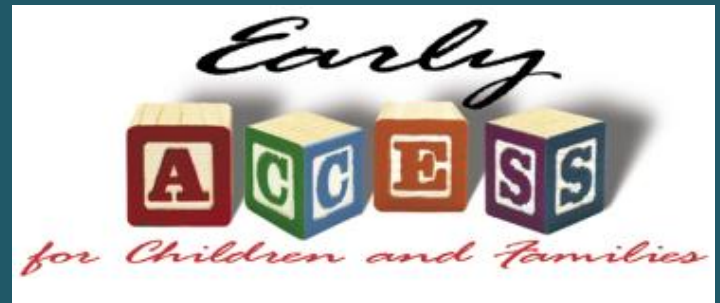


Early ACCESS

Governor's Report January 2012



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

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

Early ACCESS Fast Facts

The Early ACCESS interagency system has met federal requirements the last five consecutive years; general supervision and finance areas met compliance with federal on-site verification visit.

Annual state appropriation needed to meet maintenance of effort requirements for the federal grant award.

Infants and toddlers receiving services, provided by AEAs and partnering agencies, increased from 2,932 to 3,607; system is at capacity with no proportionate increase of federal or state funds.

Although temporary, supplemental ARRA funding for projects enhanced many components of the Early ACCESS system, see insert.

The Iowa Council for Early ACCESS

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

Julie Hahn, Chair
Iowa Council for Early ACCESS
Early ACCESS Iowa referral: (1-888-425-4371)



**Tyler's progress
is attributed to
Early ACCESS!**

--Tyler's Mom

We did not realize Tyler had any medical concerns at birth. Around 6 weeks of age, we took Tyler to the doctor for some vomiting and it was noted that his head size had increased drastically from birth. This began our family's journey with Tyler's rare type of Hydrocephalus. At first, because of the location of the fluid, doctors were hopeful it would take care of itself. Around 10 months of age it became apparent this would not be the case. A shunt was placed and then revised a few months later.

Tyler's large head size made it difficult for him to do simple things such as lifting his head while laying on his stomach. Early ACCESS came out from the very beginning and worked weekly with Tyler to help him overcome the weight of his head to play with toys, interact with us, and eventually be able to move. Tyler is a very strong willed little boy and from the very beginning made it known he did not want to be forced to do anything he did not want to, but the staff was patient and kind with him and helped him eventually learn to love movement. Because of their hard work, Tyler is now blowing them away with his progress and is expected to walk in a few short months! He has also managed to

stay within normal limits in all other areas of development despite his motor delays. We attribute much of this to Early ACCESS!

Iowa's Interagency Collaborative System is Comprised of Four Signatory Agencies

- Iowa Department of Education, Lead Agency
Regional Grantees: Area Education Agencies
- Iowa Department of Public Health
- Child Health Specialty Clinics
- Iowa Department of Human Services

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

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

Department of Public Health

Infants and toddlers with high lead levels referred to minimize developmental delays

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

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

IDPH Identifies Infants and Toddlers with High Lead Exposure

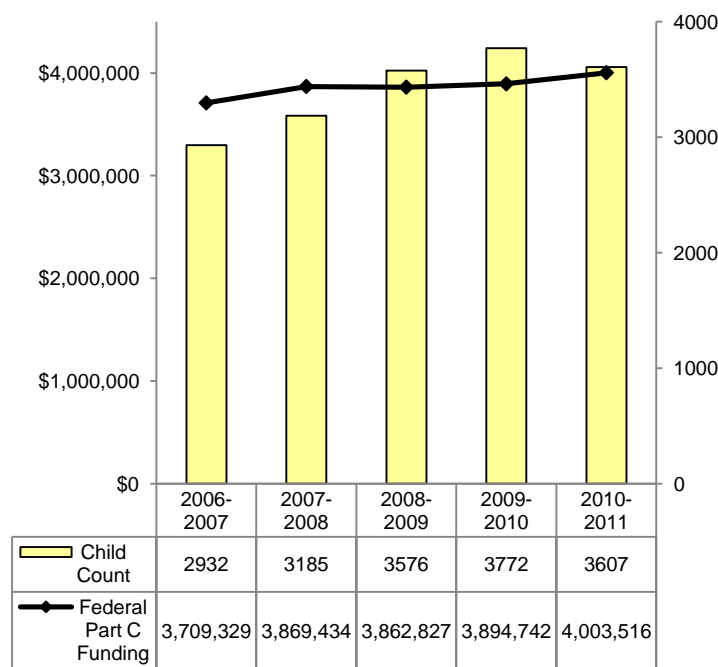
| Type of Service | 2007-2008 | 2008-2009 | 2009-2010 | 2010-2011 |
|-----------------------|-----------|-----------|-----------|-----------|
| New Referrals | 55 | 56 | 70 | 49 |
| Intervention Services | 36 | 31 | 34 | 27 |

Note. Those children with more severe developmental delays are referred for further instructional and support services provided by the Area Education Agencies.

Department of Education

Increased number of infants and toddlers receive early intervention services by AEAs and Signatory Agencies

The Early ACCESS system is supported by both federal and state appropriated funds. The number of children served by Early ACCESS (AEAs and signatory agencies) has shown an upward trend in 4 of the past 5 years. During the same period, federal funding for Early ACCESS has not significantly increased (see chart below). The ICEA is concerned that if this trend continues, children and families will not receive needed early intervention services that result in school-ready outcomes. Maintaining state funding is critical for these children and families as well as for federal Maintenance of Effort (MOE) requirements.



Child Health Specialty Clinics

Assuring health and nutrition

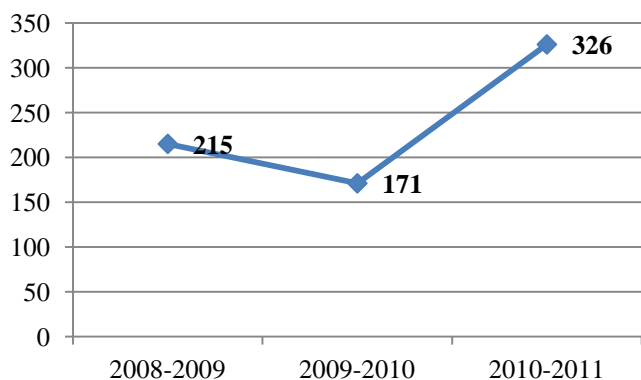
Child Health Specialty Clinics (CHSC), Iowa's Title V program for children and youth with special health care needs, provides support to the Early ACCESS system through its four core functions:

- family support;
- care coordination;
- clinical services; and
- systems building.

Child Health Specialty Clinics, *continued.*

Through the use of Early ACCESS state funds, CHSC provides service coordination mainly for children who are born premature, drug exposed, and those who are medically complex. In EA, family support and care coordination are provided by CHSC Family Navigators who have received specialized training in EA Service Coordination. The EA Service Coordinators help the family find community resources and services to help their child grow and develop and provide leadership to the Individualized Family Service Plan team. Early ACCESS Nutrition assessments and services, also funded by EA state dollars, are provided by CHSC Registered Dietitians primarily through telehealth. The use of the Parent Nutrition/Feeding Questionnaire (PEACH) screening tool to identify children who may need nutrition services on their Individualized Family Service Plan (IFSP) increased 52% in the past fiscal year.

Increased Use of At-Risk Nutrition Screening Tool



worker and a home visitor through an Early Childhood Iowa program. During the CHSC visit with the ARNP Josie’s parents and grandparents were concerned that she was not developing like other kids her age. Growth parameters were not appropriate as her weight for height was at 95%. She was so overweight her wrists could not bend and she drank from a bottle during the entire visit. The ARNP recommended Early ACCESS to Josie’s family and the CHSC Service Coordinator (SC) completed an evaluation of her development. It was determined that Josie had delays in four of five areas of development. The SC made a referral to the Area Education Agency where Josie began receiving services of physical therapy, occupational therapy, early childhood special education and eventually speech-language therapy. Another referral was made to the Early Head Start program. EHS’s home based teacher went into the home weekly to offer support to the family.

A referral to a hospital feeding clinic was set up to help the parents and grandparents begin to address her feeding differences because Josie did not have the ability to determine when she was full. Her family learned about nutritional “pacing”. She currently receives nutrition services through telehealth at the CHSC office.



Shortly after beginning all of these services, her grandparents became legal guardians of Josie and her sister. They worked diligently with all of the service providers, assisted with writing the Individualized Family Service Plan (IFSP) outcomes, and provided a warm, loving and stable family environment.

At 24 months Josie is a student in the EHS classroom and still continues to be monitored for growth and development by CHSC and the AEA service providers. One by one, her goals are being met.

Cathy, the girls’ grandmother and guardian says, “Early ACCESS has been life changing for both girls, without it I wouldn’t have known who to turn to for all the help they needed. I cannot imagine sending Josie off to school without the progress she has made so far. She is more



**Early ACCESS,
Life Changing
For Both Girls!**

--Grandmother/
Guardian

Josie, now 2 years old, was referred to Child Health Specialty Clinics (CHSC) by the Department of Human Services (DHS) at the age of 6 months for developmental problems, along with her older sister. The girls had been drug and alcohol exposed in utero and their parents were both having personal problems. They had a CASA

engaged in life. She is proud of herself and I am so proud and happy for her. The people on her IFSP Team have been a huge educational and emotional support for me.”

Department of Human Services

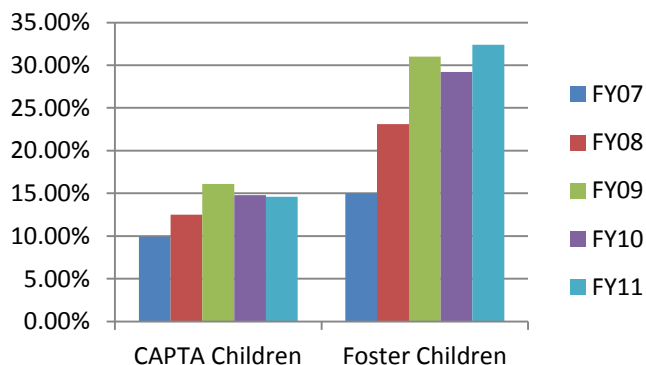
Increased intervention for children of child abuse and foster care

Early childhood research tells us that separation from a primary caregiver can be very traumatic and put the child at increased risk of developmental delay in the future (Shonkoff & Phillips, 2000).

The primary responsibility of the Iowa Department of Human Services (DHS) is to protect children from harm.

- In SFY11, over 25% of the children in Iowa with substantiated cases of abuse or neglect were under the age of three
- The Child Abuse Prevention and Treatment Act (CAPTA) require DHS to identify and refer children to Early ACCESS who can benefit from early intervention services.
- Early ACCESS has determined that children below the age of three who are placed in foster care are automatically eligible for early intervention services.

The chart below shows the trends for both CAPTA and foster children on IFSPs for the past five years.



The Power of Early ACCESS

Early intervention works!

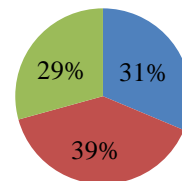
One of the many reasons to support Early ACCESS is to decrease the likelihood of a child needing Special Education services in the future. We know that science tells us that a newborn’s brain develops dramatically in the first three years of life. Providing planned and thoughtful interventions during this critical time can

reduce the need for more intense programming in the future.

The Power of Early ACCESS, continued.

Early ACCESS exit data, as shown in the following chart, indicates that 1,036 children who exited Early ACCESS in 2009-2010 were determined as no longer needing early intervention or Special Education services.

Early ACCESS Exit Data



- No need for continued Early Intervention or Special Education Services (n=1036)
- Eligible for Special Education Services (n=1301)
- Exited for Other Reasons (n=967)

Exiting Thoughts: Meet Matt!

Matt is a 6-year old in Kindergarten who benefited from both Early ACCESS and Early Childhood Special Education Services. With a diagnosis of Soto’s Syndrome, Matt’s family was told by physicians that often those with Matt’s diagnosis are not identified until they are school-aged and significantly delayed. Matt’s story is marked with successful early identification of needs coupled with thoughtful intervention planning.

After only one quarter of Special Education Resource services in Kindergarten, Matt’s family is thrilled to say that he no longer needs special instruction or classroom supports for his academic needs. Matt only requires the special instruction of a Speech-Language Pathologist. **Matt’s family is confident that if it wasn’t for Early ACCESS, he wouldn’t be where he is at today.**





**Iowa's IDEA Part C
American Recovery and Reinvestment Act (ARRA)
Executive Report
December 2011**

Iowa was granted \$4,568,504 ARRA funds to support the Early ACCESS system of early intervention services (IDEA, Part C) between April 2009 through September 2011. Early ACCESS (EA) is administered by the Iowa Department of Education who serves as the Lead Agency of this interagency system for infants and toddlers at-risk or with developmental delays and their families. The following partnering agencies invested ARRA funds to create jobs and improve Iowa child and family outcomes:

- Iowa Department of Education (DE)
Regional Grantees of the Early ACCESS system: Area Education Agencies (AEAs)
- Child Health Specialty Clinics (CHSC)
- Iowa Department of Human Services (DHS)
- Iowa Department of Public Health (IDPH)

This Executive Report provides information according to the four principles of the ARRA Act.

I. Spend funds quickly to save and create jobs.

In total, 30 FTE jobs were created for service coordination, early intervention services and project management. ARRA funds were used to fund more FTEs for the increased number of children served by Iowa Regional Grantees (child count has doubled in last seven years). Regional Grantees (AEAs) used the funds to hire or contract for additional Service Coordination, Special Instruction teacher positions and extended contract days for Part C practitioners. CHSC increased their capacity to provide service coordination and nutrition services.

II. Improve outcomes for children and their families through improvement and reform.

ARRA funds were used to impact system outcomes by funding of studies and review of research.

- An impact study was conducted about the effects of environmental toxins on neurocognitive development of infants/toddlers providing implications for who may need Early ACCESS services [CHSC].
- A literature review was provided of social determinants of health and recommendations provided for EA policy considerations [CHSC].
- Questions to the Iowa Child and Family Household Survey were added to learn more about the developmental and social-emotional needs specific to Iowa families with infants and toddlers [CHSC and IDPH].
- A pilot study of diagnostic hearing evaluation using telehealth technologies was conducted to learn feasibility of hearing diagnosis from remote locations [CHSC].

III. Invest in one-time ARRA funds thoughtfully to minimize the "funding cliff" when ARRA funds are no longer available.

ARRA funds were invested in strategies to improve the system of services and to meet short term funding. Many of these funds focused on professional development and system improvements that were prior identified needs. For example, the funds provided much needed resources to implement five goal areas in the Signatory Agencies' five-year memorandum of agreement and strategic plan. Highlighted initiatives of the funded entities are featured below.

Professional Development

- Screening, evaluation and assessment tools and curriculums (and subsequent training) appropriate for use by early intervention referral sources and providers were provided. Screening tools were provided in English and Spanish [All EA partners].
- Infant-toddler literacy projects were completed with physician practices and Early Childhood Iowa partners to increase family access to books and literacy skills in family homes [DE and CHSC].
- An online course was developed to train Early ACCESS providers in the use of a diagnostic evaluation tool from which eligibility of a child could be determined [IDPH].
- Statewide training was completed to build capacity of providers to identify children early of suspected autism spectrum disorder. Training required additional reliability testing of providers in order to administer this evidenced-based screening tool with technical adequacy [CHSC and DE].
- Year-long professional development for EA Leadership was provided regarding evidence-based practices in early intervention. The initiative included curriculums and assessments, coaching, using technology in professional development and using data to make decisions about child and program outcomes [DE and all EA partners].
- Enhanced workforce development of potential referral sources and early intervention providers through support to T.E.A.C.H. [DE].

System Improvements

- Early Hearing Detection and Intervention (EHDI) system projects included: 1) evaluation of the EHDI system; 2) data sharing with Early ACCESS to determine performance on 1-3-6 month goal for early identification of infants with hearing loss; 3) efficiency improvements to the EHDI data system; and 4) increased follow up to newborns that did not have their initial or follow up hearing screening [IDPH].
- Technology to improve connections with families, efficiencies of data collection for EA service coordinators, identification of newborns with hearing loss and access to hearing aid loaners [AEAs, CHSC and IDPH].
- Additional supports to the 1st Five initiative that assists medical practices in implementing recommended developmental and mental health surveillance and screening tools [IDPH].
- Pilots and feasibility studies were conducted to build system capacity within DHS, AEAs and CHSC for effective service coordination of infants and toddlers in foster care and their families [DHS and CHSC].
- Development of a blueprint for training Iowa providers in early childhood mental health [DHS].
- Critical health review services and a study was conducted to improve consistency of quality health assessments of children referred to EA [CHSC].

IV. Ensure transparency, reporting and accountability.

The Iowa Department of Education posted ARRA information on a designated website page to inform the public of ARRA technical assistance and activities: http://educateiowa.gov/index.php?option=com_content&view=article&id=1731&Itemid=3009.

The Governor's Office coordinated all Iowa ARRA funds (<http://www.iowa.gov/recovery/>) and reported required data on the federal website, www.recovery.gov.

The Department of Education, as Lead Agency, attended many technical assistance activities and fulfilled all federal reporting requirements. Iowa was chosen as a sample state to participate in ARRA monitoring; all reporting requirements were met. All IDEA Part C ARRA funds were expended.