

Reviewers Guide for Iowa IDEA Part C SSIP, Indicator 11

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Introduction

Iowa's Journey to Improved Results for Infants and Toddlers with Disabilities Served In Early ACCESS (IDEA Part C)

The Shift of 2012

The summer and fall of 2012 were filled with reorganization at the Iowa Department of Education as new bureaus were created and staff found themselves moving locations within the Division of Learning and Results. Cubicles were dismantled and reconfigured into a new maze of paneled walls. Retirements occurred and new staff came on board. Packing and unpacking...reorganizing the workspace...feeling hopeful, energized and lost all at the same time. Shift was happening, literally.

As the physical and staff changes in the workspace happened, a change in Early ACCESS occurred as well. After two months of planning, the fall 2012 kickoff meeting of the Early ACCESS Leadership Group took place in Des Moines. Stakeholders came from across the state representing all nine Area Education Agencies (AEAs); Des Moines Public Schools; the state Departments of Education, Public Health, and Human Services; Child Health Specialty Clinics of the University of Iowa; Iowa Educational Services for the Blind and Visually Impaired; and Iowa State University Extension. Over a two day period, 29 people who were service providers, program coordinators, supervisors, administrators and state staff actively engaged in setting a new course for Early ACCESS. Using an outside certified facilitator and the Technology of Participation® (ToP) strategic planning process, the focus of early intervention in Iowa shifted from primarily ensuring that the state met Individuals with Disabilities Education Act (IDEA) procedural requirements to improving early intervention results for infants and toddlers served by Early ACCESS and their families.

Iowa's Early ACCESS (EA) system started the first phase of strategic planning in August 2012 with the EA Leadership Group. Survey data from the group served as the initial framework for analyzing where progress had been made, what supported the work and what were barriers to progress. Further planning activities resulted in deeper discussions, analysis of what the problems were, why they were happening and what should be done about them. Conversations and planning continued into the next few months through face-to-face meetings, emails and the use of technology to hold virtual meetings. Plans turned into actions and actions into further analysis of what was working, what was not and reasons why. Once the process was underway, broader stakeholder input was needed.

The Iowa Council for Early ACCESS (State Interagency Coordinating Council for IDEA Part C) joined the effort to focus on improved results for infants and toddlers and their families. The strategic planning facilitator presented the ToP® process and initial results to the Council

which has always had strong parent leadership (chair and vice-chair). Other Council members included representatives from the following: parents who have children with disabilities; public and private health care providers; public and private service providers; Early Head Start; state legislator; state Departments of Education, Human Services and Public Health; Child Health Specialty Clinics; Early Childhood Iowa; Early ACCESS Leadership Group; child and family therapy/mental health, institutes of higher education who have programs that prepare students for the field of early intervention/early childhood special education; Iowa Insurance Division; and the parent information and training center. The EA Leadership Group, with the Council's support, took the strategic plan and made it the blueprint for the future direction of Early ACCESS.

Results Driven Accountability

The U.S. Department of Education, Office of Special Education Programs (OSEP) also had change well underway by 2012 as discussions and activities about Results Driven Accountability (RDA) were flowing to the states. While OSEP had seen improvement in national data for the compliance indicators (IDEA program procedural requirements), the same improvement in the results or performance indicators (changes in child and family outcomes) had not been realized. RDA was a way to move the focus of attention from solely on compliance to holding states accountable for improved results for children served under IDEA.

Iowa and OSEP Shifting Together

By early 2013, it was clear that statewide professional development for Early ACCESS was necessary if outcomes for children and families were to improve. The Iowa Department of Education issued a Request for Proposal in order to find the best opportunities that would fulfill Iowa's need. Florida State University (key project staff: Juliann Woods and Emily Lakey) submitted a proposal to bring their Distance Mentoring Model of Professional Development to Iowa and was awarded a five year contract beginning in April 2013 to do the following:

Provide a statewide system of professional development for Part C service providers (i.e., physical therapists, occupational therapists, speech/language pathologists, early childhood special education teachers) and service coordinators in the state of Iowa using evidence-based professional development practices (i.e., coaching/mentoring, adult learning principles, immediate performance-based feedback) to promote the use of evidence-based early intervention practices (i.e., family-guided routines-based interventions). Furthermore, the use of technology will be incorporated into the professional development and implementation science will be used to assure full implementation, scale up and sustainability.

A comprehensive look into the Early ACCESS system through many hours of work by two large groups of stakeholders and state staff brought Iowa to a place it had never been before—embarking on statewide professional development (PD) across all agencies focusing on using evidence-based PD processes to support evidence-based early intervention practices within a framework that would ensure implementation, scale up and sustainability.

As Iowa moved along the path towards better results, OSEP continued to work on ways to hold states accountable for better outcomes for children and families served by IDEA. States were given multiple opportunities to provide input into what the accountability process might look like. Just as Iowa included many stakeholders to create and support the blueprint for the future direction of Early ACCESS, OSEP was doing the same in order to create a way to support states in the shift from focusing on compliance to focusing on better results. As a product of that process, the State Systemic Improvement Plan (SSIP) was born. (OSEP indicator 11 for IDEA Part C)

The State Systemic Improvement Plan (SSIP)

For Early ACCESS, the SSIP is a multi-year, ambitious, yet achievable, plan that does two things: (1) increases the capacity of early intervention service programs to implement, scale up, and sustain evidenced-based practices; and (2) improves results for infants and toddlers with disabilities and their families. The work of the SSIP is accomplished over a six year period and is done in four phases. This report covers Phase 1/Year 1 activities which include:

- data analysis
- infrastructure analysis
- state-identified measureable result
- coherent improvement strategies
- theory of action
- baseline data and setting targets

Although written as six discrete activities to meet the reporting format requirements, work in all of these areas have been intimately connected. Starting back in August of 2012, Early ACCESS meetings have had deep, rich discussions about the shift from compliance focus to better results for children and families. The work started with a survey that went statewide to the Early ACCESS Leadership Group. Ten questions were asked that required respondents to reflect on the past, consider their work environment, review progress and assess setbacks. Answering questions through a survey helped set the stage for the strategic planning process and allowed people to share honestly.

The strategic planning using the Technology of Participation[®] facilitation method was the beginning of the analysis of data and infrastructure, identifying results that were important to

Iowa, seeking to find coherent improvement strategies and building a theory of action—all of the six activities required in the SSIP. A comprehensive analysis of the Early ACCESS system took place by first examining honest feedback about where Early ACCESS had been, followed by visualizing what the future would look like when success was experienced, then looking deeply into the strengths and weaknesses, and finally identifying the benefits and potential dangers of shifting our focus to better results for children and families. Key actions were identified. Collective commitment of the group was documented. Individual commitments to take action were put in print. Since the fall of 2012, the planning and implementing process has continued.

This introduction to the Early ACCESS change process is meant to illustrate how interrelated and dynamic the work has been as it relates to the six discrete SSIP reporting areas. This is not to say that specific times were not set aside to examine information related to the six SSIP Phase 1 areas, they have been and will be described in more detail within the report. It is important to understand that the changes in Early ACCESS are not linear, simple or static; however, the end result is clearly moving in the right direction—towards children served in Early ACCESS receiving individualized services in natural settings and demonstrating improved functional outcomes. The SSIP has provided a framework for documenting the shift in focus and came with reminders of the importance to revisit, re-examine, and refine the work so Iowa’s Early ACCESS system maximizes its impact on the children and families served under IDEA Part C.

Component #1: Data Analysis

The process for completion of SSIP Phase 1 began shortly after the proposed 2013 SPP/APR package was released for comments in April 2013. The lead agency’s IDEA Part C coordinator, along with the Early ACCESS State Work Team, were responsible for organizing the process for completion of Part C Phase 1 work. A challenge the team faced was connecting the work that started in August 2012 with the requirements of the SSIP, finding any gaps between the two, and planning to fill the gaps in order to have a complete and comprehensive Phase 1 SSIP.

In order to connect IDEA Parts C, 619 and B in Iowa, an internal core Department of Education SSIP team was created. Membership included: Iowa Department of Education’s Chiefs of the Bureaus of Learner Strategies and Supports and School Improvement, State Director of Special Education, Iowa’s Part C Coordinator, Parts C and B Data Coordinators, Iowa’s 619 Coordinator, and Administrative Consultants for Leadership and Early Childhood. As Part C, 619 and Part B worked towards completion of Phase 1 activities, the internal core SSIP team members met regularly to ensure that Iowa created a birth to age 21 plan that was coordinated across all ages and grades.

The following data analysis information is organized into sections titled: Identifying and Selecting Key Data for Analysis; APR Indicator Data and 618 Data (prior to the 2012 strategic planning); Pre-Strategic Planning Survey Data, August 2012; Strategic Planning Data, August 2012; Additional Data Analysis: APR Indicator Data 2013 & 2014; ECO Data by SSIP Child Outcomes Subgroup Analysis Template; Additional Data Analysis: Services Data; Data Quality; and, Data Analysis Conclusions.

Identifying and Selecting Key Data for Analysis

The Early ACCESS (EA) State Work Team is made up of six staff from four state departments (Education, Public Health, Human Services, and Child Health Specialty Clinics) and is the core group responsible for supporting the early intervention system in Iowa. The EA State Work Team used existing monthly meetings to identify and select key data for analysis including data that had been analyzed prior to the SSIP requirement. Connecting to the strategic planning process that was well underway was important for several reasons, to make sure: (1) a thorough analysis of data occurred, (2) that the plan aligned with the intent of the SSIP, and (3) any additional analysis that was needed would occur.

Key data that were selected for analysis included: (1) Annual Performance Report (APR) indicators and 618 data collections from both before and after the strategic planning, (2) results from a pre-strategic planning survey administered to the EA Leadership Group in summer 2012, (3) information gathered at the August 2012 strategic planning sessions, (4) Early Childhood Outcomes compared to national and regional data, (5) data from the SSIP Child Outcomes Subgroup Analysis Template, and (6) services data. Quantitative data that were used included APR and 618 data collections. Qualitative data were produced and analyzed during the strategic planning process. Initial data analysis happened over several meetings with two large stakeholder groups, the Early ACCESS Leadership Group¹ and the Iowa Council for Early ACCESS². Members of the Early ACCESS State Work Team were included in each of these larger stakeholder groups.

¹ EA Leadership Group included 29 people from across the state representing all nine Area Education Agencies; Des Moines Public Schools; the state Departments of Education, Public Health, and Human Services; Child Health Specialty Clinics of the University of Iowa; Iowa Educational Services for the Blind and Visually Impaired; and Iowa State University Extension.

² Council members included representatives from: parents who have children with disabilities; public and private health care providers; public and private service providers; Early Head Start; state legislator; state Departments of Education, Human Services and Public Health; Child Health Specialty Clinics; Early Childhood Iowa; Early ACCESS Leadership Group; child and family therapy/mental health, institutes of higher education who have programs that prepare students for the field of early intervention/early childhood special education; Iowa Insurance Division; and the parent information and training center.

APR Indicator Data and 618 Data

Each year data are reported to the Office of Special Education Programs (OSEP) organized by indicator numbers (1 through 11) and tables known as “618 tables” or 618 data collections. Indicator data are delivered to OSEP in the Annual Performance Report and 618 data are provided annually via an online data system. Here is a brief description of the APR indicator and 618 data that are reported to OSEP annually:

- Indicator 1: 30 day timeliness for beginning new services*
- Indicator 2: Services provided in natural settings
- Indicator 3: Early Childhood Outcomes (results for children served)
- Indicator 4: Family Outcomes (results for families served)
- Indicator 5: Percent of children birth to age 1 year served
- Indicator 6: Percent of children birth to age 3 years served
- Indicator 7: 45 day timeliness from referral to initial IFSP meeting*
- Indicator 8: Transition from Early ACCESS*
- Indicator 9: Percent of hearing requests that went to resolution sessions**
- Indicator 10: Percent of mediations held that resulted in mediation agreements***
- Indicator 11: State Systemic Improvement Plan

618 Data Tables include: reasons for infants and toddlers reported as exiting Early ACCESS; dispute resolutions; child count and settings where services are being provided

* Indicates a “compliance” indicator which means OSEP has set the target at 100%. All other indicators are “results” or “performance” indicators and states set their own targets for achievement.

** Not applicable as Iowa has adopted the Part C due process procedures under 34 CFR §303.420.

*** The state of Iowa has had less than 10 mediations a year. Therefore, the state is not required to set targets for indicator 10.

Review Process, State Trends and Comparisons across Programs (Prior to 2012 Strategic Planning and the SSIP)

Data submitted to OSEP are reviewed annually by several stakeholder groups including the Iowa Council for Early ACCESS and the EA Leadership Group. Iowa has a long history of stakeholder involvement in the development and review of the APR. The Iowa Council for Early

ACCESS and EA Leadership Group each meet five times a year with meetings reserved for data review and discussions.

Each fall, stakeholders were provided baseline, target and trend data for all OSEP indicators for the state. In addition, data for each of the individual Area Education Agencies (AEA) were provided for comparison across programs within the state. The AEAs are the regional grantees for providing Early ACCESS services in Iowa. During the data review process, stakeholders considered the following questions:

- What are the data telling us?
- How do the data compare to the targets for the state and regions?
- Was there progress or slippage as a state and regions?
- What are possible underlying issues that influence changes from previous year?
- What are suggested improvement activities?
- Are there questions still remaining?

A systematic process of reviewing each indicator in numerical order was used. Stakeholders were divided into small groups to look through the data and answer the above questions. Forms were used to record the results of analysis, discussions and decisions.

Review Results

The results of the review process had become predictable—compliance rates were high and only small variations from year to year were seen in improved outcomes for children. Individual regional performances were stable; compliance was high and no notable slippage was found in results indicators. Meeting timelines and other procedural requirements was important and data showed that all regions were meeting compliance requirements. However, discussion about the quality of services surfaced when talking about underlying issues that influence changes in performance. Both groups, independent of each other, shared concerns about the strong focus on compliance as an indication of having a successful early intervention system. This was a recurring conversation that happened at each of the past several annual APR data reviews.

Although no alarming concerns came from the analysis of APR and 618 data, both stakeholder groups asked themselves, “Are these results for children good enough?” The unanimous response was “no” and the stakeholders clearly noted that focusing on compliance was not going to improve outcomes for children and families. The stakeholder message was clear; Iowa could do better for children and families served in Early ACCESS. Recommendations were made that the state shift its focus to better outcomes for children and families.

The EA State Work Team facilitated the data review process and were responsible for collecting review responses, reporting requirements and follow-up work. Based on stakeholder analysis of the APR and 618 data and their recommendation to focus on outcomes for children and families, the EA State Work Team began investigating a strategic planning process that would give the stakeholders additional information needed to make the shift in focus towards results.

Pre-Strategic Planning Survey Data, August 2012

Review Process

In order to set the stage for the strategic planning process, a 10-question survey was administered by email through an outside facilitator and sent to all members of the Early ACCESS Leadership Group. This group is made up of people who are directly responsible for making sure early intervention services are provided regionally in Iowa. The questions asked respondents to reflect on progress already made with early intervention, where there was momentum and what had been built that was important not to lose. It also looked for gaps in effectiveness, identified forces working against progress and considered potential dangers down the road. The purpose was to gauge where Early ACCESS was as a system in order to conduct a relevant and useful strategic planning process that would move the system towards focusing on results for children and families.

Review Results

At the beginning of the planning meeting, stakeholders reviewed results from the pre-strategic planning survey and themes that emerged from the data. Themes were associated with both positive and negative feelings and presented both opportunities and threats to the work. A few of the themes associated with *positive* feelings and/or *opportunities* were:

- Web IFSP (Individualized Family Service Plan) data collection system
- Statewide procedures
- Partnerships among agencies
- Service coordination training modules

Those themes associated with *negative* feelings and *threats* to the work included:

- Increased caseloads with more complex families
- Data collection and usage
- Inability to quickly improve web IFSP data collection system
- Paperwork
- Decreased funding

Another theme that emerged from the survey was a strong commitment of the group to children and families, along with pride in the efforts to deliver quality services that enhance the lives of those served in Early ACCESS. During the discussion, one EA Leadership Group member said it very well, *“I am always impressed by the efforts, commitment and devotion to make the lives of the children and families we serve better. Everyone on the team is amazing and has a heart that knows no limit.”*

Overall, the group agreed that the accomplishments of the past were satisfying and important, and the group was ready for new challenges and successes.

Analysis of the pre-strategic planning survey data resulted in an understanding of stakeholder’s views of the Early ACCESS history and set the stage for change to occur. It validated that the planning process was needed and welcomed; readiness for change was confirmed.

Strategic Planning Data, August 2012

Review Process, What Success Looks Like

In Stephen Covey’s *The 7 Habits of Highly Effective People*, habit two states, “Begin with the end in mind...Habit 2 is based on imagination—the ability to envision in your mind what you cannot at present see with your eyes. It is based on the principle that all things are created twice. There is a mental (first) creation, and a physical (second) creation. The physical creation follows the mental, just as a building follows a blueprint.” The EA Leadership Group began planning for change by visualizing the future and answered the question, “What will it look like when we are successful in our efforts?” Responses were recorded in a Victory Circle diagram. Not only was this a powerful way to start the process, it clearly provided a common understanding of what success would look and feel like when victory was achieved.

Review Results

The activity produced over 40 separate Victory Circle statements that illustrated the complex and comprehensive nature of the work that lay ahead in order to build an improved Early ACCESS System. Statements showed evidence of the importance of using data to make decisions and monitor progress in order to be successful. Examples included:

- We use data about the child to guide what we do
- We are certain and can demonstrate that our services are having the intended impacts on children and families
- All children and families meet their priorities, wishes and concerns
- Balance being accountable AND serving families

Many statements evidenced the importance of having organizational and leadership supports in place. Examples included:

- Paperwork is decreased; additional families can be served
- Decision-makers have better understanding of Early ACCESS
- Providers have the benefit of meaningful, reflective supervision/coaching
- Professional development system is relevant, increased standards, statewide, comprehensive
- Funding covers expenses

Other statements provided evidence of the need for changes in practice that lead to better results for children and families. A few examples include:

- Providers are using team-based interventions with materials found in the home
- Less children continue to Part B
- Staff use evidence-based interventions
- Families strengthen their skills to be good voices for their children; they can advocate and are empowered
- Children receive *individualized* services not *individual* services

Review Process, Current Reality

With a vision of a successful early intervention system well defined, an analysis of the current reality was conducted. The current reality activity assisted the stakeholder group to think about their strengths and weaknesses as the group of people charged with leading and implementing the early intervention system statewide. It also allowed the group to be thoughtful in regards to the benefits and dangers of success. Stakeholders were given time to reflect individually about each aspect of the current reality, then as small groups before sharing out to the full group. Every comment was recorded beginning with strengths, then weakness, benefits and dangers.

Review Results

Stakeholders reviewed the results of each aspect of the current reality. Discussions were deep, honest and thorough. Before moving forward, everyone agreed on a common understanding of what the strengths, weaknesses, benefits and dangers were.

Examples of strengths of the EA Leadership Group included: respect, trust and safety of the group; lots of experience and content knowledge including experience of having been service providers; willingness to speak up and be honest; statewide representation; varying backgrounds;

are dependable and supportive; are not territorial; are connected—networkers; have a strong commitment to early intervention; enjoy each other; and, are humorous.

Some weaknesses identified were: belaboring issues, revisit decisions, rethink too much before roll-out; unsure of what our relationships are really like; lack of strategies—need to know what the next thing we want to accomplish is; lack of specific processes for what we do; no longitudinal research; Part C looks “good”—not a squeaky wheel so hard to get attention; we “appear” to be whiners when we advocate at all levels; we are the only voice for those without voices (0-3) to leadership; we feel marginalized, powerless, in the middle; questioning how to give voice to our constituents; we are not empowering families to do their own work (help their children develop and learn); we use child focused interventions or teaching the child; and, children in Early ACCESS get *individual* services not *individualized* services.

Benefits of becoming successful or realizing our vision for the future included: children will have different skills as they start kindergarten; we have looked at what doesn't work and have learned from our failures; parents and families start to advocate; increased awareness for importance of early intervention; building support for our system; and, increased funding.

Examples of dangers associated with success included: increased caseloads of more complex clients; more system disconnect; it may not last; if we revise our data collection methods, our data may be different than data reported in previous years; needs we are expressing are not “demonstrated” in the system—measurements don't reflect reality; complacency; and, it's tough to be perfect and live up to expectations—we will create a higher standard, which will be harder to maintain.

These data were used to assess the environment and provided information on what strengths were available to help the system successfully shift to the future that had been visualized—where all children and families meet their priorities, wishes and concerns; we are certain and can demonstrate that our services are having the intended impacts on children and families; staff use evidence-based interventions; service providers have meaningful, reflective supervision and coaching; and Iowa has a professional development system that is relevant, has increased standards, is statewide and comprehensive.

Identifying the Problems or Issues

At this point the group had participated in 3 activities that produced a large amount of qualitative data which they reviewed for clarity, analyzed and discussed for understanding: (1) pre-strategic planning survey review; (2) visualizing the preferred future; and (3) strengths, weaknesses, benefits and dangers of the current reality. Through an orchestrated set of activities designed to generate information/data and skillfully led conversations to review and analyze the data, the group was able to understand what problems existed and why they were happening.

The problems or issues identified by the group that received the most discussion at this point in the planning process included:

- Use of child-focused interventions or teaching the child
- Lack of sufficient information and skills in family-centered services
- Children receiving *individual* services not *individualized* services
- Families not becoming empowered to do their own work (help their child develop and learn)
- Lack of direction and strategies for Early ACCESS
- Paperwork and web IFSP are a burden
- Relationships with special education directors

Commitment to Change

The group was now equipped with information on the problems and issues of Early ACCESS and moved into identifying what would change and made commitments to take action. Individuals were asked to reflect on all that had taken place then make written statements on what they would commit to do that would address the problems and move the system closer to the preferred future that had been visualized at the beginning of the planning session. After reflecting individually, small groups gathered and discussed the possibilities for change. Over 58 statements were produced by the group and collected for further analysis. As a large group, the commitment to change statements were sorted into fourteen themes that had emerged and, with consensus, were labeled as follows:

- Quality of services
- Support for providers and work plan
- Advocacy
- Expanding knowledge of Early ACCESS services
- Partnerships and collaboration
- Using data when making decisions and illustrating the impact
- Streamline
- Increased relationships with administrators
- Efficient and evidence-based practices for improved outcomes
- Continued leadership
- Improved professional development
- Clear decision making
- Coaching families and empowering them
- Paperwork refinement

Key Actions

The final step for the first stage of planning was to address the needs by identifying key actions based on the fourteen commitment to change themes. The stakeholders identified ten large key action areas that would improve the Early ACCESS system. Between August and November of 2012, the EA Leadership Group members went back to their agencies and reviewed the plan focusing on the key action areas. Members, with input from any other staff they felt should be included, created actions steps for each of the key action areas and sent them electronically to the strategic planning facilitator to be compiled for use at the next EA Leadership Group meeting. At the December EA Leadership Group meeting, two key action areas were combined which reduced the key actions to nine. Actions steps that had been submitted by group members to the facilitator were inserted into the document. The nine key action areas were then prioritized. The following are the *key action areas* in prioritized order:

1. Web IFSP and Paperwork
2. Coaching
3. Communication and Relationships
4. Quality Services and Data
5. Curriculum and Assessment
6. Support and Leadership
7. Professional Development
8. Advocacy
9. Service Delivery

Detailed activities within each larger key action area ranged from two to sixteen individual action steps. These key actions with their corresponding detailed action steps represented goals and objectives of the strategic plan for changing the Early ACCESS system.

The Early ACCESS system now had a viable action plan that provided a vision of where the system needed to be, information on the current reality, and commitments to key actions that would move the system towards the preferred future. It was clear that the focus was on improving not only the results for children and families, it was also about improving the infrastructure to support success. (See Component #2: Analysis of State Infrastructure.)

At subsequent EA Leadership Group meetings, the next stage of the ToP[®] strategic planning process was used. A 180-day implementation plan was created to identify specific improvement strategies needed to address the key action areas for the Early ACCESS system. Information related to the selection process is reported in Component #4: Selection of Coherent Improvement Strategies.

Additional Data Analysis: APR Indicator Data 2013 & 2014

Review Process, State Trends and Comparisons across Programs

The previous activities all took place at the same time OSEP was developing the new accountability process for states. OSEP released the proposed 2013 SPP/APR package for comments in April 2013. At that point in time, the EA State Work Team, led by the Part C coordinator, reviewed the proposed requirements in order to make sure the previous strategic planning process included the types and depths of analysis to meet federal requirements for the State Systemic Improvement Plan. This meant it was a time to revisit, re-examine, and refine the work that had taken place since August 2012.

Review of APR and 618 data needed a new process for sharing and analyzing the data with stakeholder groups. The presentation of data beginning in the fall of 2013 mirrored the experience of a family from the time they found their way to Early ACCESS through the time their child exited services. Stakeholders no longer reviewed data in numerical order of the OSEP indicators. The data review started with referral activities and data on the percent of children served (OSEP indicators 5 and 6). The process ended by examining reasons for exit and then analyzing Early Childhood Outcomes (indicator 3) data to see what impact had been made to improve the results for children served. This process covered all data reported to OSEP and helped stakeholders understand the flow of getting into and out of the early intervention system. Additionally, placing the data in the context of the family and child led to rich conversations that had not occurred in the past. State data were available for review as well as regional AEA data to allow for comparisons across programs within the state.

Review Results

Once again, results were predictable—compliance rates were high and only small variations from year to year were seen in improved outcomes for children. There was discussion that perhaps the stable yet low percentages of child outcome data was not an indication that services were not having a positive impact on the children. Stakeholders wanted to know how Iowa's ECO data compared to others. Additional analysis would follow at subsequent meetings.

Family outcomes, however, had taken a downward trend over the past two years. Of particular concern was the decrease in percent of families reporting that participating in Early ACCESS had assisted the family in helping their children develop and learn, which is critical to improving outcomes for the children. Data were at a high in 2011 when 97.29% of families reporting that early intervention helped them help their child develop and learn. That number had fallen to 84.91% in the current reporting period (July 1, 2013 to June 30, 2014). Changes in the survey instrument and method for collecting the information led to more reliable and valid data. Better quality data provided a more accurate picture of how early intervention helps

families know their rights, effectively communicate their children's needs, and help their children develop and learn. After lengthy discussion, it was concluded that the change in family outcomes data was related to changes in the survey and survey process and that the current data was an accurate reflection of how families perceived Early ACCESS helped them.

Both the Council and EA Leadership Group discussed the current professional development initiative [Iowa Distance Mentoring Model (IA-DMM) of Professional Development] and the impact it will eventually have on family outcome data. It would be a few more years before APR data would reflect a change in practice due to the process of training no more than 30 providers across the state per cohort/year. (See Component #4: Selection of Coherent Improvement Strategies for more details on IA-DMM which focuses on coaching caregivers in family-guided routines-based interventions.)

Stakeholders talked about evaluation processes that would provide additional data specific to the families participating in IA-DMM so impact could be measured. Collection of data measuring family change will begin in 2015. The evaluation information will be reported as part of the SSIP Phase 2 work submitted with the FFY 2014 APR due February 2016.

Review Process, Comparison to National & Regional Data

The Council and EA Leadership Group continued with a more focused data review beyond the annual fall event. Two additional sources of data were analyzed: (1) the Child Find Data Charts prepared by the IDEA Infant Toddler Coordinator Association (ITCA), and (2) the Child Outcome Data Quality Profiles provided by the Early Childhood Technical Assistance Center with additions from the North Central Regional Resource Center.

ITCA provided the data on the percentage of children served in IDEA Part C in each state separated by eligibility categories which were shared with the Council and EA Leadership Group. Iowa consistently served above the national average in eligibility category A³, which is the least restrictive of three categories.

Using the Child Outcome Data Quality Profiles provided by the Early Childhood Technical Assistance (ECTA) Center with additions from the North Central Regional Resource Center, both stakeholder groups compared state Early Childhood Outcome (ECO) data to national and regional data, across years, and by comparable eligibility criteria.

The Child Outcome Data Quality Profiles not only provided state comparison data, they also indicated if a state had data quality issues. To be considered quality, states had to report ECO data on at least 28% of all children who exited (Iowa reported 70%, which is all children

³ Category A: At Risk, Any Delay, Atypical Development, one standard deviation in one domain, 20% delay in two or more domains, 22% in two or more domains, 25% delay in one or more domains.

who received services for at least 6 months before exiting) and states had to be within expected data patterns (percentage of children who do not improve function is not greater than 10%; percentage of children who maintained functioning at a level comparable to same age peers is not greater than 65%). Review of the profiles by both stakeholder groups confirmed the ECTA findings that Iowa had quality data as defined by the two criteria. No concerns were reported by either group.

Review Results

The Council and EA Leadership Group found comparing Iowa's data to national and regional data and comparing to states that have similar eligibility criteria was a very meaningful process. Stakeholders had no concerns regarding the data presented by ITCA on the percentage of children served since Iowa consistently served above the national average for states with similar eligibility criteria.

Both stakeholder groups concluded that, when ECO data is compared to national and regional states, Iowa had lower result rates for children who substantially increased their rate of growth by the time they exited Early ACCESS and higher results for children who exited and were functioning within age expectations. It was also noted that this pattern was not unexpected for states that are in the least restrictive eligibility category. This analysis helped the stakeholders understand the data yet didn't provide compelling information about needing to improve the results for children. However, when again asked if the data were good enough, the unanimous response was "no" and that "Iowa could do better". It was this desire and commitment to do better that was driving change.

ECO Data by SSIP Child Outcomes Subgroup Analysis Template

The EA State Work Team went one step further with a focused analysis of the Early Childhood Outcome data by using the SSIP Child Outcomes Subgroup Analysis Template. The IDEA Part C research analyst from the Department of Education pulled data from the children's IFSP data system, verified data for accuracy, then prepared the Excel template using the following template tables which were emailed to the EA State Work Team members for analysis:

- Entry and Exit Rating/Score Distribution
- Eligibility Category (25% delay or known condition that has a high probability of causing delay)
- Length of Service
- Age at Entry to Program
- Race (7 categories)
- Gender
- Primary Language in the Home

Iowa is a non-categorical state which means children do not need a diagnosed disability category in order to receive IDEA services. Therefore Iowa does not assign disability categories to children and that part of the template was not used.

Review Results

Analysis revealed that the younger the child was at entry into Early ACCESS, the better the Early Childhood Outcomes (ECO) in all three ECO areas. This confirms that getting children into intervention early produces good results. Iowa uses seven categories for race data and found that children in non-white categories made better gains in “making significant progress,” yet were less likely to exit having caught up to same age peers. It was noted that some non-white categories have very few or no children represented. Girls were more likely to have higher rates of significant growth and exiting with same age peers. Children who had Spanish and Other as the primary language had better rates of making significant progress yet lower at exiting with same age peers.

Even though there were differences in some groups, the amount of difference was not significant. However, it was noted that this review process should be done annually and shared with larger stakeholder groups. Disaggregating even further by regions was discussed and the issue of having a small number of children (less than ten) in some areas would need to be dealt with for future reviews.

Additional Data Analysis: Services Data

Review Process

Deeper, focused data analysis took place as a result of information that came out during the strategic planning process as well as in subsequent discussions at EA Leadership Group meetings. There was an indication that children were receiving *individual* not *individualized* services due to large caseloads. In other words, children who needed more service time were getting the same amount of service time as children with less need because provider’s schedules were full. Data on the frequency and intensity for all services on all IFSPs for a twelve month period of time were reviewed. Frequency is the number of times an early interventionist provided the service per week, month or year. Intensity is the number of minutes provided at each visit or session. By looking at these pieces of data the stakeholders were able to see the quantity or amount of services delivered to children in Early ACCESS.

Frequency and intensity data were pulled from the web IFSP data system by the research analyst for all early intervention services for a 12 month period. Eighteen different types of services appeared in the data. The analyst verified the data for accuracy prior to releasing results. Charts and tables displayed four different statistics: the number of children receiving

each service; the mean or average minutes of intervention delivered at each session or visit; the median or middle number of minutes in a range of all minutes provided to all children; and, the sum or total minutes of services per month provided to all children. In order to support stakeholder analysis, a PowerPoint presentation shared definitions of terms and assist in reviewing the graphs and tables. To aid in the analysis process, documents were created called *Getting Familiar with the Data*, which were used at different points in the analysis process. Each document had four to six questions that required stakeholders to use the data charts and tables to find the answers to questions related to services.

The service data were first reviewed with a group of stakeholders called the State-level Implementation Team⁴. This group was formed to support Iowa's shift from teaching children to coaching caregivers in family-guided routines-based interventions. (More information about this stakeholder group can be found in Component #2: Analysis of State Infrastructure to Support Improvement and Build Capacity. More information on the shift in practice can be found in Component #4: Selection of Coherent Improvement Strategies.) Then it was shared and discussed with the Early ACCESS Leadership Group. The Iowa Council for Early ACCESS had discussions of the data based on results found by the other groups, but did not include the deep analysis. They were provided the charts, tables and data review questions to examine on their own outside the meeting time if they wanted to go more in-depth.

Review Results

Over the period of a day, the State-level Implementation Team reviewed data first in pairs then as a large group, methodically going through each set of data and questions. The EA Leadership Group reviewed the data over half a day at their regularly scheduled statewide meeting. The results of the in-depth look at services to individual children revealed the truth that services were provided, on average, one time per month for an hour. This confirmed the previous concerns brought up at the strategic planning session—children were not receiving individualized services but were getting, on average, the same amount of service regardless of need. Deeper analysis would be required to see whether any child with multiple needs was or wasn't receiving more intensive services. Looking at the numbers, averages and medians would not completely answer whether or not children received individualized services. However, it was very revealing and could lead to even deeper analysis in the future when specific children with significant needs could be identified for analysis.

⁴ State-level Implementation Team included 18 people from St. Ambrose University; Upper Iowa University; Head Start/Early Head Start; Area Education Agencies (AEA); MIECHV—Maternal, Infant, and Early Childhood Home Visiting; special education director for AEA; Early Childhood Iowa; Iowa Association for the Education of Young Children; Child Care Resource and Referral; Child Health Specialty Clinics; Department of Public Health; Department of Education; Department of Human Services.

Further discussion highlighted the fact that there were limited numbers of service providers, no funding to hire additional staff, and this was all complicated by the inability to bill families and generate revenue due to the restriction of being a *birth mandate state*. This means special education services are at no cost to the family beginning from the birth of their child (called *FAPE*: free, appropriate, public education which begins at birth in Iowa).

Data Quality

Since 2010, a statewide online IFSP data system has been used to collect data for IDEA Part C as well as to produce the Individualized Family Services Plan (IFSP) document for families and providers. Improvements and updates to the system happen regularly. Written policies and procedures for data collection and entry procedures exist statewide and regular governance meetings are held to support uniformity and accuracy. Processes are in place to ensure completeness and accuracy of data. Training and support for completing Early Childhood Outcome ratings is ongoing in order to ensure that the ECO data is reliable and valid. There is always room for improvement in the data collection system and concerns are addressed at regularly scheduled meetings with members from across the state who work with IFSPs and IEPs. A fulltime research analyst is appointed to IDEA Part C in order to provide support for pulling data from the system, validating that the data is accurate and complete, and then getting the data to users in formats that meet their needs. There were no major concerns about the quality of IDEA Part C data that would impact the State Systemic Improvement Plan.

Data Analysis Conclusions

Quantitative data analysis, the analysis of the numbers, came from looking at APR data in several different formats as well as early intervention services data. Qualitative data analysis involved working with large amounts of text information from the strategic planning processes. Stakeholder groups involved were the Iowa Council for Early ACCESS, Early ACCESS Leadership Group, State-level Implementation Team and the Early ACCESS State Work Team. Over eighty different stakeholders were involved including the Internal Core SSIP Team members who coordinated efforts for the IDEA Parts C, 619 and B SSIP. *These groups continue to meet and will be involved in all phases of SSIP development, implementation and evaluation.*

Findings about the limited amount of time children receive early intervention services was alarming and was further complicated by the fact that service providers rely primarily on child-focused interventions as opposed to coaching caregivers in family-guided routines-based interventions. Discussion revealed that many providers prefer child-focused interventions because that is what they were taught. This meant a month could go by between intervention services which seriously restricted opportunities for the child to learn and practice new skills. It was logical to think that this would have limited impact on the progress children made towards achieving their goals and outcomes. Adding in the fact that APR data indicated there was a

decreased percentage of families reporting that Early ACCESS helped them to help their child develop and learn, the evidence was unmistakable—child outcomes would not improve if children did not receive increased opportunities to learn and develop new skills.

It is well known in the early intervention field that building the caregiver’s ability to promote their child’s development within the context of their typical routines and activities is a way to positively impact a child’s development and learning (Campbell & Sawyer, 2007; Dunst, Hamby, Trivette, Raab, & Bruder, 2000; Woods, 2005). Routines that occur within natural environments for young children provide the most effective framework to support and sustain early intervention activities. Each routine includes many different activities. Each activity offers multiple learning opportunities to address specific developmental intervention strategies (Jennings, Hanline, & Woods, 2012). The example below is taken from Jennings, Hanline, and Woods (2012) and illustrates how the use of routines-based intervention increases the opportunities for learning:

The one hour per week of speech language therapy that Michael receives within a traditional model of intervention was compared to the 25 hours per week (5 hours x 5 days) that Miguel receives when specific speech-language intervention is embedded within routines of his early care and education center. By embedding intervention into his daily routines and activities, he increased the frequency of his language practice, which contributed to higher achievement of his targeted communication outcomes than had he received once-a-week outpatient therapy.

This example is of a child in a group setting such as a child care center. The same holds true if the child was at home with family members and the speech-language intervention was embedded into activities done at home throughout the day. The example compares one hour per week direct teaching to the child compared to 25 hours per week when the caregiver does the intervention throughout the day. In Iowa, many services are provided monthly, not weekly, so the impact of increased time by having caregivers embed activities into their everyday routines would be even greater.

A shift in practice from child-focused to coaching caregivers to use family-guided routines-based interventions was needed. By focusing on the caregiver’s competence and confidence to help their child develop and learn, opportunities for teaching and learning throughout the day would increase, which leads to improved outcomes for children. For this reason, the focus of the State Systemic Improvement Plan for Early ACCESS is increasing the caregiver’s ability to help their child develop and learn. (See Component #3: SIMR for more details.)

Component #2: Analysis of State Infrastructure to Support Improvement and Build Capacity

The Early Childhood Technical Assistance (ECTA) Center’s System Framework⁵ includes the following six components of an early intervention system: governance, finance, personnel/workforce, data system, accountability and quality improvement, and quality standards. These six components are referred to as the infrastructure needed to build a high-quality early intervention system. Analysis of the current infrastructure occurred with the Early ACCESS Signatory Agencies Leadership Group, EA Leadership Group, Regional Implementation Teams, State-level Implementation Team and EA State Work Team. This section describes the analysis processes used with each of these groups. After the descriptions of each analysis process, results are reported in the following sections: Current Strengths of the System, Extent the Systems are Coordinated Within and Across the State, Areas for Improvement, Current State-level Improvement Plans and Connection to Other Early Learning Initiatives.

Review Processes

Signatory Agencies Leadership Group Infrastructure Analysis

Iowa’s Infrastructure System

The Signatory Agencies Leadership Group includes administrators from the state Departments of Education, Public Health, Human Services and Child Health Specialty Clinics. These four state departments are named in Iowa Administrative Rules for Early ACCESS⁶ as the agencies “*that enter into an interagency agreement to formalize the joint commitments to the establishment and ongoing implementation and evaluation of a comprehensive, integrated, interagency Early ACCESS system [IA Rule 281—120.801(2)].*” In other words, these four organizations work as one group to make sure Iowa has an Early ACCESS system where multiple agencies and perspectives help to build, support and evaluate early intervention in the state. Every five years, the Signatory Agencies Leadership Group executes an interagency Memorandum of Agreement (MOA) that formalizes their commitment to create an infrastructure that supports the Early ACCESS system. In June 2013, a new five year agreement was signed covering the next five years (July 1, 2013 through June 30, 2018).

Iowa Administrative Rules for Early ACCESS and the interagency Memorandum of Agreement serve as legal documents to describe coordination within and across the state. Rules clearly outline responsibilities of the lead agency (Iowa Department of Education), other

⁵ For more information on the ECTA System Framework visit <http://ectacenter.org/sysframe/>.

⁶ <https://www.educateiowa.gov/documents/early-childhood/2014/10/iowas-early-access-rules-2012>

signatory agencies (Departments of Public Health and Human Services, Child Health Specialty Clinics), regional grantees (AEAs) and other community partners.

As part of the MOA renewal process, conversations occurred over several months between the Signatory Agencies Leadership Group and the EA State Work Team that focused on the EA infrastructure. Strengths and improvements to the infrastructure were discussed along with responsibilities and contributions each state organization would make to support the success of Early ACCESS. The EA State Work Team was then responsible for creating a MOA Action Plan to cover the next five years' activities related to carrying out the goals of the agreement. Many hours of EA State Work Team member's time were devoted to examining the MOA and determining how each of the ECTA System Framework components aligned with the various parts of the MOA agreement. Once the alignment was created, the action plan was taken back to the Signatory Agencies Leadership Group for further discussion. This back-and-forth process allowed for examination of all the infrastructure components.

EA Leadership Group Infrastructure Analysis, August 2012

The data analysis section of this report described the details of the strategic planning process that was used to generate a large amount of qualitative data from the EA Leadership Group. Although the process did not systematically address each individual infrastructure component, it did produce very useful information that directly relates to each infrastructure component. It was a methodical in-depth analysis process to address issues as they directly related to the agencies responsible for providing services. Data from the pre-strategic planning survey yielded results about several components of the system infrastructure that were both supportive and seen as barriers. Visualizing the future produced information about where the system needed to go. The Current Reality activity analyzed the strengths, weaknesses, benefits, and dangers of the system, which created a clear picture of how the system infrastructure supported or hindered providing services. The end of the first stage of the strategic planning resulted in key action areas where work was needed in order to have a high-quality early intervention system that supported positive outcomes for children and families. The nine key action areas represent needs for change in each of the **ECTA System Framework components**:

- **Data System**— Key action items 1: Web IFSP and Paperwork; and, 4: Quality Services and Data
- **Personnel/Workforce**—Key action items 2: Coaching, 7: Professional Development; and, 9: Service Delivery
- **Governance**—Key action items 3: Communication and Relationships; 6: Support and Leadership; 8: Advocacy; and, 9: Service Delivery
- **Accountability & Quality Improvement**— Key action items 4: Quality Services and Data; and, 5: Curriculum and Assessment
- **Quality Standards**—Key action items 4: Quality Services and Data; and, 5: Curriculum and Assessment

- **Finance**—Key action items 4: Quality Services and Data; 5: Curriculum and Assessment; and, 7: Professional Development.

Along with the analysis of the state infrastructure by the Signatory Agencies Leadership Group, EA Leadership Group and the EA State Work Team, in-depth infrastructure analysis was occurring regularly through implementation team structures at the local levels.

Regional Implementation Teams Infrastructure Analysis

In order to support early interventionists' use of evidence-based practices in the field, Regional Implementation Teams (RIT) were created in the summer of 2013. The RITs included stakeholders from the Area Education Agencies and other organizations interested in supporting early intervention services in their local regions. Ten RITs were developed, one for each AEA and one for Des Moines Public Schools. Membership size ranged from a five member team in the most rural region to fifteen member teams in two other regions. Members represented the following disciplines or agencies: early childhood special education teachers, home interventionists; speech and language pathologists; occupational therapists; physical therapists; autism consultant; social worker; deaf and hard of hearing consultant; service coordinators; family navigator with Child Health Specialty Clinics; early childhood discipline lead consultants; EA regional liaisons; EA regional coordinators; coordinator and department head for early childhood, occupational therapists, physical therapists and parent-educator connection; special education administrators; sector coordinators; regional administrators; information and technology consultants; media consultant; assistant professor, St. Ambrose University; Early Childhood Iowa regional director; and AEA professional development trainer.

The RITs help the Area Education Agencies and Des Moines Public Schools establish supportive environments and facilitate the implementation of evidence-based practices. When barriers in the system make it difficult or impossible to provide services, the RITs first try to deal with the issues and resolve them at the local level. However, when a barrier is identified that needs attention beyond the regional level, it is moved up to the State-level Implementation Team (SIT). The RITs have been instrumental in identifying weaknesses in the Early ACCESS infrastructure that must be addressed in order to successfully implement evidence-based practices statewide. Information from the regional levels are shared and discussed at statewide EA Leadership Group meetings. This process of reporting through the EA Leadership Group helps to give voice to the issue so the group can clarify concerns in order to ensure that the State-level Implementation Team understands the barriers. The EA Leadership Group meets approximately every other month. If a barrier is identified that cannot wait for a face-to-face meeting of the EA Leadership Group, the RITs have a communication plan that instructs them to contact either the Early ACCESS state coordinator or the consultant responsible for professional development so the information can move to the SIT.

State-level Implementation Team Infrastructure Analysis

The State-level Implementation Team (SIT) has the responsibility to deal with system-wide infrastructure issues that RITs indicate are barriers to successfully implementing evidence-based early intervention practices. The EA State Work Team serves as the core members of the SIT and are responsible for ensuring communication flows and actions are addressed. State-level Implementation Team information flows back to the RITs as barriers are addressed. Eventually this process will lead to policy and procedural changes that eliminate the barriers and facilitate practice implementation. The Regional Implementation Teams and State-level Implementation Team have started their second year of working together and have proven to be an essential addition to Iowa's ability to improve the Early ACCESS system. As the implementation team members gain experience in using the team processes, they will develop into indispensable groups needed to address infrastructure issues that are impeding the ability to have a high-quality early intervention system.

Early ACCESS State Work Team

The purpose of the EA State Work Team is to provide support and technical assistance to the Early ACCESS early intervention system. The six state staff from the four signatory agencies (Education, Public Health, Human Services, and Child Health Specialty Clinics) meet monthly as a full group, with many additional contacts between the regularly scheduled face-to-face meetings. Members of the team are also members of the EA Leadership Group and State-level Implementation Team and they attend the Signatory Agencies Leadership Group meetings. The EA State Work Team is responsible for taking information from the other groups and ensuring the work gets done. Members are involved in all aspects of work with the Early ACCESS system including data and infrastructure analysis processes.

Each of the groups involved in infrastructure analysis are stakeholders that continue to meet and work to improve the Early ACCESS system. The groups include a wide range of people who are directly and indirectly involved in the provision of early intervention services—service providers representing multiple disciplines, to administrators of state departments, to instructors at universities and many in between. Infrastructure analysis does not happen as an event that produces a single “to do” list. It is ongoing, dynamic and responsive to current needs while attending to the future.

Review Results from all Infrastructure Review Processes

Strengths and weaknesses were found in each component of the early intervention infrastructure through the various analysis processes. The following results of the analyses are reported as: (1) system strengths, (2) extent the systems are coordinated, (3) areas for

improvement, and (4) current state-level improvement plans and their connection to other early learning initiatives.

Current Strengths of the System

A notable strength is having multiple stakeholder groups who meet regularly (Iowa Council for Early ACCESS; Signatory Agencies Leadership Group; Early ACCESS Leadership Group; regional and state implementation teams) with a single smaller team (EA State Work Team) involved in all groups. This leadership and governance structure provides consistency and improves communication throughout the Early ACCESS system. Members of these groups have a clear desire and commitment to improving the system and delivering the best possible services to children and families. Without these organized groups and the strong commitment to families and children, the shift from compliance-focus to one that focuses on improved results for children and families would be very difficult, if not impossible.

Iowa has a strong foundation of interagency support for early intervention and is formalized through the Memorandum of Agreement (MOA) signed between the Departments of Education, Public Health, Human Services and Child Health Specialty Clinics. This agreement for how the agencies will support the entire early intervention system is translated into an MOA Action Plan which the EA State Work Team executes. As a result of the many hours of analyzing the infrastructure in order to develop the 2013-2018 MOA Action Plan, goals were created that directly relate to improving Early ACCESS. Goals of the action plan are:

- Goal 1:** Establish adequate financial resources to maintain and improve the Early ACCESS infrastructure and provide for anticipated growth of early intervention services.
- Goal 2:** Resolve child, family and system issues early and efficiently to benefit and support the infant or toddler and their family.
- Goal 3a:** Engage in administrative support and leadership opportunities that build relationships with stakeholders including private and public agencies and organizations.
- Goal 3b:** Engage in administrative support and leadership opportunities that maintain and improve the EA infrastructure including standardization and uniformity of services statewide; equitable distribution of resources; a child find system; a central point of contact and directory; and monitoring of EA system.
- Goal 4a:** Implement components of the statewide EA system in accordance to the Iowa Rules for Early ACCESS.

Goal 4b: Establish collaborative partnerships and build linkages to health care and social services delivery systems to increase effectiveness and efficiency of providing early intervention services and coordinating use of resources.

Goal 5: Ensure that Signatory Agency resources improve the health, well-being and early learning of infants and toddlers in partnership with families.

Goal 6: Develop and maintain an interagency Early ACCESS data management system.

Having this level of collaboration between multiple state agencies that resulted in action plans to support all components of the Early ACCESS infrastructure is a strength of Iowa's early intervention system.

During the strategic planning process, it was clear that statewide professional development was a necessary ingredient for changing the focus of Early ACCESS to improved results for children and families. Discussions revealed that there were pockets of work around the state where good professional development was happening which were disconnected from or loosely connected to other efforts. AEAs and signatory agencies were working hard at training staff; what was lacking was one comprehensive statewide effort to support the agencies in providing evidence-based early intervention practices. Based on these findings, Iowa took action to develop statewide professional development in this area. (See details on professional development changes in Component #4: Selection of Coherent Improvement Strategies.)

Early ACCESS is required by law to have a Comprehensive System of Personnel Development (CSPD) which aligns with the personnel/workforce component of the ECTA System Framework. Iowa has a fulltime consultant who is responsible for overseeing the development of Iowa's IDEA Part C CSPD. In addition, the state has invested financial resources in the CSPD over the past two years in order to provide statewide support for implementing evidence-based practices. During the MOA Action Planning process, several discussions served as reminders of how far Early ACCESS has come in regards to supporting the field in statewide professional development while also connecting to colleges and universities who provide coursework and practical experiences to the future workforce. This investment of resources has strengthened the Early ACCESS Comprehensive System of Personnel Development.

In addition to the statewide investment in professional development, individual AEAs, Des Moines Public Schools, and signatory agencies continue to invest their own PD dollars in additional training efforts that align with the statewide professional development work. Having these additional, local investments are another strength of the Early ACCESS system.

Using implementation science has made a big contribution to strengthening the Early ACCESS CSPD system. Using all five Active Implementation Frameworks⁷ (implementation teams, useable interventions, implementation drivers, implementation phases, and improvement cycles) has provided a formula for successful implementation of evidence-based practices. Having the regional and state-level teams are examples of one framework that has created a structure for dealing with barriers to implementation. This transcends any one component of the Early ACCESS infrastructure and deals with any barrier that service providers face as they change their practice.

In summary, infrastructure strengths that support the shift from procedural compliance to focusing on better results for children and families include: statewide and local stakeholder groups who are committed to change; five-year action plans that incorporate goals addressing all infrastructure components; investments in a Comprehensive System of Personnel Development that incorporates implementation science frameworks into current work for changing practice and ensuring implementation, scale up and sustainability statewide.

Extent the Systems are Coordinated Within and Across the State

The Early ACCESS system is a highly coordinated interagency system as illustrated by the makeup of the Signatory Agencies Leadership Group, Iowa Council for Early ACCESS, EA Leadership Group, Regional Implementation Teams, State-level Implementation Team, and the EA State Work Team. These teams represent people from all across Iowa from direct service providers to college professors who teach our future workforce. These connections between people translate to coordination of efforts within and across Iowa for all aspects of Early ACCESS.

Relationships are strong and the commitment to improving the lives of children and families is of utmost importance to stakeholders at all levels of leadership. Evidence of the strong relationships rests in the fact that attendance at meetings and participation in activities and events are continuously high.

Areas for Improvement

The highest priority for system improvement identified during strategic planning was the IFSP data system. This was confirmed during the MOA Action Plan infrastructure review as well. Two main issues around the system were of concern. First was the need to reduce the paperwork and data entry burden. Even with the online IFSP, there are too many processes

⁷ For more information on active implementation frameworks visit the Active Implementation (AI) Hub at <http://implementation.fpg.unc.edu/>. The AI Hub is developed and maintained by the [State Implementation and Scaling-up of Evidence-based Practices Center \(SISEP\)](#) and the [National Implementation Research Network \(NIRN\)](#) at The University of North Carolina at Chapel Hill's FPG Child Development Institute.

required. In addition, getting data out of the system in an efficient way was identified as a need. These two issues are not about data quality; they are about creating a data system that is user friendly and efficient.

The second priority that came from the planning and analysis process was simply labeled “*coaching*”. The details behind this single word identified several parts of the infrastructure that needed improvement and provided the main focus for selecting improvement strategies (See Component #4: Selection of Coherent Improvement Strategies for more details). The details from the analysis clearly identified the need for statewide professional development and, as one stakeholder expressed, looking at “*supporting staff in a shift in provision of service from that of a teaching model to coaching families model*”. EA Leadership Group members knew what the research said was evidence-based practice in early intervention. What they didn’t know was how to shift a whole system to do what is proven to work or how to deal with large caseloads when more time would be needed to work with families.

Providers come to early intervention with skills in teaching children, not working with the adults in the family or child care workers in a group setting. Improvement in the Early ACCESS system was needed to support a shift from teaching the child to evidenced-based early intervention strategies. Each AEA had their own professional development (PD) plans and worked independently with staff from their regions. In addition, PD efforts within the agencies didn’t always provide enough focused time on early intervention training needs. Most of the work of the AEAs supports the kindergarten through 12th grade school system and the PD efforts aligned better with that system than to early intervention provided to infants and toddlers in their natural environment.

Analysis indicated that improvement would be needed in both personnel/workforce development and leadership in order to address shifting practices statewide. Without support from administrators, statewide PD efforts would be very difficult. Interestingly, the third priority for change based on the strategic planning process was the key action area of “*communication and relationships*”. It was clear that by focusing on building an infrastructure to support coaching, other key action areas for change that were identified through strategic planning would also be addressed such as “*communication and relationships*” and “*support and leadership*”. When looking at statewide systems change, all components of the infrastructure need to work together in order to successfully change practice and improve outcomes for children and families. Beginning with a focus on personnel/workforce would lead to improvements in many parts of the Early ACCESS infrastructure because no single component would contribute solely to success.

Current State-level Improvement Plans and Other Early Learning Initiatives

One of the system strengths identified during the data and infrastructure analysis work was the fact that Early ACCESS staff are strong networkers and are well connected to each other and the larger early childhood community. There are four initiatives⁸ that are important to note their connection to EA and how the connection supports the shift to evidence-based practices: (1) Maternal, Infant and Early Childhood Home Visiting (MIECHV); (2) Early Childhood Comprehensive System of Personnel Development (EC CSPD) through intensive technical assistance from the OSEP supported Early Childhood Personnel Center (ECPC); (3) Early Childhood Iowa (ECI); and, (4) Iowa Children's Justice Initiative: The Iowa Children and Family Collaborative.

Maternal, Infant and Early Childhood Home Visiting (MIECHV)

Early ACCESS has contracted with vendors to maintain a website as a central point of contact for early intervention, as well as a central directory of resources and information about early intervention. This is all part of the comprehensive child find and public awareness processes that have been ongoing for many years. The central point of contact vendors operate phone lines for 1-888-IAKIDS1 so that families can connect to people who can help beyond the typical 8-5 work day and get referrals to the appropriate agency to take care of early intervention needs.

In 2013, Early ACCESS and MIECHV created a partnership to take the current EA online and phone support system and expand it to serve anyone looking for any type of support for their young children and family. It is now called the Iowa Family Support Network (iafamilysupportnetwork.org) and is a state-level coordinated intake system that connects families either to Early ACCESS or MIECHV home visitation programs as appropriate. By expanding the EA system, Iowa was able to create a single place for families, physicians, child care providers or anyone concerned about young children to find resources that meet their needs and referrals to appropriate agencies.

The state-level coordinated intake supports the early intervention system by having trained, qualified staff working with the callers to make appropriate referrals to either EA or MIECHV. The staff administer the Ages and Stages Questionnaires (ASQ) over the phone and work with the families to make sure they are connected to appropriate programs. Then they follow up with the families to make sure their needs have been met. This directly addresses the concern about high caseloads that the EA Leadership Group shared during the strategic planning process as well as during Regional Implementation Team meetings. The coordinated intake helps by making sure children and families who are best served by Early ACCESS connect with

⁸ Iowa does not have a Race to the Top, Early Learning Challenge Grant.

EA and the families best served by other home visitation family support programs connect with MIECHV programs or other appropriate programs in Iowa.

Early Childhood Comprehensive System of Personnel Development (EC CSPD)

The Early Childhood Personnel Center (ECPC) is funded by OSEP to facilitate, on a national basis, the implementation of integrated and comprehensive systems of personnel development (CSPD) in early childhood, for all personnel serving infants and young children with disabilities (<http://ecpcta.org/>). Iowa had been selected to receive intensive technical assistance (TA) from the ECPC beginning in 2013. Intensive TA is a strategic planning process within a state to develop an early childhood (birth to entering kindergarten) comprehensive system of personnel development (EC CSPD) with the following subcomponents: Leadership, Coordination, and Sustainability; State Personnel Standards; Preservice Personnel Development; Inservice Personnel Development; Recruitment and Retention; and Evaluation. The Early ACCESS state coordinator and Early ACCESS CSPD consultant have joined Early Childhood Special Education (ECSE) state consultants and Early Childhood Iowa PD staff in this work. The goal is to build Iowa's capacity to appropriately serve infants, toddlers and young children with disabilities and their families. By building this birth to age 5 system, the Early ACCESS system directly benefits. The infrastructure framework for EA birth to 3 and ECSE 3-5 is the ECTA System Framework personnel/workforce component. The Early ACCESS birth to age 3 CSPD system is folded into the larger, birth to age 5 system for a truly comprehensive early childhood CSPD.

Early Childhood Iowa (ECI)

Early Childhood Iowa (ECI) was founded on the premise that communities and state government can work together to improve the wellbeing of our youngest children. ECI's efforts unite agencies, organizations and community partners to speak with a shared voice to support, strengthen and meet the needs of all young children and families. The initiative is a confederation, or alliance, of stakeholders in Early Care, Health and Education systems that affect children prenatally to age 5 years in Iowa. Its purpose is to support the development and integration of an Early Care, Health and Education system for our state⁹. ECI is organized using the Early Childhood Systems Framework (often referred to as "the ovals") and depicts the intersection of critical early childhood system components, encircled by the core elements that support a comprehensive early childhood system¹⁰. This aligns with the ECTA Centers System Framework for building a high-quality early intervention system.

Early ACCESS state and regional staff are members of the ECI Stakeholders Alliance. In addition, the EA state coordinator and CSPD consultant serve on the ECI steering committee.

⁹ http://www.state.ia.us/earlychildhood/ECI_initiative/index.html

¹⁰ <http://buildinitiative.org/OurWork/EarlyChildhoodSystemsWorkingGroup.aspx>

The ECI Stakeholders Alliance, through its steering committee, is the appointed Governor’s Early Childhood Advisory Council in accordance with the Head Start Reauthorization Act of 2007. Thus, Early ACCESS is at the table in providing direct input and recommendations to the Governor and the general assembly.

A strong connection to ECI that directly relates to the Early ACCESS shift to using evidence-based practices is the fact that the EA CSPD consultant is co-chair for the professional development group of ECI. This means that professional development efforts that happen within the Early ACCESS system are shared statewide with other early childhood entities. Early ACCESS has had a positive impact on increasing other early childhood stakeholders’ knowledge about evidence-based early intervention practices as well as evidence-based professional development practices. This includes the use of implementation science to implement, scale up and sustain the practices. ECI provides a platform for increasing knowledge and skills around using evidence-based practices within the larger early care, health and education system.

Iowa Children’s Justice Initiative: The Iowa Children and Family Collaborative

Iowa's Children's Justice Initiative¹¹ is dedicated to improving the lives and future prospects of children who pass through Iowa's dependency courts. Collaboration among courts and others who have a stake in the foster care system is absolutely essential to accomplish far-reaching reforms. The Iowa Children and Family Collaborative of the Children’s Justice Initiative works to develop an informed system of care that promotes the identification and intervention for families affected by substance use and enhances families’ ability to ensure the healthiest outcome for their children. The Early ACCESS state coordinator has joined the leadership team for the Iowa Children and Family Collaborative of the Iowa Children’s Justice Initiative.

This initiative is focused on using evidenced-based interventions as early as possible when a child is identified as having been exposed prenatally to toxic drugs, alcohol, or tobacco. A strategic plan has been created for addressing the problem of substance use in pregnancy and its impact on long term developmental, learning, behavioral, and social emotional outcomes of affected children. Dr. Ira Chasnoff, pediatrician and president of Children's Research Triangle¹² and trainer for NTI Upstream¹³, facilitated the strategic planning process for the 30 member leadership team that includes: district court judges; retired judges; physicians (pediatricians, obstetrician, maternal fetal medicine); retired pediatrician; university professor; private health organizations, Department of Public Health; Department of Education-Early ACCESS; Integrated Health Home Program; Iowa Children’s Justice; Department of Human Services; Center for Alcohol and Drug Services; Mid-Iowa Family Therapy Clinic; Maternal, Infant and

¹¹ http://www.iowacourts.gov/Administration/Childrens_Justice/

¹² <http://www.childstudy.org/>

¹³ <http://www.ntiupstream.com/>

Early Childhood Home Visiting; Early Childhood Iowa; and Medicaid. Connection to this work strengthens the importance of using evidence-based interventions as early as possible and as often as possible to have the best impacts on children. This directly aligns with the shift in Early ACCESS practices.

Component #3: SIMR **State-identified Measureable Result**

State-identified Measureable Result (SIMR) for Iowa IDEA Part C: Increase in the percentage of families* that report Early ACCESS has helped them help their child develop and learn.

*This refers to families that are served by providers who participate in Iowa's Distance Mentoring Model of Professional Development. Cohorts of approximately 30 providers per year participate in this project. Because this is only a small part of the population served each year, state level APR data for indicator 4C will not show an immediate change. Data on the subgroup of families will be reported annually in indicator 11, the SSIP.

Federal guidelines and early intervention research indicate that infants and toddlers with disabilities learn best in natural environments with typical caregivers in the context of everyday routines and activities (Dunst, Hamby, Trivette, Raab & Bruder, 2000; Individuals with Disabilities Education Improvement Act, 2004). Early intervention supports and services aim to empower caregivers to support their child's learning and development by building upon caregivers' strengths and increasing opportunities for teaching and learning throughout the day. Despite the development of recommended practices to support the shift from child-focused intervention to family-centered services in natural environments in early intervention (Division for Early Childhood, 2014), discrepancies and varying interpretations exist between these guidelines and the actual provision of supports and services to families (Campbell & Sawyer, 2007; Peterson, Luze, Eshbaugh, Jeon, & Kantz, 2007). Evidence from data and infrastructure analysis confirmed this discrepancy exists in Iowa.

Stakeholder Involvement

The Early ACCESS system aims to align early intervention services and supports more closely with current recommended practices that have been shown to result in better outcomes for infants and toddlers with disabilities or developmental delays. Conversations with the EA Leadership Group and EA State Work Team during the strategic planning process and meetings that followed included many different views on what needed to happen in order for Early ACCESS to set a new course. One thing was clear from all the planning and analysis processes—for far too many years the message had been “we value what we measure” and what we measured was procedural compliance. A shift occurred during the strategic planning process to “we measure what we value” and there was an undeniable understanding by the EA

Leadership Group, Regional Implementation Teams, State-level Implementation Team, and EA State Work Team that partnering with families...building their capacity to help them strengthen their knowledge and skills...focusing on the caregiver-child relationship...treating families with dignity and respect...were highly valued. With the focus on families, Early ACCESS would be building skills and improving confidence in caregivers that would follow the child into all future settings. There was no question that stakeholders wanted better child outcomes. The route that the groups would take to arrive there was via families.

For this reason, the change efforts for Early ACCESS focused on building the competence and confidence of caregivers to embed interventions that are meaningful to the family into everyday routines and activities. This would create increased opportunities for teaching and learning that simply would not occur with the current practice of teaching the child. Ultimately families would see progress in their child's goals and outcomes. This would lead to an *increase in the percentage of families reporting that Early ACCESS has helped them help their child develop and learn*, a direct connection to OSEP indicator 4C.

Children are the reason;
families are the focus.

The focus would be on *all* families served in Early ACCESS and not a subgroup. However, the implementation process would be in phases so not all families and children would be impacted immediately. The implementation process would be statewide and implemented in cohorts of 30 services providers representing all areas of the state. (See Component #4: Selection of Coherent Improvement Strategies for more details.)

Component #4: Selection of Coherent Improvement Strategies

The August 2012 strategic plan report is titled “Early ACCESS: Building Strategies to Address the Needs of Iowa’s Families”. Much of the data and infrastructure analyses occurred prior to the required SSIP in order to find the appropriate strategies to support change in Iowa’s early intervention system. As the SSIP requirements began to crystalize, the opportunity for Iowa to revisit, re-examine and refine the previous plans presented itself.

OSEP-funded technical assistance centers were providing webinars and holding conference calls on the SSIP. Conferences shifted their focus to support states in data and infrastructure analysis as well as stakeholder engagement. The Early ACCESS State Work Team took advantage of these opportunities in order to aid in the review of our previous plans and begin a new process of using data more frequently to make decisions. In the end, the improvement strategies that had been identified by the EA Leadership Group and Iowa Council for Early ACCESS in late 2012 proved to be the right strategies to move towards measurable improvement in helping families to help their children develop and learn.

There is a great deal of early childhood, family support and special education expertise within the members of the EA Leadership Group, the Iowa Council for Early ACCESS and the EA State Work Team. Knowing what to do was not the problem; figuring out how to move a statewide system in a new direction was the challenge. Improvement strategies had to address multiple problems that had been identified.

Problems with practice, paperwork, communication and leadership were all issues that had risen to the top as most pressing. Providers were trained to teach the child and that is what they were doing. Families were not being empowered to help their children develop and learn. Progress in development of the web IFSP had been made; however, paperwork and the web system were still concerning to the service providers, supervisors and state staff. Relationships with administrators needed to be improved. Being recognized and valued as part of the education system was important yet missing.

There was a concern expressed for lack of direction and strategies for Early ACCESS, which the strategic planning process addressed. This was timely as Results Driven Accountability and the SSIP were on the horizon. After getting the Iowa Council for Early ACCESS input and approval, the EA State Work Team took the strategic planning report, reviewed it at length and then took it back to the EA Leadership Group to start the change process. The EA Leadership Group and EA State Work Team took on the task of identifying strategies to address the problems.

Coaching Families—New Instructional Practices

Analysis clearly identified that instructional practices in Early ACCESS were child-focused—directly teaching the child was the norm. In order to improve instructional practices, the EA Leadership Group identified the desire to focus on coaching families in family-guided routines-based interventions. The 2014 revision of the Division for Early Childhood (DEC) Recommended Practices for Early Intervention and Early Childhood Special Education supports coaching as a recommended practice. (Recommended instructional practice #13: Practitioners use coaching or consultation strategies with primary caregivers or other adults to facilitate positive adult-child interactions and instruction intentionally designed to promote child learning and development.) The DEC Recommended Practices are based on the best-available empirical evidence, as well as the wisdom and experience of the field. The Workgroup on Principles and Practices in Natural Environments (2008) also supports coaching. Principle 3 states, “The primary role of the service provider in early intervention is to work with and support the family members and caregivers in a child’s life.” The National Early Childhood Technical Assistance Center, Early Childhood Outcome Center and Regional Resource Center Program collaboratively developed the document, “Relationship of Quality Practices to Children and Family Outcomes Measurement Results” (2012) that lists several key practices related to

coaching caregivers and family-guided routines-based practices that have direct impacts on child and family outcomes.

Shifting instructional practice away from teaching the child to using evidence-based practices where the focus is on the caregiver, would become *the first improvement strategy* for Early ACCESS. Through coaching caregivers in family-guided routines-based interventions, there will be an increase in the competence and confidence of caregivers which will lead to an increase in the percentage of families reporting that Early ACCESS helped them to help their children develop and learn.

Implementation Science—New Implementation Practices

If change was to happen statewide, this would require significant dedication to using evidence-based implementation processes in addition to the professional development plans to use evidence-based practices. Implementation science has contributed greatly to the ability to take an evidence-based practice and ensure statewide implementation, scale up and sustainability. The EA State Work Team along with the IDEA Part C research analyst were involved in the decision to *incorporate implementation science into the plan to improve Early ACCESS in order to develop the capacity to make effective, statewide, and sustained use of evidence-based practices*. This would be the *second improvement strategy* for Early ACCESS. Through using Active Implementation Frameworks, there will be increased and sustained statewide use of evidence-based early intervention practices.

ECTA System Framework—New High Quality System

There was one more essential ingredient required in order to have a formula for success—a high-quality infrastructure that will encourage and support implementation of evidence-based practices. The ECTA System Framework is organized in six component areas, but they were viewed holistically across all areas. All stakeholder groups had input to infrastructure analysis and identified important improvements that were needed with a priority on the data system, communication and leadership. The Signatory Agencies Leadership Group with the EA State Work Team built a plan to make sure all parts of the system would get attention including data system and governance which directly address key action areas for improvement. *The third improvement strategy is to use the ECTA System Framework self-assessment processes in order to develop a high-quality Early ACCESS system that would encourage, support and require implementation of evidence-based practices*. Through using the ECTA System Framework self-assessment, there will be an increase in the quality of the IDEA Part C system.

The SSIP Phase 1 activities focused on defining the problem, finding the cause and selecting what to do about the problem. SSIP Phase 2 activities involve infrastructure

development, supporting early intervention programs in implementing evidence-based practices, and evaluation plan development. Iowa moved from focusing on compliance to focusing on child and family results prior to the SSIP requirement. Implementation is underway and details will be reported in the SSIP Phase 2 in the FFY 2014 Annual Performance Report due to OSEP in February 2016. However, it is important to note that data and infrastructure analysis is an ongoing process and not just a phase 1 activity. The benefit of using Active Implementation Frameworks is that programs will always be using data to make decisions and have teams in place to deal with barriers to successful implementation. The following SSIP Phase 2 activities are under way.

Coaching Families—Distance Mentoring Model of Professional Development

Coaching families was the second highest key action item to be addressed based on the strategic planning process (paperwork/data system was first). The EA Leadership Group used the ToP[®] facilitation 180 day implementation planning process to establish implementation steps. As the groups worked through the plan, a Request for Proposal (RFP) was solicited by the Iowa Department of Education to get expert help in changing early intervention practice. In April 2013, Florida State University was awarded a five year contract to bring their Distance Mentoring Model (DMM)¹⁴ of professional development to Iowa. Iowa DMM¹⁵ (IA-DMM) has the following features that help to ensure change in practice that leads to change in child and family outcomes:

1. Includes a comprehensive family-centered model of early intervention service delivery designed to support Early ACCESS providers' use of embedded intervention strategies in everyday family activities
2. Use of evidence-based adult learning strategies including caregiver coaching
3. Use of evidence-based professional development practices (i.e., time and ability to practice, reflection, problem-solving, immediate performance feedback)
4. Incorporates the use of video recordings and distance mentoring through the use of technology
5. Use of implementation science frameworks (implementation teams; evidence-based, usable interventions; implementation drivers; implementation phases; and improvement cycles) to ensure implementation, scale up and sustainability

ECTA Framework Self-Assessments

Action steps within the interagency Memorandum of Agreement action plan include completing the ECTA System Framework self-assessments for each component with the goal of building a high quality system as defined by the framework, “A state that has fully implemented

¹⁴ <http://dmm.cci.fsu.edu/>

¹⁵ <http://dmm.cci.fsu.edu/IADMM/index.html>

all quality indicator elements within all subcomponents has a high-quality system". Key stakeholder groups are included in the five-year MOA Action Plan as active participants in learning about and using the ECTA System Framework which included the Signatory Agencies Leadership Group, Iowa Council for Early ACCESS, EA Leadership Group and the EA State Work Team. The purpose is to ensure that all stakeholders understand what a high-quality system is and, more importantly, that everyone is working together to support the use of evidence-based early intervention practices so that infants and toddlers served in Early ACCESS and their families have the best possible outcomes. The personnel/workforce component is already being used as the framework for developing the Early Childhood Comprehensive System of Personnel Development plan with the ECPC intensive TA project that is well underway.

Paperwork and Web IFSP

Addressing the paperwork and data system issues was a top priority and the EA Leadership Group used the ToP[®] facilitation 180 day implementation planning process to establish implementation steps. The EA Leadership Group and State Work Team set a goal to reduce paperwork and plan for modifications to the web IFSP by 2016. Implementation steps were identified along with who was responsible and when steps would be done. To date, this goal continues to be addressed with EA State Work Team and AEA staff participating on Department of Education task teams related to designing a new IFSP and IEP web data system that connects to a general education data system. Steps for reducing paperwork and having a user friendly system are included in the discussions. A SWOT analysis, focus groups and individual interviews have been used to make sure stakeholder input guides the development process.

Communication and Relationships

Using implementation science and the Active Implementation Frameworks as an improvement strategy to change instructional practice has the added benefit of helping the Early ACCESS system address other problem areas identified throughout the analysis process. Communication and relationships with administrators and other leadership was the third ranking key action area to be addressed. Through the IA-DMM initiative, efforts to build better relationships and communication have begun to be established. Each AEA had an administrator sign an agreement to commit resources to the IA-DMM work before the agency participated. A video explaining the initiative was created specifically for administrators that ended with asking them to sign the agreement to participate. A letter was also sent and regional Early ACCESS liaisons made personal contact with each administrator who was asked to make this commitment.

Since that time, administrators have joined some of the Regional Implementation Teams and an AEA director of special education serves on the State-level Implementation Team. Data showing change in service providers' practices was reported after the first year of IA-DMM and

the second year data will be presented soon. A special education director from one AEA serves on the EA Leadership Group as a liaison to the rest of the state’s AEA special education directors. Early ACCESS updates are written to the Council for each of their meetings and are then shared with the EA Leadership Group, Dept. of Education administrators and the AEA special education directors. Early ACCESS has recently started a biweekly “Wednesday Wonders” brief that highlights key items about local, state and federal information that impacts early intervention. Even with all of these state-level efforts to help build communication and relationships, this remains an area for needed development. There will be ongoing efforts to improve communication and relationships among all levels of stakeholders involved in Early ACCESS in order to support the shift to evidence-based practices so that children and families achieve better results.

Component #5: Theory of Action

Early ACCESS Theory of Action

Vision: Every infant and toddler with or at risk for a developmental delay and their families will be supported and included in their communities so that the children will be healthy and successful.

Strands of Action	If Early ACCESS	Then	Then	Then
Practice	...uses coaching caregivers in family-guided, routines-based interventions	...Iowa will have high quality early intervention content and practices	...Iowa will have confident and competent caregivers; increased opportunities for teaching and learning throughout the day; and a state infrastructure to support and sustain evidence-based early intervention services	...Infants and toddlers served in Early ACCESS will receive individualized services in natural settings and demonstrate improved functional outcomes
Personnel Development	...uses evidenced-based active implementation frameworks ¹	...Iowa will have highly skilled early intervention staff		
Infrastructure	...fully implements all of the ECTA System Framework ² quality indicator elements and has all the subcomponents in place	...Iowa will have a high quality IDEA Part C system		

¹ For more information on active implementation frameworks visit the Active Implementation (AI) Hub at <http://implementation.fpg.unc.edu/>. The AI Hub is developed and maintained by the [State Implementation and Scaling-up of Evidence-based Practices Center \(SISEP\)](#) and the [National Implementation Research Network \(NIRN\)](#) at The University of North Carolina at Chapel Hill's FPG Child Development Institute.

² ECTA System Framework components include the following 6 components: Governance; Finance; Personnel/Workforce; Data System; Accountability and Quality Improvement; and Quality Standards. For more information on the ECTA System Framework visit <http://ectacenter.org/sysframe/>.

Stakeholder Involvement

The Early ACCESS Theory of Action was originally developed in 2012 as a result of the Technology of Participation® strategic planning activities and preparation for a State Personnel Development Grant (SPDG) application. The EA Leadership Group and the EA State Work Team were involved in this work. The SPDG was not funded in 2012; however, funding for the birth-to-three portion was made available from other sources which led to the possibility of putting out the Request for Proposal to help Early ACCESS shift to using evidence-based instructional practices. The Theory of Action evolved from the process of beginning with the end in mind and then working backwards to define the problems that existed and then determine what would be done to address the problems. As part of the SSIP Phase 1 work, the Theory of Action was updated by the EA State Work Team to include the infrastructure component that was missing from the original Theory of Action. This was then shared with the EA Leadership Group and the Iowa Council for Early ACCESS before submitting as part of the State Systemic Improvement Plan.

Component #6: Baseline and Targets

Baseline Data

FFY	2013
Data	85%

FFY 2013 – FFY 2018 Targets

FFY	2014	2015	2016	2017	2018
Target	87	89	91	93	93

Stakeholder Involvement

Each year, the Iowa Council for Early ACCESS and Early ACCESS Leadership Group review APR data. New targets were set last fall for all results indicators for the next reporting period (FFY 2013 through FFY 2018). The target for Indicator 4C has been set to remain at 93% for each year in the new period.

There was lengthy conversation about this indicator because of changes in the family survey instrument and methodology for administering the survey that now gives us a better picture of family outcomes. The current performance for indicator 4C (percentage of families that report Early ACCESS helps them help their child develop and learn) is 85% which was below the current FFY 2012 target of 93%. It was a unanimous decision to leave the target at the 93% level for indicator 4C knowing that it would take some time to achieve change based on the strategies selected to improve practice. ***Baseline for the State-identified Measureable Result (SIMR) was set at the current performance level of 85%.***

The State-identified Measureable Result (SIMR) data will be measuring only a portion of the families and not the full population that is reported for indicator 4C in the Annual Performance Report. This is because the professional development initiative, IA-DMM, is implemented in cohorts of 30 service providers per year. For the SIMR, we will be measuring change in just those families working with providers in the IA-DMM professional development initiative. Therefore, the targets for the SIMR start at the current 85% for baseline and gradually increase until the percentage reaches the state target that is set for the APR indicator 4C (93%) for all families.

The survey process for collection of SIMR data will involve a retrospective post-then-pre survey instrument that is administered after a minimum of nine months in Early ACCESS. Families will be asked the same questions that are used on the Early Childhood Outcome Center's revised family survey that is currently used to measure indicator 4C. However, families will be asked to provide two responses for each statement listed on the survey. First, they respond with an answer that reflects their viewpoint now, meaning since their early interventionists have been coaching them in family-guided routines-based interventions. Then, they select a response that reflects how they were before they received the early intervention services. The theory behind this design is that by testing what participants believe about program content after program completion, their standard of assessing the changes in knowledge, skills or attitudes is consistent, and thus, not subject to a response shift bias (Rockwell & Kohn 1989; Davis 2003). In other words, families are better able to judge what they didn't know before the training once they have actually participated in a program. Both sets of data (how families answered "now" or after the training and how families retrospectively answered how they were before the training) will be discussed in the SSIP indicator C11 each year. However, it is the responses related to after the training that are compared to the targets. Additional data will be collected in order to have multiple sources of information to assist in program evaluation. Further evaluation details will be reported in the SSIP Phase 2 section of the FFY 2014 APR.

A change in children's outcomes should have a direct relationship to the change in family outcomes and the expectation is to witness that data change when the new evidence-based instructional practices are implemented statewide. By focusing on the caregiver's abilities to

work with their child during everyday routines and activities, child outcomes will improve. Iowa IDEA Part C will focus on the direct agent of change—the family.

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