

# Early ACCESS



## Governor's Report, FY 2010-2011

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Early ACCESS is an early intervention system for families of children birth to three years of age who have or are at-risk for developmental delays. Service providers and families work together in identifying, coordinating and providing needed services and resources that help children grow and develop.

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**Vision:** Every child, beginning at birth, will be healthy and successful



### The Iowa Council for Early ACCESS

The role of the Iowa Council for Early ACCESS (ICEA) is to advise and assist the Iowa Department of Education (Lead Agency) and its partner agencies to implement a statewide system of early intervention services. Council members represent the interests of different stakeholders. As the parent of a child with a developmental disability, I value the opportunity to represent other parents on the council as we strive to improve early intervention services in our state.

Julie Hahn, Chair  
Iowa Council for Early ACCESS

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The full Part C Annual Report is posted at:  
[www.Iowa.gov/educate/\[A-Zprogramslist:EarlyACCESS\]](http://www.Iowa.gov/educate/[A-Zprogramslist:EarlyACCESS])

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To make a referral, visit: [www.earlyaccessiowa.org](http://www.earlyaccessiowa.org)

### Suzie's Story

Our daughter was born with very severe hydrocephalus and a rare brain disorder. We were told that she would never walk, talk, see, hear, or do anything that a "normal" child does. Suzie was sent home to die. However, we decided that we must get a second opinion and try and save her life.



At the University of Iowa Hospitals she had a shunt placed inside her head. She was also referred to the Early ACCESS program. Suzie began Early ACCESS at the age of four months. We were blessed with a team of providers who looked at Suzie's potential and the possibilities of what she might accomplish, instead of everything that she would never do. Suzie received such services as vision, speech, occupational therapy, physical therapy, and early childhood education from the Area Education Agency.

Today, Suzie is thriving; she can do many things that we were told she would never do. She can talk, feed herself, play, laugh, scream, listen to stories, and walk with assistance! I believe whole heartedly that she has been able to accomplish these things only due to the blessing of having Early ACCESS come into our lives.

Suzie's mom

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Iowa’s Interagency Collaborative System is comprised of four signatory agencies:

- Iowa Department of Education
- Department of Public Health
- Child Health Specialty Clinics
- Department of Human Services

To meet child and family needs, each agency contributes its expertise and resources. As a system of services they:

- ✓ Work in partnership with families
- ✓ Identify needs early
- ✓ Promote early intervention services
- ✓ Respect cultural differences
- ✓ Provide services in the home and the community

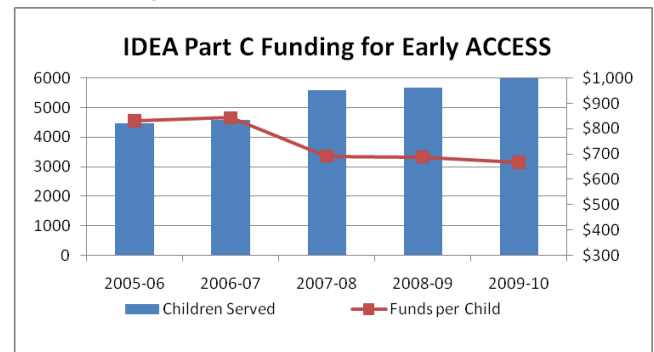
### Department of Education

Early ACCESS is one of Iowa’s major prevention and early intervention efforts. The intent is to enhance the health and development of the children, expand the capacity of their families to meet their needs long term, and to minimize the need for special education services at school age.

The Iowa Department of Education is the Lead Agency, coordinating the early intervention system. area education agencies (designated as Regional Grantees) are responsible for coordinating early intervention services in the nine regions statewide. They collaborate with the signatory agencies and other community partners at the local level to identify and serve eligible children and families.

This report provides examples of the four agencies working together and producing better outcomes for children and families. It shows the positive effect of legislators’ decisions to support Early ACCESS. The family stories illustrate how the unique resources of each agency are joined to effectively and efficiently help children grow and develop.

The Early ACCESS system is supported by both Federal and State appropriated funds. The number of children served by Early ACCESS has increased 46 percent over the last five years. During the same period, funding for Early ACCESS has not significantly increased in Federal funding (see chart below). The ICEA is concerned that if this trend continues, children and families will not receive needed early intervention services that produce school-ready outcomes.



### Department of Public Health

Iowa’s healthcare programs for children are coordinated by the Department of Public Health (IDPH). One of the many programs IDPH provides leadership in is lead prevention and programming. It is important to identify these children and provide early intervention services for children who are lead exposed.

Lead has adverse effects on nearly all organ systems in the body, and is especially harmful to developing brains of children- their intelligence, hearing, and growth can be affected. IDPH works with community-based Maternal and Child Health Agencies to provide Early ACCESS service coordination for children referred with high lead levels to minimize developmental delays.

Children with high lead levels	FY 08	FY 09	FY 10
New Referrals	55	56	70
Intervention services	36	31	34

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### Child Health Specialty Clinics

Child Health Specialty Clinics (CHSC) is Iowa’s Title V program for children and youth with special health care needs. CHSC has four core functions: family support; care coordination; clinical services; and systems building. In Early ACCESS, family support and care coordination are provided by CHSC parent consultants who have received specialized training. The Early ACCESS Service Coordinators help the family find community resources and services to help their child grow and develop and provide leadership to the Individualized Family Service Plan team. CHSC provides service coordination mainly for children who are born premature, who are drug exposed, and those who are medically complex.

CHSC clinical services include health assessments and education provided by an Advanced Registered Nurse Practitioner. Early intervention nutrition services are provided to families in their local communities utilizing telemedicine technology by Registered Dietitians. CHSC staffs are located throughout the state at community-based CHSC Regional Centers.

Systems building is provided by CHSC through participation and input on many local and state boards, committees, and work groups. By participating, CHSC assures a system of care for Iowa’s children and youth with special health care needs.

#### CHSC Nutrition Services

Good nutrition is vital for growth and learning in infants and toddlers. Early ACCESS state funds helped to increase the use of specialized dietitian services. The use of video conferencing has enabled dietitians to serve children in all regions of the state.

Nutrition Services	FY 09	FY 10
New Referrals	215	171
Intervention Services	131	191



### Hi! My Name is Evie

I was born with congenital cytomegalovirus (CMV). I had to stay in the hospital for six weeks. I was born weighing only 4 lbs. 7 oz. CMV has given me many challenges to overcome, such as cerebral palsy, epilepsy, profound hearing loss, vision impairment, feeding problems, and global developmental delays.

When my mom and dad finally got to bring me home, we had lots of help from Early ACCESS. Nice people from our local area education agency came to our house to help me learn to play with toys, to lift my head up and they even taught me and my parents sign language! Cochlear implants now help me hear the world. It is hard to know what all those sounds mean, so everyone has to help me learn about the world around me. Child Health Specialty Clinics provided nutrition services. Gaining weight helped me do all the things that I can now do.

Every week I learn something new thanks to the wonderful help of all my friends at Early ACCESS. Today I am able to sit up unassisted, scoot around the house and get into trouble, sign almost twenty words, and use a wheelchair on my own. Early ACCESS was a big help to my parents. They monitored my development in all areas and taught my mom and dad how to help me progress even faster. Now that I’m almost three, they are helping me transition into preschool and get the help I need there, too.

PS. My mom helped me write this.

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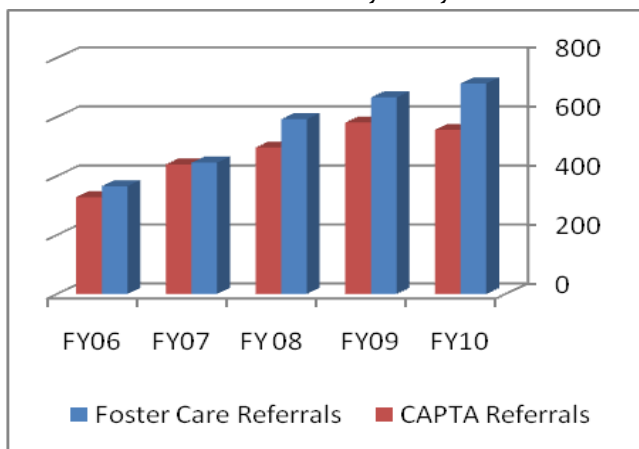


### Department of Human Services

The primary responsibility of the Iowa Department of Human Services (DHS) is to protect children from harm. About one fourth of the children who are abused or neglected are under the age of three. The Child Abuse Prevention and Treatment Act (CAPTA) requires DHS to identify and refer children to Early ACCESS who can benefit from early intervention services.

Early childhood research tells us that separation from a primary caregiver can be very traumatic and cause developmental problems for infants and toddlers. As a result, Early ACCESS has determined that children below the age of three who are placed in foster care are automatically eligible for early intervention services. The chart below shows the increased number of children referred by DHS who receive Early ACCESS services.

DHS Referrals Served by Early ACCESS



DHS also supports the Early ACCESS system through its administration of the Infant and Toddler Medicaid Program. This program provides funding for early intervention services that are related to a child's medical needs. Sixty-four percent of infants and toddlers in Early ACCESS are Medicaid eligible.



Helping Babies from the Bench

### Judge Constance Cohen, Polk County Juvenile Court

At a national conference for judges, I learned about Zero To Three's Court Teams for Change. This innovative approach to working with children and families was developed by Judge Cindy Lederman, of Miami, Florida, and Dr. Joy Osofsky, an expert in childhood trauma. Judge Lederman worked with child development experts to learn about the unique developmental needs of infants and toddlers, especially the importance of the attachment process.

I have been able to see the positive results since we adopted this approach in Polk County in 2005. The primary goal of safe reunification is achieved for families in less time than using a traditional approach. In cases where reunification is not possible, children are adopted or placed with permanent guardians more quickly.

Key features of Court Teams include:

1. Judges take an active leadership role;
2. Frequent hearings and family team meetings;
3. Services include frequent family contacts, referrals to Early ACCESS, attachment assessments, dyadic therapy, addiction and mental health evaluations, to name a few;
4. An ever expanding array of community partners represented on the Court Team;
5. Skilled and specially trained Court Team Coordinator and professionals; and
6. Judges apply the science of child development to inform decision-making and support the advancement of best practices.