

# STATE PERFORMANCE PLAN / ANNUAL PERFORMANCE REPORT: PART C

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

For reporting on  
FFY 2021

North Carolina



**PART C DUE**  
**February 1, 2023**

U.S. DEPARTMENT OF EDUCATION  
WASHINGTON, DC 20202

## Introduction

### Instructions

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

### Intro - Indicator Data

#### Executive Summary

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

#### General Supervision System

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

The North Carolina Infant-Toddler Program's (NC ITP) general supervision system continues to function as has been previously described to the Office of Special Education Programs (OSEP). The NC ITP consists of the Early Intervention 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 09-02 Memorandum, 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 2021 the NC EIS used three months of data (September, October, and November 2021) 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 Memorandum 09-02.

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 from the NC EIS office staff for all technical assistance questions and concerns. The TA Coordinator role provides support to CDSAs similar to the functioning of many of the federal TA centers. Each TA Coordinator serves as the primary point of contact for CDSA leadership to communicate any questions and support needs. For relatively simple issues, the TA Coordinator provides an immediate and appropriate response based on his/her expertise. For more complex issues outside the TA Coordinator's scope of knowledge, the respective Coordinator works with other EIS office subject matter experts who are on the TA team to develop a thorough response to CDSA questions and/or provide TA support. This technical assistance structure/framework allows for the TA team to collaboratively provide effective, consistent, and timely TA for all CDSAs.

In addition to the routine handling of inquiries and issues raised by CDSAs, TA is often delivered in response to noncompliance or improvement needs identified through state monitoring activities. In these instances, NC 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://beearly.nc.gov/data/files/pdf/ITFPolicyandProceduresPersonnelCert\\_revised\\_2018.pdf](https://beearly.nc.gov/data/files/pdf/ITFPolicyandProceduresPersonnelCert_revised_2018.pdf)).

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

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

CDSAs and enrolled community-based service providers must ensure staff are in compliance with the ITP's certification 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 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 and certification requirements for service coordinators and providers of special instruction to include mandatory training on how to build and support caregivers' knowledge and skills to enhance their children's development. Current Professional Development statewide initiatives in progress include:

- Continuing to train providers and new CDSA staff on Coaching and Natural Learning Environment Practices. Fidelity measures continue to be implemented for staff and providers that have attended the required trainings.
- Training EI Service Coordinators statewide on Resource Based Practices, as well as, Putting it into Practice training for both CDSA staff and providers.
- Requiring CDSA staff to take Prevent Child Abuse North Carolina's-Responding to Abuse and Neglect annually and pass a post-test.
- Implementation of Pyramid Model complimented by Infant Mental Health competencies. The Winston-Salem CDSA has completed training and intensive implementation scaleup and is now one full year into implementation. The Greenville CDSA has been chosen as the next Pyramid Model Implementation site with training scheduled to begin in FFY 22-23.
- Development of two training modules for staff and providers: Orientation to EI and IFSP.
- 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.

#### **Broad Stakeholder Input:**

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

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 put 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 FFY 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 their 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 2021 to the targets established for FFY 2020-2025, NC ITP staff reviewed the program's FFY 2021 Indicator data and progress with NC ITP leadership and its Interagency Coordinating Council.

#### **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 meeting to solicit parent input through its social media and LICC mailing lists. The CDSAs were also involved in sending information to parents enrolled in their local programs. Flyers were sent to invite parents and 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 2021, 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.

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

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

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

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

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 target setting, 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 2020 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 2020 APR, as required by 34 CFR §303.702(b)(1)(i)(A); and a description of where, on its website, a complete copy of the State's SPP/APR, including any revision if the State has revised the targets that it submitted with its FFY 2020 APR in 2022, is available.**

The NC ITP disseminated the FFY 2020 SPP/APR to stakeholders through the local lead agencies (the CDSAs) and posted the FFY 2020 SPP/APR on the NC ITP's website, located at: <https://beearly.nc.gov/data/files/pdf/APRFY2020.pdf>

CDSA-specific APR indicator data, including comparisons to the State target and State actual data, are also posted on the Program's website, which can be accessed from this link: <https://beearly.nc.gov/data/files/pdf/CDSA2020Data.pdf>

The NC ITP's website will be moving with a planned go-live date of May 1, 2023. The new website can be found at: [ncdhs.gov/itp-beearly](https://ncdhs.gov/itp-beearly). APR/SSIP data and reports can be found in the reports section of the new site.

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

If the State reported less than 100% compliance for the previous reporting period (e.g., for the FFY 2021 SPP/APR, the data for FFY 2020), 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	2016	2017	2018	2019	2020
Target	100%	100%	100%	100%	100%
Data	97.93%	99.26%	99.52%	99.04%	98.37%

### Targets

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

### FFY 2021 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 2020 Data	FFY 2021 Target	FFY 2021 Data	Status	Slippage
3,636	3,892	98.37%	100%	99.54%	Did not meet target	No Slippage

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

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

238

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

There were eighteen (18) 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, and providers or CDSA staff being unavailable to provide services in a timely manner. This represents a noncompliance rate of 0.46%.

**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 2021. 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, 2021, through November 30, 2021. 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 2021.

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

A total of three thousand eight hundred ninety-two (3,892) children with IFSPs were reviewed for this indicator. Three thousand six hundred thirty-six (3,636) of these children received their services in a timely manner. An additional two hundred thirty-eight (238) children did not receive their services in a timely manner due to documented exceptional family circumstances. Therefore, 3,874 out of 3,892 children (99.54%) 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 2020 noncompliance data below:

While there were seven findings of noncompliance issued for FFY 2020, there were additional individual instances of noncompliance at seven 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 five (5) remaining CDSAs corrected the identified noncompliance prior to findings being issued.

As required in OSEP memo 09-02, to ensure that these individual instances of noncompliance were corrected where possible, the NC 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 2020**

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

**FFY 2020 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 Memorandum 09-02.

The OSEP Memorandum 09-02, clarified that for any identified noncompliance, correction must be achieved on two levels or prongs: first, correction must take place at the child-specific level, even if late, unless the child has moved or is no longer within the jurisdiction of the program (e.g., turned three, parent withdrew from program, child died); and second, there must be evidence that the regulatory provision at issue that was not being implemented correctly is now being implemented correctly, based on a review of new previously unreviewed data. The NC 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 2020 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.**

Two (2) CDSAs account for the seven (7) findings issued in FFY 2020. These 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 memo 09-02, 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.

**Correction of Findings of Noncompliance Identified Prior to FFY 2020**

Year Findings of Noncompliance Were Identified	Findings of Noncompliance Not Yet Verified as Corrected as of FFY 2020 APR	Findings of Noncompliance Verified as Corrected	Findings Not Yet Verified as Corrected
FFY 2019	7	3	4

**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 Memorandum 09-02.

The OSEP Memorandum 09-02, clarified that for any identified noncompliance, correction must be achieved on two levels or prongs: first, correction must take place at the child-specific level, even if late, unless the child has moved or is no longer within the jurisdiction of the program (e.g., turned three, parent withdrew from program, child died); and second, there must be evidence that the regulatory provision at issue that was not being implemented correctly is now being implemented correctly, based on a review of new previously unreviewed data. The NC 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 three (3) 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 memo 09-02, 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 2019**

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

**Actions taken if noncompliance not corrected**

One (1) CDSA, with a total of four (4) findings, 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, a review of the CDSA's internal procedures for documentation and for following up on new services. As a result of this intensive TA, the NC EIS helped identify the reasons for the CDSA's inability to correct the identified noncompliance to date and assisted the CDSA with updating its CAP which included new strategies, benchmarks, and timelines. During FFY 21-22, this CDSA filled its vacant QA/QI position. This staff is working closely with the CDSA's Assistant Director and Director to ensure timely data entry, problem solve issues, and monitor the CDSA's compliance. The CDSA recently identified that the lack of accountability of local processes is contributing to the ongoing non-compliance. Their November 2022 data report showed solid progress toward correction. While this CDSA has not shown correction of the systemic issues involved, NC EIS staff reviewed the data for these children 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 2020, the State must report on the status of correction of noncompliance identified in FFY 2020 for this indicator. In addition, the State must demonstrate, in the FFY 2021 SPP/APR, that the remaining seven (7) uncorrected findings of noncompliance identified in FFY 2019 were corrected. When reporting on the correction of noncompliance, the State must report, in the FFY 2021 SPP/APR, that it has verified that each EIS program or provider with findings of noncompliance identified in FFY 2020 and each EIS program or provider with remaining noncompliance identified in FFY 2019: (1) is correctly implementing the specific regulatory requirements (i.e., achieved 100% compliance) based on a review of updated data such as data subsequently collected through on-site monitoring or a State data system; and (2) has corrected each individual case of noncompliance, unless the child is no longer within the jurisdiction of the EIS program or provider, consistent with OSEP Memo 09-02. In the FFY 2021 SPP/APR, the State must describe the specific actions that were taken to verify the correction.

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

### **Response to actions required in FFY 2020 SPP/APR**

The status of correction of non-compliance for FFY 2019 and FFY 2020 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, 2021- June 30, 2022). 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 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.

## 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	2016	2017	2018	2019	2020
Target>=	98.50%	98.50%	98.50%	98.50%	98.50%
Data	99.55%	99.23%	99.44%	99.50%	99.04%

### Targets

FFY	2021	2022	2023	2024	2025
Target >=	98.50%	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 put 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 FFY 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 their 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 2021 to the targets established for FFY 2020-2025, NC ITP staff reviewed the program’s FFY 2021 Indicator data and progress with NC ITP leadership and its Interagency Coordinating Council.

**Prepopulated Data**

Source	Date	Description	Data
SY 2021-22 EMAPS IDEA Part C Child Count and Settings Survey; Section A: Child Count and Settings by Age	07/06/2022	Number of infants and toddlers with IFSPs who primarily receive early intervention services in the home or community-based settings	9,443
SY 2021-22 EMAPS IDEA Part C Child Count and Settings Survey; Section A: Child Count and Settings by Age	07/06/2022	Total number of infants and toddlers with IFSPs	9,527

**FFY 2021 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 2020 Data	FFY 2021 Target	FFY 2021 Data	Status	Slippage
9,443	9,527	99.04%	98.50%	99.12%	Met target	No Slippage

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

Data for this indicator were gathered from HIS, utilizing the December 1, 2021, headcount. There were nine thousand five hundred twenty-seven (9,527) children in the NC ITP’s December 1, 2021, headcount. Of these 9,527 children, 84 (0.88%) 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 put 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 FFY 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 their 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 2021 to the targets established for FFY 2020-2025, NC ITP staff reviewed the program's FFY 2021 Indicator data and progress with NC ITP leadership and its Interagency Coordinating Council.

#### Historical Data

Outcome	Baseline	FFY	2016	2017	2018	2019	2020
A1	2008	Target>=	73.50%	73.50%	74.00%	74.00%	74.00%
A1	72.90%	Data	70.88%	72.07%	74.29%	75.21%	74.13%
A2	2008	Target>=	60.50%	60.50%	61.00%	61.00%	61.00%
A2	59.00%	Data	55.83%	53.13%	52.94%	52.46%	51.64%
B1	2008	Target>=	80.00%	80.00%	80.50%	80.50%	80.50%
B1	79.50%	Data	78.11%	78.16%	79.77%	81.06%	80.37%
B2	2008	Target>=	51.40%	51.40%	52.00%	52.00%	52.00%
B2	50.50%	Data	49.49%	47.01%	48.05%	47.20%	46.98%
C1	2008	Target>=	78.20%	78.20%	78.40%	78.40%	78.40%
C1	77.60%	Data	77.28%	77.01%	78.89%	79.73%	79.43%
C2	2008	Target>=	58.50%	58.60%	58.60%	58.60%	58.60%
C2	57.20%	Data	55.91%	52.53%	52.05%	51.90%	50.28%

#### Targets

FFY	2021	2022	2023	2024	2025
-----	------	------	------	------	------

Target A1>=	74.62%	75.12%	75.61%	76.11%	76.60%
Target A2>=	53.15%	54.66%	56.17%	57.69%	59.20%
Target B1>=	80.79%	81.22%	81.65%	82.07%	82.50%
Target B2>=	47.72%	48.47%	49.21%	49.96%	50.70%
Target C1>=	79.87%	80.30%	80.73%	81.17%	81.60%
Target C2>=	51.70%	53.13%	54.55%	55.98%	57.40%

**FFY 2021 SPP/APR Data**

**Number of infants and toddlers with IFSPs assessed**

6,327

**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	17	0.27%
b. Infants and toddlers who improved functioning but not sufficient to move nearer to functioning comparable to same-aged peers	1,377	21.76%
c. Infants and toddlers who improved functioning to a level nearer to same-aged peers but did not reach it	1,924	30.41%
d. Infants and toddlers who improved functioning to reach a level comparable to same-aged peers	2,059	32.54%
e. Infants and toddlers who maintained functioning at a level comparable to same-aged peers	950	15.02%

Outcome A	Numerator	Denominator	FFY 2020 Data	FFY 2021 Target	FFY 2021 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	3,983	5,377	74.13%	74.62%	74.07%	Did not meet target	No Slippage
A2. The percent of infants and toddlers who were functioning within age expectations in Outcome A by the time they turned 3 years of age or exited the program	3,009	6,327	51.64%	53.15%	47.56%	Did not meet target	Slippage

**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	22	0.35%
b. Infants and toddlers who improved functioning but not sufficient to move nearer to functioning comparable to same-aged peers	1,182	18.68%
c. Infants and toddlers who improved functioning to a level nearer to same-aged peers but did not reach it	2,363	37.35%
d. Infants and toddlers who improved functioning to reach a level comparable to same-aged peers	2,281	36.05%
e. Infants and toddlers who maintained functioning at a level comparable to same-aged peers	479	7.57%

Outcome B	Numerator	Denominator	FFY 2020 Data	FFY 2021 Target	FFY 2021 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	4,644	5,848	80.37%	80.79%	79.41%	Did not meet target	No 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	2,760	6,327	46.98%	47.72%	43.62%	Did not meet target	Slippage

**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	21	0.33%
b. Infants and toddlers who improved functioning but not sufficient to move nearer to functioning comparable to same-aged peers	1,261	19.93%
c. Infants and toddlers who improved functioning to a level nearer to same-aged peers but did not reach it	2,037	32.20%
d. Infants and toddlers who improved functioning to reach a level comparable to same-aged peers	2,474	39.10%
e. Infants and toddlers who maintained functioning at a level comparable to same-aged peers	534	8.44%

Outcome C	Numerator	Denominator	FFY 2020 Data	FFY 2021 Target	FFY 2021 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	4,511	5,793	79.43%	79.87%	77.87%	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	3,008	6,327	50.28%	51.70%	47.54%	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). 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.

**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.

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

Question	Number
The number of infants and toddlers who exited the Part C program during the reporting period, as reported in the State's Part C exiting 618 data	8,942

Question	Number
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.	2,434

Sampling Question	Yes / No
Was sampling used?	NO

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

YES

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

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

Annually, 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 2021 saw decreases in scores for Summary Statement 1 across all three components of Child Outcomes. This represents the second year in a row of small decreases in Summary Statement 1 after several years where the NC ITP had experienced slow but steady progress on Summary Statement 1 over time. While scores were lower in FFY 2021, they were not outside the range of scores seen over the past few years and scores for FFY 2021 were still at or above the pre-pandemic average for FFY 2015 through FFY 2019:

- Positive Social-Emotional – FFY 2015-2019 average = 72.75%, FFY 2021 = 74.07%
- Acquiring Knowledge and Skills – FFY 2015-2019 average = 78.75%, FFY 2021 = 79.41%
- Taking Actions to Meet Needs – FFY 2015-2019 average = 77.94%, FFY 2021 = 77.87%

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. For all three outcome areas, the decreases were found to be significant using the ECO Meaningful Difference calculator:

- Positive Social-Emotional – FFY 2020 = 51.64%, FFY 2021 = 47.56%, -4.08 difference
- Acquiring Knowledge and Skills – FFY 2020 = 46.98%, FFY 2021 = 43.62%, -3.35 difference
- Taking Action to Meet Needs – FFY 2020 = 50.28%, FFY 2021 = 47.54%, -2.73 difference

While the decreases for FFY 2021 in Summary Statement 1 were still relatively small, the acceleration of the longer-term downward trend in Summary Statement 2 continues to be of concern. 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 and ethnicity in its analysis. In addition, the State's analysis must also include at least one of the following demographics: socioeconomic status, parents or guardians whose primary language is other than English and who have limited English proficiency, maternal education, geographic location, and/or another demographic category approved through the stakeholder input process.

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

## 4 - Indicator Data

### Historical Data

Measure	Baseline	FFY	2016	2017	2018	2019	2020
A	2016	Target>= =	75.00%	76.00%	76.00%	92.50%	92.50%
A	92.84%	Data	92.84%	94.85%	95.67%	95.36%	88.67%
B	2016	Target>= =	72.50%	72.50%	72.50%	95.00%	95.00%
B	###C04BBA SEDA TA###	Data	94.86%	95.95%	96.38%	96.35%	91.53%
C	2016	Target>= =	84.00%	84.00%	84.00%	88.00%	88.00%

C	90.76 %	Data	90.76%	93.19%	93.81%	93.49%	84.89%
---	---------	------	--------	--------	--------	--------	--------

**Targets**

FFY	2021	2022	2023	2024	2025
Target A>=	98.54%	90.40%	91.27%	92.13%	93.00%
Target B>=	92.22%	92.92%	93.61%	94.31%	95.00%
Target C>=	86.11%	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 put 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 FFY 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 their 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 2021 to the targets established for FFY 2020-2025, NC ITP staff reviewed the program's FFY 2021 Indicator data and progress with NC ITP leadership and its Interagency Coordinating Council.

**FFY 2021 SPP/APR Data**

The number of families to whom surveys were distributed	9,321
Number of respondent families participating in Part C	1,578
Survey Response Rate	16.93%
A1. Number of respondent families participating in Part C who report that early intervention services have helped the family know their rights	1,368
A2. Number of responses to the question of whether early intervention services have helped the family know their rights	1,522
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	1,414
B2. Number of responses to the question of whether early intervention services have helped the family effectively communicate their children's needs	1,520
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	1,292

C2. Number of responses to the question of whether early intervention services have helped the family help their children develop and learn	1,496
---	-------

Measure	FFY 2020 Data	FFY 2021 Target	FFY 2021 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)	88.67%	98.54%	89.88%	Did not meet 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)	91.53%	92.22%	93.03%	Met 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)	84.89%	86.11%	86.36%	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
The demographics of the infants or toddlers for whom families responded are representative of the demographics of infants and toddlers enrolled in the Part C program.	NO

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

Due to prolonged vacancies and caseload issues (discussed in more detail below), many of the activities described in the FFY 2019 and FFY 2020 APRs aimed at increasing overall response rates, as well as response rates for under-represented groups, were suspended or given less focus during FFY 2021. 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 being considered are updates to the Family Outcomes survey flyer to further highlight the multiple options to complete the survey, particularly the 1-800 number, as well as updating the FOS-R instructions to provide more clarity to families on how to complete the survey. 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.

**Survey Response Rate**

FFY	2020	2021
Survey Response Rate	19.95%	16.93%

**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 most of FFY 2021. The NC ITP is currently in the process of trying to fill these positions, however, this lack of staff resources during FFY 2021 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 2021 due to increasing staff vacancies in these positions coupled with increasing numbers of referrals and enrolled children.

Many of the strategies identified by the Family Outcomes Coordinators (FOCs) and discussed in the FFY 2020 APR were not able to be implemented in FFY 2020. 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 the FFY 2020 APR was implemented – specifications related to the Family Outcome Survey were included in the RFP for the NC ITP's next data system. In particular, the NC ITP is seeking a data system that 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.

**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 below, 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. However, since the start of the COVID-19 pandemic in March/April 2020, EISCs have not been meeting with families face-to-face, eliminating that avenue for families to submit paper surveys, and the majority of surveys are not completed by families online.

While prior to the pandemic, the majority of surveys were submitted on paper by all racial/ethnic groups, the percent submitted on paper was higher for

families of Black or African American and Hispanic children. The change to surveys needing to be completed online coincided with decreases in response rates for families of these children, indicating that the “digital divide” may have had a more significant impact on these families’ ability to complete the survey. This issue continued through much of FFY 2021, however, EISCs have recently begun returning to family homes. Data for the fourth quarter of FFY 2021 (April through June 2022), showed that the percent of surveys completed as paper copies had doubled from an average of 11% for the first three quarters of the fiscal year to 22% in Q4.

Many of the strategies listed above to address response rate overall, especially those targeted an 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, as well as working to increase awareness of the toll-free telephone option for completing the survey through changes to the current survey flyer to make that option more prominent and working with the Exception Children’s Assistance Center to promote this option to families. Finally, as noted above, the NC ITP is currently working to procure its next data system, including 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 do to lack of accessibility.

**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.**

FFY 2021 represents the second 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 significantly over-represented in responses. White children made up 48.6% of the children on the December 1, 2021, headcount, while their families accounted for 58.6% of Family Outcomes survey responses in FFY 2021. However, this is an improvement over FFY 2020, when 60.6% of responses were from families of White children.

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 26.1% of the December 1, 2021, headcount, but their families represented only 19.1% of the survey responses. This is an improvement over FFY 2020, when 18.3% of responses were from families of Black or African American children.
- Hispanic children made up 19.0% of the December 1, 2021, headcount, but their families represented only 16.6% of the survey responses. This is an improvement over FFY 2020, when 14.9% of survey responses were from families of Hispanic children.
- American Indian or Alaska Native children make up a much smaller percent of enrolled children at just 1% of the December 1, 2021, headcount, their families represented only 0.4% of the survey responses. While these numbers are quite small, responses are not representative for this group in FFY 2021 based on the Early Childhood Technical Assistance Center’s (ECTA) Representativeness calculator.

**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 2021, which showed that the data was not representative for Black or African American, American Indian or Alaska Native, Hispanic, and White children.

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

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

- For A – helped the family know their rights – scores rose from 88.67% in FFY 2020 to 89.88% in FFY 2021 – a 1.21 percent increase
- For B – helped the family communicate their child’s needs – scores rose from 91.53% in FFY 2020 to 93.03% in FFY 2021 – a 1.5 percent increase
- For C – helped the family help their child – scores rose from 84.89% in FFY 2020 to 86.36% in FFY 2021 – a 1.47 percent increase

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

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

#### **Response to actions required in FFY 2020 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 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.

## 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	2016	2017	2018	2019	2020
Target >=	1.15%	1.15%	1.15%	1.15%	1.15%
Data	1.18%	1.16%	1.15%	1.16%	0.94%

### Targets

FFY	2021	2022	2023	2024	2025
Target >=	1.11%	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 put 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 FFY 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 their 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 2021 to the targets established for FFY 2020-2025, NC ITP staff reviewed the program's FFY 2021 Indicator data and progress with NC ITP leadership and its Interagency Coordinating Council.

**Prepopulated Data**

Source	Date	Description	Data
SY 2021-22 EMAPS IDEA Part C Child Count and Settings Survey; Section A: Child Count and Settings by Age	07/06/2022	Number of infants and toddlers birth to 1 with IFSPs	1,087
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	06/28/2022	Population of infants and toddlers birth to 1	113,170

**FFY 2021 SPP/APR Data**

Number of infants and toddlers birth to 1 with IFSPs	Population of infants and toddlers birth to 1	FFY 2020 Data	FFY 2021 Target	FFY 2021 Data	Status	Slippage
1,087	113,170	0.94%	1.11%	0.96%	Did not meet target	No Slippage

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

In FFY 2021, the NC ITP provided services to 0.96% (1,087 of 113,170) of children ages birth to one in the state. This represents a very slight increase from FFY 2020, when 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 has continued a slow but steady increase since December 1, 2021, with the most recent October 1, 2022, headcount for this age group at 1,133.

**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	2016	2017	2018	2019	2020
Target >=	2.70%	2.70%	2.75%	2.85%	2.85%
Data	2.85%	2.88%	2.96%	3.01%	2.49%

#### Targets

FFY	2021	2022	2023	2024	2025
Target >=	2.74%	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 put 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 FFY 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 their 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 2021 to the targets established for FFY 2020-2025, NC ITP staff reviewed the program's FFY 2021 Indicator data and progress with NC ITP leadership and its Interagency Coordinating Council.

**Prepopulated Data**

Source	Date	Description	Data
SY 2021-22 EMAPS IDEA Part C Child Count and Settings Survey; Section A: Child Count and Settings by Age	07/06/2022	Number of infants and toddlers birth to 3 with IFSPs	9,527
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	06/28/2022	Population of infants and toddlers birth to 3	347,349

**FFY 2021 SPP/APR Data**

Number of infants and toddlers birth to 3 with IFSPs	Population of infants and toddlers birth to 3	FFY 2020 Data	FFY 2021 Target	FFY 2021 Data	Status	Slippage
9,527	347,349	2.49%	2.74%	2.74%	Met target	No Slippage

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

In FFY 2021, the NC ITP provided services to 2.74% (9,527 of 347,349) of children ages birth to three in the state. This represents a significant improvement over FFY 2020 resulting from increased referrals and enrollment as the state emerges from the COVID-19 pandemic. Referrals to the NC ITP have been at pre-pandemic levels for several months, and while daily enrollment has not returned to pre-pandemic levels. The state's daily headcount did reach 10,000 on June 1, 2022, and has remained above 10,000 since that time.

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

If the State reported less than 100% compliance for the previous reporting period (e.g., for the FFY 2021 SPP/APR, the data for FFY 2020), 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	2016	2017	2018	2019	2020
Target	100%	100%	100%	100%	100%
Data	98.56%	99.96%	99.76%	99.88%	99.66%

### Targets

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

### FFY 2021 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 2020 Data	FFY 2021 Target	FFY 2021 Data	Status	Slippage
2,172	2,329	99.66%	100%	99.70%	Did not meet target	No Slippage

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

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

150

Provide reasons for delay, if applicable.

Seven (7) children received evaluations/assessments and had IFSPs developed after the expiration of the 45-day timeline from the date of referral due to CDSA-specific delays, including inadequate follow-up, delays by CDSA staff in making initial contact with the family, and COVID-related CDSA delays. This represents a noncompliance rate of only 0.30%.

**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 2021 through November 2021.

**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, 2021, through November 30, 2021. 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 2021.

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

Data on two thousand three hundred twenty-nine (2,329) children were examined to verify whether the NC ITP was compliant with this indicator. Two thousand one hundred seventy-two (2,172) children received an IFSP within 45 days of referral. An additional one hundred fifty (150) children did not receive an IFSP in a timely manner due to documented exceptional family circumstances. Therefore, 2,322 out of 2,329 children (99.70%) met the 45-day timeline measured in this indicator.

These data reflect substantial compliance for Indicator 7.

Additional information regarding FFY 2020 noncompliance data below:

While there was one finding of noncompliance issued for FFY 2020, there were individual instances of noncompliance at 2 CDSAs. Both of these CDSAs corrected the identified noncompliance prior to findings being issued.

As required in OSEP memo 09-02, to ensure that these individual instances of noncompliance were corrected where possible, the NC 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 2020**

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 2020 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 Memorandum 09-02.

The OSEP 09-02 Memorandum clarified that for any identified noncompliance, correction must be achieved on two levels or prongs: first, correction must take place at the child-specific level, even if late, unless the child is no longer within the jurisdiction of the program (e.g., turned three, parent withdrew from program, child died); and second, there must be evidence that the regulatory provision at issue that was not being implemented correctly is now being implemented correctly, based on a review of new or subsequent (previously unreviewed) data. The NC 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 2020 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 2020. 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 memo 09-02, 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 2020**

Year Findings of Noncompliance Were Identified	Findings of Noncompliance Not Yet Verified as Corrected as of FFY 2020 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 2020, the State must report on the status of correction of noncompliance identified in FFY 2020 for this indicator. When reporting on the correction of noncompliance, the State must report, in the FFY 2021 SPP/APR, that it has verified that each EIS program or provider with noncompliance identified in FFY 2020 for this indicator: (1) is correctly implementing the specific regulatory requirements (i.e., achieved 100% compliance) based on a review of updated data such as data subsequently collected through on-site monitoring or a State data system; and (2) has corrected each individual case of noncompliance, unless the child is no longer within the jurisdiction of the EIS program or provider, consistent with OSEP Memo 09-02. In the FFY 2021 SPP/APR, the State must describe the specific actions that were taken to verify the correction.

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

**Response to actions required in FFY 2020 SPP/APR**

The status of correction of non-compliance for FFY 2020 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, 2021- June 30, 2022). 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 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.

## Indicator 8A: Early Childhood Transition

### Instructions and Measurement

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

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

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

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

#### Data Source

Data to be taken from monitoring or State data system.

#### Measurement

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

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

#### Instructions

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

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

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

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

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

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

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

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

If the State reported less than 100% compliance for the previous reporting period (e.g., for the FFY 2021 SPP/APR, the data for FFY 2020), 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	2016	2017	2018	2019	2020
Target	100%	100%	100%	100%	100%
Data	98.95%	99.59%	99.33%	99.83%	99.45%

**Targets**

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

**FFY 2021 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 2020 Data	FFY 2021 Target	FFY 2021 Data	Status	Slippage
1,639	1,651	99.45%	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.

9

**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 2021.

**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, 2021, through November 30, 2021, 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 2021.

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

Data on one thousand six hundred fifty-one (1,651) children were examined to verify compliance with the transition plan timeline requirement. One thousand six hundred thirty-nine (1,639) children received an IFSP with transition steps and services in a timely manner. An additional nine (9) children did not receive a transition plan in a timely manner due to documented exceptional family circumstances. Therefore, 1,648 of 1,651 children (99.82%) were in compliance with the transition plan timeline indicator.

These data reflect substantial compliance for Indicator 8a.

**Additional information regarding FFY 2020 noncompliance data below:**

While there was one finding of noncompliance issued for FFY 2020, there were individual instances of noncompliance at two CDSAs. Both of these CDSAs corrected the identified noncompliance prior to findings being issued.

As required in OSEP memo 09-02, to ensure that these individual instances of noncompliance were corrected where possible, the NC 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 2020**

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 2020 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 Memorandum 09-02.

The OSEP 09-02 Memorandum clarified that for any identified noncompliance, correction must be achieved on two levels or prongs: first, correction must take place at the child-specific level, even if late, unless the child is no longer within the jurisdiction of the program (e.g., turned three, parent withdrew from program, child died); and second, there must be evidence that the regulatory provision at issue that was not being implemented correctly is now being implemented correctly, based on a review of new or subsequent (previously unreviewed) data. The NC 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 2020 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 2020. 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 memo 09-02, 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 2020**

Year Findings of Noncompliance Were Identified	Findings of Noncompliance Not Yet Verified as Corrected as of FFY 2020 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 2020, the State must report on the status of correction of noncompliance identified in FFY 2020 for this indicator. When reporting on the correction of noncompliance, the State must report, in the FFY 2021 SPP/APR, that it has verified that each EIS program or provider with noncompliance identified in FFY 2020 for this indicator: (1) is correctly implementing the specific regulatory requirements (i.e., achieved 100% compliance) based on a review of updated data such as data subsequently collected through on-site monitoring or a State data system; and (2) has corrected each individual case of noncompliance, unless the child is no longer within the jurisdiction of the EIS program or provider, consistent with OSEP Memo 09-02. In the FFY 2021 SPP/APR, the State must describe the specific actions that were taken to verify the correction.

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

**Response to actions required in FFY 2020 SPP/APR**

The status of correction of non-compliance for FFY 2020 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, 2021- June 30, 2022). 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 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.

## Indicator 8B: Early Childhood Transition

### Instructions and Measurement

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

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

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

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

#### Data Source

Data to be taken from monitoring or State data system.

#### Measurement

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

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

#### Instructions

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

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

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

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

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

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

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

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

If the State reported less than 100% compliance for the previous reporting period (e.g., for the FFY 2021 SPP/APR, the data for FFY 2020), 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	2016	2017	2018	2019	2020
Target	100%	100%	100%	100%	100%
Data	98.76%	99.27%	99.12%	99.56%	99.18%

**Targets**

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

**FFY 2021 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 2020 Data	FFY 2021 Target	FFY 2021 Data	Status	Slippage
1,800	1,806	99.18%	100%	99.67%	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 six (6) toddlers exiting Part C who were potentially eligible for Part B, for whom the SEA/LEA notification was not provided at least 90 days before the toddlers' third birthdays due to CDSA-specific delays, with all six (6) delayed due to inadequate follow-up by CDSA staff. This represents a noncompliance rate of only 0.23%.

**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 2021 through November 2021, 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 2021.

**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, 2021, through November 30, 2021, 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 2021.

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

Data on one thousand eight hundred six (1,806) children were examined to verify compliance with the SEA/LEA notification timeline requirement. One thousand eight hundred (1,800) children's records that were reviewed had LEA/SEA notifications completed in a timely manner, for a compliance rate of 99.67%.

These data reflect substantial compliance for Indicator 8b.

Additional information regarding FFY 2020 noncompliance data below:

While there were 2 findings of noncompliance issued for FFY 2020, 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 memo 09-02, 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 2020**



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 2020 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 Memorandum 09-02.

The OSEP 09-02 Memorandum clarified that for any identified noncompliance, correction must be achieved on two levels or prongs: first, correction must take place at the child-specific level, even if late, unless the child is no longer within the jurisdiction of the program (e.g., turned three, parent withdrew from program, child died); and second, there must be evidence that the regulatory provision at issue that was not being implemented correctly is now being implemented correctly, based on a review of new or subsequent (previously unreviewed) data. The NC 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 2020 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.**

Two (2) CDSAs accounted for the two (2) finding issued in FFY 2020. 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 memo 09-02, 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.

**Correction of Findings of Noncompliance Identified Prior to FFY 2020**

Year Findings of Noncompliance Were Identified	Findings of Noncompliance Not Yet Verified as Corrected as of FFY 2020 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 2020, the State must report on the status of correction of noncompliance identified in FFY 2020 for this indicator. When reporting on the correction of noncompliance, the State must report, in the FFY 2021 SPP/APR, that it has verified that each EIS program or provider with noncompliance identified in FFY 2020 for this indicator: (1) is correctly implementing the specific regulatory requirements (i.e., achieved 100% compliance) based on a review of updated data such as data subsequently collected through on-site monitoring or a State data system; and (2) has corrected each individual case of noncompliance, unless the child is no longer within the jurisdiction of the EIS program or provider, consistent with OSEP Memo 09-02. In the FFY 2021 SPP/APR, the State must describe the specific actions that were taken to verify the correction.

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

**Response to actions required in FFY 2020 SPP/APR**

The status of correction of non-compliance for FFY 2020 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, 2021- June 30, 2022). 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 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.

## Indicator 8C: Early Childhood Transition

### Instructions and Measurement

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

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

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

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

#### Data Source

Data to be taken from monitoring or State data system.

#### Measurement

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

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

#### Instructions

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

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

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

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

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

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

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

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

If the State reported less than 100% compliance for the previous reporting period (e.g., for the FFY 2021 SPP/APR, the data for FFY 2020), 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	2016	2017	2018	2019	2020
Target	100%	100%	100%	100%	100%
Data	98.13%	99.09%	98.75%	99.54%	98.83%

**Targets**

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

**FFY 2021 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 2020 Data	FFY 2021 Target	FFY 2021 Data	Status	Slippage
1,537	1,567	98.83%	100%	99.62%	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.

24

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

There were six (6) toddlers exiting Part C who were potentially eligible for Part B, for whom TPCs were held late (i.e., less than 90 days before the toddler's third birthday) due to CDSA-specific delays, including inadequate follow-up and delays in initiating the TPC by CDSA staff. This represents a noncompliance rate of 0.38%.

**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 2021.

**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, 2021, through November 30, 2021, 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 2021.

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

One thousand five hundred sixty-seven (1,567) 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 thirty-seven (1,537) records showed that a conference was held in a timely manner and an additional twenty-four (24) 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, 1,561 of 1,567 children (99.62%) were in compliance with the TPC timeline indicator.

These data reflect substantial compliance for Indicator 8c.

Additional information regarding FFY 2020 noncompliance data below:

While there were two findings of noncompliance issued for FFY 2020, there were individual instances of noncompliance at 4 CDSAs. All of these CDSAs corrected the identified noncompliance prior to findings being issued.

As required in OSEP memo 09-02, to ensure that these individual instances of noncompliance were corrected where possible, the NC 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 2020**

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 2020 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 Memorandum 09-02.

The 09-02 Memorandum clarified that for any identified noncompliance, correction must be achieved on two levels or prongs: first, correction must take place at the child-specific level, even if late, unless the child has moved or is no longer within the jurisdiction of the program (e.g., turned three, parent withdrew from program, child died); and second, there must be evidence that the regulatory provision at issue that was not being implemented correctly, is now being implemented correctly, based on a review of new, previously unreviewed data. The NC 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 2020 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) finding issued in FFY 2020. 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 memo 09-02, 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 2020**

Year Findings of Noncompliance Were Identified	Findings of Noncompliance Not Yet Verified as Corrected as of FFY 2020 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 2020, the State must report on the status of correction of noncompliance identified in FFY 2020 for this indicator. When reporting on the correction of noncompliance, the State must report, in the FFY 2021 SPP/APR, that it has verified that each EIS program or provider with noncompliance identified in FFY 2020 for this indicator: (1) is correctly implementing the specific regulatory requirements (i.e., achieved 100% compliance) based on a review of updated data such as data subsequently collected through on-site monitoring or a State data system; and (2) has corrected each individual case of noncompliance, unless the child is no longer within the jurisdiction of the EIS program or provider, consistent with OSEP Memo 09-02. In the FFY 2021 SPP/APR, the State must describe the specific actions that were taken to verify the correction.

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

**Response to actions required in FFY 2020 SPP/APR**

The status of correction of non-compliance for FFY 2020 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, 2021- June 30, 2022). 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 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.

## Indicator 9: Resolution Sessions

### Instructions and Measurement

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

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

#### Data Source

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

#### Measurement

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

#### Instructions

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

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

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

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

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

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

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

### 9 - Indicator Data

#### Not Applicable

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

YES

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

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

### 9 - Prior FFY Required Actions

None

### 9 - OSEP Response

### 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 targets and report them in the corresponding SPP/APR.

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

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

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

### 10 - Indicator Data

**Select yes to use target ranges**

Target Range not used

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

NO

**Prepopulated Data**

Source	Date	Description	Data
SY 2021-22 EMAPS IDEA Part C Dispute Resolution Survey; Section B: Mediation Requests	11/02/2022	2.1 Mediations held	0
SY 2021-22 EMAPS IDEA Part C Dispute Resolution Survey; Section B: Mediation Requests	11/02/2022	2.1.a.i Mediations agreements related to due process complaints	0
SY 2021-22 EMAPS IDEA Part C Dispute Resolution Survey; Section B: Mediation Requests	11/02/2022	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 put 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 FFY 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 their 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 2021 to the targets established for FFY 2020-2025, NC ITP staff reviewed the program’s FFY 2021 Indicator data and progress with NC ITP leadership and its Interagency Coordinating Council.

**Historical Data**

Baseline Year	Baseline Data
2005	

FFY	2016	2017	2018	2019	2020
Target>=					
Data					

**Targets**

FFY	2021	2022	2023	2024	2025



Target>=					
----------	--	--	--	--	--

**FFY 2021 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 2020 Data	FFY 2021 Target	FFY 2021 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 2021 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 2021. The State is not required to provide targets until any fiscal year in which ten or more mediations were held.

**10 - Required Actions**

# Indicator 11: State Systemic Improvement Plan

## Instructions and Measurement

**Monitoring Priority:** General Supervision

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

### Measurement

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

### Instructions

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

**Targets:** In its FFY 2021 SPP/APR, due February 1, 2023, the State must provide measurable and rigorous targets (expressed as percentages) for each of the five years from FFY 2021 through FFY 2025. The State's FFY 2025 target must demonstrate improvement over the State's baseline data.

**Updated Data:** In its FFYs 2021 through FFY 2025 SPPs/APRs, due February 1, 2023 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 2021 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 2021 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, 2022). 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 2021 APR, report on anticipated outcomes to be obtained during FFY 2022, i.e., July 1, 2022-June 30, 2023).

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

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

**C. Stakeholder Engagement**

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

**Additional Implementation Activities**

The State should identify any activities not already described that it intends to implement in the next fiscal year (e.g., for the FFY 2021 APR, report on activities it intends to implement in FFY 2022, i.e., July 1, 2022-June 30, 2023) 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)**

YES

**Please provide a description of the changes and updates to the theory of action.**

The Theory of Action was revised to remove the previously proposed improvement strategy around Global Outcomes that is not included in the current plan for SSIP FFY 2020-2025.

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

[https://beearly.nc.gov/data/files/pdf/NC\\_SSiP\\_Theory\\_of\\_Action.pdf](https://beearly.nc.gov/data/files/pdf/NC_SSiP_Theory_of_Action.pdf)

**Progress toward the SiMR**

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

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

NO

**Historical Data**

Baseline Year	Baseline Data
2013	68.60%

**Targets**

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

**FFY 2021 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 2020 Data	FFY 2021 Target	FFY 2021 Data	Status	Slippage

1,205	1,572	77.83%	78.33%	76.65%	Did not meet target	Slippage
-------	-------	--------	--------	--------	---------------------	----------

**Provide reasons for slippage, if applicable**

As noted in Indicator 3 above, the NC ITP saw decreases in Child Outcomes scores across Summary Statement 1 and 2 for all three components of Child Outcomes, which point to an on-going impact from the COVID pandemic on Child Outcomes. However, the change in the NC ITP's SiMR was small and did not constitute a statistically significant change when using the ECO Meaningful Difference Calculator.

**Provide the data source for the FFY 2021 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. 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.**

SSIP Evaluation Plan - [https://beearly.nc.gov/data/files/pdf/SSIP\\_Evaluation\\_2020\\_2025.pdf](https://beearly.nc.gov/data/files/pdf/SSIP_Evaluation_2020_2025.pdf)

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

YES

**If yes, provide a description of the changes and updates to the evaluation plan.**

Changes to the Evaluation Plan were made to align with the current SSIP time period (FFY2020-2025). The revised plan was also reorganized to situate all outputs together and all outcomes together.

**If yes, describe a rationale or justification for the changes to the SSIP evaluation plan.**

The previous plan was out of date and needed to be updated to reflect the current SSIP time period (FFY 2020-2025).

**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 their teaming structure (with State and Local Implementation teams) and implementation structures for their evidence-based practices - Coaching and Natural Learning Environment Practices (NLEP) and Pyramid Model. To help advance professional development efforts related to the SSIP, the NC ITP hired a PD Coordinator and a part time doctoral-level intern to support training and data tracking for Pyramid Model and Coaching and NLEP activities.

**State and Local Implementation Teams**

During this last year, the State Implementation Team (SIT) held 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, a

SharePoint site was established to enhance collaboration and share documents related to LIT practices (coaching implementation, etc.). Further to this, the team helped provide guidance to further efforts to scale up Coaching and NLEP and Pyramid Model.

#### Implementation Infrastructure for Coaching and NLEP

The NC ITP had the opportunity to enhance coaching and NLEP statewide through teletherapy. Due to COVID-19 and Medicaid flexibilities, the program established the infrastructure and supports needed to maintain services for enrolled and referred children and families via teletherapy. With the support of Preschool Development Grant funds, a virtual teletherapy webinar titled Coaching and Natural Learning Environment Practices in Teletherapy went live for program staff and network providers. Seven hundred and forty-six ITP service providers completed this formal training in teletherapy practices, and use of Coaching and NLEP through virtual platforms. The Teletherapy Procedural manual was finalized and implemented system-wide. Additional teleconferencing equipment to address technology barriers and increase access to virtual services for program staff and families was purchased and distributed. Additional teletherapy resources and supports were made available to providers on the program website.

In addition, to infrastructure developed to support the coaching and NLEP approach via teleservices, NC ITP staff continued to establish a training infrastructure to support professional development and to ensure implementation fidelity. NC ITP staff continued to leverage an online learning management system that had 3 foundational trainings in coaching and NLEP. Further, NC ITP established a regional training structure (having local CDSA staff serve as trainers) for advanced coaching training (called Putting It Into Practice). Further to this, infrastructure was further developed to support scale up of coaching and NLEP with training to support staff becoming Approved Observers and Master coaches to ensure implementation fidelity.

#### Implementation Infrastructure for Pyramid Model

Over this past year, the NC ITP received intensive technical assistance from the National Center for Pyramid Model Innovations. Meetings with NCPMI staff and NC ITP staff were held to discuss plans for implementation including training to build capacity of staff to provide intervention through the various levels of the Pyramid Model and to enhance knowledge of infant social-emotional development. The Winston-Salem CDSA conducted various trainings with its leadership team members, staff, and providers, as well as meetings with state office staff, using NCPMI state level technical assistance. In addition to Winston-Salem, Pyramid model trainings have been recorded and made available to program staff. Implementation staff (including state office staff and CDSA directors) helping lead Pyramid Model implementation presented at two national conferences about NC ITP implementation. In addition, the program began making efforts to scale up implementation. A Pyramid Model sharepoint collaboration site was established to centrally store implementation resources as well as facilitate the collaborative development of documents and resources. The Greenville CDSA was identified as the next site for Pyramid Model implementation in spring of 2023.

**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 establishment of an initial Terms of Reference document that will guide expectations, membership, the roles and responsibilities of actors in SSIP, and communication plans as the NCITP continues to implement Coaching, Natural Learning Environment Practices and expands the implementation of the Pyramid Model. The SIT SharePoint site created last year continues to be a key tool for effective communication and collaboration. 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). Further to this, the SIT has led efforts to recommend professional development of staff relating to the scale of Coaching and NLEP and Pyramid Model. These strategies have been integral to sustaining systems improvement efforts and scale up.

Local Implementation Teams (LITs) at each CDSA have used the Agency Capacity Assessment (ACA) (created last year as a long-term outcome related to governance and quality standards) at least once 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. In addition, the LIT supports, which also included a Share Point site, have continued to support sustainability of systems improvement efforts related to shared collaboration and communication. At least two individuals from each LIT have been identified and are included in quarterly meetings and email communications. The focus of this group is to ensure ongoing sustainability of the LIT structure and use to implement EBPs.

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

#### Coaching and Natural Learning Environment Practices

Continued expansion, capacity-building, and strengthening for the NC ITP's established system of coaching has also continued during this reporting period. Virtual Coaching training using an online learning platform continued (with 2,609 staff and providers trained) and 3 virtual Resource-Based Practices trainings (related to the systems framework component of professional development) were provided to 241 CDSA staff to support the long-term outcome of having a well-trained high quality workforce. As a result, the program was able to continue making progress towards quality standards by having proficient coaches qualified to serve as Approved Observers (AOs) in sustaining practitioner coaching supports for staff and providers working toward fidelity. The program had 144 AOs in 2022, as well as 22 fidelity coaches. All CDSAs continue to report on proficiency quarterly to monitor progress toward achieving the SiMR.

Regional trainers for Putting it into Practice (Phase II training) have been added this reporting period, for a total of 20 in 2022. In addition, SIT reviewed the PiiP presentation process and instituted an 'on-camera' requirement for those wanting CEUs to enhance efforts related to accountability/monitoring and quality standards. These strategies have also been instituted to help with sustainability of systems improvement efforts.

A short-term outcome that occurred during this reporting period was that the NCITP's SIT is beginning the process of re-evaluating the current Coaching Tool Kit, along with options for sustaining practices and identification of tools CDSAs can utilize to evaluate their own progress in utilizing coaching.

This year two additional Coaching and NLEP practices were added 1) Coaching in Child Care training to be used with CDSA staff and Early Childhood Educators and 2) an additional module was added to the online modules. Building Capacity for EISCs was created by the Family Infant and Preschool

Program (FIPP) and reviewed by SIT. SIT recommended it be included in the orientation for all new service coordinators.

#### Pyramid Model

NC ITP completed technical assistance for Pyramid Model implementation from NCPMI in the late fall of 2022. Within Pyramid Model, 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) was established and comprised of a 4-person team who were members of SIT and implementation coaches. Two of the NC-SPIT members were also part of the NC Pyramid Cross Sector Leadership Team, which is co-facilitated by the NC Part C Director, 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 cohort of staff and started its second cohort in January 2023 with their remaining 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 team.

The NC-SPIT worked with the Section Management Team (SMT) to revise an application for identifying the next CDSA to implement the Pyramid Model. Through this process, the Greenville CDSA was chosen to be next to implement. For the next round of readiness assessments, SIT and SMT will need to establish a rubric for scoring the assessments to allow for clear communication and expectation setting for upcoming CDSAs. A process for adding Implementation coaches will also be explored.

#### Teletherapy Modules to Enhance Implementation of Coaching and NLEP

To support the continued use of a hybrid model of service, an on-demand webinar was created last year (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. At this time, 746 ITP service providers have completed the training. Additional teleconferencing equipment to address technology barriers and increase access to virtual services for families is also being distributed across the state. Currently 47 out of 150 (31%) of the Chrome Books purchased have been distributed to families all utilizing virtual services and some also utilizing interpretation services.

Evaluation surveys to assess the effectiveness of teleservices were administered to program staff, providers, and families. These surveys were used to help understand the short-term outcomes of the effectiveness of teleservices using a coaching approach. Findings indicated that teletherapy service delivery supported and encouraged the use of coaching practices with families. With this additional evidence to support coaching with a teletherapy method, the NC EIS will continue to work with NC Medicaid and Department of Health and Human Services to achieve the long-term outcome of teletherapy codes being reimbursement with parity with in-person 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 for teleservices codes and reimbursement for NC ITP services.

#### **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.**

While not new, the structure of the Local Implementation Team (LIT) support meetings was re-evaluated and while they are facilitated by SIT members, they are guided solely by the members who represent all 16 CDSAs across the state.

The other statewide improvement strategy implemented this year was a quarterly support meeting for Social Emotional Practitioners. These are staff in various roles across the state who are providing behavioral health or social emotional services. The team is currently facilitated by multiple SIT members, three of which are licensed practitioners. The purpose is to provide those who focus on this area of development with consistent education and peer support.

#### **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 Structures

State Implementation Team, Local Implementation Teams, and Social Emotional Practitioner Support groups

During the next reporting period, the State Implementation Team (SIT) will 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 identifying 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.

Both the LIT and the recently added Social Emotional Practitioner Support groups will be meeting quarterly with agenda items identified by the attendees. These groups will be facilitated by SIT members and those members will report back to the full SIT after each quarterly meeting. The anticipated outcomes attained during the next reporting period with this infrastructure improvement strategy are effective communication between state and local teams that will help address any challenge/issues that arise, relay implementation successes, and determine needed support and steps to facilitate implementation of coaching and NLEP, as well as Pyramid Model.

##### Infrastructure Improvement Strategy for Coaching and NLEP

Next steps related to the infrastructure supports needed to maintain services for enrolled and referred children and families via teletherapy are to encourage staff and providers to continue to be trained using the virtual teletherapy webinar titled Coaching and Natural Learning Environment Practices in Teletherapy and the Teletherapy Procedural manual. Anticipated outcomes are that all staff and providers (that are newly hired/contracted with the NC ITP or those who have yet to complete the webinar) will complete the webinar to ensure consistent and high-quality teleservices and the coaching approach using virtual technology.

In addition, 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, NC ITP will maintain the regional training structure (having local CDSA staff serve as trainers) for advanced coaching training (called Putting It Into Practice). Outcomes anticipated with maintaining these structures are sustaining implementation structures and continuing to support scale up of coaching and NLEP.

##### Implementation Infrastructure for 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 W-S 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-SPIT, WS-PLT, and SMT) 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 in Winston Salem and Greenville CDSAs. For the next round of site selection, the SIT and SMT will establish a rubric for evaluating readiness assessments with the anticipated outcomes of clear communication and expectation setting for scaling up implementation with remaining CDSAs. A process for adding Implementation coaches will also be explored to ensure staff have appropriate supports to ensure quality standards. In addition, recorded Pyramid model trainings will continue to be available to program staff.

**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 and NLEP is a manner of interacting with others that focuses on adult learning styles while encouraging the development of confidence and competence in a parent's ability to support their child's development within the family's natural environment.

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

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

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

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

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. Further to this, these EBPs are intended to have a positive impact on caregivers as well.

NC will receive expert support on further understanding the impact of these EBPs on children and families enrolled in the NC ITP.

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

The NC ITP utilized various tools to help with data collection to monitor fidelity of implementation and to assess practice change.

For Coaching and NLEP, the program uses a Proficiency Tracking tool, Coaching Pathway Documents, Self-Reflection and other EB observation tools to track fidelity of practice (however, not all of these are collected statewide). In addition, the program uses Pre- and Post-surveys for professional development/training opportunities such as the Putting it Into Practice training. A total of 2,609 CDSA staff and contract providers have already completed the first step to Coaching Proficiency. Of those, 1,596 completed all three FIPP webinars. The NC ITP is also collecting data using a pre/post survey as well as a final training feedback survey for all Pyramid-related trainings.

The program is using the NCPMI published data collection tools such as their Early Interventionist Pyramid Practices Fidelity Instrument 1.0 (EIPFFI), 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.

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

In November 2021, 47 home visiting staff from the Winston-Salem CDSA attended and completed the Pyramid Practices for EI Home Visiting Training. Practitioner Based Coaching Training was completed with 14 identified coaches in February 2022, followed by PTRF training with the local Behavioral Health Team in March 2022. The first EIPFFI 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 EIPFFI fidelity measure was completed for the first cohort and the average score across practices increased to 88%. Also notable is program progress on the Benchmarks of Quality (BOQ) measurement. The initial BOQ was completed in October 2021. At that time 40% of implementation component indicators were not in place at all, 47% were partially in place, and only 13% were completely in place. The annual BOQ was completed in early November 2022, and at this time only 3% of indicators were not in place, 17% of indicators partially in place, and 80% were fully in place.

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

Efforts toward implementing NC's prioritized evidence-based practices will continue, with a priority focus on statewide evaluation of fidelity to Coaching and Natural Learning Environment Practices and then implementation of Pyramid Model.

Coaching and NLEP implementation will consist of continuing to ensure all new staff and providers are trained in Coaching and NLEP, as well as augmenting the number of AOs, coaches, and staff that reach fidelity with the approach. During the next reporting period, the program will continue to identify families who would not otherwise have access to teleservices due to a lack of equipment and/or connectivity to support greater access and equity of coaching and provide Chromebooks and mi-fi hotspots.

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

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

## **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 put 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 FFY 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 their 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 2021 to the targets established for FFY 2020-2025, NC ITP staff reviewed the program's FFY 2021 Indicator data and progress with NC ITP leadership and its Interagency Coordinating Council.



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

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

SSIP leads continuously provided monthly updates on SSIP work at EI Section Leadership meetings and other early childhood system stakeholder meetings to engage key stakeholders in our SSIP work. NC ITP staff have also held quarterly ICC meetings virtually to facilitate engagement with stakeholders about the SSIP and maximize equitable participation of stakeholders from across the state. The program has offered reimbursement to families who attend ICC meetings to ensure their ability to contribute their time and energies to key improvement efforts. With every update, SIT members engage in 2-way communications and invite stakeholders to provide feedback and ask questions.

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

Various NC ITP Staff have also participated in multiple statewide initiatives, coalitions, and collaboratives that bring cross-sector professionals, families, and community members together to advance policies and practices to support improvement in children's social-emotional development and early childhood mental health. Further, 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 was included as part of a proposal to the Preschool Development Grant to receive training and PD on early childhood mental health and members of the ITP participate on the 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 trainings that foster improvement efforts. Specific strategies include holding meetings and calls, sending emails with survey links to solicit input, and participating in meetings with families and early childhood system partners. With greater opportunities to leverage technology, virtual meetings have afforded participants to attend meetings that may have been a barrier when long-distance travel was required.

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

NO

**Additional Implementation Activities**

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

N/A

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

N/A

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

While staff turnover is not a new issue, the NC ITP lost the Professional Development Coordinator due to turnover. This position was a temporary position with the plan to transition into a permanent role, however, due to state budget and human resources issues, the process to convert this position to a permanent role did not occur and the staff member left the program for a permanent position elsewhere. The NC ITP leadership plans to continue attempts to make this role permanent and fill this position.

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

As noted in our previous APR, the NC ITP continues to have multiple barriers that may affect infrastructure and implementation of key improvement strategies, related to staffing, COVID, and a Departmental reorganization.

While staffing shortages are not a new barrier, it continues to have a significant impact on the SSIP. As noted, prior, the lack of the key lead role, QA/QI Manager, will continue to impact progress on activities related to the NC SSIP. Recruitment efforts are currently underway to fill this role. Further, due to the aftermath and residual effects of COVID, NC is seeing a dramatic impact on staff availability (due to the spread of COVID and desire to stay working virtually) and/or staff are resigning. Further to this, recruitment continues to be a challenge due to low salaries and length of time it takes Human Resources to complete hiring processes. The NC ITP is reporting these issues to the NC DHHS and their team focused on operational excellence.

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

In addition, the reorganization to a new Division - the Division of Child and Family Well-Being, is still underway. The infrastructure and required staffing is not in place are still causing delays in budgetary and HR processes. Recurring meetings with Division leadership is occurring to proactively address any issues related to business continuity that could impact program operations.

**11 - Prior FFY Required Actions**

None

**11 - OSEP Response**

**11 - Required Actions**