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North Carolina Early Intervention Program

2009 National OSEP Early Childhood Conference
“Using Data for State Level Program Improvement”
December 7, 2009

*Contact: Sherry Franklin
North Carolina Part C Coordinator
Early Intervention Branch
Women’s and Children’s Health Section
Division of Public Health
919-707-5520*

North Carolina Part C

✓ **State Lead Agency: Public Health**

➤ **Local Lead Agencies:**

18 Children's Developmental
Services Agencies

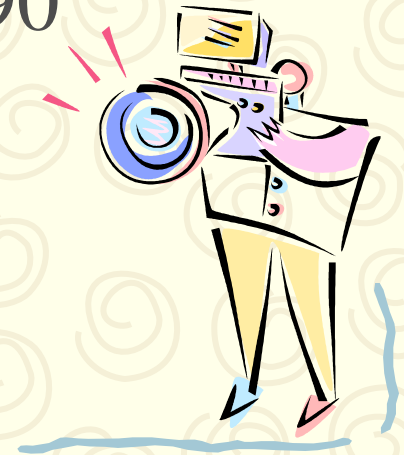
(Eligibility and Early Intervention
Service Coordination)

❖ **Provider Network**
(EI Services)



2008 – 2009 Snapshot

- NC Birth to three population – 382,672
- 19,662 referrals
- 17,606 children enrolled
- 2008 December 1 Headcount – 9,290



WHY IMPROVEMENT NEEDED?



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WHY?

North Carolina Part C HAD :

- ❑ “Special conditions”

THEN

- ❑ Needs Assistance Determination

THEN

- ❑ Needs Assistance 2 Determination

More importantly...

***IMPROVED RESULTS FOR INFANTS, TODDLERS
AND THEIR FAMILIES***



NOW??

✓ Meets Requirements
Determination

✓ Focus on results



HOW?

- ❑ Balance of responsibility for compliance was shifted for state-level and for local program level
- ❑ Local programs report data through “self-assessment” process
- ❑ State office monitors/issues finding-verify correction
- ❑ Corrective action strategies and required evidence of change are developed by State office (in collaboration with local program)
- ❑ Local program corrects noncompliance/performance



- Use of Record Review Tool helped local programs understand specifics of each compliance indicator
- Many local programs developed internal data tracking systems to monitor timelines
- Corrective Action Plans helped local programs understand systemic issues versus isolated instances around compliance



Annual Self-Assessment

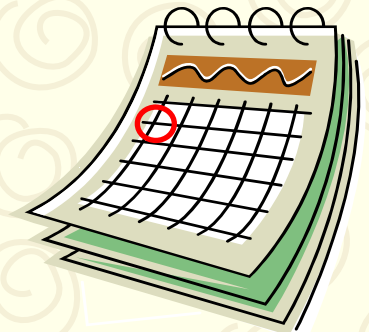
- Data from one month or quarter
- Compliance and Performance Data
- Record Review and Data Inquiry
- Data and Data Analysis
- Local QA Committees



First...

Training and Technical Assistance

- ☐ Routine Communication
- ☐ On-site throughout the year
- ☐ Local QA reviews throughout the year



Self-Assessment Time



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STOP! REVIEW THE SERVICE AND PROGRESS NOTES

Topic Area	Question	TCM	PT	OT	SLP	CBRS	Guidance for Record Reviewer	Reviewer Comments
EARLY INTERVENTION SERVICES								
Complete question 67-80 for each service from the 19 required listed on the IFSP, identifying the specific service above. Write Y, N or NA								
Need for Service	*67. Is there an evaluation in the record that supports the need for the service?							
	*68. Does the service outlined on the IFSP Service Delivery Plan match the needs of the child and family, based on information available in the record?						Review required services provided by enrolled ITP providers or CDSA staff.	
Timeliness of Initiating IFSP Services	*69. Was the service initiated on its respective projected date, i.e. no later than 30 calendar days following the parental consent (signature/date) on the IFSP signature page or review page? (303.344(f), ITP Manual Bulletins #24 & #25) <i>(On the date of the record review, if it has not been thirty (30) days since the date of parental consent for a service, and there is no documentation of the actual start date, answer NA to questions 69-73).</i>						If reviewing and initial IFSP, review all ITP services that were added to the IFSP at the initial development meeting and any service that has been added to the IFSP since the initial development meeting. If a semi or annual review has occurred, review all services that were added to the IFSP at the time of the most recent semi or annual review and any service that has been added to the IFSP since the most recent semi or annual review.	
	*70. If not, how long was the service delayed beyond the projected initiation date?						Calculate number of days from date parent consented to the service to date the service was initiated and subtract 30 days.	
	*71. What were the reasons for the delay:							
	a. Due to exceptional circumstances							
	i. Family circumstance							
ii. Child illness								
iii. CDSA closure								
b. Due to CDSA circumstances								
c. Due to provider circumstances								
IFSP Services Provided as Specified	*72. Was the service identified on the IFSP provided as specified? (303.12)						The reviewer should identify any IFSP services that were not provided as specified in accordance with frequency, intensity, and duration.	
	*73. If not, what were the reasons:							
	a. Due to exceptional circumstances							
	b. Due to CDSA circumstances							
	c. Due to provider circumstances							
d. Other (specify)								

NOTE 1: 'No' should be checked if a specific item should have happened but did not.

NOTE 2: N/A should only be checked if a specific item has not yet occurred or is not applicable to child/family or situation.

NOTE 3: Whenever family's native language or other mode of communication is referenced, native language or the family's mode of communication must be used unless it is clearly not feasible to do so.

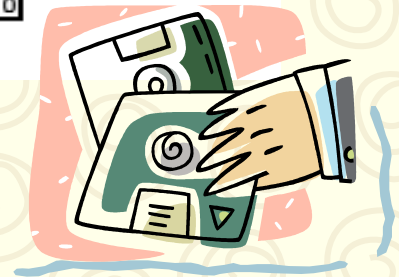
Selected Children's Records

- Number of records AND children to review
- Data Collection Tool

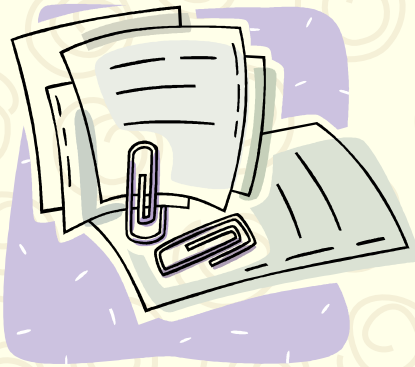
Child Revord Review-In Services

Spring 2008

Review ID	Service	Need for		Timeliness of Initiating IFSP Services								IFSP Services Provided as Specified				
		*67	*68	*69	*70	*71.a	*71.a.i	*71.a.ii	*71.a.iii	*71.b	*71.c	*72	*73.a	*73.b	*73.c	*73.d
R1	TCM	Y	Y	Y							Y					
R1	PT	Y	Y	N	5	N	Y	N	N	N	Y	Y				
R1	CBRS	Y	Y	Y								N	N	Y	N	N
	YES	0	0	0	0	0	0	0	0	0	0	0	0	0	0	0
	NO	0	0	0	0	0	0	0	0	0	0	0	0	0	0	0



Self Assessment Report



SELF-ASSESSMENT NARRATIVE REPORT

CDSA: Review period: 2009-2010 (Oct 09)

INSTRUCTIONS

- Using the details collected on each record review tool (Indicators 1 and 8), complete the fields in this narrative report.
- For all delays (exceptional and CDSA), the specific circumstances should be included in this narrative in detail.
- For Indicator 1, Timely Services, document every service delayed per child.
- Add or delete fields for child specific information as needed.
- This narrative will be submitted with the Excel workbook and the 45 day inquiry table.
- Please note: the Central Office review team will reference the 45 day inquiry tool details regarding delays; there is no need to recapture that information in this report.

SPP/APR INDICATOR 7, 45 DAY TIMELINE

Number of children enrolled October 2009 (*initial IFSP signed*):
Number of children enrolled October 2009 whose IFSP was not developed within 45 days of referral:

Our plan for follow up and/or correction is as follows:

SPP/APR INDICATOR 1, TIMELY SERVICES

Number of records reviewed:
Number of records with services that did not begin by the projected start date (no more than 30 days from parent signature on IFSP):

Relevant details regarding each occurrence of delay for each child:

UID -

UID -

UID -

UID -

Page 1 of 4

Review by Monitoring Consultant

State Team (Trends)

- Findings for any instance of noncompliance (unless correction is verified before written notice)
- Unique isolated circumstances
- Multiple records with noncompliance
- Statewide Trends



HOORAY!



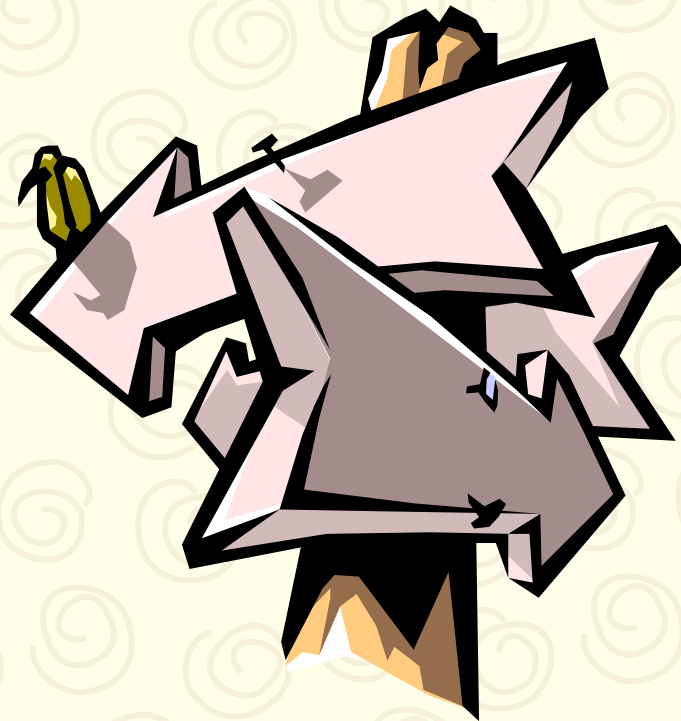
Great
Job!
😊



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OR...



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Corrective Action Plan / Improvement Plan

NORTH CAROLINA INFANT AND TODDLER PROGRAM CORRECTIVE ACTION PLAN TIMELY SERVICES

CDSA Contact Person		Phone Number	
CDSA Agency Name		Date of Plan:	

I. Area of Non-Compliance:
Findings and Supportive Evidence:

II. Corrective Action(s):

Potential Areas of Modification/Clarification	Strategies	Who is responsible?	Timeline	Completion
Infrastructure				
Policies and Procedures				
Focused Training and Technical Assistance				
Provider Practice				
Supervision				

III. Required Evidence of Change

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IV. Reporting Progress:

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Signatures of Individuals Completing Plan	Agency and Title	Date
State Designated Date for Correction of Non-compliance		

Determinations



General Themes



Overall
Improvement
Themes



CDSA
Determinations



North Carolina Department of Health and Human Services
Division of Public Health
Women's and Children's Health Section
Early Intervention Branch

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Beverly Eaves Perdue, Governor
Lanier Cansler, Secretary

Jeffrey P. Engel, MD
State Health Director

MEMORANDUM

TO: CDSA Directors
FROM: Sherry Franklin, QI Unit Manager
SUBJECT: Self Assessment 2009 and FFY 2008 Determinations
DATE: June __, 2009

Thank you for all of the assistance provided by your CDSA staff in facilitating successful completion of the 2009 Self-assessment process. This letter serves to advise you of the findings of this year's general supervision activities and the determinations about your CDSA's progress. The letter also includes general themes gleaned by the review team during their review of all CDSA self-assessment submissions.

General Themes

On the heels of our exemplary FY 07-08 performance as stated in our "meets requirements" determination from OSEP dated June 1, 2009, we were very pleased with the results of the FY 2008-2009 self assessment process. Overall, performance was consistent with IDEA Part C guidance. Close review of self-assessment reports indicates that we are achieving timely service provision to children and are doing so in a way that is responsive to the needs of families! We are very proud of the progress that we have made in recent years to facilitate the state's "meets requirements" determination. With this year's performance, we have no doubt that this benchmark can be maintained for 2010. You are all to be commended for your hard work!

In addition to the exemplary performance which is the highest and best general theme for FY 2008-2009, there were noteworthy trends and procedures observed across CDSAs. These issues are presented below to facilitate increased awareness and to hopefully strengthen local strategies to improve our services to families. This emphasis on ongoing challenges in no way diminishes the accomplishments and the hard work that has gone into the achievement of very high marks for CDSAs across the State.



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CAP



See handout



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C1 Data

CDSA	2004-2005	2005-2006	2006-2007	2007- 2008
Asheville	94%	86%	85%	100%
Blue Ridge	90%	88%	100%	100%
Charlotte	64%	82%	72%	98%
Concord	62%	50%	89%	100%
Durham	79%	59%	90%	90%
Elizabeth City	81%	88%	100%	100%
Fayetteville	100%	64%	100%	93%
Greensboro	93%	53%	90%	86%
Greenville	75%	43%	55%	87%
Morganton	60%	79%	100%	84%
New Bern	77%	91%	100%	94%
Raleigh	98%	70%	100%	93%
Rocky Mount	78%	100%	100%	97%
Sandhills	92%	61%	100%	79%
Shelby	86%	100%	100%	98%
Smokies	100%	100%	100%	100%
Wilmington	86%	79%	100%	79%
Winston-Salem	63%	100%	100%	97%
Statewide	80%	73%	92%	93%



Strategies

- Drill down for each CDSA
 - Use of Investigative Questions
 - Reasons for each child
 - By Service
 - By Provider Agency
 - By Staff

