of correction occurred through a process in which EI Branch Central Office staff monitored the status of each CDSA’s progress through reviewing the submission of record review data along with reviewing the implementation of efficient strategies. EI Branch Central Office staff analyzed the progress report information, held discussions with CDSA management, and verified record review data by reviewing records on site. Through this process EI Branch Central Office staff verified that these four CDSAs have corrected noncompliance and are correctly implementing the specific regulatory requirements and have conducted a transition conference for each child potentially eligible for Part B, although late, unless the child is no longer within the jurisdiction of the CDSA/NC EI Program.

Correction of Remaining FFY 2007 Findings of Noncompliance (if applicable):

For FFY 2007 findings that the State has not yet corrected, explain what the State has done to identify the root cause(s) of continuing noncompliance, and what the State is doing about the continued lack of compliance, including, as appropriate, enforcement actions taken against an EIS program that continues to show noncompliance.

None. All noncompliance was corrected and verified in the previous fiscal year.

1. Number of remaining FFY 2007 findings of noncompliance noted in OSEP’s June 2010, FFY 2008 APR response table for this indicator	0
2. Number of remaining FFY 2007 findings the State has verified as corrected	0
3. Number of remaining FFY 2007 findings the State has NOT verified as corrected [(1) minus (2)]	0

Verification of Correction of Remaining FFY 2007 findings:

For States with Findings of Noncompliance Identified in FFY 2007 that were not reported as corrected in the FFY 2008 APR, as specified in OSEP’s June 1, 2010 FFY 2008 SPP/APR Response table, the State must, when reporting the correction of noncompliance, report in its FFY 2009 APR, that it has verified that each EIS program with remaining noncompliance: (1) is correctly implementing the timely transition conference requirements in 34 CFR §303.148(b)(2)(i) (as modified by IDEA section 637(a)(9)(A)(ii)(II))

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(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 conducted a transition conference, although late, for any child potentially eligible for Part B whose transition conference was not timely, unless the child is no longer within the jurisdiction of the EIS program, consistent with OSEP Memo 09-02.

Describe the specific actions that the State took to verify the correction of findings of noncompliance identified in FFY 2007:

None. All noncompliance was corrected and verified in the previous fiscal year.

Correction of Any Remaining Findings of Noncompliance from FFY 2006 or Earlier (if applicable):

Provide information for FFY 2007 regarding correction of any remaining findings of noncompliance from FFY 2006 or earlier using the same table format provided above for findings made in FFY 2007.

None. All noncompliance was corrected and verified in the previous fiscal year.

Additional Information Required by the OSEP APR Response Table for this Indicator (if applicable):

Not applicable.

Statement from the Response Table	State's Response
Not applicable	

Revisions, with Justification, to Proposed Targets / Improvement Activities / Timelines / Resources for FFY 2010, FFY 2011 and FFY 2012 (if applicable):

The 2005-2010 SPP improvement activities were reviewed. Compliance with this remains high and ongoing monitoring and technical assistance are occurring per the SPP. These ongoing monitoring and technical assistance efforts focus on quickly identifying and remedying any noncompliance; this improvement activity will continue. The majority of the improvement activities planned for 2011-2012 will be conducted in partnership with the Part B 619 program to help ensure children experience a smooth transition from Part C to Part B. Improvement activities for 2011-2012 include the following:

- review and revision of Part C and Part B 619 programs' Interagency Agreement to include the information clarified in OSEP's December 2009 Transition FAQ document;
- review and revision of the practice document *Guiding Practices in Transition* to include the information clarified in OSEP's December 2009 Transition FAQ document;
- partnering with Part B 619 program to develop a training video for Part C and Part B staff on best practices in transitions as a method to sustain trainings conducted two years ago and including policy from OSEP's FAQ;
- require local Part C programs (CDSAs) to develop regional plans with their respective LEAs on transition, submit the plans to the responsible state agencies, and implement the regional plans;
- continued annual review by the ICC of the annual reporting on transition activities from the LICCs through the LICC Transitions Reporting Tool.

Monitoring Priority: Effective General Supervision Part C / General Supervision

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

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

Measurement:

Percent of noncompliance corrected within one year of identification:

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

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

States are required to use the “Indicator C 9 Worksheet” to report data for this indicator (see Attachment A).

FFY	Measurable and Rigorous Target
FFY 2009	100%

Actual Target Data for FFY 2009:

88%

Part C – APR FFY 2009

North Carolina
State

Indicator/Indicator Clusters	General Supervision System Components	# of EIS Programs Issued Findings in FFY 2008 (7/1/08 through 6/30/09)	(a) # of Findings of noncompliance identified in FFY 2008 (7/1/08 through 6/30/09)	(b) # of Findings of noncompliance from (a) for which correction was verified no later than one year from identification
1. Percent of infants and toddlers with IFSPs who receive the early intervention services on their IFSPs in a timely manner	Monitoring Activities: Self-Assessment/ Local APR, Data Review, Desk Audit, On-Site Visits, or Other	9	13	10
	Dispute Resolution: Complaints, Hearings	0	0	0
2. Percent of infants and toddlers with IFSPs who primarily receive early intervention services in the home or community-based settings	Monitoring Activities: Self-Assessment/ Local APR, Data Review, Desk Audit, On-Site Visits, or Other	0	0	0
	Dispute Resolution: Complaints, Hearings	0	0	0
3. Percent of infants and toddlers with IFSPs who demonstrate improved outcomes	Monitoring Activities: Self-Assessment/ Local APR, Data Review, Desk Audit, On-Site Visits, or Other	0	0	0
	Dispute Resolution: Complaints, Hearings	0	0	0
4. Percent of families participating in Part C who report that early intervention services have helped the family	Monitoring Activities: Self-Assessment/ Local APR, Data Review, Desk Audit, On-Site Visits, or Other	0	0	0
	Dispute Resolution: Complaints, Hearings	0	0	0

Part C – APR FFY 2009

North Carolina
State

Indicator/Indicator Clusters	General Supervision System Components	# of EIS Programs Issued Findings in FFY 2008 (7/1/08 through 6/30/09)	(a) # of Findings of noncompliance identified in FFY 2008 (7/1/08 through 6/30/09)	(b) # of Findings of noncompliance from (a) for which correction was verified no later than one year from identification
5. Percent of infants and toddlers birth to 1 with IFSPs	Monitoring Activities: Self-Assessment/ Local APR, Data Review, Desk Audit, On-Site Visits, or Other	0	0	0
6. Percent of infants and toddlers birth to 3 with IFSPs	Dispute Resolution: Complaints, Hearings	0	0	0
7. Percent of eligible infants and toddlers with IFSPs for whom an evaluation and assessment and an initial IFSP meeting were conducted within Part C's 45-day timeline.	Monitoring Activities: Self-Assessment/ Local APR, Data Review, Desk Audit, On-Site Visits, or Other	3	3	3
	Dispute Resolution: Complaints, Hearings	0	0	0
8. Percent of all children exiting Part C who received timely transition planning to support the child's transition to preschool and other appropriate community services by their third birthday including: A. IFSPs with transition steps and services;	Monitoring Activities: Self-Assessment/ Local APR, Data Review, Desk Audit, On-Site Visits, or Other	2	2	2
	Dispute Resolution: Complaints, Hearings	0	0	0

Indicator/Indicator Clusters	General Supervision System Components	# of EIS Programs Issued Findings in FFY 2008 (7/1/08 through 6/30/09)	(a) # of Findings of noncompliance identified in FFY 2008 (7/1/08 through 6/30/09)	(b) # of Findings of noncompliance from (a) for which correction was verified no later than one year from identification
8. Percent of all children exiting Part C who received timely transition planning to support the child's transition to preschool and other appropriate community services by their third birthday including: B. Notification to LEA, if child potentially eligible for Part B; and	Monitoring Activities: Self-Assessment/ Local APR, Data Review, Desk Audit, On-Site Visits, or Other	1	1	1
	Dispute Resolution: Complaints, Hearings	0	0	0
8. Percent of all children exiting Part C who received timely transition planning to support the child's transition to preschool and other appropriate community services by their third birthday including: C. Transition conference, if child potentially eligible for Part B.	Monitoring Activities: Self-Assessment/ Local APR, Data Review, Desk Audit, On-Site Visits, or Other	4	6	6
	Dispute Resolution: Complaints, Hearings	0	0	0
OTHER AREAS OF NONCOMPLIANCE:	Monitoring Activities: Self-Assessment/ Local APR, Data Review, Desk Audit, On-Site Visits, or Other	0	0	0
	Dispute Resolution: Complaints, Hearings	0	0	0

Indicator/Indicator Clusters	General Supervision System Components	# of EIS Programs Issued Findings in FFY 2008 (7/1/08 through 6/30/09)	(a) # of Findings of noncompliance identified in FFY 2008 (7/1/08 through 6/30/09)	(b) # of Findings of noncompliance from (a) for which correction was verified no later than one year from identification
OTHER AREAS OF NONCOMPLIANCE:	Monitoring Activities: Self-Assessment/ Local APR, Data Review, Desk Audit, On-Site Visits, or Other	0	0	0
	Dispute Resolution: Complaints, Hearings	0	0	0
OTHER AREAS OF NONCOMPLIANCE:	Monitoring Activities: Self-Assessment/ Local APR, Data Review, Desk Audit, On-Site Visits, or Other	0	0	0
	Dispute Resolution: Complaints, Hearings	0	0	0
Sum the numbers down Column a and Column b			25	22
Percent of noncompliance corrected within one year of identification = (column (b) sum divided by column (a) sum) times 100.			(b) / (a) X 100 =	88.00%

Describe the process for selecting EIS programs for Monitoring:

All CDSAs (local lead agencies) received monitoring activities this year. These monitoring activities included: on-site focused visits, self-assessment data submission/analysis, data verification and/or desk review/data review. CDSAs that are in corrective action planning receive more intensive monitoring and technical assistance and have more data verification and data collection requirements.

Discussion of Improvement Activities Completed and Explanation of Progress or Slippage that Occurred for FFY 2009:

Indicator 1- Did not meet target of 100%, but very high levels of compliance are noted. North Carolina has historically had challenges providing services to children in a timely manner. For FY 2009-2010, the statewide percentage for this indicator is 95.98% which represents a slight slippage in comparison to FY 2008-2009 at 97.21%. For APR 2009-2010: seven (7) CDSAs are reported as having one finding each; two (2) CDSAs have two findings each; and two (2) CDSA has 3 findings. These data indicate that North Carolina's findings of noncompliance for this indicator for the period equal seventeen (17). One CDSA was still in corrective action planning based on findings from the FY 2008-2009 APR. Correction has not yet been realized. Intensive monitoring and technical assistance with this CDSA is ongoing.

Indicator 2- Target met. The statewide percentage of 99.0% is similar to the prior year's performance.

Indicator 3- Target met. As baseline data was reported for FY 2008-2009, progress and slippage comparison reporting for this indicator is not necessary. Target comparisons began in FY 2009-2010.

Indicator 4- Did not meet target, but improvement is noted. North Carolina has consistently faced challenges in achieving the original targets set for this indicator. A contributing factor is that the targets were set using the EISAS survey while we have consistently reported results using the NCSEAM survey, which was developed and validated just prior to the State Performance Planning process implementation. Despite failing to meet the target, North Carolina has reported consistent improvement in family outcomes percentages since FY 2007-2008.

Indicator 5- Did not meet target, but improvement is noted. For FY 2008-2009, North Carolina reported having served 0.95% of the birth-1 population; for FY 2009-2010, we have achieved noticeable improvement as we are reported to serve 1.04% of the population for this reporting period. Progress was made based upon implementation of improvement strategies.

Indicator 6- Target met at 2.48% which represents a slight improvement over last year's reported figure of 2.33%.

Indicator 7- Did not meet target of 100%, but very high levels of compliance are noted. North Carolina has reported some slippage on this indicator for FY 2009-2010 when compared to FY 2008-2009 data, 94.60% and 97.25% respectively. This slippage is largely attributed to more stringent standards put in place during FY 2008-2009 for defining "exceptional circumstances" due to family delay. For FY 2009-2010: seven (7) CDSAs are reported as having one finding each of noncompliance; and six (6) CDSAs have two findings each. Corrective action measures have been taken.

Indicator 8a- Did not meet target of 100%, but very high levels of compliance are noted. For FY 2009-2010, North Carolina has reported 99.82% compliance, as compared to 99.50% for FY 2008-2009, showing consistent high compliance for this indicator across the two years. For APR 2009-2010, one (1) CDSA was issued a finding of non-compliance for this indicator. Corrective action was taken and compliance has since been reported and verified.

Indicator 8b- Did not meet target of 100%, but very high levels of compliance are noted. For FY 2009-2010, North Carolina has reported 99.47% compliance, as compared to 99.54% for FY 2008-2009, showing consistent high compliance for this indicator across the two years. For APR 2009-2010, three (3) CDSAs were issued one finding of noncompliance. Corrective action measures are being instituted.

Indicator 8c- Did not meet target of 100%, but very high levels of compliance are noted. For FY 2009-2010, North Carolina has reported 97.24% compliance, as compared to 98.09% for FY 2008-2009. While this data represents a slight slippage in performance, there remains a strong rate of compliance for this indicator across the two years. For APR 2009-2010, eight (8) CDSAs were issued one finding of non-compliance; and one (1) CDSA was reported as having two findings. Corrective action measures are being instituted.

Indicator 9- Did not meet target of 100%, but high compliance is noted. Ongoing noncompliance in one CDSA and continued challenges with staff vacancies and provider availability have impacted this overall general supervision indicator. Continued improvements in the general supervision system have enhanced the ability of our program to identify and correct noncompliance in a timely manner.

Indicator 10- The State lead agency received zero (0) written complaints for FY 2009-2010.

Indicator 11- One (1) due process hearing was requested and was subsequently withdrawn subsequent to a mediation agreement. The specific mediation is not described, as it may be personally identifiable.

Indicator 12- Not applicable to North Carolina as Part C due process procedures are used.

Indicator 13- There was one (1) request for mediation that resulted in a mediation agreement. The specific mediation is not described, as it may be personally identifiable.

Indicator 14- Target met. Data is verified to be valid, accurate, and reliable.

Note: For this indicator, report data on the correction of findings of noncompliance the State made during FFY 2008 (July 1, 2008 through June 30, 2009) and verified as corrected as soon as possible and in no case later than one year from identification.

Timely Correction of FFY 2008 Findings of Noncompliance (corrected within one year from identification of the noncompliance):

1. Number of findings of noncompliance the State made during FFY 2008 (the period from July 1, 2008, through June 30, 2009) (Sum of Column a on the Indicator C 9 Worksheet)	25
2. Number of findings the State verified as timely corrected (corrected within one year from the date of notification to the EIS programs of the finding) (Sum of Column b on the Indicator C 9 Worksheet)	22
3. Number of findings <u>not</u> verified as corrected within one year [(1) minus (2)]	3

Correction of FFY 2008 Findings of Noncompliance Not Timely Corrected (corrected more than one year from identification of the noncompliance) and/or Not Corrected:

4. Number of FFY 2008 findings not timely corrected (same as the number from (3) above)	3
5. Number of FFY 2008 findings the State has verified as corrected beyond the one-year timeline (“subsequent correction”)	0
6. Number of FFY 2008 findings <u>not</u> yet verified as corrected [(4) minus (5)]	3

**PC Users - To utilize the auto-calculating function; enter numbers in the appropriate boxes. Next, place the cursor in the grey box (in front of the text labeled “0”), then right click for a menu of options, and then select “update field.”*

**MAC Users - To utilize the auto-calculating function; enter numbers in the appropriate boxes. Next, place the cursor in the grey box (in front of the text labeled "0"), then right click (PC) or select the control key (Mac) for a menu of options, and then select "update field."*

Actions Taken if Noncompliance Not Corrected

For FFY 2008 findings for which the State has not yet verified correction, explain what the State has done to identify the root cause(s) of continuing noncompliance, and what the State is doing about the continued lack of compliance, including, as appropriate, enforcement actions taken against an EIS program that continues to show noncompliance.

As noted previously, there is one CDSA that is in the process of correcting noncompliance beyond the one-year timeline. This CDSA had multiple findings, related to multiple indicators. EI Branch Central Office staff along with the Part C Coordinator conducted a site visit with the CDSA to identify the root causes of continuing noncompliance. The reasons for noncompliance beyond the one-year timeline included: challenges with provider availability and inefficiencies in local processes to monitor documentation and to initiate services in a timely manner. This CDSA also has had significant staff vacancies including primary leadership positions. Intensive technical assistance has been provided to CDSA staff to assure efficiency in procedures affecting timeliness of services. A corrective action plan addressing individual areas of concern with strategies, benchmarks, and timelines was developed and revised to include on-site monitoring and the submission of monthly progress reports. The Early Intervention Branch Central Office is intensively involved in hiring processes for leadership positions in order to achieve stability for the CDSA. Evidence of correction of noncompliance is expected by February 2011.

Verification of Correction of FFY 2008 findings (either timely or subsequent)

For States that Reported Less than 100% Compliance for FFY 2008 for Indicator:

As specified in OSEP's June 1, 2010, FFY 2008 SPP/APR Response Table, the State must report, in reporting on correction of noncompliance in the FFY 2009 APR due February 1, 2011, that it verified that each EIS program with noncompliance identified in FFY 2008: (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, consistent with OSEP Memo 09-02.

Describe the specific actions that the State took to verify the correction in FFY 2009 of findings of noncompliance identified in FFY 2008:

The NC EI Program's general supervision system continues to function as previously submitted to and approved by OSEP. The program has implemented a new data system, named the Health Information System (HIS). This system currently is not operational for the purposes of monitoring; therefore child record review continues to be the primary method for verifying the correction of noncompliance. OSEP has recently clarified the steps to correct noncompliance (OSEP Memo 09-02). The state has implemented this new clarification in the general supervision system and has applied it to all monitoring activities.

CDSAs are required to complete child record review self-assessments annually. The EI Branch Central Office staff members collect CDSA self-assessment data at designated points and times each year for indicators 1, 8a, 8b, and 8c as these data are not collected in the program's data system. These data are either collected based on a month or quarter. To continue to improve compliance in timeliness of services (Indicator 1), the EI Branch Central Office staff provides each CDSA with the names of all children enrolled in the program who had a new service added to their IFSP (both for newly enrolled children and children already receiving services but having added a service) during a given month. To maintain compliance with transition indicators (Indicator 8 sub-components), the EI Branch Central Office staff provide the CDSAs with the names of all children who should have had a transition-planning conference by a certain date. Data are also collected to assure that: 1) there was a transition plan with steps and services in place and 2) if a child was potentially eligible for preschool services, the LEA was notified.

Data and a data analysis report are submitted by each CDSA to the EI Branch Central Office with reasons why any timeline is not being met and any unique data related to specifics regarding each individual child. Data verification occurs by the program's Regional Consultant through an on-site verification visit.

If a finding is issued, the CDSA receives a written notification of the finding and a written corrective action plan within 30 days. Corrective Action Plans (CAPs) are issued when there is noncompliance and a finding is noted. CAPs include strategies and required evidence of change. These CAPs are written by the Early Intervention Branch Central Office staff in collaboration with the CDSAs. Required reporting occurs until noncompliance is corrected and sustained. The EI Branch Central Office staff verify data throughout the CAP process to ensure the local program is correctly implementing the regulatory requirement of IDEA, correcting any child specific instances (although late), unless the child is not enrolled in the NC EI Program and that the root cause of noncompliance has been addressed.

The CDSAs have an opportunity to correct noncompliance prior to the issuance of a written notification of a finding. The CDSA must provide updated data that demonstrates (1) the CDSA is correctly implementing the specific regulatory requirements (i.e., achieved 100% compliance) based on a review of updated data and (2) the CDSA has corrected each individual case of noncompliance, unless the child is no longer within the jurisdiction of the EIS program, consistent with OSEP Memo 09-02. The EI Program's Regional Consultants verify (through record reviews) that correction has occurred for both of these steps. Improvement plans may be issued during monitoring activities. Improvement plans are generally related to performance and include measurable benchmarks over time. Improvement plan strategies and activities are written by the CDSA in partnership with or with direct guidance from the Early Intervention Branch Central Office.

Data Verification

Throughout the year, activities are completed by the EI Branch Central Office to verify the reliability, accuracy and timeliness of data reported by the CDSAs. Several methods for data verification are utilized, such as error reports, routine data reports, data reports summarizing contract performance and on-site data verification visits. Point in time data are routinely provided to CDSAs to ensure reliable, valid data for 619 data reporting.

Dispute Resolution System

Written complaints are investigated to determine whether there are any findings of non-compliance with IDEA. The EI Branch Central Office includes a Family Partnership Coordinator to coordinate efforts regarding any complaints filed with the CDSAs or the Early Intervention Branch Central Office. The EI Branch Central Office as state lead agency sends a written response to the family and the CDSA within 60 days of receipt of a written complaint. If an area of non-compliance is identified a corrective action plan is issued and the CDSA has to correct the noncompliance as soon as possible, but no later than one year of the written notification of the finding. As there may be instances of identified concerns that may be indicative of systemic issues, but are not raised to the level of a written complaint, the Family Partnership Coordinator assists CDSAs in developing procedures to track informal complaints and implementing activities to address these instances or systemic issues found through these informal complaints.

Correction of Remaining FFY 2007 Findings of Noncompliance (if applicable): N/A

For FFY 2007 findings that the State has not yet corrected, explain what the State has done to identify the root cause(s) of continuing noncompliance, and what the State is doing about the continued lack of compliance, including, as appropriate, enforcement actions taken against an EIS program that continues to show noncompliance.

If the State reported less than 100% for this indicator in its FFY 2007 APR and did not report that the remaining FFY 2007 findings were subsequently corrected, provide the information below:

Part C – APR FFY 2009

North Carolina
State

4. Number of remaining FFY 2007 findings noted in OSEP's June 2010 FFY 2008 APR response table for this indicator	0
5. Number of remaining FFY 2007 findings the State has verified as corrected	0
6. Number of remaining FFY 2007 findings the State has NOT verified as corrected [(1) minus (2)]	0

**PC Users - To utilize the auto-calculating function; enter numbers in the appropriate boxes. Next, place the cursor in the grey box (in front of the text labeled "0"), then right click for a menu of options, and then select "update field."*

**MAC Users - To utilize the auto-calculating function; enter numbers in the appropriate boxes. Next, place the cursor in the grey box (in front of the text labeled "0"), then right click (PC) or select the control key (Mac) for a menu of options, and then select "update field."*

Correction of Any Remaining Findings of Noncompliance from FFY 2006 or Earlier (if applicable)

Provide information regarding correction of any remaining findings of noncompliance from FFY 2006 or earlier using the same table format provided above for findings made in FFY 2007.

N/A

Revisions, with Justification, to Proposed Targets / Improvement Activities / Timelines / Resources for FFY 2010 (if applicable):

The NC EI Program will revise its general supervision system to include the use of the statewide data system (HIS) for monitoring purposes once the system is fully operational. The program plans to develop specific strategies and timelines for the implementation of this method during FFY 2011-2012. On-site visits will primarily be used for the purposes of focused monitoring once the data system is fully functional.

Monitoring Priority: Effective General Supervision Part C/General Supervision

Indicator 10: Percent of signed written complaints with reports issued that were resolved within 60-day timeline or a timeline extended for exceptional circumstances with respect to a particular complaint.

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

Measurement: Percent = [(1.1(b) + 1.1(c)) divided by 1.1] times 100.

FFY	Measurable and Rigorous Target
2009	100%

Actual Target Data for FFY 2009

The State lead agency received zero (0) written complaints in FFY 2009.

Discussion of Improvement Activities Completed and Explanation of Progress or Slippage that occurred for FFY 2009:

Not Applicable

Revisions, with Justification, to Proposed Targets / Improvement Activities / Timelines / Resources for FFY 2009:

The targets for FFYs 2011 and 2012 will remain at 100%.

Improvement Activities for FFYs 2010, 2011 and 2012:

The EI Branch Central Office will ensure that there are timely resolution procedures by:

- Designating a staff person to respond and coordinate the dispute resolution system
- Ensure there is an up to date list of trained mediators/hearing officers
- Maintain communication with cadre of mediators/hearing officers to review qualifications are kept up to date
- Provide technical assistance to local early intervention programs on issues related to procedural safeguards
- Provide leadership in focused monitoring that stresses procedural safeguards
- Continue collaboration with state PTI to encourage and value early and effective dispute resolution
- Monitor and evaluate complaint and due process data regularly to ensure compliance

Monitoring Priority: Effective General Supervision Part C / General Supervision

Indicator 11: Percent of fully adjudicated due process hearing requests that were fully adjudicated within the applicable timeline.

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

Measurement:

Percent = [(3.2(a) + 3.2(b)) divided by 3.2] times 100.

FFY	Measurable and Rigorous Target
2009	100%

Actual Target Data for FFY 2009:

The state lead agency received one (1) due process hearing request in 2009. A mediation session related to this due process request was held, resulting in a mediation agreement. The family subsequently withdrew the request for a due process hearing.

Discussion of Improvement Activities Completed and Explanation of Progress or Slippage that occurred for FFY 2009:

Not Applicable.

Revisions, with Justification, to Proposed Targets / Improvement Activities / Timelines / Resources for FFY 2009:

The targets for FFYs 2011 and 2012 will remain at 100%.

Improvement Activities for FFYs 2010, 2011 and 2012

The EI Branch Central Office will ensure that there are timely resolution procedures by:

- Designating a staff person to respond and coordinate the dispute resolution system
- Ensure there is an up to date list of trained mediators/hearing officers
- Maintain communication with cadre of mediators/hearing officers to review qualifications are kept up to date
- Provide technical assistance to local early intervention programs on issues related to procedural safeguards
- Focus on recruiting and training members
- Provide leadership in focused monitoring that stresses procedural safeguards
- Continue collaboration with state PTI to encourage and value early and effective dispute resolution
- Monitor and evaluate complaint and due process data regularly to ensure compliance

Monitoring Priority: Effective General Supervision Part C / General Supervision

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

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

Measurement:

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

FFY	Measurable and Rigorous Target
2009	Not Applicable

Actual Target Data for FFY 2009:

Not Applicable

Discussion of Improvement Activities Completed and Explanation of Progress or Slippage that occurred for FFY 2009:

Not Applicable

Revisions, with Justification, to Proposed Targets / Improvement Activities / Timelines / Resources for FFY 2009:

Not Applicable

Monitoring Priority: Effective General Supervision Part C / General Supervision

Indicator 13: Percent of mediations held that resulted in mediation agreements.

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

Measurement:

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

FFY	Measurable and Rigorous Target
2009	<i>Not Applicable</i>

Actual Target Data for FFY 2009

There was one (1) request for mediation that resulted in a mediation agreement. The specific mediation is not described, as it may be personally identifiable.

Discussion of Improvement Activities Completed and Explanation of Progress or Slippage that occurred for FFY 2009:

Not Applicable

Revisions, with Justification, to Proposed Targets / Improvement Activities / Timelines / Resources for FFY 2009:

Not Applicable

Monitoring Priority: Effective General Supervision Part C / General Supervision

Indicator 14: State reported data (618, State Performance Plan, and APR) are timely and accurate.

Measurement:

State reported data, including 618 data, State performance plan, and APRs, are:

- a. Submitted on or before due dates (February 1 for child count, including race and ethnicity, settings and November 1 for exiting, personnel, dispute resolution); and
- b. Accurate (describe mechanisms for ensuring accuracy).

FFY	Measurable and Rigorous Target
2009	100%

Actual Target Data for 2009: 100%

Indicator 14 - SPP/APR Data			
APR Indicator	Valid and reliable	Correct calculation	Total
1	1	1	2
2	1	1	2
3	1	1	2
4	1	1	2
5	1	1	2
6	1	1	2
7	1	1	2
8A	1	1	2
8B	1	1	2
8C	1	1	2
9	1	1	2
10	1	1	2
11	1	1	2
12	n/a	n/a	n/a
13	1	1	2
		Subtotal	28
APR Score Calculation	Timely Submission Points (5 pts for submission of APR/SPP by February 1, 2011)		5
	Grand Total		33

Indicator 14 - 618 Data					
Table	Timely	Complete Data	Passed Edit Check	Responded to Date Note Requests	Total
Table 1 – Child Count Due Date: 2/1/10	1	1	1	1	4
Table 2 – Settings Due Date: 2/1/10	1	1	1	1	4
Table 3 – Exiting Due Date: 11/1/10	1	1	1	NA	3
Table 4 – Dispute Resolution Due Date: 11/1/10	1	1	1	N/A	3
				Subtotal	14
			Weighted Total (subtotal X 2.5; round ≤ .49 down and ≥ .50 up to whole number)		35
Indicator # 14 Calculation					
			A. APR Total	33	
			B. 618 Total	35	
			C. Grand Total	68	
Percent of timely and accurate data = (C divided by 68 times 100)			(C) / (68) X 100 =		100%

EI Branch Central Office staff reviewed the results of the self-assessment data submitted to the state office around the compliance indicators. The CDSA was contacted if any clarification was needed on the reported results. This ensured that the data were reported accurately and consistently across CDSAs.

EI Branch Central Office staff worked with CDSA staff to ensure that their data in CECAS, the database used for 618 reporting, is kept accurate through periodic data-cleaning activities. Focused technical assistance was provided as needed.

Discussion of Improvement Activities Completed and Explanation of Progress or Slippage that occurred for 2009-2010:

Development has continued on a new data system, the Health Information System (HIS), for the NC Department of Health and Human Services. The core product is being implemented for the Division of Public Health, of which the NC Part C program is a part. HIS includes client specific data needed for reporting 618 data as well as data for the compliance indicators in the APR.

Revisions, with Justification, to Proposed Targets / Improvement Activities / Timelines / Resources for 2010-2011:

HIS implementation is FY2010-2011; therefore, some of the data for the 2010-2011 APR will come from the new system. In order to be consistent with the federal reporting requirements, the *primary place of service dictionary* and the *exit reason dictionary* used in HIS will be congruent with the values approved by OSEP.