

# STATE PERFORMANCE PLAN / ANNUAL PERFORMANCE REPORT: PART C

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

For reporting on  
FFY 2022

North Carolina



**PART C DUE**  
**February 1, 2024**

U.S. DEPARTMENT OF EDUCATION  
WASHINGTON, DC 20202

## Introduction

### Instructions

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

### Intro - Indicator Data

#### Executive Summary

#### Additional information related to data collection and reporting

#### General Supervision System

The systems that are in place to ensure that the IDEA Part C requirements are met (e.g., integrated monitoring activities; data on processes and results; the SPP/APR; fiscal management; policies, procedures, and practices resulting in effective implementation; and improvement, correction, incentives, and sanctions).

The North Carolina Infant-Toddler Program's (NC ITP) general supervision system continues to function as has been previously described to the Office of Special Education Programs (OSEP). The NC ITP consists of the Early Intervention Section (EIS), which serves as the state lead agency, and sixteen (16) Children's Developmental Services Agencies (CDSAs), which serve as the local lead agencies. Specifically, the NC ITP continues to conduct annual compliance monitoring by utilizing components of the state's Health Information System (HIS), which serves as the NC ITP's web-based data entry system, a self-assessment tool completed by each CDSA, and a record review process. The primary method for verifying data submitted through the self-assessment workbooks and for verifying demonstration of correction of noncompliance also utilizes a child record review process. As required by the OSEP QA 23-01 document, the NC EIS ensures that any identified noncompliance is corrected on two levels: (i) on a child-specific level if the child is still under the jurisdiction of the NC ITP and (ii) on a systemic level, through verification of new or updated data. Monitoring and verification of correction of identified noncompliance are completed by utilizing a combination of child record reviews and when needed, on-site verification visits.

The NC EIS annual compliance monitoring uses HIS to run child lists for the specific time period for all 16 CDSAs to review and verify related child record documentation. For FFY 2022 the NC EIS used three months of data (September, October, and November 2022) to review each compliance indicator. The CDSAs were responsible for ensuring that all related documentation in HIS was accurate and complete using state-designed reports prior to the NC EIS's review for compliance Indicators 1, 7, and 8(a)-(c).

Monitoring for each compliance indicator occurred as follows:

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

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

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

All CAPs must include an analysis of the root cause of the noncompliance, specific steps and strategies that the CDSA will implement to ensure full correction, and a schedule for submission of progress reports with benchmarks for progress and improvement to ensure timely correction. The NC EIS provides on-going monitoring of CAPs through review and verification of data on both a child-specific and systemic basis, consistent with OSEP's QA 23-01 document.

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

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

Dispute Resolution:

When parents or other parties have concerns or disagreements related to their children's services, IFSPs or actions/inactions of a CDSA, efforts are

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

#### **Technical Assistance System:**

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

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

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

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

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

#### **Professional Development System:**

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

The NC EIS is the designated state entity authorized by the North Carolina legislature to establish criteria for certification of personnel working with the NC ITP. These criteria pertain to CDSA employees or network of community service providers across the state. Primarily, the community providers provide services and supports to enrolled families and their infants and toddlers with disabilities. As part of NC's professional development system, the requirements for Infant, Toddler and Family Certification (ITFC) are set forth in a guidance document that can be accessed through the following link: (<https://www.ncdhhs.gov/divisions/child-and-family-well-being/north-carolina-infant-toddler-program-nc-ity/nc-ity-staff#NCITPCertificationMaintenance-4429>).

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

Each CDSA enrolls community-based service providers to provide special instruction and discipline-specific services to families. Service coordination, eligibility evaluations, and initial child and family assessments are completed exclusively by the CDSAs and their staff. CDSAs and enrolled community-based service providers must ensure staff comply with the ITP's certification requirements. They review and attest that staff (providers of special instruction and service coordination) have met the continuing professional development requirements for annual maintenance of the ITFC. Documentation of compliance with certification and continuing education requirements for CDSA staff is provided to the NC EIS by each of the CDSAs. Attestations for community-based providers are maintained at the CDSAs. This helps ensure that compliance with certification and ITFC are verified on an on-going basis at CDSAs and across each CDSA's provider network. In addition, CDSAs and enrolled community-based service providers must ensure their discipline-specific clinicians (e.g., occupational therapists, physical therapists, speech/language pathologists/therapists) comply with their professional licensure or certification requirements, and continuing education requirements.

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

- Creating a system of standardized and consistent statewide professional development for CDSA staff and providers,
- Modifying the certification process, and

- Developing consistent standards for evaluation and assessment (tools), particularly around social emotional development.

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

- Continuing to train providers and new CDSA staff on Coaching and Natural Learning Environment Practices. Fidelity measures continue to be implemented for staff and providers that have attended the required trainings.
- Continuing to train staff and contract providers on providing Tele-services for Early Interventionists
- Training EI Service Coordinators statewide on Resource Based Practices, as well as, Putting it into Practice training for both CDSA staff and providers.
- Requiring CDSA staff and contract providers to take Prevent Child Abuse North Carolina's-Responding to Abuse and Neglect annually and pass a post-test.
- Implementation of Pyramid Model. The Winston-Salem CDSA has completed training and intensive implementation scaleup and is now two full years into implementation. The Greenville CDSA was chosen as the second Pyramid Model Implementation site with training and early phases of implementation starting FFY 22-23.
- A variety of social-emotional focused trainings and continuing education are offered to staff and providers which align with Infant Mental Health Competencies needed to obtain individual endorsement. Endorsement is optional and not required.
- Integration of the Early Childhood Technical Assistance Center's Child Outcomes Summary training into the NC ITP's website. This training is mandatory for CDSA staff.

#### **Stakeholder Engagement:**

**The mechanisms for broad stakeholder engagement, including activities carried out to obtain input from, and build the capacity of, a diverse group of parents to support the implementation activities designed to improve outcomes, including target setting and any subsequent revisions to targets, analyzing data, developing improvement strategies, and evaluating progress.**

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

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

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

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

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

While no additional changes were made during FFY 2022 to the targets established for FFYs 2020-2025, NC ITP staff reviewed the program's FFY 2022 Indicator data and progress with NC ITP leadership and its Interagency Coordinating Council. NC ITP leadership and the ICC were also involved in reviewing data and selecting the additional demographic factor evaluated for representativeness in Indicator 4.

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

YES

#### **Number of Parent Members:**

6

#### **Parent Members Engagement:**

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

As noted in the NC ITP's FFY 2020 APR, the NC ITP leveraged its ongoing partnership with the Exceptional Children's Assistance Center (ECAC), North Carolina's Parent Training and Information Center, to solicit parent participation. The ECAC advertised meetings to solicit parent input through its social media and LICC mailing lists. The CDSAs were also involved in sending information to parents enrolled in their local programs. Flyers were sent to invite parents and other community members to an informational meeting where NC ITP staff discussed what would be involved in target setting meetings as well as expectations for parent participants. ECAC staff also discussed the process for reimbursing parents for their time. An additional

round of invitations for parents to attend target-setting meetings was conducted again through ECAC and the CDSAs. Parents did not have to attend the info meeting to attend the target setting meetings, and they were not required to be able to attend all sessions to participate. Pre-meeting materials were sent to parents – in both English and Spanish – that covered the basics of target setting, historical data on program performance on the APR Indicators to be reviewed, and some additional context to consider during target setting. All advertising to encourage parents to participate and meeting materials were available in English and Spanish. Real-time Spanish translation was offered during the meetings.

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

During FFY 2022, parents continued to be included in the process of reviewing data and evaluating progress through participation in the NC ITP's Interagency Coordinating Council.

#### **Activities to Improve Outcomes for Children with Disabilities:**

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

As noted in the NC ITP's FFY 2020 APR, the NC ITP's SSIP has improved social-emotional child outcomes as its goal. The Coaching implementation work discussed in Indicator 11 (and in prior SSIP reports) is explicitly aimed at developing families' capacity to help improve outcomes for both their individual child, and by extension improve outcomes for children program wide. On-going implementation of the Pyramid Model also includes a component related to developing parent capacity – each CDSA is required to include a parent as a part of their local leadership team leading their implementation of Pyramid model. This will not only ensure parent input into the implementation process, but also develop a pool of parents with expertise related to the Pyramid model for inclusion in the NC ITP's future work.

#### **Soliciting Public Input:**

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

As noted in the NC ITP's FFY 2020 APR, both the ICC and parent target-setting meetings discussed above were open to the public. Information about the ICC meetings can be found on the NC ITP website. Further, emails and flyers (with contact information of staff to respond to inquiries/questions) were used to invite participants to target setting meetings. ICC meetings are considered public meetings, and twelve (12) non-member guests attended and participated along with ICC members in target-setting. The parent target setting meetings were advertised by the Exceptional Children's Assistance Center through their social media and LICC mailing lists and were not limited to parents. As noted above, in addition to input from the ECAC staff, a representative from an organization working with multiple families attended the parent target setting meetings to provide input.

#### **Making Results Available to the Public:**

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

Results of the target setting process were shared with NC ITP leadership and the State ICC by members of the EIS Data and Evaluation team at their regularly scheduled meetings in early 2022. The final APR/SSIP document, including new targets and strategies, was made publicly available on the NC ITP website once reviewed by OSEP (see below).

#### **Reporting to the Public:**

##### **How and where the State reported to the public on the FFY 2021 performance of each EIS Program located in the State on the targets in the SPP/APR as soon as practicable, but no later than 120 days following the State's submission of its FFY 2021 APR, as required by 34 CFR §303.702(b)(1)(i)(A); and a description of where, on its website, a complete copy of the State's SPP/APR, including any revisions if the State has revised the targets that it submitted with its FFY 2021 APR in 2023, is available.**

The NC ITP disseminated the FFY 2021 SPP/APR to stakeholders through the local lead agencies (the CDSAs) and posted the FFY 2021 SPP/APR on the NC ITP's website, located at: <https://www.ncdhhs.gov/nc-annual-performance-report-fy-2021/open>

CDSA-specific APR indicator data, including comparisons to the State target and State actual data, are also posted on the Program's website, which can be accessed from this link: <https://www.ncdhhs.gov/cdsa-specific-data-fy-2021/open>

## **Intro - Prior FFY Required Actions**

None

## **Intro - OSEP Response**

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

## **Intro - Required Actions**

# Indicator 1: Timely Provision of Services

## Instructions and Measurement

**Monitoring Priority:** Early Intervention Services In Natural Environments

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

### Data Source

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

### Measurement

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

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

### Instructions

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

Targets must be 100%.

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

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

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

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

If the State reported less than 100% compliance for the previous reporting period (e.g., for the FFY 2022 SPP/APR, the data for FFY 2021), and the State did not identify any findings of noncompliance, provide an explanation of why the State did not identify any findings of noncompliance.

## 1 - Indicator Data

### Historical Data

Baseline Year	Baseline Data
2005	73.00%

FFY	2017	2018	2019	2020	2021
Target	100%	100%	100%	100%	100%
Data	99.26%	99.52%	99.04%	98.37%	99.54%

### Targets

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

### FFY 2022 SPP/APR Data

Number of infants and toddlers with IFSPs who receive the early intervention services on their IFSPs in a timely manner	Total number of infants and toddlers with IFSPs	FFY 2021 Data	FFY 2022 Target	FFY 2022 Data	Status	Slippage
4,141	4,582	99.54%	100%	97.38%	Did not meet target	Slippage

**Provide reasons for slippage, if applicable**

A combination of factors contributed to slippage on this Indicator. The NC ITP's daily headcount has rebounded to pre-pandemic levels while turnover and vacancy rates among NC ITP staff, particularly Service Coordinators, has remained high. This has resulted in caseloads as high as 90+ children at some CDSAs, making it more difficult for service coordinators to track timelines. Many of the NC ITP's contracted service providers are also dealing with turnover and vacancies, reducing the amount of time they have available to serve children and families. CDSA directors have also noted a continuing disconnect between families wanting in-person services and providers wanting to lower their overhead costs by preferring teleservices and/or clinic services because it allows them to see more children without travel requirements. All of these factors combined during FFY 2022-23 to make it more difficult for service coordinators to find service providers and have services begin in a timely manner.

The NC ITP has efforts underway to try to address some of these issues. The program used ARP funds to provide a substantial retention bonus for all staff. Staff who accepted the bonus agreed to continue working in the program for at least 18 months, helping to stabilize the current workforce while the program works to hire new staff. Additionally, the NC ITP's billing workgroup undertook a survey to better understand the supports needed by the NC ITP's provider network. The results were reviewed with program leadership and several strategies are being considered based on the survey results.

**Number of documented delays attributable to exceptional family circumstances**

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

321

**Provide reasons for delay, if applicable.**

There were one hundred twenty (120) children who did not receive all their IFSP services in a timely manner due to CDSA-specific delays, including inadequate follow-up by CDSA staff, delays in referring children to service providers, delays in providers initiating services, providers or CDSA staff being unavailable to provide services in a timely manner, and other CDSA delays. This represents a noncompliance rate of 2.62%.

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

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

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

State database

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

The NC EIS reviewed data for all children who had services added to IFSPs during the months of September, October, and November 2022. This data is entered into HIS by each of the CDSAs and include all services, start dates, and reasons for any delays.

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

For Indicator 1, a quarter of the fiscal year was used to determine compliance with the indicator. The state selected September 1, 2022, through November 30, 2022. This is considered representative of the full reporting year because the same requirements are in place for this quarter of the fiscal year as in all quarters. The NC ITP is confident that the chosen reporting period accurately reflects data for infants and toddlers with IFSPs for FFY 2022

**Provide additional information about this indicator (optional)**

A total of four thousand five hundred eighty-two (4,582) children with IFSPs were reviewed for this indicator. Four thousand one hundred forty-one (4,141) of these children received their services in a timely manner. An additional three hundred twenty-one (321) children did not receive their services in a timely manner due to documented exceptional family circumstances. Therefore, 4,462 out of 4,582 children (97.38%) were provided services on their IFSPs in a timely manner (within 30 days).

These data reflect substantial compliance for Indicator 1.

Additional information regarding FFY 2021 noncompliance data below:

While there were two findings of noncompliance issued for FFY 2021, there were additional individual instances of noncompliance at four CDSAs. Two (2) CDSAs were in the process of correcting findings issued during FFY 2019. The NC ITP did not issue additional findings to these CDSAs. The two (2) remaining CDSAs corrected the identified noncompliance prior to findings being issued.

As required in OSEP's QA 23-01 document, to ensure that these individual instances of noncompliance were corrected where possible, the NC EIS conducted record reviews through HIS and reviewed the children's records to verify subsequent correction. The NC EIS compared the data entered into HIS to the child's paper record to verify that correction occurred, if correction was possible. This review determined that each of the children at issue had received services, although late, unless the child was no longer within the jurisdiction of the NC ITP. For those CDSAs that corrected noncompliance prior to a finding, data for subsequent months was reviewed in HIS to ensure those CDSAs had 100% compliance with the regulatory requirement for Timely Services (that new IFSP service begin within 30 days). CDSAs are not permitted to use the process for correction prior to a finding without meeting 100% compliance requirement during review of subsequent months.

**Correction of Findings of Noncompliance Identified in FFY 2021**

Findings of Noncompliance Identified	Findings of Noncompliance Verified as Corrected Within One Year	Findings of Noncompliance Subsequently Corrected	Findings Not Yet Verified as Corrected
2	1	0	1

**FFY 2021 Findings of Noncompliance Verified as Corrected**

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

The NC ITP continues to implement a system that identifies and corrects noncompliance as soon as possible, but in any case, not more than one year from the date of identification (i.e., the date on which the NC EIS provided written notification to the CDSA of the noncompliance). The corrective action process begins when the NC EIS issues formal written findings of noncompliance to specific CDSAs, which include the specific statutory and regulatory requirements that are not being correctly implemented. Each CDSA is required to utilize a root cause analysis framework to drill down and to identify the reasons for noncompliance. CDSAs develop CAPs with assistance from the NC EIS to ensure that the identified root cause of the noncompliance is addressed. CDSAs are required to submit frequent progress reports to the NC EIS on an approved schedule, with benchmarks of performance to ensure timely correction of the identified noncompliance. The process used to determine correction of noncompliance includes analysis of progress report information, verification of the correction of child-specific noncompliance, and month-to-month review of updated data from the statewide database (HIS) to verify 100% compliance with the regulatory requirement for Timely Services (that new IFSP services begin within 30 days). One hundred percent compliance with this requirement must be achieved before non-compliance can be verified as corrected on a systemic basis in accordance with the Individuals with Disabilities Education Act (IDEA) and OSEP’s QA 23-01 document.

The OSEP QA 23-01 document clarified that for any identified noncompliance, correction must be achieved on two levels or prongs: first, correction must take place at the child-specific level, even if late, unless the child has moved or is no longer within the jurisdiction of the program; and second, there must be evidence that the regulatory provision at issue that was not being implemented correctly is now being implemented correctly, based on a review of new previously unreviewed data. The NC EIS continues to utilize these strategies to ensure timely correction of noncompliance, as well as continual review of local procedures and previously issued state guidance documents, and to assess resource and infrastructure issues that might impact each CDSA’s ability to meet statutory and regulatory timelines for the provision of timely services. Subsequent data from HIS has been reviewed for the CDSA with non-compliance in FFY 2021 and 100% compliance has been achieved by the CDSA for provision of IFSP services within the 30-day timeline.

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

One (1) CDSA accounts for the one (1) finding issued in FFY 2021 that has subsequently been verified as corrected. This CDSA received intensive monitoring, TA, and support from the NC EIS to correct the noncompliance within one year of the finding being issued. As required in OSEP’s QA 23-01 document, to ensure that these individual instances of noncompliance were corrected where possible, the NC EIS conducted record reviews through HIS to review the children’s records that were initially found to be noncompliant to verify subsequent correction. The NC EIS compares the data entered into HIS to the child’s paper record to verify that correction occurred, if correction is possible. Each of the children at issue had received services, although late, unless the child was no longer within the jurisdiction of the NC ITP.

**FFY 2021 Findings of Noncompliance Not Yet Verified as Corrected**

**Actions taken if noncompliance not corrected**

One (1) CDSA, with a total of one (1) finding, continues to work on the process of correcting noncompliance beyond the one-year timeline. The NC EIS has provided this CDSA with intensive TA that consisted of a deeper drill down and analysis of the root cause of the noncompliance and a review of the CDSA’s internal procedures for documentation and for following up on new services. This CDSA is currently in correction for Indicator 7 as well, and one of the strategies they employed to try to help meet the 45-day timeline had an unintended impact on compliance with this indicator. The CDSA was allowed to pilot a process for utilizing contract service providers to assist in completing eligibility evaluations, as the majority of their clinicians are considered part-time and temporary employees. This decreased their available time slots to provide IFSP services and made it more difficult for the CDSA to meet the 30-day timeline for timely services. The CDSA is now receiving assistance with evaluations from staff at another CDSA, hopefully opening up more provider slots for IFSP services.

This CDSA is also impacted by the provider issues discussed under reasons for slippage above. The CDSA is working with the EI State office to fill positions and may also benefit from some of the strategies being considered to support providers, particularly around trying to increase rates and/or pay for provider travel.

**Correction of Findings of Noncompliance Identified Prior to FFY 2021**

Year Findings of Noncompliance Were Identified	Findings of Noncompliance Not Yet Verified as Corrected as of FFY 2021 APR	Findings of Noncompliance Verified as Corrected	Findings Not Yet Verified as Corrected
FFY 2019	4	4	0

**FFY 2019**

**Findings of Noncompliance Verified as Corrected**

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

The NC ITP continues to implement a system that identifies and corrects noncompliance as soon as possible, but in any case, not more than one year from the date of identification (i.e., the date on which the NC EIS provided written notification to the CDSA of the noncompliance). The corrective action process begins when the NC EIS issues formal written findings of noncompliance to specific CDSAs, which include the specific statutory and regulatory requirements that are not being correctly implemented. Each CDSA is required to utilize a root cause analysis framework to drill down and to identify the reasons for noncompliance. CDSAs develop CAPs with assistance from the NC EIS to ensure that the identified root cause of the noncompliance is addressed. CDSAs are required to submit frequent progress reports to the NC EIS on an approved schedule, with benchmarks of performance to ensure timely correction of the identified noncompliance. The process used to determine correction of noncompliance includes analysis of progress report information, verification of the correction of child-specific noncompliance, and month-to-month review of updated data from the statewide database (HIS) to verify 100% compliance with the regulatory requirement for Timely Services (that new IFSP services begin within 30 days). One hundred percent



compliance with this requirement must be achieved before non-compliance can be verified as corrected on a systemic basis in accordance with the Individuals with Disabilities Education Act (IDEA) and OSEP's QA 23-01 document.

The OSEP QA 23-01 document, clarified that for any identified noncompliance, correction must be achieved on two levels or prongs: first, correction must take place at the child-specific level, even if late, unless the child has moved or is no longer within the jurisdiction of the program; and second, there must be evidence that the regulatory provision at issue that was not being implemented correctly is now being implemented correctly, based on a review of new previously unreviewed data. The NC EIS continues to utilize these strategies to ensure timely correction of noncompliance, as well as continual review of local procedures and previously issued state guidance documents, and to assess resource and infrastructure issues that might impact each CDSA's ability to meet statutory and regulatory timelines for the provision of timely services. Subsequent data from HIS has been reviewed for the CDSA with non-compliance in FFY 2019 and 100% compliance has been achieved by the CDSA for provision of IFSP services within the 30-day timeline.

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

One (1) CDSA accounted for the four (4) findings issued in FFY 2019 that have subsequently been verified as corrected during FFY 2021. This CDSA received intensive monitoring, TA, and support from the NC EIS to correct the noncompliance. As required in OSEP's QA 23-01 document, to ensure that these individual instances of noncompliance were corrected where possible, the NC EIS conducted record reviews through HIS to review the children's records that were initially found to be noncompliant to verify subsequent correction. The NC EIS compares the data entered into HIS to the child's paper record to verify that correction occurred, if correction is possible. Each of the children at issue had received services, although late, unless the child was no longer within the jurisdiction of the NC ITP.

## **1 - Prior FFY Required Actions**

Because the State reported less than 100% compliance for FFY 2021, the State must report on the status of correction of noncompliance identified in FFY 2021 for this indicator. In addition, the State must demonstrate, in the FFY 2022 SPP/APR, that the remaining four uncorrected findings of noncompliance identified in FFY 2019 were corrected.

When reporting on the correction of noncompliance, the State must report, in the FFY 2022 SPP/APR, that it has verified that each EIS program or provider with findings of noncompliance identified in FFY 2021 and each EIS program or provider with remaining four (4) findings of noncompliance identified in FFY 2019: (1) is correctly implementing the specific regulatory requirements (i.e., achieved 100% compliance) based on a review of updated data such as data subsequently collected through on-site monitoring or a State data system; and (2) has corrected each individual case of noncompliance, unless the child is no longer within the jurisdiction of the EIS program or provider, consistent with OSEP Memo 09-02. In the FFY 2022 SPP/APR, the State must describe the specific actions that were taken to verify the correction.

If the State did not identify any findings of noncompliance in FFY 2021, although its FFY 2021 data reflect less than 100% compliance, provide an explanation of why the State did not identify any findings of noncompliance in FFY 2021.

### **Response to actions required in FFY 2021 SPP/APR**

The status of correction of non-compliance for FFY 2019 and FFY 2021 is addressed above.

## **1 - OSEP Response**

The State reported that it used data from a State database to report on this indicator. The State further reported that it did not use data for the full reporting period (July 1, 2022- June 30, 2023). The State described how the time period in which the data were collected accurately reflects data for infants and toddlers with IFSPs for the full reporting period.

## **1 - Required Actions**

Because the State reported less than 100% compliance for FFY 2022, the State must report on the status of correction of noncompliance identified in FFY 2022 for this indicator. In addition, the State must demonstrate, in the FFY 2023 SPP/APR, that the remaining finding of noncompliance identified in FFY 2021 was corrected. When reporting on the correction of noncompliance, the State must report, in the FFY 2023 SPP/APR, that it has verified that each EIS program or provider with findings of noncompliance identified in FFY 2022 and each EIS program or provider with remaining noncompliance identified in FFY 2021: (1) is correctly implementing the specific regulatory requirements (i.e., achieved 100% compliance) based on a review of updated data such as data subsequently collected through on-site monitoring or a State data system; and (2) has corrected each individual case of noncompliance, unless the child is no longer within the jurisdiction of the EIS program or provider, consistent with OSEP QA 23-01. In the FFY 2023 SPP/APR, the State must describe the specific actions that were taken to verify the correction. If the State did not identify any findings of noncompliance in FFY 2022, although its FFY 2022 data reflect less than 100% compliance, provide an explanation of why the State did not identify any findings of noncompliance in FFY 2022.

## Indicator 2: Services in Natural Environments

### Instructions and Measurement

**Monitoring Priority:** Early Intervention Services In Natural Environments

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

**Data Source**

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

**Measurement**

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

**Instructions**

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

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

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

## 2 - Indicator Data

### Historical Data

Baseline Year	Baseline Data
2010	98.00%

FFY	2017	2018	2019	2020	2021
Target >=	98.50%	98.50%	98.50%	98.50%	98.50%
Data	99.23%	99.44%	99.50%	99.04%	99.12%

### Targets

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

### Targets: Description of Stakeholder Input

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

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

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

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

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

While no additional changes were made during FFY 2022 to the targets established for FFYs 2020-2025, NC ITP staff reviewed the program’s FFY 2022 Indicator data and progress with NC ITP leadership and its Interagency Coordinating Council. NC ITP leadership and the ICC were also involved in reviewing data and selecting the additional demographic factor evaluated for representativeness in Indicator 4.

**Prepopulated Data**

Source	Date	Description	Data
SY 2022-23 EMAPS IDEA Part C Child Count and Settings Survey; Section A: Child Count and Settings by Age	08/30/2023	Number of infants and toddlers with IFSPs who primarily receive early intervention services in the home or community-based settings	10,367
SY 2022-23 EMAPS IDEA Part C Child Count and Settings Survey; Section A: Child Count and Settings by Age	08/30/2023	Total number of infants and toddlers with IFSPs	10,425

**FFY 2022 SPP/APR Data**

Number of infants and toddlers with IFSPs who primarily receive early intervention services in the home or community-based settings	Total number of Infants and toddlers with IFSPs	FFY 2021 Data	FFY 2022 Target	FFY 2022 Data	Status	Slippage
10,367	10,425	99.12%	98.50%	99.44%	Met target	No Slippage

**Provide additional information about this indicator (optional).**

Data for this indicator were gathered from HIS, utilizing the December 1, 2022, headcount. There were ten thousand four hundred twenty-five (10,425) children in the NC ITP’s December 1, 2022, headcount. Of these 10,425 children, 58 (0.56%) did not receive early intervention services primarily in the home or community-based settings. The 99.12% of children who did receive services in the home or community-based setting is well above the state’s target of 98.50%.

**2 - Prior FFY Required Actions**

None

**2 - OSEP Response**

**2 - Required Actions**

## Indicator 3: Early Childhood Outcomes

### Instructions and Measurement

**Monitoring Priority:** Early Intervention Services In Natural Environments

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

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

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

#### Data Source

State selected data source.

#### Measurement

Outcomes:

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

Progress categories for A, B and C:

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

#### Summary Statements for Each of the Three Outcomes:

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

##### Measurement for Summary Statement 1:

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

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

##### Measurement for Summary Statement 2:

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

#### Instructions

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

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

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

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

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

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

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

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

### 3 - Indicator Data

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

NO

#### Targets: Description of Stakeholder Input

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

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

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

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

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

While no additional changes were made during FFY 2022 to the targets established for FFYs 2020-2025, NC ITP staff reviewed the program's FFY 2022 Indicator data and progress with NC ITP leadership and its Interagency Coordinating Council. NC ITP leadership and the ICC were also involved in reviewing data and selecting the additional demographic factor evaluated for representativeness in Indicator 4.

#### Historical Data

Outcome	Baseline	FFY	2017	2018	2019	2020	2021
A1	2008	Target>=	73.50%	74.00%	74.00%	74.00%	74.62%
A1	72.90%	Data	72.07%	74.29%	75.21%	74.13%	74.07%
A2	2008	Target>=	60.50%	61.00%	61.00%	61.00%	53.15%
A2	59.00%	Data	53.13%	52.94%	52.46%	51.64%	47.56%
B1	2008	Target>=	80.00%	80.50%	80.50%	80.50%	80.79%
B1	79.50%	Data	78.16%	79.77%	81.06%	80.37%	79.41%
B2	2008	Target>=	51.40%	52.00%	52.00%	52.00%	47.72%
B2	50.50%	Data	47.01%	48.05%	47.20%	46.98%	43.62%
C1	2008	Target>=	78.20%	78.40%	78.40%	78.40%	79.87%
C1	77.60%	Data	77.01%	78.89%	79.73%	79.43%	77.87%
C2	2008	Target>=	58.60%	58.60%	58.60%	58.60%	51.70%
C2	57.20%	Data	52.53%	52.05%	51.90%	50.28%	47.54%

#### Targets

FFY	2022	2023	2024	2025
-----	------	------	------	------

Target A1>=	75.12%	75.61%	76.11%	76.60%
Target A2>=	54.66%	56.17%	57.69%	59.20%
Target B1>=	81.22%	81.65%	82.07%	82.50%
Target B2>=	48.47%	49.21%	49.96%	50.70%
Target C1>=	80.30%	80.73%	81.17%	81.60%
Target C2>=	53.13%	54.55%	55.98%	57.40%

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

Outcome A Progress Category	Number of children	Percentage of Total
a. Infants and toddlers who did not improve functioning	16	0.24%
b. Infants and toddlers who improved functioning but not sufficient to move nearer to functioning comparable to same-aged peers	1,629	24.01%
c. Infants and toddlers who improved functioning to a level nearer to same-aged peers but did not reach it	2,101	30.97%
d. Infants and toddlers who improved functioning to reach a level comparable to same-aged peers	2,120	31.25%
e. Infants and toddlers who maintained functioning at a level comparable to same-aged peers	918	13.53%

Outcome A	Numerator	Denominator	FFY 2021 Data	FFY 2022 Target	FFY 2022 Data	Status	Slippage
A1. Of those children who entered or exited the program below age expectations in Outcome A, the percent who substantially increased their rate of growth by the time they turned 3 years of age or exited the program	4,221	5,866	74.07%	75.12%	71.96%	Did not meet target	Slippage
A2. The percent of infants and toddlers who were functioning within age expectations in Outcome A by the time they turned 3 years of age or exited the program	3,038	6,784	47.56%	54.66%	44.78%	Did not meet target	Slippage

**Provide reasons for A1 slippage, if applicable**

Decreases in Child Outcomes scores across Summary Statement 1 and 2 for all three components of Child Outcomes likely point to a continuing impact from the COVID pandemic on Child Outcomes (see narrative below).

**Provide reasons for A2 slippage, if applicable**

Decreases in Child Outcomes scores across Summary Statement 1 and 2 for all three components of Child Outcomes likely point to a continuing impact from the COVID pandemic on Child Outcomes (see narrative below). The decrease in Summary Statement 2 is also part of a longer trend of decreases in Summary Statement 2 across all areas of Child Outcomes.

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

Outcome B Progress Category	Number of Children	Percentage of Total
a. Infants and toddlers who did not improve functioning	15	0.22%
b. Infants and toddlers who improved functioning but not sufficient to move nearer to functioning comparable to same-aged peers	1,372	20.22%
c. Infants and toddlers who improved functioning to a level nearer to same-aged peers but did not reach it	2,657	39.17%
d. Infants and toddlers who improved functioning to reach a level comparable to same-aged peers	2,355	34.71%
e. Infants and toddlers who maintained functioning at a level comparable to same-aged peers	385	5.68%

Outcome B	Numerator	Denominator	FFY 2021 Data	FFY 2022 Target	FFY 2022 Data	Status	Slippage
B1. Of those children who entered or exited the program below age expectations in Outcome B, the percent who substantially increased their rate of growth by the time they turned 3 years of age or exited the program	5,012	6,399	79.41%	81.22%	78.32%	Did not meet target	Slippage
B2. The percent of infants and toddlers who were functioning within age expectations in Outcome B by the time they turned 3 years of age or exited the program	2,740	6,784	43.62%	48.47%	40.39%	Did not meet target	Slippage

**Provide reasons for B1 slippage, if applicable**

Decreases in Child Outcomes scores across Summary Statement 1 and 2 for all three components of Child Outcomes likely point to a continuing impact from the COVID pandemic on Child Outcomes (see narrative below).

**Provide reasons for B2 slippage, if applicable**

Decreases in Child Outcomes scores across Summary Statement 1 and 2 for all three components of Child Outcomes likely point to a continuing impact from the COVID pandemic on Child Outcomes (see narrative below). The decrease in Summary Statement 2 is also part of a longer trend of decreases in Summary Statement 2 across all areas of Child Outcomes.

**Outcome C: Use of appropriate behaviors to meet their needs**

Outcome C Progress Category	Number of Children	Percentage of Total
a. Infants and toddlers who did not improve functioning	15	0.22%
b. Infants and toddlers who improved functioning but not sufficient to move nearer to functioning comparable to same-aged peers	1,600	23.58%
c. Infants and toddlers who improved functioning to a level nearer to same-aged peers but did not reach it	2,078	30.63%
d. Infants and toddlers who improved functioning to reach a level comparable to same-aged peers	2,542	37.47%
e. Infants and toddlers who maintained functioning at a level comparable to same-aged peers	549	8.09%

Outcome C	Numerator	Denominator	FFY 2021 Data	FFY 2022 Target	FFY 2022 Data	Status	Slippage
C1. Of those children who entered or exited the program below age expectations in Outcome C, the percent who substantially increased their rate of growth by the time they turned 3 years of age or exited the program	4,620	6,235	77.87%	80.30%	74.10%	Did not meet target	Slippage
C2. The percent of infants and toddlers who were functioning within age expectations in Outcome C by the time they turned 3 years of age or exited the program	3,091	6,784	47.54%	53.13%	45.56%	Did not meet target	Slippage

**Provide reasons for C1 slippage, if applicable**

Decreases in Child Outcomes scores across Summary Statement 1 and 2 for all three components of Child Outcomes likely point to a continuing impact from the COVID pandemic on Child Outcomes (see narrative below).

**Provide reasons for C2 slippage, if applicable**

Decreases in Child Outcomes scores across Summary Statement 1 and 2 for all three components of Child Outcomes likely point to a continuing impact from the COVID pandemic on Child Outcomes (see narrative below). The decrease in Summary Statement 2 is also part of a longer trend of decreases in Summary Statement 2 across all areas of Child Outcomes.

**FFY 2022 SPP/APR Data**

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

Question	Number
The number of infants and toddlers who exited the Part C program during the reporting period, as reported in the State's Part C exiting 618 data	9,747
The number of those infants and toddlers who did not receive early intervention services for at least six months before exiting the Part C program.	2,642
Number of infants and toddlers with IFSPs assessed	6,784

Sampling Question	Yes / No
Was sampling used?	NO

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

YES

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

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

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

**Provide additional information about this indicator (optional).**

FFY 2022 saw decreases in scores for Summary Statement 1 across all three components of Child Outcomes. This represents the third year in a row of decreases in Summary Statement 1 after several years where the NC ITP had experienced slow but steady progress on Summary Statement 1. As noted in the NC ITP's FFY 2021 APR, at that time scores, while lower, were still within the range of pre-pandemic scores. For FFY 2022, scores have now dropped below their pre-pandemic average:

- Positive Social-Emotional – FFY 2015-2019 average = 72.75%, FFY 2022 = 71.96%
- Acquiring Knowledge and Skills – FFY 2015-2019 average = 78.75%, FFY 2022 = 78.32%
- Taking Actions to Meet Needs – FFY 2015-2019 average = 77.94%, FFY 2021 = 74.10%

The NC ITP continued to see decreases for Summary Statement 2 for each of the three outcomes, continuing a trend of gradual decreases since FFY 2013. Though on a more positive note, the rate of decrease in FFY 2022 was smaller than in FFY 2021. For all three outcome areas, the decreases were found to be significant using the ECO Meaningful Difference calculator:

- Positive Social-Emotional – FFY 2021 = 47.56%, FFY 2022 = 44.78%, -2.78 difference
- Acquiring Knowledge and Skills – FFY 2021 = -43.62%, FFY 2022 = -40.39%, -3.23 difference
- Taking Action to Meet Needs – FFY 2021 = 47.54%, FFY 2022 = 45.56%, -1.98 difference

The ongoing decrease in scores for both Summary Statement 1 and 2 continues to be of concern for the program. These decreases make it likely that the pandemic and the programmatic changes it necessitated continue to have a negative impact on Child Outcomes.

**3 - Prior FFY Required Actions**

None

**3 - OSEP Response**

**3 - Required Actions**



## Indicator 4: Family Involvement

### Instructions and Measurement

**Monitoring Priority:** Early Intervention Services In Natural Environments

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

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

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

#### Data Source

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

#### Measurement

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

#### Instructions

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

Provide the actual numbers used in the calculation.

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

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

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

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

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

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

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

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

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

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

## 4 - Indicator Data

### Historical Data

Measure	Baseline	FFY	2017	2018	2019	2020	2021
A	2016	Target>=	76.00%	76.00%	92.50%	92.50%	98.54%
A	92.84%	Data	94.85%	95.67%	95.36%	88.67%	89.88%
B	2016	Target>=	72.50%	72.50%	95.00%	95.00%	92.22%
B	94.86%	Data	95.95%	96.38%	96.35%	91.53%	93.03%
C	2016	Target>=	84.00%	84.00%	88.00%	88.00%	86.11%
C	90.76%	Data	93.19%	93.81%	93.49%	84.89%	86.36%

## Targets

FFY	2022	2023	2024	2025
Target A>=	90.40%	91.27%	92.13%	93.00%
Target B>=	92.92%	93.61%	94.31%	95.00%
Target C>=	87.33%	88.56%	89.78%	91.00%

### Targets: Description of Stakeholder Input

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

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

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

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

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

While no additional changes were made during FFY 2022 to the targets established for FFYs 2020-2025, NC ITP staff reviewed the program's FFY 2022 Indicator data and progress with NC ITP leadership and its Interagency Coordinating Council. NC ITP leadership and the ICC were also involved in reviewing data and selecting the additional demographic factor evaluated for representativeness in Indicator 4.

### FFY 2022 SPP/APR Data

The number of families to whom surveys were distributed	10,250
Number of respondent families participating in Part C	1,420
Survey Response Rate	13.85%
A1. Number of respondent families participating in Part C who report that early intervention services have helped the family know their rights	1,241
A2. Number of responses to the question of whether early intervention services have helped the family know their rights	1,369
B1. Number of respondent families participating in Part C who report that early intervention services have helped the family effectively communicate their children's needs	1,268
B2. Number of responses to the question of whether early intervention services have helped the family effectively communicate their children's needs	1,368
C1. Number of respondent families participating in Part C who report that early intervention services have helped the family help their children develop and learn	1,184

C2. Number of responses to the question of whether early intervention services have helped the family help their children develop and learn	1,350
---	-------

Measure	FFY 2021 Data	FFY 2022 Target	FFY 2022 Data	Status	Slippage
A. Percent of families participating in Part C who report that early intervention services have helped the family know their rights (A1 divided by A2)	89.88%	90.40%	90.65%	Met target	No Slippage
B. Percent of families participating in Part C who report that early intervention services have helped the family effectively communicate their children's needs (B1 divided by B2)	93.03%	92.92%	92.69%	Did not meet target	No Slippage
C. Percent of families participating in Part C who report that early intervention services have helped the family help their children develop and learn (C1 divided by C2)	86.36%	87.33%	87.70%	Met target	No Slippage

Sampling Question	Yes / No
Was sampling used?	NO

Question	Yes / No
Was a collection tool used?	YES
If yes, is it a new or revised collection tool?	NO

#### Response Rate

FFY	2021	2022
Survey Response Rate	16.93%	13.85%

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

Prior to FFY 2020, representativeness was determined through a review of both the percent of all respondents within each race/ethnicity categories compared to their percentage of the overall enrolled child population, as well as the response rates for each group. The data had been broadly representative, though some areas for improvement were noted in most years. Starting in FFY 2020, the differences in response rate and in proportional representation led to use of the ECTA Representativeness Calculator. The NC ITP continued to use the ECTA tool for FFY 2022, which showed that the data was not representative for Black or African American, American Indian or Alaska Native, Hispanic, and White children.

**Include the State's analysis of the extent to which the demographics of the infants or toddlers for whom families responded are representative of the demographics of infants and toddlers enrolled in the Part C program. States should consider categories such as race/ethnicity, age of infant or toddler, and geographic location in the State. States must include race/ethnicity in their analysis. In addition, the State's analysis must include at least one of the following demographics: socioeconomic status, parents or guardians whose primary language is other than English and who have limited English proficiency, maternal education, geographic location, and/or another category approved through the stakeholder input process.**

FFY 2022 represents the third year in row where the Family Outcomes Survey data was not representative of the population enrolled in program. (Since the program changed its process in FFY 2016, representativeness had been going up year over year prior to FFY 2020). Data for many of the smaller racial groups (Asian, Native Hawaiian or Pacific Islander, and Two or More Races) were consistent with their proportion of the NC ITP's enrolled children. However, for the three largest groups of enrolled children – Black or African American, Hispanic, and White children – as well as American Indian or Alaska Native children, this was not the case.

Families of White children were over-represented in responses. White children made up 46.8% of the children on the December 1, 2022, headcount, while their families accounted for 56.4% of Family Outcomes survey responses in FFY 2022. This represents a slight improvement over FY 2021, when families of White children comprised 58.6% of respondent.

Families of American Indian or Alaska Native, Black or African American, and Hispanic children were under-represented in the survey responses.

- Black or African American children made up 27.3% of the December 1, 2022, headcount, but their families represented 22.2% of the survey responses. This is an improvement over FFY 2021, when 19.2% of responses were from families of Black or African American children.
- Hispanic children made up 19.7% of the December 1, 2022, headcount, but their families represented only 16.5% of the survey responses. This data is consistent with FFY 2021 (16.6%), and remains an improvement over FFY 2020, when 14.9% of survey responses were from families or Hispanic children.
- American Indian or Alaska Native children make up a much smaller percent of enrolled children at just 1.1% of the December 1, 2022, headcount, their families represented only 0.6% of the survey responses. While these numbers are quite small, responses are not representative for this group in FFY 2022 based on the Early Childhood Technical Assistance Center's (ECTA) Representativeness calculator.

In addition to the lower response rate and representativeness for families of Hispanic children, response rates for families whose preferred language is

Spanish are lower than rates for Hispanic families overall. In FFY 2022, the response rate for families whose preferred language is English was 14.2%. For families whose preferred language is Spanish, the response rate was significantly lower at 10.6%. (For all other languages, the response rate was similar to that for English speakers at 14.8%, though this group includes only 9 respondents out of 61 families in this group offered the survey). While the NC ITP has not reported on response rates by language group for the last several APRs, the program has been tracking this data over time. The FFY 2022 data for families whose preferred language is Spanish is part of a longer-term decline in response rates for this group:

- FFY 2021 – 12.8%
- FFY 2020 – 13.8%
- FFY 2019 – 17.4%
- FFY 2018 – 23.5%

As noted in other sections, changes are being implemented to the Spanish language version of the survey. The paper copy version of the survey that had been in use was not the official ECO Spanish translation. The version being used was reviewed by translators used by the NC ITP and while it was determined that the meaning of the questions had not been materially changed, the translation did not always use the most appropriate grammar and wording choices. The program has returned to using the official ECO versions for both the Spanish and English versions of the survey as of January 1, 2023. (Note: the online versions of both the English and Spanish versions of the survey were the official ECO versions. NC ITP state offices staff were unable to determine who made the changes to the paper copy surveys in 2016 and no documentation was found detailing why the change was made. The recommendation was made to NC ITP leadership to return to using the official ECO language on paper copy surveys at its December 2023 meeting and approved at that time.)

**The demographics of the infants or toddlers for whom families responded are representative of the demographics of infants and toddlers enrolled in the Part C program. (yes/no)**

**NO**

**If no, describe the strategies that the State will use to ensure that in the future the response data are representative of those demographics.**

Due to prolonged vacancies and caseload issues (discussed in more detail below), many of the activities described in previous APRs aimed at increasing overall response rates, as well as response rates for under-represented groups, remained suspended or given less focus during FFY 2022. Once staff are in place, strategies such as reconvening the Family Outcomes Coordinators quarterly meetings and reviewing quarterly data with CDSAs can be re-initiated.

Additional activities currently in progress include updates to the Family Outcomes survey flyer to further highlight the multiple options to complete the survey, updating the FOS-R instructions to provide more clarity to families on how to complete the survey, and updates to the Spanish language version of the survey to make it more user-friendly for those families. It is also hoped that increasing numbers of EISCs returning to homes for in-person visits will help the NC ITP reach all families, but in particular those families in under-represented groups who were always more likely to complete paper copy surveys.

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

Vacancies at multiple levels impacted the ability of the program to support the work that had been on-going related to Family Outcomes described in prior APR submissions. Two of the three NC ITP state office staff positions responsible for coordinating these efforts to improve Family Outcomes scores and response rates were vacant for all of FFY 2022. The NC ITP has recently filled one of these positions and the second is in the process of being posted, however, this lack of staff resources during FFY 2022 resulted in less focus being given to this area and less available resources to assist individual CDSAs. The service coordinators, who are responsible for ensuring the family outcomes surveys are offered to families, also saw a substantial increase in caseloads during FFY 2022 due to increasing staff vacancies in these positions coupled with increasing numbers of referrals and enrolled children. To help address turnover, one significant strategy recently implemented by the NC ITP was the use of ARP funds to provide retention bonuses to all staff. These bonuses are intended to stabilize the current workforce for the next year while the program works to fill vacant positions and reduce caseloads.

Many of the strategies identified by the Family Outcomes Coordinators (FOCs) and discussed in the prior APRs were not able to be implemented in FFY 2022. However, these strategies have not been abandoned and will be re-considered and more FOC input solicited as staff resources become available. One strategy discussed in previous APRs was implemented – specifications related to the Family Outcome Survey were included in the RFP for the NC ITP's next data system. The NC ITP has recently selected a vendor for its next data system. The product selected will allow parents and guardians to complete the survey through a parent portal, as well as sending them reminders to complete the survey when needed. Other strategies identified by EI State Office staff and FOCs that were showing positive results in the past and will be taken back up by the NC ITP once staff resources are available include: providing quarterly data to the CDSAs on their scores and response rates, regular meetings with the FOCs to discuss trends and best practices, and meeting with individual CDSAs that are having issues with response rates for specific racial/ethnic groups to develop targeted strategies to reach those families.

Finally, as noted above, changes are being made to the survey flyer and instructions to encourage more families to complete the survey. To help encourage more participation by Spanish-speaking families, the NC ITP will return to using the official ECO Spanish translation of the FOS-R.

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

In addition to the issues noted with response rates for families of Black or African American, American Indian or Alaska Native, and Hispanic children discussed above, changes to the way surveys were completed by families likely continued to impact both response rates overall and from specific demographic groups. Prior to the COVID-19 pandemic, the majority of Family Outcomes surveys were completed on paper copies, usually during the semi-annual IFSP meeting, returned to the EISC, and mailed to the NC ITP central office for data entry. During the COVID-19 pandemic, EISCs were not meeting with families face-to-face, eliminating that avenue for families to submit paper surveys, resulting in the majority of surveys being completed by families online. Though EISCs are more frequently returning to meeting families in their homes, a significant proportion of case management is still being conducted virtually with families and the majority of surveys are still being completed online.

While prior to the pandemic, the majority of surveys were submitted on paper by all racial/ethnic groups, the percent submitted on paper was higher for families of Black or African American and Hispanic children. The change to surveys needing to be completed online coincided with decreases in response rates for families of these children, indicating that the "digital divide" may have had a more significant impact on these families' ability to complete the survey. In the NC ITP's FFY 2021 APR, it was noted that as service coordinators began returning to homes, for the fourth quarter of FFY 2021 (April through June 2022), the percent of surveys completed as paper copies had doubled from an average of 11% for the first three quarters of FFY 2021 to 22% in Q4. This trend continued in FFY 2022, though the increase in paper copies was slow – from 22.99% in Q1 (July-September 2022) to a high of 31.34% in Q4 (April-June 2023).

Many of the strategies listed above to address response rate overall, especially those targeted at under-represented racial/ethnic groups, will likely impact the level of non-response bias as response rates are improved across all groups. Additional strategies include continuing to track any increase in the rate of return for paper copies as service coordinators continue to enter family homes for IFSP meetings and working with the vendor for the new data system to include a parent portal where families can complete the survey and receive reminders. However, the NC ITP will work with staff and the vendor to ensure families continue to have multiple and varied ways of completing the survey so that they parent portal helps increase response rates overall rather than exacerbating the existing issues due to lack of accessibility.

**Provide additional information about this indicator (optional).**

Prior to the COVID-19 pandemic, scores on all three subscales of the Family Outcomes survey had been consistently high in the mid 90-percent range. Scores dropped slightly in FFY 2019 as the last quarter of the year (April through June 2020) was impacted by the pandemic but not enough to significantly impact scores for the full year. With the pandemic impacting all of FFY 2020, scores dropped considerably across all three areas of Family Outcomes. In FFY 2021, scores began to rebound, and scores remained high in FFY 2022, with the program meeting all three of the targets:

- For A – helped the family know their rights –90.65%
- For B – helped the family communicate their child's needs – 92.69%
- For C – helped the family help their child – 87.70%

#### **4 - Prior FFY Required Actions**

In the FFY 2022 SPP/APR, the State must report whether its FFY 2022 response data are representative of the demographics of infants, toddlers, and families enrolled in the Part C program, and, if not, the actions the State is taking to address this issue. The State must also include its analysis of the extent to which the demographics of the families responding are representative of the population.

#### **Response to actions required in FFY 2021 SPP/APR**

Information on the representativeness of Family Outcomes Survey respondents and the actions of the NC ITP to address lack of representativeness are discussed in the state's response.

#### **4 - OSEP Response**

#### **4 - Required Actions**

In the FFY 2023 SPP/APR, the State must report whether its FFY 2023 response data are representative of the demographics of infants, toddlers, and families enrolled in the Part C program, and, if not, the actions the State is taking to address this issue. The State must also include its analysis of the extent to which the demographics of the families responding are representative of the population.

## Indicator 5: Child Find (Birth to One)

### Instructions and Measurement

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

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

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

#### Data Source

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

#### Measurement

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

#### Instructions

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

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

## 5 - Indicator Data

### Historical Data

Baseline Year	Baseline Data
2010	1.01%

FFY	2017	2018	2019	2020	2021
Target >=	1.15%	1.15%	1.15%	1.15%	1.11%
Data	1.16%	1.15%	1.16%	0.94%	0.96%

### Targets

FFY	2022	2023	2024	2025
Target >=	1.21%	1.23%	1.25%	1.27%

### Targets: Description of Stakeholder Input

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

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

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

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

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

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

While no additional changes were made during FFY 2022 to the targets established for FFYs 2020-2025, NC ITP staff reviewed the program's FFY 2022 Indicator data and progress with NC ITP leadership and its Interagency Coordinating Council. NC ITP leadership and the ICC were also involved in reviewing data and selecting the additional demographic factor evaluated for representativeness in Indicator 4.

**Prepopulated Data**

Source	Date	Description	Data
SY 2022-23 EMAPS IDEA Part C Child Count and Settings Survey; Section A: Child Count and Settings by Age	08/30/2023	Number of infants and toddlers birth to 1 with IFSPs	1,101
Annual State Resident Population Estimates for 6 Race Groups (5 Race Alone Groups and Two or More Races) by Age, Sex, and Hispanic Origin: April 1, 2020 to July 1, 2021	06/20/2023	Population of infants and toddlers birth to 1	121,554

**FFY 2022 SPP/APR Data**

Number of infants and toddlers birth to 1 with IFSPs	Population of infants and toddlers birth to 1	FFY 2021 Data	FFY 2022 Target	FFY 2022 Data	Status	Slippage
1,101	121,554	0.96%	1.21%	0.91%	Did not meet target	No Slippage

**Provide additional information about this indicator (optional)**

In FFY 2022, the NC ITP provided services to 0.91% (1,101 of 121,554) of children ages birth to one in the state. This represents a slight decrease from FFY 2021 in the percent of children birth to one served, despite an overall increase in the number of children birth to one enrolled (1,087 in FFY 2021 vs 1,101 in FFY 2022). The COVID-19 pandemic had a significant impact on the NC ITP's headcount numbers. Monthly point-in-time headcount numbers for children birth to 1 have increased since the pandemic but have not rebounded to the same extent as the total populations served (see Indicator 6).

**5 - Prior FFY Required Actions**

None

**5 - OSEP Response**

**5 - Required Actions**

## Indicator 6: Child Find (Birth to Three)

### Instructions and Measurement

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

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

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

#### Data Source

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

#### Measurement

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

#### Instructions

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

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

## 6 - Indicator Data

Baseline Year	Baseline Data
2010	2.62%

FFY	2017	2018	2019	2020	2021
Target >=	2.70%	2.75%	2.85%	2.85%	2.74%
Data	2.88%	2.96%	3.01%	2.49%	2.74%

#### Targets

FFY	2022	2023	2024	2025
Target >=	3.00%	3.05%	3.10%	3.14%

#### Targets: Description of Stakeholder Input

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

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

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

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

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



While no additional changes were made during FFY 2022 to the targets established for FFYs 2020-2025, NC ITP staff reviewed the program's FFY 2022 Indicator data and progress with NC ITP leadership and its Interagency Coordinating Council. NC ITP leadership and the ICC were also involved in reviewing data and selecting the additional demographic factor evaluated for representativeness in Indicator 4.

**Prepopulated Data**

Source	Date	Description	Data
SY 2022-23 EMAPS IDEA Part C Child Count and Settings Survey; Section A: Child Count and Settings by Age	08/30/2023	Number of infants and toddlers birth to 3 with IFSPs	10,425
Annual State Resident Population Estimates for 6 Race Groups (5 Race Alone Groups and Two or More Races) by Age, Sex, and Hispanic Origin: April 1, 2020 to July 1, 2021	06/20/2023	Population of infants and toddlers birth to 3	357,182

**FFY 2022 SPP/APR Data**

Number of infants and toddlers birth to 3 with IFSPs	Population of infants and toddlers birth to 3	FFY 2021 Data	FFY 2022 Target	FFY 2022 Data	Status	Slippage
10,425	357,182	2.74%	3.00%	2.92%	Did not meet target	No Slippage

**Provide additional information about this indicator (optional).**

In FFY 2022, the NC ITP provided services to 2.92% (10,425 of 357,182) of children ages birth to three in the state. This represents a significant improvement over FFY 2021 resulting from increased referrals and enrollment consistent with pre-pandemic levels.

**6 - Prior FFY Required Actions**

None

**6 - OSEP Response**

**6 - Required Actions**

## Indicator 7: 45-Day Timeline

### Instructions and Measurement

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

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

#### Data Source

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

#### Measurement

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

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

#### Instructions

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

Targets must be 100%.

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

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

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

If the State reported less than 100% compliance for the previous reporting period (e.g., for the FFY 2022 SPP/APR, the data for FFY 2021), and the State did not identify any findings of noncompliance, provide an explanation of why the State did not identify any findings of noncompliance.

## 7 - Indicator Data

### Historical Data

Baseline Year	Baseline Data
2005	97.00%

FFY	2017	2018	2019	2020	2021
Target	100%	100%	100%	100%	100%
Data	99.96%	99.76%	99.88%	99.66%	99.70%

### Targets

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

### FFY 2022 SPP/APR Data

Number of eligible infants and toddlers with IFSPs for whom an initial evaluation and assessment and an initial IFSP meeting was conducted within Part C's 45-day timeline	Number of eligible infants and toddlers evaluated and assessed for whom an initial IFSP meeting was required to be conducted	FFY 2021 Data	FFY 2022 Target	FFY 2022 Data	Status	Slippage
2,098	2,591	99.70%	100%	92.47%	Did not meet target	Slippage

### Provide reasons for slippage, if applicable.

As with headcount noted in Indicator 1, referrals into the program have also rebounded to pre-pandemic levels. High staff turnover and vacancies among service coordinators and clinical staff combined with the higher number of referrals has resulted in difficulties getting eligibility evaluations scheduled and completed timely so that Initial IFSP meetings can then be scheduled in compliance with the 45-day timeline.

As noted in Indicator 1, the program used ARP funds to provide a substantial retention bonus for all staff. Staff who accepted the bonus agreed to

continue working in the program for at least 18 months, helping to stabilize the current workforce while the program works to hire new staff. Additionally, the program is working with some CDSAs to potentially pilot utilizing contracted providers to assist with eligibility evaluations where feasible.

**Number of documented delays attributable to exceptional family circumstances**

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

298

**Provide reasons for delay, if applicable.**

One hundred ninety-five (195) children received evaluations/assessments and had IFSPs developed after the expiration of the 45-day timeline from the date of referral due to CDSA-specific delays, including inadequate follow-up, delays by CDSA staff in making initial contact with the family, delays in scheduling the evaluation, delays in scheduling the Initial IFSP meeting, and other CDSA delays. This represents a noncompliance rate of 7.53%.

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

State database

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

Compliance in meeting the 45-day timeline indicator was determined via a verification review using data entered by the CDSAs into HIS for all children referred to the NC ITP during September 2022 through November 2022.

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

For Indicator 7, a quarter of the fiscal year was used to determine compliance with this indicator. The state selected September 1, 2022, through November 30, 2022. This is considered representative of the full reporting year because the same requirements are in place for this quarter of the fiscal year as in all quarters. The NC ITP is confident that the chosen reporting period accurately reflects data for infants and toddlers referred and enrolled for FFY 2022.

**Provide additional information about this indicator (optional).**

Data on two thousand five hundred ninety-one (2,591) children were examined to verify whether the NC ITP was compliant with this indicator. Two thousand ninety-eight (2,098) children received an IFSP within 45 days of referral. An additional two hundred ninety-eight (298) children did not receive an IFSP in a timely manner due to documented exceptional family circumstances. Therefore, 2,396 out of 2,591 children (92.47%) met the 45-day timeline measured in this indicator.

Additional information regarding FFY 2021 noncompliance data below:

While there was one finding of noncompliance issued for FFY 2021, there were individual instances of noncompliance at three (3) CDSAs. One (1) CDSA was in the process of correcting findings issued during FFY 2019. The NC ITP did not issue additional findings to this CDSA. Two (2) CDSAs corrected the identified noncompliance prior to findings being issued.

As required in OSEP's QA 23-01 document, to ensure that these individual instances of noncompliance were corrected where possible, the NC EIS conducted record reviews through HIS and reviewed the children's records to verify subsequent correction. The NC EIS compared the data entered into HIS to the child's paper record to verify that correction occurred, if correction was possible. This review determined that each of the children at issue had an IFSP developed, although late, unless the child was no longer within the jurisdiction of the NC ITP. For those CDSAs that corrected noncompliance prior to a finding, data for subsequent months was reviewed in HIS to ensure those CDSAs had 100% compliance with the regulatory requirement for Initial IFSP timeliness (that the IFSP meeting is held no more than 45 days after the date of referral). CDSAs are not permitted to use the process for correction prior to a finding without meeting 100% compliance requirement during review of subsequent months.

**Correction of Findings of Noncompliance Identified in FFY 2021**

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

**FFY 2021 Findings of Noncompliance Verified as Corrected**

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

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

The process used to determine correction of noncompliance includes analysis of progress report information, verification of the correction of child-specific noncompliance, and month-to-month review of updated data from the statewide database (HIS) to verify 100% compliance with the regulatory requirement of the 45-day Timeline (that IFSPs are being developed within the 45-day timeline from the date of the child's referral). One hundred percent compliance with this requirement must be achieved before non-compliance can be verified as corrected on a systemic basis in accordance with IDEA and OSEP's QA 23-01 document.

The OSEP QA 23-01 document clarified that for any identified noncompliance, correction must be achieved on two levels or prongs: first, correction must take place at the child-specific level, even if late, unless the child is no longer within the jurisdiction of the program; and second, there must be evidence that the regulatory provision at issue that was not being implemented correctly is now being implemented correctly, based on a review of new or subsequent (previously unreviewed) data. The NC EIS continues to utilize these strategies to ensure timely correction of noncompliance, as well as to review local procedures and state guidance, and to assess resource and infrastructure issues that impact each CDSA's ability to meet statutory and regulatory requirements. The NC EIS continues to address how to sustain correction of noncompliance in specific areas of the state. We continually monitor the implementation of local procedures to ensure that timelines, such as the 45-day timeline from referral to eligibility and initial IFSP development (if the child is eligible and the parent decides to enroll), will be met. Subsequent data from HIS has been reviewed for the CDSAs with non-

compliance in FFY 2021 and 100% compliance has been achieved by each of these CDSAs for completing the Initial IFSP meeting with families within 45 days of referral.

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

One (1) CDSA accounted for the one (1) finding issued in FFY 2021. This CDSA received intensive monitoring, TA, and support from the NC EIS to correct the noncompliance within one year of the finding being issued. As required in OSEP’s QA 23-01 document, to ensure that these individual instances of noncompliance were corrected where possible, the NC EIS conducted record reviews through HIS to review the children’s records that were initially found to be noncompliant to verify subsequent correction. The NC EIS compared the data entered into HIS to the child’s paper record to verify that correction occurred, if correction was possible. Each of the children at issue had an Initial IFSP developed, although late, unless the child was no longer within the jurisdiction of the NC ITP.

**Correction of Findings of Noncompliance Identified Prior to FFY 2021**

Year Findings of Noncompliance Were Identified	Findings of Noncompliance Not Yet Verified as Corrected as of FFY 2021 APR	Findings of Noncompliance Verified as Corrected	Findings Not Yet Verified as Corrected

**7 - Prior FFY Required Actions**

Because the State reported less than 100% compliance for FFY 2021, the State must report on the status of correction of noncompliance identified in FFY 2021 for this indicator. When reporting on the correction of noncompliance, the State must report, in the FFY 2022 SPP/APR, that it has verified that each EIS program or provider with noncompliance identified in FFY 2021 for this indicator: (1) is correctly implementing the specific regulatory requirements (i.e., achieved 100% compliance) based on a review of updated data such as data subsequently collected through on-site monitoring or a State data system; and (2) has corrected each individual case of noncompliance, unless the child is no longer within the jurisdiction of the EIS program or provider, consistent with OSEP Memo 09-02. In the FFY 2022 SPP/APR, the State must describe the specific actions that were taken to verify the correction.

If the State did not identify any findings of noncompliance in FFY 2021, although its FFY 2021 data reflect less than 100% compliance, provide an explanation of why the State did not identify any findings of noncompliance in FFY 2021.

**Response to actions required in FFY 2021 SPP/APR**

The status of correction of non-compliance for FFY 2021 is addressed above.

**7 - OSEP Response**

The State reported that it used data from a State database to report on this indicator. The State further reported that it did not use data for the full reporting period (July 1, 2022- June 30, 2023). The State described how the time period in which the data were collected accurately reflects data for infants and toddlers with IFSPs for the full reporting period.

**7 - Required Actions**

Because the State reported less than 100% compliance for FFY 2022, the State must report on the status of correction of noncompliance identified in FFY 2022 for this indicator. When reporting on the correction of noncompliance, the State must report, in the FFY 2023 SPP/APR, that it has verified that each EIS program or provider with noncompliance identified in FFY 2022 for this indicator: (1) is correctly implementing the specific regulatory requirements (i.e., achieved 100% compliance) based on a review of updated data such as data subsequently collected through on-site monitoring or a State data system; and (2) has corrected each individual case of noncompliance, unless the child is no longer within the jurisdiction of the EIS program or provider, consistent with OSEP QA 23-01. In the FFY 2023 SPP/APR, the State must describe the specific actions that were taken to verify the correction. If the State did not identify any findings of noncompliance in FFY 2022, although its FFY 2022 data reflect less than 100% compliance, provide an explanation of why the State did not identify any findings of noncompliance in FFY 2022.

## Indicator 8A: Early Childhood Transition

### Instructions and Measurement

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

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

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

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

#### Data Source

Data to be taken from monitoring or State data system.

#### Measurement

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

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

#### Instructions

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

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

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

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

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

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

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

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

If the State reported less than 100% compliance for the previous reporting period (e.g., for the FFY 2022 SPP/APR, the data for FFY 2021), and the State did not identify any findings of noncompliance, provide an explanation of why the State did not identify any findings of noncompliance.

## 8A - Indicator Data

### Historical Data

Baseline Year	Baseline Data
2005	90.00%

FFY	2017	2018	2019	2020	2021
Target	100%	100%	100%	100%	100%
Data	99.59%	99.33%	99.83%	99.45%	99.82%

**Targets**

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

**FFY 2022 SPP/APR Data**

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

YES

Number of children exiting Part C who have an IFSP with transition steps and services	Number of toddlers with disabilities exiting Part C	FFY 2021 Data	FFY 2022 Target	FFY 2022 Data	Status	Slippage
1,676	1,687	99.82%	100%	99.82%	Did not meet target	No Slippage

**Number of documented delays attributable to exceptional family circumstances**

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

8

**Provide reasons for delay, if applicable.**

There were three (3) toddlers exiting Part C who were potentially eligible for Part B, for whom the transition plan was not provided at least 90 days before the toddlers' third birthdays due to CDSA-specific delays, with all three (3) delayed due to inadequate follow-up by CDSA staff. This represents a noncompliance rate of only 0.18%.

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

State database

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

Compliance in meeting early childhood requirements for Indicator 8a was determined via a verification review process. The data used were for all toddlers who would be two years, nine months old (2.9) in September through November 2022.

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

For Indicator 8a, a quarter of the fiscal year was used to determine compliance with this indicator. The state selected September 1, 2022, through November 30, 2022, and it is considered representative of the full reporting year because the same requirements are in place for this quarter of the fiscal year as in all quarters. The NC EIS is confident that the chosen reporting period accurately reflects data for infants and toddlers transitioning out of the NC ITP during FFY 2022.

**Provide additional information about this indicator (optional)**

Data on one thousand six hundred eighty-seven (1,687) children were examined to verify compliance with the transition plan timeline requirement. One thousand six hundred seventy-six (1,676) children received an IFSP with transition steps and services in a timely manner. An additional eight (8) children did not receive a transition plan in a timely manner due to documented exceptional family circumstances. Therefore, 1,684 of 1,687 children (99.82%) were in compliance with the transition plan timeline indicator.

These data reflect substantial compliance for Indicator 8a.

**Additional information regarding FFY 2021 noncompliance data below:**

While there was one finding of noncompliance issued for FFY 2021, there were individual instances of noncompliance at two CDSAs. One (1) CDSA was in the process of correcting findings issued during FFY 2019. The NC ITP did not issue additional findings to this CDSA. One (1) CDSA corrected the identified noncompliance prior to findings being issued.

As required in OSEP's QA 23-01 document, to ensure that these individual instances of noncompliance were corrected where possible, the NC EIS conducted record reviews through HIS and reviewed the children's records to verify subsequent correction. The NC EIS compared the data entered into HIS to the child's paper record to verify that correction occurred, if correction was possible. This review determined that each of the children at issue had a Transition Plan developed, although late, unless the child was no longer within the jurisdiction of the NC ITP. For those CDSAs that corrected noncompliance prior to a finding, data for subsequent months was reviewed in HIS to ensure those CDSAs had 100% compliance with the regulatory requirement for the Transition Plan (that Transition Plans occur no less than 90 days prior to the child's 3rd birthday). CDSAs are not permitted to use the process for correction prior to a finding without meeting 100% compliance requirement during review of subsequent months.

**Correction of Findings of Noncompliance Identified in FFY 2021**

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

**FFY 2021 Findings of Noncompliance Verified as Corrected**

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

The NC ITP continues to implement a system that identifies and corrects noncompliance as soon as possible, but in any case, not more than one year from the date of identification (i.e., the date on which the NC EIS provided written notification to the CDSA of the noncompliance). The corrective action

process begins when the NC EIS issues findings for noncompliance to specific CDSAs, which include the specific statutory and regulatory requirements that are not being correctly implemented. Each CDSA is required to utilize a root cause analysis framework to drill down and to identify the reasons for noncompliance. CDSAs develop CAPs with assistance from the NC EIS to ensure that the identified root cause of the noncompliance is addressed. CDSAs are required to submit frequent progress reports to the NC EIS on an approved schedule, with benchmarks of performance to ensure timely correction of the identified noncompliance.

The process used to determine correction of noncompliance includes analysis of progress report information, verification of the correction of child-specific noncompliance, and month-to-month review of updated data from the statewide database (HIS) to verify 100% compliance with the regulatory requirement for the Transition Plan (that Transition Plans occur no less than 90 days prior to the child's 3rd birthday). One hundred percent compliance with this requirement must be achieved before non-compliance can be verified as corrected on a systemic basis in accordance with IDEA and OSEP's QA 23-01 document.

The OSEP QA 23-01 document clarified that for any identified noncompliance, correction must be achieved on two levels or prongs: first, correction must take place at the child-specific level, even if late, unless the child is no longer within the jurisdiction of the program; and second, there must be evidence that the regulatory provision at issue that was not being implemented correctly is now being implemented correctly, based on a review of new or subsequent (previously unreviewed) data. The NC EIS continues to utilize these strategies to ensure timely correction of noncompliance, as well as to review local procedures and state guidance, and to assess resource and infrastructure issues that impact each CDSA's ability to meet statutory and regulatory requirements. The NC EIS continues to address how to sustain correction of noncompliance in specific areas of the state. We continually monitor the implementation of local procedures to ensure CDSAs are developing Transition Plans as required, at least 90 days before toddlers' third birthdays. Subsequent data from HIS has been reviewed for the CDSAs with non-compliance in FFY 2021 and 100% compliance has been achieved by each of these CDSAs for development of a Transition Plan at least 90 days before a toddler's third birthday.

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

One (1) CDSA accounted for the one (1) finding issued in FFY 2021. This CDSA received intensive monitoring, TA, and support from the NC EIS to correct the noncompliance within one year of the finding being issued. As required in OSEP's QA 23-01 document, to ensure that these individual instances of noncompliance were corrected where possible, the NC EIS conducted record reviews through HIS to review the children's records that were initially found to be noncompliant to verify subsequent correction. The NC EIS compared the data entered into HIS to the child's paper record to verify that correction occurred, if correction was possible. Each of the children at issue had their Transition Plan completed, although late, unless the child was no longer within the jurisdiction of the NC ITP.

**Correction of Findings of Noncompliance Identified Prior to FFY 2021**

Year Findings of Noncompliance Were Identified	Findings of Noncompliance Not Yet Verified as Corrected as of FFY 2021 APR	Findings of Noncompliance Verified as Corrected	Findings Not Yet Verified as Corrected

**8A - Prior FFY Required Actions**

Because the State reported less than 100% compliance for FFY 2021, the State must report on the status of correction of noncompliance identified in FFY 2021 for this indicator. When reporting on the correction of noncompliance, the State must report, in the FFY 2022 SPP/APR, that it has verified that each EIS program or provider with noncompliance identified in FFY 2021 for this indicator: (1) is correctly implementing the specific regulatory requirements (i.e., achieved 100% compliance) based on a review of updated data such as data subsequently collected through on-site monitoring or a State data system; and (2) has corrected each individual case of noncompliance, unless the child is no longer within the jurisdiction of the EIS program or provider, consistent with OSEP Memo 09-02. In the FFY 2022 SPP/APR, the State must describe the specific actions that were taken to verify the correction.

If the State did not identify any findings of noncompliance in FFY 2021, although its FFY 2021 data reflect less than 100% compliance, provide an explanation of why the State did not identify any findings of noncompliance in FFY 2021.

**Response to actions required in FFY 2021 SPP/APR**

The status of correction of non-compliance for FFY 2021 is addressed above.

**8A - OSEP Response**

The State reported that it used data from a State database to report on this indicator. The State further reported that it did not use data for the full reporting period (July 1, 2022- June 30, 2023). The State described how the time period in which the data were collected accurately reflects data for infants and toddlers with IFSPs for the full reporting period.

**8A - Required Actions**

Because the State reported less than 100% compliance for FFY 2022, the State must report on the status of correction of noncompliance identified in FFY 2022 for this indicator. When reporting on the correction of noncompliance, the State must report, in the FFY 2023 SPP/APR, that it has verified that each EIS program or provider with noncompliance identified in FFY 2022 for this indicator: (1) is correctly implementing the specific regulatory requirements (i.e., achieved 100% compliance) based on a review of updated data such as data subsequently collected through on-site monitoring or a State data system; and (2) has corrected each individual case of noncompliance, unless the child is no longer within the jurisdiction of the EIS program or provider, consistent with OSEP QA 23-01. In the FFY 2023 SPP/APR, the State must describe the specific actions that were taken to verify the correction. If the State did not identify any findings of noncompliance in FFY 2022, although its FFY 2022 data reflect less than 100% compliance, provide an explanation of why the State did not identify any findings of noncompliance in FFY 2022.

## Indicator 8B: Early Childhood Transition

### Instructions and Measurement

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

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

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

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

#### Data Source

Data to be taken from monitoring or State data system.

#### Measurement

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

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

#### Instructions

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

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

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

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

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

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

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

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

If the State reported less than 100% compliance for the previous reporting period (e.g., for the FFY 2022 SPP/APR, the data for FFY 2021), and the State did not identify any findings of noncompliance, provide an explanation of why the State did not identify any findings of noncompliance.

## 8B - Indicator Data

### Historical Data

Baseline Year	Baseline Data
2005	88.00%

FFY	2017	2018	2019	2020	2021
Target	100%	100%	100%	100%	100%
Data	99.27%	99.12%	99.56%	99.18%	99.67%



**Targets**

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

**FFY 2022 SPP/APR Data**

Data include notification to both the SEA and LEA

YES

Number of toddlers with disabilities exiting Part C where notification to the SEA and LEA occurred at least 90 days prior to their third birthday for toddlers potentially eligible for Part B preschool services	Number of toddlers with disabilities exiting Part C who were potentially eligible for Part B	FFY 2021 Data	FFY 2022 Target	FFY 2022 Data	Status	Slippage
1,831	1,849	99.67%	100%	99.03%	Did not meet target	No Slippage

**Number of parents who opted out**

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

**Provide reasons for delay, if applicable.**

There were eighteen (18) toddlers exiting Part C who were potentially eligible for Part B, for whom the SEA/LEA notification was not provided at least 90 days before the toddlers' third birthdays due to CDSA-specific delays, including inadequate follow-up by CDSA staff and other CDSA delays. This represents a noncompliance rate of only 0.97%.

**Describe the method used to collect these data.**

Compliance in meeting early childhood transition for Indicator 8b was determined via a verification review using data entered by the CDSAs into HIS for all toddlers who would be two years, nine months old in September 2022 through November 2022, and whose respective LEA should have been notified of the toddler's potential eligibility for Part B. The data included dates the LEA was notified, reasons for delays, and service notes related to those delays.

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

NO

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

State database

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

Data was collected for all toddlers who would be two years, nine months old (2.9) in September through November 2022.

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

For Indicator 8b, a quarter of the fiscal year was used to determine compliance with the indicator. The state selected September 1, 2022, through November 30, 2022, and considers this to be representative of the full reporting year because the same requirements are in place for this quarter of the fiscal year as in all quarters. The NC EIS is confident that the chosen reporting period accurately reflects data for infants and toddlers transitioning out of the NC ITP during FFY 2022.

**Provide additional information about this indicator (optional).**

Data on one thousand eight hundred forty-nine (1,849) children were examined to verify compliance with the SEA/LEA notification timeline requirement. One thousand eight hundred thirty-one (1,831) children's records that were reviewed had LEA/SEA notifications completed in a timely manner, for a compliance rate of 99.02%.

These data reflect substantial compliance for Indicator 8b.

Additional information regarding FFY 2021 noncompliance data below:

While there were 2 findings of noncompliance issued for FFY 2021, there were additional individual instances of noncompliance at 3 additional CDSAs. All of these CDSAs corrected the identified noncompliance prior to findings being issued.

As required in OSEP's QA 23-01 document, to ensure that these individual instances of noncompliance were corrected where possible, the NC EIS conducted record reviews through HIS and reviewed the children's records to verify subsequent correction. The NC EIS compared the data entered into HIS to the child's paper record to verify that correction occurred, if correction was possible. This review determined that each of the children at issue had their LEA/SEA notification completed, although late, unless the child was no longer within the jurisdiction of the NC ITP. For those CDSAs that corrected noncompliance prior to a finding, data for subsequent months was reviewed in HIS to ensure those CDSAs had 100% compliance with the regulatory requirement for the LEA notification (that it occur no less than 90 days prior to the child's 3rd birthday). CDSAs are not permitted to use the process for correction prior to a finding without meeting 100% compliance requirement during review of subsequent months.

**Correction of Findings of Noncompliance Identified in FFY 2021**

Findings of Noncompliance Identified	Findings of Noncompliance Verified as Corrected Within One Year	Findings of Noncompliance Subsequently Corrected	Findings Not Yet Verified as Corrected
2	1	0	1

**FFY 2021 Findings of Noncompliance Verified as Corrected**

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

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

The process used to determine correction of noncompliance includes analysis of progress report information, verification of the correction of child-specific noncompliance, and month-to-month review of updated data from the statewide database (HIS) to verify 100% compliance with the regulatory requirement for LEA/SEA Notifications (that LEA/SEA notification occurs at least 90 days prior to the child's third birthday). One hundred percent compliance with this requirement must be achieved before non-compliance can be verified as corrected on a systemic basis in accordance with IDEA and OSEP's QA 23-01 document.

The OSEP QA 23-01 document clarified that for any identified noncompliance, correction must be achieved on two levels or prongs: first, correction must take place at the child-specific level, even if late, unless the child is no longer within the jurisdiction of the program; and second, there must be evidence that the regulatory provision at issue that was not being implemented correctly is now being implemented correctly, based on a review of new or subsequent (previously unreviewed) data. The NC EIS continues to utilize these strategies to ensure timely correction of noncompliance, as well as to review local procedures and state guidance, and to assess resource and infrastructure issues that impact each CDSA's ability to meet statutory and regulatory requirements. The NC EIS continues to address how to sustain correction of noncompliance in specific areas of the state. We continually monitor the implementation of local procedures to ensure CDSAs are providing notification to the LEA/SEA as required, at least 90 days before toddlers' third birthdays. Subsequent data from HIS has been reviewed for the CDSAs with non-compliance in FFY 2021 and 100% compliance has been achieved by each of these CDSAs for completion of LEA/SEA notification at least 90 days before a toddler's third birthday.

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

One (1) CDSA accounted for the one (1) finding issued in FFY 2021 that has subsequently been verified as corrected. This CDSA received intensive monitoring, TA, and support from the NC EIS to correct the noncompliance within one year of the finding being issued. As required in OSEP's QA 23-01 document, to ensure that these individual instances of noncompliance were corrected where possible, the NC EIS conducted record reviews through HIS to review the children's records that were initially found to be noncompliant to verify subsequent correction. The NC EIS compared the data entered into HIS to the child's paper record to verify that correction occurred, if correction was possible. Each of the children at issue had their LEA/SEA notification completed, although late, unless the child was no longer within the jurisdiction of the NC ITP.

**FFY 2021 Findings of Noncompliance Not Yet Verified as Corrected**

**Actions taken if noncompliance not corrected**

One (1) CDSA, with a total of one (1) finding, continues to work on the process of correcting noncompliance beyond the one-year timeline. The NC EIS has provided this CDSA with intensive TA that consisted of a deeper drill down and analysis of the root cause of the noncompliance and a review of the CDSA's internal procedures for documentation and for following up. The CDSA determined that when their previous QA/QI coordinator (who was dedicating half of their time to the position while also serving as a program supervisor) left the program, responsibility for data entry and review was unclear. CDSA leadership has since clarified these duties, training has been conducted for staff, Service Coordinators are being provided the transition report on a monthly basis, and review of the LEA notification report is included in individual supervision. A new full-time dedicated QA/QI coordinator has also been hired and is running the NC ITP's LEA Notification query and monitoring for compliance and completeness of the data.

**Correction of Findings of Noncompliance Identified Prior to FFY 2021**

Year Findings of Noncompliance Were Identified	Findings of Noncompliance Not Yet Verified as Corrected as of FFY 2021 APR	Findings of Noncompliance Verified as Corrected	Findings Not Yet Verified as Corrected

**8B - Prior FFY Required Actions**

Because the State reported less than 100% compliance for FFY 2021, the State must report on the status of correction of noncompliance identified in FFY 2021 for this indicator. When reporting on the correction of noncompliance, the State must report, in the FFY 2022 SPP/APR, that it has verified that each EIS program or provider with noncompliance identified in FFY 2021 for this indicator: (1) is correctly implementing the specific regulatory requirements (i.e., achieved 100% compliance) based on a review of updated data such as data subsequently collected through on-site monitoring or a State data system; and (2) has corrected each individual case of noncompliance, unless the child is no longer within the jurisdiction of the EIS program or provider, consistent with OSEP Memo 09-02. In the FFY 2022 SPP/APR, the State must describe the specific actions that were taken to verify the correction.

If the State did not identify any findings of noncompliance in FFY 2021, although its FFY 2021 data reflect less than 100% compliance, provide an explanation of why the State did not identify any findings of noncompliance in FFY 2021.

**Response to actions required in FFY 2021 SPP/APR**

The status of correction of non-compliance for FFY 2021 is addressed above.

## **8B - OSEP Response**

The State reported that it used data from a State database to report on this indicator. The State further reported that it did not use data for the full reporting period (July 1, 2022- June 30, 2023). The State described how the time period in which the data were collected accurately reflects data for infants and toddlers with IFSPs for the full reporting period.

## **8B - Required Actions**

Because the State reported less than 100% compliance for FFY 2022, the State must report on the status of correction of noncompliance identified in FFY 2022 for this indicator. In addition, the State must demonstrate, in the FFY 2023 SPP/APR, that the remaining finding of noncompliance identified in FFY 2021 was corrected. When reporting on the correction of noncompliance, the State must report, in the FFY 2023 SPP/APR, that it has verified that each EIS program or provider with findings of noncompliance identified in FFY 2022 and each EIS program or provider with remaining noncompliance identified in FFY 2021: (1) is correctly implementing the specific regulatory requirements (i.e., achieved 100% compliance) based on a review of updated data such as data subsequently collected through on-site monitoring or a State data system; and (2) has corrected each individual case of noncompliance, unless the child is no longer within the jurisdiction of the EIS program or provider, consistent with OSEP QA 23-01. In the FFY 2023 SPP/APR, the State must describe the specific actions that were taken to verify the correction. If the State did not identify any findings of noncompliance in FFY 2022, although its FFY 2022 data reflect less than 100% compliance, provide an explanation of why the State did not identify any findings of noncompliance in FFY 2022.

## Indicator 8C: Early Childhood Transition

### Instructions and Measurement

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

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

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

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

#### Data Source

Data to be taken from monitoring or State data system.

#### Measurement

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

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

#### Instructions

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

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

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

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

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

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

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

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

If the State reported less than 100% compliance for the previous reporting period (e.g., for the FFY 2022 SPP/APR, the data for FFY 2021), and the State did not identify any findings of noncompliance, provide an explanation of why the State did not identify any findings of noncompliance.

## 8C - Indicator Data

### Historical Data

Baseline Year	Baseline Data
2005	81.00%

FFY	2017	2018	2019	2020	2021
Target	100%	100%	100%	100%	100%
Data	99.09%	98.75%	99.54%	98.83%	99.62%

**Targets**

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

**FFY 2022 SPP/APR Data**

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

YES

Number of toddlers with disabilities exiting Part C where the transition conference occurred at least 90 days, and at the discretion of all parties not more than nine months prior to the toddler's third birthday for toddlers potentially eligible for Part B	Number of toddlers with disabilities exiting Part C who were potentially eligible for Part B	FFY 2021 Data	FFY 2022 Target	FFY 2022 Data	Status	Slippage
1,586	1,629	99.62%	100%	99.26%	Did not meet target	No Slippage

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

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

**Number of documented delays attributable to exceptional family circumstances**

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

31

**Provide reasons for delay, if applicable.**

There were twelve (12) toddlers exiting Part C who were potentially eligible for Part B, for whom TPCs were held late (i.e., less than 90 days before the toddler's third birthday) due to CDSA-specific delays, including inadequate follow-up, delays in initiating the TPC by CDSA staff, and other CDSA delays. This represents a noncompliance rate of 0.74%.

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

State database

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

Compliance in meeting early childhood transition requirement for Indicator 8c was determined via a verification review using data entered by the CDSAs into HIS for all toddlers who would be two years, nine months of age in September through November 2022.

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

For Indicator 8c, a quarter of the fiscal year was used to determine compliance with the indicator. The state selected September 1, 2022, through November 30, 2022, which it considers representative of the full reporting year because the same requirements are in place for this quarter of the fiscal year as in all quarters. The NC EIS is confident that the chosen reporting period accurately reflects data for infants and toddlers transitioning out of the NC ITP during FFY 2022.

**Provide additional information about this indicator (optional).**

One thousand six hundred twenty-nine (1,629) records were reviewed to examine the percentage of children potentially eligible for Part B for whom a timely TPC was held no later than 90 days before the child's third birthday. One thousand five hundred eighty-six (1,586) records showed that a conference was held in a timely manner and an additional thirty-one (31) children's records showed that transition conferences were not held in a timely manner due to documented exceptional family circumstances or late referral to Part C. Therefore, 1,617 of 1,629 children (99.26%) were in compliance with the TPC timeline indicator.

These data reflect substantial compliance for Indicator 8c.

Additional information regarding FFY 2021 noncompliance data below:

While there were two findings of noncompliance issued for FFY 2021, there were individual instances of noncompliance at three (3) CDSAs. One (1) CDSA was in the process of correcting findings issued during FFY 2019. The NC ITP did not issue additional findings to this CDSA. Two (2) of these CDSAs corrected the identified noncompliance prior to findings being issued.

As required in OSEP's QA 23-01 document, to ensure that these individual instances of noncompliance were corrected where possible, the NC EIS conducted record reviews through HIS and reviewed the children's records to verify subsequent correction. The NC EIS compared the data entered into HIS to the child's paper record to verify that correction occurred, if correction was possible. This review determined that each of the children at issue had a Transition Planning Conference conducted, although late, unless the child was no longer within the jurisdiction of the NC ITP. For those CDSAs that corrected noncompliance prior to a finding, data for subsequent months was reviewed in HIS to ensure those CDSAs had 100% compliance with the regulatory requirement for the Transition Planning Conference (that it occur no less than 90 days prior to the child's 3rd birthday). CDSAs are not permitted to use the process for correction prior to a finding without meeting 100% compliance requirement during review of subsequent months.

**Correction of Findings of Noncompliance Identified in FFY 2021**

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

**FFY 2021 Findings of Noncompliance Verified as Corrected**

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

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

The process used to determine correction of noncompliance includes analysis of progress report information, verification of the correction of child-specific noncompliance, and month-to-month review of updated data from the statewide database (HIS) to verify 100% compliance with the regulatory requirement for Transition Planning Conferences (that a Transition Planning Conference occurs at least 90 days prior to the child’s third birthday). One hundred percent compliance with this requirement must be achieved before non-compliance can be verified as corrected on a systemic basis in accordance with IDEA and OSEP’s QA 23-01 document.

The OSEP QA 23-01 document clarified that for any identified noncompliance, correction must be achieved on two levels or prongs: first, correction must take place at the child-specific level, even if late, unless the child has moved or is no longer within the jurisdiction of the program; and second, there must be evidence that the regulatory provision at issue that was not being implemented correctly, is now being implemented correctly, based on a review of new, previously unreviewed data. The NC EIS continues to utilize these strategies to ensure timely correction of noncompliance, as well as to review local procedures, state policies and procedures, as well as any related state guidance documents in addition to assessing resource and infrastructure issues that impact each CDSA’s ability to meet statutory and regulatory requirements, including conducting TPCs at least 90 days before toddlers turn three. The NC EIS continues to address how to sustain correction of noncompliance in specific areas of the state and continually monitors the implementation of local procedures for the transition conference timeline. Subsequent data from HIS has been reviewed for the CDSA with non-compliance in FFY 2021 and 100% compliance has been achieved by this CDSA for conducting Transition Planning Conferences at least 90 days before a toddler’s third birthday.

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

Two (2) CDSAs accounted for the two (2) findings issued in FFY 2021. These CDSAs received intensive monitoring, TA, and support from the NC EIS to correct the noncompliance within one year of the finding being issued. As required in OSEP’s QA 23-01 document, to ensure that these individual instances of noncompliance were corrected where possible, the NC EIS conducted record reviews through HIS to review the children’s records that were initially found to be noncompliant to verify subsequent correction. The NC EIS compared the data entered into HIS to the child’s paper record to verify that correction occurred, if correction was possible. Each of the children at issue had a TPC completed, although late, unless the child was no longer within the jurisdiction of the NC ITP.

**Correction of Findings of Noncompliance Identified Prior to FFY 2021**

Year Findings of Noncompliance Were Identified	Findings of Noncompliance Not Yet Verified as Corrected as of FFY 2021 APR	Findings of Noncompliance Verified as Corrected	Findings Not Yet Verified as Corrected

**8C - Prior FFY Required Actions**

Because the State reported less than 100% compliance for FFY 2021, the State must report on the status of correction of noncompliance identified in FFY 2021 for this indicator. When reporting on the correction of noncompliance, the State must report, in the FFY 2022 SPP/APR, that it has verified that each EIS program or provider with noncompliance identified in FFY 2021 for this indicator: (1) is correctly implementing the specific regulatory requirements (i.e., achieved 100% compliance) based on a review of updated data such as data subsequently collected through on-site monitoring or a State data system; and (2) has corrected each individual case of noncompliance, unless the child is no longer within the jurisdiction of the EIS program or provider, consistent with OSEP Memo 09-02. In the FFY 2022 SPP/APR, the State must describe the specific actions that were taken to verify the correction.

If the State did not identify any findings of noncompliance in FFY 2021, although its FFY 2021 data reflect less than 100% compliance, provide an explanation of why the State did not identify any findings of noncompliance in FFY 2021.

**Response to actions required in FFY 2021 SPP/APR**

The status of correction of non-compliance for FFY 2021 is addressed above.

**8C - OSEP Response**

The State reported that it used data from a State database to report on this indicator. The State further reported that it did not use data for the full reporting period (July 1, 2022- June 30, 2023). The State described how the time period in which the data were collected accurately reflects data for infants and toddlers with IFSPs for the full reporting period.

## **8C - Required Actions**

Because the State reported less than 100% compliance for FFY 2022, the State must report on the status of correction of noncompliance identified in FFY 2022 for this indicator. When reporting on the correction of noncompliance, the State must report, in the FFY 2023 SPP/APR, that it has verified that each EIS program or provider with noncompliance identified in FFY 2022 for this indicator: (1) is correctly implementing the specific regulatory requirements (i.e., achieved 100% compliance) based on a review of updated data such as data subsequently collected through on-site monitoring or a State data system; and (2) has corrected each individual case of noncompliance, unless the child is no longer within the jurisdiction of the EIS program or provider, consistent with OSEP QA 23-01. In the FFY 2023 SPP/APR, the State must describe the specific actions that were taken to verify the correction. If the State did not identify any findings of noncompliance in FFY 2022, although its FFY 2022 data reflect less than 100% compliance, provide an explanation of why the State did not identify any findings of noncompliance in FFY 2022.

## Indicator 9: Resolution Sessions

### Instructions and Measurement

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

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

#### Data Source

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

#### Measurement

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

#### Instructions

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

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

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

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

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

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

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

### 9 - Indicator Data

#### Not Applicable

**Select yes if this indicator is not applicable.**

YES

**Provide an explanation of why it is not applicable below.**

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

### 9 - Prior FFY Required Actions

OSEP notes that this indicator is not applicable.

#### Response to actions required in FFY 2021 SPP/APR

This indicator remains not applicable for FFY 2022.

### 9 - OSEP Response

### 9 - Required Actions

OSEP notes that this indicator is not applicable.



## Indicator 10: Mediation

### Instructions and Measurement

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

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

#### Data Source

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

#### Measurement

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

#### Instructions

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

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

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

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

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

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

### 10 - Indicator Data

#### Select yes to use target ranges

Target Range not used

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

NO

#### Prepopulated Data

Source	Date	Description	Data
SY 2022-23 EMAPS IDEA Part C Dispute Resolution Survey; Section B: Mediation Requests	11/15/2023	2.1 Mediations held	0
SY 2022-23 EMAPS IDEA Part C Dispute Resolution Survey; Section B: Mediation Requests	11/15/2023	2.1.a.i Mediations agreements related to due process complaints	0
SY 2022-23 EMAPS IDEA Part C Dispute Resolution Survey; Section B: Mediation Requests	11/15/2023	2.1.b.i Mediations agreements not related to due process complaints	0

#### Targets: Description of Stakeholder Input

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

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

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

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

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

While no additional changes were made during FFY 2022 to the targets established for FFYs 2020-2025, NC ITP staff reviewed the program’s FFY 2022 Indicator data and progress with NC ITP leadership and its Interagency Coordinating Council. NC ITP leadership and the ICC were also involved in reviewing data and selecting the additional demographic factor evaluated for representativeness in Indicator 4.

**Historical Data**

Baseline Year	Baseline Data
2005	

FFY	2017	2018	2019	2020	2021
Target>=					
Data					

**Targets**

FFY	2022	2023	2024	2025
Target>=				

**FFY 2022 SPP/APR Data**

2.1.a.i Mediation agreements related to due process complaints	2.1.b.i Mediation agreements not related to due process complaints	2.1 Number of mediations held	FFY 2021 Data	FFY 2022 Target	FFY 2022 Data	Status	Slippage
0	0	0				N/A	N/A

**Provide additional information about this indicator (optional)**

The NC ITP reported fewer than ten mediations held in FFY 2022 and is not required to provide targets until any fiscal year in which ten or more mediations were held.

**10 - Prior FFY Required Actions**

None

**10 - OSEP Response**

The State reported fewer than ten mediations held in FFY 2022. The State is not required to provide targets until any fiscal year in which ten or more mediations were held.

**10 - Required Actions**

# Indicator 11: State Systemic Improvement Plan

## Instructions and Measurement

**Monitoring Priority:** General Supervision

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

### Measurement

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

### Instructions

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

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

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

### Overview of the Three Phases of the SSIP

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

#### Phase I: Analysis:

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

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

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

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

- Results of Ongoing Evaluation and Revisions to the SSIP.

### Specific Content of Each Phase of the SSIP

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

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

#### Phase III: Implementation and Evaluation

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

##### A. Data Analysis

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

##### B. Phase III Implementation, Analysis and Evaluation

The State must provide a narrative or graphic representation, (e.g., a logic model) of the principal activities, measures and outcomes that were implemented since the State's last SSIP submission (i.e., February 1, 2023). The evaluation should align with the theory of action described in Phase I and the evaluation plan described in Phase II. The State must describe any changes to the activities, strategies, or timelines described in Phase II and include a rationale or justification for the changes. If the State intends to continue implementing the SSIP without modifications, the State must describe how the data from the evaluation support this decision.

The State must summarize the infrastructure improvement strategies that were implemented, and the short-term outcomes achieved, including the measures or rationale used by the State and stakeholders to assess and communicate achievement. Relate short-term outcomes to one or more areas of a systems framework (e.g., governance, data, finance, accountability/monitoring, quality standards, professional development and/or technical assistance) and explain how these strategies support system change and are necessary for: (a) achievement of the SiMR; (b) sustainability of systems improvement efforts; and/or (c) scale-up. The State must describe the next steps for each infrastructure improvement strategy and the anticipated outcomes to be attained during the next fiscal year (e.g., for the FFY 2022 APR, report on anticipated outcomes to be obtained during FFY 2023, i.e., July 1, 2023-June 30, 2024).

The State must summarize the specific evidence-based practices that were implemented and the strategies or activities that supported their selection and ensured their use with fidelity. Describe how the evidence-based practices, and activities or strategies that support their use, are intended to impact

the SiMR by changing program/district policies, procedures, and/or practices, teacher/provider practices (e.g., behaviors), parent/caregiver outcomes, and/or child outcomes. Describe any additional data (e.g., progress monitoring data) that was collected to support the on-going use of the evidence-based practices and inform decision-making for the next year of SSIP implementation.

**C. Stakeholder Engagement**

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

**Additional Implementation Activities**

The State should identify any activities not already described that it intends to implement in the next fiscal year (e.g., for the FFY 2022 APR, report on activities it intends to implement in FFY 2023, i.e., July 1, 2023-June 30, 2024) including a timeline, anticipated data collection and measures, and expected outcomes that are related to the SiMR. The State should describe any newly identified barriers and include steps to address these barriers.

**11 - Indicator Data**

**Section A: Data Analysis**

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

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

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

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

NO

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

YES

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

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

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

NO

**Please provide a link to the current theory of action.**

<https://www.ncdhhs.gov/ncssiptheoryofactionpdf/download?attachment>

**Progress toward the SiMR**

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

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

NO

**Historical Data**

Baseline Year	Baseline Data
2013	68.60%

**Targets**

FFY	Current Relationship	2022	2023	2024	2025
Target	Data must be greater than or equal to the target	78.82%	79.31%	79.81%	80.30%

**FFY 2022 SPP/APR Data**

# Children who substantially increased their rate of growth in Positive Social-Emotional development by the time they exited the program	# Children who entered or exited the program below age expectations in Positive Social-Emotional development	FFY 2021 Data	FFY 2022 Target	FFY 2022 Data	Status	Slippage
1,278	1,686	76.65%	78.82%	75.80%	Did not meet target	No Slippage

**Provide the data source for the FFY 2022 data.**

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

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

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

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

NO

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

YES

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

As noted in previous SSIP reports, prior to the initiation of its SSIP work, the NC ITP had piloted a Global Outcomes (GO) Integration process at two CDSAs, including one of the CDSAs currently included in the Phase 1 implementation group and the SiMR calculation. The scores for Summary Statement 1 for positive social-emotional skills decreased substantially with the implementation of the GO process for these two CDSAs, and their scores have remained relatively low over time compared to other CDSAs (though both saw some increase in their scores in FYY 2022-23). Because the impact of implementing Global Outcomes has been consistent between these two CDSAs, the lower scores are attributed to the change in process rather than any concerns with the quality of the data. (For additional information on the impact of Global Outcomes on Child Outcomes scores at these CDSAs, including the parallel impact on scores over time, see SSIP document for Phase III Year 3, pg. 8-9.)

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

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

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

NO

**Section B: Implementation, Analysis and Evaluation**

**Please provide a link to the State's current evaluation plan.**

<https://www.ncdhhs.gov/ssipevaluation20202025pdf/download?attachment>

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

NO

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

Building on the successes and SSIP work from previous years, the NC ITP has made progress in strengthening implementation of its teaming structure (with State and Local Implementation teams) and implementation structures for its evidence-based practices - Coaching and Natural Learning Environment Practices (NLEP) and Pyramid Model.

**State and Local Implementation Teams**

During this last year, the State Implementation Team (SIT) facilitated several Local Implementation Team (LIT) support meetings with LIT contacts from across the state. In these meetings, staff had opportunities to discuss strengths, share concerns, and ask questions of other CDSAs. In addition, the members have started to utilize their SharePoint site to enhance collaboration and share documents related to LIT practices (coaching implementation, preparation for Pyramid Model implementation, etc.).

**Implementation Infrastructure for Coaching and NLEP**

The NC ITP was able to continue the teletherapy enhancements started during the pandemic. The program established the infrastructure and supports

needed to maintain services for enrolled and referred children and families via teletherapy. This included a system to reimburse providers for teletherapy services that were not supported by Medicaid or private insurance with the support of American Recovery Act/Preschool Development Grant funds. After the initial several months, the NCI TP was able to identify funds to continue this after the grant had ended.

In addition to infrastructure developed to support the coaching and NLEP approach via teleservices, NC ITP staff continued to refine the training infrastructure to support professional development and to ensure implementation fidelity. NC ITP staff continued to leverage an online learning management system that includes foundational trainings in coaching and NLEP (3 required webinars for contracted providers and 4 for internal CDSA staff). The State Implementation team also conducted a survey of all CDSAs focused on Coaching and NLEP implementation and sustainability. The need for higher level implementation support was identified and a new role with the NC ITP was created; Program Coach-Coaching and NLEP. The State Implementation Team has created a job description, application, and rubric to score the applications. The application has been distributed and applications are expected at the beginning of January. The SIT also established a support structure for the trainers who provide the advanced coaching training (called Putting It Into Practice) and scheduled refresher training with the Family Infant and Preschool Program for all Mentor coaches that will be available annually beginning in 2024.

#### Implementation Infrastructure for Pyramid Model

At the end of last year, the Greenville CDSA was identified as the second site for Pyramid Model implementation. Over the last six months, the Greenville staff have received all initial Pyramid Practices trainings, started coaching cycles, and completed their semi-annual Benchmark of Quality Measure. The Winston-Salem staff at the first implementation site continued to enhance their progress by completing training with all staff, creating a plan to train new hires, and completing training for all contracted providers.

The Implementation Coaches, along with additional staff from the Winston-Salem CDSA, presented at one national and one statewide conference about NC ITP implementation. Two additional Implementation staff were identified and the state level implementation team now includes state office staff, direct service staff, and CDSA directors. In addition, the State Implementation Team, with input from the Pyramid Implementation team, refined the agency application and rubric for scoring the applications to guide the identification of the next CDSAs to begin implementation. It is expected that with the larger implementation team, two CDSAs will be able to begin implementation in the next round. To assist CDSAs in preparing for future implementation, the Pathway To Pyramid document was created to identify by the Implementation coaches and approved by SIT. The document will be used by each CDSA as a guide on what will assist in making their implementation of Pyramid Model more effective.

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

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

During the reporting period, the State Implementation Team (SIT) continued to evaluate the needed resources and supports for sustainability of current progress. A short-term outcome related to governance was the refinement and presentation to all NC ITP leadership of the Terms of Reference document that guides expectations, membership, the roles and responsibilities of actors in SSIP, and communication plans as the NC ITP continues to implement Coaching/NLEP and expands the implementation of the Pyramid Model. As part of the Terms of Reference, SIT identified term dates and a process for adding members. The need for representation from the western part of the state, which is a unique demographic, was identified. An application and orientation were created and two (2) additional CDSA directors were identified to join the team.

A long-term outcome of the SIT related to the systems framework is the ongoing monitoring of implementation data to ensure quality standards (e.g., number of staff trained and data from fidelity tools). The SIT continues to lead efforts to recommend professional development for staff relating to the scale of Coaching and NLEP and Pyramid Model, along with integration of the two EBPs. These strategies have been integral to sustaining systems improvement efforts and scale up.

Local Implementation Teams (LITs) at each CDSA have continued to use the Agency Capacity Assessment (ACA) (created as a long-term outcome related to governance and quality standards) at least once a year to guide action and communication planning around EBPs. This process has given each CDSA time for self-reflection and ongoing monitoring of its readiness, implementation, and scale up of EBPs. At least two individuals from each LIT have been included in quarterly meetings and email communications. The focus of this group is to ensure ongoing sustainability of the LIT structure and to implement EBPs within each CDSA through state-wide collaboration and communication.

The Social Emotional Practitioners from each CDSA across the state have met quarterly over the last year to build knowledge in available services and consistency in practices. They have established listservs for individual EBPs, along with the general practitioner contact list, and have provided guidance on Social Emotional Screenings and other practices across the state. Again, this assists with state-wide collaboration, communication, and quality standards.

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

#### Coaching and Natural Learning Environment Practices

Capacity-building and strengthening for the NC ITP's established system of coaching has also continued during this reporting period. In 2023, the Phase I, virtual Coaching training using an online learning platform continued with 338 staff and contracted providers completing all 3 FIPP webinars with passing scores and an additional 359 reading the coaching handbook and passing a quiz. This brings the total number of individuals who have successfully completed all three webinars to 2,792 and the total number who have completed reading the handbook and passed the quiz to 917. The second phase of required coaching training is Putting it into Practice (PiIP), a six-hour, live time training. In 2023, 370 CDSA staff and providers completed one of the 12 sessions offered of this training. In addition, 96 CDSA staff completed the follow up survey for the four (4) virtual Resource-Based Practices trainings (related to the systems framework component of professional development) to support the long-term outcome of having a well-trained, high-quality workforce.

As a result of the training structure, the program was able to continue making progress toward quality standards by having proficient coaches. This also led to additional staff taking the next step to qualify and serve as Approved Observers (AOs) in sustaining practitioner coaching supports for staff and providers working toward fidelity. The program had 153 Approved Observers in 2023, as well as 14 fidelity coaches. After providing additional training to clarify definitions for tracking, all CDSAs will continue to report on proficiency quarterly to monitor progress toward achieving the SiMR.

#### Pyramid Model

Within the NC ITP Pyramid Model implementation efforts, various teaming structures have been established to help with the sustainability of systems improvement efforts and scale-up. These teaming structures have been developed to help with the review of implementation data for monitoring and decision-making purposes, to communicate and document implementation efforts to support scale up, and to identify needed supports and resources to ensure the sustainability of improvement efforts.

The NC State Pyramid Implementation Team (NC-SPIT) is comprised of a five-person team representing SIT and direct service staff from CDSAs. Two of the NC-SPIT members are also members of the NC Pyramid Model Collaborative (formerly the Cross Sector Leadership Team), which is co-facilitated by the one of the NC-SPIT members, the Part B Coordinator, and a leader in the childcare sector.

The Winston-Salem CDSA was the first site to begin implementation of the Pyramid Model. The Winston-Salem Pyramid Leadership Team (WS-PLT) successfully implemented with its first two cohorts of staff; trained all of their contracted providers in Pyramid Model Practices, and created a plan to support the inclusion of new staff. The WS-PLT was instrumental in achieving short-term outcomes of modifying current PMI tools and creating new tools specific to the NC ITP, including a parent handout, Benchmarks of Quality and Coaching Log that integrated Coaching and NLEP language with PM language, and establishing an ongoing support process (Pyramid Pointers) for CDSA staff. These accomplishments have supported a more effective implementation in the Greenville CDSA, the second CDSA chosen for implementation.

The NC-SPIT worked with the State Implementation Team (SIT) and Section Management Team (SMT) to refine an application and scoring rubric for identifying the next CDSA to implement the Pyramid Model. It is expected to be put into use in the Spring of 2024.

#### Teletherapy Enhance Implementation of Coaching and NLEP

To support the continued use of a hybrid model of service, an on-demand webinar was created (Coaching and Natural Learning Environment Practices in Teletherapy) which embeds the use of these SSIP-identified and -selected practices for promoting the social-emotional development of young children. One hundred two (102) individuals completed the training in 2023, bringing the total to 929 unduplicated completions since its inception.

Additional teleconferencing equipment to address technology barriers and increase access to virtual services for families was distributed across the state. By September 30, 2023, all 150 of the Chrome Books purchased were distributed to families, all of whom were utilizing virtual services with some also utilizing interpretation services.

NC Medicaid ceased flexibilities for billing when North Carolina ended its state of emergency. NC ITP staff have held ongoing discussions with Medicaid to advocate for permanently approved teleservices codes and reimbursement for NC ITP services. In the meantime, the NC ITP established the infrastructure and supports needed to maintain services for enrolled and referred children and families via teletherapy. This included a system to reimburse providers for teletherapy services that were not supported by Medicaid or private insurance with the support of Preschool Development Grant funds. After the initial several months, the NC ITP was able to identify funds to continue this after the grant had ended.

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

YES

**Describe each new (newly identified) infrastructure improvement strategy and the short-term or intermediate outcomes achieved.**

#### Coaching and Natural Learning Environment Practices

Facilitated by SIT members, regional trainers for Putting it into Practice and Resource Based Practices (Phase II training) have been meeting to ensure consistency in presentation of materials and peer-support for facilitating and presenting to large groups of trainees. The trainers made recommendations for changes in processes, including a structured orientation for new presenters and changes in the post-training survey. There are currently three (3) PiiP training teams offering this required 6-hour training quarterly, in a variety of formats: including two 3-hour sessions, later afternoon sessions, full day sessions and Saturday sessions. There are currently (2) two RBP training groups offering 3-4 opportunities per year for CDSA staff to access this training. The trainers reported anecdotally that the addition of the 'on-camera' requirement for participants wanting CEUs was successful in enhancing efforts related to accountability/monitoring and quality standards. These strategies have been instituted to help with sustainability of systems improvement efforts including ensuring quality standards for implementation.

#### Pyramid Model

To support both sustainability and scale-up of Pyramid Practices, NC-SPIT, with support from SIT, created a process for adding implementation coaches, including a job description, application, and rubric for scoring that was successfully implemented, adding two new coaches to the team. NC-SPIT, with support from SIT also created the 'Pathway To Pyramid' checklist to be utilized by CDSAs in establishing baseline knowledge and structures that will support implementation of Pyramid Model within their agency.

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

#### Teaming Structure

The NC ITP will continue to support the Local Implementation Teams (LIT) at each CDSA through the LIT Support meetings and the Social Emotional Practitioner Support meetings on a quarterly basis. Information from those meetings is brought to State Implementation Team (SIT) and informs the implementation and sustainability plans utilized across the state.

During the next reporting period, the State Implementation Team (SIT) will be guided by the Terms of Reference and continue to meet monthly to review data from CDSAs regarding implementation of EBPs, develop and implement communication plans, discuss any issues being communicated from LITs regarding local implementation, and identify needed resources to support SSIP implementation. Anticipated outcomes are ongoing monitoring of fidelity of implementation, effective communication, and the identification and provision of supports to facilitate implementation of EBPs.

#### Coaching, NLEP and RBP

NC ITP staff will maintain the training infrastructure established to support professional development and ensure implementation fidelity. NC ITP staff will continue to leverage an online learning management system with foundational trainings in coaching and NLEP. Further, the NC ITP will maintain the regional training structure (having local CDSA staff serve as trainers) for advanced coaching training, including both Resource Based Practices and Putting It Into Practice. Outcomes anticipated with maintaining these structures are sustaining implementation structures and continuing to support scale up of coaching and NLEP. Beginning in January 2024, SIT will be reviewing the current NC ITP Coaching Toolkit, which provides guidance on Coaching and NLEP implementation, to ensure it includes the most efficient and effective steps for sustaining these practices.

#### Pyramid Model

Next steps related to the implementation infrastructure for Pyramid Model are to maintain the various teaming structures established to help plan, guide, monitor, and support implementation of Pyramid Model at the Winston-Salem CDSA and the Greenville CDSA (as well as other CDSAs actively

engaging in readiness activities to implement the Pyramid Model in the future). As noted earlier in this report, the various teaming structures (such as NC-SPLIT, WS-PLT, Greenville's PLT) have been established to monitor and use data to inform quality improvements, to communicate about implementation activities with key stakeholders, staff, and providers, and to identify needed supports and resources to ensure the sustainability of improvement efforts. These teams will continue to support next steps with Pyramid Model implementation at the Winston-Salem and Greenville CDSAs. For the next round of site selection, the established application and scoring rubric will be used for evaluating readiness with the anticipated outcomes of clear communication and expectation setting for scaling up implementation with remaining CDSAs. The process for adding Implementation coaches will also be utilized if needed to ensure staff have appropriate supports to ensure quality standards.

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

Coaching, Natural Learning Environment Practices (NLEP) and Resource Based Practices (RBP)  
Pyramid Model  
Circle of Security  
ABC  
Triple P  
Child Parent Psychotherapy (CPP)

**Provide a summary of each evidence-based practice.**

Coaching, NLEP, and RBP are methods of interacting with others that focus on adult learning styles while encouraging the development of confidence and competence in a parent's ability to support their child's development and family's needs within the family's natural environment.

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

The Attachment and Biobehavioral Catch-up (ABC) is a home-visiting parenting program to help parents nurture and respond sensitively to their infants and toddlers to foster their development and form strong and healthy relationships. Attachment and Bio-behavioral Catch up (ABC) training (Infant and Toddler versions) continue to be offered to staff across the state.

The Circle of Security-Parenting is a parenting intervention/education program that focuses on helping caregivers reflect upon children's attachment needs in order to promote secure attachment with a child.

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

Child Parent Psychotherapy (CPP) is an intervention model for children aged 0-6 who have experienced at least one traumatic event and/or are experiencing mental health, attachment, and/or behavioral problems. Therapeutic sessions include the child and parent or primary caregiver. The primary goal of CPP is to support and strengthen the relationship between a child and his or her caregiver as a vehicle for restoring the child's cognitive, behavioral, and social functioning. Treatment also focuses on contextual factors that may affect the caregiver-child relationship.

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

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

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

For Coaching and NLEP, the program uses a Proficiency Tracking tool submitted quarterly to the Early Intervention Section office. In addition, at the local level, Coaching Pathway Documents, Self-Reflection, and other Evidence Based observation tools to track fidelity of practice are utilized to track progress. The program also uses Pre- and Post-surveys for professional development/training opportunities such as the Putting it Into Practice training.

The program is using the National Center for Pyramid Model Innovations (NCPMI) published data collection tools such as their Early Interventionist Pyramid Practices Fidelity Instrument 1.0 (EIPPF1), a modified EI Practitioner Coaching Contact Log, the Pyramid Model EI (Part C) Benchmarks of Quality data entry form, their Summary of Program Coaching form, and their Program Implementation Coach Log. The NC ITP is also collecting data using a pre/post survey, as well as a final training feedback survey for all Pyramid-related trainings. These tools are utilized at the local level for the Pyramid Leadership Teams to make decisions about next steps in training and staff supports, and by the State Implementation Team to make decisions about next steps for the statewide program.

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

Winston-Salem Pyramid Model data

In November 2023, the Winston-Salem CDSA completed its 2nd annual Benchmarks of Quality (BOQ). The 1st annual BOQ was completed in early November 2022 after its first full year of implementation. At the initial assessment, 3% of indicators were not in place at all, 17% of indicators were partially in place, and 80% were fully in place. In 2023, after the 2nd full year of implementation, 93% of BOQ indicators were fully in place and 7% were partially in place, with 0% not in place.



The first EIPPF (Early Intervention Pyramid Practices Fidelity Inventory) measure was completed in the spring of 2022 with the first staff cohort. At that time, the average score across the six Pyramid Model Practices was 65%. Six months later, in November 2022, a second EIPPF fidelity measure was completed for the first cohort and the average score across practices increased to 88%. This year, cohort 2 began implementation and was comprised primarily of service coordination staff. Initial EIPPF measures were completed in the Spring of 2023, and the average score across the six practices was 53%. Six months later, in the Fall of 2023, that score had risen to 78% across all practices.

This year the Winston-Salem CDSA also completed presentations related to its Pyramid Model Implementation and Social Emotional Supports to over 20 stakeholder groups in its catchment area. These groups included Medical Providers, Childcare Organizations, various Community Health Organizations, and Parent/Family Support Organizations. In addition to these varied community presentations, the Winston-Salem CDSA was also successful in training nearly 200 contract providers in Pyramid Practices and Principles.

#### Greenville Pyramid Model data

By June 2023, 40 home visiting staff from the Greenville CDSA attended and completed the Pyramid Practices for EI Home Visiting training. Practitioner Coaching Training was completed with 35 identified coaches in July 2023, followed by Prevent Teach Reinforce for Families training with the local behavioral health team in August 2023. The first EIPPF measures were completed in Fall 2023, with coaching cycles starting in October 2023. The initial BOQ was completed in February 2023. At that time, 67% of implementation indicators were not in place at all, 27% were partially in place and only 7% were fully in place. The annual BOQ was completed six months later in August 2023. At this time, only 20% of indicators were not in place, 47% were partially in place, and 33% were fully in place.

All of these data points indicate the effectiveness of the current Pyramid implementation and importance of continuing with the current SSIP activities.

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

Next year the Winston-Salem CDSA hopes to meet all indicators of the BOQ as well as establish a consistent training process for all new hires. The Winston-Salem CDSA also plans to pilot an integrated training process of NLEP/ Family Coaching Practices as well as Pyramid Model Practices.

#### **Does the State intend to continue implementing the SSIP without modifications? (yes/no)**

YES

#### **If yes, describe how evaluation data support the decision to implement without any modifications to the SSIP.**

The SIT will continue to monitor SSIP activities through the data collection and evaluation activities. The Winston-Salem and Greenville CDSAs will utilize the EIPPF and individual practitioner data to support monitoring staff proficiency and sustainment of Pyramid Practices.

### **Section C: Stakeholder Engagement**

#### **Description of Stakeholder Input**

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

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

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

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

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

While no additional changes were made during FFY 2022 to the targets established for FFYs 2020-2025, NC ITP staff reviewed the program's FFY 2022 Indicator data and progress with NC ITP leadership and its Interagency Coordinating Council. NC ITP leadership and the ICC were also involved in reviewing data and selecting the additional demographic factor evaluated for representativeness in Indicator 4.

The NC ITP continues to value and obtain broad and regular input from several stakeholder groups. The NC Interagency Coordinating Council (ICC), NC ITP leadership (including CDSA directors and EIS staff), ITP providers, and SSIP implementation team leaders have been provided historical APR data and data trends, graphic representations of outcomes, analyses related to performance, and data that compared the NC ITP's data to comparable data from other states and territories. This puts the NC ITP's data in context and helps these groups obtain perspective on how the NC ITP performs in comparison to previous years and to other states.

The NC ITP has implemented a variety of strategies to engage stakeholders in key improvement efforts. SSIP updates have continued to occur through predominantly virtual methods, including electronic communications, teleconferences, surveys, and meeting presentations. To close these feedback loops, feedback is reviewed, adjustments are made accordingly, and groups are informed of how their feedback was included in the changes.

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

SSIP leads continuously provided monthly updates on SSIP work at EI Section Leadership meetings and other early childhood system stakeholder meetings to engage key stakeholders in our SSIP work. NC ITP staff have also virtually facilitated engagement with ICC stakeholders about the SSIP to maximize equitable participation of stakeholders from across the state. With every update, SIT members engage in 2-way communications and invite stakeholders to provide feedback and ask questions.

Two members of our NC Part C Leadership Team and Part B 619 Coordinator continued to co-lead the facilitation of the Cross-Sector Pyramid Model State Leadership Team (PM SLT) that served as an oversight body of Pyramid Model implementation in each sector. The PM SLT continues to afford Part C staff the opportunity to engage key early childhood stakeholders in Pyramid Model implementation.

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

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

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

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

YES

**Describe how the State addressed the concerns expressed by stakeholders.**

Our contract provider network has expressed that rising costs related to salaries, travel, and other expenses, have made it more challenging for providers in our network to sustain a natural learning environment service model of service provision. The NC ITP developed a survey to obtain input and ideas for how the program can best support the ITP Contract providers going forward. The input included reimbursing for travel and/or travel time, reimbursing for missed appointments, and increasing overall service reimbursement rates. As a result of this survey, the NC ITP will be reviewing the recommendations and developing strategies to not only maintain our current provider network but to expand it.

**Additional Implementation Activities**

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

The NC ITP will be hiring two key positions that will play a vital role in our SSIP implementation, which will be a Comprehensive System of Professional Development Manager and a Community Stakeholder Engagement Coordinator. These two positions will begin to revamp our certification to include the North Carolina Infant and Early Childhood Mental Health Association Competencies. This will create an early childhood workforce that is prepared and supported to identify, promote, prevent, treat, and lead in ways that support the healthy social-emotional development and early relational health for children ages birth to 6 and will support the provision of high quality, culturally informed, reflective, and relationship-based services to infants and toddlers and their families across a variety of disciplines, systems, and early childhood workforce sectors.

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

The NC ITP anticipates hiring these two key positions by the end of the State FFY 2024. These two staff members, with the assistance of other stakeholders, will begin to convene meetings to revamp our certification to include the Early Childhood Mental Health Association Competencies. The expected outcome is that all ITP staff will have the North Carolina Infant and Early Childhood Mental Health Endorsement by 2030. Again by doing this it will create an early childhood workforce that is prepared and supported to identify, promote, prevent, treat, and lead in ways that support the healthy social-emotional development and early relational health for children ages birth to 6 and will support the provision of high quality, culturally informed, reflective, and relationship-based services to infants and toddlers and their families across a variety of disciplines, systems, and early childhood workforce sectors.

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

No new barriers were identified beyond what was reported in FFY 2021. Staff and provider shortages continue as the primary barrier to implementation.

**Provide additional information about this indicator (optional).**

**11 - Prior FFY Required Actions**

None

**11 - OSEP Response**

**11 - Required Actions**