

IA Part C

FFY2013 State Performance Plan / Annual Performance Report

Introduction to the State Performance Plan (SPP)/Annual Performance Report (APR)

General Supervision System:

The systems that are in place to ensure that IDEA Part C requirements are met, e.g., monitoring systems, dispute resolution systems.

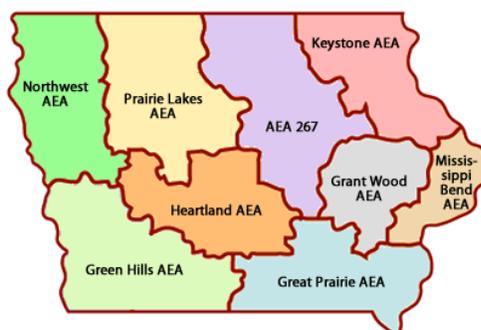
The Early ACCESS Infrastructure

In Iowa, the system that implements the Individuals with Disabilities Education Act (IDEA 2004) Part C is referred to as Early ACCESS and is a collaborative system of four state agencies. The four agencies, known as the signatory agencies, are the Iowa Department of Education, Iowa Department of Public Health, Iowa Department of Human Services, and the University of Iowa Child Health Specialty Clinics. The Governor of Iowa designated the Department of Education to be the Lead Agency with fiscal and legal responsibilities among the four signatory agencies.

In 1974, a state law established a policy that requires Iowa to provide a free and appropriate education (FAPE) to meet the needs of all children under twenty-one years of age requiring special education [Chapter 256B.2(3)]. For children requiring special education who are less than five years of age, this means the provision of aids and services that will reasonably permit the child to enter the educational process or school environment when the child attains school age. Iowa established intermediate education agencies called Area Education Agencies (AEAs) that provide specialized services.

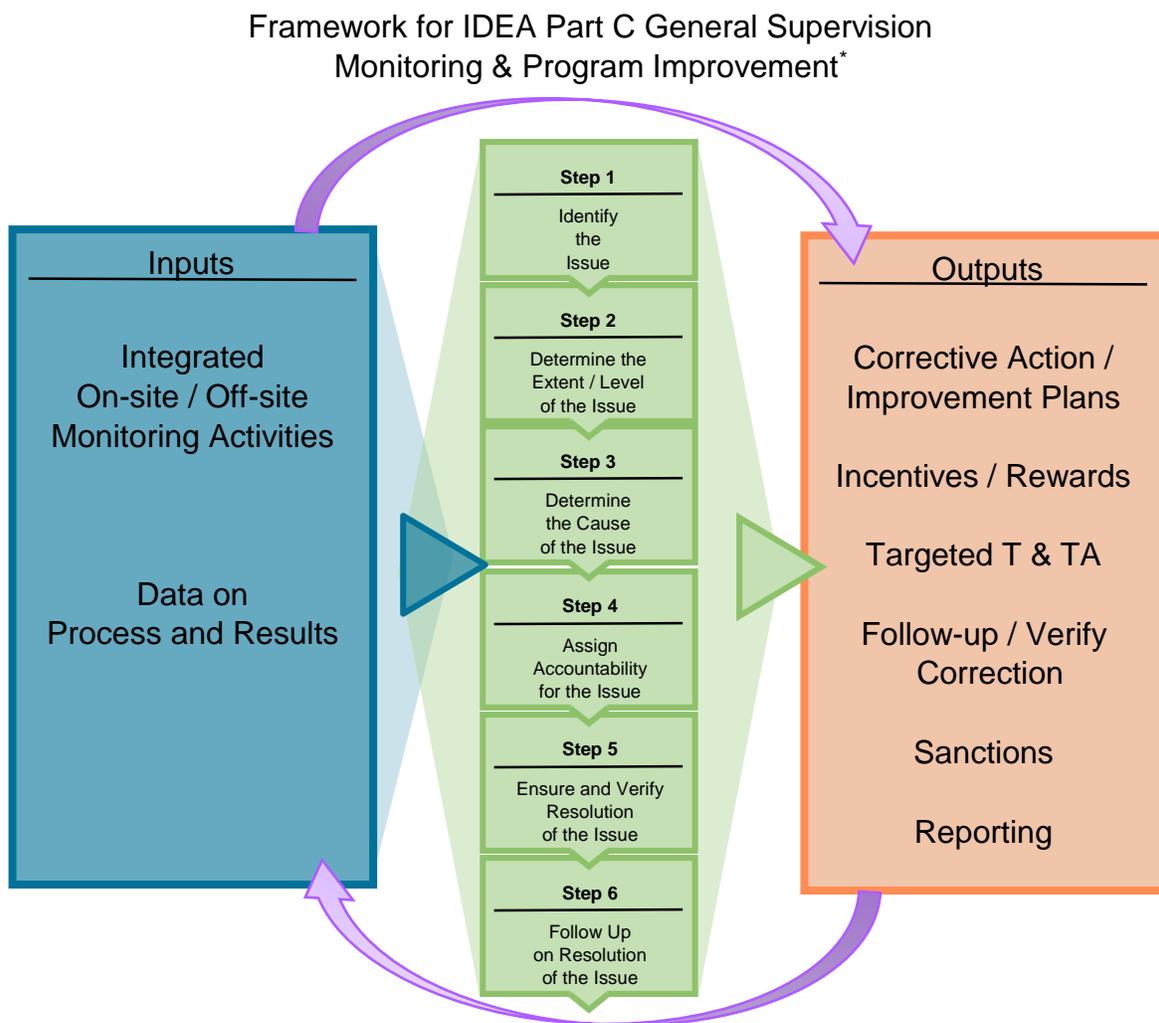
Currently, Iowa is divided into nine AEAs that support the birth mandate for FAPE beginning at birth. Therefore, the geographic boundaries of the Early ACCESS areas are the same as the AEA boundaries and AEAs are referred to as Early ACCESS Regional Grantees or Regions.

Iowa's 9 Area Education Agencies (AEAs): Early ACCESS Regions



Framework for Streamlining and Integrating Iowa Part C General Supervision Activities: Monitoring and Program Improvement*

The Early Childhood Technical Assistance (ECTA) Center developed a framework for Part C General Supervision around six steps that describe what a general supervision system does. The framework incorporates the pieces of general supervision that relate to monitoring and program improvement and it is based on OSEP's requirements for an effective general supervision system. The following ECTA General Supervision framework is used to describe Iowa's process for streamlining and integrating Part C General Supervision monitoring and program improvement activities. The Annual Performance Report (APR) refers to this framework in order to provide sufficient detail so that the Secretary and the public are informed of and understand Iowa's systems designed to drive improved results for infants and toddlers with disabilities and to ensure that Iowa meets the requirements of IDEA Part C.



* from Early Childhood Technical Assistance (ECTA) Center, Part C General Supervision Systems, [Interactive Guide to Streamlining and Integrating Part C General Supervision Activities: Monitoring and Program Improvement](#).

The following information describes Iowa's inputs (various monitoring activities and data) that contribute to actions taken in the six steps of general supervision, and the outputs that are a result of completing the six steps.

General Supervision: Iowa's Inputs & Outputs Used Throughout the Six Steps

The data from monitoring activities and Iowa's data systems are analyzed to measure performance and compliance with IDEA requirements. Each of the six steps builds on the prior step and incorporates monitoring activities and data from a variety of sources. All six steps are necessary to ensure that Iowa is efficient and effective in identifying and resolving issues (including correcting noncompliance) for continuous, lasting improvement.

Step 1: Identify an Issue

The following information describes **three data systems** used for monitoring Iowa's Part C system: Iowa's System to Achieve Results (**I-STAR**); Iowa Information Management System (**IMS**); and the **web IFSP** that are all used during monitoring activities to identify performance and compliance issues.

Iowa's System to Achieve Results (I-STAR). I-STAR is a State monitoring and improvement data system designed to enhance Iowa's federal requirement for the monitoring of IDEA Part C and B by focusing on efficient and effective use of technology to make data-based decisions to improve specialized programs and services for Iowa's children. I-STAR has been used for Part C **self-assessment file reviews** (procedural compliance and effective transition) and **parent surveys** (family outcomes) since 2006.

The Lead Agency maintains statewide procedures for monitoring compliance via I-STAR and the continuation of the contract with programmers to assure the collection of accurate data in the Part C self-assessment file review and parent survey. Programmers continue to update I-STAR in order to accurately and timely produce file review results related to effective transition (Indicator C8), related requirements for Part C Indicators 1, 2, 3, 4, 7, 8 and family outcomes (Indicator C4).

For monitoring transition, data are obtained from files of all children exiting Part C and potentially eligible for Part B, and children exiting Part C for other services using a random sample with a confidence level of 95% with a +/- 10% margin of error for each Regional Grantee. For monitoring related requirements, data are obtained from files of all children who participated in, and did not exit, Part C services between July 1 and June 30 of each reporting year also using a random sample with a confidence level of 95% with a +/- 10% margin of error for each Regional Grantee.

The monitoring cycle occurs annually with all Regional Grantees. State staff access IFSPs from the **statewide web IFSP data system** and conduct IFSP reviews using the self-assessment form that is available for download from I-STAR by Regional Grantees at any time. All Regions are encouraged to use the self-assessment questions

throughout the year as a way to monitor their performance. **Responses to the file review questions are entered directly in the I-STAR monitoring system which is programmed to identify performance results including findings of noncompliance.**

I-STAR is also used to collect family outcome data (Indicator C4). The Lead Agency uses the *ECO Family Outcomes Survey Revised: Part C (2010)* and is responsible for distributing and collecting the surveys. In FFY 2013, random sampling was used to select names from all children who had an IFSP on the last Friday of October (count date) for the current reporting year. Sample size is based on a 95% confidence level of +/- 10% margin of error. The sample size for each region is then increased by 150% to account for families who do not have up-to-date contact information on file or declined to answer the survey. **The random samples are drawn from the Information Management System (IMS) database.** Sample selection procedures are established so that populations are representative of the Regions and the State. Beginning in FFY 2014, **all** children who have an **annual** IFSP meeting will have the opportunity to complete a survey. Surveys will be administered within a few months following a child's annual IFSP review meeting and random sampling will not be required.

Surveys are disseminated in two ways: (1) paper surveys are mailed directly to families who do not have email addresses or those that need interpreter services, and (2) passcodes and a link to an online survey are emailed to families that have email addresses. The Lead Agency is able to track returned surveys and resend to non-respondents in order to improve return rates. All paper surveys are returned to the Lead Agency and **data are entered directly into I-STAR** by the monitoring consultant and/or trained support staff. **I-STAR is programmed to identify Regional Grantees performance and indicate if targets are met.**

Iowa Information Management System (IMS). Data for 618 Data Tables and Part C Indicators 2, 3, 5, 6, and 7 are collected in the Iowa Information Management System (IMS), which employs a comprehensive verification process. This multi-step process ensures the timely and accurate data required for all 618 Data Tables, State Performance Plan/Annual Performance Reports including **identifying Regional Grantees performance on meeting targets.**

IMS entails data checks at several steps:

- Step 1. Regional Grantee IMS data entry personnel are trained to review IFSPs for completeness and consistency of data. If needed, IFSP team members are contacted to clarify or complete specific data or the IFSP is returned for corrections.
- Step 2. When data are entered into IMS, several types of automatic data quality messages appear on the IMS screens:
 - When a new eligible child is entered, the statewide historical database is queried to see if the child may have had an earlier IFSP. A list of near matches, based on name and birth date, is provided so that data

entry personnel can check to see if the new child was previously served. This routine reduces the risk of the same child having two different IMS identification numbers.

- Some data fields are required before data entry can continue. For example, if the resident district code, gender, ethnicity, or birth date is left blank, a message appears with a prompt and no further data entry is allowed until a valid value is entered.
- For other data fields, a message appears but data entry may continue. For example, if the code is left blank, a message advises the operator but data entry continues. These messages are saved and written to a Verification Report.
- ECO data fields will only accept values that match those on the ECO Summary Form.

Step 3. A Verification Report sorted by Regional Grantee lists data warnings and possible data errors that need to be checked. The report is run in real time so it is continuously updated and available to data entry personnel. Data entry personnel review the report for his or her respective Regional Grantee, cross checking against the IFSP and following up with Regional Grantee and local IFSP team members as needed. Types of warnings in the report include possible duplicate children, questionable age/IFSP age-eligibility combination, blank code, and invalid program/service combination. The Verification Report is monitored by the Lead Agency to ensure that Regional Grantees regularly access and review potential errors.

Step 4. Lead Agency data personnel periodically review IMS, personnel, and discipline data and contact IMS and Regional Grantee staff with specific accuracy issues above and beyond the Verification Report to rectify any data abnormalities.

The Lead Agency and IMS staff establishes uniform data entry procedures for entering data and updates as needed. Lead Agency and IMS staff meet regularly to discuss any procedural or data entry issues in order to ensure the system produces accurate and reliable data.

Web IFSP Data System. A statewide IFSP data review process is used to gather and analyze timely services Indicator C1 data. **Data for this indicator are taken from the web IFSP data system** for July 1 through June 30 of each year and reflect a random sample of all new early intervention services from both initial IFSPs and subsequent IFSPs. Sample size is based on a 95% confidence level of +/- 10% margin of error. Data are based on the actual number of days, not the average, between parental consent and the date specified on the IFSP service log notes for delivery of first service. Services are considered timely if initiated within 30 calendar days from the date consent for services is obtained (State criteria). The monitoring cycle occurs annually with all Regional Grantees. The Lead Agency conducts the reviews using an **Excel data collection form and a desk audit process to identify performance and compliance issues.**

Step 2: Determine the Extent/Level of the Issue**Step 3: Determine the Cause of the Issue**

Step 1 is used to identify performance and compliance issues. Steps 2 and 3 look deeper into that data to determine the level and extent as well as the cause of the issue.

The Lead Agency conducts a desk audit and verification check on the I-STAR data used in Indicators C4, C8, and related requirements for all indicators. **I-STAR is programmed to calculate compliance percentage** on individual line items within file reviews **and compares performance to the state target**. In addition to compliance percentage, numbers of responses (No, Yes, NA) for each individual line item are available to pinpoint specific performance and compliance issues. The monitoring system collects provider information in order to help determine if an issue is due to any particular service provider. I-STAR provides data charts and bar graphs for individual line item responses on parent surveys allowing for deeper analysis on specific issues related to family outcomes (Indicator C4). For each survey question the Regional Grantee can see percentage of parents that agreed with a statement, number that agreed, average score, percentage of NA responses, percentage and number of line items that were declined to be answered.

Regional Grantees conduct additional data verification checks with guidance from the Lead Agency for Indicators 1, 3, 5, 6, 7; the 618 Data Table 1 for Children Served; the 618 Table 2 for Settings; and, the 618 Table 3 for Exit. The Part C state coordinator, monitoring consultant and research analyst provide procedures and support to the Regions in order to ensure accuracy of extent and level of performance issues as well as to determine causes including identifying performance issues related to delays caused by exceptional family circumstances.

The Lead Agency's Operations Work Group (OWG) for the IMS and Web IFSP data systems continues to meet in order to improve data entry procedures, revise data collection forms and database fields and provided ongoing training to Regional Grantee data personnel and Part C early intervention personnel. Lead Agency monitoring consultants and research analyst continued to participate in the OWG.

The Lead Agency's verification processes are needed to assure data are accurate before notifying the Regional Grantees of noncompliance or performance issues that will require corrective actions or improvement activities.

Step 4: Assign Accountability for the Issue

After monitoring activities are complete, findings of noncompliance or areas needing improved performance are identified. Iowa enforces compliance with IDEA requirements using the I-STAR monitoring system. Step 4 involves notifying the local early intervention programs, the Regional Grantees, of noncompliance or performance issues and any required corrective actions or improvement activities. Corrective action or improvement plans are a system output as a result of Step 4 activities.

I-STAR is programmed to notify Regional Grantees of performance on IFSP self-assessment file reviews (Indicator 8 and related requirements), parent surveys (Indicator 4), timely services (C1) and timely evaluation, assessment, and initial IFSP meetings (C7). The Lead Agency monitoring consultant reviews all results prior to authorizing the I-STAR system to release notification to the Regional Grantees. Written notification is sent electronically and the 365 day timeline begins from this notification date. All individual child noncompliance are included in the report to the Regions as well as notification when a Corrective Action Plan (CAP) or improvement activities are required. CAP instructions within I-STAR require Regions to do a deeper root cause analysis which is all done online within I-STAR. After completing the analysis and submitting a CAP and/or improvement plans to ensure meeting targets and correction of noncompliance as soon as possible, but no later than one year after notification, the monitoring consultant for the Lead Agency must approve the plan within 30 days. Regional Grantees and the monitoring consultant work together to ensure steps for completion within the required timeline. Targeted training (if needed) and technical assistance are provided directly to individual Regional Grantees as well as statewide during IDEA Part C Early ACCESS Leadership Group meetings by state staff from all four of the state signatory agencies.

Currently, for all other indicators (2, 3, 5, 6) a paper template is used for completing improvement activities if performance did not meet targets. The Lead Agency will be working with I-STAR programmers to incorporate CAPs or improvement activities for these indicators into the online monitoring system so that all corrective actions and improvement activities are part of the online monitoring system. Iowa historically meets targets for these indicators so they are the last items to be added to the I-STAR system.

Step 5: Ensure and Verify Resolution of the Issues

In Step 5, **new data from Iowa's web IFSP data system are used to verify correction of noncompliance or resolution of the issue.** When findings of noncompliance occurs, the Lead Agency requires that all individual findings of noncompliance be corrected within 365 days. I-STAR has been used for monitoring correction of all individual child noncompliance including verification of correction (Prong 2) within the 365 day timeline. A Lead Agency monitoring consultant provides technical assistance and ongoing support to Regional Grantee personnel designated to collect and enter data into the I-STAR system. CAP logs are recorded directly into I-STAR and are monitored by the Lead Agency. Statewide written procedures for the CAP process are posted on the I-STAR site.

Ensuring resolution of issues includes verification of correction for all findings of noncompliance. In each Region that has findings of noncompliance, after technical assistance and corrective activities occur, a follow-up review of data from five IFSPs with dates subsequent to the corrective activities are conducted. If Regions do not get 100% compliance on the first verification attempt, they are required to complete another round of corrective or improvement actions. After those actions are complete, five more

IFSPs with dates after the corrections have been made are conducted. Regions must reach 100% compliance through the verification process within 365 days in order to report timely and accurate corrections. Corrective actions include assuring that services were provided even though a timeline (Indicators 1, 7, 8C) was not met unless the child was no longer within the jurisdiction of the Early Intervention Service program.

The follow-up activities to verify correction and technical assistance completed in Step 5 are outputs of the Framework for IDEA Part C General Supervision Monitoring & Program Improvement.

Step 6: Follow Up on Resolution of the Issue

According to the ECTA Center General Supervision Framework, when performance has not improved and noncompliance is not corrected in a timely manner, states are required to have in place a range of formalized strategies and/or sanctions for enforcement with written timelines. Such sanctions (framework outputs) may include:

- Requiring the use of training and technical assistance;
- Directing the use of funds;
- Imposing special conditions on contracts;
- Denying or recouping payments; and
- Terminating contracts
- Sanctions are an output of Step 6.

Iowa has a record of completing accurate and timely corrections of noncompliance and has not had to employ sanctions. However, state and regional policies are in place that ensure that, if needed, sanctions could be used to guarantee resolution of issues identified in previous steps of the framework. In order to support Regional Grantees in meeting the 365 day timeline for corrective actions including verification of corrections, technical assistance and professional development opportunities are routinely provided through statewide leadership group meetings and one-on-one assistance from state staff from all four signatory agencies.

Technical Assistance System:

The mechanisms that the State has in place to ensure the timely delivery of high quality, evidenced based technical assistance and support to early intervention service (EIS) programs.

Training and technical assistance (framework outputs) are provided around Iowa's monitoring indicators included in the SPP/APR as well as support implementation of corrective action plans or improvement activities that occur as a result of Step 4 in the General Supervision Framework. As mentioned in the previous section, the Lead Agency monitoring consultant, with support for state staff from all state signatory agencies, provides training and technical assistance (TA) for Regional Grantees that directly supports completion of any corrective action or improvement plans. When TA is individualized to meet the needs of a particular Region, the Lead Agency monitoring

consultant is responsible for ensuring the needs are met. It is more likely that monitoring and performance issues are addressed in statewide meetings.

Statewide Leadership Group Meetings. Lead Agency staff meet regularly with Area Education Agency Directors of Special Education (Regional Grantees), Early ACCESS Leadership Group members and Signatory Agency Administrators Group to provide technical assistance and to obtain recommendations regarding regional needs. These regularly scheduled meetings provide opportunities for:

- Statewide discussions;
- Dissemination of information;
- Collection of information;
- Activities to support needs of Part C leadership;
- Activities to support needs of Regional Grantees and service providers; and
- Reciprocal learning.

Meetings are held monthly with the AEA Directors of Special Education. Each Regional Grantee is represented in the director group. The Lead Agency early childhood administrative consultant is the Early ACCESS liaison to the directors and attends the meetings.

Two-day meetings with Early ACCESS (EA) Leadership Group members happens five times a year. Approximately 30 regular members attend meetings which included Regional Grantee liaisons, signatory agency liaisons, EA coordinators, consultant from Iowa Educational Services for the Blind and Visually Impaired, consultants from Iowa's Deafblind Service Project and Iowa School for the Deaf, and an AEA Director of Special Education. The EA Leadership Group meetings allow for training and technical assistance to either occur during the meeting days or to coordinate TA efforts needed throughout the state. Meeting minutes, supporting documents and video recordings of procedural and practice TA are created and accessible online for all members.

Signatory Agency Administrators Group meets five to six times a year and includes an administrator and consultant/liaison from Iowa Public Health Department, Iowa Department of Human Services, Child Health Specialty Clinics of the University of Iowa, and the Iowa Department of Education. Every five years, the signatory agencies execute a Memorandum of Agreement (MOA) which describes how each state agency will support the Early ACCESS system. In 2013 a new five year MOA was signed and an action plan created to ensure that goals are met. Included in the action plan are strategies to incorporate the self-assessment for each of the components of the Early Childhood Technical Assistance Center's System Framework for a High Quality Part C System.

State Work Team Meetings. The Early ACCESS (EA) state work team includes three Part C consultants from the Lead Agency plus an EA liaison from each of the other three signatory agencies (Iowa Department of Public Health, Child Health Specialty Clinics, and the Iowa Department of Human Services). The work team meets

at least monthly to address Part C system needs related to procedures, policies, personnel development, web IFSP system, data, monitoring and compliance, collaboration and Part C system improvement. Lead Agency consultants for Medicaid, Part B 619, and Part C data management attend as needed. Communication between the EA state work team, Regional Grantees and signatory agencies occurs through multiple formats: the Early ACCESS Leadership Group meetings, written policies and guiding documents, electronic meetings, online question and answer system for procedures, emails and phone calls. This six member team is responsible for providing technical assistance for the Regional Grantees or arranging for TA from outside sources.

Designated staff from the State Work Team meet as needed with the web IFSP programmers. The focus of the meetings are to improve the system for accurate and reliable data and improve ease of usability. The state work team provides technical assistance statewide for the web IFSP and continues to address needed improvements.

Family Centered Services. Iowa's Early ACCESS system continues to implement *Guiding Principles and Practices for Delivery of Family Centered Services* that were developed by the Lead Agency and the Iowa SCRIPT team (Supporting Changes and Reform in Inter-professional Pre-service Training). These principles and practices are the foundation for designing and delivering family centered services by all Early ACCESS providers and partners. The eight principles that guide practice are:

1. The overriding purpose of providing family-centered help is family empowerment, which in turn benefits the well-being and development of the child.
2. Mutual trust, respect, honesty, and open communication characterize the family/provider relationship.
3. Families are active participants in all aspects of decision-making. They are the ultimate decision-makers in the amount, type of assistance, and the support they seek to use.
4. The ongoing work between families and providers is about identifying family concerns (priorities, hopes, needs, outcomes, or wishes), finding family strengths, and the services and supports that will provide necessary resources to meet those needs.
5. Efforts are made to build upon and use families' informal community support systems before relying solely on professional, formal services.
6. Providers across all disciplines collaborate with families to provide resources that best match what the family needs.
7. Support and resources need to be flexible, individualized and responsive to the changing needs of families.
8. Providers are cognizant and respectful of families' culture, beliefs, and attitudes as they plan and carry out all interventions.

Strategies used by the Lead Agency to implement these principles and provide support to Regional Grantees' service providers include:

- Service coordinator training using the online *Family-Centered Service Coordination Competency-Based Training Modules* and face-to-face trainings;
- Training provided by experts Juliann Woods and Emily Lakey from Florida State University on:
 - Coaching families and colleagues in early intervention;
 - Using Family-Guided Routines-Based Interventions (FGRBI);
 - Using technology to provide and support professional development in early intervention through the IA Distance Mentoring Model of Personnel Development; and
 - Using technology in providing early intervention services.
- Providing current research and literature resources to the Regions and signatory agencies.
- Working with the Parent-Educator Connection (PEC), an Iowa Department of Education initiative that works with families, educators, and community partners to promote success for all children and youth with disabilities since 1984. PEC Coordinators support capacity building for families through activities such as personal contacts, trainings, Individualized Family Service Plan and Individualized Education Plan meetings, supportive activities for transition from Part C to B, and the statewide PEC Conference.
- One of the most important ways that Iowa empowers families who have children with disabilities and enhances personnel preparation curriculum is through *Parents as Presenters*. The two-day workshop provides training for parents willing to share their family experiences with students in college classes and community organizations that prepare our future early intervention professional workforce. Alumni from previous years facilitate the training where parents learn presentation techniques and skills training to “tell their story”. Alumni who work as coaches during the practice sessions with the participants. An additional benefit of this experience is that parents are exposed to the State Interagency Coordinating Council and are often recruited to participate as a parent member on the Iowa Council for Early ACCESS.

Professional Development System:

The mechanisms the State has in place to ensure that service providers are effectively providing services that improve results for infants and toddlers with disabilities and their families.

Iowa’s **Comprehensive System of Personnel Development (CSPD)** has several components in place to ensure that early interventionists are effectively providing services that improve results for eligible infants and toddlers with disabilities and their families: Service Coordination (SC) Training; Iowa Distance Mentoring Model of Personnel Development (IA-DMM); and the Early Childhood Comprehensive System of Personnel Development (EC CSPD) project with intensive TA from the Early Childhood Personnel Center (ECPC).

Service Coordination Training. Iowa Administrative Rules for Early ACCESS state: “...a service coordinator must be a person who has completed a competency-based training program with content related to knowledge and understanding eligible children, these rules, the nature and scope of services in Early ACCESS in the state, and the system of payments for services, as well as service coordination responsibilities and strategies. The competency-based training program, approved by the department, shall include different training formats and differentiated training to reflect the background and knowledge of the trainees.....” [120.34(5)]. Early ACCESS Service Coordination (SC) Competency Training was revised and released statewide July 1, 2014 in order to provide the basic knowledge and skills that all service coordinators are required to have. Revisions were based on feedback and survey data collected in October and November 2012 from Regional Grantee liaisons, EA coordinators and service coordinators.

SC training consists of 6 components that must be met to become a competent service coordinator in Iowa: (1) shadowing experienced SCs; (2) successful completion of the five online training modules; (3) completing and turning in five activities from the online modules; (4) two face-to-face workshops that are one-day (5-6 hours) separated by four months and include role playing, working through scenarios, discussion, and asking/answering questions. The SC will be doing home visits for at least 60 days prior to attending the first face-to-face workshop; (5) mentoring; and (6) being observed and receiving feedback on an early intervention home visit. The entire training process takes approximately eight months, though it may take up to one year depending on when the service coordinator begins work.

Iowa Distance Mentoring Model of Personnel Development (IA-DMM).

Distance Mentoring Model (DMM) is a professional development approach designed to facilitate coordinated and consistent high quality early intervention (EI) services and supports. Incorporating evidence-based practices for professional development with technology strategies and supports, DMM engages EI providers, service coordinators and program administrators in a systematic change process to increase the use of recommended practices with children and families. DMM is a project within The Communication and Early Childhood Research and Practice Center (CEC-RAP). CEC-RAP is a collaborative center within the College of Communication and Information, School of Communication Science and Disorders at Florida State University.

Iowa Distance Mentoring Model for Early ACCESS (IA DMM) is a collaborative project between the Iowa Department of Education and Florida State University. Local, state and national personnel have joined together to design, implement and evaluate an innovative personnel development approach to improve outcomes for young children and their families. IA DMM uses evidence-based professional development practices including individualized coaching with performance-based feedback and peer mentoring to promote situated learning. The aim is to align EI services and supports in Iowa more closely to current recommended practices for family centered services in natural environments. The focus is on improved outcomes for infants and toddlers enrolled in

Iowa's Early ACCESS system and their families to promote learning and development in preparation for each child's success in school and community settings. The scope of this work 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, as well as evidence-based adult learning strategies including caregiver coaching.

In order to increase the capacity of Early ACCESS to implement, scale up, and sustain the evidence-based practices of coaching caregivers in family-guided routines-based interventions, Active Implementation Frameworks from implementation science are used and include: (1) implementation teams at regional and state levels; (2) useable interventions; (3) implementation drivers; (4) stages of implementation; and (5) improvement cycles.

Project evaluation is a critical piece of IA DMM. The project began with the following evaluation questions:

1. Has the **IA Distance Mentoring Model (DMM)** project designed and thoroughly implemented a state-wide coaching and mentoring model for Early ACCESS early intervention system in Iowa?
2. Has the **IA Distance Mentoring Model (DMM)** project increased the knowledge and skills of service providers in Early ACCESS to use evidence-based, family-centered, routines-based interventions?
3. Has the **IA Distance Mentoring Model (DMM)** project increased the knowledge, skills, and dispositions of service providers in Early ACCESS to work comfortably and capably with young children who are culturally, linguistically and ability diverse and their families?
4. What impact, if any, has the **IA Distance Mentoring Model (DMM)** project had on Institutes of Higher Education (IHEs) who are preparing future practitioners for Early ACCESS?

The evaluation plan measures change on four system levels: (1) family participants, (2) direct service providers, (3) implementing agencies (regional implementation teams), and (4) state level systems (state implementation team and Lead Agency).

The IA DMM for Early ACCESS is a five-year project that began in 2013.

Early Childhood Comprehensive System of Personnel Development (EC CSPD). The Intensive State Agreement between Iowa and the Early Childhood Personnel Center (ECPC) states: "Because of its longstanding, highly respected personnel development initiatives in the field of Early Childhood Intervention / Special Education, **Iowa** has been chosen for the ECPC Mid-Western Region's Intensive State Partnership. As a partner state, the Mid-Atlantic Regional Early Childhood Personnel Center hopes to work extensively with Iowa to gather input from state level early childhood leaders in shaping a framework for a high quality, effective, and efficient

Comprehensive System of Personnel Development to be used as a model for other states.”

The goal of the Intensive State Partnership is to build state capacity to foster professional development of the early childhood education workforce that (a) enhances knowledge and skills of practitioners and those who support them including administrators, TA providers, and faculty; (b) supports the implementation and sustainability of evidence-based practices; and (c) increases the size of the workforce skilled in providing inclusive intervention practices. Together with ECPC’s support, Iowa agrees to:

- Develop a framework model for a high quality, effective, and efficient Comprehensive Systems of Personnel Development
- Participate in recurrent scheduled calls/webinars to share their experience, input, and resources
- Develop, review, and revise support materials to ensure that products are useful, practical, and reflect a high quality system
- Encourage and support state early childhood stakeholders to be instrumental in providing their leadership and expertise on implementation teams designed to develop and sustain an accountable and effective personnel development infrastructure
- Explore, install, implement, and standardize a comprehensive system of personnel development over a two-year period of time

Iowa is in year two and has a core EC CSPD team which includes Iowa’s IDEA Part C and Part B 619 coordinators, that meets several times per month as well as a large stakeholder group responsible for vetting the EC CSPD goals and activities that meets quarterly or as needed in order to complete the goals for the Intensive State Partnership.

Stakeholder Involvement:

The mechanism for soliciting broad stakeholder input on targets in the SPP, including revisions to targets.

The State’s Interagency Coordinating Council (SICC), called the Iowa Council for Early ACCESS (ICEA), Regional Grantee administrators and the Early ACCESS Leadership Group provide stakeholder input on SPP/APR indicator targets as well as reporting requirements. A parent who has a child that is in or has been in Early ACCESS always fills the chair and vice-chair positions on the ICEA. The Lead Agency board facilitator ensures that the composition of the council meets the Iowa Administrative Rules for Early ACCESS. Regional Grantee administrators include the special education directors from each of Iowa’s Area Education Agencies as well as the state special education director. The EA Leadership Group is made up of approximately 30 regular members attend meetings which include Regional Grantee liaisons, signatory agency liaisons, EA coordinators, consultant from Iowa Educational Services for the Blind and

Visually Impaired, consultants from Iowa's Deafblind Service Project and Iowa School for the Deaf, and an AEA director of special education.

A five-step process is used with each stakeholder group to review data and provide input for the APR:

1. Members are provided baseline, target, and trend data for each compliance and performance/results indicator.
2. The importance of stakeholder input regarding the Early ACCESS system is reviewed. This includes ensuring that stakeholder feedback is reported in the APR and used for improvement activities.
3. A question and answer period occurs to clarify any data questions and concepts.
4. Members work in small groups and large groups to analyze the data and draw conclusions. Signatory agency consultants are available to facilitate and answer questions.
5. Conclusions and comments regarding setting new targets, progress or slippage of meeting targets, root causes, and improvement activities are shared.

Analysis conclusions, discussion notes and comments are documented and provided to Lead Agency staff to include in the APR for each indicator where appropriate. Questions that require additional data to provide answers are collected and the EA state work team is responsible for following through with obtaining additional data for deeper analysis and discussion at subsequent meetings.

The group, members, and meeting dates specific to setting targets and the development of the Annual Performance Report are provided in the following table.

Group, Members and Meeting Dates of Key Stakeholders Input for Setting Targets & APR Development.

Group	Members	Meeting Dates
State Interagency Coordinating Council (Iowa Council for Early ACCESS)	<ul style="list-style-type: none"> • Parents of Children with Disabilities • Service Providers • Signatory Agencies at the State and Regional Level • Representative of Insurance Commission • Mental Health Providers • Representative of Head Start • Local/Regional/State Representatives of Mental Health, Private Medical and Physicians • Higher Education 	January 16, 2015
Regional Grantee Administrators	<ul style="list-style-type: none"> • Directors of Special Education for nine Regional Grantees 	January 22, 2015
Early ACCESS Leadership Group	Representatives of the: <ul style="list-style-type: none"> • Regional Grantees • Signatory Agencies 	August 26-27, 2014 January 21-22, 2015

In addition to the target setting and development of the APR, the stakeholder groups listed in the above table along with the IA DMM regional and state-level implementation teams review not only the SPP/APR indicator data, they review additional data on services provided; frequency and intensity of services; and disaggregated early childhood outcomes data in order to make informed decisions about personnel development for coaching caregivers in family-guided routines-based interventions and addressing barriers to successful implementation of evidence-based interventions.

Reporting to the Public:

How and where the State reported to the public on the FFY 2012 performance of each LEA located in the State on the targets in the SPP/APR as soon as practicable, but no later than 120 days following the State's submission of its FFY 2012 APR, as required by 34 CFR §300.602(b)(1)(i)(A); and a description of where, on its Web site, a complete copy of the State's SPP, including any revision if the State has revised the SPP that it submitted with its FFY 2012 APR in 2014, is available.

Public Dissemination and Reporting.

Within the FFY 2012 APR, the Lead Agency reported the FFY 2012 performance of each Regional Grantee (AEA) located in the State on the targets in the SPP/APR by posting the FFY 2012 APR on the State of Iowa Department of Education website (https://www.educateiowa.gov/pk-12/early-childhood/early-access#Legal_Requirements_and_Reports) no later than March 3, 2014. In addition, Iowa FFY 2012 Regional Profiles and the State Performance Plan (revised for Indicator C4) were posted at the same website as the APR by the March 3, 2014 timeline.

The Lead Agency will report to the public progress and/or slippage in meeting the measurable and rigorous targets of the SPP/APR and performance of each Regional Grantee (AEAs) on the targets through the following channels and timelines:

- Posted on the Iowa Department of Education website: No later than March 2, 2015 at https://www.educateiowa.gov/pk-12/early-childhood/early-access#Legal_Requirements_and_Reports;
- Provided to the Iowa Council of Early ACCESS: No later than March 31, 2015;
- Provided to Regional Grantee Administrators: No later than March 31, 2015; and
- Provided to Early ACCESS Leadership Group: No later than March 31, 2015
- Provided to IA DMM Regional and State-Level Implementation Teams: No later than March 31, 2015.

Indicator 1: Timely provision of services

Monitoring Priority: Early Intervention Services In Natural Environments

Compliance indicator: Percent of infants and toddlers with IFSPs who receive the early intervention services on their IFSPs in a timely manner.

(20 U.S.C. 1416(a)(3)(A) and 1442)

Historical Data

Baseline Data: 2005

FFY	2005	2006	2007	2008	2009	2010	2011	2012
Target		100%	100%	100%	100%	100%	100%	100%
Data	100%	100%	100%	100%	99.25%	97.51%	99.45%	99.44%

Key:  Gray – Data Prior to Baseline  Yellow – Baseline

FFY 2013 - FFY 2018 Targets

FFY	2013	2014	2015	2016	2017	2018
Target	100%	100%	100%	100%	100%	100%

FFY 2013 SPP/APR Data

Prepopulated Data

Source	Date	Description	Data	Overwrite Data
SY 2013-14 Child Count/Educational Environment Data Groups	9/24/2014	Total number of infants and toddlers with IFSPs	3,488	1,673

Explanation of Alternate Data

For all 9 Regional Grantees, Iowa used a random sample of all new early intervention services added during the current full reporting period for conducting Indicator C1 reviews. The sample ensured a confidence level of 95% with a +/- 10% margin of error for each Regional Grantee.

FFY 2013 SPP/APR Data

Number of infants and toddlers with IFSPs who receive the early intervention services on their IFSPs in a timely manner	Total number of infants and toddlers with IFSPs	FFY 2012 Data*	FFY 2013 Target*	FFY 2013 Data
1,654	1673	99.44%	100%	98.86%

Number of documented delays attributable to exceptional family circumstances (this number will be added to the Number of infants and toddlers with IFSPs who receive their early intervention services on their IFSPs in a timely manner)	null
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What is the source of the data provided for this indicator?

- State monitoring
- State database

Provide the time period in which the data were collected (e.g., September through December, fourth quarter, selection from the full reporting period).

The data was a selection from the full reporting period.

Describe how the data accurately reflect data for infants and toddlers with IFSPs for the full reporting period.

Data for this indicator were taken from a monitoring file review process for the current full reporting period and reflect all new early intervention services from both initial IFSPs and subsequent IFSPs. The monitoring cycle occurs annually with all Regional Grantees. The Lead Agency conducted the reviews using an Excel data collection form and a random sample of IFSPs for every Regional Grantee that ensures a confidence level of 95% +/- 10% margin of error.

Data are based on the actual number of days, not the average, between parental consent and the date specified on the IFSP service log notes for delivery of first service. Services are considered timely if initiated within 30 calendar days from the date consent for services was obtained (State criteria).

Iowa has included the children for whom the cause for the delay was exceptional family circumstances in both the numerator and denominator. The State remained virtually unchanged from last reporting period (99.44% last year and 98.86% in the current reporting year) producing a gap of 1.14% between the current year data and the 100% target, achieving substantial compliance for timely services. Data indicated that 89.9% of infants and toddlers (1,504/1,673) received all new early intervention services within 30 days of the consent for services. An additional 9% (150/1,673) were reported to be untimely due to exceptional family circumstances. Nineteen children's services were untimely due to system reasons defined as staff shortages, vacation, illness, or scheduling.

Actions required in FFY 2012 response table

None

Responses to actions required in FFY 2012 response table, not including correction of findings

Correction of Findings of Noncompliance Identified in FFY 2012

Findings of Noncompliance Identified	Findings of Noncompliance Verified as Corrected Within One Year	Findings of Noncompliance Subsequently Corrected	Findings Not Yet Verified as Corrected
1	1	0	0

FFY 2012 Findings of Noncompliance Verified as Corrected

Describe how the State verified that each LEA with noncompliance is correctly implementing the regulatory requirements

One Regional Grantee did not meet the 100% target in FFY 2012 and was notified of findings of noncompliance. The Regional Grantee was required to analyze root causes and correct each case of noncompliance, unless the child was no longer within the jurisdiction of the provider, as soon as possible and no later than one year from date of notification of noncompliance. The corrective actions were completed followed by verification by the Lead Agency.

In the region that had findings of noncompliance, *after* technical assistance and corrective activities occurred, a follow-up review of data from five IFSPs with dates subsequent to the corrective activities was conducted. The Regional Grantee demonstrated implementation of the requirement with 100% compliance for timely services. The Regional Grantee made corrections within the 365 day timeline (including the State's verification of correction) and met requirements for timely correction.

Describe how the State verified that each LEA corrected each individual case of noncompliance

The Lead Agency verified that the Regional Grantee corrected noncompliance for FFY 2012 using Iowa's System to Achieve Results (I-STAR). I-STAR has been used for monitoring correction of all individual child noncompliance including verification of correction (Prong 2) within the 365 day timeline. The Lead Agency monitoring consultant is responsible for verifying timely correction via I-STAR.

Corrective actions included assuring that services were provided even though the timeline was not met unless the child was no longer within the jurisdiction of the EIS program. The children that did not receive services within 30 days did in fact receive the early intervention services at a later date. The Regional Grantee made corrections within the 365 day timeline (including the State's verification of correction) and met requirements for timely correction.

OSEP Response

The State provided targets for FFYs 2013 through 2018 for this indicator, and OSEP accepts those targets.

Because the State reported less than 100% compliance for FFY 2013, the State must report on the status of correction of noncompliance identified in FFY 2013 for this indicator. When reporting on the correction of noncompliance, the State must report, in its FFY 2014 APR, that it has verified that each EIS program or provider with noncompliance identified in FFY 2013 for this indicator: (1) is correctly implementing the specific regulatory requirements (i.e., achieved 100% compliance) based on a review of updated data such as data subsequently collected through on-site monitoring or a State data system; and (2) has corrected each individual case of noncompliance, unless the child is no longer within the jurisdiction of the EIS program or provider, consistent with OSEP Memo 09-02. In the FFY 2014 APR, the State must describe the specific actions that were taken to verify the correction.

Required Actions

Indicator 2: Services in Natural Environments

Monitoring Priority: Early Intervention Services In Natural Environments

Results indicator: Percent of infants and toddlers with IFSPs who primarily receive early intervention services in the home or community-based settings.

(20 U.S.C. 1416(a)(3)(A) and 1442)

Historical Data

Baseline Data: 2005

FFY	2005	2006	2007	2008	2009	2010	2011	2012
Target ≥		96.20%	96.30%	96.40%	96.50%	96.60%	96.60%	96.60%
Data	96.40%	97.61%	98.40%	98.52%	99.05%	98.89%	98.64%	98.57%

Key: Gray – Data Prior to Baseline Yellow – Baseline

FFY 2013 - FFY 2018 Targets

FFY	2013	2014	2015	2016	2017	2018
Target ≥	96.60%	96.60%	96.60%	96.60%	96.60%	96.60%

Targets: Description of Stakeholder Input

Several key stakeholder groups were integral in providing input on setting targets. The group, members, and meeting dates specific to the setting targets are provided in the below table.

Group, Members and Meeting Dates of Key Stakeholders for Setting Targets

Group	Members	Meeting Dates
State Interagency Coordinating Council (Iowa Council for Early ACCESS)	<ul style="list-style-type: none"> Parents of Children with Disabilities Service Providers Signatory Agencies at the State and Regional Level Representative of Insurance Commission Mental Health Providers Representative of Head Start Local/Regional/State Representatives of Mental Health, Private Medical and Physicians Higher Education 	September 19, 2014
Regional Grantee Administrators	<ul style="list-style-type: none"> Directors of Special Education for nine Regional Grantees 	January 22, 2015
Early ACCESS Leadership Group	Representatives of the: <ul style="list-style-type: none"> Regional Grantees Signatory Agencies 	August 26-27, 2014 January 21-22, 2015

The Lead Agency, with input from stakeholder groups, established measurable and rigorous targets. The FFY 2013 target will remain at 96.60% and continue as the target through FFY 2018.

Prepopulated Data

Source	Date	Description	Data	Overwrite Data
SY 2013-14 Child Count/Educational Environment Data Groups	9/24/2014	Number of infants and toddlers with IFSPs who primarily receive early intervention services in the home or community-based settings	3,436	
SY 2013-14 Child Count/Educational Environment Data Groups	9/24/2014	Total number of infants and toddlers with IFSPs	3,488	

FFY 2013 SPP/APR Data

Number of infants and toddlers with IFSPs who primarily receive early intervention services in the home or community-based settings	Total number of infants and toddlers with IFSPs	FFY 2012 Data*	FFY 2013 Target*	FFY 2013 Data
3,436	3,488	98.57%	96.60%	98.51%

Actions required in FFY 2012 response table

None

Responses to actions required in FFY 2012 response table

No actions required.

OSEP Response

The State provided targets for FFYs 2013 through 2018 for this indicator, and OSEP accepts those targets.

Required Actions

Indicator 3: Early Childhood Outcomes

Monitoring Priority: Early Intervention Services In Natural Environments

Results indicator: Percent of infants and toddlers with IFSPs who demonstrate improved:

- A. Positive social-emotional skills (including social relationships);
- B. Acquisition and use of knowledge and skills (including early language/ communication); and
- C. Use of appropriate behaviors to meet their needs.

(20 U.S.C. 1416(a)(3)(A) and 1442)

Historical Data

	Baseline Year	FFY	2005	2006	2007	2008	2009	2010	2011	2012
A1	2008	Target ≥					40.13%	41.63%	43.13%	44.63%
		Data				40.13%	40.33%	40.14%	43.36%	43.33%
A2	2008	Target ≥					65.40%	66.90%	68.40%	69.90%
		Data				65.40%	66.35%	68.94%	68.38%	68.03%
B1	2008	Target ≥					45.83%	47.33%	48.83%	50.33%
		Data				45.83%	40.20%	47.20%	47.83%	47.34%
B2	2008	Target ≥					45.59%	47.09%	48.59%	50.09%
		Data				45.59%	46.05%	51.07%	51.04%	51.99%
C1	2008	Target ≥					51.58%	53.08%	54.58%	56.08%
		Data				51.58%	48.82%	52.72%	54.13%	55.53%
C2	2008	Target ≥					66.74%	68.24%	69.74%	71.24%
		Data				66.74%	64.93%	71.38%	70.97%	69.86%

Key: Gray – Data Prior to Baseline Yellow – Baseline

FFY 2013 - FFY 2018 Targets

FFY	2013	2014	2015	2016	2017	2018
Target A1 ≥	44.63%	44.63%	45.13%	45.63%	46.13%	46.63%
Target A2 ≥	69.90%	69.90%	70.40%	70.90%	71.40%	71.90%
Target B1 ≥	50.33%	50.33%	50.83%	51.33%	51.83%	52.33%
Target B2 ≥	50.09%	50.09%	50.59%	51.09%	51.59%	52.09%
Target C1 ≥	56.08%	56.08%	56.58%	57.08%	57.58%	58.08%
Target C2 ≥	71.24%	71.24%	71.74%	72.24%	72.74%	73.24%

Targets: Description of Stakeholder Input

Several key stakeholder groups were integral in providing input on setting targets. The group, members, and meeting dates specific to the setting targets are provided in the below table.

Group, Members and Meeting Dates of Key Stakeholders for Setting Targets

Group	Members	Meeting Dates
State Interagency Coordinating Council (Iowa Council for Early ACCESS)	<ul style="list-style-type: none"> • Parents of Children with Disabilities • Service Providers • Signatory Agencies at the State and 	September 19, 2014

FFY 2013 Part C State Performance Plan (SPP)/Annual Performance Report (APR)

	<p>Regional Level</p> <ul style="list-style-type: none"> • Representative of Insurance Commission • Mental Health Providers • Representative of Head Start • Local/Regional/State Representatives of Mental Health, Private Medical and Physicians • Higher Education 	
Regional Grantee Administrators	<ul style="list-style-type: none"> • Directors of Special Education for nine Regional Grantees 	January 22, 2015
Early ACCESS Leadership Group	<p>Representatives of the:</p> <ul style="list-style-type: none"> • Regional Grantees • Signatory Agencies 	<p>August 26-27, 2014</p> <p>January 21-22, 2015</p>

The Lead Agency, with input from stakeholder groups, established measurable and rigorous targets. The FFY 2013 and FFY 2014 targets will remain the same as FFY 2012. For FFY 2015 through FFY 2018, targets for all outcome summary statements will increase by 0.5% each year.

FFY 2013 SPP/APR Data

Number of infants and toddlers with IFSPs assessed	2,273
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Does the State’s Part C eligibility criteria include infants and toddlers who are at risk of having substantial developmental delays (or “at-risk infants and toddlers”) under IDEA section 632(5)(B)(i)? No

Outcome A: Positive social-emotional skills (including social relationships)

	Number of Children
a. Infants and toddlers who did not improve functioning	10
b. Infants and toddlers who improved functioning but not sufficient to move nearer to functioning comparable to same-aged peers	545
c. Infants and toddlers who improved functioning to a level nearer to same-aged peers but did not reach it	95
d. Infants and toddlers who improved functioning to reach a level comparable to same-aged peers	388
e. Infants and toddlers who maintained functioning at a level comparable to same-aged peers	1,235

	Numerator	Denominator	FFY 2012 Data*	FFY 2013 Target*	FFY 2013 Data
A1. Of those children who entered or exited the program below age expectations in Outcome A, the percent who substantially increased their rate of growth by the time they turned 3 years of age or exited the program $(c+d)/(a+b+c+d)$.	483	1,038	43.33%	44.63%	46.53%
A2. The percent of infants and toddlers who were functioning within age expectations in Outcome A by the time they turned 3 years of age or exited the program $(d+e)/(a+b+c+d+e)$.	1,623	2,273	68.03%	69.90%	71.40%

Outcome B. Acquisition and use of knowledge and skills (including early language/ communication)

	Number of Children
a. Infants and toddlers who did not improve functioning	9
b. Infants and toddlers who improved functioning but not sufficient to move nearer to functioning comparable to same-aged peers	768
c. Infants and toddlers who improved functioning to a level nearer to same-aged peers but did not reach it	260
d. Infants and toddlers who improved functioning to reach a level comparable to same-aged peers	525
e. Infants and toddlers who maintained functioning at a level comparable to same-aged peers	711

	Numerator	Denominator	FFY 2012 Data*	FFY 2013 Target*	FFY 2013 Data
B1. Of those children who entered or exited the program below age expectations in Outcome B, the percent who substantially increased their rate of growth by the time they turned 3 years of age or exited the program $(c+d)/(a+b+c+d)$.	785	1,562	47.34%	50.33%	50.26%
B2. The percent of infants and toddlers who were functioning within age expectations in Outcome B by the time they turned 3 years of age or exited the program $(d+e)/(a+b+c+d+e)$.	1,236	2,273	51.99%	50.09%	54.38%

Outcome C: Use of appropriate behaviors to meet their needs

	Number of Children
a. Infants and toddlers who did not improve functioning	4
b. Infants and toddlers who improved functioning but not sufficient to move nearer to functioning comparable to same-aged peers	475
c. Infants and toddlers who improved functioning to a level nearer to same-aged peers but did not reach it	140
d. Infants and toddlers who improved functioning to reach a level comparable to same-aged peers	549
e. Infants and toddlers who maintained functioning at a level comparable to same-aged peers	1,105

	Numerator	Denominator	FFY 2012 Data*	FFY 2013 Target*	FFY 2013 Data
C1. Of those children who entered or exited the program below age expectations in Outcome C, the percent who substantially increased their rate of growth by the time they turned 3 years of age or exited the program $(c+d)/(a+b+c+d)$.	689	1,168	55.53%	56.08%	58.99%
C2. The percent of infants and toddlers who were functioning within age expectations in Outcome C by the time they turned 3 years of age or exited the program $(d+e)/(a+b+c+d+e)$.	1,654	2,273	69.86%	71.24%	72.77%

Was sampling used? No

Did you use the Early Childhood Outcomes Center (ECO) Child Outcomes Summary Form (COSF)? Yes

Provide additional information about this indicator (optional)

Iowa reports ECO data on all children that have received IDEA Part C services for greater than 6 months. As reported in the 618 data tables, Iowa had 3,291 exits. Therefore, 2,273 children received services for greater than 6 months representing 69% of all children that exited IDEA Part C services during the current reporting year.

Actions required in FFY 2012 response table

The State must report progress data and actual target data for FFY 2013 in the FFY 2013 APR.

Responses to actions required in FFY 2012 response table

The **progress data** and **actual target data** for children at the time they turned three years of age or exited Part C Early ACCESS services for FFY 2013 are presented on the previous FFY 2013 Data page. Below includes an analysis of State performance in each outcome area.

Substantially Increased Rate of Growth (Summary Statement 1). Analysis of State performance revealed the following in each of the three Outcome areas:

- (A) Social-Emotional Skills: Iowa met and exceeded the target of 44.63% by 1.90% (46.53%). Iowa made progress in this area from the previous year by 3.2%.
- (B) Acquisition of Knowledge and Skills: Iowa was slightly below the 50.33% target by .07% (50.26%). Iowa made progress in this area from the previous year by 2.92%.
- (C) Appropriate Behaviors to Meet Their Needs: Iowa met and exceeded the target of 56.08% by 2.91% (58.99%). Iowa made progress in this area from the previous year by 3.46%.

Functioning within Age Expectations (Summary Statement 2). Analysis of State data revealed the following in each of the three Outcome areas:

- (A) Social-Emotional Skills: Iowa met and exceed the target of 69.90% by 1.50% (71.40%). Iowa made progress in this area from the previous year by 3.37%.
- (B) Acquisition of Knowledge and Skills: Iowa met and exceeded the target of 50.09% by 4.29% (54.38%). Iowa made progress in this area from the previous year by 2.39%.
- (C) Appropriate Behaviors to Meet Their Needs: Iowa met and exceeded the target of 71.24% by 1.53% (72.77%). Iowa made progress in this area from the previous year by 2.91%.

OSEP Response

The State provided targets for FFYs 2013 through 2018 for this indicator, and OSEP accepts those targets.

Required Actions

Indicator 4: Family Involvement

Monitoring Priority: Early Intervention Services In Natural Environments

Results indicator: Percent of families participating in Part C who report that early intervention services have helped the family:

- A. Know their rights;
- B. Effectively communicate their children's needs; and
- C. Help their children develop and learn.

(20 U.S.C. 1416(a)(3)(A) and 1442)

Historical Data

	Baseline Year	FFY	2005	2006	2007	2008	2009	2010	2011	2012
A	2005	Target ≥		90.00%	90.00%	91.00%	92.00%	93.00%	93.00%	93.00%
		Data	89.90%	96.40%	96.36%	96.25%	97.29%	97.91%	98.19%	90.00%
B	2005	Target ≥		89.50%	89.50%	90.00%	91.00%	92.00%	93.00%	93.00%
		Data	89.20%	95.90%	95.05%	95.97%	97.29%	97.62%	98.19%	93.49%
C	2005	Target ≥		91.00%	91.00%	92.00%	93.00%	94.00%	93.00%	93.00%
		Data	90.50%	95.80%	94.61%	95.82%	96.72%	96.72%	97.29%	91.11%

Key: Gray – Data Prior to Baseline Yellow – Baseline

FFY 2013 - FFY 2018 Targets

FFY	2013	2014	2015	2016	2017	2018
Target A ≥	93.00%	93.00%	93.00%	93.00%	93.00%	93.00%
Target B ≥	93.00%	93.00%	93.00%	93.00%	93.00%	93.00%
Target C ≥	93.00%	93.00%	93.00%	93.00%	93.00%	93.00%

Targets: Description of Stakeholder Input

Several key stakeholder groups were integral in providing input on setting targets. The group, members, and meeting dates specific to the setting targets are provided in the below table.

Group, Members and Meeting Dates of Key Stakeholders for Setting Targets

Group	Members	Meeting Dates
State Interagency Coordinating Council (Iowa Council for Early ACCESS)	<ul style="list-style-type: none"> • Parents of Children with Disabilities • Service Providers • Signatory Agencies at the State and Regional Level • Representative of Insurance Commission • Mental Health Providers • Representative of Head Start • Local/Regional/State Representatives of Mental Health, Private Medical and Physicians • Higher Education 	September 19, 2014
Regional Grantee Administrators	<ul style="list-style-type: none"> • Directors of Special Education for nine Regional Grantees 	January 22, 2015

FFY 2013 Part C State Performance Plan (SPP)/Annual Performance Report (APR)

Early ACCESS Leadership Group	Representatives of the:	August 26-27, 2014
	<ul style="list-style-type: none"> • Regional Grantees • Signatory Agencies 	January 21-22, 2015

The Lead Agency, with input from stakeholder groups, established measurable and rigorous targets. The FFY 2013 target will remain at 93.00% and continue as the target through FFY 2018.

FFY 2013 SPP/APR Data

Number of respondent families participating in Part C	338
A1. Number of respondent families participating in Part C who report that early intervention services have helped the family know their rights	284
A2. Number of responses to the question of whether early intervention services have helped the family know their rights	338
B1. Number of respondent families participating in Part C who report that early intervention services have helped the family effectively communicate their children's needs	296
B2. Number of responses to the question of whether early intervention services have helped the family effectively communicate their children's needs	338
C1. Number of respondent families participating in Part C who report that early intervention services have helped the family help their children develop and learn	287
C2. Number of responses to the question of whether early intervention services have helped the family help their children develop and learn	338

	FFY 2012 Data*	FFY 2013 Target*	FFY 2013 Data
A. Percent of families participating in Part C who report that early intervention services have helped the family know their rights	90.00%	93.00%	84.02%
B. Percent of families participating in Part C who report that early intervention services have helped the family effectively communicate their children's needs	93.49%	93.00%	87.57%
C. Percent of families participating in Part C who report that early intervention services have helped the family help their children develop and learn	91.11%	93.00%	84.91%

Explanation of A Slippage

Iowa experienced slippage in indicator 4A by 5.98% from the previous year (90% slipped to 84.02%) and did not meet the State target of 93.00% by 8.98%.

Slippage for Indicator 4A may be a result of implementing new procedures for collecting survey data. For the previous reporting period, each Regional Grantee had two options for families to complete the survey: (1) paper surveys with return envelopes addressed to the Lead Agency and (2) passcodes with instructions for accessing an online survey. Each Regional Grantee tracked whether or not families returned surveys via the online monitoring data system (I-STAR: Iowa's System To Achieve Results). This put the responsibility for distributing and ensuring return of surveys on the Regional Grantees.

For the current reporting year, the Lead Agency was responsible for distributing and collecting the surveys. Surveys were disseminated in two ways: (1) paper surveys were mailed directly to families who did not have email addresses or spoke languages other than English, and (2) passcodes and a link to an online survey were emailed to families that had email addresses. The rationale for moving survey responsibilities solely to the Lead Agency was to increase the reliability and validity of survey methodology. The Lead Agency was able to track which surveys were returned and the Regional Grantees were not able to view the tracking system.

As expected, survey response rates were significantly lower from the previous year (95.16% in FFY 2012 and 22.28% for FFY 2013). In the past, when Regional Grantee service coordinators had multiple personal contacts (by phone and/or in person) with survey participants, the return rate was high. For the current reporting year, the Lead Agency conducted the survey solely by paper or email (using I-STAR) with no personal contact in order to improve confidentiality and anonymity. To compensate for an expected lower return rate, greater numbers of surveys were distributed. Even with more surveys being distributed, some difficulties with the email distribution process may have influenced the low return rate. The Lead Agency has taken steps towards improving the email process in order to avoid experiencing the same problems in the future. The lower return rate

may also explain the slippage for this indicator.

Family survey data were analyzed by the Early ACCESS State Work Team, State Interagency Coordinating Council called Iowa Council for Early ACCESS, Regional Grantee Administrators, and the Early ACCESS Leadership Group. Stakeholders pointed out that the total surveys returned was much lower than previous years. There is agreement that the new process will produce more reliable and valid results providing a more realistic picture of family outcomes.

Explanation of B Slippage

Iowa experienced slippage in indicator 4B by 5.92% from the previous year (93.49% slipped to 87.57%) and did not meet the State target of 93.00% by 5.43%.

Slippage for Indicator 4B may be a result of implementing new procedures for collecting survey data. For the previous reporting period, each Regional Grantee had two options for families to complete the survey: (1) paper surveys with return envelopes addressed to the Lead Agency and (2) passcodes with instructions for accessing an online survey. Each Region Grantee tracked whether or not families returned surveys via our online monitoring data system (I-STAR: Iowa's System To Achieve Results). This put the responsibility for distributing and ensuring return of surveys on the Regional Grantees.

For the current reporting year, the Lead Agency was responsible for distributing and collecting the surveys. Surveys were disseminated in two ways: (1) paper surveys were mailed directly to families who did not have email addresses or spoke languages other than English, and (2) passcodes and a link to an online survey were emailed to families that had email addresses. The rationale for moving survey responsibilities solely to the Lead Agency was to increase the reliability and validity of survey methodology. The Lead Agency was able to track which surveys were returned and the Regional Grantees were not able to view the tracking system.

As expected, survey response rates were significantly lower from the previous year (95.16% in FFY 2012 and 22.28% for FFY 2013). In the past, when Regional Grantee service coordinators had multiple personal contacts (by phone and/or in person) with survey participants, the return rate was high. For the current reporting year, the Lead Agency conducted the survey solely by paper or email (using I-STAR) with no personal contact in order to improve confidentiality and anonymity. To compensate for an expected lower return rate, greater numbers of surveys were distributed. Even with more surveys being distributed, some difficulties with the email distribution process may have influenced the low return rate. The Lead Agency has taken steps towards improving the email process in order to avoid experiencing the same problems in the future. The lower return rate may also explain the slippage for this indicator.

Family survey data were analyzed by the Early ACCESS State Work Team, State Interagency Coordinating Council called Iowa Council for Early ACCESS, Regional Grantee Administrators, and the Early ACCESS Leadership Group. Stakeholders pointed out that the total surveys returned was much lower than previous years. There is agreement that the new process will produce more reliable and valid results providing a more realistic picture of family outcomes.

Explanation of C Slippage

Iowa experienced slippage in indicator 4C by 6.20% from the previous year (91.11% slipped to 84.91%) and did not meet the State target of 93.00% by 8.09%.

Slippage for Indicator 4C may be a result of implementing new procedures for collecting survey data. For the previous reporting period, each Regional Grantee had two options for families to complete the survey: (1) paper surveys with return envelopes addressed to the Lead Agency and (2) passcodes with instructions for accessing an online survey. Each Region Grantee tracked whether or not families returned surveys via our online monitoring data system (I-STAR: Iowa's System To Achieve Results). This put the responsibility for distributing and ensuring return of surveys on the Regional Grantees.

For the current reporting year, the Lead Agency was responsible for distributing and collecting the surveys. Surveys were disseminated in two ways: (1) paper surveys were mailed directly to families who did not have email addresses or spoke languages other than English, and (2) passcodes and a link to an online survey were emailed to families that had email addresses. The rationale for moving survey responsibilities solely to the Lead Agency was to increase the reliability and validity of survey methodology. The Lead Agency was able to track which surveys were returned and the Regional Grantees were not able to view the tracking system.

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for an expected lower return rate, greater numbers of surveys were distributed. Even with more surveys being distributed, some difficulties with the email distribution process may have influenced the low return rate. The Lead Agency has taken steps towards improving the email process in order to avoid experiencing the same problems in the future. The lower return rate may also explain the slippage for this indicator.

Family survey data were analyzed by the Early ACCESS State Work Team, State Interagency Coordinating Council called Iowa Council for Early ACCESS, Regional Grantee Administrators, and the Early ACCESS Leadership Group. Stakeholders pointed out that the total surveys returned was much lower than previous years. There is agreement that the new process will produce more reliable and valid results providing a more realistic picture of family outcomes.

Describe how the State has ensured that any response data are valid and reliable, including how the data represent the demographics of the State.

Random sampling was used to select names from all children who had an IFSP on the last Friday of October (count date) for the current reporting year. Sample size was based on a 95% confidence level of +/- 10% margin of error. The sample size for each region was then increased by 150% to account for families who did not have up-to-date contact information on file or declined to answer the survey. The random samples were drawn from the Information Management System (IMS) database. Sample selection procedures were established so that populations were representative of the Regions and the State.

The table below illustrates that the survey sample is representative of the Part C population for Race/Ethnicity as all categories show less than a 1% difference.

Percent Race/Ethnicity Survey Population Compared to Part C Population.

Race	Part C Population	Survey Population	Difference
Hispanic/Latino	11.75%	12.63%	-0.88%
American Indian or Alaska Native	0.57%	0.85%	-0.28%
Asian	2.47%	1.63%	0.84%
Black or African American	5.31%	4.78%	0.53%
Native Hawaiian or Other Pacific Islander	0.17%	0.18%	-0.01%
White	74.71%	74.91%	-0.20%
Two or More Races	5.02%	5.02%	0.00%
Total	100.00%	100.00%	0.00%

Source. Iowa Information Management System (IMS), FFY 2013.

Similarly, there was less than a 1.00% difference for gender between the survey sample and the Part C population.

Gender	Part C Population	Survey Population	Difference
Female	39.74%	40.57%	-0.83%
Male	60.26%	59.43%	0.83%
Total	100%	100%	0.00%

Source. Iowa Information Management System (IMS), FFY 2013.

The sample was also representative for those ages 0-2, as the greatest difference for each age group was no more than 2.72%.

Age	Part C Population	Survey Population	Difference
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FFY 2013 Part C State Performance Plan (SPP)/Annual Performance Report (APR)

0	18.43%	15.72%	2.71%
1	34.26%	36.58%	-2.32%
2	47.31%	47.70%	-0.3%
Total	100%	100%	0.00%

Source. Iowa Information Management System (IMS), FFY 2013.

Was sampling used? Yes

Has your previously-approved sampling plan changed? No

Was a collection tool used? Yes

Is it a new or revised collection tool? No



Yes, the data accurately represent the demographics of the State



No, the data does not accurately represent the demographics of the State

Describe the sampling methodology outlining how the design will yield valid and reliable estimates.

Random sampling was used to select names from all children who had an IFSP on the last Friday of October (count date) for the current reporting year. Sample size was based on a 95% confidence level of +/- 10% margin of error. The sample size for each region was then increased by 150% to account for families who did not have up-to-date contact information on file or declined to answer the survey. The random samples were drawn from the Information Management System (IMS) database. The selected sample was uploaded into the I-STAR data system. Families with recorded email addresses were emailed the survey through I-STAR and were able to complete the survey online. Families who did not have a current email address were mailed surveys with return envelopes. If families needed an interpreter for any reason, the lead agency worked with the Regional Grantees to have a paper survey completed. All paper surveys were anonymously mailed directly to the Lead Agency and recorded in the I-STAR system by the monitoring consultant or support staff. For the current reporting year, the Lead Agency was responsible for distributing and collecting the surveys. Surveys were disseminated in two ways: (1) paper surveys were mailed directly to families who did not have email addresses or spoke languages other than English, and (2) passcodes and a link to an online survey were emailed to families that had email addresses. The rationale for moving survey responsibilities solely to the Lead Agency was to increase the reliability and validity of survey methodology. The Lead Agency was able to track which surveys were returned and the Regional Grantees were not able to view the tracking system.

Number of IFSPs and Sample Size by Regional Grantee: Ages Birth - Three Population.

Regional Grantee	Number of IFSPs	Sample Size	Returned	Return Rate
1	184	156	45	29%
7	316	166	29	17%
8	219	168	31	18%
9	372	163	27	17%
10	466	192	45	23%
11	1076	204	60	29%
12	328	155	32	21%
13	235	162	32	20%
15	292	151	37	25%
State Total	3488	1517	338	22%

Source. Iowa Information Management System (IMS), FFY 2013.

Actions required in FFY 2012 response table

None

Responses to actions required in FFY 2012 response table, **not including correction of findings**

No actions required.

OSEP Response

The State provided targets for FFYs 2013 through 2018 for this indicator, and OSEP accepts those targets.

Required Actions

Indicator 5: Child Find (Birth to One)

Monitoring Priority: Effective General Supervision Part C / Child Find

Results indicator: Percent of infants and toddlers birth to 1 with IFSPs compared to national data.

(20 U.S.C. 1416(a)(3)(B) and 1442)

Historical Data

Baseline Data: 2005

FFY	2005	2006	2007	2008	2009	2010	2011	2012
Target ≥		1.10%	1.10%	1.10%	1.20%	1.30%	1.30%	1.30%
Data	1.22%	1.42%	1.54%	1.59%	1.74%	1.63%	1.56%	1.71%

Key: Gray – Data Prior to Baseline Yellow – Baseline

FFY 2013 - FFY 2018 Targets

FFY	2013	2014	2015	2016	2017	2018
Target ≥	1.30%	1.35%	1.35%	1.40%	1.40%	1.45%

Targets: Description of Stakeholder Input

Several key stakeholder groups were integral in providing input on setting targets. The group, members, and meeting dates specific to the setting targets are provided in the following table.

Group, Members and Meeting Dates of Key Stakeholders for Setting Targets

Group	Members	Meeting Dates
State Interagency Coordinating Council (Iowa Council for Early ACCESS)	<ul style="list-style-type: none"> Parents of Children with Disabilities Service Providers Signatory Agencies at the State and Regional Level Representative of Insurance Commission Mental Health Providers Representative of Head Start Local/Regional/State Representatives of Mental Health, Private Medical and Physicians Higher Education 	September 19, 2014
Regional Grantee Administrators	<ul style="list-style-type: none"> Directors of Special Education for nine Regional Grantees 	January 2, 2015
Early ACCESS Leadership Group	Representatives of the: <ul style="list-style-type: none"> Regional Grantees Signatory Agencies 	August 26-27, 2014 January 21-22, 2015

The Lead Agency, with input from stakeholder groups, established measurable and rigorous targets ranging from 1.30 to 1.45% for FFY 2013-FFY 2018.

Prepopulated Data

Source	Date	Description	Data	Overwrite Data
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FFY 2013 Part C State Performance Plan (SPP)/Annual Performance Report (APR)

Source	Date	Description	Data	Overwrite Data
SY 2013-14 Child Count/Educational Environment Data Groups	9/24/2014	Number of infants and toddlers birth to 1 with IFSPs	643	null
U.S. Census Annual State Resident Population Estimates April 1, 2010 to July 1, 2013	12/16/2014	Population of infants and toddlers birth to 1	38,178	null

FFY 2013 SPP/APR Data

Number of infants and toddlers birth to 1 with IFSPs	Population of infants and toddlers birth to 1	FFY 2012 Data*	FFY 2013 Target*	FFY 2013 Data
643	38,178	1.71%	1.30%	1.68%

Actions required in FFY 2012 response table

None

Responses to actions required in FFY 2012 response table

No actions required.

OSEP Response

The State provided targets for FFYs 2013 through 2018 for this indicator, and OSEP accepts those targets.

Required Actions

Indicator 6: Child Find (Birth to Three)

Monitoring Priority: Effective General Supervision Part C / Child Find

Results indicator: Percent of infants and toddlers birth to 3 with IFSPs compared to national data.

(20 U.S.C. 1416(a)(3)(B) and 1442)

Historical Data

Baseline Data: 2005

FFY	2005	2006	2007	2008	2009	2010	2011	2012
Target ≥		2.10%	2.10%	2.10%	2.30%	2.50%	2.50%	2.50%
Data	2.33%	2.52%	2.69%	2.89%	3.05%	3.01%	3.08%	3.03%

Key: Gray – Data Prior to Baseline Yellow – Baseline

FFY 2013 - FFY 2018 Targets

FFY	2013	2014	2015	2016	2017	2018
Target ≥	2.50%	2.50%	2.60%	2.60%	2.70%	2.70%

Targets: Description of Stakeholder Input

Several key stakeholder groups were integral in providing input on setting targets. The group, members, and meeting dates specific to the setting targets are provided in the following table.

Group, Members and Meeting Dates of Key Stakeholders for Setting Targets

Group	Members	Meeting Dates
State Interagency Coordinating Council (Iowa Council for Early ACCESS)	<ul style="list-style-type: none"> • Parents of Children with Disabilities • Service Providers • Signatory Agencies at the State and Regional Level • Representative of Insurance Commission • Mental Health Providers • Representative of Head Start • Local/Regional/State Representatives of Mental Health, Private Medical and Physicians • Higher Education 	September 19, 2014
Regional Grantee Administrators	<ul style="list-style-type: none"> • Directors of Special Education for nine Regional Grantees 	January 22, 2015
Early ACCESS Leadership Group	Representatives of the: <ul style="list-style-type: none"> • Regional Grantees • Signatory Agencies 	August 26-27, 2014 January 21-22, 2015

The Lead Agency, with input from stakeholder groups, established measurable and rigorous targets ranging from 2.50% to 2.70% for FFY 2013-FFY 2018.

Prepopulated Data

Source	Date	Description	Data	Overwrite Data
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FFY 2013 Part C State Performance Plan (SPP)/Annual Performance Report (APR)

Source	Date	Description	Data	Overwrite Data
SY 2013-14 Child Count/Educational Environment Data Groups	9/24/2014	Number of infants and toddlers birth to 3 with IFSPs	3,488	
U.S. Census Annual State Resident Population Estimates April 1, 2010 to July 1, 2013	12/16/2014	Population of infants and toddlers birth to 3	115,192	

FFY 2013 SPP/APR Data

Number of infants and toddlers birth to 3 with IFSPs	Population of infants and toddlers birth to 3	FFY 2012 Data*	FFY 2013 Target*	FFY 2013 Data
3,488	115,192	3.03%	2.50%	3.03%

Actions required in FFY 2012 response table

None

Responses to actions required in FFY 2012 response table

No actions required.

OSEP Response

The State provided targets for FFYs 2013 through 2018 for this indicator, and OSEP accepts those targets.

Required Actions

Indicator 7: 45-day timeline

Monitoring Priority: Effective General Supervision Part C / Child Find

Compliance indicator: Percent of eligible infants and toddlers with IFSPs for whom an initial evaluation and initial assessment and an initial IFSP meeting were conducted within Part C's 45-day timeline.

(20 U.S.C. 1416(a)(3)(B) and 1442)

Historical Data

Baseline Data: 2005

FFY	2005	2006	2007	2008	2009	2010	2011	2012
Target		100%	100%	100%	100%	100%	100%	100%
Data	87.00%	90.90%	97.66%	98.73%	99.36%	99.85%	99.76%	99.84%

Key: Gray – Data Prior to Baseline Yellow – Baseline

FFY 2013 - FFY 2018 Targets

FFY	2013	2014	2015	2016	2017	2018
Target	100%	100%	100%	100%	100%	100%

FFY 2013 SPP/APR Data

Number of eligible infants and toddlers with IFSPs for whom an initial evaluation and assessment and an initial IFSP meeting was conducted within Part C's 45-day timeline	Number of eligible infants and toddlers evaluated and assessed for whom an initial IFSP meeting was required to be conducted	FFY 2012 Data*	FFY 2013 Target*	FFY 2013 Data
3,380	3,391	99.84%	100%	99.68%

Number of documented delays attributable to exceptional family circumstances (this number will be added to the Number of eligible infants and toddlers with IFSPs for whom an initial evaluation and assessment and an initial IFSP meeting was conducted within Part C's 45-day timeline)	null
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What is the source of the data provided for this indicator?

- State monitoring
- State database

Provide the time period in which the data were collected (e.g., September through December, fourth quarter, selection from the full reporting period).

Data were selected from the full reporting period.

Describe how the data accurately reflect data for infants and toddlers with IFSPs for the full reporting period.

Data for this indicator were taken from the statewide Iowa Information Management System (IMS) database for the current full reporting period and reflect all infants and toddlers evaluated and assessed for who an initial IFSP was required to be conducted. The monitoring cycle occurs annually with all Regional Grantees. The Lead Agency conducted the reviews using an Excel data collection form for every Regional Grantee. Data are based on the actual number of days, not the average, between date of referral and the date of the initial IFSP meeting.

Iowa has included the children for whom the cause for the delay was exceptional family circumstances in both the numerator

and denominator. The State remained virtually unchanged from last reporting period (99.84% last year and 99.68% in the current reporting year) producing a gap of 0.32% between the current year data and the 100% target, achieving substantial compliance for timely evaluations, assessments and initial IFSP meetings. Data indicated that 84.81% of infants and toddlers (2,876/3,391) received timely evaluations and initial IFSP meetings. An additional 14.86% (504/3,391) were reported to be untimely due to exceptional family circumstances. Eleven children’s evaluations, assessments and initial IFSP meetings were untimely due to system reasons defined as staff shortages, vacation, illness, or scheduling.

Actions required in FFY 2012 response table

None

Responses to actions required in FFY 2012 response table, not including correction of findings

Correction of Findings of Noncompliance Identified in FFY 2012

Findings of Noncompliance Identified	Findings of Noncompliance Verified as Corrected Within One Year	Findings of Noncompliance Subsequently Corrected	Findings Not Yet Verified as Corrected
2	2	0	0

FFY 2012 Findings of Noncompliance Verified as Corrected

Describe how the State verified that each LEA with noncompliance is correctly implementing the regulatory requirements

Two Regional Grantees did not meet the 100% target in FFY 2012 and were notified of findings of noncompliance. The Regional Grantees were required to analyze root causes and correct each case of noncompliance, unless the child was no longer within the jurisdiction of the provider, as soon as possible and no later than one year from date of notification of noncompliance. The corrective actions were completed followed by verification by the Lead Agency.

In each Region that had findings of noncompliance, *after* technical assistance and corrective activities occurred, a follow-up review of data from five IFSPs with dates subsequent to the corrective activities was conducted. The Regions demonstrated implementation of the requirement with 100% compliance for timely evaluations and initial IFSP meetings. The Regional Grantee made corrections within the 365 day timeline (including the State’s verification of correction) and met requirements for timely correction.

Describe how the State verified that each LEA corrected each individual case of noncompliance

The Lead Agency verified that the Regional Grantee corrected noncompliance for FFY 2012 using Iowa’s System to Achieve Results (I-STAR). I-STAR has been used for monitoring correction of all individual child noncompliance including verification of correction (Prong 2) within the 365 day timeline. The Lead Agency monitoring consultant is responsible for verifying timely correction via I-STAR.

Corrective actions included assuring that evaluations, assessments and initial IFSP meetings were held even though the timeline was not met unless the child was no longer within the jurisdiction of the EIS program. The infants and toddlers that did not receive evaluations and initial IFSP meetings within 45 days did in fact have the evaluations completed and meetings held at a later date. The Regions made corrections within the 365 day timeline (including the State’s verification of correction) and met requirements for timely correction.

OSEP Response

The State provided targets for FFYs 2013 through 2018 for this indicator, and OSEP accepts those targets.

Because the State reported less than 100% compliance for FFY 2013, the State must report on the status of correction of noncompliance identified in FFY 2013 for this indicator. When reporting on the correction of noncompliance, the State must report, in its FFY 2014 APR, that it has verified that each EIS program or provider with noncompliance identified in FFY 2013 for this indicator: (1) is correctly implementing the specific regulatory requirements (i.e., achieved 100% compliance) based on a review of updated data such as data subsequently collected through on-site monitoring or a State data system; and (2) has corrected each individual case of noncompliance, unless the child is no longer within the jurisdiction of the EIS program or provider, consistent with OSEP Memo 09-02. In the FFY 2014 APR, the State must describe the specific actions that were taken to verify the correction.

Required Actions

Indicator 8A: Early Childhood Transition

Monitoring Priority: Effective General Supervision Part C / Effective Transition

Compliance indicator: The percentage of toddlers with disabilities exiting Part C with timely transition planning for whom the Lead Agency has:

- A. Developed an IFSP with transition steps and services at least 90 days, and at the discretion of all parties, not more than nine months, prior to the toddler's third birthday;
- B. Notified (consistent with any opt-out policy adopted by the State) the SEA and the LEA where the toddler resides at least 90 days prior to the toddler's third birthday for toddlers potentially eligible for Part B preschool services; and
- C. Conducted the transition conference held with the approval of the family at least 90 days, and at the discretion of all parties, not more than nine months, prior to the toddler's third birthday for toddlers potentially eligible for Part B preschool services.

(20 U.S.C. 1416(a)(3)(B) and 1442)

Historical Data

Baseline Data: 2005

FFY	2005	2006	2007	2008	2009	2010	2011	2012
Target		100%	100%	100%	100%	100%	100%	100%
Data	87.00%	94.00%	97.96%	99.68%	100%	100%	100%	100%

Key: Gray – Data Prior to Baseline Yellow – Baseline

FFY 2013 - FFY 2018 Targets

FFY	2013	2014	2015	2016	2017	2018
Target	100%	100%	100%	100%	100%	100%

FFY 2013 SPP/APR Data

Data include only those toddlers with disabilities exiting Part C with timely transition planning for whom the Lead Agency has developed an IFSP with transition steps and services at least 90 days, and at the discretion of all parties, not more than nine months, prior to the toddler's third birthday.

- Yes
- No

Number of children exiting Part C who have an IFSP with transition steps and services	Number of toddlers with disabilities exiting Part C	FFY 2012 Data*	FFY 2013 Target*	FFY 2013 Data
1,652	1,656	100%	100%	99.76%

Number of documented delays attributable to exceptional family circumstances (this number will be added to the Number of children exiting Part C who have an IFSP with transition steps and services)	null
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Explanation of Slippage

With its 99.76% (1652/1656) performance, Iowa did not meet the 100% target by 0.24%. Seven out of nine Regional Grantees met 100% compliance. One Regional Grantee showed slight slippage from 100% to 98.72% (decrease of 1.28%). The second Regional Grantee showed slight slippage from 100% compliance to 99.36% (decrease of 0.64%). Statewide, there were four cases where toddlers with disabilities exiting Part C with timely transition planning for whom the IFSP did not have transition steps and services at least 90 days, and at the discretion of all parties, not more than nine months prior to the toddler's third birthday. Slippage was due to staff training issues.

What is the source of the data provided for this indicator?

- State monitoring
- State database

Describe the method used to select EIS programs for monitoring.

Data were obtained from files of children exiting Part C and potentially eligible for Part B, or children exiting Part C for other services as part of the Part C statewide file review process using Iowa's System to Achieve Results (I-STAR) monitoring system. The monitoring cycle occurs annually with all Regional Grantees. A random sample of all children exiting Part C was created using a confidence level of 95% with a +/- 10% margin of error. State staff conducted IFSP file reviews then desk audits were completed by the Lead Agency monitoring consultant. The data were then entered into the I-STAR data monitoring system and Regional Grantees received notification of compliance and findings.

Actions required in FFY 2012 response table

None

Responses to actions required in FFY 2012 response table, not including correction of findings

No actions required.

Correction of Findings of Noncompliance Identified in FFY 2012

Findings of Noncompliance Identified	Findings of Noncompliance Verified as Corrected Within One Year	Findings of Noncompliance Subsequently Corrected	Findings Not Yet Verified as Corrected
0	0	0	0

OSEP Response

The State provided targets for FFYs 2013 through 2018 for this indicator, and OSEP accepts those targets.

Because the State reported less than 100% compliance for FFY 2013, the State must report on the status of correction of noncompliance identified in FFY 2013 for this indicator. When reporting on the correction of noncompliance, the State must report, in its FFY 2014 APR, that it has verified that each EIS program or provider with noncompliance identified in FFY 2013 for this indicator: (1) is correctly implementing the specific regulatory requirements (i.e., achieved 100% compliance) based on a review of updated data such as data subsequently collected through on-site monitoring or a State data system; and (2) has corrected each individual case of noncompliance, unless the child is no longer within the jurisdiction of the EIS program or provider, consistent with OSEP Memo 09-02. In the FFY 2014 APR, the State must describe the specific actions that were taken to verify the correction.

Required Actions

Indicator 8B: Early Childhood Transition

Monitoring Priority: Effective General Supervision Part C / Effective Transition

Compliance indicator: The percentage of toddlers with disabilities exiting Part C with timely transition planning for whom the Lead Agency has:

- A. Developed an IFSP with transition steps and services at least 90 days, and at the discretion of all parties, not more than nine months, prior to the toddler's third birthday;
- B. Notified (consistent with any opt-out policy adopted by the State) the SEA and the LEA where the toddler resides at least 90 days prior to the toddler's third birthday for toddlers potentially eligible for Part B preschool services; and
- C. Conducted the transition conference held with the approval of the family at least 90 days, and at the discretion of all parties, not more than nine months, prior to the toddler's third birthday for toddlers potentially eligible for Part B preschool services.

(20 U.S.C. 1416(a)(3)(B) and 1442)

Historical Data

Baseline Data: 2005

FFY	2005	2006	2007	2008	2009	2010	2011	2012
Target	100%	100%	100%	100%	100%	100%	100%	100%
Data	96.00%	100%	100%	100%	100%	100%	100%	100%

Key: Gray – Data Prior to Baseline Yellow – Baseline

FFY 2013 - FFY 2018 Targets

FFY	2013	2014	2015	2016	2017	2018
Target	100%	100%	100%	100%	100%	100%

FFY 2013 SPP/APR Data

Explanation of Alternate Data

Data include notification to both the SEA and LEA

- Yes
 No

Number of toddlers with disabilities exiting Part C where notification to the SEA and LEA occurred at least 90 days prior to their third birthday for toddlers potentially eligible for Part B preschool services	Number of toddlers with disabilities exiting Part C who were potentially eligible for Part B	FFY 2012 Data*	FFY 2013 Target*	FFY 2013 Data
464	464	100%	100%	100%

Number of parents who opted out (this number will be subtracted from the number of toddlers with disabilities exiting Part C who were potentially eligible for Part B when calculating the FFY 2013 Data)	0
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Describe the method used to collect these data

Data were obtained from files of children exiting Part C and potentially eligible for Part B as part of the Part C statewide file review process using Iowa's System to Achieve Results (I-STAR) monitoring system. The monitoring cycle occurs annually with all Regional Grantees. A random sample of all children exiting Part C was created using a confidence level of 95% with a +/- 10% margin of error. State staff conducted IFSP file reviews then desk audits were completed by the Lead Agency monitoring consultant. The data were then entered into the I-STAR data monitoring system and Regional Grantees received notification of compliance and findings.

Do you have a written opt-out policy? No

Actions required in FFY 2012 response table

None

Responses to actions required in FFY 2012 response table, not including correction of findings

No response required.

Correction of Findings of Noncompliance Identified in FFY 2012

Findings of Noncompliance Identified	Findings of Noncompliance Verified as Corrected Within One Year	Findings of Noncompliance Subsequently Corrected	Findings Not Yet Verified as Corrected
0	0	0	0

OSEP Response

The State provided targets for FFYs 2013 through 2018 for this indicator, and OSEP accepts those targets.

Required Actions

Indicator 8C: Early Childhood Transition

Monitoring Priority: Effective General Supervision Part C / Effective Transition

Compliance indicator: The percentage of toddlers with disabilities exiting Part C with timely transition planning for whom the Lead Agency has:

- A. Developed an IFSP with transition steps and services at least 90 days, and at the discretion of all parties, not more than nine months, prior to the toddler's third birthday;
- B. Notified (consistent with any opt-out policy adopted by the State) the SEA and the LEA where the toddler resides at least 90 days prior to the toddler's third birthday for toddlers potentially eligible for Part B preschool services; and
- C. Conducted the transition conference held with the approval of the family at least 90 days, and at the discretion of all parties, not more than nine months, prior to the toddler's third birthday for toddlers potentially eligible for Part B preschool services.

(20 U.S.C. 1416(a)(3)(B) and 1442)

Historical Data

Baseline Data: 2005

FFY	2005	2006	2007	2008	2009	2010	2011	2012
Target		100%	100%	100%	100%	100%	100%	100%
Data	87.00%	91.00%	95.25%	99.40%	99.37%	99.35%	98.73%	100%

Key: Gray – Data Prior to Baseline Yellow – Baseline

FFY 2013 - FFY 2018 Targets

FFY	2013	2014	2015	2016	2017	2018
Target	100%	100%	100%	100%	100%	100%

FFY 2013 SPP/APR Data

Explanation of Alternate Data

Data reflect only those toddlers for whom the Lead Agency has conducted the transition conference held with the approval of the family at least 90 days, and at the discretion of all parties, not more than nine months, prior to the toddler's third birthday for toddlers potentially eligible for Part B preschool services

- Yes
- No

Number of toddlers with disabilities exiting Part C where the transition conference occurred at least 90 days, and at the discretion of all parties at least nine months prior to the toddler's third birthday for toddlers potentially eligible for Part B	Number of toddlers with disabilities exiting Part C who were potentially eligible for Part B	FFY 2012 Data*	FFY 2013 Target*	FFY 2013 Data
452	464	100%	100%	98.71%

Number of toddlers for whom the parent did not provide approval for the transition conference (this number will be subtracted from the number of toddlers with disabilities exiting Part C who were potentially eligible for Part B when calculating the FFY 2013 Data)	0
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Number of documented delays attributable to exceptional family circumstances (this number will be added to the Number of toddlers with disabilities exiting Part C where the transition conference occurred at least 90 days, and at the discretion of all parties at least nine months prior to the toddler's third birthday for toddlers potentially eligible for Part B)

6

Explanation of Slippage

With its 98.69% performance, Iowa did not meet the 100% target and experienced 1.31% slippage from the previous year when the target was met. Data indicated that 452 of 464 infants and toddlers exiting Part C and potentially eligible for Part B services had timely transition conferences occur at least 90 days, and at the discretion of all parties not more than nine months prior to the toddler's third birthday. Five of nine Regional Grantees met 100% compliance. The remaining four Regional Grantees experienced slippage ranging from 1.39% to 5.08% from the previous year where they all met the 100% target. These percentages represent three children in one Region and one child in each of the remaining three Regions. Although late, all six children received transition conferences. Reasons for slippage as reported by the Regional Grantees include service coordinator training needs and staff shortages. Regional Grantees initiated improvement activities immediately upon notification of findings of noncompliance. The State remained in substantial compliance at 98.69%

The Lead Agency will continue to monitor progress for all Regions on this indicator and related requirements through regularly scheduled data verification reports, file reviews, technical assistance, support and monitoring implementation of corrective action plans. Monitoring will include data and root cause analysis by both the Lead Agency and Regional Grantees.

What is the source of the data provided for this indicator?



State monitoring



State database that includes data for the entire reporting year

Describe the method used to select EIS programs for monitoring.

Data were obtained from files of children exiting Part C and potentially eligible for Part B as part of the Part C statewide file review process using Iowa's System to Achieve Results (I-STAR) monitoring system. The monitoring cycle occurs annually with all Regional Grantees. A random sample of all children exiting Part C was created using a confidence level of 95% with a +/- 10% margin of error. State staff conducted IFSP file reviews then desk audits were completed by the lead agency monitoring consultant. The data were then entered into the I-STAR data monitoring system and Regional Grantees received notification of compliance and findings.

Iowa did not include in their calculation the number of children for whom the State had identified the cause for the delay as exceptional family circumstances. The State did not include in the calculation the number of children for whom the family did not provide approval to conduct the transition conference which resulted in delays in timely transition.

Actions required in FFY 2012 response table

None

Responses to actions required in FFY 2012 response table, not including correction of findings

No actions are required.

Correction of Findings of Noncompliance Identified in FFY 2012

Findings of Noncompliance Identified	Findings of Noncompliance Verified as Corrected Within One Year	Findings of Noncompliance Subsequently Corrected	Findings Not Yet Verified as Corrected
0	0	0	0

OSEP Response

The State provided targets for FFYs 2013 through 2018 for this indicator, and OSEP accepts those targets.

Required Actions

Indicator 9: Resolution Sessions

Monitoring Priority: Effective General Supervision Part C / General Supervision

Results indicator: Percent of hearing requests that went to resolution sessions that were resolved through resolution session settlement agreements (applicable if Part B due process procedures are adopted).

(20 U.S.C. 1416(a)(3)(B) and 1442)

Historical Data

Baseline Data:

FFY	2005	2006	2007	2008	2009	2010	2011	2012
Target ≥								
Data								

Key: Gray – Data Prior to Baseline Yellow – Baseline

FFY 2013 - FFY 2018 Targets

FFY	2013	2014	2015	2016	2017	2018
Target ≥						

Targets: Description of Stakeholder Input

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

Prepopulated Data

Source	Date	Description	Data	Overwrite Data
EMAPS IDEA Part B Dispute Resolution Survey; Section C: Due Process Complaints	11/12/2013	3.1 Number of resolution sessions	null	null
EMAPS IDEA Part B Dispute Resolution Survey; Section C: Due Process Complaints	11/12/2013	3.1(a) Number resolution sessions resolved through settlement agreements	null	null

FFY 2013 SPP/APR Data

3.1 Number of resolution sessions	3.1(a) Number resolution sessions resolved through settlement agreements	FFY 2012 Data*	FFY 2013 Target*	FFY 2013 Data
null	null			

Actions required in FFY 2012 response table

None

Responses to actions required in FFY 2012 response table

No required actions.

OSEP Response

This indicator is not applicable for the State.

Required Actions

Indicator 10: Mediation

Monitoring Priority: Effective General Supervision Part C / General Supervision

Results indicator: Percent of mediations held that resulted in mediation agreements.

(20 U.S.C. 1416(a)(3)(B) and 1442)

Historical Data

Baseline Data: 2005

FFY	2005	2006	2007	2008	2009	2010	2011	2012
Target ≥								
Data								

Key: Gray – Data Prior to Baseline Yellow – Baseline

FFY 2013 - FFY 2018 Targets

FFY	2013	2014	2015	2016	2017	2018
Target ≥						

Targets: Description of Stakeholder Input

The state of Iowa has had less than 10 mediations a year. Therefore, the state is not required to set targets for indicator C10.

Prepopulated Data

Source	Date	Description	Data	Overwrite Data
EMAPS IDEA Part B Dispute Resolution Survey; Section B: Mediation Requests	11/5/2014	2.1.a.i Mediations agreements related to due process complaints	n	null
EMAPS IDEA Part B Dispute Resolution Survey; Section B: Mediation Requests	11/5/2014	2.1.b.i Mediations agreements not related to due process complaints	n	null
EMAPS IDEA Part B Dispute Resolution Survey; Section B: Mediation Requests	11/5/2014	2.1 Mediations held	n	null

FFY 2013 SPP/APR Data

2.1.a.i Mediations agreements related to due process complaints	2.1.b.i Mediations agreements not related to due process complaints	2.1 Mediations held	FFY 2012 Data*	FFY 2013 Target*	FFY 2013 Data
0	0	0			

Actions required in FFY 2012 response table

None

Responses to actions required in FFY 2012 response table

No required actions.

OSEP Response

The State reported fewer than ten mediations held in FFY 2013. The State is not required to provide targets until any fiscal year in which ten or more mediations were held.

Required Actions

Indicator 11: State Systemic Improvement Plan

Monitoring Priority: General Supervision

Results indicator: The State's SPP/APR includes a State Systemic Improvement Plan (SSIP) that meets the requirements set forth for this indicator.

Baseline Data

FFY	2013
Data	

FFY 2014 - FFY 2018 Targets

FFY	2014	2015	2016	2017	2018
Target					

Description of Measure

See attached PDF for all components of the Iowa Part C SSIP.

Targets: Description of Stakeholder Input

Data Analysis

A description of how the State identified and analyzed key data, including data from SPP/APR indicators, 618 data collections, and other available data as applicable, to: (1) select the State-identified Measurable Result(s) for Infants and Toddlers with Disabilities and their Families, and (2) identify root causes contributing to low performance. The description must include information about how the data were disaggregated by multiple variables (e.g., EIS program and/or EIS provider, geographic region, race/ethnicity, socioeconomic status, gender, etc.) As part of its data analysis, the State should also consider compliance data and whether those data present potential barriers to improvement. In addition, if the State identifies any concerns about the quality of the data, the description must include how the State will address these concerns. Finally, if additional data are needed, the description should include the methods and timelines to collect and analyze the additional data.

See attached PDF for all components of the Iowa Part C SSIP.

Analysis of State Infrastructure to Support Improvement and Build Capacity

A description of how the State analyzed the capacity of its current infrastructure to support improvement and build capacity in EIS programs and/or EIS providers to implement, scale up, and sustain the use of evidence-based practices to improve results for infants and toddlers with disabilities and their families. State systems that make up its infrastructure include, at a minimum: governance, fiscal, quality standards, professional development, data, technical assistance, and accountability/monitoring. The description must include current strengths of the systems, the extent the systems are coordinated, and areas for improvement of functioning within and across the systems. The State must also identify current State-level improvement plans and other early learning initiatives, such as Race to the Top-Early Learning Challenge and the Home Visiting program and describe the extent that these new initiatives are aligned, and how they are, or could be, integrated with, the SSIP. Finally, the State should identify representatives (e.g., offices, agencies, positions, individuals, and other stakeholders) that were involved in developing Phase I of the SSIP and that will be involved in developing and implementing Phase II of the SSIP.

See attached PDF for all components of the Iowa Part C SSIP.

State-identified Measurable Result(s) for Infants and Toddlers with Disabilities and Their Families

FFY 2013 Part C State Performance Plan (SPP)/Annual Performance Report (APR)

A statement of the result(s) the State intends to achieve through the implementation of the SSIP. The State-identified Measurable Result(s) for Infants and Toddlers with Disabilities and their Families must be aligned to an SPP/APR indicator or a component of an SPP/APR indicator. The State-identified Measurable Result(s) for Infants and Toddlers with Disabilities and their Families must be clearly based on the Data and State Infrastructure Analyses and must be a child- or family-level outcome in contrast to a process outcome. The State may select a single result (e.g., increase the rate of growth in infants and toddlers demonstrating positive social-emotional skills) or a cluster of related results (e.g., increase the percentage reported under child outcome B under Indicator 3 of the SPP/APR (knowledge and skills) and increase the percentage trend reported for families under Indicator 4 (helping their child develop and learn)).

Statement

See attached PDF for all components of the Iowa Part C SSIP.

Description

Selection of Coherent Improvement Strategies

An explanation of how the improvement strategies were selected, and why they are sound, logical and aligned, and will lead to a measurable improvement in the State-identified Measurable Result(s) for Infants and Toddlers with Disabilities and their Families. The improvement strategies should include the strategies, identified through the Data and State Infrastructure Analyses, that are needed to improve the State infrastructure and to support EIS program and/or EIS provider implementation of evidence-based practices to improve the State-identified result(s) for infants and toddlers with disabilities and their families. The State must describe how implementation of the improvement strategies will address identified root causes for low performance and ultimately build EIS program and/or EIS provider capacity to achieve the State-identified Measurable Result(s) for Infants and Toddlers with Disabilities and their Families.

See attached PDF for all components of the Iowa Part C SSIP.

Theory of Action

A graphic illustration that shows the rationale of how implementing the coherent set of improvement strategies selected will increase the State's capacity to lead meaningful change in EIS programs and/or EIS providers, and achieve improvement in the State-identified Measurable Result(s) for Infants and Toddlers with Disabilities and their Families.

[Iowa IDEA Part C Theory of Action Graphic](#) Iowa IDEA Part C Theory of Action Graphic

Illustration

 Provide a description of the provided graphic illustration (optional)

OSEP Response

Required Actions

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.

References

- Campbell, P. H., & Sawyer, L. B. (2007). Supporting learning opportunities in natural settings through participation-based services. *Journal of Early Intervention, 29*(4), 287-305.
- Division for Early Childhood. (2014). DEC recommended practices in early intervention/early childhood special education 2014. Retrieved from <http://www.dec-sp.org/recommendedpractices>
- Dunst, C. J., Hamby, D., Trivette, C. M., Raab, M., & Bruder, M. B. (2000). Everyday family and community life and children's naturally occurring learning opportunities. *Journal of Early Intervention, 23*, 151-164.
- Friedman, J., Woods, J., & Salisbury, C., (2012). Caregiver coaching strategies for early intervention providers: Moving toward operational definitions. *Infants & Young Children, 25*(1), 62-82.
- National Early Childhood Technical Assistance Center, Early Childhood Outcome Center, & Regional Resource Center Program. (2012, April). Relationship of Quality Practices to Children and Family Outcomes Measurement Results. Retrieved from http://www.ectacenter.org/~pdfs/eco/QualityPracticesOutcomes_2012-04-17.pdf
- Peterson, C. A., Luze, G. J., Eshbaugh, E. M., Jeon, H. J., & Kantz, K. R. (2007). Enhancing parent- child interactions through home visiting: Promising practice or unfulfilled promise? *Journal of Early Intervention, 29*(2), 119-140.
- Rockwell, S. & Kohn, H. Post-Then-Pre Evaluation. (1989). *Journal of Extension, 27*(2).
- Davis, G. (2003). Using Retrospective Pre-post Questionnaire to Determine Program Impact. *Journal of Extension, 41*(4).
- Workgroup on Principles and Practices in Natural Environments, OSEP TA Community of Practice: Part C Settings. (2008, March). Seven key principles: Looks like / doesn't look like. Retrieved from http://www.ectacenter.org/~pdfs/topics/families/Principles_LooksLike_DoesntLookLike3_11_08.pdf
- Woods, J. (2005). *Family-guided, routines-based intervention project*. Tallahassee, FL: Florida State University, Department of Communication Disorders.

Certify and Submit your SPP/APR

I certify that I am the Director of the State's Lead Agency under Part C of the IDEA, or his or her designee, and that the State's submission of its IDEA Part C State Performance Plan/Annual Performance Report is accurate.

Selected: Designated by the Lead Agency Director to certify

Name and title of the individual certifying the accuracy of the State's submission of its IDEA Part C State Performance Plan/Annual Performance Report.

Name: Amy J. Williamson

Title: Chief, Bureau of School Improvement

Email: amy.williamson@iowa.gov

Phone: 515-339-4122