

NC Part C

FFY2016 State Performance Plan / Annual Performance Report

Executive Summary:

Attachments

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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.

Monitoring:

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

The N.C. EIB annual compliance monitoring utilizes HIS to run child lists for the specific time period for all 16 CDSAs to review and verify related child record documentation. For FFY 2016, due to increased availability of data in HIS, the N.C. ITP expanded the time period from one month to three, resulting in a more representative and accurate reflection of compliance for the year. Data for each compliance indicator were reviewed for September, October, and November 2016. The CDSAs were responsible for ensuring that all related documentation in HIS was accurate and complete using state-designed queries prior to the N.C. EIB's review for compliance Indicators 1, 7, and 8(a)-(c).

Monitoring for each compliance indicator occurred as follows:

- **Indicator 1:** Data included all children who were enrolled in the N.C. ITP and had a new service added to their IFSPs during the months of September, October, and November 2016, whose services were due to begin within 30 days of written parental consent. The N.C. EIB verified service start dates, reasons for delay, and the documentation related to those delays.
- **Indicator 7:** Data included all children referred to each CDSA during the months of September, October, and November 2016, whose IFSP meetings were due to be held within 45 days of the referral date. The N.C. EIB verified IFSP meeting dates, reasons for delay, and the documentation related to those delays.
- **Indicator 8:** Data included all children who would be two years, nine months old (2.9) during the months of September, October, and November 2016, 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 N.C. EIB verified dates transition plans were developed, dates the LEA was notified, TPC dates, reasons for delay, and the documentation related to those delays.

During the review period, the CDSAs can submit documentation to the N.C. EIB to demonstrate correction prior to a finding. CDSAs must demonstrate that correction occurred on two levels or prongs: (i) any child-specific noncompliance must be corrected unless the child is no longer within the jurisdiction of the N.C. ITP; and (ii) correction must be achieved on a systemic level, demonstrated by a review of new/updated data (i.e., data not previously reviewed), which show the regulatory provisions are being implemented correctly (i.e., with 100% compliance). The N.C. EIB monitoring staff reviews the documentation submitted, along with a review of the updated data, to determine if the CDSAs meet the requirements to correct prior to a finding being issued.

Following the verification of data reported in HIS and following review of documentation for any correction completed prior to a finding, the N.C. EIB issues letters to inform each CDSA whether it has been found in compliance with the statutory and regulatory requirements of the Individuals with Disabilities Education Act (IDEA) or whether it has findings of noncompliance. If the latter, the N.C. EIB issues a letter with the appropriate number of findings, the specific statutory and regulatory provisions for which the CDSA was found to have been 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. Any CDSA that has been issued a letter of findings for noncompliance is required to develop a corrective action plan (CAP) within 60 days. The N.C. EIB is available to assist each CDSA with the development of its CAP, and

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ultimately, the N.C. EIB informs the CDSA whether the CAP is approved or needs revision.

All CAPs 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 N.C. EIB provides on-going monitoring of CAPs through review and verification of data consistent with OSEP Memorandum 09-02.

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

Dispute Resolution:

When parents or other parties have concerns or disagreements related to their children’s services, IFSPs or actions/inactions of a CDSA, efforts are made to reach out to the parent as early as possible to attempt to resolve concerns before they escalate to formal disputes or complaints. Generally, the CDSA directors or their designees, try to resolve these issues informally through discussion and negotiation. The N.C. EIB is available, as needed, to provide guidance, technical assistance, and information to a CDSA and/or to help it navigate these informal discussions or negotiations with parents or other parties. Notwithstanding this upstream preventative approach, parents and others have recourse to resolve disputes. Additionally, parents are routinely informed of their rights at all stages of enrollment with the N.C. ITP. All service coordinators regularly discuss parental rights and procedural safeguards with parents throughout the family’s involvement and enrollment in the N.C. ITP. Parents are provided with the Notice of Child and Family Rights booklet (Procedural Safeguards and Parent Rights Books) at required times, and if a parent or other affected individual files a formal state complaint or due process hearing request. Available processes for dispute resolution include: mediation, formal state complaint, and due process hearing requests. The N.C. EIB has designated individuals who conduct an independent investigation of any formal state complaint filed and issue formal written Findings of Facts, Conclusions of Law, within the requisite 60-day time frame, per N.C. ITP policy and IDEA requirements. Administrative law judges conduct hearings for any due process hearing request filed with the N.C. EIB.

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Technical Assistance System:

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

Technical assistance (TA) is a component of the N.C. EIB’s system of general supervision and is provided to CDSAs by N.C. EIB personnel on numerous topics for a variety of reasons. Historically, the N.C. EIB had three regional consultants who provided TA to support the CDSAs within each consultant’s respective region of the state. The limited number of consultants made it difficult to respond to programmatic questions in a timely manner due to the vast geographic territory each consultant covered. Moreover, the number of consultants continued to decrease due to staff retirements, resignations, and staff promotions. This attrition has created a need to reassess staff roles and N.C. EIB functions. The N.C. EIB sought assistance from the Early Childhood Technical Assistance (ECTA) Center to address existing gaps in staffing levels and state needs. As a result of ECTA’s assistance with strategic planning, the N.C. EIB redesigned how it provides TA and support to CDSAs.

With this redesign of the TA system, a priority goal was to ensure that the N.C. EIB, as the state lead agency, provides timely and responsive support to the 16 CDSAs. Other goals were to allow for flexibility to adequately address the diverse needs and issues of the various CDSAs. A significant and positive change was to assign each CDSA a single point of contact from the N.C. EIB for all questions and concerns that arise. This “CDSA liaison” role was designed to provide support to CDSAs similar to how many of the federal TA centers assign staff. Under the redesign, additional N.C. EIB personnel have been assigned as CDSA liaisons, increasing the number of staff for TA support from three to eight staff members. The CDSA liaison is the primary point of contact for CDSA leadership to funnel any inquiries and support needs. For relatively simple issues that the CDSA liaison can provide an immediate and appropriate response based on his/her expertise, s/he will respond to the inquiry. If the issue is more complex or outside the liaison’s scope of knowledge, the respective liaison along with other subject matter experts within the N.C. EIB work together to develop a thorough response to the inquiry and/or TA support need. This structure allows flexibility for N.C. EIB staff to work collaboratively to provide effective, consistent, and timely TA for all CDSAs within the state.

For TA tracking and reference purposes, the liaisons note CDSA inquiries in a tracking log. All N.C. EIB staff have access to the tracking log and are responsible for recording information pertinent to the inquiry, follow-up action, and final disposition of the inquiry. The TA tracking log includes relevant timelines for responding to the inquiring CDSA, key personnel and/or subject matter experts involved in the follow-up, as well as any applicable and relevant state or federal policies and procedural requirements.

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In addition to the routine handling of isolated inquiries and issues raised by CDSAs, TA is provided in other ways and in response to other situations. For example, TA is often delivered in response to noncompliance or improvement needs identified through state monitoring activities. In these instances, N.C. EIB personnel support CDSAs to determine the root cause of noncompliance and low performance, and further assist with development of a corrective action plan (CAP) or improvement plan based on the respective needs of the CDSAs. Also, as state-led program improvement initiatives and activities are planned for implementation, N.C. EIB personnel leading the improvement efforts also plan, develop, and facilitate TA and training to ensure that all strategies are implemented with fidelity.

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

The N.C. EIB is developing a process to systematically review policies and procedures documents. 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 being revised and enhanced through the work of the State Systemic Improvement Plan (SSIP) implementation team that is developing a more comprehensive, targeted system of standardized and consistent statewide standards and competencies for CDSA staff and providers. A primary focus of the team's immediate efforts is to enhance priority components of a comprehensive system of personnel development (CSPD).

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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.

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The N.C. EIB is the designated state entity authorized by the N.C. legislature to establish criteria for certification of personnel working with the N.C. ITP, either as an employee of a CDSA or as a provider of services through a network of community service providers across the state. Primarily it is the community provider who provides services and supports to enrolled families and their infants and toddlers with disabilities. As part of N.C.'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: (<http://www.bearly.nc.gov/data/files/pdf/ITPGuidePersonnelCert.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. 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 by or supported by an approved entity. The list of approved entities is updated twice per year and can be found at <http://www.bearly.nc.gov/data/files/pdf/FreeContinuingProfessionalDevelopment.pdf>. Additionally, 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 child and family assessments are completed exclusively by the CDSAs and its 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 assure staff are in compliance with the ITP's certification by reviewing and attesting that staff (providers of special instruction and service coordination) have met continuing professional development requirements for annual maintenance of the ITFC. Documentation of compliance with certification and continuing education requirements are provided to the N.C. EIB by each of the CDSAs, which are scheduled for verification in three-year cycles – with four CDSAs in each monitoring/verification cycle. This helps to ensure that compliance with certification and continuing education requirements for maintaining ITFC are verified on an on-going basis at CDSAs and across each CDSAs provider network. Additionally, part of the SSIP includes reviewing the requirements for the ITFC, which is well under way. The SSIP Professional Development (PD) Team has recommended expanding PD 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.

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Stakeholder Involvement: apply this to all Part C results indicators

The mechanism for soliciting broad stakeholder input on targets in the SPP, including revisions to targets.

The N.C. ITP continues to value and obtain broad and regular input from several different stakeholder groups. The N.C. Interagency Coordinating Council (ICC) is the advisory board and was instrumental in developing the State Performance Plan (SPP) targets submitted to OSEP in February 2015. The ICC, CDSAs, providers, and State Systemic Improvement Plan (SSIP) Implementation Team leaders have been provided historical APR data and data trends over time, graphic representations of outcomes, analyses related to mean performance, and data that compared the N.C. ITP's data to comparable data from other states and territories to put our data in context and to obtain perspective on how N.C. performs in comparison to itself and other states. For the current SPP/APR, the ICC reviewed five years of APR data in October 2015 to review and assess current results indicator targets. The N.C. EIB continually reviews APR and SSIP progress with members of the ICC during quarterly meetings. The N.C. EIB is constantly looking for new and different ways to increase ICC members' input. At the January 2018 ICC meeting, APR data for compliance and result indicators were presented to ICC members and its members adopted the N.C. EIB's APR and certified it as representing members' views.

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Reporting to the Public:

How and where the State reported to the public on the FFY 2015 performance of each EIS Program or Provider 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 2015 APR, as required by 34 CFR §303.702(b)(1)(i)(A); and a description of where, on its Web site, a complete copy of the State's SPP, including any revision if the State has revised the SPP that it submitted with its FFY 2015 APR in 2017, is available.

The N.C. ITP disseminated the FFY 2015 SPP/APR to stakeholders through the local lead agencies (the CDSAs) and posted the FFY

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2015 SPP/APR on the NC ITP's website, located at: <http://www.bearly.nc.gov/data/files/pdf/APRFY2015.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: <http://www.bearly.nc.gov/data/files/pdf/CDSA2015Data.pdf>.

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Actions required in FFY 2015 response

**FFY 2016 Part C State Performance Plan (SPP)/Annual Performance Report (APR)
Indicator 1: Timely provision of services**

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)

Historical Data

Baseline Data: 2005

FFY	2004	2005	2006	2007	2008	2009	2010	2011	2012	2013	2014
Target			100%	100%	100%	100%	100%	100%	100%	100%	100%
Data		73.00%	92.00%	93.00%	97.21%	96.00%	98.68%	97.85%	98.29%	98.31%	98.11%

FFY	2015
Target	100%
Data	99.12%

Key: Gray – Data Prior to Baseline Yellow – Baseline

FFY 2016 - FFY 2018 Targets

FFY	2016	2017	2018
Target	100%	100%	100%

FFY 2016 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 2015 Data*	FFY 2016 Target*	FFY 2016 Data
		99.12%	100%	

<p>Number of documented delays attributable to exceptional family circumstances <i>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.</i></p>	232
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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 N.C. 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 entered (documented) in HIS.

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

- State monitoring
- 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 N.C. EIB reviewed data for all children who had services added to IFSPs during the months of September, October, and November 2016. These data are entered into HIS by each of the CDSAs and include all services, start dates, and reasons for any delays.

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

For Indicator 1, a quarter of the fiscal year was used to determine compliance with the indicator. The state selected September 1, 2016 through November 30, 2016. 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 N.C. ITP is confident that the chosen reporting period accurately reflects data for infants and toddlers with IFSP's for FFY 2016.

Provide additional information about this indicator (optional)

A total of five thousand six hundred eighty-seven (5,687) children with IFSPs were reviewed for this indicator. Five thousand three

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hundred thirty-seven (5,337) of these children received their services in a timely manner. An additional two hundred thirty-two (232) children did not receive their services in a timely manner due to documented exceptional family circumstances. Therefore, services for 5,569 out of 5,687 children (97.93%) were provided services on their IFSPs in a timely manner (within 30 days).

There were one hundred eighteen (118) children who did not receive all their IFSP services in a timely manner due to CDSA-specific delays. This represents a noncompliance rate of 2.07%

Actions required in FFY 2015 response

none

Note: Any actions required in last year's response table that are related to correction of findings should be responded to on the "Correction of Previous Findings of Noncompliance" page of this indicator. If your State's only actions required in last year's response are related to findings of noncompliance, a text field will not be displayed on this page.

Correction of Findings of Noncompliance Identified in FFY 2015

Findings of Noncompliance Identified	Findings of Noncompliance Verified as Corrected Within One Year	Findings of Noncompliance Subsequently Corrected	Findings Not Yet Verified as Corrected
5	1	0	4

FFY 2015 Findings of Noncompliance Verified as Corrected

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

The N.C. 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 N.C. EIB provided written notification to the CDSA of the noncompliance). The corrective action process begins when the N.C. EIB issues formal written findings of noncompliance to specific CDSAs, which include the specific statutory and regulatory requirements that are not being correctly implemented. Each CDSA is required to utilize a root cause analysis framework to drill down and to identify the reasons for noncompliance. CDSAs develop corrective action plans (CAPs) with assistance from the N.C. EIB to ensure that the identified root cause of the noncompliance is addressed. CDSAs are required to submit frequent progress reports to the N.C. EIB on an approved schedule, with benchmarks of performance to ensure timely correction of the identified noncompliance. These reports are usually submitted monthly. The process used to determine correction of noncompliance includes: analysis of progress report information, verification of the correction of child-specific noncompliance, and review of updated (e.g., new or subsequent) data to verify that the timely services requirement is being implemented systemically, 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 N.C. EIB continues to utilize these strategies to ensure timely correction of noncompliance, as well as continual review of local procedures and previously issued state guidance documents, and to assess resource and infrastructure issues that might impact each CDSAs ability to meet statutory and regulatory timelines for the provision of timely services.

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

Using the methods and strategies identified above, the N.C. EIB reviewed and approved the CAPs for each of the three (3) CDSAs that accounted for the five (5) findings of noncompliance issued in FFY 2015. Each CDSA submitted progress reports as required by the schedule set forth in its CAP. The N.C. EIB reviewed each CDSAs analysis of its data, issued a letter following each report on the CDSAs progress toward correction, which either agreed or disagreed with the CDSAs analysis of its own data. Additionally, each letter provided the CDSA with its next step in the correction process. As each individual instance of noncompliance was corrected, the N.C. EIB conducted a review of updated (new or subsequent) data using information from HIS and documentation from children's records to verify that the CDSA was demonstrating 100% compliance and has addressed the noncompliance systemically.

Out of the three (3) CDSAs with CAPs in FFY 2015, one (1) was able to demonstrate compliance within one year of the date that finding(s) were issued. The remaining two (2) CDSAs were unable to demonstrate compliance within the one-year time frame for "timely correction" of noncompliance and have revised their CAPs, with the assistance of the N.C. EIB, to ensure correction of the identified noncompliance.

FFY 2015 Findings Not Yet Verified as Corrected

Actions taken if noncompliance not corrected

The two (2) CDSAs, with four (4) findings, are continuing to work on the process of correcting noncompliance beyond the one-year timeline. The N.C. EIB provided both CDSAs with intensive TA that consisted of: a deeper drill down and analysis of the root cause of the noncompliance; a review of the CDSAs internal procedures for documentation and for following up on new services; and assistance

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with the revision of the new CAP. As a result of this intensive TA, the N.C. EIB helped identify the reasons for each CDSA's inability to correct the identified noncompliance within the one-year time frame and assisted with the development of new strategies, benchmarks, and timelines for each CDSA's new CAP.

In both CDSAs, the deeper root cause analysis revealed that there were shortages of providers across many parts of the CDSA's catchment areas, as well as staffing shortages within the CDSA, particularly in discipline-specific clinical fields. In addition, internal processes were ineffective for follow up with providers and clear documentation for CDSA's attempts to ensure timely service initiation.

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

FFY 2014 Findings of Noncompliance Verified as Corrected

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

The process used to determine correction of noncompliance includes: an analysis of progress report information, verification of the correction of child-specific noncompliance, and review of updated (subsequent and/or new) data to verify that the timely services requirement is being implemented in accordance with the IDEA. As part of the verification process, the N.C. EIB compares the data entered into the Statewide Database (HIS) to documentation submitted from the child's record to ensure that the information is accurate.

The N.C. EIB continues to address how to sustain correction of noncompliance in specific areas of the state that have significant shortages of providers and staff vacancies in clinical discipline areas that are in short supply nationally, and also difficult to effectively recruit, hire and retain in specific areas of North Carolina. Additionally, the N.C. EIB continually reviews local procedures and state-issued guidance documents to ensure that these promote and support the timely provision of services. When needed, guidance documents are revised and where appropriate, new guidance and TA are developed.

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

The N.C. EIB conducted record reviews through HIS to review the children's records that were initially found to be noncompliant to verify subsequent correction. The N.C. EIB compares the data entered into HIS to the child's paper record to verify that correction occurred, if possible. Each of the children at issue had received services, although late.

FFY 2014 Findings Not Yet Verified as Corrected

Actions taken if noncompliance not corrected

The one (1) CDSA, with one (1) finding, is continuing to work on the process of correcting noncompliance beyond the one-year timeline. The N.C. EIB provided the 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; and assistance with the revision of the new CAP. As a result of this intensive TA, the N.C. EIB helped identify the reasons for the CDSA's inability to correct the identified noncompliance within the one-year time frame and assisted with the development of new strategies, benchmarks, and timelines for the CDSA's new CAP.

The deeper root cause analysis showed that the internal processes to follow up with providers were ineffective, as was the CDSA's process for documenting attempts. A contributing factor for this continued uncorrected noncompliance was that the CDSA was without a director for several months during FFY 2016. The N.C. EIB is working closely with the new CDSA Director to ensure that procedures are reviewed and revised, as needed, to ensure all documentation requirements are clear and contain specific timelines for completion. They are also working to develop processes to ensure staff are trained and supported to provide effective and appropriate implementation.

The CDSA's current progress reports reflect improvement related to the percent of children receiving services in a timely manner; however, further correction is needed to ensure regulatory requirements are being met consistently and that correction has occurred on a systemic basis across the CDSA's catchment area.

FFY 2013 Findings of Noncompliance Verified as Corrected

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

The process used to determine correction of noncompliance includes: an analysis of progress report information, verification of the correction of child-specific noncompliance, and review of updated (subsequent and/or new) data to verify that the timely services requirement is being implemented in accordance with the IDEA. As part of the verification process, the N.C. EIB compares the data entered into the Statewide Database (HIS) to documentation submitted from the child's record to ensure that the information is accurate.

The N.C. EIB continues to address how to sustain correction of noncompliance in specific areas of the state that have significant shortages of providers and staff vacancies in clinical discipline areas that are in short supply nationally, and also difficult to effectively recruit, hire and retain in specific areas of North Carolina. Additionally, the N.C. EIB continually reviews local procedures and state-issued guidance documents to ensure that these promote and support the timely provision of services. When needed, guidance documents are revised and where appropriate, new guidance and TA are developed.

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

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The N.C. EIB conducted record reviews through HIS to review the children's records that were initially found to be noncompliant to verify subsequent correction. The N.C. EIB compares the data entered into HIS to the child's paper record to verify that correction occurred, if possible. Each of the children at issue had received services, although late.

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Indicator 2: Services in Natural Environments**

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)

Historical Data

Baseline Data: 2005

FFY	2004	2005	2006	2007	2008	2009	2010	2011	2012	2013	2014
Target ≥			96.50%	96.50%	97.00%	97.50%	98.00%	98.00%	98.00%	98.00%	98.50%
Data		97.00%	98.50%	98.90%	99.00%	99.00%	98.00%	98.50%	99.20%	99.59%	99.51%

FFY	2015
Target ≥	98.50%
Data	99.32%

Key: Gray – Data Prior to Baseline Yellow – Baseline Blue – Data Update

FFY 2016 - FFY 2018 Targets

FFY	2016	2017	2018
Target ≥	98.50%	98.50%	98.50%

Key:

Targets: Description of Stakeholder Input - Please see the Stakeholder Involvement section of the [introduction](#).

Enter additional information about stakeholder involvement

Prepopulated Data

Source	Date	Description	Data	Overwrite Data
SY 2016-17 Child Count/Educational Environment Data Groups	7/12/2017	Number of infants and toddlers with IFSPs who primarily receive early intervention services in the home or community-based settings	10,340	
SY 2016-17 Child Count/Educational Environment Data Groups	7/12/2017	Total number of infants and toddlers with IFSPs	10,387	

FFY 2016 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 2015 Data*	FFY 2016 Target*	FFY 2016 Data
10,340	10,387	99.32%	98.50%	99.55%

Provide additional information about this indicator (optional)

Data for this indicator are gathered from HIS, utilizing the December 1, 2016 headcount. There were ten thousand three hundred eighty-seven (10,387) children in the N.C. ITP's December 1, 2016 headcount. Of these 10,387 children, forty-nine (0.47%, n=49) children did not receive early intervention services primarily in the home or community-based settings. The 99.53% of children who did receive services in the home or community-based setting is well above the State's target of 98.50%.

Actions required in FFY 2015 response

none

FFY 2016 Part C State Performance Plan (SPP)/Annual Performance Report (APR)
Indicator 3: Early Childhood Outcomes

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)

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)? **No**

Historical Data

	Baseline Year	FFY	2004	2005	2006	2007	2008	2009	2010	2011	2012	2013	2014
A1	2008	Target ≥						71.20%	73.50%	73.50%	73.50%	73.50%	73.50%
		Data					72.90%	72.30%	70.60%	69.20%	71.90%	73.13%	70.74%
A2	2008	Target ≥						57.90%	59.60%	59.60%	59.60%	59.60%	60.00%
		Data					59.00%	60.50%	61.30%	59.90%	62.00%	62.59%	58.75%
B1	2008	Target ≥						76.40%	80.00%	80.00%	80.00%	80.00%	80.00%
		Data					79.50%	77.70%	77.60%	77.40%	79.00%	78.80%	76.88%
B2	2008	Target ≥						49.60%	51.10%	51.10%	51.10%	51.10%	51.10%
		Data					50.50%	51.10%	51.30%	50.90%	53.30%	53.79%	51.92%
C1	2008	Target ≥						75.20%	78.00%	78.00%	78.00%	78.00%	78.00%
		Data					77.60%	77.70%	76.50%	75.50%	78.30%	78.94%	77.14%
C2	2008	Target ≥						56.00%	57.80%	57.80%	57.80%	57.80%	58.00%
		Data					57.20%	58.20%	59.30%	58.40%	60.50%	61.12%	57.42%

	FFY	2015
A1	Target ≥	73.50%
	Data	71.28%
A2	Target ≥	60.00%
	Data	58.38%
B1	Target ≥	80.00%
	Data	76.66%
B2	Target ≥	51.40%
	Data	50.99%
C1	Target ≥	78.00%
	Data	76.79%
C2	Target ≥	58.00%
	Data	57.55%

Key: Gray – Data Prior to Baseline Yellow – Baseline Blue – Data Update

FFY 2016 - FFY 2018 Targets

FFY	2016	2017	2018
Target A1 ≥	73.50%	73.50%	74.00%
Target A2 ≥	60.50%	60.50%	61.00%
Target B1 ≥	80.00%	80.00%	80.50%
Target B2 ≥	51.40%	51.40%	52.00%
Target C1 ≥	78.20%	78.20%	78.40%
Target C2 ≥	58.50%	58.60%	58.60%

Key:

Targets: Description of Stakeholder Input - Please see the Stakeholder Involvement section of the [introduction](#).

Enter additional information about stakeholder involvement

FFY 2016 SPP/APR Data

Number of infants and toddlers with IFSPs assessed	6804.00
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Outcome A: Positive social-emotional skills (including social relationships)

	Number of Children	Percentage of Children
a. Infants and toddlers who did not improve functioning	14.00	0.21%
b. Infants and toddlers who improved functioning but not sufficient to move nearer to functioning comparable to same-aged peers	1532.00	22.52%
c. Infants and toddlers who improved functioning to a level nearer to same-aged peers but did not reach it	1459.00	21.44%
d. Infants and toddlers who improved functioning to reach a level comparable to same-aged peers	2304.00	33.86%
e. Infants and toddlers who maintained functioning at a level comparable to same-aged peers	1495.00	21.97%

	Numerator	Denominator	FFY 2015 Data*	FFY 2016 Target*	FFY 2016 Data
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 $(c+d)/(a+b+c+d)$.	3763.00	5309.00	71.28%	73.50%	70.88%
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 $(d+e)/(a+b+c+d+e)$.	3799.00	6804.00	58.38%	60.50%	55.83%

Reasons for A2 Slippage

As discussed in prior APRs, North Carolina conducted a pilot in 2013 to integrate the Child Outcome scores into IFSPs. The pilot also included increasing parent participation in the determination of their children’s developmental levels in each of the three childhood outcomes areas. Prior to implementing the pilot, these scores were usually completed without parent input or consistent training and knowledge about typical development. Review of data for the pilot CDSAs, along with consultation with their staff, has found that more parental involvement in the child outcomes process often yielded lower, but more realistic assessments of where children’s growth fell within the spectrum of development in each of the outcomes areas.

Though the Global Outcomes process has not yet been extended to additional CDSAs, some facets of the process have become more commonplace across the state. Training in coaching and natural learning environment practices has been conducted across the state for eight of the 16 local agencies. Increased family participation and engagement at every step of the process are fundamental parts of this training. The introduction of training on the child outcomes process for new staff may also be having an impact as the training on the COS process puts more focus on the importance of family inclusion.

Additionally, the N.C. ITP’s SSIP implementation teams have focused on family engagement and including parents more in the entire early intervention process from referral to exit, including more family input into child outcomes. Many CDSA staff serve on these teams and have emphasized increased family engagement at their local agencies. This increased family engagement likely has contributed to the decrease in Child Outcomes scores, particularly at exit. This would likely impact the percent of children that are considered to be functioning within the level of same age peers (summary statement 2) more than it would the percent of children who substantially increased their rate of growth (summary statement 1).

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

	Number of Children	Percentage of Children
a. Infants and toddlers who did not improve functioning	12.00	0.18%
b. Infants and toddlers who improved functioning but not sufficient to move nearer to functioning comparable to same-aged peers	1338.00	19.66%
c. Infants and toddlers who improved functioning to a level nearer to same-aged peers but did not reach it	2087.00	30.67%
d. Infants and toddlers who improved functioning to reach a level comparable to same-aged peers	2731.00	40.14%
e. Infants and toddlers who maintained functioning at a level comparable to same-aged peers	636.00	9.35%

	Numerator	Denominator	FFY 2015 Data*	FFY 2016 Target*	FFY 2016 Data
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 $(c+d)/(a+b+c+d)$.	4818.00	6168.00	76.66%	80.00%	78.11%
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 $(d+e)/(a+b+c+d+e)$.	3367.00	6804.00	50.99%	51.40%	49.49%

Reasons for B2 Slippage

2/21/2018

FFY 2016 Part C State Performance Plan (SPP)/Annual Performance Report (APR)

See Reasons for A2 Slippage above.

Outcome C: Use of appropriate behaviors to meet their needs

	Number of Children	Percentage of Children
a. Infants and toddlers who did not improve functioning	14.00	0.21%
b. Infants and toddlers who improved functioning but not sufficient to move nearer to functioning comparable to same-aged peers	1347.00	19.80%
c. Infants and toddlers who improved functioning to a level nearer to same-aged peers but did not reach it	1639.00	24.09%
d. Infants and toddlers who improved functioning to reach a level comparable to same-aged peers	2990.00	43.94%
e. Infants and toddlers who maintained functioning at a level comparable to same-aged peers	814.00	11.96%

	Numerator	Denominator	FFY 2015 Data*	FFY 2016 Target*	FFY 2016 Data
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 (c+d)/(a+b+c+d).	4629.00	5990.00	76.79%	78.20%	77.28%
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 (d+e)/(a+b+c+d+e).	3804.00	6804.00	57.55%	58.50%	55.91%

Reasons for C2 Slippage

See Reasons for A2 Slippage above.

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

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	
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.	2584

Please note that this data about the number of infants and toddlers who did not receive early intervention services for at least six months before exiting the Part C program is optional in this FFY16 submission. It will be required in the FFY17 submission.

Was sampling used? No

Did you use the Early Childhood Outcomes Center (ECO) Child Outcomes Summary (COS) process? Yes

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

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

Annually, EIB staff coordinate a state-wide clean up of COS data that includes running data reports of initial and exit scores for all children enrolled in the N.C. 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 on why a COS rating was not indicated for that child.


Provide additional information about this indicator (optional)

For FFY 2016, the N.C. ITP saw decreases in four of its six Child Outcomes scores. This resulted in the N.C. ITP not meeting any of its targets for the second year in a row. For Summary Statement 1, there was little difference in the data for FFY 2015 and FFY 2016 for Outcomes A and C, (less than + or - .50%). However, Summary Statement 1 for Outcome B increased by 1.45 percent. The N.C. ITP saw decreases for Summary Statement 2 for all of the outcomes, continuing a trend of gradual decreases since FFY 2013 (as can be seen in the graph below).

FY 15-16 FY 16-17 Difference

FFY 2016 Part C State Performance Plan (SPP)/Annual Performance Report (APR)

Outcome A SS1	71.28%	70.88%	-0.40
Outcome A SS2	58.38%	55.83%	-2.55
Outcome B SS1	76.66%	78.11%	1.45
Outcome B SS2	50.99%	49.49%	-1.50
Outcome C SS1	76.79%	77.28%	0.49
Outcome C SS2	57.55%	55.91%	-1.64

 Indicator 3 - Child Outcomes

Actions required in FFY 2015 response

none

**FFY 2016 Part C State Performance Plan (SPP)/Annual Performance Report (APR)
Indicator 4: Family Involvement**

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)

Historical Data

	Baseline Year	FFY	2004	2005	2006	2007	2008	2009	2010	2011	2012	2013	2014
A	2006	Target ≥					90.00%	90.00%	90.00%	90.00%	90.00%	90.00%	75.00%
		Data			70.00%	69.00%	74.00%	75.00%	74.00%	76.20%	75.23%	76.94%	80.45%
B	2006	Target ≥					85.00%	86.00%	86.00%	86.00%	86.00%	86.00%	72.00%
		Data			69.00%	67.00%	70.00%	72.00%	71.00%	74.30%	72.25%	73.98%	77.19%
C	2006	Target ≥					91.00%	91.00%	91.00%	91.00%	91.00%	91.00%	83.00%
		Data			80.00%	78.00%	83.00%	84.00%	84.00%	82.80%	83.14%	85.20%	85.84%

	FFY	2015
A	Target ≥	75.00%
	Data	75.54%
B	Target ≥	72.00%
	Data	72.50%
C	Target ≥	84.00%
	Data	83.07%

Key: Gray – Data Prior to Baseline Yellow – Baseline Blue – Data Update

FFY 2016 - FFY 2018 Targets

FFY	2016	2017	2018
Target A ≥	75.00%	76.00%	76.00%
Target B ≥	72.50%	72.50%	72.50%
Target C ≥	84.00%	84.00%	84.00%

Key:

Targets: Description of Stakeholder Input

FFY 2016 SPP/APR Data

Number of families to whom surveys were distributed	1469.00
Number of respondent families participating in Part C	37.24% 547.00
A1. Number of respondent families participating in Part C who report that early intervention services have helped the family know their rights	506.00
A2. Number of responses to the question of whether early intervention services have helped the family know their rights	545.00
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	517.00
B2. Number of responses to the question of whether early intervention services have helped the family effectively communicate their children's needs	545.00
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	491.00
C2. Number of responses to the question of whether early intervention services have helped the family help their children develop and learn	541.00

	FFY 2015 Data*	FFY 2016 Target*	FFY 2016 Data
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FFY 2016 Part C State Performance Plan (SPP)/Annual Performance Report (APR)

	FFY 2015 Data*	FFY 2016 Target*	FFY 2016 Data
A. Percent of families participating in Part C who report that early intervention services have helped the family know their rights	75.54%	75.00%	92.84%
B. Percent of families participating in Part C who report that early intervention services have helped the family effectively communicate their children's needs	72.50%	72.50%	94.86%
C. Percent of families participating in Part C who report that early intervention services have helped the family help their children develop and learn	83.07%	84.00%	90.76%

Was sampling used? Yes

Has your previously-approved sampling plan changed? No

Describe the sampling methodology outlining how the design will yield valid and reliable estimates.

The N.C. EIB has not historically used sampling and will not be doing so again beginning with FFY 2017. For FFY 2016 only, the N.C. EIB chose to implement the Family Outcomes Survey-Revised (FOS-R) using the process described above with a subset of nine of the state's 16 CDSAs, including the two largest CDSAs, who together account for almost one quarter of the N.C. EIB total enrolled population. A description of these changes to the state's Family Outcomes survey process was provided to OSEP as a part of the state's SSIP Phase III document, submitted in April 2017.

Over the past several years, the N.C. EIB has had difficulty ensuring that its Family Outcomes survey data was representative of the racial/ethnic composition of its enrolled population. As can be seen in this table, and in the table in the section following, the sample subset of CDSAs resulted in a survey population that was representative based on race/ethnicity, and a response rate that was generally representative of N.C.'s enrolled population for the first time.

Race/Ethnicity	All CDSAs	Family Outcomes survey pilot sites	Difference
Hispanic	16.8%	17.5%	0.7
American Indian or Alaska Native	1.0%	0.4%	-0.6
Asian	2.3%	3.0%	0.7
Black or African American	25.3%	24.4%	-0.8
Native Hawaiian/other Pacific Islander	0.1%	0.1%	0.0
White	52.0%	51.9%	-0.1
Two or More Races	2.5%	2.7%	0.2

For FFY 2017, the N.C. EIB is using the new survey tool and process with all CDSAs. Families of all children with a semi-annual IFSP conducted during the year will be provided the survey at the IFSP review.

Was a collection tool used? Yes

Is it a new or revised collection tool? Yes

Submitted collection tool: [NC-Family Outcomes Survey-Revised \(FOS-R\)](#)

Include the State's analysis of the extent to which the demographics of the families responding are representative of the demographics of infants, toddlers, and families enrolled in the Part C program.

As was discussed in the N.C. EIB's FFY 2015 APR, the data collected for this indicator has historically not been representative of the N.C. EIB population, as a whole. Along with poor response rates, this led the N.C. EIB to make the wholesale changes to both the survey instrument used and the process for collecting the data described above. The result of these changes was a significantly improved response rate from all racial and ethnic groups and data that are more representative of the N.C. EIB child population.

In previous APRs, white families were significantly over-presented in the N.C. EIB's Indicator 4 data (for FFY 2015 they accounted for 68.2% of children on the N.C. EIB December 1 headcount compared to 79.2% of Family Outcomes survey respondents). For FFY 2016, white respondents are in line with their percentage of the N.C. EIB population, as a whole. Hispanic families are slightly over-represented in the survey response population after several years of being significantly under-represented, indicating that efforts to increase survey responses from this population are having success.

Black or African American families continue to be slightly under-represented in the data and their response rate, though much improved, still lags behind the other major racial/ethnic categories. As represented in the table below, while African American families are still under-represented, there was improvement in their representation from FFY 2015 to FFY 2016. This may be an area where additional strategies need to be developed by the N.C. EIB and additional input sought from stakeholders.

Black or African American	% of Children on Dec 1 headcount	% of Survey Responses	Difference
FY 15-16	27.40%	16.20%	-11.20
FY 16-17	25.30%	17.90%	-7.40

The demographics of the families responding are representative of the demographics of infants, toddlers, and families enrolled in the Part C program.
Yes

Provide additional information about this indicator (optional)

The N.C. EIB exceeded its targets for FFY 2016 on all three components of this indicator. While the scores for FFY 2016 are promising, with more than 90% of respondents having responded positively on all three components, changes to both the survey and distribution process make comparisons to prior years impracticable and will necessitate updates to the N.C. EIB's targets for this indicator based on new baseline data.

The N.C. EIB implemented changes to the Family Outcomes survey and distribution process. Through the work of the SSIP, N.C. EIB leadership, and a Family Engagement implementation team went through a substantive stakeholder input process to revise the N.C. ITP's Family Outcomes Survey process. Its goal was to improve data quality and increase data sharing and data use. The recommendation was to implement a survey approach model with multiple changes, as briefly outlined here: Beginning with FFY 2016, the N.C. EIB began using the Family Outcomes Survey-Revised (FOS-R), Section B, to collect Indicator 4 data from families. (In prior years, N.C. utilized the National Center for Special Education Accountability Monitoring (NCSEAM) Family Survey – Early Intervention.

The new target group for the survey was families of children who were due for a semi-annual IFSP review during the reporting year. Therefore, all families in the target group would have been enrolled in ITP services for a minimum of six months.

An online platform was developed for families to use in responding to the survey. The link was also added to a family section of the N.C. ITP website.

Unique IDs were developed for families so that data could be linked to assess response rates and representativeness.

Families had the option to respond to the survey online, with a paper copy, or with other supports including parent support and translation through the N.C. Exceptional Children's Assistance Center (ECAC).

New protocols and resources were developed to support the changes. Key supports included a training manual, a revised flyer with space for the family unique ID, and webinar trainings for local and state staff about the new methodology.

Training was provided by state leadership for all service coordinators and family outcomes coordinators so all staff had opportunities to

FFY 2016 Part C State Performance Plan (SPP)/Annual Performance Report (APR)

learn the new approach. CDSAs were responsible for designating a family outcomes coordinator and assuring that providers who administered or provided the survey to families followed the new methods, including: documenting the unique ID; speaking with the family about the survey; providing paper copies with pre-stamped, self-addressed envelopes to the N.C. EIB when families preferred completing a paper survey; and documenting that the survey was offered to the family. The other differences in the administration of the survey were a smartphone compatible link and the ability of the service coordinator to assist with access to the survey link. The changes to the process have resulted in significantly improved response rates among all racial/ethnic and language groups. Overall the N.C. EIB's response rate increased from 13.1% in FFY 2015 to 37.2% for FFY 2016 – a 24.1 percentage point increase. The increase for Hispanic children and Spanish-speaking families was even greater (a 36.3 percentage point increase for Hispanic children and a 38.4 percentage point increase for families whose preferred language is Spanish).

Race/Ethnicity	FY 15-16 Response Rate	FY 16-17 Response Rate	Difference
White	15.20%	37.60%	22.40
Black or African American	7.70%	30.30%	22.60
Hispanic	8.50%	44.80%	36.30
English	13.40%	35.40%	22.00
Spanish	10.70%	49.10%	38.40
Overall	13.10%	37.20%	24.10

Due to the time needed to set up a new online platform, train providers, and to pilot the implementation of the new survey, the FFY 2016 reporting year data was collected for the final quarter of the year (April 1 – June 30, 2017) only. As noted, all three components of this indicator saw increases for FFY 2016 and exceeded targets. While these results and response rates are promising, they only represent a subset of CDSAs for only one quarter of data. The N.C. EIB is cautiously optimistic given the positive responses on all three components from more than 90% of families who completed the survey. Since changes to both the survey and distribution process were made, comparisons to prior years is impracticable. Going forward, data collection will be ongoing with all CDSAs and will likely necessitate updates to the N.C. EIB's targets for this indicator based on new baseline data.

Actions required in FFY 2015 response

In the FFY 2016 SPP/APR, the State must report whether its FFY 2016 response data represent the demographics of the State, and, if not, the actions the State is taking to address this issue.

Responses to actions required in FFY 2015 OSEP response

See State's analysis of the extent to which the demographics of the families responding are representative of the demographics of infants, toddlers, and families enrolled in the Part C program above.

**FFY 2016 Part C State Performance Plan (SPP)/Annual Performance Report (APR)
Indicator 5: Child Find (Birth to One)**

Monitoring Priority: Effective General Supervision Part C / Child Find

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

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

Historical Data

Baseline Data: 2005

FFY	2004	2005	2006	2007	2008	2009	2010	2011	2012	2013	2014
Target ≥			1.00%	1.10%	1.10%	1.10%	1.10%	1.10%	1.10%	1.10%	1.10%
Data		0.78%	0.84%	0.89%	0.95%	1.04%	1.01%	1.12%	1.19%	1.21%	1.13%

FFY	2015
Target ≥	1.10%
Data	1.14%

Key: Gray – Data Prior to Baseline Yellow – Baseline Blue – Data Update

FFY 2016 - FFY 2018 Targets

FFY	2016	2017	2018
Target ≥	1.15%	1.15%	1.15%

Key:

Targets: Description of Stakeholder Input

Prepopulated Data

Source	Date	Description	Data	Overwrite Data
SY 2016-17 Child Count/Educational Environment Data Groups	7/12/2017	Number of infants and toddlers birth to 1 with IFSPs	1,428	null
U.S. Census Annual State Resident Population Estimates April 1, 2010 to July 1, 2016	6/22/2017	Population of infants and toddlers birth to 1	120,842	null
TBD			null	


FFY 2016 SPP/APR Data

Number of infants and toddlers birth to 1 with IFSPs	Population of infants and toddlers birth to 1	FFY 2015 Data*	FFY 2016 Target*	FFY 2016 Data
1,428	120,842	1.14%	1.15%	1.18%

Compare your results to the national data

While North Carolina saw a modest increase for the second year in a row, the national percentage of children birth to one with IFSPs increased as well. Both N.C. and the nation as a whole, saw 0.04 percentage point increases on this indicator. The result is that while North Carolina met its target for this indicator and made slight progress, the state continues to lag behind the national data on this indicator.

FFY 2016 Part C State Performance Plan (SPP)/Annual Performance Report (APR)

 Indicator 5 - Birth to 1

Provide additional information about this indicator (optional)

In FFY 2016, the N.C. ITP provided services to 1.18% (1,428 of 120,842) of children ages birth-to-one in the state. This marks the sixth Federal fiscal year in a row that North Carolina has met its target for percentage of children age birth-to-one served. The State saw a .04 percentage point increase from FFY 2015 (1.14%) to FFY 2016 (1.18%). The state's target for this indicator had remained at 1.10% for almost a decade. The target increased to 1.15% for FFY 2016, and the state's improved performance resulted in it meeting the new goal.

Actions required in FFY 2015 response

none

**FFY 2016 Part C State Performance Plan (SPP)/Annual Performance Report (APR)
Indicator 6: Child Find (Birth to Three)**

Monitoring Priority: Effective General Supervision Part C / Child Find

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

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

Historical Data

Baseline Data: 2005

FFY	2004	2005	2006	2007	2008	2009	2010	2011	2012	2013	2014
Target ≥			1.95%	1.95%	1.96%	1.98%	2.00%	2.00%	2.10%	2.10%	2.70%
Data		2.16%	2.03%	2.12%	2.33%	2.48%	2.62%	2.73%	2.79%	2.81%	2.77%

FFY	2015
Target ≥	2.70%
Data	2.81%

Key: Gray – Data Prior to Baseline Yellow – Baseline Blue – Data Update

FFY 2016 - FFY 2018 Targets

FFY	2016	2017	2018
Target ≥	2.70%	2.70%	2.75%

Key:

Targets: Description of Stakeholder Input

Prepopulated Data

Source	Date	Description	Data	Overwrite Data
SY 2016-17 Child Count/Educational Environment Data Groups	7/12/2017	Number of infants and toddlers birth to 3 with IFSPs	10,387	
U.S. Census Annual State Resident Population Estimates April 1, 2010 to July 1, 2016	6/22/2017	Population of infants and toddlers birth to 3	363,986	
TBD			null	


FFY 2016 SPP/APR Data

Number of infants and toddlers birth to 3 with IFSPs	Population of infants and toddlers birth to 3	FFY 2015 Data*	FFY 2016 Target*	FFY 2016 Data
10,387	363,986	2.81%	2.70%	2.85%

Compare your results to the national data

As noted in previous APRs, in FFY 2013, a decrease in the national average for this indicator brought the State in line with the national average for the first time. Though the decrease in N.C.'s data from FFY 2013 to FFY 2014 was small (.04), the national average increased in FFY 2014 to 2.95% and was more in line with previous years' national averages. As such, this national increase pushed N.C. below the national average, which was more in line with pre-2013 data. While North Carolina saw its percentage of children birth to three enrolled increase modestly again in FFY 2016 (the 0.04 percentage point increase noted above), the national data also showed a larger increase in children birth to three receiving early intervention services (a 0.12 percentage point increase from 3.00% to 3.12%). Therefore, North Carolina continues to trail the national data on this indicator.

FFY 2016 Part C State Performance Plan (SPP)/Annual Performance Report (APR)

 Indicator 6 - Birth to 3

Provide additional information about this indicator (optional)

In FFY 2016, the North Carolina Infant-Toddler program provided services to 2.85% (10,387 of 363,986) of children ages birth to three in the state. North Carolina has met its target for the percentage of children age birth to three that are enrolled and provided services through the EI Program every year since FFY 2006. Over that time, the State has been slowly increasing its target, and has continued to meet each increased percentage. The State saw a .04 percentage point increase from FFY 2015 (2.81%) to FFY 2016 (2.85%).

Actions required in FFY 2015 response

none

**FFY 2016 Part C State Performance Plan (SPP)/Annual Performance Report (APR)
Indicator 7: 45-day timeline**

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)

Historical Data

Baseline Data: 2005

FFY	2004	2005	2006	2007	2008	2009	2010	2011	2012	2013	2014
Target			100%	100%	100%	100%	100%	100%	100%	100%	100%
Data		97.00%	98.90%	96.00%	97.25%	94.60%	99.77%	99.39%	99.03%	100%	99.36%

FFY	2015
Target	100%
Data	99.30%

Key: Gray – Data Prior to Baseline Yellow – Baseline

FFY 2016 - FFY 2018 Targets

FFY	2016	2017	2018
Target	100%	100%	100%

FFY 2016 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 2015 Data*	FFY 2016 Target*	FFY 2016 Data
2,199	2,439	99.30%	100%	98.56%

Number of documented delays attributable to exceptional family circumstances <i>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.</i>	205
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What is the source of the data provided for this indicator?

- State monitoring
- 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 compliance indicator was determined via a verification review using data entered by the CDSAs into HIS for all children referred to the program during September through November 2016.

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, 2016 through November 30, 2016. 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 N.C. ITP is confident that the chosen reporting period accurately reflects data for infants and toddlers with IFSP's for FFY 2016.

Provide additional information about this indicator (optional)

FFY 2016 Part C State Performance Plan (SPP)/Annual Performance Report (APR)

Data on two thousand four hundred thirty-nine (2,439) children were examined to verify whether N.C. was compliant with this indicator. Two thousand one hundred ninety-nine (2,199) children received an IFSP within 45 days of referral. An additional two hundred five (205) children did not receive an IFSP in a timely manner due to documented exceptional family circumstances. Therefore, 2,404 (2,199 + 205) out of 2,439 children (98.56%) met the 45-day timeline measured in this indicator.

Thirty-five (35) toddlers 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. This represents a noncompliance rate of only 1.44%

Actions required in FFY 2015 response

none

Note: Any actions required in last year's response table that are related to correction of findings should be responded to on the "Correction of Previous Findings of Noncompliance" page of this indicator. If your State's only actions required in last year's response are related to findings of noncompliance, a text field will not be displayed on this page.

Correction of Findings of Noncompliance Identified in FFY 2015

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	0	0	2

FFY 2015 Findings Not Yet Verified as Corrected

Actions taken if noncompliance not corrected

The one (1) CDSA with two (2) findings, is continuing to work on the process of correcting noncompliance beyond the one-year timeline. The N.C. EIB provided the 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; and assistance with the revision of the new CAP. As a result of this intensive TA, the N.C. EIB helped identify the reasons for the CDSA's inability to correct the identified noncompliance within the one-year time frame and assisted with the development of new strategies, benchmarks, and timelines for the CDSA's new CAP.

The CDSA's deeper root cause analysis revealed that there were some internal processes that were delaying the scheduling of evaluations. In addition, there was a lack of complete and clear documentation of the CDSA's attempts to schedule evaluations, as well as a lack of follow-up to ensure timely IFSP meetings. A contributing factor for this CDSA was that it was without a Director for much of FFY 2016. A new CDSA Director has been hired and is working closely with a mentor (an experienced Director from another CDSA) and the N.C. EIB to ensure that procedures are reviewed and revised, as needed, to ensure all documentation requirements are clear, contain specific timelines for when documentation must be completed, and that processes are in place to ensure staff are trained and provided support for effective implementation, and that there are quality assurance procedures through data review that ensure procedures are being followed.

Current progress reports reflect improvement related to the percent of children receiving initial evaluations and assessments and meeting to develop an initial IFSP within Part C's 45-day timeline; however, further correction is needed to ensure regulatory requirements are being met consistently and that correction has occurred on a systemic basis across the CDSA's entire catchment area.

**FFY 2016 Part C State Performance Plan (SPP)/Annual Performance Report (APR)
Indicator 8A: Early Childhood Transition**

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)

Historical Data

Baseline Data: 2005

FFY	2004	2005	2006	2007	2008	2009	2010	2011	2012	2013	2014
Target			100%	100%	100%	100%	100%	100%	100%	100%	100%
Data		90.00%	99.26%	96.00%	99.50%	99.80%	100%	100%	99.83%	100%	99.62%

FFY	2015
Target	100%
Data	98.70%

Key: Gray – Data Prior to Baseline Yellow – Baseline

FFY 2016 - FFY 2018 Targets

FFY	2016	2017	2018
Target	100%	100%	100%

FFY 2016 SPP/APR Data

Explanation of Alternate Data

North Carolina uses its monitoring process for this indicator rather than reviewing data for all children who exited Part C during the year. See description of North Carolina's monitoring process below.

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

Number of children exiting Part C who have an IFSP with transition steps and services	Number of toddlers with disabilities exiting Part C	FFY 2015 Data*	FFY 2016 Target*	FFY 2016 Data
1,593	1,622	98.70%	100%	98.95%

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.

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

- State monitoring
- 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 compliance 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 2016.

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

FFY 2016 Part C State Performance Plan (SPP)/Annual Performance Report (APR)

For Indicator 8a, a quarter of the fiscal year was used to determine compliance with this indicator. The state selected September 1, 2016 through November 30, 2016 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 N.C. EIB is confident that the chosen reporting period accurately reflects data for infants and toddlers with IFSP's for FFY 2016.

Provide additional information about this indicator (optional)

Data on one thousand six hundred twenty-two (1,622) children were examined to verify compliance with the transition plan timeline requirement. One thousand five hundred ninety-three (1,593) children received an IFSP with transition steps and services in a timely manner. An additional twelve (12) children did not receive a transition plan in a timely manner due to documented exceptional family circumstances. Therefore, 1,605 of 1,622 children (98.95%) were in compliance with the transition plan timeline indicator.

There were six (6) 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. This represents a noncompliance rate of only 1.05%

These data reflect substantial compliance for this subpart of Indicator 8.

Actions required in FFY 2015 response

none

Note: Any actions required in last year's response table that are related to correction of findings should be responded to on the "Correction of Previous Findings of Noncompliance" page of this indicator. If your State's only actions required in last year's response are related to findings of noncompliance, a text field will not be displayed on this page.

Correction of Findings of Noncompliance Identified in FFY 2015

Findings of Noncompliance Identified	Findings of Noncompliance Verified as Corrected Within One Year	Findings of Noncompliance Subsequently Corrected	Findings Not Yet Verified as Corrected
3	2	0	1

FFY 2015 Findings of Noncompliance Verified as Corrected

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

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

The process used to determine correction of noncompliance includes: analysis of progress report information, verification of the correction of child-specific noncompliance, and review of updated (e.g., new or subsequent) data to verify that the transition plan requirements are being met and implemented systemically, 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 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 N.C. EIB continues to utilize these strategies to ensure timely correction of noncompliance, as well as to review local procedures and state guidance, and to assess resource and infrastructure issues that impact each CDSAs ability to meet statutory and regulatory requirements. This includes the development of timely transition plans with transition steps and services at least 90 days before a toddler's third birthday. The N.C. EIB continues to address how to sustain correction of noncompliance in specific areas of the state and continually monitors the implementation of local procedures for the transition plan timeline.

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

There were three (3) CDSAs with findings and CAPs issued in FFY 2015. These CDSAs received intensive monitoring, TA, and support from the N.C. EIB to correct the noncompliance within one year of the finding being issued. The N.C. EIB staff has verified, through

FFY 2016 Part C State Performance Plan (SPP)/Annual Performance Report (APR)

on-site verification and record reviews, that two (2) of the CDSAs: (1) are correctly implementing the specific regulatory requirements; and (2) have ensured that each child had a transition plan developed, although late, unless the child was no longer within the jurisdiction of the N.C. ITP. The remaining one (1) CDSA was not able to achieve timely correction and has revised its CAP, with the assistance of the N.C. EIB, to ensure correction of the identified noncompliance.

FFY 2015 Findings Not Yet Verified as Corrected

Actions taken if noncompliance not corrected

The one (1) CDSA with one (1) finding, is continuing to work on the process of correcting noncompliance beyond the one-year timeline. The N.C. EIB provided the 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; and assistance with the revision of the new CAP. As a result of this intensive TA, the N.C. EIB helped identify the reasons for the CDSA's inability to correct the identified noncompliance within the one-year time frame and assisted with the development of new strategies, benchmarks, and timelines for the CDSA's new CAP.

The CDSA's deeper root cause analysis revealed that there was still some misunderstanding of the compliance requirements related to children referred and determined eligible less than 135 days of their third birthday. Technical assistance and a guidance document were provided to the CDSA related to suggested strategies to ensure children who are referred and determined eligible close to their third birthday have transition plans developed according to the specific regulatory requirements.

Current progress reports reflect improvement related to the percent of children exiting Part C that 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 the toddler's third birthday. However, further correction is needed to ensure regulatory requirements are being met consistently and that correction has occurred on a systemic basis across the CDSA's entire catchment area.

**FFY 2016 Part C State Performance Plan (SPP)/Annual Performance Report (APR)
Indicator 8B: Early Childhood Transition**

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)

Historical Data

Baseline Data: 2005

FFY	2004	2005	2006	2007	2008	2009	2010	2011	2012	2013	2014
Target			100%	100%	100%	100%	100%	100%	100%	100%	100%
Data		88.00%	96.00%	98.00%	99.54%	99.50%	99.80%	99.83%	99.83%	100%	99.66%

FFY	2015
Target	100%
Data	98.92%

Key: Gray – Data Prior to Baseline Yellow – Baseline

FFY 2016 - FFY 2018 Targets

FFY	2016	2017	2018
Target	100%	100%	100%

FFY 2016 SPP/APR Data

Explanation of Alternate Data

North Carolina uses its monitoring process for this indicator rather than reviewing data for all children who exited Part C during the year. See description of North Carolina's monitoring process below.

Data include notification to both the SEA and LEA

- Yes
- No

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 2015 Data*	FFY 2016 Target*	FFY 2016 Data
1,747	1,769	98.92%	100%	98.76%

<p>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.</p>	null
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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 through November 2016, and whose respective LEA should have been notified of the toddler's potential eligibility for Part B. State lead agency (Part C) to SEA (Part B) is provided by the N.C. EIB directly to the SEA. 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? No

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

- State monitoring
- 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 compliance for Indicator 8b 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 2016.

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, 2016 through November 30, 2016 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 N.C. EIB is confident that the chosen reporting period accurately reflects data for infants and toddlers with IFSP's for FFY 2016.

Provide additional information about this indicator (optional)

Data on one thousand seven hundred sixty-nine (1,769) children were examined to verify compliance with the SEA/LEA notification timeline requirement. One thousand seven hundred forty-seven (1,747) children's records that were reviewed had LEA/SEA notifications completed in a timely manner, for a compliance rate of 98.76%.

There were twenty-two (22) 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. This represents a noncompliance rate of only 1.24%

These data reflect substantial compliance for this subpart of Indicator 8.

Actions required in FFY 2015 response

none

Note: Any actions required in last year's response table that are related to correction of findings should be responded to on the "Correction of Previous Findings of Noncompliance" page of this indicator. If your State's only actions required in last year's response are related to findings of noncompliance, a text field will not be displayed on this page.

Correction of Findings of Noncompliance Identified in FFY 2015

Findings of Noncompliance Identified	Findings of Noncompliance Verified as Corrected Within One Year	Findings of Noncompliance Subsequently Corrected	Findings Not Yet Verified as Corrected
3	2	0	1

FFY 2015 Findings of Noncompliance Verified as Corrected

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

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

The process used to determine correction of noncompliance includes: analysis of progress report information, verification of the correction of child-specific noncompliance, and review of updated (e.g., new or subsequent) data to verify that the notification requirements are being implemented systemically, 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

FFY 2016 Part C State Performance Plan (SPP)/Annual Performance Report (APR)

implemented correctly is now being implemented correctly, based on a review of new or subsequent (previously unreviewed) data.

The N.C. EIB continues to utilize these strategies to ensure timely correction of noncompliance, as well as to review local procedures and state guidance, and to assess resource and infrastructure issues that impact each CDSA's ability to meet statutory and regulatory requirements. The N.C. EIB continues to address how to sustain correction of noncompliance in specific areas of the state. We continually monitor the implementation of local procedures to ensure CDSAs are providing notification to the LEA/SEA as required, at least 90 days before toddlers' third birthdays.

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

There were three (3) CDSAs with findings and CAPs that were issued in FFY 2015. These CDSAs received intensive monitoring, TA, and support from the N.C. EIB to correct the noncompliance within one year of the finding being issued. N.C. EIB staff verified through record reviews that two (2) CDSAs: (1) are correctly implementing the specific regulatory requirements; and (2) have ensured each child's LEA/SEA notification has been completed, although late, unless the child was no longer within the jurisdiction of the N.C. Infant-Toddler Program. The remaining CDSA was not able to achieve timely correction and have revised its CAP, with the assistance of the N.C. EIB, to ensure correction of the identified noncompliance.

FFY 2015 Findings Not Yet Verified as Corrected

Actions taken if noncompliance not corrected

The one (1) CDSA with one (1) finding, is continuing to work on the process of correcting noncompliance beyond the one-year timeline. The N.C. EIB provided the 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 follow up; and assistance with the revision of the new CAP. As a result of this intensive TA, the N.C. EIB helped identify the reasons for the CDSA's inability to correct the identified noncompliance within the one-year time frame and assisted with the development of new strategies, benchmarks, and timelines for the CDSA's new CAP.

The CDSA's deeper root cause analysis revealed that there was still some misunderstanding of the compliance requirements related to children referred and determined eligible less than 135 days from their third birthday. Technical assistance and a guidance document were provided to the CDSA related to suggested strategies to ensure children who are referred and determined eligible close to their third birthday provide notification to each child's respective LEAs according to the specific regulatory requirements.

Current progress reports reflect improvement related to the percent of children exiting Part C whose notifications were sent to the SEA and the LEA where the toddler resides at least 90 days prior to the toddler's third birthday. However, further correction is needed to ensure regulatory requirements are being met consistently and that correction has occurred on a systemic basis across the CDSA's entire catchment area.

**FFY 2016 Part C State Performance Plan (SPP)/Annual Performance Report (APR)
Indicator 8C: Early Childhood Transition**

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)

Historical Data

Baseline Data: 2005

FFY	2004	2005	2006	2007	2008	2009	2010	2011	2012	2013	2014
Target			100%	100%	100%	100%	100%	100%	100%	100%	100%
Data		81.00%	99.26%	96.00%	98.09%	97.20%	95.20%	98.78%	99.12%	98.87%	99.81%

FFY	2015
Target	100%
Data	98.06%

Key:  Gray – Data Prior to Baseline  Yellow – Baseline

FFY 2016 - FFY 2018 Targets

FFY	2016	2017	2018
Target	100%	100%	100%

FFY 2016 SPP/APR Data

Explanation of Alternate Data

North Carolina uses its monitoring process for this indicator rather than reviewing data for all children who exited Part C during the year. See description of North Carolina's monitoring process below.

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

Number of toddlers with disabilities exiting Part C where the transition conference occurred at least 90 days, and at the discretion of all parties at least 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 2015 Data*	FFY 2016 Target*	FFY 2016 Data
1,474	1,547	98.06%	100%	98.13%

Number of toddlers for whom the parent did not provide approval for the transition conference <i>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.</i>	null
Number of documented delays attributable to exceptional family circumstances <i>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 at least nine months prior to the toddler's third birthday for toddlers potentially eligible for Part B" field to calculate the numerator for this indicator.</i>	44

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

- State monitoring
- State database

FFY 2016 Part C State Performance Plan (SPP)/Annual Performance Report (APR)

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 requirements 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 2016

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, 2016 through November 30, 2016, 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 N.C. EIB is confident that the chosen reporting period accurately reflects data for infants and toddlers with IFSP's for FFY 2016.

 Provide additional information about this indicator (optional)

One thousand five hundred forty-seven (1,547) records were reviewed to examine the percentage of children potentially eligible for Part B for whom a timely transition planning conference (TPC) was held no later than 90 days before the child's third birthday. One thousand four hundred seventy-four (1,474) records showed that a conference was held in a timely manner and an additional forty-four (44) 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.

The children for whom timely TPCs were held (1,474) and the children whose cases were referred late to Part C or for whom exceptional family circumstances were the reason for delays (44) were combined, to total one thousand five hundred eighteen (1518), which resulted in an overall compliance rate of 98.13%. This represents a very slight increase of 0.07 percentage points over FFY 2015 (98.13% vs 98.06%).

There were twenty-nine (29) 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. This represents a noncompliance rate of only 1.87%

These data reflect substantial compliance for this subpart of Indicator 8.

Actions required in FFY 2015 response

none

Note: Any actions required in last year's response table that are related to correction of findings should be responded to on the "Correction of Previous Findings of Noncompliance" page of this indicator. If your State's only actions required in last year's response are related to findings of noncompliance, a text field will not be displayed on this page.

Correction of Findings of Noncompliance Identified in FFY 2015

Findings of Noncompliance Identified	Findings of Noncompliance Verified as Corrected Within One Year	Findings of Noncompliance Subsequently Corrected	Findings Not Yet Verified as Corrected
4	2	0	2

FFY 2015 Findings of Noncompliance Verified as Corrected

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

The N.C. 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 N.C. EIB provided written notification to the CDSA of the noncompliance). The corrective action process begins when the N.C. EIB issues findings for noncompliance to specific CDSAs, which include the specific statutory and regulatory requirements that are not being correctly implemented. Each CDSA is required to utilize a root cause analysis framework to drill down and to identify the reasons for noncompliance. CDSAs develop CAPs with assistance from the N.C. EIB to ensure that the identified root cause of the noncompliance is addressed. CDSAs are required to submit frequent progress reports (monthly) to the N.C. EIB on an approved schedule, with benchmarks of performance to ensure timely correction of the identified noncompliance. The process used to determine correction of noncompliance includes: analysis of progress report information, verification of the correction of child-specific noncompliance, and review of updated (e.g., new or subsequent) data to verify that the regulatory requirements (i.e., TPCs) are being implemented systemically, 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 N.C. EIB continues to utilize these strategies to ensure timely correction of noncompliance, as well as to review local procedures, state policies and procedures, as well as any related state guidance documents in addition to assessing resource and

FFY 2016 Part C State Performance Plan (SPP)/Annual Performance Report (APR)

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 N.C. EIB continues to address how to sustain correction of noncompliance in specific areas of the state and continually monitors the implementation of local procedures for the transition conference timeline.

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

There were four (4) CDSAs with a CAP issued in FFY 2015. These CDSAs received intensive monitoring, TA and support from the N.C. EIB to correct the noncompliance within one year of the finding being issued. N.C. EIB staff verified through record reviews that two (2) of the CDSAs: (1) are correctly implementing the specific regulatory requirements; and (2) have ensured each child has a TPC, although late, unless the child was no longer within the jurisdiction of the N.C. ITP. The remaining two (2) CDSAs were not able to achieve timely correction and have revised their CAPs, with the assistance of the N.C. EIB, to ensure correction of the identified noncompliance.

FFY 2015 Findings Not Yet Verified as Corrected

Actions taken if noncompliance not corrected

The two (2) CDSAs with on-going findings of noncompliance (1 finding per CDSA), are continuing to work on the process of correcting noncompliance beyond the one-year timeline. The N.C. EIB provided the CDSAs with intensive TA that consisted of: a deeper drill down and analysis of the root cause of the noncompliance; a review of the CDSAs' internal procedures for documentation and for following up; and assistance with the revision of the new CAP. As a result of this intensive TA, the N.C. EIB helped identify the reasons for the CDSAs' inability to correct the identified noncompliance within the one-year time frame and assisted with the development of new strategies, benchmarks, and timelines for each CDSA's new CAP.

The CDSAs' deeper root cause analysis revealed that there was still some misunderstanding of the compliance requirements related to children referred and determined eligible less than 135 days from their third birthday. Technical assistance and a guidance document were provided to the CDSA related to suggested strategies to ensure children who are referred and determined eligible close to their third birthday notify each child's respective LEA according to the specific regulatory requirements.

In addition, for one of the CDSAs, the deeper root cause analysis also revealed that there were some continued delays related to scheduling the TPCs. Over the past couple of years this CDSA has seen a substantial increase in caseload sizes in comparison to the rest of the state due to increased enrollment and staff turnover. The CDSA is currently working with the N.C. EIB to address these challenges by expediting the hiring process to the extent possible and through re-allocation of vacancies. When positions around the state have become vacant, the N.C. EIB has shifted those positions to the CDSAs with the highest needs. Due to high staff turnover and vacancy rates, coupled with high and increasing referral numbers, this CDSA has been the beneficiary of several of these positions.

Current progress reports reflect improvement related to the percent of children exiting Part C whose TPC was 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. However, further correction is needed to ensure regulatory requirements are being met consistently and that correction has occurred on a systemic basis across each of the CDSAs' respective catchment areas.

**FFY 2016 Part C State Performance Plan (SPP)/Annual Performance Report (APR)
Indicator 9: Resolution Sessions**

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)

Historical Data

Baseline Data:

FFY	2004	2005	2006	2007	2008	2009	2010	2011	2012	2013	2014
Target ≥											
Data											NA

FFY	2015
Target ≥	
Data	

Key: Gray – Data Prior to Baseline Yellow – Baseline Blue – Data Update

FFY 2016 - FFY 2018 Targets

FFY	2016	2017	2018
Target ≥			

Key:

Targets: Description of Stakeholder Input - Please see the Stakeholder Involvement section of the [introduction](#).

Enter additional information about stakeholder involvement

See Introduction for Stakeholder input. The State reported fewer than ten dispute resolution requests in FFY 2016. The State is not required to provide targets until any fiscal year in which ten or more resolution sessions are held.

Prepopulated Data

Source	Date	Description	Data	Overwrite Data
SY 2016-17 EMAPS IDEA Part C Dispute Resolution Survey; Section C: Due Process Complaints	11/1/2017	3.1(a) Number resolution sessions resolved through settlement agreements	n	null
SY 2016-17 EMAPS IDEA Part C Dispute Resolution Survey; Section C: Due Process Complaints	11/1/2017	3.1 Number of resolution sessions	n	null

FFY 2016 SPP/APR Data

3.1(a) Number resolution sessions resolved through settlement agreements	3.1 Number of resolution sessions	FFY 2015 Data*	FFY 2016 Target*	FFY 2016 Data
0	0			0%

Actions required in FFY 2015 response

none

**FFY 2016 Part C State Performance Plan (SPP)/Annual Performance Report (APR)
Indicator 10: Mediation**

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)

Historical Data

Baseline Data: 2005

FFY	2004	2005	2006	2007	2008	2009	2010	2011	2012	2013	2014
Target ≥									100%		
Data				100%	100%	100%					

FFY	2015
Target ≥	
Data	

Key: Gray – Data Prior to Baseline Yellow – Baseline Blue – Data Update

FFY 2016 - FFY 2018 Targets

FFY	2016	2017	2018
Target ≥			

Key:

Targets: Description of Stakeholder Input - Please see the Stakeholder Involvement section of the [introduction](#).

Enter additional information about stakeholder involvement

See Introduction for Stakeholder input. The State reported fewer than ten mediations held in FFY 2016. The State is not required to provide targets until any fiscal year in which ten or more mediations were held.

Prepopulated Data

Source	Date	Description	Data	Overwrite Data
SY 2016-17 EMAPS IDEA Part C Dispute Resolution Survey; Section B: Mediation Requests	11/1/2017	2.1.a.i Mediations agreements related to due process complaints	n	null
SY 2016-17 EMAPS IDEA Part C Dispute Resolution Survey; Section B: Mediation Requests	11/1/2017	2.1.b.i Mediations agreements not related to due process complaints	n	null
SY 2016-17 EMAPS IDEA Part C Dispute Resolution Survey; Section B: Mediation Requests	11/1/2017	2.1 Mediations held	n	null

FFY 2016 SPP/APR Data

2.1.a.i Mediations agreements related to due process complaints	2.1.b.i Mediations agreements not related to due process complaints	2.1 Mediations held	FFY 2015 Data*	FFY 2016 Target*	FFY 2016 Data
0	0	0			100%

Actions required in FFY 2015 response

none

**FFY 2016 Part C State Performance Plan (SPP)/Annual Performance Report (APR)
Indicator 11: State Systemic Improvement Plan**

Monitoring Priority: General Supervision

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

Reported Data

Baseline Data: 2013

FFY	2013	2014	2015	2016
Target		65.67%	66.84%	66.84%
Data	65.67%	67.27%	69.32%	

Key: Gray – Data Prior to Baseline Yellow – Baseline
Blue – Data Update

FFY 2017 - FFY 2018 Targets

FFY	2017	2018
Target	66.84%	68.29%

Key:

Description of Measure

Targets: Description of Stakeholder Input

Overview

Data Analysis

A description of how the State identified and analyzed key data, including data from SPP/APR indicators, 618 data collections, and other available data as applicable, to: (1) select the State-identified Measurable Result(s) for Infants and Toddlers with Disabilities and their Families, and (2) identify root causes contributing to low performance. The description must include information about how the data were disaggregated by multiple variables (e.g., EIS program and/or EIS provider, geographic region, race/ethnicity, socioeconomic status, gender, etc.) As part of its data analysis, the State should also consider compliance data and whether those data present potential barriers to improvement. In addition, if the State identifies any concerns about the quality of the data, the description must include how the State will address these concerns. Finally, if additional data are needed, the description should include the methods and timelines to collect and analyze the additional data.

Analysis of State Infrastructure to Support Improvement and Build Capacity

A description of how the State analyzed the capacity of its current infrastructure to support improvement and build capacity in EIS programs and/or EIS providers to implement, scale up, and sustain the use of evidence-based practices to improve results for infants and toddlers with disabilities and their families. State systems that make up its infrastructure include, at a minimum: governance, fiscal, quality standards, professional development, data, technical assistance, and accountability/monitoring. The description must include current strengths of the systems, the extent the systems are coordinated, and areas for improvement of functioning within and across the systems. The State must also identify current State-level improvement plans and other early learning initiatives, such as Race to the Top-Early Learning Challenge and the Home Visiting program and describe the extent that these new initiatives are aligned, and how they are, or could be, integrated with, the SSIP. Finally, the State should identify representatives (e.g., offices, agencies, positions, individuals, and other stakeholders) that were involved in developing Phase I of the SSIP and that will be involved in developing and implementing Phase II of the SSIP.

State-identified Measurable Result(s) for Infants and Toddlers with Disabilities and Their Families

A statement of the result(s) the State intends to achieve through the implementation of the SSIP. The State-identified Measurable Result(s) for Infants and Toddlers with Disabilities and their Families must be aligned to an SPP/APR indicator or a component of an SPP/APR indicator. The State-identified Measurable Result(s) for Infants and Toddlers with Disabilities and their Families must be clearly based on the Data and State Infrastructure

FFY 2016 Part C State Performance Plan (SPP)/Annual Performance Report (APR)

Analyses and must be a child- or family-level outcome in contrast to a process outcome. The State may select a single result (e.g., increase the rate of growth in infants and toddlers demonstrating positive social-emotional skills) or a cluster of related results (e.g., increase the percentage reported under child outcome B under Indicator 3 of the SPP/APR (knowledge and skills) and increase the percentage trend reported for families under Indicator 4 (helping their child develop and learn)).

Statement

Description

Selection of Coherent Improvement Strategies

An explanation of how the improvement strategies were selected, and why they are sound, logical and aligned, and will lead to a measurable improvement in the State-identified Measurable Result(s) for Infants and Toddlers with Disabilities and their Families. The improvement strategies should include the strategies, identified through the Data and State Infrastructure Analyses, that are needed to improve the State infrastructure and to support EIS program and/or EIS provider implementation of evidence-based practices to improve the State-identified result(s) for infants and toddlers with disabilities and their families. The State must describe how implementation of the improvement strategies will address identified root causes for low performance and ultimately build EIS program and/or EIS provider capacity to achieve the State-identified Measurable Result(s) for Infants and Toddlers with Disabilities and their Families.

Theory of Action

A graphic illustration that shows the rationale of how implementing the coherent set of improvement strategies selected will increase the State's capacity to lead meaningful change in EIS programs and/or EIS providers, and achieve improvement in the State-identified Measurable Result(s) for Infants and Toddlers with Disabilities and their Families.

Submitted Theory of Action: No Theory of Action Submitted



Provide a description of the provided graphic illustration (optional)

Infrastructure Development

- (a) Specify improvements that will be made to the State infrastructure to better support EIS programs and providers to implement and scale up EBPs to improve results for infants and toddlers with disabilities and their families.
- (b) Identify the steps the State will take to further align and leverage current improvement plans and other early learning initiatives and programs in the State, including Race to the Top-Early Learning Challenge, Home Visiting Program, Early Head Start and others which impact infants and toddlers with disabilities and their families.
- (c) Identify who will be in charge of implementing the changes to infrastructure, resources needed, expected outcomes, and timelines for completing improvement efforts.
- (d) Specify how the State will involve multiple offices within the State Lead Agency, as well as other State agencies and stakeholders in the improvement of its infrastructure.

See attached document, SSIP Phase II.

Support for EIS programs and providers Implementation of Evidence-Based Practices

- (a) Specify how the State will support EIS providers in implementing the evidence-based practices that will result in changes in Lead Agency, EIS program, and EIS provider practices to achieve the SIMR(s) for infants and toddlers with disabilities and their families.
- (b) Identify steps and specific activities needed to implement the coherent improvement strategies, including communication strategies and stakeholder involvement; how identified barriers will be addressed; who will be in charge of implementing; how the activities will be implemented with fidelity; the resources that will be used to implement them; and timelines for completion.
- (c) Specify how the State will involve multiple offices within the Lead Agency (and other State agencies such as the SEA) to support EIS providers in scaling up and sustaining the implementation of the evidence-based practices once they have been implemented with fidelity.

See attached document, SSIP Phase II.

Evaluation

- (a) Specify how the evaluation is aligned to the theory of action and other components of the SSIP and the extent to which it includes short-term and long-term objectives to measure implementation of the SSIP and its impact on achieving measurable improvement in SIMR(s) for infants and toddlers with disabilities and their families.
- (b) Specify how the evaluation includes stakeholders and how information from the evaluation will be disseminated to stakeholders.
- (c) Specify the methods that the State will use to collect and analyze data to evaluate implementation and outcomes of the SSIP and the progress toward achieving intended improvements in the SIMR(s).
- (d) Specify how the State will use the evaluation data to examine the effectiveness of the implementation; assess the State's progress toward achieving intended improvements; and to make modifications to the SSIP as necessary.

See attached document, SSIP Phase II.

Technical Assistance and Support

Describe the support the State needs to develop and implement an effective SSIP. Areas to consider include: Infrastructure development; Support for EIS programs and providers implementation of EBP; Evaluation; and Stakeholder involvement in Phase II.

See attached document, SSIP Phase II.

**FFY 2016 Part C State Performance Plan (SPP)/Annual Performance Report (APR)
Certify and Submit your SPP/APR**

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

Selected: Lead Agency Director

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

Name: Jill Singer

Title: Early Intervention Branch Head/Part C Coordinator

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