

STATE PERFORMANCE  
PLAN  
  
FOR  
NORTH CAROLINA  
2005 - 2012

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**Part C State Performance Plan (SPP) for 2005-2012****Overview of the State Performance Plan Development:**

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

In preparation for developing a revised State Performance Plan (SPP), including annual targets for FFY 2011 and FFY 2012, the Part C office reviewed the most recent state Annual Performance Report (FFY 2009), recent monitoring data, and the OSEP Determination Report for FFY 2008. The North Carolina Early Intervention 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 North Carolina Early Intervention Program continues to value and obtain broad input from several different stakeholder groups on a continuing basis. For this SPP, the North Carolina Interagency Coordinating Council 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 SPP is submitted to OSEP, the North Carolina Early Intervention Program will disseminate the report to stakeholders through the local lead agencies and post it on the program's website ([www.ncei.org/publications](http://www.ncei.org/publications)).

**Part C State Performance Plan (SPP) for 2005-2012**

**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 USC 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.

**Overview of Issue/Description of System or Process:**

North Carolina's criteria for timely receipt of early intervention services is defined as service initiation no later than 30 calendar days following parental approval (signature/date) of the IFSP. This data element is new for the state and has been incorporated in the Early Intervention module of the Comprehensive Exceptional Children Accountability System (CECAS), North Carolina's web-based data system.

The following steps were conducted to obtain data:

- 1) Training about relevant items on the NC Record Review Tool and review procedures was provided to EI Branch staff conducting the record reviews by the QA/QI Director.
- 2) A random sample was generated from the NC Infant-Toddler database.
- 3) Each staff member was provided a random order list for each CDSA he or she was assigned.
- 4) A 10% sample of child records in each CDSA was reviewed.
- 5) Findings were collected and analyzed in the State Early Intervention Branch office.

**Baseline Data for FFY 2004 (2004-2005):**

Baseline data from sample record reviews indicate that 76% of enrolled children received services in a timely manner. For 4% of children who did not receive services in a timely manner, the reason was family circumstances.

Discussion of Baseline Data:

<b>CDSA</b>	<b>Percent of infants and toddlers with IFSPs who receive the early intervention services on their IFSPs in a timely manner</b>	<b>Percent of infants and toddlers with IFSPs who did not receive the early intervention services on their IFSPs in timely manner due to family circumstance</b>	<b>Percent of infants and toddlers with IFSPs who did not receive the early intervention services on their IFSPs in timely manner for reasons other than family circumstance</b>
Asheville	91%	3%	6%
Blue Ridge	90%	0%	10%
Charlotte	50%	14%	36%
Concord	56%	6%	38%
Cullowhee	76%	3%	21%
Durham	77%	4%	19%
Elizabeth City	100%	0%	0%
Fayetteville	88%	5%	7%
Greensboro	75%	0%	25%
Greenville	60%	0%	40%
Morganton	62%	15%	23%
New Bern	96%	2%	2%
Raleigh	76%	2%	22%
Rocky Mount	83%	9%	8%
Sandhills	83%	3%	14%
Shelby	94%	6%	0%
Wilmington	82%	4%	14%
Winston-Salem	60%	3%	37%
<b>Statewide</b>	76%	4%	20%

Data indicate that the 100% target was not met during FY 04-05 for children in the sample. NC's re-designed service system was implemented during this year and factors related to this implementation likely contributed to these findings. Issues such as change of local lead agency, transition of records, restructuring of CDSAs, and development of provider network are all potential contributing factors. Through Quality Assurance/ Improvement expectations and processes, implemented in July 2005, the state will have a better understanding of variables within each CDSA catchment area and across the state. Based on this understanding, the state will develop corrective action plans and technical assistance specific to identified areas of non-compliance.

<b>FFY</b>	<b>Measurable and Rigorous Target</b>
<b>2005 (2005-2006)</b>	<b>100%</b>
<b>2006 (2006-2007)</b>	<b>100%</b>

FFY	Measurable and Rigorous Target
2007 (2007-2008)	100%
2008 (2008-2009)	100%
2009 (2009-2010)	100%
2010 (2010-2011)	100%
2011 (2011-2012)	100%
2012 (2012-2013)	100%

**2005 Improvement Activities/Timelines:**

The Early Intervention module of the Comprehensive Exceptional Children Accountability System (CECAS), NC’s web-based data system, includes required indicators and will allow the state to report data on all children starting with FY05-06.

Quality Assurance/Quality Improvement (QA/QI) expectations, outlined in the NC Infant-Toddler Program Policy and Procedures manual, will result in CDSA specific data from record reviews starting with FY05-06.

The state will analyze data from CECAS specific to percent of timely receipt of services and an account for untimely receipt of services on all children enrolled in the Infant-Toddler Program and compare this data to quarterly reports from CDSA QA/QI committees during FY 05-06.

The state will develop corrective action procedures and technical assistance plans based on findings from data analysis by July 2006.

For each of the eight years of the State Performance Plan, (2005-2006 to 2012-2013), the state will report on data, findings, procedures, and progress towards targets in the Annual Performance Report.

**2006 Improvement Activities/Timelines:**

Verification of service data from the state’s data system will occur during Spring 2007.

**2007 Improvement Activities/Timelines:**

We have been allocated funds to hire additional CDSA staff to provide direct services for those areas of the State where there are gaps in service provision. The program will continue to employ these staff and to address other community provider issues as well as CDSA-specific systemic issues through the CAP process.

For the FY2007-2008, each CDSA will continue with the quarterly self-assessment process. The Early Intervention (EI) Branch Central Office staff will ensure all local programs are aware of the correct measurement process for documenting timely service provision. The EI Branch Central Office will examine in March 2008 if all services initiated during February 2008 started in a timely manner. The Central Office will provide a list of children to each of the CDSAs. The CDSAs will be required to use the State approved record review tool to determine if these children received their services in a timely manner. The CDSAs will be required to document reasons for any delays. CAPs will be issued by the Central Office if a finding is identified, to ensure that noncompliance is corrected in a timely manner.

**2008 Improvement Activities/Timelines:**

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 integrate and implement a new service delivery model into the program’s existing service delivery system.

In 2008-2009, this plan will address exploration of new service delivery models (working with other states, researchers, reviewing literature, stakeholder input and consultation/technical assistance from NECTAC).

**2009 Improvement Activities/Timelines:**

In 2009-2010, the program will concentrate on involving stakeholders in short and long range strategies and create a systematic work plan with steps toward implementation of the primary service provider model.

**OUTCOME: Improve access to appropriately qualified providers**

<b>IMPROVEMENT ACTIVITIES</b>	<b>TIMELINE</b>	<b>RESOURCES</b>
<p><b>1. Review of current service delivery system</b>                      a. review current policies and procedures to examine any barriers to accessing providers                      b. review current roles/ responsibilities of CDSA staff                      c. assess reimbursement system</p>	<p>December 2009- June 2010                      (for a, b, and c)</p>	<p>(for a, b, and c)                      Mid-South, NECTAC and DAC                      OSEP                      Stakeholders (internal &amp; external)                      Evidence – based practice documents</p>
<p><b>2. Exploration of new service delivery models</b>                      a. receive technical assistance on the primary service provider model and similar models                      b. develop a work plan that outlines activities, timelines and resources towards implementation of the primary service provider model</p>	<p>November 2009-June 2010</p>	<p>Mid-South, NECTAC, and DAC                      Other Part C Programs                      Stakeholders (internal &amp; external)                      Evidence – based practice documents/presentations</p>

<b>3. Initiate steps toward implementation of new service delivery model</b>	March 2010-June 2011	Mid-South, NECTAC and DAC Stakeholders (internal & external)
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**2010 Improvement Activities/Timelines:**

In FFY 2008, our 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 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

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**

<b>IMPROVEMENT ACTIVITIES</b>	<b>TIMELINE</b>	<b>RESOURCES</b>
<p><b>1. Review program variations</b></p> <p>a. review existing state policies and procedures</p> <p>b. review current roles/responsibilities of CDSA staff and adjust EI program personnel allocations that are not aligned with enrolled populations across catchment areas</p> <p>c. assess the reimbursement system and assure revenue and fiscal sustainability</p> <p>d. research other states' policies and procedures for comparison</p>	<p>December 2010- June 2011 (for a, b, and c)</p>	<p>(for a, b, c and d)</p> <p>Mid-South, NECTAC and DAC</p> <p>Other Part C Programs</p> <p>OSEP</p> <p>Stakeholders (internal &amp; external)</p> <p>Evidence – based practice documents</p>

<p><b>2. Propose the development of policies and procedures for each component of the EI service system that support consistent service delivery across CDSAs</b></p> <p>a. review revised procedures for child find, referral/intake/screening, evaluation and assessment, service coordination, IFSPs, services, transition, procedural safeguards, and administration.</p> <p>b. receive technical assistance on our proposed multi-level targets for state infrastructure, personnel development, CDSA infrastructure, and NC EI Program Practices</p> <p>c. compare proposed state policies and procedures with IDEA Part C.</p> <p>d. develop a work plan that outlines activities, timelines and resources towards implementation.</p>	<p>November 2010-June 2011</p>	<p>Mid-South, NECTAC, and DAC</p> <p>Stakeholders (internal &amp; external)</p> <p>Evidence – based practice documents/presentations</p>
<p><b>3. Initiate steps toward implementation of new policies and procedures</b></p> <p>a. identify supports and resources needed to implement procedures consistently across all CDSAs including guidance materials and implementation plans</p> <p>b. develop a plan for evaluating local implementation</p>	<p>March 2011-June 2012</p>	<p>Mid-South, NECTAC and DAC</p> <p>Stakeholders (internal &amp; external)</p>



**Part C State Performance Plan (SPP) for 2005-2012**

**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.

**Overview of Issue/Description of System or Process:**

North Carolina has been moving toward providing services in homes and programs for typically developing children to a high percentage of infants and toddlers with IFSPs. New targets were established with input from stakeholders. Input was solicited through meetings with the NC ICC, 18 Regional ICCs and the Family Advisory Council for the Women’s and Children’s Health Section.

**Baseline Data for FFY 2004 (2004-2005):**

Settings Data from the 618 Annual Data Reports	2000 N children w/IFSP = 4303	2001 N children w/IFSP = 5498	2002 N children w/IFSP = 5,895	2003 N children w/IFSP = 6,057	2004 N children w/IFSP = 6,375
Percent of infants & toddlers with IFSPs who primarily receive early intervention services in the home or programs for typically developing children.	93% (n=4023)	91% (n=5028)	94% (n=5513)	96% (n=5796)	96% (n=6101)

**Discussion of Baseline Data:**

In FY04-05 96% of children received services in the home or programs for typically developing children.

The data from FY04-05 indicate no change in this indicator for North Carolina. The state has not been able to determine through data sources why other settings are used. Specific indicators to examine the extent to which justification for other service settings is documented on IFSPs were added to the NC Record Review Tool, piloted during FY04-05.

This data element has also been incorporated in the Early Intervention module of the Comprehensive Exceptional Children Accountability System (CECAS), North Carolina’s web-based data system, which will allow the state to report on justification for FY05-06.

FFY	Measurable and Rigorous Target
2005 (2005-2006)	96%
2006 (2006-2007)	96.5%
2007 (2007-2008)	96.5%
2008 (2008-2009)	97%
2009 (2009-2010)	97.5%
2010 (2010-2011)	98%
2011 (2011-2012)	98%
2012 (2012-2013)	98%

**2005 Improvement Activities/Timelines:**

Training and Technical Assistance will focus on Service Delivery Guidelines as outlined in the NC Infant-Toddler Program Policy and Procedures manual. Regional EI Consultants will provide TA to CDSA management, which will allow them to train providers in their network during FY05-06.

Training on assessment in the natural environment, development of functional outcomes, and routines-based intervention will be offered across the state, using existing training modules.

The state will continue to work on billing procedures that support the provision of services by private providers in homes and community settings during FY05-06.

For each of the eight years of the State Performance Plan, (2005-2006 to 2012-2013), the state will report on data, findings, procedures, and progress towards targets in the Annual Performance Report.

**2010 Improvement Activities/Timelines:**

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.

### **2011 and 2012 Improvement Activities/Timelines:**

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.

## Part C State Performance Plan (SPP) for 2005-2012

## 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 USC 1416(a)(3)(A) and 1442)

**Measurement:**

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

- a. **Percent of infants and toddlers who reach or maintain functioning at a level comparable to same-aged peers = # of infants and toddlers who reach or maintain functioning at a level comparable to same-aged peers divided by # of infants and toddlers with IFSPs assessed times 100.**
- b. **Percent of infants and toddlers who improve functioning = # of infants and toddlers who improved functioning divided by # of infants and toddlers with IFSPs assessed times 100.**
- c. 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.

If children meet the criteria for a, report them in a. Do not include children reported in a in b or c. If a + b + c does not sum to 100%, explain the difference.

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

- a. **Percent of infants and toddlers who reach or maintain functioning at a level comparable to same-aged peers = # of infants and toddlers who reach or maintain functioning at a level comparable to same-aged peers divided by # of infants and toddlers with IFSPs assessed times 100.**
- b. **Percent of infants and toddlers who improved functioning = # of infants and toddlers who improved functioning divided by # of infants and toddlers with IFSPs assessed times 100.**
- c. 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.

If children meet the criteria for a, report them in a. Do not include children reported in a in b or c. If a + b + c does not sum to 100%, explain the difference.

C. Use of appropriate behaviors to meet their needs:

- a. **Percent of infants and toddlers who reach or maintain functioning at a level comparable to same-aged peers = # of infants and toddlers who reach or maintain functioning at a level comparable to same-aged peers divided by # of infants and toddlers with IFSPs assessed times 100.**
- b. **Percent of infants and toddlers who improved functioning = # of infants and toddlers who improved functioning divided by # of infants and toddlers with IFSPs assessed**

times 100.

- c. 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.

If children meet the criteria for a, report them in a. Do not include children reported in a in b or c. If a + b + c does not sum to 100%, explain the difference.

**Revised measurement effective FFY 2008:**

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 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:**

North Carolina is embarking on an improved system of collecting child outcomes data that will be accurate and ensure that data can be used not only for compliance purposes, but for improvement planning as well. North Carolina is working collaboratively with Dr. Gloria Harbin, of the Frank Porter Graham Child Development Institute at the University of North Carolina at Chapel Hill (UNC-CH) to design an accountability system that includes quality child and family outcome measures. Dr. Harbin is applying for a GSEG grant and if this grant is awarded, activities from the grant will be integrated into other planning by the EI Branch.

**Policies and Procedures to guide outcome assessment and measurement practices:**

A full and individualized evaluation of a child's strengths and needs must be conducted prior to a child being determined eligible by the NC Infant-Toddler Program. There must be at least two disciplines involved in determining a child's eligibility. Each CDSA will base eligibility determination on documented evidence and informed clinical opinion. No single procedure may be used as the sole criteria for determining a child's eligibility. Informed clinical opinion makes use of qualitative and quantitative information from qualified professionals to assist in forming a determination regarding difficult-to-measure aspects of current developmental status and the potential need for early intervention. Evaluation procedures may include, but are not limited to observations, interviews, play assessments, developmental scales, criterion-referenced and norm-referenced instruments and other techniques and procedures approved by the State. Observations of the child should be made in the child's natural environment and document the child's functioning within daily routines and activities.

Upon receipt of a referral and with written parental consent, the CDSA will review all available information (e.g., medical records, previous evaluation information, diagnostic statement from a physician, substantiated risk factors). When all the initial evaluation results are available including information provided by the parent, the CDSA uses this information along with other available information and informed clinical opinion to determine eligibility.

**Provisions of training and technical assistance supports to administrators and service providers in outcome data collection, reporting, and use:**

An outcome measurement protocol training will be provided in the early spring of 2006. The Early Intervention Branch staff will develop guidance regarding multiple approaches to measuring outcomes and will conduct training in the following areas: Approaches to measuring outcomes, using the OSEP outcome rating scale, reporting the data and using data for continuous ongoing improvement. Modules will be developed in a "train the trainer" format. Early Intervention Branch staff will develop written guidance and provide on-site technical assistance as these measures are being used. In 2006, the State will begin technical assistance with six of the eighteen CDSAs, which are diverse with regard to program settings, geographical region, and level of population (rural-urban). The State will gather entry data on all children enrolled in the Infant-Toddler Program in these six CDSAs during the months of April – June 2006. The State will successively increase the number of CDSAs that will collect child outcome data. Phase in will occur so that all CDSAs are reporting by July 1, 2007. Training and technical assistance will be provided to all CDSAs that are phased into the outcome measurement approach during these years.

**Timeline for Implementation**

September - January 2005	Develop training modules
	Select six CDSAs for initial implementation
	Orientation with CDSAs regarding expectations
	Assess data collection needs
February - March 2006	Training to occur
	Data system developed
	Revisions to child record review tool
	Integrate work from GSEG if approved
April - June 2006	Data collection begins
	Timeline for statewide phase-in developed
July 2006	Focus group with initial six CDSAs
August - October 2006	Analyze initial entry/baseline data
	Phase in occurs
	Implementation for additional six CDSAs
Feb - March 2007	Exit data collected and analyzed
Feb 2007	Initial entry/Baseline data submitted to OSEP
March - June 2007	Implementation of final six CDSAs
July 2007 - June 2008	Standardize & monitor local data collection & reporting
July 2008 - June 2009	Baseline year data collection
August - September 2009	Hold discussions with stakeholders for target setting
October 2009	Obtain ICC approval of targets set for FFY 2009-2010 & FFY 2010-2011
December 2010	Obtain ICC approval of targets set for FFY 2011-2012 & FFY 2012-2013

**Quality assurance and monitoring procedures to ensure the accuracy and completeness of the outcome data**

Monitoring procedures will be revised so that when IFSPs are selected for monitoring using the child record review process, a review of information used for the outcome ratings is included in the child record review tool protocol.

**Data system elements for outcome data input and maintenance, and outcome data analysis functions**

The State will use the work group that previously worked to align Part C & B data systems (CECAS) to address changes in the current data system. The Quality Improvement Unit Data Manager will lead this work with Part B staff in order to design an effective data system for collection.

**Who will be included in this measurement, (i.e. what population of children)?**

Data from all children enrolled in the Infant-Toddler Program during the months of April-June 2006 who are under 30 months of age will be included in the entry data collection in the six selected CDSAs as baseline data. As all CDSAs are involved in data collection, the state will use a stratified random sample of children that is representative of the population of children enrolled in the Infant-Toddler program. The children included in the sample will have received their initial IFSP prior to 30 months of age and have received services at least six months prior to data collection.

**What assessment/measurement tool will be used?**

Any tools and methods in accord with the state policies and procedures for evaluations will be used to inform the child's IFSP team of the rating in each of the three outcome areas. An outcomes measurement matrix which will assist with IFSP teams using this approach will be developed.

**Who will conduct the assessments?**

The CDSA will be responsible for the administration of assessments either by CDSA staff or their approved enrolled providers for the entry assessment and exit assessments. IFSP teams, with a minimum of the parent, Service Coordinator, and evaluation staff, will determine outcome ratings according to procedural guidelines for outcomes measurement as described above.

**When will measurement occur?**

Outcome ratings will be discussed and included at initial IFSP development and at exit for those children that have been enrolled for at least six months.

**Who will report data to whom, in what form, and how often?**

Outcome rating scores on each outcome for the sample of children described above will be entered into the state-approved data base. The data system has edit checks and limited access and specific data users. Policies and procedures will be defined during November and December 2005 regarding timeframes in which data must be entered and changes that are needed to the state's data system for accurate and timely data to occur.

**How will data be analyzed?**

The outcome ratings from initial IFSPs will be matched to exit outcome ratings for individual children. The Quality Improvement Unit Data Manager will create the data elements for this analysis to occur. Data will be analyzed at the CDSA-level and at the State-level.

**Discussion of Baseline data for FY 2008-2009:**

In July 2006, the NC EI Program's eligibility criteria were changed: "at risk" categories were no longer used for newly referred children. Therefore, children who were referred and/or enrolled in the program prior to that time were possibly "at risk." For APR 2008-2009, child outcomes progress data was presented for children exiting the program excluding "at risk"; and separate tables were presented for "at risk" children. As of FY 2009-2010 however, NC will no longer be reporting data for "at risk" children as they will have all aged-out of NC's EI Program.



**Baseline Data for Infants and Toddlers Exiting 2008-2009 (Excluding “At Risk”)**

Summary Statements	% of children
<b>Outcome A: Positive social-emotional skills (including social relationships)</b>	
1. Of those children who entered the program below age expectations in Outcome A, the percent who substantially increased their rate of growth by the time they turned 3 years of age or exited the program	72.9%
2. The percent of children who were functioning within age expectations in Outcome A by the time they turned 3 years of age or exited the program	59.0%
<b>Outcome B: Acquisition and use of knowledge and skills (including early language/communication and early literacy)</b>	
1. Of those children who entered the program below age expectations in Outcome B, the percent who substantially increased their rate of growth by the time they turned 3 years of age or exited the program	79.5%
2. The percent of children who were functioning within age expectations in Outcome B by the time they turned 3 years of age or exited the program	50.5%
<b>Outcome C: Use of appropriate behaviors to meet their needs</b>	
1. Of those children who entered the program below age expectations in Outcome C, the percent who substantially increased their rate of growth by the time they turned 3 years of age or exited the program	77.6%
2. The percent of children who were functioning within age expectations in Outcome C by the time they turned 3 years of age or exited the program	57.2%

**Discussion of Baseline Data for 2008-2009:** In summary across all three developmental areas, the results of summary statement 1 are 10+ percentage points higher than the summary statement 2 results. This finding is consistent with our general expectation of performance across the two measurement areas as summary statement 1 measures growth while summary statement 2 measures the attainment of age appropriate behavior. Of those children who enter the program below age expectation, they are more likely to improve functioning in outcome B, followed by C and then outcome A. It is difficult to say why this trend is observed but it is one we will continue to monitor. The lower performance on “positive-social emotional skills” could be a factor of the age cohort that the NC EI Program serves. At any rate, the data overall looks very similar to the distribution of data from previous years. This trend gives us some degree of confidence in the reliability of the data.

Consistent with OSEP guidance, the NC EI Program has developed targets by summary statement for the three child outcomes areas. The process used to develop these targets came from child outcomes progress data collected for FY 2006-2007, FY 2007-2008 and 2008-2009. Please note that FY 2006-2007 was the initial year of child outcomes data collection and reflected an N size of 311 children.

We went back to previous fiscal years to calculate the summary statements for these periods since summary statements were only issued last year by OSEP. We then took state averages for the three years worth of data to assess the figures and the trends.

<b>Measurable and Rigorous Target</b>				
		<i>Positive social-emotional skills</i>	<i>Acquisition and use of knowledge and skills</i>	<i>Use of appropriate behaviors to meet their needs</i>
<i>FFY 2009 (2009-2010)</i>	<i>Summary Statement I</i>	71.2%	76.4%	75.2%
	<i>Summary Statement II</i>	57.9%	49.6%	56.0%
<i>FFY 2010 (2010-2011)</i>	<i>Summary Statement I</i>	73.5%	80%	78%
	<i>Summary Statement II</i>	59.6%	51.1%	57.8%
<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%

**Measurable and Rigorous Targets for FY 2009-2010**

As our program is no longer serving “at risk” children (as of July 1, 2009), we anticipate that our program will be serving fewer children in the “e” category across all three developmental areas. As a result, FY 2009-2010 targets represent a decrease over the baseline year due to the anticipated impact that the exclusion of “at risk” children will have on our numbers in the future.

For summary statement 1, FY 2006-2007 data was consistently close to the three-year average, falling midway between FY 2007-2008 and FY 2008-2009 data. Viewing these data trends and projecting a similar rate of performance, we used the three-year average as the target for this summary statement.

For summary statement 2, FY 2006-2007 averages tended to skew the data upward, indicating higher achievement than in the ensuing years. During FY 2006-2007, the NC EI Program was rolling out child outcomes data collection on a phase-in basis. Also, OSEP was clarifying the guidance and methods to be used for data collection. As a result, we determined that summary statement 2 data for this period

may not accurately reflect statewide performance. We omitted this year's data from the analysis in determining targets for FY 2009-2010.

**Measurable and Rigorous Targets for FFY 2010, 2011 and 2012**

For FFY 2010, 2011 and 2012 in all instances, we placed targets at 0.5 points above the baseline year figures. The justification used was based on the assumption that: 1) we would have no major statewide programmatic shifts in our program 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 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.

**2005 Improvement Activities/Timelines/Resources:**

Subsequent to the activities described herein, the EI Branch will propose goals and receive stakeholder input on those proposed goals. Activities for improvement will be discussed in subsequent Annual Performance Reports.

**2006 Improvement Activities/Timelines/Resources:**

A new Human Services Planner Evaluator IV position will be hired in February 2007. This position will plan, develop and implement the statewide child outcomes measurement process.

Quality control measures will be implemented in 2006-2007 to ensure that procedures are in place at each of the participating CDSAs. These procedures will ensure that enrolled children receive an entry rating and that eligible children who exit the program receive an exit rating. Random reviews of the data at the Central Office will occur on a quarterly basis as a monitoring mechanism. Child record review ratings and documentation to support the ratings are reviewed at the Central Office with general and individual feedback given to CDSAs. Early Childhood Outcomes Center (ECO) technical assistance staff will assist with these reviews and provide the state with systemic feedback.

The state program will implement a process at the state and local level to electronically capture child outcome ratings. Implementation of this process will begin in July 2007.

The new data system, Health Information System (HIS), under development (as described in Indicator 14), will incorporate the collection of outcome data based on the ECO summary form. Timeline for implementation of HIS is 2008.

**2007 Improvement Activities/Timelines/Resources:**

In June 2007, the EI Branch hired a staff person with responsibility for the continued planning and evaluation of the statewide child outcomes measurement process. The remaining CDSAs will begin reporting exit rating measures during the first half of FY 2007-2008. EI Branch Central Office staff will provide quarterly reports to CDSAs to assure that all children receive the required rating measures. Each month, EI Branch Central Office staff will make direct contact with designated CDSA staff when incomplete or questionable data is submitted for data entry. This monitoring mechanism is intended to reduce errors and assure data quality.

We are currently participating in the development of a new data system which is scheduled for implementation in 2008. At that time, the North Carolina early intervention program expects to be able to implement a process for electronic entry of the child outcomes rating measures at the local and state level.

We are also collaborating with ECO on some key activities for quality assurance in the child outcomes procedures and measures. Current plans for these activities include:

- ECO Center staff providing training for EI Branch management and CDSA directors regarding the COSF seven-point rating system and how this information translates to the five OSEP reporting categories to further assure a common understanding statewide; and
- ECO Center staff providing technical assistance to Quality Improvement (QI) Unit staff and Quality Assurance (QA) coordinators from each CDSA regarding key features important to include on each COSF to assure consistency and quality across the system; and
- ECO Center staff providing in-depth discussion of actual state data to the Program Evaluation Team to assure that our overall child outcomes data plan includes good quality, accurate interpretation, and sound decision-making.

During early 2008, the Program Evaluation Team will make on-site technical assistance visits across the state to work with local CDSA data staff in assuring a common understanding of the child outcomes process. The goals of consistent, reliable, and meaningful data will be the focus of each session.

Another activity planned for 2007-08 is to work with the Children and Family Sub-committee of our state ICC to develop materials for parents and early childhood programs which will help explain the child outcomes SPP requirement. These materials will be informational brochures and fact sheets which can be produced for statewide dissemination, as well as being posted to the state early intervention program website ([www.ncei.org](http://www.ncei.org)).

### **2008 Improvement Activities/Timelines/Resources:**

During 2008-09, we will begin to convene stakeholder groups to review data and begin the process of setting measurable and rigorous targets. The stakeholder groups will be state and regional partners as well as parents who already are informed about early intervention services through participation in LICCs associated with each CDSA. We will also seek input through the state ICC, working with the Children and Families Sub-Committee. Broad input and feedback will be solicited through our program website.

For 2008-2010 our statewide effort will focus on continuing to build our capacity to collect and report consistent, reliable data. As this process will have been in place for multiple years, technical assistance will be provided by the Program Evaluation Team in conjunction with ECO on the areas identified as needing improvement such as appropriate exit ratings.

### **2009 Improvement Activities/Timelines/Resources:**

While we will continue to target efforts around data accuracy and reliability, we will also focus our efforts on developing meaningful strategies to improve child outcomes. In 2009-2010, the NC EI Program will also be targeting efforts to develop technical assistance activities for CDSAs who “need assistance” as a result of their performance on the child outcomes indicator.

### **2010 Improvement Activities/Timelines/Resources:**

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.

### **2011 and 2012 Improvement Activities/Timelines:**

Through FFY 2012, central office staff will maintain contact with our partners at ECO Center for updates and consultation, both directly and by monitoring the website. We will support staff participation in annual conferences which are presented by OSEP, ECO Center, NECTAC, and WESTAT in order to keep current with expectations and best practices.

**Part C State Performance Plan (SPP) for 2005-2012****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 USC 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.

**Overview of Issue/Description of System or Process:**

In North Carolina, there have been several groups who have worked on family and child outcomes. A family experiences survey (Early Intervention Survey and Assessment Scale-EISAS) and a Family Benefits Inventory have both been used with small pilot groups. Two portions of the EISAS (service coordination and providing early intervention services) have been used statewide with a random sample of families who have received early intervention services. The results of the EISAS used statewide will be required in the planning regarding the SPP. A crosswalk of the EISAS to the family outcomes required shows that nine items on the EISAS are comparable.

In August of 2005, North Carolina staff reviewed the NCSEAM Survey for family outcomes that was provided at the Office of Special Education Programs (OSEP) monitoring conference. This survey has been validated in multiple states and is easy to use in various formats (paper/pencil, uploaded to an electronic survey, read to the parent, or translated and read to the parent). In addition, many of the items are virtually identical to the items that were developed through the Family Benefits Inventory and the EISAS, which adds to confidence that the items will be useful to the North Carolina early intervention program. North Carolina is also aware of the family survey developed by the ECO Center and will review its content.

At present, North Carolina early intervention staff are working with the Continuous Quality Improvement Advisory Committee and the Child and Family Outcomes Committee of the State ICC to review the family survey options for long-term planning. EISAS data will be reviewed to assess whether sample size is sufficient for baseline data while the State decides which family outcomes survey approach to use.

**Baseline Data for FFY 2005 (2005-2006):**

**Measurement:** Percent of families participating in Part C who report that early intervention services have helped the family to:

- a) know their rights - Strongly agree/agree = **89.1%**
- b) effectively communicate their children’s needs - Strongly agree/agree = **82.8%**
- c) help their children develop and learn - Strongly agree/agree = **91.2%**

**Discussion of Baseline data:**

Survey Results

Recipients of the survey were identified from the previous infant and toddler early intervention program database, the statewide Health Services Information System (HSIS). Surveys were disseminated in both English and Spanish. All families in each CDSA currently receiving early intervention were eligible to be survey recipients. Each family received one to two sections of the survey based on their most recent early intervention experiences.

To the extent possible, surveys were delivered in-person to families by their service coordinator. If surveys could not be delivered in-person, the surveys were mailed to the family. Two weeks following delivery or mailing of the survey, the service coordinator made a follow-up phone contact with the family, if possible, to encourage return of the survey if the family had not already returned the survey.

A total of 2175 surveys were disseminated to the eligible families. Of the total number of surveys, 42% (911) of the surveys were returned.

Overall, parents’ responses represented a high degree of agreement with the survey statements (see table above). There was no significant variance in the results whether families completed the English version or the Spanish version of the survey. This high degree of agreement suggests that parents have a positive perception of their experiences with early intervention services across the eighteen CDSA regions. One interpretation of these results is that all CDSAs provide early intervention experiences that are valued by families. There appeared to be variability (difference) in mean scores which suggests that the instrument was effective at picking up individual differences in family experiences. The lowest ratings across the state of any particular question/indicator based upon survey results were related to the following survey items: 1) “If necessary, my child received special equipment, toys, or other materials that were modified to meet his or her special needs” , 2) “I have been informed about opportunities to participate in staff training and/or presentations to share my experiences as a parent of a young child receiving early intervention services” and 3) “I have been informed about opportunities to serve as a parent representative for various activities such as serving on an advisory board, committee, or other kind of group”. These items were often not rated by families or rated lower as a whole than other items.

The EISAS survey was designed to provide early intervention programs and service providers with feedback about parents’ perceptions of the quality of services. Its use is not specific to examining family outcomes as a result of participation in early intervention. Therefore, the North Carolina early intervention program will be using a family survey instrument, the National Center for Special Education Accountability Monitoring (NCSEAM) Part C Parent Survey, in 2006-2007 and subsequent years. This instrument is designed to yield reliable, valid and useful measures of families’ perceptions and involvement in early intervention and is specifically intended to measure the outcome areas required by OSEP. The survey will be completed with every family whose child has been enrolled in the program at

least six months, during the IFSP exit review just prior to child's date of transition. Therefore, caution is taken in setting targets for the next six years due to changing survey instruments.

Broad Stakeholder Input

In order to obtain stakeholder input for this North Carolina's State SPP Indicator, the state lead agency worked with several different stakeholder groups. These stakeholder groups included the North Carolina Interagency Coordinating Council (NC ICC), the Commission for Children with Special Health Care Needs, the Regional Interagency Coordinating Councils (RICCs), the Division of Public Health Women's and Children's Health Section Family Advisory Council, CDSA staff, and enrolled service providers. The information to solicit stakeholder input was also on the program's website.

A format was provided to the stakeholders that showed a description of this SPP indicator and the need for stakeholder input. The first table on the form showed the family outcome indicators. The second table showed the results of the baseline data from the EISAS survey. Finally, the third table showed the proposed goals/targets for the next five years. Input from stakeholders was recorded directly on the form, and the forms were sent to the Early Intervention Branch Central Office. Input from the public cautioned the state from comparing baseline data from the EISAS to data obtained during FY 2006-2007 using the NCSEAM survey. Comments noted that two different survey instruments may not yield comparable findings. Multiple stakeholder comments varied, and noted that targets seemed either too high or too low, but overall suggested that the state provide careful analysis of data received during 2006-2007 in order to determine if measurable and rigorous targets are appropriate. Stakeholder input was then used to drive the final SPP measurable and rigorous targets.

FFY	Measurable and Rigorous Target
<b>2006</b> (2006-2007)	a) know their rights - Strongly agree/agree = <b>89%</b> b) effectively communicate their children's needs - Strongly agree/agree = <b>83%</b> c) help their children develop and learn - Strongly agree/agree = <b>89%</b>
<b>2007</b> (2007-2008)	a) know their rights - Strongly agree/agree = <b>90%</b> b) effectively communicate their children's needs - Strongly agree/agree = <b>84%</b> c) help their children develop and learn - Strongly agree/agree = <b>90%</b>
<b>2008</b> (2008-2009)	a) know their rights - Strongly agree/agree = <b>90%</b> b) effectively communicate their children's needs - Strongly agree/agree = <b>85%</b> c) help their children develop and learn - Strongly agree/agree = <b>91%</b>
<b>2009</b> (2009-2010)	a) know their rights - Strongly agree/agree = <b>90%</b> b) effectively communicate their children's needs - Strongly agree/agree = <b>86%</b> c) help their children develop and learn - Strongly agree/agree = <b>91%</b>
<b>2010</b> (2010-2011)	a) know their rights - Strongly agree/agree = <b>90%</b> b) effectively communicate their children's needs - Strongly agree/agree = <b>86%</b> c) help their children develop and learn - Strongly agree/agree = <b>91%</b>
<b>2011</b> (2011-2012)	a) know their rights - Strongly agree/agree = <b>90%</b> b) effectively communicate their children's needs - Strongly agree/agree = <b>86%</b> c) help their children develop and learn - Strongly agree/agree = <b>91%</b>
<b>2012</b> (2012-2013)	a) know their rights - Strongly agree/agree = <b>90%</b> b) effectively communicate their children's needs - Strongly agree/agree = <b>86%</b> c) help their children develop and learn - Strongly agree/agree = <b>91%</b>

**2005 Improvement Activities/Timelines/Resources:**

Improvement activities will be developed subsequent to collection and analysis of baseline data. These activities will be delineated in the Annual Performance Report due to OSEP in February 2007.

**2006 Improvement Activities/Timelines/Resources:**

North Carolina's early intervention program will collect information from every family transitioning from the program whose child has been enrolled in the program for at least six months. The program will use the NCSEAM survey. The survey will be completed with each family during the IFSP exit review which should occur no later than 30 days before the date of the child's transition from the program. The survey will be presented to families by their service coordinator as a hard copy in English or Spanish as appropriate to the family's primary language, or presented verbally, interpreted, or presented via other mode of communication if needed in another language. Families will have the option of completing the survey with the service coordinator or independently. The survey will be returned to the Early Intervention Branch Central Office. Individual surveys (hand delivery in sealed envelopes or return in stamped/self-addressed envelopes) will be the means for submitting surveys. Future considerations will include examination of the possibility of online submission of the survey as an additional option for families. All of these modes of completing the survey have been validated by NCSEAM.

Training and technical assistance by Central Office staff to support the collection, reporting and use of family outcome data will occur in early Spring 2007 using multiple modalities (face-to-face sessions, and conference calls) for CDSA administrators and service coordinators. This training will also describe the purpose of the collection of this information, and necessary interview skills. Data entry and analysis will occur through the Scantron company. Reports will be generated two times per year to validate the numbers of parents selecting each potential rating for the three family outcomes and demographics regarding the families completing the surveys. Numbers of families responding will be compared to numbers of children who transition from the North Carolina early intervention program during the same period of time to ensure appropriate implementation and application of this new data collection requirement. CDSAs with low numbers of responses to the NCSEAM Survey relative to numbers of transitioning children will receive contact from the Quality Improvement (QI) Unit of the Early Intervention (EI) Branch Central Office to determine reasons for low response rates. Additional technical assistance and support will be provided as appropriate to address any identified areas of need within CDSA catchment areas.

The North Carolina Parent Handbook is being revised to explain the family outcomes measurement process in a way that is both informative and meaningful to families.

The North Carolina State ICC Child and Family Outcomes Subcommittee will continue to serve as an advisory committee for the implementation of the survey process. The EI Branch is also in the process of hiring staff for a new position, and a portion of this staff member's work will be to coordinate this family outcomes measurement process.

**2007 Improvement Activities/Timelines/Resources:**

Prior to any revision of targets, a number of steps must be taken. First, we must examine the data for statistically significant and meaningful results. A tool developed by Avatar International will help us accomplish this step. Second, changes to our survey distribution process will be implemented. Third, the results of the surveys will be shared for input and feedback with our various internal and external stakeholder groups. These processes are described below.

The NCSEAM Improvement Calculator was developed as a tool for states that are employing the NCSEAM Family Survey to use in setting targets for Indicator 4. When the mean, standard deviation, and sample size values are entered, the Calculator automatically calculates the new mean and percent values that represent a *statistically* significant improvement.



Setting a measurable and rigorous target involves first determining what amount of change indicates *real* improvement, and not just random variation due to measurement error. The NCSEAM Improvement Calculator accomplishes this. Setting a target also involves determining what amount of change represents a *meaningful* improvement in results for children and families. This is more a matter of judgment to be determined by the state and its stakeholders. We continue to meet with a variety of stakeholder groups to review additional data and discuss target goals.

We have recently established a new position and hired staff whose primary responsibility is to coordinate the family outcomes measurement process. In the fall of 2008, the program proposes to revise its survey distribution procedures to be inclusive of every family transitioning from the North Carolina Early Intervention Program whose child has been enrolled in the program for at least six months. We will continue using the *NCSEAM Family Survey – Early Intervention*, and contracting with Avatar International, Inc. to assist in the most effective use of the survey for quality improvement in program services.

The survey will be mailed to each family during the process of the child's transition from the program. A postage-paid envelope will be included for returning the completed survey to Avatar International. Service coordinators will inform their families about the nature and importance of surveys as well as ensure that families receive surveys in their primary language. Should the family need the survey presented verbally, interpreted, or presented via another mode of communication, the service coordinator will be responsible for securing this assistance.

Training and technical assistance by EI Branch Central Office staff to support the collection, reporting and use of family outcome data will occur in early spring 2008. Multiple modalities (face-to-face sessions and conference calls) will be used for CDSA administrators and service coordinators. This training and technical assistance will also describe the purpose of the data collection and the importance of supporting families in completing the survey.

Data entry and analysis will continue through a contract with Avatar International, Inc. Reports will be generated two times per year to validate the numbers of parents selecting each potential rating for the three family outcomes and demographics regarding the families completing the surveys. The number of families responding will be compared to the number of children who transition from the program during the same period of time. This will ensure appropriate implementation and application of this data collection requirement. CDSAs with low numbers of responses to the survey relative to numbers of transitioning children will be contacted by the QI Unit of the Early Intervention Branch Central Office to determine reasons for low response rates. As appropriate, additional technical assistance and support will be provided to address any identified areas of need within CDSA catchment areas.

**2008 Improvement Activities/Timelines/Resources:**

1) In FFY 2008-09, NC will change its survey distribution timeframe to include all enrolled families (as of December 1, 2008) receiving services at least six months. We believe this will increase family participation in completing surveys because families will be actively receiving services (versus exiting the program).

2) In FFY 2008-09, NC will continue to contract with Avatar International LLC to mail surveys to enrolled families and receive completed surveys by return mail. In addition, NC will utilize service coordinators to hand-deliver written announcements to families to alert them to the survey's arrival date. Contract providers of services will also be asked to hand-deliver announcements to families during regular service delivery contacts. This method will not require additional contacts as all families will be actively receiving services. Other community agencies will be made aware of the survey distribution date and requested to encourage and support families in completing the survey.

3) In FFY 2008-09, NC will continue to focus on increasing the return rate of surveys (see strategies 1 & 2 above). Follow-up contacts will be made with families who have a history of low return rate (primarily Black and Hispanic) to offer support in completing/returning the survey.

In addition, all local programs will receive a program-specific report on the survey results for FFY 06-07 and 07-08. Technical assistance will be provided to each local program on how to use the results in 1) staff training on family-centered service delivery, 2) updating local policies and procedures related to working with families, and 3) involving families in local evaluation efforts.

**2010 Improvement Activities/Timelines/Resources:**

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

**2011 and 2012 Improvement Activities/Timelines/Resources:**

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

**Part C State Performance Plan (SPP) for 2005-2012**

**Monitoring Priority: Effective General Supervision Part C / Child Find**

**Indicator 5:** Percent of infants and toddlers birth to 1 with IFSPs compared to national data.

(20 USC 1416(a)(3)(B) and 1442)

**Measurement:**

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

**Overview of Issue/Description of System or Process:**

The number of children served in the North Carolina Infant-Toddler Program continues to increase although the state ranks 50<sup>th</sup> out of 56 states and territories nationally and 27<sup>th</sup> out of 28 as compared to other states in the broad eligibility category (Data based on US Dept of Education, OSEP 2003 data tables ). North Carolina’s current data shows an increase in the number of children aged birth to 1 year of age served.

One of the specific values of the Early Intervention reorganization is that of easy access to services for families. Prior to July 2004, multiple agencies could take referrals to the program. These agencies would then re-refer to the local lead agency (Mental Health). In some cases there were delays in communication resulting in delays for families. In addition, accurate reporting of referrals to the Part C system was inconsistently documented. Beginning July 1, 2004, all referrals must be made directly to the CDSA. This is a more streamlined process and a more effective way to analyze the child find process as well.

**Baseline Data for FFY 2004 (2004-2005):**

Child Count Data from the 618 Annual Data Reports	2000 Population of infants and toddlers birth to 1 = 112,185	2001 Population of infants and toddlers birth to 1 = 115,709	2002 Population of infants and toddlers birth to 1 = 112,134	2003 Population of infants and toddlers birth to 1 = 111,372	2004 Population of infants and toddlers birth to 1 = 110,654
Percent of infants and toddlers birth to 1 with IFSPs.	0.48% (n=539)	0.61% (n=711)	0.68% (n= 763)	0.66% (n=735)	0.84% (n=931)

Baseline data for 2004-2005 is 0.84%

## SPP Template – Part C (3)

## North Carolina State

### Discussion of Baseline Data:

In 2004-2005, 12,430 children were enrolled and served in the NC Infant-Toddler Program, compared to 10,978 in 2003-2004. The average age of referral in North Carolina is 15.4 months; 40% of the population was referred before the age of one.

FFY	Measurable and Rigorous Target (as revised in November 2008 w/Two year Extension)
<b>2005</b> (2005-2006)	<b>1.00%</b>
<b>2006</b> (2006-2007)	<b>1.00%</b>
<b>2007</b> (2007-2008)	<b>1.10%</b>
<b>2008</b> (2008-2009)	<b>1.10%</b>
<b>2009</b> (2009-2010)	<b>1.10%</b>
<b>2010</b> (2010-2011)	<b>1.10%</b>
<b>2011</b> (2011-2012)	<b>1.10%</b>
<b>2012</b> (2012-2013)	<b>1.10%</b>

### Revisions, with Justification, to Proposed Targets / Improvement Activities / Timelines / Resources for 2007-2008:

Stakeholders (State ICC, parents, other interagency partners, and CDSA staff) met on November 25, 2008 to review and discuss our current targets for birth to 1 child find activities in comparison to our actual figures. Currently, our targets and actual figures are as follows:

	2004-2005	2005-2006	2006-2007	2007-2008	2008-2009	2009-2010	2010-2011
<b>Target</b>	SPP baseline	1.00	1.00	1.10	1.20	1.30	1.35
<b>Actual</b>	0.78	0.97	0.84	0.89	NA	NA	NA

In light of our continuing challenges in meeting these targets, the group felt that the NC Early Intervention Program should take a multi-pronged view of target-setting by:

1. Reviewing targets set by states with similar eligibility definitions and populations served.
2. Reviewing simulated projections of the birth to 1 population served through 2010, using historical trends.
3. Reviewing evidence-based research to determine whether the enrollment age of children is a fairer and more accurate assessment of the actual birth to 1 population served as opposed to the current analysis of the Dec. 1 headcount.

A further explanation regarding each of these issues is provided below.

### ***Review of Other States***

We reviewed the trends of Illinois, New York and Indiana. They all have a moderate eligibility definition and use similar strategies to NC in their child find activities. We learned that all three of these States were having challenges in meeting the targets that they had set initially in their respective SPPs. Indiana was the only State which made a decision to change its targets to more accurately represent its program capabilities.

### ***Eligibility***

The North Carolina Early Intervention Program's eligibility criterion was changed effective July 1, 2006. This eligibility change removed two high risk categories of eligibility: high risk potential and atypical development. These children have been exiting the program as they aged out or made progress and no longer needed services. This eligibility definition revision has changed the category in which North Carolina is ranked as compared to other states.

### ***Review of Simulated Projections***

We conducted simulated projections of our growth rate in serving children birth to 1 using current trends in the population of children served. We determined that the assumption made in the SPP of a continuous growth rate beyond 2007 did not occur.

### ***Reviewing Evidence-based Research***

A September 2004 article published in Snapshots titled "Method for Counting the Number of Children Served in the IDEA Part C Early Intervention Program May Be Underestimating State Efforts,"<sup>1</sup> has proven to be very insightful regarding our local realities. Following the methodology in this research paper, one CDSA conducted an analysis using local data and determined that the birth to 1 population served was significantly underestimated when using the Dec. 1 headcount figures instead of the child's enrollment age. The child's age at enrollment is a more appropriate measure of the effectiveness of birth to 1 child find activities than the Dec. 1 headcount because the headcount represents a snapshot in time. We believe that a more conservative estimate of future targets is warranted by our program because of the significant discrepancy between the Dec. 1 headcount and enrollment figures. We will examine this concept using data from additional CDSAs.

### ***Recommendation***

From our November 2008 stakeholder meetings, we believe the following projections to be more appropriate with our program capabilities, yet still rigorous:

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<sup>1</sup> Dunst, C.J., Fromewick, J., & Hamby, D.W. (2004). Method for Counting the Number of Children Served in the IDEA Part C Early Intervention Program May Be Underestimating State Efforts. *Snapshots*, I(3). Available from <http://www.tracecenter.info/products.php>.

	2004- 2005	2005-2006	2006-2007	2007-2008	2008-2009	2009-2010	2010-2011
<b>Target</b>	baseline	1.00	1.00	1.10	1.10	1.10	1.10
<b>Actual</b>	0.78	0.97	0.84	0.89	--	--	

The recommended and requested revision to North Carolina’s targets was approved through the 2007-2008 APR process. 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%.

Consistent with the expectation of a two-year extension to our State's Performance Plan, we believe the following 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
<b>Target</b>	baseline	1.00	1.00	1.10	1.10	1.10	1.10	<b>1.10</b>	<b>1.10</b>
<b>Actual</b>	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.

The focused monitoring stakeholder group as well as the ICC will continue to meet to examine the state’s progress in meeting this performance target as well as determine the effectiveness of improvement strategies.

**2005 Improvement Activities/Timelines/Resources:**

Use data sources to aggregate percentages of children (ages 0-1) served by county and CDSA catchment area.

Share county-level and CDSA-level data with CDSAs.

Focus technical assistance and consultation to those counties in which targets are not met, to assist with child find/public awareness efforts.

Continue collaboration with the NC Pediatric Society, the Division of Public Health Child Service Coordination program and with other programs that refer children to the CDSAs.

Develop a plan to address targeted child find efforts for children under one year of age for the new populations of children mandated by IDEA by January 1, 2006.

For each of the eight years of the State Performance Plan, (2005-2006 to 2012-2013), the state will report on data, findings, procedures, and progress towards targets in the Annual Performance Report.

**2006 Improvement Activities/Timelines/Resources:**

Improvement activities will include the following:

- Sharing data with CDSAs for regional and county level numbers and percentages.
- Providing technical assistance to CDSAs regarding child find and public awareness activities.
- Working with and through NC-ICC and Local Interagency Coordinating Council (LICCs) to increase public awareness.
- Conducting focused monitoring visits by regional consultants to CDSAs and provide focused technical assistance as indicated.
- Continuing to collaborate with NC Pediatric Society on the use of developmental screening and subsequent referrals of infants and toddlers to CDSAs
- Continued collaboration with other partners (e.g., Child Service Coordination Program, Partnership for Children)

Additional activities with partners will include an increased focus on child find activities.

**2007 Improvement Activities/Timelines/Resources:**

Improvement activities will include the following:

- Working with and through NC-ICC and Local Interagency Coordinating Council (LICCs) to increase public awareness.
- Conducting focused monitoring visits by regional consultants to CDSAs and provide focused technical assistance as indicated.
- Continued collaboration with other partners (e.g., Child Service Coordination Program, Partnership for Children)

**2008 Improvement Activities/Timelines/Resources:**

All improvement activities in the FFY 2007 APR will continue with the addition of a self-assessment toolkit which provides a framework and process for CDSA staff to:

- Examine aspects of their day-to-day operations related to child find and the referral/intake process
- Identify program strengths related to child find
- Clarify areas in which improvement is desired
- Develop a plan to enhance specific CDSA practices related to child find and referral/intake process
- Ensure the program's practices are responsive to families' need

Quality Improvement Central Office staff will be working with CDSAs to use the toolkit and statewide data will be collected on results.

**2010, 2011 and 2012 Improvement Activities/Timelines/Resources:**

- 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



**Part C State Performance Plan (SPP) for 2005-2012**

**Monitoring Priority: Effective General Supervision Part C / Child Find**

**Indicator 6:** Percent of infants and toddlers birth to 3 with IFSPs compared to national data.

(20 USC 1416(a)(3)(B) and 1442)

**Measurement:**

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

**Overview of Issue/Description of System or Process:**

The number of children served in the North Carolina Infant-Toddler Program continues to increase although the state ranks 46 out of 56 nationally and 27<sup>th</sup> out of 28 as compared to other states in the broad eligibility category (Data based on US Dept of Education, OSEP 2003 data tables ). North Carolina’s current data shows an increase in the number of 0-3 children served.

**Baseline Data for FFY 2004 (2004-2005):**

Child Count Data from the 618 Annual Data Reports	2000 Population of infants and toddlers birth to 3 = 326,535	2001 Population of infants and toddlers birth to 3 = 348,519	2002 Population of infants and toddlers birth to 3 = 360,660	2003 Population of infants and toddlers birth to 3 = 359,233	2004 Population of infants and toddlers birth to 3 = 339,835
Percent of infants and toddlers birth to 3 with IFSPs.	1.32% (n=4,303)	1.62% (n=5,655)	1.62% (n=5,854)	1.66% (n=5,957)	1.88% (n=6,375)

# SPP Template – Part C (3)

## North Carolina State

### Discussion of Baseline Data

Baseline data for 2004-2005 is 1.94%

Year	2000-2001	2001-2002	2002-2003	2003-2004	2004-2005
Annual number served	8289	9841	10,503	10, 978	12, 430

Referrals	2000-2001	2001-2002	2002-2003	2003-2004	2004-2005
Numbers	5072	5366	5543	4719	5953

In Fiscal Year 2004-2005, the Infant-Toddler Program served 12,430 children (3.7% of the population). By comparison, in Fiscal Year 2000-2001, the Infant-Toddler Program served 8,300 children. (2.4% of the population).

Approximately 5000 referrals are expected each year of children who have been substantiated as abused or neglected.

While increases in referrals are positive in terms of the goals of the state’s early intervention program, this substantial increase in the numbers of children served by the program poses significant challenges.

North Carolina’s eligibility definition is currently being revised. The total number of children served in the program is not expected to decrease with changes in the eligibility definition, rather, the goal of the eligibility definition change is to allow the program to manage within its resource capacity.

FFY	Measurable and Rigorous Target
<b>2005</b> (2005-2006)	<b>1.94%</b>
<b>2006</b> (2006-2007)	<b>1.95%</b>
<b>2007</b> (2007-2008)	<b>1.95%</b>
<b>2008</b> (2008-2009)	<b>1.96%</b>
<b>2009</b> (2009-2010)	<b>1.98%</b>
<b>2010</b> (2010-2011)	<b>2.00%</b>
<b>2011</b> (2011-2012)	<b>2.05%</b>

<b>2012</b> (2012-2013)	<b>2.10%</b>
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**2005 Improvement Activities/Timelines/Resources:**

Implement a screening process to assist in utilizing resources more effectively as that the program can increase the number of children processed from the waiting list.

Work with the North Carolina Interagency Coordinating Council at the State level and the Regional Interagency Coordination Councils at the local level for planning regarding targeted child find efforts.

Implement targeted child find and public awareness efforts based upon aggregate child count data provided by the State to CDSAs regarding their catchment area.

For each of the six years of the State Performance Plan, (2005-2006 to 2010-2011), the state will report on data, findings, procedures, and progress towards targets in the Annual Performance Report.

**2006 Improvement Activities/Timelines/Resources:**

County-level and CDSA-level data were shared with CDSAs.

Focused technical assistance and consultation by regional and state-level consultant staff were given to staff in CDSAs in which targets were not met. This technical assistance led to more productive child find public awareness results.

An internal state level committee of local CDSA management staff developed a protocol for screening when appropriate, which proved to very helpful in timely provision of services to children referred to CDSAs.

The early intervention program continued to collaborate with the NC Pediatric Society, the Division of Public Health Child Service Coordination program and with other programs that refer children to the CDSAs.

The CDSAs worked with the Regional Interagency Coordinating Council in their catchment area to improve child find efforts. Diverse membership on the Councils also helped to improve county-level child find efforts.

**2007 Improvement Activities/Timelines/Resources:**

For the coming year, the State is offering CDSAs incentive grants to fund special projects for improvement activities. This was done through a RFA process with programs receiving funds to concentrate on improvement activities related to the SPP/APR. Many CDSAs submitted proposals and will be funded to provide new activities to improve their child find and public awareness capacity.

**2008 Improvement Activities/Timelines/Resources:**

Efforts to show more successful child find activities over the life of the SPP have included, revisiting 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 will 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 will continue to use strategies from focused-monitoring visits to increase child find activities and technical assistance will be provided based on need.

In an effort to enhance the understanding and use of the Child Find Reporting Tool, the NCICC-LICC Support Subcommittee conducted six (6) statewide web conferences. The training entitled "Conquering the Enigma of the Child Find and Transitions Reports," incorporated numerous actual LICC activities. Facilitators discussed relevant child find and transition activities and how to complete the reporting tools using these real-life examples. A total of 191 participants representing 47 LICCs participated in the web-

based trainings. The child find tool provided LICCs a way to document their local efforts and share their activities with other LICCs. It also provided a means to portray the state's overall efforts targeting identified referral sources.

Other, state level, improvement activities include:

- Continual statewide efforts to examine referral rates versus enrollment rates and intake processes.
- CDSA child find strengths have been identified and shared with all CDSAs.
- A referral analysis tool has been created and shared with all CDSAs. The tool breaks down referrals by source and county.
- The statewide public awareness campaign has been developed and is in the initial stages of implementation.

**2010, 2011 and 2012 Improvement Activities/Timelines/Resources:**

- 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

**Part C State Performance Plan (SPP) for 2005-2012**

**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 USC 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.

**Overview of Issue/Description of System or Process:**

The single most important factor impacting North Carolina’s compliance with the 45-day timeline has been the very dramatic increase in number of referrals in the 2004-2005 fiscal year. In this year, 17,263 referrals were received as compared to 4,719 in the previous fiscal year. Federally-mandated automatic referrals of children substantiated for abuse and neglect have been a part of this increase. In addition, the reorganization that led to the new Children's Developmental Services Agency (CDSA) service model has increased referrals. The CDSA is the local lead agency for Part C and the single portal of entry for families and professionals into the early intervention services system. Referrals from pediatricians also continue to steadily increase. Given this great increase in referrals, North Carolina is studying a revision in the early intervention eligibility definition in order to manage this capacity issue.

**Baseline Data for FFY 2004 (2004-2005):**

	FY 2000-2001	FY 2001-2002	FY 2002-2003	FY 2003-2004	FY 2004-2005
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 or the delay was due to family circumstances	63%	61%	54%	48%	53%

**Discussion of Baseline Data:**

The data represented above reflect a very slight degree of improvement over fiscal year 2003-2004, with over half of children entering the system having their IFSPs completed within 45 days or the delay was due to family circumstance. Documentation and correctly reported data when a family chooses not to continue the assessment process before the IFSP meeting is held may improve the compliance in this area, but this clearly is not the major factor impacting the 45-day timeline.

Focused on-site visits have been made to the three lowest performing CDSAs with regard to timeline and scheduled for the three highest ranked ones as noted in the overview to this SPP, and in North Carolina’s October 2005 Progress Report. Monitoring of CDSAs has begun this fiscal year as noted in Indicator #9,

# SPP Template – Part C (3)

# North Carolina State

and these monitoring efforts are key to making positive change in this long-standing area of noncompliance in North Carolina.

<b>FFY</b>	<b>Measurable and Rigorous Target</b>
<b>2005</b> (2005-2006)	<b>100%</b>
<b>2006</b> (2006-2007)	<b>100%</b>
<b>2007</b> (2007-2008)	<b>100%</b>
<b>2008</b> (2008-2009)	<b>100%</b>
<b>2009</b> (2009-2010)	<b>100%</b>
<b>2010</b> (2010-2011)	<b>100%</b>
<b>2011</b> (2011-2012)	<b>100%</b>
<b>2012</b> (2012-2013)	<b>100%</b>

**2005 Improvement Activities/Timelines/Resources:**

Because noncompliance for this Indicator (#7) and for the Indicator on transition planning for children (#8) are areas in which North Carolina has already been documented by OSEP as being out of compliance, more detailed planning is shown in the discussion for Indicator #9, which is the overall monitoring, identification, and correction Indicator. As part of this detailed planning, the state will report on data for each of the six years of the State Performance Plan, (2005-2006 to 2010-2011).

**2007 Improvement Activities/Timelines/Resources:**

CDSAs will continue to conduct self-assessments to monitor the 45-day timeline each quarter of the year. Self assessment results will be kept on file at each CDSA. The EI Branch Central Office staff continue to verify data and will implement a data inquiry process in 2007-2008 using the state's data system. This inquiry will examine data of all children enrolled during the months of October, November and December 2007. Based upon this inquiry, the EI Branch Central Office will provide each CDSA a list of children who did not receive an IFSP within 45 days of referral. The CDSA will be required to submit reasons why a child was not enrolled within the 45-day timeline. CAPs will be issued by the EI Branch Central Office to CDSAs if a finding is identified to ensure that noncompliance is corrected in a timely manner, which is defined as no later than one year of the EI Branch Central Office notifying the CDSA at which there is a finding.

**2009 Improvement Activities/Timelines/Resources:**

Improvement activities will include: 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. Also, EI Branch Central Office staff will provide focused technical assistance to targeted CDSAs to support examination of causes for delay and the implementation of efficient strategies.

**2010, 2011 and 2012 Improvement Activities/Timelines/Resources:**

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 remedying 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.

**Part C State Performance Plan (SPP) for 2005-2012**

**Monitoring Priority: Effective General Supervision Part C / Effective Transition**

**Indicator 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;
- B. Notification to LEA, if child potentially eligible for Part B; and
- C. Transition conference, if child potentially eligible for Part B.

(20 USC 1416(a)(3)(B) and 1442)

**Measurement:**

- A. Percent = [(# of children exiting Part C who have an IFSP with transition steps and services) divided by (# of children exiting Part C)] times 100.
- B. Percent = [(# of children exiting Part C and potentially eligible for Part B where notification to the LEA occurred) divided by the (# of children exiting Part C who were potentially eligible for Part B)] times 100.
- C. 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.

**Overview of Issue/Description of System or Process:**

**Baseline Data for FFY 2004 (2004-2005):**

North Carolina had a finding of non-compliance in this area on the self-assessment of 2001, based on anecdotal evidence. Therefore, the EI Branch did a record review of all 18 CDSAs during September 2005, to determine if there was documented noncompliance for this indicator.

Based on record reviews of 18 CDSAs, baseline data is as follows:

- A. 66 percent
- B. 83 percent
- C. 30 percent



**Discussion of Baseline Data:**

<b>CDSA</b>	<b>Percent of all children exiting Part C who have an IFSP with transition steps and services</b>	<b>Percent of children exiting Part C who were potentially eligible for Part B where notification to the LEA occurred</b>
Asheville	63%	79%
Blue Ridge	100%	90%
Charlotte	57%	79%
Concord	62%	81%
Cullowhee	58%	90%
Durham	67%	100%
Elizabeth City	100%	92%
Fayetteville	65%	63%
Greensboro	63%	65%
Greenville	14%	56%
Morganton	69%	90%
New Bern	89%	100%
Raleigh	65%	72%
Rocky Mount	100%	100%
Sandhills	80%	100%
Shelby	72%	77%
Wilmington	92%	83%
Winston-Salem	31%	83%
<b>Statewide</b>	<b>66%</b>	<b>83%</b>

<b>CDSA</b>	<b>Percent of children exiting Part C who were potentially eligible for Part B where the transition conference occurred at least 90 days before the third birthday</b>	<b>Percent of children exiting Part C who were potentially eligible for Part B where the transition conference did not occur at least 90 days before the third birthday due to family circumstance</b>	<b>Percent of children exiting Part C who were potentially eligible for Part B where the transition conference did not occur at least 90 days before the third birthday due to referral to Part C less than 90 days before the third birthday</b>	<b>Percent of children exiting Part C who were potentially eligible for Part B where the transition conference did not occur at least 90 days before the third birthday due to other reasons</b>
Asheville	7%	7%	0%	86%
Blue Ridge	20%	20%	0%	60%
Charlotte	47%	0%	21%	32%
Concord	50%	0%	8%	42%
Cullowhee	10%	0%	10%	80%
Durham	59%	0%	14%	27%
Elizabeth City	8%	0%	8%	83%
Fayetteville	31%	19%	0%	50%
Greensboro	31%	0%	8%	62%
Greenville	0%	0%	0%	100%
Morganton	40%	0%	10%	50%
New Bern	47%	0%	0%	53%
Raleigh	12%	8%	4%	76%
Rocky Mount	58%	0%	17%	25%
Sandhills	11%	0%	5%	84%
Shelby	62%	15%	0%	23%
Wilmington	0%	8%	8%	83%
Winston-Salem	6%	6%	0%	89%
<b>Statewide</b>	30%	4%	7%	60%

The transition data shown here shows that the CDSA system is out of compliance with OSEP requirements. From record reviews at all CDSAs it is clear that improvement in transition data must be achieved through greatly increased emphasis upon the following requirements:

- careful documentation of this transition process, including all steps and actions taken;
- documentation of late referrals (7%) or transition delays due to family circumstance (4%)
- timely scheduling of the transition meeting to avoid delays in the process;
- clear understanding that transition is a process that must be followed and not merely an event.

FFY	Measurable and Rigorous Target
2005 (2005-2006)	100%
2006 (2006-2007)	100%
2007 (2007-2008)	100%
2008 (2008-2009)	100%
2009 (2009-2010)	100%
2010 (2010-2011)	100%
2011 (2011-2012)	100%
2012 (2012-2013)	100%

**2005 Improvement Activities/Timelines/Resources:**

Ensure that all transition activities are clearly documented by staff at the CDSA-level who provide service coordination to children transitioning out of the program.

Provide technical assistance to CDSAs and community providers regarding the transition planning process based on results from the child record reviews.

Use the corrective action plan process as part of the overall monitoring system, to correct noncompliance in this area. As noted in indicator #7, this area on noncompliance has been shown in North Carolina in recent years. Therefore, more detail is shown in Indicator #9, which is the overall monitoring, identification, and correction indicator. As part of this detailed planning, the state will report on data for each of the six years of the State Performance Plan, (2005-2006 to 2010-2011).

**2006 Improvement Activities/Timelines/Resources:**

During July-December 2006, focused technical assistance and more intensive tracking/monthly reporting have been implemented by Quality Improvement Unit staff with those CDSAs for which there was slippage noted or questions regarding rate of progress.

The record review tool indicator, which is used to measure whether notification to the LEA occurred for children exiting Part C and potentially eligible for Part B, will be revised in order to more accurately reflect

the intent of this indicator. The state early intervention program will also investigate methods to electronically transmit data to the State Department of Public Instruction (state lead agency for Part B) in order to provide timely, accurate notification to LEAs of potentially eligible children and meet the state's child find responsibilities.

**2007 Improvement Activities/Timelines/Resources:**

CDSAs will continue to conduct quarterly self-assessments to monitor the timely transition planning conference indicator. Self-assessment results will be kept on file at each CDSA. The EI Branch Central Office staff will continue to verify data. The EI Branch Central Office will provide all CDSAs a list of all children who should have had a transition planning conference during the months of October, November, and December 2007. CDSAs will submit this self-assessment data to the Central Office and explain any reasons why conferences were delayed. CAPs will be issued by the EI Branch Central Office if a finding is identified to ensure that noncompliance is corrected in a timely manner, which is defined as no later than one year of the EI Branch Central Office notifying the CDSA at which there is a finding.

**2008 Improvement Activities/Timelines/Resources:**

Due to past noncompliance in meeting the timely transition planning conference indicator, the North Carolina Early Intervention program will focus its improvement activities on revising the general supervision monitoring system. The purpose is to become more effective in identifying and correcting noncompliance and ensuring system wide improvement. Strategies will include 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.

In 2008, Local Interagency Coordinating Council (LICC) members representing NC's 100 counties will attend one of six regional trainings sponsored by the LICC Subcommittee of the state ICC. Each training will discuss the role of LICCs as key partners within North Carolina's Early intervention system. The trainings will also introduce participants to newly-developed child find and transition reporting tool.

**2009 Improvement Activities/Timelines/Resources:**

State Performance Plan 2005-2010 improvement activities were reviewed. Compliance with this indicator's elements is currently at the 96% level or higher and ongoing monitoring and technical assistance are occurring per the State Performance Plan. These ongoing monitoring and technical assistance efforts focus on quickly identifying and remedying any non compliance; this improvement activity will continue. Another improvement activity that will continue through 2012 is the continued annual review by the ICC of the annual reporting on transition activities from the LICCs through the LICC Transitions Reporting Tool.

**2010 Improvement Activities/Timelines/Resources:**

Part C and Part B coordinators and program leadership will continue to review and revise the practice document *NC Guiding Practices in Early Childhood Transitions* and the *Frequently Asked Questions* documents to include the information clarified in OSEP's December 2009 Transition FAQ document. In addition, they will review and revise the Part C and Part B 619 program Interagency Agreement to include the information clarified in OSEP's December 2009 Transition FAQ document.

Also, the Part C and B coordinators in NC will develop a series of self-assessment questions for process evaluation purposes. As a result of this self assessment, the Part C and B programs will design a process called the "Catchment Area Transition Plan" in which local lead agencies will agree and commit to unified and consistent practices around transition data sharing, processes for scheduling the transition conferences, and more.

Part C will begin to partner 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.

### **2011 Improvement Activities/Timelines/Resources:**

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 will include the following:

- review and revision of Part C and Part B 619 program 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;
- require local Part C programs (CDSAs) develop regional plans with their respective LEAs on transition, implement the regional plans and submit the plans to the state (EI Central Office and DPI) ;
- continued annual review by the ICC of the annual reporting on transition activities from the LICCs through the LICC Transitions Reporting Tool.

**Part C State Performance Plan (SPP) for 2005-2012**

**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 USC 1416(a)(3)(B) and 1442)

**Measurement:**

A. Percent of noncompliance related to monitoring priority areas and indicators corrected within one year of identification:

- a. # of findings of noncompliance made related to priority areas.
- 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.

For any noncompliance not corrected within one year of identification, describe what actions, including technical assistance and/or enforcement that the State has taken.

B. Percent of noncompliance related to areas not included in the above monitoring priority areas and indicators corrected within one year of identification:

- a. # of findings of noncompliance made related to such areas.
- 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.

For any noncompliance not corrected within one year of identification, describe what actions, including technical assistance and/or enforcement that the State has taken.

C. Percent of noncompliance identified through other mechanisms (complaints, due process hearings, mediations, etc.) corrected within one year of identification:

- a. # of EIS programs in which noncompliance was identified through other mechanisms.
- b. # of findings of noncompliance made.
- c. # of corrections completed as soon as possible but in no case later than one year from identification.

Percent = c divided by b times 100.

For any noncompliance not corrected within one year of identification, describe what actions, including technical assistance and/or enforcement that the State has taken.

**Overview of Issue/Description of System or Process:**

As noted in the introductory pages for this SPP and in indicators #7 and #8, North Carolina's early intervention program has focused on three main areas of noncompliance over the last few years. First, there was a major reorganization of the system which led to the creation of the CDSAs as the local lead agency, in response to the noncompliance that was noted in the 2001 self assessment in which North Carolina was found to be out of compliance under the "direct line of authority" from state lead agency to local lead agency/agencies. This reorganization was completed in 2004-2005. Secondly, the two remaining areas of noncompliance (45 day timeline and transition of children at age 3) have received very focused attention since March of 2005, and planning for this focus had been ongoing during the August 2004-March 2005 timeframe. A description of the steps taken on the 45 day timeline issue is shown in the introductory pages (e.g., data from each CDSA, clear guidance on an expectation of 100% compliance, ranking of CDSAs, and visits by the Quality Improvement Director and the Supervisor of the CDSA programs during fall of 2005.) Also as noted in the introductory pages, a large part of the challenge with the 45 day timeline area of noncompliance is the near quadrupling of referrals in 2004-2005. North Carolina is addressing this capacity issue by revising its eligibility definition and changing practice regarding use of capacity for children over three years of age (e.g., evaluations of children who are the clear responsibility of the preschool disabilities (Part B) program). The transition area of noncompliance had been a finding in the 2001 self assessment through anecdotal information only. During the fall of 2005, North Carolina used the child record review tool (described below) to gather data driven evidence as to whether this area of noncompliance is real, or only anecdotal. As shown in Indicator #8, there is a clear noncompliance in this area. Again, expectations of 100% compliance have been shared with the CDSA directors. Changing practice as well as recordkeeping are keys to this area of noncompliance. The work on these areas of noncompliance (45 day timeline and transition) will continue within the overall monitoring described below.

North Carolina has instituted a monitoring plan during 2005-2006 which focuses on quarterly reviews of child records in Children's Developmental Services Agencies (CDSAs) by agency staff, with a follow-up site visit by Regional Early Intervention Consultants and/or other Quality Improvement Unit staff to verify findings. CDSAs will provide improvement plans on a quarterly basis, with review at the state level by Regional Early Intervention Consultants and/or other Quality Improvement/Monitoring Unit staff.

**Baseline Data for FFY 2004 (2004-2005):**

Baseline data (or plans to obtain baseline data) for each of the monitoring areas is shown in the compilation table below, along with monitoring methods, the number reviewed, with findings, and correction data. The number reviewed in each case is the 18 CDSAs, which when compiled together give the total statewide data. Discussion of these items is shown in the next section, per the template required by OSEP.

- A. Percent of noncompliance related to monitoring priority areas and indicators corrected within one year of identification:

The value for this indicator is not applicable, since it has not yet been one year since the areas of noncompliance were identified.

*Compilation Table*

Indicator	Monitoring Method	Number Reviewed During 2004-2005	Number with Findings	A. Number of Findings	B. Number Corrected within One Year	C. Percent Corrected within One Year
1. Timely Services	Data Review	18	16	16	N/A	N/A
7. IFSP within 45 Days	Data Review	18	18	18	N/A	N/A
8. (a) Transition Steps and Services	Data Review	18	15	15	N/A	N/A
8. (b) Notification of LEA	Data Review	18	14	14	N/A	N/A
8. (c) Transition Conference	Data Review	18	18	18	N/A	N/A
TOTALS				81	N/A	N/A

B. Percent of noncompliance related to areas not included in the above monitoring priority areas and indicators corrected within one year of identification:

The value for this indicator is not applicable, since it has not yet been one year since the areas of noncompliance were identified.

C. Percent of noncompliance identified through other mechanisms (complaints, due process hearings, mediations, etc.) corrected within one year of identification.

The value for this indicator is not applicable, since it has not yet been one year since the areas of noncompliance were identified.

**Discussion of Baseline Data:**

- Indicator 1 was reviewed in Fall of 2005, and so the number corrected during the previous year is not applicable (as discussed at the OSEP site verification visit in July 2005, the Community Review monitoring process had been stopped during the reorganization; however, monitoring has been started again, and will be continued).
- Indicators 2, 5, and 6 met the goals set, and the number of findings is 0, therefore, the percent corrected are not applicable.
- Indicators 3 and 4 are new indicators, and baseline data will be gathered in Spring of 2006.
- Indicator 8 was previously based only on anecdotal evidence, during the self assessment of 2001, and with the stopping of the Community Review process, no additional monitoring was done and no data gathered. Therefore, child record data was gathered and reviewed in Fall of 2005. In order to collect the data, indicator 8 was broken into 3 sub-parts (per OSEP requirements and as shown in the table). The number corrected in the previous year is not applicable, as monitoring was not done during the previous year.



## SPP Template – Part C (3)

## North Carolina State

- Indicator 9 is the overall identification and correction indicator; corrections are not applicable at this time as the year from identification has not elapsed.
- Indicator 10, 11, and 13 had no findings, therefore the percent corrected is not applicable to these indicators.
- Indicator 12 is not applicable to North Carolina, as Part C (not Part B) due process procedures are used.

Indicators 1, 7 and 8 are due to be corrected within one year (by October 1, 2006); however, the 45 day timeline correction is clearly contingent on the capacity issues noted above. Timely services are clearly contingent on finding available providers or having the CDSA the provider. If new areas of noncompliance are found during 2005-2006, they are due to be corrected within one year of findings.

<b>FFY</b>	<b>Measurable and Rigorous Target</b>
<b>2005</b> (2005-2006)	<b>100%</b>
<b>2006</b> (2006-2007)	<b>100%</b>
<b>2007</b> (2007-2008)	<b>100%</b>
<b>2008</b> (2008-2009)	<b>100%</b>
<b>2009</b> (2009-2010)	<b>100%</b>
<b>2010</b> (2010-2011)	<b>100%</b>
<b>2011</b> (2011-2012)	<b>100%</b>
<b>2012</b> (2012-2013)	<b>100%</b>

### **2005 Improvement Activities/Timelines/Resources:**

North Carolina has performed a number of activities in this area which are already showing increased compliance with indicators. In Spring of 2005, each of the 18 Children's Developmental Services Agencies (CDSAs) was required to set up a Quality Assurance committee. The Early Intervention Branch through its Quality Improvement Unit staff asked for information on the composition of these committees (names of staff, affiliation) and made decisions and provided technical assistance to CDSAs on the composition of staff. For example, some CDSAs had included providers (under provider agreement, not direct employed staff) in the Quality Assurance committee, and discussions of confidentiality, provider

competition, and similar issues occurred with CDSAs. The committees have been finalized as of August 2005.

Beginning September 1, 2005, all 18 CDSAs were required to use a standard format for each child's record. This standardization will allow both the Quality Assurance committee at the CDSA and state staff (e.g., Regional Early Intervention Consultant, Quality Improvement Unit Information Specialist) to quickly find the part of the record that must be reviewed for compliance.

Quality Assurance committees were trained on a child record review tool and on the new data system (CECAS) being used in the early intervention program, in July and August 2005. The child record review tool was developed in concert with the National Early Childhood Technical Assistance Center (NECTAC), and specific items on the tool were used in September 2005 to gather baseline data on one of the two areas on noncompliance that OSEP has reported for North Carolina (transition; this area had been reported in the 2001 self assessment, based on anecdotal data only) as well as to gather baseline data on the indicator regarding timeliness of service delivery.

General Information about CECAS is provided below. Criteria will be developed for timely, accurate data submission.

**Background**

The Comprehensive Exceptional Children Accountability System (CECAS) is a case management and data analysis system that is offered to Local Education Authorities (LEAs), Charter Schools, and State-Operated Programs (SOPs) as a means to manage and analyze exceptional children data. This project customizes a commercial product to provide more efficient tracking of services for exceptional children. The application is a completely outsourced, web-based system. The system began a phased implementation for schools (pre-school and K-12 programs) in September 2004, becoming the State's system of record for exceptional children data management.

CECAS contains a module for Early Intervention, which has been modified for use by the North Carolina Infant Toddler Program. The data collected in CECAS for the Infant Toddler Program will provide the ability to generate the reports required by the OSEP and will aid in monitoring the Infant Toddler Program.

**Core Capabilities**

System highlights are shown below:

Data Management Capability	Description
Student-level Data Collection	Maintain local, state, and federal required information on children served and service providers
Standard Reports	Provide continuous Improvement Monitoring Compliance Reports
Ad-hoc data analysis	Allow complex data analysis and outcomes evaluation for students served
State and Federal Reports (Child Count, End-Of-Year)	Generate appropriate reports for state and federal needs
Custom Data Elements	Allow CDSAs to add and independently manage custom data elements

**Coordination with Part B**

CECAS maintains a single identifier for each child in the system, allowing the child's history to be maintained as he or she transitions from Part C to Part B, while maintaining data privacy as indicated by Family Educational Rights and Privacy Act (FERPA).

Each of the Quality Assurance committees at the CDSA level will provide a quarterly review of child records (selected in a random sample from the Early Intervention Branch Quality Improvement Unit), as well as improvement plans based on their findings. The first improvement plans are due November 1,

2005. Regional Early Intervention Consultants met with Quality Assurance committees at least once during the July-September 2005 timeframe, and will continue to meet as needed to provide additional technical assistance. In addition, a meet-me conference call with Quality Assurance committees and Quality Improvement Unit staff was held on October 14, 2005, as a question and answer session for follow-up to the child record review training and CECAS training.

As previously discussed, North Carolina has developed and implemented a new general supervision monitoring system, which includes a new format and protocol for record review. These new processes will be used to systematically and regularly monitor all aspects of general supervision.

North Carolina has set a clear monitoring process, including routine data reviews, corrective action plans, review of corrective action, and subsequent data review that will provide a clear cycle for both the state lead agency and the local lead agencies (CDSAs) to identify and correct noncompliance in a timely manner. As noted, North Carolina is also taking steps to address the capacity issues which impact timely services and IFSPs within 45 days, and correction is clearly contingent on the approval and success of these steps. The monitoring process will continue as described throughout 2005-2006 and 2006-2007, and may continue in the same manner for the subsequent years of the SPP. Focused monitoring approaches have been used with success in several states, after routinized data review was in place, so North Carolina may consider revising its monitoring process to focused monitoring in 2007-2008 and beyond. The advantage of focused monitoring is effective use of technical assistance and monitoring personnel, especially with a routinized data review process that quickly catches areas of noncompliance and allows correction to occur immediately. North Carolina has relatively few personnel assigned to technical assistance and monitoring, given the very large organizational structure of CDSAs and the number of children served. The alternative approach would be to add positions at the state level, for technical assistance related to monitoring. North Carolina's state level early intervention management is receiving technical assistance from NECTAC to explore the possibility of focused monitoring, and a decision regarding focused monitoring will be made by July 1, 2006.

For each of the six years of the State Performance Plan, (2005-2006 to 2010-2011), the state will report on data, findings, procedures, and progress towards targets in the Annual Performance Report.

**2006 Improvement Activities/Timelines/Resources:**

Overall Resources for 2006-2007:

Resources for 2006-2007 include the continued work of CDSA-level and state-level staff. In addition, new positions for both CDSA-level and state-level work will be included in the state's resources to correct noncompliance by the end of 2007-2008. It is also expected that the number of infants and toddlers enrolled in the program will increase, and these new resources will have to be judged against the capacity of the program with the new referral and enrollment increases.

**2007 Improvement Activities/Timelines/Resources:**

North Carolina's Early Intervention Program, under Part C of the Individuals with Disabilities Education Act, is required to have a system of general supervision that ensures compliance with applicable laws and regulations in addition to ensuring improved outcomes and results for children with special needs and their families.

In 2006-2007, North Carolina added focused monitoring as a component to its general supervision system through consultation with the National Center for State Education Accountability Monitoring (NCSEAM). Focused monitoring is defined by NCSEAM as a process that purposefully selects priority areas to examine for compliance/results (while not specifically examining other areas for compliance) to maximize resources, emphasizes important variables, and increases the probability of improved results.

In March 2006, a stakeholder group was formed to assist the North Carolina early intervention program with implementing a focused monitoring approach. This stakeholder group included participation from

family members, service providers, community agency representatives, advocacy organizations, members of the North Carolina Interagency Coordinating Council (NC-ICC) and other key individuals from across the state.

The stakeholder group identified two key priority areas of focus, child find (with a particular emphasis on finding and enrolling infants who need early intervention and are aged birth to one year) and quality family centered services. Through focused monitoring, programs in the greatest need of improvement on these key performance indicators will receive inquiry visits to develop strategies on an improvement plan that are specific to the issues identified for that program. In the spring of 2007, CDSAs were ranked based upon the number of children being served aged birth to one, based on data from 2005-2006. Focused monitoring visits to the three lowest performing CDSAs occurred during the months of August, September and October 2007 to address the child find performance indicator. Focused technical assistance will be provided to these CDSAs to address identified strategies. As noted above, a second priority area is quality family centered services, and a stakeholder group will be reconvened in the spring of 2008 to assist the program in better defining this priority area.

#### Self Assessment

CDSAs are required to complete child record review self assessments quarterly. The EI Branch Central office will collect self assessment data at designated points and times each year for indicators 1, 8a, 8b, and 8c as this data is not collected in the program's data system. In order to continue to improve compliance in timeliness of services (Indicator 1) the Central Office will provide each CDSA with names of all children enrolled in the program in February 2008 who had a new service added to their IFSP (newly enrolled children and children already receiving services). In order to maintain compliance with transition indicators (Indicator 8 sub-components), the Central Office will provide the CDSAs with names of all children who should have had a transition planning conference. Data will also be collected to assure that there was a transition plan with steps and services in place, and if a child was potentially eligible for preschool services, the LEA was notified. This data will be collected for the time period the October-December 2007 time period for all children who are in the transition process. Data will be submitted by each CDSA to the EI Branch Central office with reasons why any timeline is not being met. Data verification will occur by the program's Regional Consultant. If a finding is issued, the CDSA will receive a written corrective action plan within 30 days. Corrective Action Plans (CAPs) are issued when there is noncompliance and a finding is noted. There are instances when timelines are not met by a CDSA (generally noted by an \* on the data tables in each indicator). The Early Intervention Branch office staff will review documentation, interview relevant staff and discuss/review local policies and procedures. When there is a determination by the Early Intervention Branch Central Office that not meeting the timeline was an isolated, unique, non-systemic occurrence, no finding is issued.

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 within partnership or 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 is routinely provided to CDSAs to ensure reliable, valid data for 619 data reporting. The Early Intervention Central Office will provide each CDSA a list of children who did not have an IFSP developed within 45 days during the month of February and the CDSA must report reasons why the delay occurred. Data verification will occur by the program's Regional Consultant. If a

finding is issued, the CDSA will receive a written corrective action plan within 30 days. Corrective Action Plans (CAPs) are issued when there is noncompliance and a finding is noted.

Dispute Resolution System

Written complaints are investigated to determine whether there are any findings of non-compliance with IDEA. The EI Branch Central Office hired 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 one year to come into compliance. As there may be instances of noncompliance that may be indicative of systemic issues, but are not raised to the level of a written complaint, the Family Partnership Coordinator will assist CDSAs to develop procedures to track informal complaints and implement activities to address these instances or systemic issues.

**2010 Improvement Activities/Timelines/Resources:**

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.

**Part C State Performance Plan (SPP) for 2005-2012****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 USC 1416(a)(3)(B) and 1442)

**Measurement:**

Percent = (1.1(b) + 1.1(c)) divided by (1.1) times 100.

**Overview of Issue/Description of System or Process:**

North Carolina's plan for indicators 10, 11, and 13 all incorporate a revision of dispute resolution processes that are currently in use. During the 2005 site visit by the Office of Special Education Programs (OSEP), North Carolina's Part C dispute resolution procedures and forms were discussed, and problems were identified in both the process and the forms. Work has begun on revisions of process and forms.

Indicator number 12 is not applicable to North Carolina, as Part C processes (not Part B) are used.

**Baseline Data for FFY 2004 (2004-2005):**

There were six formal complaints during 2004-2005, and all were resolved within the required time parameters.

**Discussion of Baseline Data:**

While there were very few signed written complaints for North Carolina's early intervention program in 2004-2005, the number was higher than had previously been reported. In previous years, the numbers of written complaints were reported as 0 (no written complaints). There are likely two reasons for this change. First, as noted above, the dispute resolution process may not have been clear to families, and North Carolina was beginning to make changes in that process across the 2004-2005 to make the process more clear to families. As noted above, there is more work to be done in this area. Secondly, and perhaps more importantly, the North Carolina early intervention program completed a reorganization process during 2004-2005. In response to an OSEP finding of noncompliance in "direct line of authority", the local lead agency was changed, and the Children's Developmental Services Agencies (CDSAs) became the local lead agency. The CDSAs had previously been clinically based centers focused solely on evaluation. The change from one lead agency to another as well as a fairly dramatic change in service model likely led to written complaints by families as processes were slower than some families had experienced, and different than some families had experienced. The differences in the service model included a change from special instruction and service coordination being integrated and performed by the same staff person to the CDSA model of service coordination performed by the CDSA and special instruction being provided by another staff person through a provider agency/provider agreement.

FFY	Measurable and Rigorous Target
2005 (2005-2006)	100%
2006 (2006-2007)	100%
2007 (2007-2008)	100%
2008 (2008-2009)	100%
2009 (2009-2010)	100%
2010 (2010-2011)	100%
2011 (2011-2012)	100%
2012 (2012-2013)	100%

**2005 Improvement Activities/Timelines/Resources:**

As noted above, North Carolina’s dispute resolution process and forms were found to be problematic by OSEP at the site visit in July 2005. Specifically, the process had stepped through a formal complaint to administrative hearing sequence, whereas parents should have the right to choose which type of dispute resolution they prefer. The National Early Childhood Technical Assistance Center (NECTAC) has contracted with an outside consultant (Sharon Walsh) to provide technical assistance with NECTAC to North Carolina’s Part C program. A series of conference calls have been completed during August-October 2005.

Examples of dispute resolution processes and forms from other states have been provided to North Carolina, which will adopt one of these sets of documents. Investigation of which documents have already been approved by OSEP for another state and which most closely match North Carolina’s current practice for ease of technical assistance will be the determining factors in adoption.

Following adoption of new documents and a revised process, technical assistance will be provided by the Regional Early Intervention Consultants and other staff from the Quality Improvement Unit, to the management staff of the CDSAs. These management staff will then guide and facilitate the use of the new documents and revised process with individual staff who are employed and/or under provider agreement with the CDSA. The Quality Assurance committees at the CDSAs will be evaluating these processes in their quarterly reviews and submitting correction plans as needed (as noted in Indicator #9)

and Quality Improvement staff will review and approve or disapprove/require revisions of the improvement plans.

In addition, the North Carolina Infant-Toddler Program Policy and Procedure Manual was approved by Division of Public Health and North Carolina Department of Health and Human Resources processes in September of 2005. This Manual has been available and effective since that date. In this Manual, CDSA Directors are now required to report not only formal written complaints, but also to notify the Early Intervention Branch of any informal complaints. This will allow the Early Intervention Branch through its Regional Early Intervention Consultants and Quality Improvement staff to be aware of issues more quickly and to immediately provide technical assistance in supporting families and staff through both informal and formal complaint processes.

In addition, data logs that were kept at the CDSA level or at the Branch level were unclear as to what type of call occurred (e.g., an informational request call versus a complaint, and if a complaint, whether formal or informal). Dates for resolution of any complaint other than those that were very clearly a written complaint were hard to follow and understand. Therefore, a simple but effective log of complaints with type noted (formal or informal), with dates of each step in the process, is being devised. This log will be used by both CDSA and Branch level staff. Data regarding resolution within the timeframe required will be available. If the timeline is extended because of exceptional circumstances, that rationale will clearly be shown.

Further, in the past, written complaints were resolved at the CDSA level, with some technical assistance, but little oversight, from the Early Intervention Branch. The Branch Head and Quality Improvement Director, in conversations with NECTAC staff, questioned whether a conflict of interest might be in place for the CDSAs when the complaint is against the CDSA. Subsequently, the decision was made by the Branch Head and the Quality Improvement Director that the Early Intervention Branch will have to be involved in any of the types of complaint resolutions to avoid the conflict of interest problem. There will be clarity as to the level and type of involvement, depending upon whether the dispute is informal or formal. Formal complaint processes include a variety of processes (e.g., mediations, adjudicated hearings), and type of involvement will be specified for each of these separately. A specific procedure will be developed by December 31, 2005, and shared with the CDSA Directors and other Branch level and CDSA level staff. Beginning February 1, 2006, this new process will be used in all cases of formal complaint.

For each of the six years of the State Performance Plan, (2005-2006 to 2010-2011), the state will report on data, findings, procedures, and progress towards targets in the Annual Performance Report.

**2006 Improvement Activities/Timelines/Resources:**

Improvement activities will include:

1. Implementation, per OSEP, of new policies for response and disposition of signed written individual child complaints alleging that an agency of the State, a local agency or an individual practitioner has violated a federal or state early intervention program regulation.
2. Establishment of a position in the EI Branch Central Office (*Family Partnership Coordinator*) to support complaint investigations and directly respond to families who are filing (or are considering filing) a formal complaint against the NC Early Intervention Program.
3. In collaboration with families of children with special needs, a more family-friendly parent rights booklet will be developed.

**2007 Improvement Activities/Timelines/Resources:**

The Family Partnership Coordinator will develop and implement the following initiatives:



- Develop a system to be utilized at the local level to address informal issues related to family or provider concerns to reduce systemic issues that are not best practice, and thereby reduce the likelihood of formal complaints.
- Develop and implement a tracking system to ensure the provision of parent rights and that timelines are met.
- Employ an informal system of resolution for family questions and concerns.
- Provide leadership in focused monitoring that stresses procedural safeguards.

In the FFY 2005 APR narrative for this indicator, North Carolina reported that 100% of 14 complaints were resolved within the 60-day timeline. However, in Table 4, we reported what appeared to be conflicting information for the same reporting period. Table 4 indicated that the State office had received 13 complaints, which were withdrawn or dismissed, and 1 mediation held as a resolution method. The total reported in Table 4 was of 14 complaints. There were 13 written, signed complaints that were withdrawn or dismissed. One written complaint was resolved through mediation agreement not related to due process. North Carolina confirms that data reported in Table 4 is accurate and met its FFY 2005 target of 100%.

**Part C State Performance Plan (SPP) for 2005-2012**

**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 USC 1416(a)(3)(B) and 1442)

**Measurement:**  
Percent = (3.2(a) + 3.2(b)) divided by (3.2) times 100.

**Overview of Issue/Description of System or Process:**

As noted, this indicator is within the group of indicators for which North Carolina must develop a revised process.

**Baseline Data for FFY 2004 (2004-2005):**

There were no due process hearing requests in 2004-2005, nor in data from previous years.

**Discussion of Baseline Data:**

Again, this indicator is in the group of indicators for which North Carolina must develop a revised process. The lack of clarity in the process may have prevented families from using a due process hearing mechanism.

FFY	Measurable and Rigorous Target
<b>2005</b> (2005-2006)	<b>100%</b>
<b>2006</b> (2006-2007)	<b>100%</b>
<b>2007</b> (2007-2008)	<b>100%</b>
<b>2008</b> (2008-2009)	<b>100%</b>
<b>2009</b> (2009-2010)	<b>100%</b>

<b>2010</b> (2010-2011)	<b>100%</b>
<b>2011</b> (2011-2012)	<b>100%</b>
<b>2012</b> (2012-2013)	<b>100%</b>

**2005 Improvement Activities/Timelines/Resources:**

The improvement activities and resources for this indicator are very similar to those in indicator #10 and #13. However, there is one key difference.

Currently, North Carolina has no clear way of providing a due process hearing request. Support within the Division of Public Health will provide an avenue to rectify this situation. The attorney for the Division of Public Health has guided the initiation and monitoring of processes within other Branches in the Women’s and Children’s Health Section. By December 31, 2005, the Early Intervention Branch Head, with the support of the Women’s and Children’s Health Section Chief, will consult the Division of Public Health attorney for guidance on a process. By March 1, 2006, this process will be clearly delineated. The Regional Early Intervention Consultants and other staff from the Quality Improvement Unit will provide technical assistance to the CDSA management staff (who will then guide their staff) in this process. A plan for monitoring of use of the process will be developed and used beginning July 1, 2006.

For each of the six years of the State Performance Plan, (2005-2006 to 2010-2011), the state will report on data, findings, procedures, and progress towards targets in the Annual Performance Report.

**2006 Improvement Activities/Timelines/Resources:**

As initially described in North Carolina’s 2005 SPP, the Early Intervention Branch has been working for a number of months to develop and implement policies and procedures for providing families a clear path to a due process hearing, if this is necessary to resolve a complaint. Toward that goal the following activities will be completed:

1. Consultation with NECTAC and other consultants regarding best practice regarding informing and assisting families with due process.
2. Development of new policy for the North Carolina Infant-Toddler Program regarding Mediation and Administrative Due Process Hearings (Policy Bulletin #17).
3. Public comment period to obtain feedback from all interested stakeholders regarding the policy.
4. Submission of the policy for final review and adoption by the state as policy.
5. Technical assistance to the CDSAs and the State and Regional Interagency Coordinating Councils regarding the implementation of the policy during and following implementation.

**Part C State Performance Plan (SPP) for 2005-2012**

**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 USC 1416(a)(3)(B) and 1442)

This indicator is not applicable to North Carolina, as Part C due processes are used.

**Measurement:**

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

**Overview of Issue/Description of System or Process:**

**Baseline Data for FFY 2004 (2004-2005):**

**Discussion of Baseline Data:**

FFY	Measurable and Rigorous Target
2005 (2005-2006)	
2006 (2006-2007)	
2007 (2007-2008)	
2008 (2008-2009)	
2009 (2009-2010)	
2010 (2010-2011)	
2011 (2011-2012)	
2012 (2012-2013)	

**Improvement Activities/Timelines/Resources:**

**Part C State Performance Plan (SPP) for 2005-2012**

**Monitoring Priority: Effective General Supervision Part C / General Supervision**

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

(20 USC 1416(a)(3)(B) and 1442)

**Measurement:**

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

**Overview of Issue/Description of System or Process:**

All indicators were provided to stakeholders (as described in the overview of the State Performance Plan). This indicator was not shown at 100% for two reasons, but subsequent to feedback from stakeholders, technical assistance was obtained from OSEP, and the goals were revised to 100%. The two reasons that the indicator was not shown at 100% were that 1) it was not one of the indicators that was pre-set by OSEP, and so it was the understanding of North Carolina's early intervention program that the goal could be set below 100%, and secondly, North Carolina's early intervention management staff discussed the indicator and felt that sometimes mediations might be resolved before an agreement was in place. However, as noted above, stakeholders (in this case the Women's and Children's Health Section Family Advisory Council) questioned a goal that would not be set at 100%. In subsequent discussions with OSEP, it became clear that if a family has gone to a mediation process, a mediation agreement must always be the result. Therefore, the goal is set at 100%.

**Baseline Data for FFY 2004 (2004-2005):**

As noted previously, in data from prior years, no mediations have been reported, and none were reported in 2004-2005.

**Discussion of Baseline Data:**

Again, as noted with other indicators, the report of zero mediation may be the result of an unclear process for families.

FFY	Measurable and Rigorous Target
2005 (2005-2006)	100%
2006 (2006-2007)	100%
2007 (2007-2008)	100%
2008 (2008-2009)	100%
2009 (2009-2010)	100%
2010 (2010-2011)	100%
2011 (2011-2012)	100%
2012 (2012-2013)	100%

**Improvement Activities/Timelines/Resources:**

Improvement activities for this indicator are the same as for indicators #10 and #11. Technical assistance is being sought from NECTAC for new documents and a revised process, which will subsequently be shared with CDSA management staff and monitored for appropriate use. For each of the eight years of the State Performance Plan, (2005-2006 to 2012-2013), the state will report on data, findings, procedures, and progress towards targets in the Annual Performance Report.

**Part C State Performance Plan (SPP) for 2005-2012**

**Monitoring Priority: Effective General Supervision Part C / General Supervision**

**Indicator 14:** State reported data (618 and State Performance Plan and Annual Performance Report) are timely and accurate.

(20 USC 1416(a)(3)(B) and 1442)

**Measurement:**

State reported data, including 618 data, State performance plan, and annual performance reports, 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).

**Overview of Issue/Description of System or Process:**

North Carolina's Early Intervention System has collected data through a single, statewide data system for over ten years. The data system includes edit checks to prevent inaccurate data entry, as well as required fields for those fields used in the 618 data reporting such as race and ethnicity, setting, and date of birth. A new data system had been identified as a need in 1999, and one local early intervention program used the pilot early intervention database to report its data, which is combined with the data from the old system to generate statewide totals. This process was used through FY 2004-2005.

**Baseline Data for FFY 2004 (2004-2005):**

During the Federal fiscal year 2004, North Carolina submitted 100% of its state reported data on time.

**Discussion of Baseline Data:**

FFY	Measurable and Rigorous Target
2005 (2005-2006)	100%
2006 (2006-2007)	100%
2007 (2007-2008)	100%
2008 (2008-2009)	100%
2009 (2009-2010)	100%
2010 (2010-2011)	100%
2011 (2011-2012)	100%
2012 (2012-2013)	100%

**2005 Improvement Activities/Timelines/Resources:**

North Carolina is implementing the Comprehensive Exceptional Child Accountability System (CECAS), a joint data system used by both the Part C and Part B programs. Local CDSA staff have been trained to use the system, and data for active children has been migrated into the system. CECAS will be used for collecting and reporting 618 data beginning with FY 2005-2006.

Additional data is available to the Early Intervention Branch through the Continuous Quality Improvement process, which uses a comprehensive child record review tool developed in conjunction with NECTAC. This data source is used for selected indicators in the SPP that are not based on the 618 data.

For each of the six years of the State Performance Plan, (2005-2006 to 2010-2011), the state will report on data, findings, procedures, and progress towards targets in the Annual Performance Report.

**2006 Improvement Activities/Timelines/Resources:**

In March 2006 there was a reorganization of Quality/Improvement (Q/I) Unit. As a result, there are now six regional consultants who cover the 18 CDSAs in the state. In July 2006 a Human Service Planner Evaluator was hired to assist with the management of the data collection of the state into the CECAS



system. In 2006-2007, the state plans to add two additional staff to assist with data management and analysis.

A new data system, the Health Information System (HIS), is being developed for the North Carolina Department of Health and Human Services. The core product is being implemented for the Division of Public Health, of which the North Carolina Part C program is a part. HIS will provide an automated means of capturing, monitoring, reporting, and billing services that are provided in public health agencies, including the CDSAs, while maintaining all appropriate privacy and confidentiality rules. Statewide implementation is planned for 2008. An interface will be developed between HIS and CECAS so that the benefits of a single data system for IDEA programs are kept, while providing a single data system for case management, monitoring, and billing for the CDSAs.

**2007 Improvement Activities/Timelines/Resources:**

For 2007-2008, the monitoring method used for indicator 7 (45 days) will be a data verification rather than a record review. An enhanced data verification process will be developed and implemented as part of North Carolina's general supervision activities.

**2008 Improvement Activities/Timelines/Resources:**

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

**2009 Improvement Activities/Timelines/Resources:**

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

**2010 Improvement Activities/Timelines/Resources:**

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.