

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

Early ACCESS Fast Facts

Early ACCESS is Iowa's early intervention system for families of children, birth to 3 years of age, who have developmental delays or conditions known to impact development.

Iowa's Interagency Collaboration: A Four Agency System.

- Iowa Department of Education (DE, Lead Agency) and Regional Grantees: Area Education Agencies (AEAs)
- Iowa Department of Public Health (IDPH)
- Child Health Specialty Clinics (CHSC)
- Iowa Department of Human Service (DHS)

Iowa Council for Early ACCESS

- Governor-appointed council with 25 voting members
- Council advises Early ACCESS system
- Council is chaired by Heather Moorman, a parent of a child with a disability

To meet child and family needs, each agency contributes expertise and resources, and as a system of services:

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

The Early ACCESS interagency system has met federal reporting requirements the last eight consecutive years.

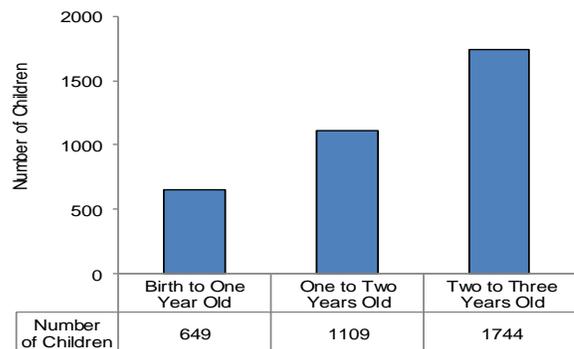
Annual state appropriation is needed to meet maintenance of effort requirements in addition to the federal grant award for service provision.

Number of Children Identified Increases with Age

- As children grow, parents become more aware of gaps in their child's development.
- Chart 1 shows the increasing number of children receiving services



Chart 1: Children Birth to 3 Years Receiving Services on Count Day – October 26, 2012

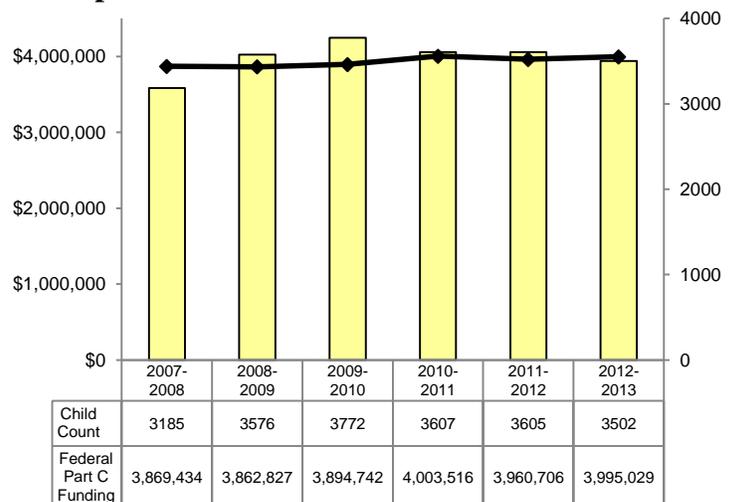


Note: Although these numbers are taken from a single count date, the total number of children on IFSPs from July 1, 2012 – June 30, 2013 was 5931.

Early ACCESS Funding

- The majority of funds supporting Early ACCESS are from federal IDEA Part B and Part C grant funds.
- Federal funding for Early ACCESS has not significantly increased for over six years (Chart 2).

Chart 2: Federal Part C Funding and One Day Child Count per Fiscal Year.



- The system is at capacity with no proportionate increase of federal or state funds.

Department of Public Health

Outcome: Develop a coordinated intake and referral system for home visitation and early intervention in Iowa. Provide developmental monitoring to children not eligible for Early ACCESS.

The IDPH applied and was awarded Maternal Infant and Early Childhood Home Visiting (MIECHV) funds to implement evidence based home visitation services and to improve the coordination and referral of resources and supports. Since both Early ACCESS and MIECHV funding supports intake, resource and referral work, the two programs are partnering to develop one intake and referral system. The goals of the statewide coordinated intake are:

- Develop an efficient, consumer-friendly and effective coordinated intake and referral system that will provide information and support as well as link families to resources in Iowa.
- Increase families' knowledge, skills, and access to community-based services that meet their needs through a statewide system.
- Increase collaboration across state and local community organizations and agencies that serve families that have children ages zero to five years.

The coordinated intake and referral system is for families, child healthcare providers, and other professionals seeking information, support, and referral for young children ages zero to five. Please visit www.earlyaccessiowa.org or call 1-888-IAKIDS1 for supports or information.

If a child is not eligible for Early ACCESS, the family is referred to a local Child Health Agency. The agency will monitor the child's development by using a developmental screening tool at appropriate intervals and provide the family education as needed.



Child Health Specialty Clinics

Outcome: Increase health professional input to IFSP teams.

Children learn best when they are healthy, safe, and

free of hunger. A child's well-being must be considered with the context of the individual child and the capacity of the child's family. The CHSC registered nurse health assessment project provided a health professional's knowledge to supply key precautions and health information to Individual Family Service Plan (IFSP) teams across the state.

CHSC provides service coordination primarily for children who are: born premature, drug exposed, medically complex, or in foster care. Staff members are located throughout the state at community-based CHSC Regional Centers.

CHSC clinical services for children include:

- Health assessments and education provided by an Advanced Registered Nurse Practitioner;
- CHSC Registered Nurse medical record reviews for health implications and medical and safety alerts for IFSP teams; and
- Early intervention nutrition services provided to families in their local communities utilizing telehealth technology by Registered Dietitians.

CHSC strives to assure a system of care for Iowa's children and youth with special health care including nutritional needs.

Department of Education

Outcome: Minimize the need for special education and related services at school age.

One of the many reasons to support Early ACCESS is to decrease the likelihood of a child needing special education services in the future.

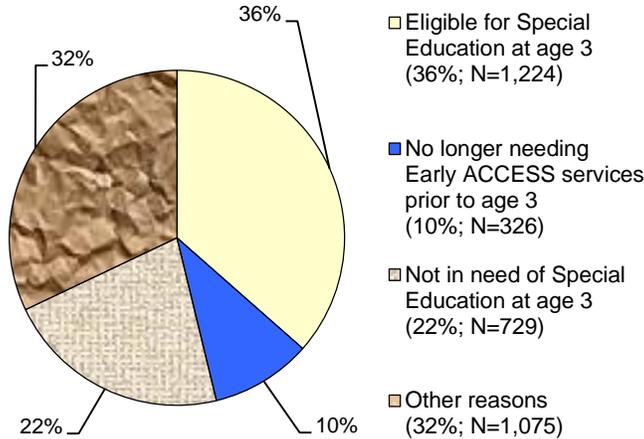
- A newborn's brain develops dramatically in the first three years of life.
- Interventions during this critical time can reduce the need for more intense programming in the future.

The Regional Grantees, AEAs, ensure that the Early ACCESS system is carried out regionally and provide the majority of evaluation and intervention services.

Results of Early ACCESS exit data (see Chart 4):

- Thirty-two percent (32%) of children were determined as no longer needing early intervention or special education services when exiting either before (10%) or at age three (22%).
- Thirty-six percent (36%) will continue to need Early Childhood Special Education Part B services, at three years of age.
- Another 32% exit from Early ACCESS for other reasons (i.e. parents move, withdraw child from services, or discontinue services without a known reason). Early ACCESS services are voluntary; not required to be accepted by parents.

Chart 4. Exit Data for Children Leaving Early ACCESS.



Department of Human Services

Outcome: Increase number of IFSPs for children experiencing child abuse and foster care.

The mission of DHS is to help individuals and families achieve safe, stable, self-sufficient, and healthy lives, thereby contributing to the economic growth of the state. This is accomplished by keeping a customer focus, striving for excellence, sound stewardship of state resources, maximizing the use of federal funding and leveraging opportunities and by working with the public and private partners to achieve results.

- Children in foster care, younger than three-years-old, are automatically eligible for early intervention services (see Chart 1).
- Participation is completely voluntary with no fee, but not all parents/foster parents agree to services.
- In 2011-2012, only 28% of foster children younger than three received early intervention services.
- If the remaining 72% of children in foster care, below the age of three (approximately 1,181) were to receive services, it would overwhelm the capacity of the Early ACCESS system.

Early Intervention Makes Difference to Children Who Have Special Needs or Known Conditions for Delays

The Early ACCESS system collects and analyzes annual outcome data for federal reporting requirements. Infants and toddlers are rated in three outcome areas (Chart 5).

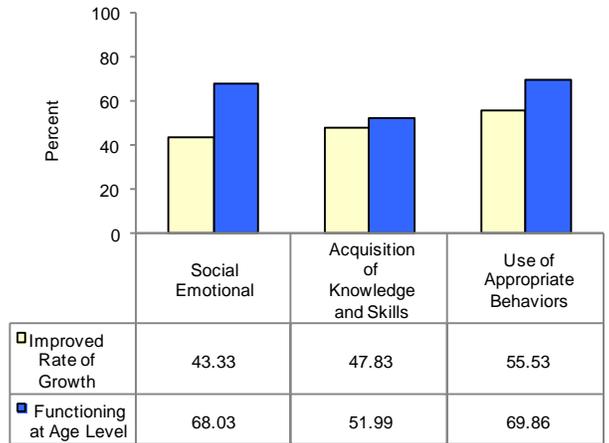
By the time children turn three years old or exit the program early:

- Forty percent (40%) to 52% of children substantially improved their rate of growth; and

- The percent of infants and toddlers functioning within age expectations in each outcome area, ranged from 52% to 71%.

Statewide data indicated Early ACCESS intervention services impacted these infants, toddlers and families. These early intervention services will help our youngest Iowans experience success when they attend kindergarten, later in school and on into adulthood.

Chart 5. Early Intervention Services Improve Infant/Toddler Growth and Development.



Data for all charts from Part C Annual Performance Report, 2012-2013.

For more information about Early ACCESS in your community, please call Early ACCESS Iowa at 1-888-425-4371 Or Contact Cindy Weigel, Part C Coordinator 515-281-8634 or Cindy.Weigel@iowa.gov





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www.educateiowa.gov/earlyaccess

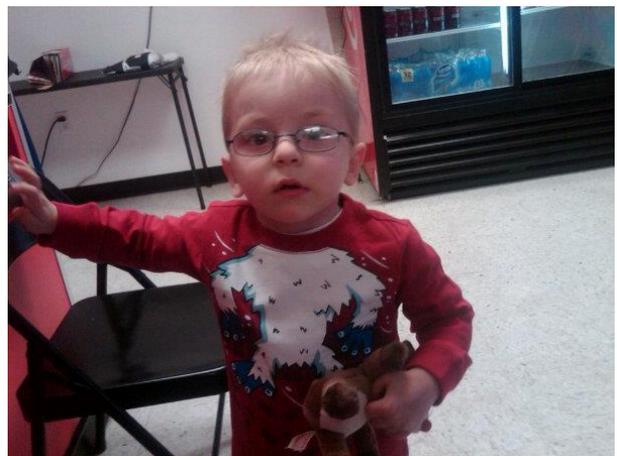
Early ACCESS Services Impacts Iowa Children – Story of Success

Hi! My name is Luke. I was born at only 25 weeks and was so tiny and fragile that my parents didn't know if I would pull through. After staying in the hospital for 74 days I was able to come home. However, I was hospitalized 5 more times for health-related issues. This was a very stressful and emotional time for my mom, dad, and extended family.*



My family is very appreciative for the “outside” supports that were available to them and me and want to see the support for families of babies with special needs remain in place.

Early ACCESS was one of those outside supports. Our Early ACCESS Service Coordinator from Child Health Specialty Clinics was able to come to the clinic visits as well as visit us in our home. They were able to keep track of my developmental progress through these visits and when my parents had a concern about my speech my Service Coordinator asked a Speech Language Pathologist from the AEA to come and do a more detailed communication assessment. My communication skills were within adequate range at that time, and due to risk factor of child being born prematurely, the speech language pathologist gave my parents information on stimulating my communication development. I have now “graduated” from Early ACCESS but my development will continue to be monitored at CHSC for a while longer. My mom and dad say “I’m the most amazing little boy in the WHOLE world.”



Well...thanks for listening to my story and thanks for caring about kids.

**Names have been changed*