

Arizona's Part C of IDEA State Systemic Improvement Plan



State Identified Measurable Result (SiMR): Arizona will increase the percent of children who exit early intervention, in identified regions, with greater than expected improvements in their social relationships (Summary Statement 1 of Outcome A).

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Introduction

SSIP

The U.S. Department of Education's Office of Special Education Programs (OSEP) is implementing a revised accountability system under the Individuals with Disabilities Education Act (IDEA). Results-Driven Accountability (RDA) shifts OSEP's accountability efforts from a primary emphasis on compliance to a framework that focuses on improved results for children with disabilities, while continuing to ensure States meet IDEA requirements. RDA emphasizes improving child outcomes such as the percent of infants and toddlers, who show greater than expected growth in the ability to communicate their needs, develop social emotional relationships and/or use appropriate behaviors to meet their needs. To support this effort, all States are required to develop a State Systemic Improvement Plan (SSIP), as part of Indicator 11 of the State Performance Plan/Annual Performance Report (SPP/APR) for Part C of IDEA.¹

In developing, implementing, and evaluating the SSIP, OSEP expects that States focus on results that will drive innovation in the use of evidence-based practices in the delivery of services to children with disabilities which will lead to improved results for children with disabilities. This document represents Phase I of Arizona's SSIP for indicator 11, it describes Arizona's process of analyzing available data and infrastructure to support the selection of a coherent State Identified Measurable Result (SiMR).

Arizona SiMR

Arizona will increase the percent of children who exit early intervention, in identified regions, with greater than expected improvements in their social relationships (Summary Statement 1 of Outcome A). The regions identified for the State Identified Measurable Result (SiMR) were selected due to the



demonstrated High Needs of infants, toddlers and their families in the region which was based on available Arizona demographic data,² the ability of the Early Intervention Programs (EIPs) to implement both Team Based Early Intervention Services (TBEIS) and incorporate evidence-based practices relative to social emotional development, and the confluence of other early childhood programs implementing evidence-based practices to

support social emotional development in those regions.

The regions identified include: Region 5 – East Central Maricopa Counties, Region 9 - East Pinal, Southern Gila and Southeast Maricopa Counties, Region 16 – Yuma County, Region 17 Southern Apache County, Region 18 – Southern Navajo County, and the Navajo Nation, or nine EIPs. These regions comprise a mix of urban, rural and tribal areas and represent 40 percent of the children and families served by AzEIP.

Arizona Early Intervention Program

The Arizona Early Intervention Program (AzEIP) is an interagency system of five state agencies with the Department of Economic Security serving as the Lead Agency. DES created the Arizona Early

¹ Adapted from OSEP's State Systemic Improvement Plan Questions and Answers. SSIP FAQs 11-25(2)-14.doc

² See Appendix 2 – DES Demographics and Client Summaries By AzEIP Region 2014

Intervention Program (DES/AzEIP) to fulfill Lead Agency functions and responsibilities. The following agencies comprise AzEIP:

- Arizona Department of Economic Security (DES)
- Arizona State Schools for the Deaf and the Blind (ASDB)
- Arizona Department of Health Services (ADHS)
- Arizona Department of Education (ADE)
- Arizona Health Care Cost Containment System (AHCCCS – Medicaid)

Of the five participating agencies, the Department of Economic Security’s Arizona Early Intervention Program (DES/AzEIP) and the Department of Economic Security’s Division for Developmental Disabilities (DDD) along with the Arizona State Schools for the Deaf and the Blind (ASDB) are the service providing agencies. Children are determined eligible for AzEIP based on a diagnosed condition with a high probability for developmental delay or a 50 percent delay in one or more developmental domains. EIP teams “simultaneously” determine whether children are also eligible for DDD and/or ASDB.

AzEIP contracts with private providers, known collectively as Team Based Early Intervention Services (TBEIS) providers, to provide teams to respond to all referrals and to support all potentially-eligible and eligible children, and their families, within a given region. These teams provide supports and services to children and their families whether determined DDD, ASDB or AzEIP-only (children not eligible for DDD and/or ASDB). Each TBEIS provider must include the following team members: service coordinator (SCs), developmental special instructor (DSI), occupational therapist (OT), physical therapist (PT), speech language therapist (SLP), and a social worker and a psychologist. DDD provides service coordination for those DDD-eligible children who have public insurance [AHCCCS and or the Arizona Long Term Care System (ALTCS)]. ASDB provides hearing and vision services, and may provide service coordination to those children determined ASDB-eligible. Other IDEA Part C services, such as nutrition or assistive technology, when not otherwise available, are accessed by teams through contracts held by the participating state agencies.

Our Mission: Part C of early intervention builds upon and provides supports and resources to assist family members and caregivers to enhance children’s learning and development through everyday learning opportunities.

Arizona has 15 counties; however, there are three main population centers in Arizona resulting in regions that subdivide certain counties. As a result AzEIP has 22 regions with 41 EIPs. These EIPs comprise staff from the TBEIS providers, DDD staff and ASDB staff working collaboratively to support potentially-eligible and eligible children and their families. In FFY 2013 Child Count Data recorded that there were 4932 children with active Individualized Family Service Plans (IFSPs) or 1.94 percent of Arizona children birth through age three, receiving services and supports from AzEIP.

Developing Phase I of the SSIP

Throughout the SSIP process AzEIP involved, and intends to continue to utilize, existing partnerships with the following agencies and/or organizations:

- Maternal, Infant and Early Childhood Home Visiting (MIECHV) program housed at ADHS;
- Prevent Child Abuse – Arizona Chapter which includes the Maricopa Best For Babies Coalition; and the Maricopa and Pinal Cradle to Crayons programs;
- Early Head Start programs;
- First Things First (FTF) the Arizona Early Childhood Health and Development Board;
- Infant/Toddler Mental Health Coalition of Arizona (ITMHCA);
- Department of Economic Security Child Care Administration (CCA); and
- ADE Early Childhood Education Department.

DES/AzEIP, as the lead agency for the IDEA Part C program in Arizona collaborated with the Arizona Department of Education (ADE), the lead agency for the IDEA Part B program in Arizona on the identification of compatible State Identified Measurable Results (SIMRs). AzEIP held multiple broad and narrow stakeholder meetings; these meetings leveraged many existing meetings, for example, the Arizona Interagency Coordinating Council for Infants and Toddlers (Arizona ICC), the EIP State Leaders' meetings and the M-TEAMS monthly meetings. DES/AzEIP Lead Agency staff (LA staff) identified these meetings as existing forums that would enable Arizona to involve representatives of various roles in the early childhood community to ensure that a variety of people with diverse viewpoints assisted with analyzing Arizona's data and infrastructure and who would be involved in future Phases.

Arizona ICC

The Arizona ICC meets bimonthly. The membership is not only dedicated, but passionate about supporting infants and toddlers with disabilities and their families. Three parents of young children who have received AzEIP services serve on the Arizona ICC, with one serving as the current Vice Chair (and a committee chair), while another has served as both Vice Chair and Chair. All three parent members of the Arizona ICC also serve as board members on a variety of other early childhood education and/or disability-specific organizations. The current Arizona ICC Chair is a Head Start representative, other Arizona ICC members include a behavioral analyst who also represents Institutes of Higher Education, two early intervention providers (one of whom is also the parent of an AzEIP graduate) and active state agency representatives from the Department of Insurance, DES's Child Care Administration, ADE, AHCCCS, ADHS's Office of Children with Special Healthcare Needs and DDD.

The Arizona ICC members were involved in both broad stakeholder discussions and narrow stakeholder meetings and provided insightful comments during discussions around root cause analysis and the identification of the broad focus for the SIMR. Arizona ICC parents commented during discussions that social emotional development is often overlooked by the various "systems" that they encountered, and that a focus by AzEIP would be welcome to ensure that children can make friends and attend and engage in learning and be prepared to transition to preschool and beyond.

EIP State Leaders

The EIP State Leaders committee is comprised of program managers from TBEIS providers across the state, District Program Managers and Supervisors from DDD, Supervisors from ASDB and Lead Agency staff (LA staff). These individuals are responsible individually and collectively for supervising early intervention professionals and for ensuring their implementation of both compliance and performance items. Many of these participants also provide direct services to children and their families. During 2014 this group met monthly and incorporated work on the SiMR into their regular agenda. The group analyzed data, discussed root causes, and, in December 2014, developed a series of workgroups to focus on Transition, Child Outcomes, Collaboration across Agencies and Communication with the Department of Child Safety. This document will outline how the data and infrastructure analysis led this group to identify these workgroups and how these workgroups connect with the root cause analysis and Arizona's SiMR.

M-TEAMS

To ensure collaboration across state agencies, the M-TEAMS or members of the LA staff, DDD staff and ASDB staff meet monthly to address policy, technical assistance and the training needs of the field. This group has been in existence for many years and has supported AzEIP in the evaluation and scaling up of TBEIS through the various phases from pilot through statewide implementation. The M-TEAMS members participated in nearly every stakeholder meeting.

“Beginning with the End in Mind”

When children are identified as experiencing developmental delays or are diagnosed with disabilities, there is an opportunity to ensure that they, and their families, have the supports and services in place to support them to be college and career ready. Assisting families to support their infants and toddlers with disabilities to have improved social relationships, which includes getting along with other children and relating well with adults, can support young children with disabilities as they embark on the path to college and career.



The foundation for college and career success is laid very early in life. Research demonstrates that there are three qualities that young children need to be ready for school: intellectual skills, motivational qualities, and finally, social emotional skills.³ Thompson reports that national studies indicate that kindergarten teachers are “most concerned with children who lack either the motivational skills or socioemotional qualities of school readiness, because it is more difficult to assist children who are not interested in learning or incapable of cooperation and self-control”. Academic success in the early years is therefore predicated on the ability of young children to establish relationships in classrooms with their peers and the adults who teach them.

The groundwork for early academic relationships is forged during infancy and toddlerhood. Infants and toddlers use their relationships with their primary caregivers as the lens through which they begin to

³ Thompson, R.A. (2002) The roots of school readiness in social and emotional development. *Set for Success: Building A Strong Foundation for School Readiness Based on the Social-Emotional Development of Young Children.* The Ewing Marion Kauffman Foundation.



explore and learn about the world around them. It is important to support primary caregivers to establish strong relationships with infants and toddlers. Children with strong attachments not only explore and learn about their environment, but feel secure in that relationship. This attachment allows children to see their accomplishments reflected back in a positive way. Supporting a young child's social emotional development prepares the child for academic and lifelong success.

Research on attachment demonstrates that children who have secure attachments with their primary caregivers are more likely to confidently explore new situations and show more competent mastery of learning challenges. Primary caregivers who provide reliable, consistent and supportive attention assist infants to establish secure attachments. These secure attachments allow toddlers and young children to develop a more balanced self-concept, more advanced memory and more sophisticated emotional understanding.⁴ How the adults around infants and toddlers respond to their cues also helps to develop a child's desires and beliefs, not only about themselves, but also about those around them.

Infants learn early on that their behavior can have consequences. This causal relationship between their cry, kick or swat and the reaction of the adults around them, whether it is a gentle pat, a meal or just a friendly smile all lead to social emotional development. This process of learning to use behavior to affect their environment assists infants to learn that they are the agents of the effects of their own behavior.⁵ This recognition, known as contingency awareness, leads to increased social emotional and vocal response as indicators of child learning and mastery. Dunst et al has demonstrated that it is essential to provide infants and toddlers with contingency learning opportunities to support learning and development.⁶

Ensuring that children derive the maximum benefit of contingency learning opportunities requires a quick response on the part of a child's primary caregiver. When the consequence of the infants' action occurs within two to three seconds, the child's learning is enhanced. Conversely, a delay of six seconds or more will inhibit learning. Likewise, research has shown that when an infant has repeated opportunities to produce and experience contingency behaviors, learning is enhanced.⁷ This is true for all infants; however, there are important differences for children with disabilities. Dunst and Trivette⁸ found that infants and toddlers with disabilities require an increase in both the frequency and intensity of learning activities to master many new skills. Additionally, primary caregivers for children with disabilities may need additional support to recognize contingency learning opportunities and to appreciate the importance of repeated opportunities.

⁴ Thompson, 2002

⁵ Watson, J. S. "The Development of Generalization of "contingency awareness" in Early Infancy: Some Hypotheses." *Merrill-Palmer Quarterly* 12 (1966): 123-35. Web.

⁶ Dunst, Carl J., M. Raab, Carol M. Trivette, C. Parkey, M. Gatens, L. L. Wilson, J. French, and D. W. Hamby. "Child and Adult Social-emotional Benefits of Response-contingent Child Learning Opportunities." (2006): n. pag. Web.

⁷ Watson, 1966

⁸ Dunst, Carl J., and Carol M. Trivette. "Using Research Evidence to Inform and Evaluate Early Childhood Intervention Practices." *Topics in Early Childhood Special Education Online* First 20.X (2008): 1-13. Web. <<http://online.sagepub.com>>.

Using TBEIS, an evidence-based paradigm, which includes Teaming, Coaching and Natural Learning Opportunities, Arizona EIPs support families to understand current brain research and how intervention can support a child's development. Meta-analysis by Dunst et al,⁹ has amply demonstrated the need for increased frequency and intensity of learning opportunities. Using TBEIS, EIP teams support families to increase child participation in interest-based activities most likely to optimize child production of desired behaviors, thus increasing the frequency and intensity of family-identified learning activities.

The importance of contingency learning opportunities and the necessity of providing quick responses is true whether that new skill is one in the physical domain or the social emotional domain. Dunst and Trivette, and their colleagues reviewed studies that demonstrated that the focus of early intervention should support primary caregivers to identify everyday learning opportunities. Those activities which are of interest to the child, and that the primary caregiver is interested in engaging in with the child, can be used to reinforce child learning. Providing multiple opportunities to practice new skills enhances child learning.¹⁰



Arizona teams assist families to identify activity settings that support child interests and parent engagement to increase the frequency and intensity of desired learning opportunities. This team approach ensures that families have the support of a team of professionals who can maximize the family's confidence and competence to assist their child to engage and participate in everyday learning

opportunities. Arizona intends to continue to scale-up and ensure fidelity to TBEIS, and support teams to concurrently improve the social emotional growth of all eligible children served in identified regions of the state.

Detailed Description of State System

AzEIP is Arizona's statewide, interagency system of supports and services for infants and toddlers with developmental delays or disabilities and their families. AzEIP is a public-private partnership bringing together staff from DDD, ASDB, and TBEIS providers, in 22 regions across the state. In 2012, using an open and competitive process, DES issued a Request for Proposal for TBEIS.

In March 2013, AzEIP awarded 41 new contracts for TBEIS for all referred to and/or eligible for AzEIP children and their families. The contract requires a Core Team¹¹ of professionals, including: A Developmental Special Instructor, a Speech Language Pathologist, an Occupational Therapist, a Physical Therapist, a Psychologist, a Social Worker and a Service Coordinator. Regions throughout the state may have one or more EIPs and EIPs may have one or more teams, depending on region size. Offerors determined how that team would come together; either through employment, subcontracts or cooperative agreements. As a result, more than 300 contracted early intervention professionals support approximately 9,000 children and their families over the course of each year. Using TBEIS, Arizona

⁹ Dunst, Carl J., and Jennifer Swanson. "Parent-Mediated Everyday Child Learning Opportunities: II. Methods and Procedures." Fipp.org. CaseinPoint, 2006.

¹⁰ Dunst, 2006.

¹¹ See Appendix 1- Glossary of Terms.

provides families with a team of professionals who use Natural Learning Opportunities, Teaming and Coaching¹² practices to support primary caregivers to assist their infants and toddlers with disabilities to engage and participate in everyday routines and activities.¹³

TBEIS is a family-centered process for supporting families of young children with disabilities in which one member of an identified multidisciplinary team is selected as the Team Lead. The Team Lead receives support from other team members, using coaching, and adult interaction strategy, to build the capacity of parents and other care providers to use every day learning opportunities to promote child development as part of the child and family's IFSP team.¹⁴ When a child is involved with something or someone that he or she finds interesting, research shows that the child will engage for longer periods of time, thus yielding especially positive benefits related to child learning.¹⁵ Raab and Dunst¹⁶ identified over 200 learning opportunities within 40 locations and 150 activity settings for infants and toddlers. This contrasts with receiving two hours per week of targeted therapy, which accounts for only two percent of a one-year-old child's waking hours. The goal is not to have parents "do" therapy or intervention in activity settings. Rather, the goal is to have parents increase child participation and parent engagement, thus resulting in the parent having more confidence and competence to care for their child. This confidence and competence can assist families to understand how they can continue to use their child's interests to identify activity settings having features and characteristics most likely to optimize child production of meaningful behavior,¹⁷ identified by the family as being a priority.

Core Teams, of AzEIP early intervention professionals, gather information about a family's concerns, priorities and resources from the very first conversation, and continue to identify these and their everyday routines and activities each time they meet with families. Families are often referred to AzEIP because of a diagnosis or concern about a potential developmental delay. Referral sources often discuss services that they believe a family is likely to receive, such as speech therapy, physical therapy, occupational therapy, and/or special instruction. From the very first conversation, early intervention practitioners talk with families about family routines, everyday activities. EIP teams also explain how TBEIS supports are provided by a Team Lead.

The Team Lead works with an identified team of professionals to assist families to increase their child's engagement and participation in everyday activities to support their child's learning and development. The Team Lead interacts with the family most often; they are supported by their team members through joint visits with other team members and during weekly team meetings. All team members are accountable to the family as well as one another. Every team member, except dedicated service coordinators, is required to be available to act as the Team Lead. Team members are also responsible to support families and team members for whom they are not the Team Lead. This ensures that every

¹² See Appendix 1 – Glossary of Terms

¹³ Shelden, M. L., & Rush, D. D. (2013). *The early intervention teaming handbook*. Baltimore, MD: Paul H. Brookes Publishing Co.

¹⁴ Shelden, Rush, 2013

¹⁵ Raab, Melinda, and Carl J. Dunst. "Checklists for Promoting Parent-Mediated Everyday Child Learning Opportunities." *Case Tools 2.1* (2006): 1-10. www.fipp.org. Center for the Study of Excellence in Early Childhood and Family Support Practices. Web.

¹⁶ Raab, Dunst, 2006.

¹⁷ Dunst, Raab, 2006.

family truly has a team of professionals who are working collaboratively to support their child’s holistic development across all developmental domains.

Arizona’s teams use open-ended, reflective questions¹⁸ that assist families to identify their child’s strengths and needs. EIP teams inquire about how children are currently engaging and participating in everyday routines and activities and what the family would like that engagement and participation to look like as a result of the support provided by AzEIP TBEIS providers. Practitioners also educate and inform families about evidence-based research on child development and behavior. Teams employ strategies to support the attainment of specific skills within the context of the individual child and family’s everyday life. Arizona intends to build on this approach to support teams to scale-up their ability to support children to increase their social emotional growth as a result of receiving AzEIP services, to support the identified Arizona SiMR.

History of Arizona Transition to TBEIS

In 2005, in response to feedback from families enrolled in AzEIP, early intervention providers and early childhood community partners, LA staff embarked on restructuring the Arizona Early Intervention Program. Arizona families, providers and community partners reported that they found the system to be siloed, hard to access, and difficult to understand. Each service providing agency (AzEIP, DDD and ASDB) had its own contracts with early intervention professionals, rate structures, and as a result, services and supports were not provided in a consistent manner to all families. Additionally, Arizona’s data demonstrated poor compliance with both the 45-day timeline and the timely provision of services.

TBEIS Phase One

In response to this feedback, LA staff held community forums to gather information on what the early intervention program should look like and researched best practices for the provision of early intervention services. In 2007, DES/AzEIP piloted TBEIS during the Initial Planning Process [(IPP) or from referral through the initial Individualized Family Service Plan (IFSP)] and ongoing services for AzEIP-only eligible children (i.e., not eligible for DDD or ASDB) in Maricopa, Yuma, southern Navajo and Apache Counties.



Figure 1: An Arizona team participating in coaching as part of their professional development.

During Phase One of TBEIS, LA staff and consultants provided AzEIP contractors with monthly onsite technical assistance, intensive targeted technical assistance, monthly coaching calls, quarterly meetings with contract administrators and trainings utilizing previously developed materials, including a Team Based Manual and memos on the roles of various early intervention providers. An evaluation workgroup then

reviewed data from file reviews on the effect TBEIS had on the development of more functional, participation-based IFSP outcome statements, family outcomes

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Rush, D. D., & Shelden, M. L. (2011). *The early childhood coaching handbook*. Baltimore, MD: Paul H. Brookes Publishing Co

satisfaction, compliance with IDEA requirements, and recruitment and retention of qualified early intervention professionals, including service coordinators. This phase was evaluated, revisions were made to the approach and a decision was made to move forward with statewide implementation.

TBEIS Phase Two

In 2009, the Second Phase scaled up TBEIS creating a statewide implementation during the IPP and for ongoing services for AzEIP-only eligible children (i.e., not eligible for DDD or ASDB). In 2008-2009, Arizona's compliance with the 45-Day Timeline rose from below 60 percent to nearly 70 percent, during 2009-10 compliance ranged between 70 percent and 80 percent. In 2010-11, compliance was 90 percent to 100 percent for the 45-Day Timeline. The data showed a similar trajectory for timely services, particularly for AzEIP-eligible children. During this same time period, DDD, particularly in Maricopa County, continued to struggle with compliance with the Timely Provision of Services requirements.

To ensure that all children received services in a timely manner, those DDD units who were unable to identify a qualified vendor were directed to refer children back to the AzEIP-only TBEIS providers to provide services for DDD-eligible children in a timely manner. Phase Two demonstrated that AzEIP-only providers could determine eligibility and develop IFSPs within 45 days and provide services in a timely manner. Additionally, analysis by the evaluation workgroup confirmed that outcomes were more functional and families were more satisfied. By 2012 the timely provision of services indicator was at 100 percent compliant for all children, most notably those eligible for DDD. As a result, Arizona was released from its special conditions from OSEP.

Creating a Structure to Support TBEIS

AzEIP then revised its policies and procedures, scope of work for contracted providers, Intergovernmental Agreements (IGAs) and Memorandum of Agreement (MOA) with agency partners, billing manual and data system to align with TBEIS. Each of these documents includes the AzEIP Mission and Key Principles and works together to support teams to implement TBEIS using Natural Learning Opportunities, Teaming and Coaching practices from referral until a child and family exits or transitions from Part C services.

Final Phase – Statewide Implementation

AzEIP now had a single contracting structure, one rate system and a single data system to support all AzEIP-eligible, DDD-eligible and ASDB-eligible children under three and their families to benefit from AzEIP services. In March 2013, AzEIP awarded 41 new contracts for TBEIS for families of all children referred to and/or eligible for AzEIP, including children eligible for DDD, ASDB or AzEIP-only. As a result, more than 300 contracted early intervention professionals support approximately 9,000 children and their families over the course of each year.¹⁹

New Data System

In April 2013, DES's Division of Technology Services launched a single data system for AzEIP. Prior to that date, DES/AzEIP used an Access Data system, DDD used its Focus system and ASDB used its ECFE

¹⁹ See Detailed Description of State System for details regarding the roles, regions and responsibilities of the participating state agencies.

system to collect required data. Each AzEIP contractor, DDD and ASDB submitted data monthly to the state office. This data was then merged into a single file that comprised the total AzEIP population. The new data system, known as I-TEAMS, was designed as a web-based application. TBEIS providers, DDD staff, ASDB staff and LA staff now enter and access the data in real-time, thus creating a system of record for all children referred and/or eligible for AzEIP. The entire child record, including data utilized to derive 618 data, APR/SPP data and billing invoices are all housed in the one system.

Using TBEIS, Arizona ensures that all families, regardless of a child’s eligibility, are provided with a Core Team of professionals who use Natural Learning Opportunities, Teaming and Coaching. These practices are collectively employed to support primary caregivers to assist their infants and toddlers with disabilities to engage and participate in everyday routines and activities. The process of working with stakeholders to identify root causes, review and analyze data, develop a plan of action, and make revisions as appropriate will be utilized again to achieve the identified SiMR to aid teams to support children to demonstrate greater than expected growth in social emotional development.

Implementing with Fidelity

Fidelity Checklist

In 2011, Arizona completed a review of integrated monitoring activities, which included both compliance and performance items. During this review, Arizona realized there were several early

Family Role in Team Meeting		Date: _____ Date: _____	Rating: _____ Rating: _____
1 – Starting Point	3 – Progressing	5 – Innovating	
The Team Lead ensures that the family understands the purpose of the team meeting and their role by preparing them to participate in the team meeting in a way that is helpful and meaningful. This includes identifying questions, what has been tried, what worked and didn't work so that discussions with team members are focused and maximized.		The team meeting facilitator and other team members support the family to engage in the team discussion by using reflective questions and assisting the family in sharing information related to what has been tried, what's worked, and progress that has been made.	
The Team Lead invites the family to participate in team meetings, including quarterly reviews, in person or via telephone. The family is provided flexibility about what roles they assume in the team meeting according to their interests and availability.			
Notes and Plans:			

Figure 2 – Page from AzEIP Fidelity Checklist

intervention programs providing services during the IPP and ongoing services to AzEIP-eligible children, which successfully satisfied the requirements of all IDEA Part C Compliance Indicators. The compliance indicators are heavily connected to timelines and the capturing and documentation of data in the IFSP. However, there were discrepancies between the state office’s expectation of program performance in using evidence-based practices and the early

intervention program’s perception of their level of comprehension and application of these practices. It was also noted during the review of monitoring activities that the process of determining comprehension and implementation of evidence-based practices tended to be less structured and more subjective.

As a result, the State had two contrasting sets of data that did not provide an accurate or holistic picture of early intervention services in Arizona. The status of each early intervention program’s ability to implement early intervention services in accordance with both federal and state policy, the Mission and

Key Principles of Early Intervention and/or the TBEIS was not clear to the state. To address this, LA staff created, with support and collaboration from NECTAC [now the Early Childhood Technical Assistance Center (ECTA Center)] and the Mountain Plains Regional Resource Center (MPRRRC), a self-assessment tool. The framework for this new tool borrowed heavily from the concept of the Quality First Rating Scale in use by FTF for childcare programs in Arizona. The [AzEIP Fidelity Checklist](#)²⁰ uses a three-scale rating system, which assumes competency, thus a rating of one is starting point or basic compliance and practice, a rating of three is progressing and finally, a rating of five means the team is innovating.

The AzEIP Fidelity Checklist supports early intervention programs to look at compliance requirements and the fidelity of their implementation of the Mission and Key Principles of Early Intervention and TBEIS practices. The resulting tool assists EIPs within a region, their teams, and/or individual team members to perform self-assessments on specific focus areas (e.g. Family/Caregiver Engagement), for a specific practice (e.g. Initial Contact/Discussion of Early Intervention), or all focus areas and practices, to implement TBEIS with fidelity.

Master Teams

DES/AzEIP contracted with the Family Infant Preschool Program's M'Lisa Shelden and Dathan Rush to provide training and intensive coaching to implement TBEIS with reliability. Using an application process, Master Teams are selected to participate in intensive training to implement TBEIS with fidelity. Teams, which include all roles (SCs from TBEIS providers, DDD and ASDB, a DSI, an OT, an SLP, a PT and Supervisors for that team from the TBEIS provider, DDD and ASDB) attend a two-day institute to learn about Natural Learning Opportunities, Teaming and Coaching. Teams then return to the field to implement TBEIS. Each month the team members write up one coaching log, transcribing a coaching interaction with a primary caregiver or other team member, code that log and reflect on their own fidelity to TBEIS. Teams then participate in a call with Shelden and Rush and their assigned Master Coach to examine their implementation practices. The coaching logs allow the individual, Master Coach and Shelden and Rush to collect data on the team member's fidelity to the coaching practices and to track their growth over time. To date 12 teams have completed the Master Teams institute, and another 20 are currently participating in coaching calls. This represents teams in two-thirds of all Arizona EIPs.

In 2014, LA staff revised the Master Teams Institutes process and now requires teams to complete the AzEIP Fidelity Checklist prior to attending the two day institute, three months into the coaching process, six months into the coaching process and six months after completion of all coaching calls. This allows teams to gauge their progress over time, connects both results and compliance, and assists them to identify any additional technical assistance and training needs. LA staff reviewed which EIPs had participated in Master Teams as part of the rubric for SiMR selection. Additionally, LA staff worked with ADE staff to include training activities related to using Master Teams activities to support inclusionary childcare practices as part of ADE's submission of their Preschool Development Grant – Development Grant.

²⁰

See Appendix3 –AzEIP Fidelity Checklist. Bright, Molly, Karie Taylor, Kristy Thornton, Anne Lucas, Wendy Whipple, and Kathi Gillaspay. Arizona Early Intervention Program Fidelity Checklist. Phoenix: Arizona Department of Economic Security - Arizona Early Intervention Program, 2013. Digital. https://www.azdes.gov/uploadedFiles/Arizona_Early_Intervention_Program/az_fidelity_checklist_10_07_2013.pdf

Master Coaches

In 2014, using an application process, individuals who participated in Master Teams were selected to participate in intensive training to assist with statewide sustainability and implementation scale-up of TBEIS within EIPs. Thirty participants, from across the state, representing all early intervention roles, participated in a one-day Institute. The Master Coaches support teams who attended the Master Teams Institutes by reviewing coaching logs submitted by their teams to Sheldon and Rush. Master Coaches also transcribe their own coaching log each month, transcribing a coaching interaction with a team member, code that log and reflect on their own fidelity to TBEIS.

The expertise of Master Coaches will be leveraged to support implementation of the SiMR in identified regions, and to ensure continued fidelity to TBEIS statewide. In addition, creating Master Coaches will ensure that Arizona maximizes existing fiscal resources.

Process Used for Developing Phase I of the SSIP

In November 2013, AzEIP began the process of developing the SSIP by presenting the SSIP and SiMR process to the Arizona ICC, made up of family members, providers, state agency representatives and other community members. Because the Arizona ICC meets bimonthly, the LA staff utilized this forum as the foundation for broad stakeholder involvement. Many early childhood community members (i.e., Early Head Start) regularly attend the Arizona ICC meetings and serve on the Arizona ICC committees; other community members were sent invitations to attend meetings to share their insights. In addition, LA staff updated community partners between meetings to ensure that stakeholders were kept abreast of activities as they evolved.

Members of the Arizona ICC were also asked about their interest and willingness to participate in narrow stakeholder meetings. While we endeavored to have the same participants involved in all narrow stakeholder meetings, the availability of individual members changed over time; however we continued to have representation from the organization/agency throughout, even if individual members changed.

The EIP State Leaders, who are comprised of program managers from TBEIS providers, supervisors from DDD and ASDB, met bimonthly throughout 2014 and SSIP activities were incorporated into their work. A third group, the M-TEAMS, or leadership staff from the AzEIP office, DDD and ASDB meets monthly; this group also incorporated the SiMR activities into their ongoing agenda. Below is a list of meetings that were specifically scheduled or included SiMR activities as a focus:

Date	Group	Activity
November 2013	Arizona ICC (Broad Stakeholder Group)	Introduction of SSIP and SiMR.
January 2014	Arizona ICC (Broad Stakeholder Group)	Review of 2014 APR/SPP and discussion of implications for SiMR process.
April 2014	ECE Community	Inventory of Early Childhood

	(Broad Stakeholder Group)	Initiatives
May 2014	Arizona ICC and ECE Community Partners (Broad Stakeholder Group)	Infrastructure Analysis Review of Statewide Child Outcomes Data.
June 2014	LA staff (Narrow Stakeholder Group)	Infrastructure Analysis
July 2014	EIP State Leaders (Broad Stakeholder Group)	Infrastructure Analysis
August 2014	Arizona ICC (Broad Stakeholder Group)	Review of Results of the Infrastructure Analysis Identification of Circle of Influence Analysis of Data—disaggregated by county, agency
September 2014	M-TEAMS, LA staff, representatives of the Arizona ICC and EIP State Leaders and national TA staff	Review of Child Outcomes, Family Outcomes Data, and Identification of Social Relationships as broad focus area
September 2014	Arizona ICC (Broad Stakeholder Group)	Review of Child Outcomes Data, Family Outcomes Data, and Collection of additional data to confirm improvement of Social Relationships as focus
November 2015	M-TEAMS, LA staff, representatives of the Arizona ICC and EIP State Leaders and ECE partners, OSEP staff and national TA staff	Review of the SiMR process to-date collection of additional initiatives that might be leveraged to support identified focus area
December 2015	EIP State Leaders (Broad Stakeholder Group)	Review of FFY 2013 Child Outcomes Data, Transition Data, and the Creation of Workgroups: Child Outcomes Transition Collaboration Coordination with Department of Child Safety
January 2015	Arizona ICC (Broad Stakeholder Group)	Review of FFY 2013 Data, Draft APR/SPP discussion and determination
February 2015	LA staff M-TEAMS, representatives of the Arizona ICC and EIP State Leaders and ECE partners. (Narrow Stakeholder Group)	Identification of Theory of Action, beliefs, strategies and improved result

Figure 3

Child Outcomes Data

As part of the initial review of data during the planning for data analysis, the LA staff shared and reviewed the child outcomes data quality profile for FFY 2011-2012 and FFY 2012-13 with the Arizona ICC as part of a broad data analysis. Data was reviewed in comparison to national results as well as trends over time. The review of this profile did not identify clear patterns that could inform the state's decision for choosing an outcome on which to base the SSIP and subsequent SiMR.

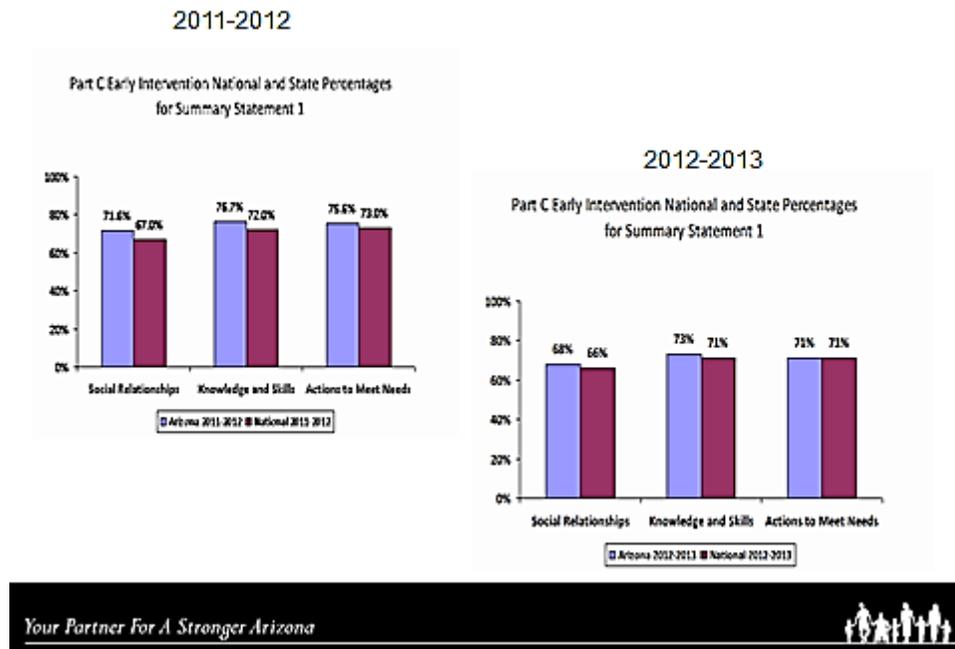


Figure 4

Discussions at this meeting confirmed for the LA staff that the data needed to be pulled apart and presented differently to address the three key questions of the data analysis plan.

Once the LA staff reviewed the available data with the ECTA and DaSy representatives, they decided to utilize stakeholder sessions to review and discuss the results of the data analysis. Each session of stakeholder review and input began with a reminder of the three child outcomes and the differences between Summary Statement One (SS1) [the percent of children who entered the program below age expectations in each of the three Child Outcomes and who substantially increased their rate of growth by the time they exited the program] and Summary Statement Two (SS2), [the percent of children who were functioning within age expectations in each Outcome by the time they exited the program].

The data review process began with a review of the data provided by the ECTA Center and the Early Childhood Outcomes Center (ECO Center) in the Data Quality Report for FFY 2011-2012 and FFY 2012-2013. This data reflected in Figure 2, provides the results of Summary Statement 1 for each of the child outcomes across FFY 2011-2012 and FFY 2012-2013, while Figure 3 provides the results of Summary Statement 2 for each of the child outcomes across the same period of time. After reviewing this limited

data the LA staff determined the data as presented was not sufficient and required further detailed categorization to support analysis using the three questions identified in the data plan. The DaSy center staff was instrumental in dissecting and regrouping the existing data into the categorization required to begin the analysis process.

The LA staff facilitated additional stakeholder meetings to present and review data with stakeholders such as the Arizona ICC, early childhood service providers participating in federal and state funded early child education, health and welfare programs, the private and non-profit sectors.²¹ During these stakeholder meetings LA staff and DaSy Center staff provided a description of each component of the data plan as well as the corresponding data to the group. The group was then broken down into smaller self-selected participant groupings that had the opportunity to discuss the data, ask questions in a smaller setting and respond to questions posed on worksheets²² provided by the DaSy Center staff.²³ The comments and analysis were then shared and reviewed during a facilitated large group discussion. The completed worksheets were collected by LA staff for further review.

Family Outcomes Data

Family Outcomes data is derived as a result of Family Surveys which are completed annually and at transition by families of children enrolled in AzEIP. Arizona, reports to OSEP on the percent of families participating in Part C who report that early intervention services have helped the family to know their rights, effectively communicate their children's needs, and help their children develop and learn. AzEIP uses the NCSEAM 6-point rating scale for families to identify their agreement with the aforementioned required questions as well as 22 additional questions. Each service coordinator hand delivers a copy of the survey, along with a postage-paid envelope, as part of the Annual IFSP meeting and at transition from early intervention. The AzEIP service coordinator may be employed by an AzEIP contractor, DES/Division for Developmental Disabilities or the Arizona State Schools for the Deaf and the Blind. The AzEIP service coordinator completes the demographics portion of the survey prior to providing the survey to the family.

The survey is then mailed by the family using a provided, postage-paid envelope to the AzEIP state office, where state staff enters the survey data into an Access database. The family survey data elements have not yet been incorporated into I-TEAMS. These data are the only data that continue to be entered and housed in a separate data system that is not connected to the complete child record. AzEIP analyzed the surveys by ethnicity, for surveys received and compared that data to previous year's data to determine that the data received was representative of the children served.

In preparing data for stakeholder review AzEIP staff noted that they could not disaggregate data by EIP as the form had not been updated during FFY 2013 to reflect the statewide implementation of TBEIS. Additionally, Service Coordinators were not consistently noting the Region or the TBEIS provider and/or agency by eligibility. Based on these facts, the LA staff and stakeholder groups determined there was

²¹ See Appendix 4 – Stakeholders

²² See Appendix 5 – Data Worksheet Template

not a feasible way to focus on family outcomes for the SSIP since there was no way to disaggregate the data with any semblance of data quality. The LA staff updated the form in February 2015 to ensure that service coordinators can accurately record the TBEIS provider and the agency for whom the child has been determined eligible (DDD, ASDB, or AzEIP-only). This will allow disaggregation of Family Outcomes data moving forward. Additionally, service providers indicated that the ethnicity/race section of the survey was confusing for service coordinators to complete. A review of data confirmed the provider's concerns. As a result the ethnicity/race section was also revised.

618 Data

Reviewing the data available as part of the federal 618 data reporting requirement provided the LA staff with additional items to consider while analyzing the child outcome data. The 618 data includes race and ethnicity, gender and the child's age for all children eligible with an IFSP whether eligible for DDD, ASDB or AzEIP-only.

1(b) How Data were Disaggregated

After reviewing statewide trends for the Child Outcomes data there was no distinguishable pattern that substantiated selecting one child outcome over another for focused attention through the SSIP. The LA staff obtained the data using different categorization including county and other subgroups to identify discernable patterns when the data were disaggregated to substantiate the selection of a measurable result.

Initial reviews of the data did not provide a clear answer related to the appropriate child outcome on which to base the SSIP. Subsequent to consultation with the DaSy and ECTA representatives and after careful consideration, the LA staff chose to narrow down the data analysis and review two outcomes in order to move forward: Appropriate Behaviors to Meet Needs (AMN) and Social Emotional Relationships (SE). A narrow stakeholder group comprised of the M-TEAMS, parent representatives from the ICC, EIP state leader representatives and additional LA staff reviewed the data in accordance with the three questions developed during the data analysis plan.

The first question developed during the data analysis planning process was considered by disaggregating data for the two outcomes further differentiated into county groupings. The participants reviewed the data to identify if there were differences in the child outcomes data by county and to identify low and high performing programs. Anticipated expectation for this analysis was met as the stakeholder groups identified a few outliers with either high or low performance related to the Child Outcomes. The data reviewed follows:

Under the SE Outcome SS1, the statewide result indicated 68 percent of children demonstrated greater than expected growth, while Mohave/La Paz and Yavapai county providers reported higher positive outcomes than the average, 85 percent and 94 percent respectively. Graham, Greenlee and Cochise, as well as Yuma county providers, reported lower levels of positive outcomes than the average, 50 percent and 57 percent respectively. These differences were identified by the DaSy center representative as being a meaningful difference based on the population served in the region.

Positive Social-Emotional Skills by Summary Statement 1

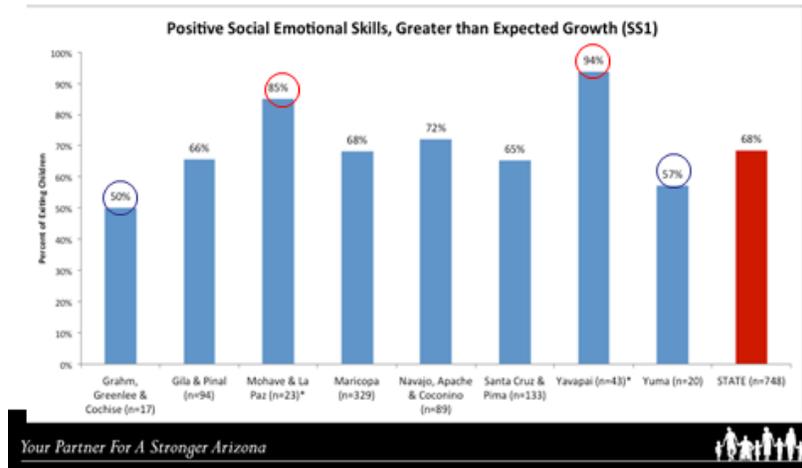


Figure 5

Under the AMN Outcome, SS1, the statewide result indicated 71 percent of children had greater than expected growth, while Mohave/La Paz reported higher positive outcomes than the average at 95 percent and Santa Cruz/Pima reported lower positive results at 64 percent. These differences were identified by the DaSy center representative as being a meaningful difference based on the population served in the region.

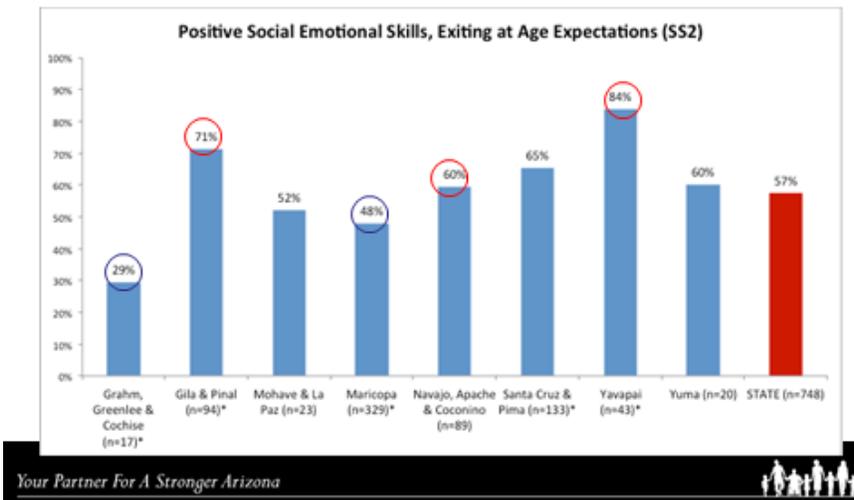
Appropriate Actions to Meet Needs by Summary Statement 1



Figure 6

Under the SE Outcome, SS2, the statewide result indicated 57 percent of children in this category exited at age expectations. The Gila/Pinal, Navajo/Apache /Coconino and the Yavapai groupings reported higher results at 71 percent, 60 percent and 84 percent respectively, while Graham/Greenlee/Cochise and Maricopa reported lower results at 29 percent and 48 percent respectively. These differences were identified by the DaSy center representative as being a meaningful difference based on the population served in the region.

Positive Social-Emotional Skills by Summary Statement 2



Moving on to AMN Outcome, SS2, a review of the data yielded similar results to SE, SS2, with Gila/Pinal and Yavapai with the addition of Navajo, Apache and Coconino reporting higher than average percentage of children exiting at age expectations, with 71 percent, 60 percent and 84 percent respectively while Graham/Greenlee/Cochise at 29 percent were joined by Maricopa County reporting lower than average percentages of children exiting at age expectations at 48 percent. These differences were identified by the DaSy center representative as being a meaningful difference based on the population served in the region.

Appropriate Action to Meet Needs by Summary Statement 2

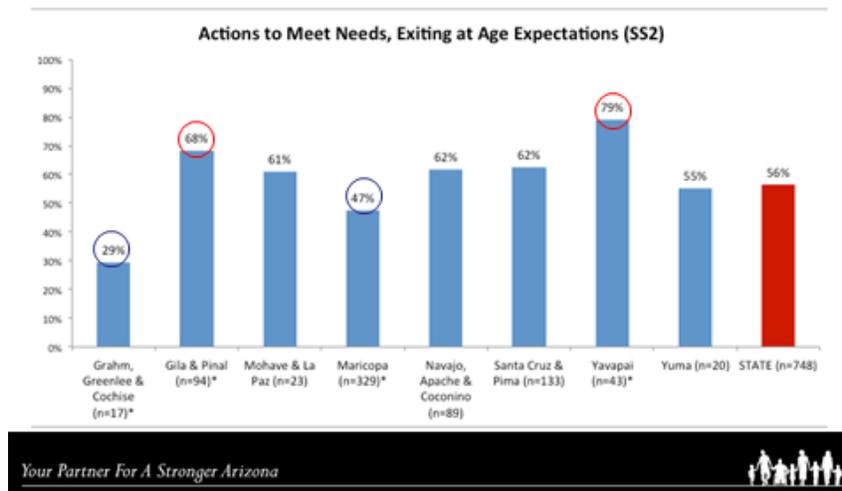


Figure 7

The stakeholders also considered the fact for all of the Outcomes and Summary Statements that the majority of the counties reporting meaningfully higher differences are contracted through a single DES/AzEIP contracted TBEIS provider while those reporting meaningfully lower differences were, more often than not, multiple contractor provider regions as listed in the table below:

Single Contractor Regions	Graham/Greenlee/Cochise Mohave/La Paz Southern Apache, Southern Navajo, Coconino (results combined due to lower population totals in each of the counties) Yavapai Yuma
Multiple Contractor Regions	Maricopa Pinal Santa Cruz/Pima

Figure 8

The second question was considered by segregating data for the two outcomes further differentiated into eligibility grouping equated to service providing agencies at a statewide rather than county level to identify whether or not there was a meaningful difference in children's outcome based on this factor. This differentiation equates to the following grouping: Eligible for DDD, eligible for ASDB and eligible for AzEIP-only (noted as Team-Based in following charts).²⁴ The expectation was that children who were eligible for AzEIP-only (noted as Team-Based in the chart below) received services from TBEIS providers would experience a greater difference in growth captured by an increase in positive outcomes because the teams looked at development more holistically and infused natural learning opportunities into the services they provided. As expected, the AzEIP-only eligible children who received TBEIS services demonstrated greater growth for both outcomes and in both Summary Statements as reflected in the tables below. There were discernable differences between the DDD data and the AzEIP-only data.

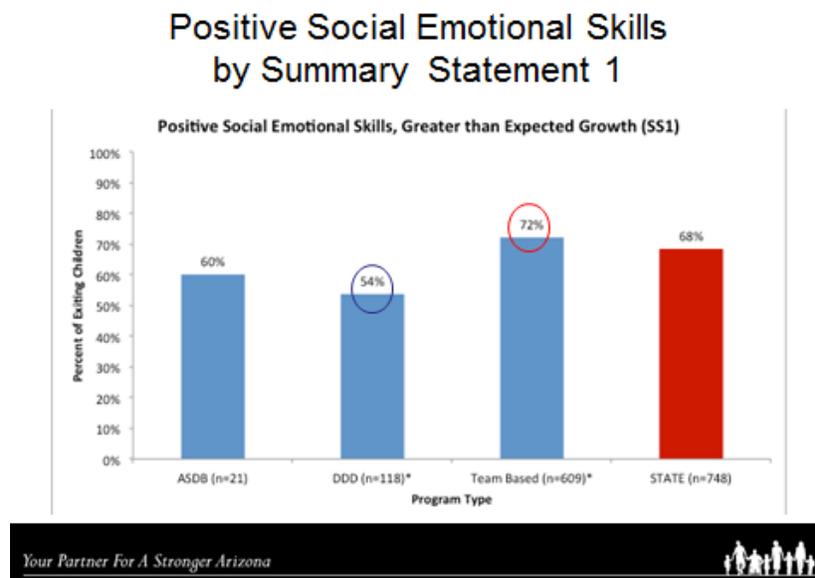


Figure 9

²⁴ Children who are eligible for DDD may also be eligible for ASDB, whereas children who are noted as being eligible for ASDB are not eligible for DDD. The children who are only ASDB eligible are too small, thus making this data unreliable.

Appropriate Actions to Meet Needs by Summary Statement 1

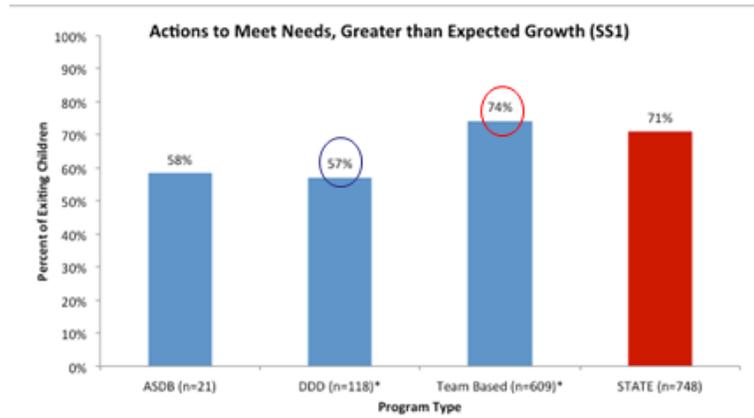


Figure 10

Positive Social Emotional Skills by Summary Statement 2



Figure 11

Appropriate Actions to Meet Needs by Summary Statement 2

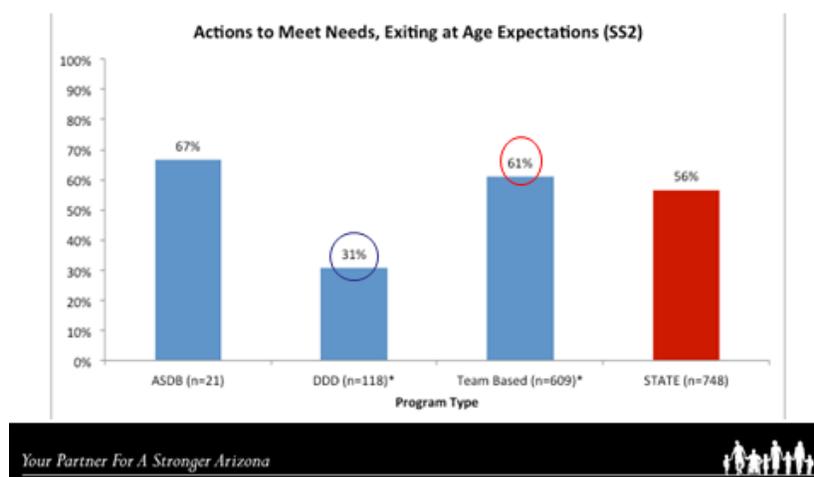


Figure 12

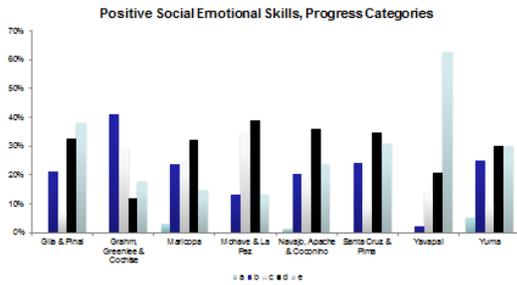
When reviewing for the meaningful differences, as identified by the DaSy Center representative, there was a discernable difference in higher levels of positive outcomes for children identified as AzEIP-only for all Summary Statements related to both SE and AMN outcomes. Children considered DDD-eligible also were found to have a meaningful difference in that they had the lowest overall positive outcomes related to both Summary Statements in SE and AMN outcomes in comparison to their overall population. However, more children considered DDD eligible exited showing greater than expected growth for the AMN than the SE outcome. DDD eligibility is limited to children identified with specific and significant delays in development, so this result was expected. Children eligible for DDD typically enter early intervention with much lower progress ratings compared to their same age peers than do children who are considered eligible for AzEIP-only. Due to the low number of children who were provided services solely by ASDB, the ASDB numbers do not demonstrate a discernable difference.

The third question was considered by reviewing data for the two outcomes further differentiated into race and ethnicity groupings, The LA staff did not have specific expectations related to this grouping and wanted to identify any meaningful differences uncovered through data analysis. Due to the lower numbers of some race and ethnicities throughout the state the data presented in this manner must be interpreted with caution. The analysis revealed the meaningful differences in higher levels of positive outcomes for children identified as White for the SE outcome under Summary Statement One, and meaningful differences in lower levels of positive outcomes for children identified as Hispanic or Latino for the SE outcome under Summary Statement Two. An analysis of the data related to the AMN outcomes revealed meaningful differences in lower level of outcomes for children identified as Hispanic or Latino under both Summary Statement One and Summary Statement Two. However, there were no meaningful differences for either outcome for children who were identified as Hispanic or Latino and considered multiracial. This is thought to be related to differences in the way that the AzEIP and DDD

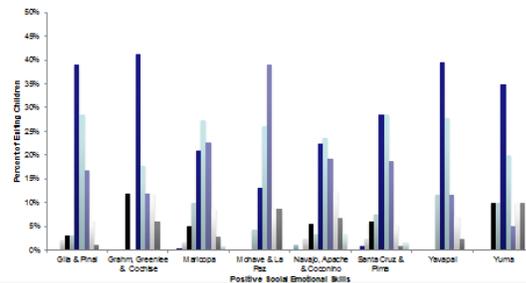
systems historically captured race/ethnicity inconsistently which will be more consistent in the future with all data entry being made into one system, I-TEAMS.

In addition to Summary Statement data, the stakeholder groups reviewed progress category movement as well as entry and exit patterns; however, they felt the review of Summary Statement results were enough to select the final outcome measure on which to base the SSIP and subsequent SiMR. This analysis was important as it showed some overall trends which the group connected to demographic data for young children and their families in Arizona.

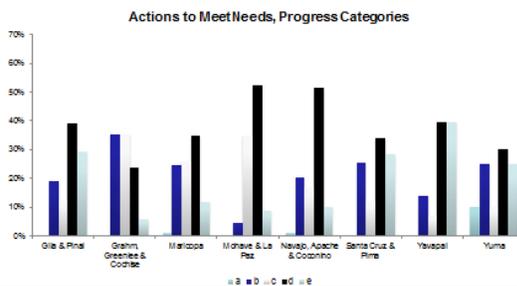
Positive Social-Emotional Skills by Progress Categories



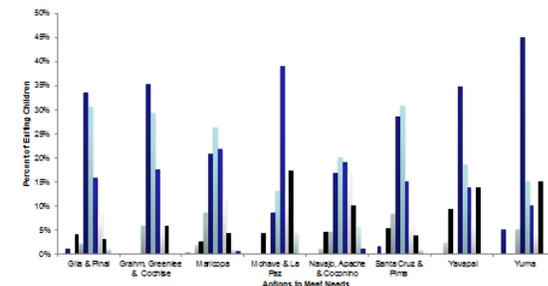
Positive Social Emotion Skills by Change Between Entry and Exit



Appropriate Behavior to Meet Needs by Progress Category



Appropriate Behavior to Meet Needs by Change Between Entry and Exit



After analyzing the aforementioned child outcomes data in small groups the participants in the stakeholder group meetings reviewed additional demographic data for Arizona’s children. The Arizona ICC and a narrow stakeholder group examined demographic data for Arizona’s children and families; this data was derived from a number of reports including: The Department of Economic Security’s County Economic Handbook, data from the Arizona Department of Health’s Maternal Infant Child Home Visiting Program, data for high needs zip codes in the ADE Preschool Development Grant, and data included as part of Arizona’s Race to the Top Early Learning Challenge Grant. Arizona is 49th in the nation for participation in preschools, with four percent of all children being raised by their grandparents. Forty-

Out-of-Home Placements

Child Welfare Reporting Requirements October 1, 2013 - March 31, 2014

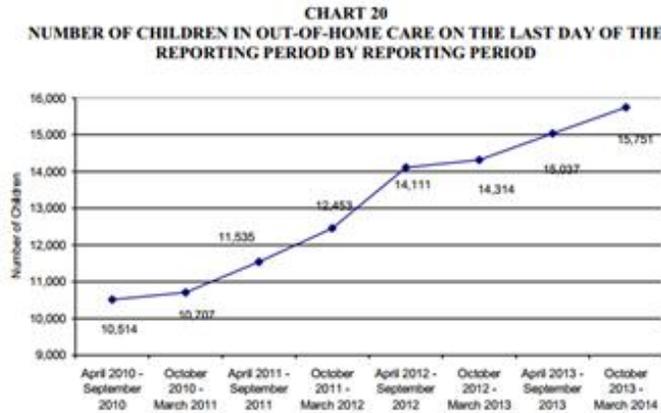


Figure 13

work. Nearly 50 percent of all births in Arizona are covered by the state’s Medicaid Program, AHCCCS, with 30 percent of all children under five continuing to be enrolled in AHCCCS and 11 percent of that age cohort with no health insurance. Meanwhile 39/1000 children under the age of 18 in Arizona are the subject of an Investigated Report of abuse/neglect, with 48 percent confirmed by the Department of Child Safety (DCS, formerly known as the Department of Economic Security/Child Protection Services DES/CPS) as victims of maltreatment under the age of four and 45 percent of all children in foster care under the age of five. The number of children in out-of-home care has steadily climbed from 10,514 in 2010 to 15,751 in early 2014 and 16,900 by late 2014.²⁵

It is also important to note that Native American Tribal lands comprise 25 percent of Arizona, with the Navajo Nation living in a region that is nearly the size of West Virginia. The Tohono O’odham Nation, one of the

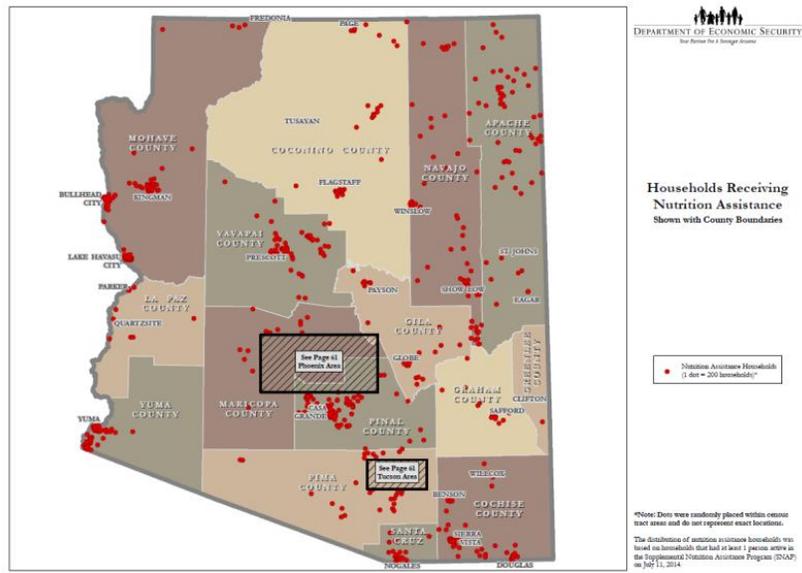


Figure 14

²⁵ Department of Economic Security, Division of Children, Youth and Families. Semi-Annual Report For the Period of October 1, 2012 through March 31, 2013, 2013. Print. https://www.azdes.gov/InternetFiles/Reports/pdf/semi_annual_child_welfare_report_oct_2012_mar_2013.pdf

21 federally-recognized Native American tribes residing in Arizona, lives in an area that is the same size as Connecticut. These tribal areas are often very rural in nature, with unpaved roads and families often have limited access to telephone, utility and other services. Conversely, Maricopa, the most populous county in Arizona, is populated with suburban ranch-style homes and apartments, and pockets of intense development surrounded by broad swaths of low-density development. This dichotomy of large rural areas and dense urban and suburban development, presents its own challenges for both Arizona families and the professionals who support them.

This review of the state of the state for young children led the stakeholder groups to each identify social emotional outcomes as the preferred focus for the SiMR. The transitory nature of children under three, particularly those who are known to the child welfare system, has significant negative impacts on social emotional development.²⁶ The continued poverty and lack of access to health insurance for many families contributes to difficulties faced by families with infants and toddlers. However, as the stakeholders noted, there are some bright points, which will be discussed in the infrastructure analysis. These challenges and opportunities support Arizona's SiMR selection.

1(c) Data Quality

While developing the data analysis plan, the LA staff was keenly aware of the data quality issues highlighted on the Child Outcomes Data Review report provided by the ECTA and ECO Centers. In FFY 2012 the expectation was that states report on 28 percent of exiting children. Arizona, on the other hand, reported on 18 percent of exiting children. In fact, the number of children for whom Arizona has reported that Indicator Three data for FFY 2009-2012 averaged 798 or fewer than 20 percent of exiting children for each of those fiscal years. Possible reasons for this low percentage were attributed to Arizona's manual process for collection of indicator data from service coordinators at entry and exit, as well as the multiple systems housing data.

Steps were already underway at that time to resolve those identified reasons for low reporting. This included the implementation of a web-based data collection application known as I-TEAMS. I-TEAMS includes the child outcomes data as part of the child's complete digital record. This change enables service coordinators or data entry staff, to collect and enter the data directly into the child record which is housed in one data system, rather than making a copy of the indicator form and sending it to the state office for entry into a separate data system. The number of child records for whom outcome indicators were reported during FFY 2013 using data housed in I-TEAMS, increased to 1,243 or 30 percent of the 4,171 children who exited during the reporting period. As this is a new process, data entry into the I-TEAMS system of the child outcomes at both entry and exit has been found to be inconsistent.

Root cause analysis indicated there was also a potential that service providers were inconsistent in their rating selections, specifically for social emotional outcomes. Personal beliefs about parenting, lack of use of screening and evaluation tools sophisticated enough to help frame conversations around the understanding of typical social emotional development in infants and toddlers, and a general overall lack

²⁶ Center for the Study of Social Policy. "Results-Based Public Policy Strategies for Promoting Children's Social, Emotional and Behavioral Health." Policy for Results.org (2012): n. pag. Web.

of understanding by new providers of the Child Outcome Summary process led to inaccurately providing higher entry ratings to children as they entered the early intervention system.

Concerns also exist regarding the low percentage of surveys submitted annually to derive both the required Family Outcomes data reported to OSEP annually and the additional questions which may be utilized to measure family perceptions of the impact of early intervention services.

1(d) Considering Compliance Data

Arizona's FFY 2013 APR/SPP data documents the state's compliance challenges related to six specific indicators: Indicator 1, the timely provision of new services on Initial IFSP or IFSP review; Indicator 3 Child Outcomes related requirements, Indicator 4 Family Outcomes related requirements; Indicator 7, 45 –day timeline for initial IFSP meeting; Indicator 8a, IFSP Transition Planning Meeting with steps and services at least 90 days prior to age three; Indicator 8b, notification to the Public Education Agency (PEA) and State Education Agency (SEA) of potentially eligible children at least 90 days prior to age three; Indicator 8c, Transition Conference at least 90 days prior to age three.

Indicator	Description of Indicator	Target Data	AZ FY 2103 Result
Indicator 1	Timely provision of new services on Initial IFSP or IFSP review.	100%	82%
Indicator 3 Related Requirements	IFSPs include Measurable Outcomes; IFSP outcomes are reflective of the parent's resources, priorities, and concerns; IFSP contain a statement of present levels of development for all developmental areas.	100%	74%
Indicator 4 Related Requirements	IFSPs contain family directed assessments that include the family's resources, priorities, concerns; IFSPs contain documentation of services necessary to meet child needs, including frequency, duration and intensity; IFSPs contain documentation that the contents of the IFSP have been fully explained to the parents and that PWN was given prior to the initiation or change in services.	100%	93%
Indicator 7	45-day Timeline for Initial IFSP Meeting	100%	75.85%
Indicator 8A	IFSP with steps and services at least 90-days prior to age 3.	100%	56.69%
Indicator 8B	Notify SEA and LEA of potential toddlers at least 90 days prior to age 3.	100%	62.99%
Indicator 8C	Transition conference at least 90 days prior to age 3.	100%	72.44 %

Figure 15

Subsequent to the completion of all integrated monitoring activities by the LA staff in relation to each EIP, the DES/AzEIP provides determinations for each EIP regarding their individual compliance with program requirements. These categories align with the four federal determination categories. As part of this process, the DES/AzEIP Continuous Quality Improvement Coordinators utilize a tool to identify local contributing factors related to non-compliance. Completion of the tool is achieved through answering a series of questions and answers with the EIPs to drill down to the factors causing non-compliance or serving as an impediment to achieving compliance. Compilation of information gathered with the use of this tool highlighted needs for EIPs to learn how to collaborate across agency lines, to accurately and timely enter data into the new I-TEAMS data system, and the need for additional technical assistance and training support related to transition from Early Intervention which includes the completion of the Child Outcome Exit Indicators.

Root cause analysis²⁷ of the non-compliance for the 45-day timeline and provision of timely services reveal that despite the availability of multiple tools to assist teams to identify the Most Likely Team Lead, to schedule the Planned Start Date and provide initial services by that planned date, teams are still in the nascent stage of developing their internal processes and procedures. Supporting teams to implement TBEIS to meet both compliance and performance items will also address the SiMR as determining eligibility and completing the initial IFSP meeting can and should incorporate identification of a child's social emotional development. In addition, completing the transition and exit process should incorporate the identification and documentation of social emotional growth by eligible children as a result of receiving services and supports from AzEIP.

To address the non-compliance related to the Transition process, DES/AzEIP is proposing changes to the transition policy to clarify items that were identified as barriers to meeting compliance, as well as items to reduce non-compliance related to meeting transition timelines. Root cause analysis indicated many service coordinators do not begin the transition process until after the child is 2.8 years old, or the final date by which a family may opt-out of notification to the local school district and state education agency. Additionally, service coordinators and their supervisors; inaccurately believe that they may not "refer" a child to the local educational agency, until after the completion of the Transition Conference. This results in teams reducing their timeframe to four weeks for completion of all transition activities, and has resulted in a negative impact in relation to the accuracy and overall completion of the child outcome summary process activities, including determining social emotional development ratings.

1(e) Additional Data

To support evaluation of the SiMR, Arizona is considering reviewing and analyzing the Family Outcomes data with a particular focus on the response to questions that analyze a family's perception of their ability to engage and participate in everyday routines and activities with their child, including whether or not services supported the family and/or child to keep up friendships, make changes in routines to support their child, feel that their child will be welcomed and accepted, and figure out solutions as they come up. LA staff will disaggregate existing family outcome data to determine a baseline for this data.

²⁷ See Appendix 13 - DES/AzEIP Root Cause Analysis Template.

Working with the identified EIPs LA staff will share this data with them on a quarterly basis to assist them to evaluate their progress relative to achievement of the SiMR.

LA staff will also utilize training data collected by the DES Training and Development Administration (DES TDA) to measure the effectiveness of training activities. For more information on how DES TDA supports the AzEIP Professional Learning Development and Sustainability System please see section 2(b) Personnel/Workforce. This data will be reviewed at least every six months with identified regions and utilized in conjunction with integrated monitoring activities and will be reviewed with data collected as a result of those activities.

1(f) Stakeholder Involvement in Data Analysis

As previously detailed, the Arizona ICC, EIP State Leaders and M-TEAMS members individually and collectively remained involved in the SSIP process as participants in the data analysis process by reviewing and analyzing broad level data and participating in in-depth data analysis, discussions and decisions during multiple meetings. Stakeholders were provided multiple opportunities to provide input on what the data appeared to reflect, identify potential root causes, and based on the data assist with the final selection of the SiMR area. Some of these participants were able to participate in multiple meetings, while others given their schedules, only participated in one meeting.

The convergence of the current realities for young children in Arizona, in particular the high number of children who have been removed from their homes as the result of a substantiated abuse or neglect investigation, were identified as the tipping point when selecting a focus area. As early childhood professionals, those participating in the final stakeholder group to select an outcome for the focus of the SSIP and subsequent SiMR unanimously identified improvement in social relationships as the appropriate focus for the AzEIP SiMR.

Careful data analysis, planning, and review was critical to the SSIP process in order to identify a potential SiMR. After discussing the meaningful differences in child outcome results by county, service providing agency, and race and ethnicity categories and in depth discussions of possible root causes for those differences, stakeholders were ready to select the appropriate outcome for Arizona. Additional review of statewide data from the child welfare system led the stakeholders to a revelation that many perceptions in the field need reframing in relation to the social emotional development of children based on the child's existing circumstances in order to accurately facilitate discussions with families. The stakeholders believed that providers were quick to dismiss behavioral challenges as permissive parenting, or simply parenting issues, rather than using a coaching approach to facilitate a discussion with the family about their needs for support in enhancing the child's social emotional development.

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

2(a) How Infrastructure Capacity was Analyzed

Multiple groups provided input into the Infrastructure Analysis, to ensure that LA staff gathered perspectives from both community partners, as well as those who provide services and supports to children and their families.

Arizona held the first Broad Stakeholder meeting to analyze Arizona’s infrastructure on May 2, 2014.²⁸ The meeting was posted to the AzEIP website and multiple emails were sent to a list of broad agency and community stakeholders, as well as members of the Arizona ICC, made up of family members, providers, state agency representatives and other community members. These emails and webpages invited stakeholders to participate in a Strengths, Weaknesses, Opportunities and Threats analysis (SWOT analysis). Early childhood community partners were also asked to complete an Inventory of Initiatives²⁹ that might have an impact on infants and toddlers with disabilities and their families in Arizona and submit it prior to this meeting. LA staff gave a presentation which outlined the SSIP, the rationale behind the creation of Indicator 11 and reviewed the Data Quality of Indicator Three: Child Outcomes and Indicator Four: Family Outcomes.

A SWOT Analysis is an analytical framework that can help organizations to face their greatest challenges and identify their most promising next steps. The term SWOT Analysis was created in the 1960s by businessmen Edmund P. Learned, C. Roland Christensen, Kenneth Andrews and William D. Book, in their

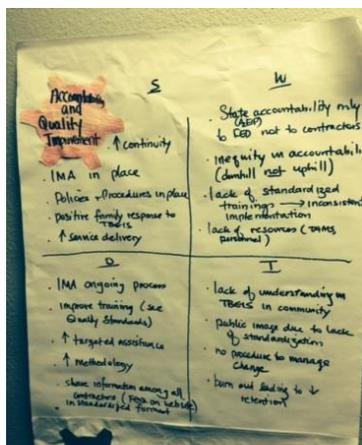


Figure 16 Flip chart page from SWOT analysis Gallery Walk.

book “Business Policy, Text and Cases” (R.D. Irwin, 1969). The LA staff used a Gallery Walk to complete the SWOT analysis for the following high quality early intervention components as defined by the ECTA Center: Governance, Funding/Fiscal, Quality Standards, Personnel/Workforce, Data, Monitoring and Accountability. The Gallery Walk³⁰ used one flipchart page for each of the components. Each flipchart was divided into four quadrants marked (S for Strength, W for Weakness, O for Opportunity and T for Threat).

To support stakeholders to complete the Gallery Walk, LA staff developed handouts that described the following components of a high quality Part C System and how those components are structured within the Arizona Early Intervention Program. The components, as identified by the ECTA Center, include: Governance, Funding/Fiscal, Quality Standards,

Personnel/Workforce, Data, Monitoring and Accountability. Participants were divided into groups, and each group was provided with one colored marker and the one-pagers developed by LA staff outlining Arizona’s elements of each component. Participants were then asked to move from chart to chart working in groups to identify the Strengths, Weaknesses, Opportunities and Threats for each

²⁸ See Appendix 4 – Stakeholders List

²⁹ See Appendix 6 –Inventory of Initiatives

³⁰ See Appendix 1 – Glossary of Terms for a description of a Gallery Walk.

component. Participant's would collectively review the handout for the component, and then discuss and record the Strengths, Opportunities and Weaknesses that they identified for that particular component. Each group then completed this same activity for each of the six components. At the end of the Gallery Walk, groups stayed with the last component and reported out the totality of the comments as assembled by the collective whole.

Inventory of Early Childhood Initiatives

The following early childhood community partners were sent an Inventory of Initiatives template³¹ and asked to complete it for both previous and current early childhood initiatives that might have an impact on infants and toddlers with disabilities and their families who are eligible for AzEIP:

Role	Agency/Organization
Child Care Administrator	Department of Economic Security-Child Care Administration
Chief of the Office of Children's Services OCSHCN staff Birth Defect Registry Director EHDI staff	Arizona Department of Health Services—Office of Children's Health
619 Coordinator	Arizona Department of Education—619 Coordinator
Submitted Inventory of Initiatives Staff participation	Raising Special Kids—Arizona Parent Training and Information Center
Multiple representatives of Early Head Start programs, including migrant and tribal programs	Arizona Head Start Association
619 Coordinator	Arizona Department of Education—Early Childhood
No Response	Arizona Children's Action Alliance
No Response	Arizona Child Care Association
Submitted Inventory of Initiatives	Prevent Child Abuse – Arizona Chapter
No Response	EAR Foundation
Executive Director	Arizona Chapter of the American Academy of Pediatrics

Figure 17

The completed early childhood initiatives were printed out and shared with stakeholders during the infrastructure meetings, and were then utilized during subsequent meetings to support first the identification of the SiMR and later to identify existing initiatives that might be leveraged to support the SiMR. Key initiatives that might be leveraged to achieve the SiMR are described in more detail in Section 2(d).

On June 20, 2014, the LA staff held a staff retreat. During that meeting, the LA staff reviewed the SSIP process and again used the Gallery Walk which included all of the ECTA Center identified components of a high quality early intervention system. LA staff were divided into groups based on their work focus: Fiscal and Contracts, Continuous Improvement and Policy, Professional Development and Early Childhood Education Standards, and Data. Each group identified how their work informed, or was impacted by, each of the system components using a colored marker, flipchart paper and the one-

³¹ See Appendix 6 –Inventory of Initiatives Template.



Figure 18

papers developed by LA staff that outlined known elements of each component. The group then completed a large group SWOT Analysis of all components.

EIP State Leaders Stakeholder Meeting

As part of developing the Arizona SSIP, Arizona held a Narrow Stakeholder Group meeting on July 24, 2014,³² with the EIP State Leaders. LA staff emailed participants the description of the six system components of a high quality Part C System and how they are structured within the Arizona Early Intervention Program and a PowerPoint presentation prior to the meeting. At the meeting

LA staff gave a presentation which outlined the SSIP, the rationale behind the creation of Indicator 11 and reviewed the Data Quality of Indicators three and four. LA staff used the previously discussed SWOT analysis and Gallery Walk, and as a group, the EIP State Leaders completed it for each component.

LA staff synthesized the results of the various SWOT analysis meetings and presented it to the Arizona ICC, EIP State Leaders and narrow stakeholders during subsequent meetings. LA staff created a Roadmap to the SSIP/SiMR – Infrastructure Analysis this Roadmap³³ which included both the synthesized SWOT analysis and the early childhood community inventory of initiatives. The Roadmap was used during subsequent meetings to support the identification of the SiMR and to identify existing initiatives that might be leveraged to support the SiMR.

2(b) Description of the State Systems Analyzed

The following components, identified by the ECTA Center, were presented to the Arizona ICC, the EIP State Leaders, and the LA staff as the foundation for the SWOT Analysis undertaken by each stakeholder group. They are briefly described below for Arizona’s Early Intervention Program:

Governance

The Arizona Early Intervention Program (AzEIP) is an interagency system of five state agencies: DES (AzEIP and DDD), ASDB, AHCCCS, ADHS and ADE. DES is the Lead Agency. The following are service providing agencies: AzEIP, DDD and ASDB.

DES/AzEIP holds contracts with 16 TBEIS providers to provide Core Teams in 22 regions who collaborate with DDD staff and ASDB staff and subcontractors creating 41 EIPs.

Arizona has policies, procedures, and practices in place to support EIPs. There are also IGAs between DES and the four other participating state agencies, an MOA between DDD and the AzEIP Scope of Work (SOW) as part of the contract with the TBEIS providers. Each of these is written with the Mission and Key Principles as the foundation, and includes language to support EIPs to collaborate to implement TBEIS with fidelity.

³² See Appendix 4 –Stakeholders List.

³³ See Appendix 7 – AzEIP Roadmap to the SSIP/SiMR – Infrastructure Analysis.

Data

DES/AzEIP launched a web-based data application in 2013, known as I-TEAMS. This comprehensive data system includes: Contracts, professional registry data, child-level data, service delivery, invoicing and billing enabling DES/AzEIP to monitor the provision of services, collect required federal data and reimburse providers for the provision of services. User access is determined by the user role. Report functionality is still in development.

Monitoring and Accountability

DES/AzEIP Integrated Monitoring Activities (IMA) include utilization of the DES/AzEIP data system, self-reports and validation of data on an annual basis from all Early Intervention Programs. DES/AzEIP uses a three-year cycle to identify EIPS that will participate in an on-site review. The EIP's data, invoicing and billing, formal and informal complaints, and self-reports are used to determine which 15 EIPs will participate in an on-site review each year.

DES/AzEIP ensures that families and professionals are aware of the procedural safeguards afforded to every family referred and/or enrolled in AzEIP. Each EIP is required to keep a log of all complaints received and the resolution of any complaints. In addition, families can contact the state office for assistance, request Mediation, file a Formal Complaint, or request a Due Process Hearing.

Personnel/Workforce

DES/AzEIP coordinates and maintains a comprehensive system of personnel development known as the AzEIP Professional Development, Learning and Sustainability System (PDLS System), which directly coordinates with the General Supervision System and the Technical Assistance System. The PDLS System includes minimum requirements for Core Team members, service coordinators, and other early intervention personnel. The PDLS System coordinates with Institutes of Higher Education in Arizona to develop courses and curricula to meet these requirements. All employees, contractors and subcontractors are required to complete Standards of Practice modules within three years of their hire date. The PDLS System also coordinates with other early education programs to ensure harmonization in professional development offerings and to effectively maximize the use of PD funding.

AzEIP contracts with TBEIS providers who provide services and supports to all children referred to and/or eligible for AzEIP and their families including those who are DDD-eligible, ASDB eligible and AzEIP-only eligible. The contract requires a Core Team of professionals (see page 9 for full description). The TBEIS providers collaborate with state staff from DDD and state staff and contractors from ASDB to create EIPs who are responsible for responding to all referrals in a specified region and utilizing Natural Learning Opportunities, Team and Coaching practices to support eligible children and their families.

DES/AzEIP has well-defined personnel qualifications for 1) Core Team members or Developmental Special Instructionists (DSI); Occupational Therapists; Physical Therapists; and Speech-Language Pathologists; 2) Service Coordinators (SC); and 3) other team members: Psychologists, Social Workers, and other Part C early intervention service providers.

Due to fiscal constraints, DES/AzEIP ended a longstanding training, technical assistance and monitoring contract with Northern Arizona University effective July 2014. To address this change, and to ensure

consistent training and technical assistance, LA staff accessed support from the DES TDA. DES TDA has adopted the Developmental Dimensions International approach to training and technical assistance. This approach ensures that DES divisions identify key objectives and outcomes for all training events, assesses participant's acquisition of knowledge and skills at the time of trainings, once they are back on the job and finally, whether the training or technical assistance had an impact on key business objectives resulting in a measurable return on investment.

DES TDA requires that all trainings are developed only by certified Instructional System Designers who demonstrate the ability to utilize the ADDIE³⁴ approach to courseware development. Additionally, DES TDA requires that all trainings are presented by certified instructors who receive specialty training and are assessed biannually in their adherence to accepted training practices. DES TDA coordinates with Arizona Department of Administration (ADOA) to track participation in trainings, completion of Level 1 evaluations, Level 2, and Level 3 assessments in two separate Learning Management Systems. AzEIP utilizes this data to assess the impact of training and its impact on EIP adherence to both compliance and results indicators as part of AzEIP's integrated monitoring system.

The DES/AzEIP Policy and Professional Development Coordinator is a member of the first cohort of Early Childhood Personnel Center (ECPC) Leadership Institute participants. Participation in the ECPC Leadership Institute has assisted LA staff's ability to increase collaboration with early intervention partners at MIECHV, HRPP-NICP, FTF, and ADE. This has enabled DES/AzEIP to leverage existing professional development opportunities to support early intervention professionals. As a result of the Leadership Institute, DES/AzEIP partnered with MIECHV staff to develop a presentation to assist the various home visiting programs to understand the similarities and differences between their programs, their terminology differences, eligibility requirements, and how they might collaborate to support families of young children in their local regions.

LA staff also collaborated with ADE staff to include language in ADE's Preschool Development Grant – Development Grant to fund professional development activities around transition from Part C to Part B and elsewhere and to support inclusionary practices in childcare programs utilizing the Master Teams and coaching practices employed by DES/AzEIP. Collaborations with ADHS will support training early intervention practitioners to utilize the ASQ-SE with reliability. Finally, FTF has pledged funding from its HRSA Early Childhood Comprehensive Systems grant to support early intervention professionals to attend trainings on using various screening protocols.

Quality Standards

DES/AzEIP contracts with entities to provide Core Teams, who collaborate with DDD and ASDB using Natural Learning Opportunities, Teaming and Coaching to ensure that infants and toddlers with disabilities can engage and participate in everyday routines and activities with the support of their families and other primary caregivers. DES/AzEIP, with the assistance of national TA providers, developed and is utilizing, a Fidelity Checklist to assist individuals and EIPs and Core Teams. The AzEIP

³⁴ See Appendix 1—Glossary of Terms.

Fidelity Checklist permits EIPs, Core Teams, and individuals to identify high quality implementation of both compliance and performance items and to identify technical assistance and training needs.

In response to the 2011 IDEA regulations, Arizona incorporated the Child and Family Assessment process into the IFSP process. This ensures that information gathered from families about their everyday routines and activities, along with their concerns, priorities, and resources will be the foundation upon which the IFSP team identifies individualized child and/or family outcomes and strategies to achieve those outcomes. A Child and Family Assessment Guide for Families³⁵ was developed utilizing components from the Routines Based Interview Process³⁶ developed by Robin McWilliams to support families to collect their thoughts about these items prior to meeting with the IFSP team. The Arizona ICC developed a “What to Expect from Team Based Early Intervention Services”³⁷ pamphlet for families that explained the role of early intervention practitioners in supporting families and the expectations of families as their child’s primary caregiver. This pamphlet also allows families to record each identified outcome on their IFSP, to ensure that the services and supports match their identified outcomes and as a way to share those outcomes quickly and easily with other partners like their child’s physician or an early childhood home visitor from MIECHV, FTF or Early Head Start (EHS).

Funding/Fiscal

As required under the Individuals with Disabilities Education Act (IDEA), federal Part C dollars are the payor of last resort for direct services, public insurance (AHCCCS, ALTCS, CMDP, Targeted Case Management dollars, CRS), state general funds which fund DDD, ASDB and AzEIP and private insurance are all used to fund services. In July 2014, DES/AzEIP ended the family cost participation component of the System of Payments for AzEIP.

2(c) Systems Strengths and Areas for Improvement

The SWOT Analysis performed by the stakeholders identified areas that could be employed for continued improvement and areas that were either of concern or might negatively impact the achievement of future improvements.

Governance

The changes to the Arizona Early Intervention Program, which infuses the Mission and Key Principles, Teaming, Coaching and Natural Learning Opportunities Practices into the policies, procedures and practices, SOW, the IGAs between DES/AzEIP and the other state agencies, the MOA between DES/AzEIP and DES/DDD, and the contracting process were consistently identified as an important strength upon which to build and embark on improving the number of children who exit early intervention with improved social relationships. The expectations of early intervention practitioners within TBEIS, to share a caseload, meet weekly and use coaching, an adult-interaction style, to discuss each child and family at

³⁵ Department of Economic Security, Arizona Early Intervention Program. Child and Family Assessment Guide for Families. Phoenix: Arizona Department of Economic Security - Arizona Early Intervention Program, 2012. Print. <https://www.azdes.gov/InternetFiles/InternetProgrammaticForms/doc/GCI-1088AFORFF.doc>

³⁶ [Routines-based early intervention: supporting young children and their families](#) R. A. McWilliam - Paul H. Brookes, 2010. Print.

³⁷ See Appendix 9 – What to Expect from Team Based Early Intervention Services. Arizona Interagency Council for Infants and Toddlers, Department of Economic Security, Arizona Early Intervention Program. What to Expect from Team Based Early Intervention Services. Phoenix: Arizona Department of Economic Security - Arizona Early Intervention Program, 2014. Print. <https://www.azdes.gov/InternetFiles/Pamphlets/pdf/GCI-1093APAMPD.pdf>

a minimum each quarter, was acknowledged as establishing a foundation to ensure primary caregivers are supported across all three outcomes. These important changes to the governance component of AzEIP support the implementation of TBEIS with fidelity and the use of evidence-based practices by EIPs. Stakeholders identified the varying levels of understanding of AzEIP policies and procedures as an area of weakness. Stakeholders identified the fact that Arizona is still in the early stages of implementation of TBEIS as a threat. Supporting continued family engagement was identified as an opportunity.

The Governance component was clearly seen as a strong foundation which can support scaling-up implementation of TBEIS and incorporating a stronger focus on social emotional development. LA staff have noted the importance of ensuring that all members of the AzEIP community must have a stronger understanding of the policies and procedures and how they support fidelity to the approach, as well as, continuing to expand the opportunities for families to be engaged at all levels to realize the SiMR.

Data

Discussions with broad and narrow stakeholder groups revealed consistent themes around data. Stakeholders agreed that to ensure an effective statewide system, all staff must demonstrate that they know how to collect and report timely and accurate data, access that data and use it, as appropriate to make data-driven decisions. The implementation of I-TEAMS was identified as a strength in that it ensured one digital child record file. I-TEAMS was also identified as a weakness as the system is not fully developed. The report functions of I-TEAMS are still not fully functional and require much manual manipulation to prepare them by LA staff before they are sent to programs and were identified as a weakness. However, LA staff work with the reports as currently available and support EIPs to use the reports to complete data analysis, which was identified as an opportunity. Stakeholders identified improved access to, and use of, reports to support data-based decision-making as an important opportunity. Stakeholders identified concerns with the functionality and sustainability of I-TEAMS as a considerable threat to the data component.

As a result of this ongoing analysis, Arizona selected data as a needed area for intensive Technical Assistance. Prior to the offer of Intensive Data Technical Assistance, Arizona had begun working with staff at the DaSy Center to analyze Arizona's data and to explore the concerns with the functionality and sustainability of I-TEAMS. LA staff looks forward to the continued intensive technical assistance from DaSy Center staff to support the Data component of Arizona's Early Intervention System, as this component will play an essential factor in achieving the SiMR.

Collecting, accessing, analyzing and utilizing data for decision-making is essential to the successful attainment of the identified SiMR. Analysis of the existing data has already assisted the LA staff and EIP State Leaders to identify that some previously held assumptions were incorrect—e.g., that the low number of indicators reported on were due to unplanned exits. Analysis of data revealed that nearly 69 percent of all exits are planned, and that supporting teams to incorporate activities which support them to collect data on a child's progress over time, collaborate with parents to determine the child's rating and complete these activities prior to exit, and as part of the Transition Process, is essential to the successful attainment of the SiMR.

Monitoring and Accountability

As part of the statewide implementation of TBEIS, LA staff revised the Integrated Monitoring and Accountability approach. Rather than the previous method of separately monitoring each service providing agency DDD, ASDB, and AzEIP-only, LA staff now monitor an EIP as a whole. Stakeholders identified the consistent approach to integrated monitoring and the focus on the EIP, rather than the agency, as a strength that could be utilized to support continued improvement. This approach has already assisted EIPs to identify the need to create better policies that incorporate all three components of the EIP to ensure that activities related to determining child outcomes and documenting the ratings are completed.

The use of data by EIPs, to support monitoring and accountability was identified as a weakness. As previously stated, the lack of reports was also identified as a weakness of the data component and impacts this component as well. Further, the lack of internal continuous improvement processes within EIPs was identified as a threat. Stakeholders identified use of corrective action plans as a process to drive improvement as an opportunity.

Personnel/Workforce

AzEIP has a Comprehensive System of Professional Development which is outlined in Chapter 6 of the AzEIP policies and procedures. Stakeholders consistently identified the well-defined professional development Policies and Procedures as a strength. These policies identify the qualifications for early intervention practitioners and AzEIP's Professional Development, Learning and Sustainability System (PDLSS). The PDLSS promotes varied approaches to extend the appropriate knowledge, skills, and understanding of AzEIP. The Master Teams Institutes, Master Coaches and Mandatory Service Coordinator Workshops were identified as PDLSS events that support early intervention practitioners.

Stakeholders identified concerns with retention of providers as a threat. Capacity issues (e.g., the continuing national shortage of physical therapists) were identified as a weakness. These threats and weaknesses were both attributed to budget concerns. Additionally, the loss of the training, technical assistance and monitoring contract with Northern Arizona University was identified as a threat. However, stakeholders agreed that the support from DES TDA was an Opportunity. Stakeholders identified standardized Professional Development as an opportunity; however they identified reduced time and resources for training as a threat.

The improved collaboration with partners at MIECHV, HRPP-NICP, FTF and ADE was seen as a strength. Participants were particularly supportive of the presentations that assisted early childhood programs to understand the similarities and differences between them, the terminology differences, and learning how they might improve local collaboration efforts.

Supporting EIPs and Core teams to access professional development to support them to screen, evaluate and provide services and supports and determine progress over time, to all children and their families around social emotional development is critical to the successful realization of Arizona's SiMR.

Quality Standards

The development of the AzEIP Fidelity Checklist was consistently cited as a strength of AzEIP's infrastructure. Stakeholder's suggested incorporating the new Council of Exceptional Children's Division of Early Childhood's (DEC) Recommended Practices into the quality standards as an opportunity to support continued high quality implementation of evidence-based practices.

Another strength identified was the Arizona Infant Toddler Developmental Guidelines (AzITDG)³⁸ developed by ADE. These guidelines address the following domains:

- Social and Emotional Development;
- Approaches to Learning;
- Language Development and Communication;
- Cognitive Development; and
- Physical and Motor Development.

ADE has recently launched training modules for each domain for early childhood professionals. The AzITDG align with and support the Arizona Early Learning Standards (AzELS) and the College and Career Ready Standards for Kindergarten (CCRS).

Stakeholders identified the documents supporting the Child and Family Assessment, and the "What to Expect from Team Based Early Intervention Services"³⁹ pamphlets as strengths. The existing terminology differences between AzEIP, FTF, MIECHV, and other early childhood community partners, were identified as a weakness. The Regional Early Childhood Collaborative Presentations, developed by LA staff and ADHS staff were seen as important activities that addressed these terminology issues and supported localities to communicate and coordinate. Stakeholders identified reduced time and resources for training as threats.

Linking the work of AzEIP with that of other early childhood initiatives is vital to the realization of the SiMR. LA staff intend to continue to strengthen the existing relationships, and to identify additional areas, that will support Arizona's ability to scale up implementation of evidence-based practices and to support both AzEIP personnel and early childhood community staff to collaborate on improving social emotional outcomes for young children in Arizona.

Funding/Fiscal

Stakeholders agreed that to ensure an effective statewide system DES/AzEIP must develop and implement a fiscal plan that assures ongoing fiscal sustainability. Arizona's decision to end Family Cost Participation was consistently identified by stakeholders as a strength. However, stakeholders acknowledged continuing concerns with reduced allocations, which have significantly affected funding for AzEIP, as a weakness. Arizona has seen significant change in the Part C allocation as a result of recalculations of Arizona's actual birth to three census and sequestration cuts. This resulted in a 13

³⁸ See Appendix 10 – AzITDG. First Things First, and Arizona Department of Education, eds. *Arizona's Infant and Toddler Developmental Guidelines*. 1st ed. Phoenix: Arizona Department of Education, 2013. Print.

³⁹ See Appendix 9 – What to Expect from Team Based Early Intervention Services. Arizona Interagency Council for Infants and Toddlers, Department of Economic Security, Arizona Early Intervention Program. *What to Expect from Team Based Early Intervention Services*. Phoenix: Arizona Department of Economic Security - Arizona Early Intervention Program, 2014. Print. <https://www.azdes.gov/InternetFiles/Pamphlets/pdf/GCI-1093APAMPD.pdf>

percent cut to the federal Part C allocation. While the five percent sequestration cut is no longer in effect, and Arizona's birthrate is increasing, albeit slowly, the federal Part C allocation remains significantly lower than it was over the previous five years. Furthermore, stakeholders identified the potential loss of contractors due to budget concerns as a threat.

Stakeholders identified maximizing the use of Medicaid funds as an opportunity. Arizona is one of ten states participating in the IDEA Infant and Toddler Coordinator Association (IDEA ITCA) and ECTA Center Fiscal Initiative. This participation has enabled Arizona to analyze the various funding streams utilized to support AzEIP activities, to prioritize funding streams to maximize and to lay the foundation for developing a long-term fiscal plan. As a result of these meetings, DES/AzEIP has already strengthened its relationship with AHCCCS, a member of the five agencies comprising DES/AzEIP, to revise the Early and Periodic Screening, Diagnosis and Treatment (EPSDT) policies and procedures to support children and families who are enrolled in AHCCCS health plans and are AzEIP-eligible. LA staff is working with these agencies and the Arizona ICC to improve the understanding of our community partners, EIPs and families regarding Arizona's system of payments.

Ensuring a fiscally sustainable system, which can support increased professional development opportunities to assist with scaling up implementation of evidence based practices, is essential for the achievement of the identified SiMR.

2(d) State-level Improvement Plans and Initiatives

The use of an Inventory of Initiatives for early childhood programs assisted AzEIP to gather information about other early childhood initiatives that might have an impact on the SiMR and which might be leveraged for achievement of the SiMR. Additional information about other early childhood initiatives was gathered during the various stakeholder meetings.

Raising Special Kids

Raising Special Kids is Arizona's Statewide Parent Training and Information Center. Raising Special Kids provides training and support to families statewide on Part C. Raising Special Kids has a grant with UMOM to provide support to homeless families with children with special needs—supporting approximately 500 families per year. Raising Special Kids has a collaborative agreement with DES/AzEIP regarding providing training on IFSP development and Transition activities. Raising Special Kids processed over 10,000 referrals in 2013 on behalf of AzEIP. Raising Special Kids staff responds to phone calls from physicians and their staff, and other early childhood community members who make referrals to AzEIP. Staff from Raising Special Kids are also members of one of the subcommittees of the Arizona ICC and have participated in multiple stakeholder meetings and will continue to participate during Phase II. Continued collaboration with Raising Special Kids can be leveraged to support family engagement and understanding of the Child Outcomes.

Arizona Department of Health Services (ADHS)

The Chief of the Office of Children's Health at ADHS, and staff from each of the programs identified below participated in the May 2014 Broad Stakeholder meeting. Staff from the Office of Children with Special Healthcare Needs serve on the Arizona ICC and participated in multiple stakeholder meetings

representing ADHS. LA staff updated the Chief on ongoing activities throughout the year. DES/AzEIP and ADHS will continue to collaborate on a wide variety of activities; however, the professional development component is one that will particularly support the achievement of Arizona's identified SiMR.

Office of Children's Health

The Office of Children's Health offers many programs which impact infants and toddlers with disabilities and their families. Some programs of note include:

The High Risk Perinatal Project—Newborn Intensive Care Project (HRPP-NICP). This program which is available almost statewide, provides air transport to critically ill newborns, supports mothers with high risk pregnancies, provides 24 hour referrals to community health programs, provides voluntary home visits, TA and holds an annual conference. In addition, they contract with Dr. Joy Browne, from Colorado, to develop communities of practice around supporting families with medically fragile infants. Funding for this project is \$3.4 million. DES/AzEIP collaborates with HRPP-NICP and others on the Smooth Way Home Committee, which supports families of medically fragile infants, to become connected with resources while a newborn is still in the hospital. The previously mentioned Early Childhood Collaborative presentations were developed and presented with HRPP-NICP and MIECHV staff. These collaborations can be leveraged to improve community awareness of the importance of supporting families to assist their child's social and emotional growth and in particular to support the development of a strong attachment between primary caregiver and a medically fragile infant.

MIECHV—This statewide home visiting program provides supports to families with children who are at-risk. At DHS these voluntary supports are provided using the Nurse Family Partnership Model and Healthy Families. AzEIP is a member of the MIECHV Interagency Advisory Leadership Team (IALT), as Arizona uses a broader definition of home visiting which encompasses early intervention services and other non-MIECHV-funded home visiting programs. Technical assistance and training is available through MIECHV's StrongFamiliesAz, to non-MIECHV-funded home visiting programs including home visiting programs funded by DES for children known to child welfare systems, home visiting programs funded by FTF and AzEIP providers.

MIECHV, AzEIP and FTF held Regional Early Childhood Collaborative meetings across the state. These collaborative meetings were designed to assist the various home visiting programs to understand the similarities and differences between the various home visiting programs, their eligibility requirements and how programs might collaborate to support families of young children in their local region. ADHS receives \$12 million to operate MIECHV, 1,089 new families were served by Arizona's MIECHV program statewide in 2013. Additionally, ADHS received a new \$11 million MIECHV enhancement grant. LA staff worked over this last year to identify professional development opportunities that were compatible for both early intervention professionals and MIECHV staff. Leveraging these existing trainings and supports will allow early intervention professionals to become more proficient in their use of screening tools and increase collaboration between the various early childhood community partners. These activities will be leveraged to support the SiMR, as additional trainings regarding typical social emotional development and the use of appropriate tools to determine a child's social emotional development to derive Child Outcomes ratings were identified as root causes for low performance on this indicator.

Office of Newborn Screening –The Office of Newborn Screening is responsible for ensuring that testing for congenital disorders and reporting of hearing test results are conducted in an effective and efficient manner. Current initiatives are to identify hearing loss by three months of age and to have children enrolled by six months of age with follow up newborn screenings planned.

Office of Children with Special Health Care Needs (OCSHCN) — This program is focused on improving access to care for children with special health care needs. OCSHCN provides free training and organizational tools for families which include navigating systems of care. OCSHCN staff have served as reviewers of AzEIP brochures and pamphlets and also funded the printing in English and Spanish of the What to Expect from Team Based Early Intervention Services brochure developed by the Arizona ICC. OCSHCN also funds the Ear Foundation, which screens and collects forms for children with hearing loss. Ear Foundation staff have trained AzEIP TBEIS provider staff on use of OAE machines to perform hearing screenings on children referred to AzEIP. OCSHCN also partners with the Arizona Chapter of the Special Olympics, and assisted with the development of Healthy Leaps, a health advocacy program to support healthy physical development of children with developmental delays and disabilities who are two years old and older. OCHSN staff have participated in many SiMR discussions and will continue to participate in Phase II.

Office of Birth Defect Data —This program collects data on children born in Arizona with diagnosed birth defects and partners with programs researching these conditions.

Head Start and Early Head Start (EHS)

The focus of these programs is school readiness. By working with families and their children they prepare children for a lifetime of learning. They are aligned with the *MoveOnWhenReading* work at ADE and their College and Career Ready programs. Local Head Start programs in Arizona have focused on improving infant and toddler mental health, and many have hired staff with Infant Mental Health Certifications to support staff to assist families with helping with their young child’s social emotional development. The Vice Chair of the Arizona ICC is a Head Start representative. Additionally, representatives from various EHS programs serve as public members on Arizona ICC committees and other head start staff consistently attends Arizona ICC meetings and participated in multiple stakeholder discussions. Many children who are eligible for AzEIP are also involved in EHS programming. The EHS participants are active and involved participants of subcommittees of the Arizona ICC and will remain involved throughout Phase II to ensure collaboration between TBEIS providers and EHS programs to support social emotional development to children served by both programs.

First Things First (FTF)

FTF is Arizona’s Early Childhood Health and Development Board (ECHDB). A 2006 voter-approved tax increase on tobacco products that generates between \$120 and \$130 million in revenue per year to support FTF strategy implementation across the state. Arizona is the only state in the nation that has a dedicated ECHDB funding stream that is protected by state law. FTF has a statewide Board appointed by the governor and 28 Regional Councils, which include ten tribal council regions. Each regional council determines its own priorities and community needs that support the larger early childhood objectives articulated by the State Board. In addition, FTF has implemented Arizona’s Quality Rating Improvement

Scale (QRIS) for Arizona child care programs that are enrolled in the voluntary program. As a result all of the 28 regions fund Quality First Coaches and Child Care Health Consultants (CCHC) to support improved quality in childcare programs. Some FTF regions fund inclusion specialists and mental health consultants that support child care staff to work with young children with developmental delays or behavioral problems. Quality First coaches also support teachers to assist English Language Learners enrolled in their programs. AzEIP management staff, ADE management staff and FTF management staff meet quarterly to discuss collaborative work. LA staff participates on a variety of committees including the FTF Professional Development Work Group, the Early Identification of School Readiness Indicator Advisory Sub-Committee and the Early Childhood Comprehensive Systems Grant Committee. FTF staff participates in AzEIP stakeholder meetings.

Arizona Department of Education (ADE)

Arizona has a continuum of high-quality Early Learning Developmental Standards (ELDS) that lay the foundation for school readiness and have been used by early learning programs within the state since 2003. These ELDS are based on four state standards documents: The Program Guidelines for High Quality: Birth through Kindergarten (PGHQ), the Arizona Infant Toddler Developmental Guidelines (ITDG) which align with Arizona's Early Learning Standards (AzELS) and the College and Career Ready Standards for Kindergarten. ADE recently launched training modules for each of the domains identified in the ITDG (social emotional, approaches to learning, physical, cognitive, communication). LA staff coordinated with ADE staff in the development of portions of the Preschool Development Grant. LA staff and ADE staff identified development of a conference to support improved coordination on Transitions from Part C to Part B and other programs. In addition, the Preschool Development Grant included a proposal to use the Master Teams and Master Coaches approach to support inclusionary practices for children with disabilities in childcare programs. LA staff collaborated with ADE staff on an Infant Mental Health Summit in February 2015, which unveiled the Infant Toddler Development Guidelines Modules. National experts presented on the Center on the Social and Emotional Foundations for Early Learning (CSEFEL) and Parents Interacting With Infants (PIWI).

Department of Economic Security Divisions

The Department of Economic Security's mission is to promote the safety, well-being and self-sufficiency of children, adults and families. DES has five major program divisions (Child Support Services, Aging and Adult Services, Developmental Disabilities, Employment and Rehabilitation Services, Benefits and Medical Eligibility and Early Intervention).

Division of Employment and Rehabilitation - Child Care Administration (CCA)

The CCA assists parents to ensure that children are appropriately cared for while parents work or participate in activities, such as education and training that will make the parents more employable. Among the caregivers supported by these services are: low-income working parents; parents on cash assistance who are looking for work, parents attending school who are employed at least 20 hours per week and teenage parents trying to finish high school. Parents may choose to send their children to a variety of child care service providers including licensed child care centers, certified child care group homes, certified small family child care homes, and in some cases, non-certified relatives. DES contracts with the Arizona Child Care Resource and Referral to provide information to Arizona parents about the

child care providers available in their communities, whether parents are receiving child care assistance or not through DES. DES is developing a new consumer education campaign, to share information with parents about typical developmental milestones and available resources to assist when parents are concerned about their child's development. This information will be included on the Arizona Child Care Resource and Referral, both on their Website and through telephone contacts. A bi-product of this effort should increase the knowledge of child care providers of resources to offer parents when they express concerns about their child. The Child Care Administration is partnering with AzEIP to assist in the development of information for the website, resources and referral information. This partnership will support child care providers with training on identification and support for caring for children with special needs.

In addition to helping parents find and afford child care, DES helps increase the number and quality of child care providers in Arizona. In partnership with the ADHS, the Department of Education, advocacy organizations and provider associations, DES offers training and support to child care centers in Arizona so that their services can be appropriate to the educational needs of young children. The number of parents receiving child care assistance and on the childcare assistance waitlist were factors that were utilized by the stakeholders to determine the regions that might be included in the identified regions. The new Child Care Development Block Grant (CCDBG) requirements present an opportunity for increased collaboration between childcare programs and AzEIP EIPs to support young children with disabilities who are enrolled in formal and/or informal child care programs.

Division of Employment and Rehabilitation – Early Childhood Taskforce (ECTF)

The ECTF, seeks to increase awareness of early childhood and related issues, resources, and opportunities, and promote policies and practices that are in the best interests of young children and their families within DES Divisions. DES created the Early Childhood Task Force, made up of DES staff representing the Divisions within DES, such as Employment and Rehabilitation Services, which includes Child Care Assistance, Child Support Services, Developmental Disabilities, Arizona Early Intervention Program (AzEIP), Aging and Adult Services, and Medical Benefits and Eligibility, along with representatives from the Department of Child Safety to (i) increase awareness of early childhood and related issues, and opportunities within ECTF, within DES, DCS, and among community partners and (ii) to promote policy and practice that is in the best interests of young children and their families within DES, DCS and among community partners.

Taskforce members concentrate on promoting increased awareness of the importance of early childhood, one another's roles, opportunities to work collaboratively in support of young children and their families, developing and leveraging partnerships and the impact of programs, budgets and legislation on young children and their families among ECTF members and within DES.

Leveraging Partnerships is a key objective of the ECTF. Members reported highlights such as: The ongoing understanding of key early childhood issues; exploration of opportunities for collaboration with, and in support of, early childhood issues inside the department and with community partners; as well as DES's interface with the new DCS. These highlights are the foundation for the taskforce's continuing work on behalf of Arizona's young children and their families in 2015.

Division of Employment and Rehabilitation – Workforce Investment Act

The Arizona Workforce Connection oversees over 50 One Stop Service Centers administered by Local Workforce Investment Areas and Tribal Nation Investment Areas available throughout the state of Arizona or on the internet at <https://www.azjobconnection.gov/>. One Stop Shop Services Centers programs are delivered by contracted partners in 12 Local Workforce Areas providing job seekers with employment and training services.

Young children whose parents have secure jobs and are paid a livable wage are less likely to have social, emotional and behavioral problems. Studies show, “(y)oung children from households with lower levels of family income are more likely to experience behavioral problems that negatively impact their development.”⁴⁰ One Stop Service Centers provide parents with comprehensive services and supports that will likely increase their skills and knowledge while preparing them for job opportunities, increasing the likelihood that they will secure a job with a livable wage, giving their children opportunities to succeed.

Prevent Child Abuse—Arizona Chapter (PCA Arizona)

Since 1989, PCA Arizona has been preventing child abuse and neglect in Arizona. In addition, they have Best for Babies Court Teams which have developed best practices for supporting young children involved with the child welfare system and improving collaboration between the various systems to address the unique and immediate needs of infants and toddlers. DES/AzEIP staff collaborated with PCA staff on several presentations to support child welfare staff from the Attorney General’s office, DCS, Court Appointed Special Advocates, Guardians ad Litem and DCS Specialists to collaborate when children are involved with both DCS and AzEIP.

Cradle 2 Crayons (C2C)

C2C is a program started in the Maricopa County Juvenile Court System and recently launched in Pinal County. This collaborative effort brings together judges with specialty knowledge about the needs of children under three who are known to the child welfare system, providing professional services to support birth parents, expedited court oversight and family coaching supports to work holistically to respond with evidence-based practices to support this vulnerable population.

Infant Toddler Mental Health Coalition of Arizona (ITMHCA)

The ITMHCA was established in 1995 and promotes the understanding that infancy is a critically important period in psychosocial development. ITMHCA has a well-developed Infant Mental Health Certification process to support early childhood community members to support the social and emotional development of all children.

2(e) Representatives Involved

As previously noted, Arizona held multiple infrastructure analysis meetings. Participants in the Infrastructure Analysis meetings included Arizona ICC Members, EIP State Leaders and M-Teams members, as well as early childhood community partners.

⁴⁰ Cooper, J.L., Masi, R. & Vick, J. (2009) Social-emotional Development in Early Childhood: What Every Policymaker Should Know. Retrieved from http://www.nccp.org/publications/pdf/text_882.pdf

Arizona ICC members who participated in stakeholder meetings included state agency representatives from ADE, ADHS, DES Child Care Administration, DDD, AHCCCS and the Department of Insurance, all three family representatives, early intervention providers, the Institutes for Higher Education representative and the Head Start representative. Public members of the Arizona ICC who participated in these discussions, included Raising Special Kids staff—Arizona’s statewide Parent Training and Information Center, multiple representatives of various Early Head Start programs (including both tribal and migrant EHS programs), multiple representatives from programs focused on young children at the Arizona Department of Health, one representative from FTF, and one representative from the Arizona Chapter of the American Academy of Pediatrics. The EIP State Leaders meeting had broad participation from nearly every TBEIS provider, each DDD region and ASDB management staff. M-TEAMS members and LA staff also completed the infrastructure analysis.

The large number of meetings and various participants was intentional. As Arizona embarked on the SSIP process there was no particular SiMR focus identified. Rather, with less than a year of statewide TBEIS implementation complete, there was a sense both within AzEIP and from the Arizona ICC and EIP State Leaders that the SiMR had to be complementary to efforts to support implementation of TBEIS with fidelity. It was therefore important to engage as many stakeholders as possible to ensure comprehensive support, to identify activities that would support TBEIS implementation and to identify any concerns. LA staff asked for volunteers from the various Broad Stakeholder groups to serve on the Narrow Stakeholder Group. While we endeavored to have the same participants involved throughout the individuals changed, but the roles remained the same. Representatives from the M-TEAMS, family members from the ICC, EIP State Leaders, representing TBEIS providers (M-TEAMS representatives included DDD and ASDB representation) and early childhood community representatives participated as part of this group.

Ultimately, the demographic data for children in Arizona and the root cause analysis revealed the tipping point identifying social emotional outcomes as the preferred SiMR focus.

2(f) Stakeholder Involvement in Infrastructure Analysis

Stakeholders analyzed the components of the Arizona Early Intervention Program and examined the other early childhood initiatives that might have an impact on Arizona’s SiMR. LA staff utilized the ECTA Center framework of components necessary to ensure a high quality early intervention program as the backdrop within which to support stakeholder analysis of Arizona’s infrastructure. Stakeholders had multiple opportunities to share their opinions of the infrastructure and analyze the Strengths, Weaknesses, Opportunities and Threats.

Holding multiple meetings enabled Arizona to ensure that a diverse group of people assisted to identify the state’s greatest challenges and identify the most promising next steps to support infants and toddlers with disabilities to ensure their engagement and participation as members of the early childhood community. This process enabled LA staff to gather information about strengths and barriers, and to further analyze, with stakeholder participation, potential root causes and strategies for improvement.

The infrastructure analysis revealed that while the Governance component of the Arizona early intervention system is sound, there is a need to support teams to have consistent understanding of the Governance component and to utilize data for decision-making. Additionally, Core Teams need additional training to assist them to support families to help their child’s social emotional development and to determine together the child’s progress over time in this developmental domain. Furthermore, to ensure that Arizona has the capacity to support teams to implement TBEIS with fidelity and to appropriately address social emotional concerns, it is imperative that Arizona have a long-term fiscal sustainability plan.

Component #3: SiMR

3(a) SiMR Statement

Arizona will increase the percent of children in identified regions, who exit early intervention with improved social relationships. The regions identified, which represent a mix of urban, rural and tribal areas, include: Region 5 – East Central Maricopa Counties, Region 9 - East Pinal, Southern Gila and Southeast Maricopa Counties, Region 16 – Yuma County, Region 17 - Southern Apache County, Region 18 – Southern Navajo County, and the Navajo Nation, or nine EIPs.

3(b) Data and Infrastructure Analysis Substantiating the SiMR

The many discussions analyzing AzEIP’s data and infrastructure, as well as Arizona’s early childhood community data and infrastructure supported the selection of improving social emotional outcomes for infants and toddlers enrolled in AzEIP. Stakeholders and LA staff identified ensuring implementation of statewide TBEIS with fidelity as a cornerstone of identification of the SiMR.

The review of Child Outcomes did not reveal any discernable differences between the two child outcomes for which data were disaggregated. What did stand out was that no matter the outcome, there were significant differences between the Summary Statements by service providing agency. Children who were AzEIP-only eligible, and received services from TBEIS providers had higher outcome ratings than children who were DDD-eligible and did not receive TBEIS. One hypothesis that stakeholders had is that these improved outcomes were the result of receiving services provided by TBEIS providers. An outstanding question is whether or not the differences in eligibility criteria may also play a factor in the different outcome results.

When stakeholders reviewed additional data points illustrating the State of the State for all young children in Arizona, each of the small groups independently identified improving social emotional outcomes as the desired focus. EIP representatives candidly remarked that many early intervention practitioners still erroneously believe that behavior and social emotional delays are “parenting” concerns and not necessarily appropriate for early intervention support. Arizona ICC family representatives countered that for them, acknowledgement of behavioral concerns and support for social emotional development, were essential early intervention services. Stakeholders stated that focusing on social emotional relationships would also support early intervention practitioners to develop more functional and meaningful outcomes based on family-identified concerns, priorities and resources.

Stakeholders agreed that supporting EIPs and Core Teams to develop outcomes to support primary caregivers to assist with their child’s social emotional development would result in more functional outcomes that would support engagement and participation by young children in everyday routines and activities.

The identified weaknesses in the Data and Fiscal components of Arizona’s early intervention system are potential threats for the Monitoring/Accountability, Quality Standards and Personnel/Workforce components. In addition, the acknowledged threats in the Personnel/Workforce component affect the Monitoring/Accountability and Quality Standards components. However, the significant strength presented by the Governance component, and the framework it creates, was consistently recognized as being capable of supporting the SiMR.

Once the SiMR was selected, LA staff requested additional demographic data from the DES Geographic Information Systems team (DES GIS) to analyze by AzEIP region to assist with identifying a cohort of EIPs. This data enabled the stakeholder members to analyze each region’s use of other DES programs. The regions identified for the SiMR were selected due to the demonstrated High Needs of infants, toddlers and their families in the region based on the Arizona demographic data,⁴¹ the ability of EIPs to implement both TBEIS with fidelity and incorporate evidence-based practices relative to social emotional development, and the confluence of other early childhood programs implementing evidence-based practices to support social emotional development in those regions.

Identified SiMR Regions:

- **Region 5 – East Central Maricopa**
Three EIPs

691 children were served by AzEIP
2nd highest percent of adults in poverty
19,386 children under 3
1,203 families with Child Care Authorizations
229 families on the Child Care Waitlist
- **Region 9 – East Pinal, S. Gila, SE Maricopa**
Two EIPs

767 children were served by AzEIP
8th highest percent of adults in poverty
18,638 children under 3
858 families with Child Care Authorizations
135 families on the Child Care Waitlist
- **Region 16 – Yuma County**
One EIP

209 children were served by AzEIP
17th highest percent of adults in poverty
8,700 children under 3
324 families with Child Care Authorizations
149 families on the Child Care Waitlist
- **Region 17—Southern Apache County**

24 children were served by AzEIP

⁴¹ See Appendix 11-- Crosswalk of Demographic Data for all EIP regions.

One EIP	21 st highest percent of adults in poverty 694 children under 3 4 families with Child Care Authorizations 2 families on the Child Care Waitlist
<ul style="list-style-type: none"> Region 18 – Southern Navajo County One EIP 	163 children were served by AzEIP 20 th highest percent of adults in poverty 3,490 children under 3 128 families with Child Care Authorizations 22 families on the Child Care Waitlist
<ul style="list-style-type: none"> The Navajo Nation – Growing in Beauty Two EIP 	124 children were served by AzEIP 21 st highest percent of adults in poverty ⁴² 694 children under 3 4 families with Child Care Authorizations 2 families on the Child Care Waitlist

Collectively, these six regions provided AzEIP services to 1,978 or 40 percent of all children served in FFY 2013. Each of the EIPs in these regions has participated in the Master Teams Institutes and there are 15 Master Coaches associated with these EIPs. The review of existing resources also supports the selection of these locations. Best for Babies and/or C2C Court Teams exist in Regions - 5, 9, 17, and 18. MIECHV and FTF home visiting programs have a strong presence in each of the regions and the focus by the Arizona EHS programs on supporting infant mental health is evident in these regions. Children may be referred from these programs to AzEIP, they and their families may be served by both AzEIP and these programs or they may be referred to these programs by their AzEIP Team. Additionally, the continued professional development collaboration activities can provide support to professionals from each of these programs to collaborate on social emotional development.

3(c) SiMR as Child-Family-Level Outcome

Arizona will increase the percent of children who exit early intervention, in identified regions, with greater than expected improvements in their social relationships (SS1 of Outcome A). The regions identified for the SiMR were selected due to the demonstrated high needs of infants, toddlers and their families in the region, based on the Arizona demographic data,⁴³ the ability of the EIPs to implement both TBEIS and incorporate evidence-based practices relative to social emotional development, and the confluence of other early childhood programs implementing evidence-based practices to support social emotional development in those regions.



⁴² Note—the Navajo Nation crosses Region 17, 18 and 19, thus resulting in similar data points.

⁴³ See Appendix 2 DES Demographics and Client Summaries By AzEIP Region 2014.

Through the use of data-based decision-making and increased professional development to EIPs in identified regions, Arizona will ensure that children across the state show greater than expected growth in social emotional development. Arizona will provide Core Teams in the identified regions with access to increased professional development to enable them to assist families to recognize contingency learning opportunities that support social emotional development. These activities will increase the number of Arizona teams that assist families to identify activity settings that support child interests and parent engagement to increase the frequency and intensity of parent-desired learning opportunities. Scaling up the implementation with fidelity of TBEIS will ensure that social emotional development is addressed for all children referred to AzEIP and, that children who receive AzEIP services exit with greater than expected growth in this important developmental domain.

3(d) Stakeholder Involvement in Selecting the SiMR

AzEIP held multiple meetings with both broad and narrow stakeholder groups to select the SiMR. A narrow stakeholder group, which included representation from the Arizona ICC including families, state agency representatives, EIP State Leaders and M-Teams members, selected SS1 for Outcome A, or the percent of children who exit who demonstrate greater than expected growth in social relationships, as the focus for the SiMR. This focus area was shared with the Arizona ICC during its next meeting. The Arizona ICC was presented with the data and rationale for the decision, and concurred with this as the focus.

Additional narrow stakeholder meetings were held with representatives from the Arizona ICC, Arizona's Parent Training Information Center, the Arizona Department of Education and OSEP to confirm this as the focus area. During these meetings LA staff collected information about specific activities that other early childhood community partners were involved in which might be leveraged to support the SiMR. In late January LA staff met once again with a narrow stakeholder group to further narrow the SiMR, identify a cohort of regions, and develop a coherent set of improvement strategies. This narrow stakeholder group once again had participants from the Arizona ICC (including the Head Start representative, family members, state agency staff), M-TEAMS and EIP State Leaders. Additionally, a representative of the ITMHCA joined to lend their expertise and we are mutually excited about the continued collaboration as we move into Phase II.

3 (e) Baseline Data

Determining Child Outcomes

To determine Arizona's Child Outcomes Data, Arizona adopted the Early Childhood Outcomes Center's (ECO) Child Outcomes Summary Form (COSF) and renamed it the Child Indicator Summary Form (CISF). Minor adaptations were made to the form to capture necessary demographic information, combine data tables, and change the ratings from numbers to letters so children would not be rated a high or low number. Arizona approved certain broad spectrum tools that ensure all areas of development are assessed, and that have been cross-walked by the ECO Center.

To determine ratings, Arizona incorporated the ECO calculator tool into the I-TEAMS data system. The following calculations are performed to determine the progress made by children:

Outcome A:

- A. Positive social-emotional skills (including social relationships).

Progress categories:

1. Percent of infants and toddlers who did not improve functioning = $\left[\frac{\text{(# of infants and toddlers who did not improve functioning)}}{\text{(# of infants and toddlers with IFSPs assessed)}} \right]$ times 100.
2. Percent of infants and toddlers who improved functioning but not sufficient to move nearer to functioning comparable to same-aged peers = $\left[\frac{\text{(# of infants and toddlers who improved functioning but not sufficient to move nearer to functioning comparable to same-aged peers)}}{\text{(# of infants and toddlers with IFSPs assessed)}} \right]$ times 100.
3. Percent of infants and toddlers who improved functioning to a level nearer to same-aged peers but did not reach it = $\left[\frac{\text{(# of infants and toddlers who improved functioning to a level nearer to same-aged peers but did not reach it)}}{\text{(# of infants and toddlers with IFSPs assessed)}} \right]$ times 100.
4. Percent of infants and toddlers who improved functioning to reach a level comparable to same-aged peers = $\left[\frac{\text{(# of infants and toddlers who improved functioning to reach a level comparable to same-aged peers)}}{\text{(# of infants and toddlers with IFSPs assessed)}} \right]$ times 100.
5. Percent of infants and toddlers who maintained functioning at a level comparable to same-aged peers = $\left[\frac{\text{(# of infants and toddlers who maintained functioning at a level comparable to same-aged peers)}}{\text{(# of infants and toddlers with IFSPs assessed)}} \right]$ times 100.

SS1:

SS1: Of those infants and toddlers who entered or exited early intervention below age expectations, the percent who substantially increased their rate of growth by the time they turned three years of age or exited the program.

Measurement for Summary Statement 1:

Percent = $\frac{\text{number of infants and toddlers reported in progress category (c) plus number of infants and toddlers reported in category (d)}}{\text{number of infants and toddlers reported in progress category (a) plus number of infants and toddlers reported in progress category (b) plus number of infants and toddlers reported in progress category (c) plus number of infants and toddlers reported in progress category (d)}}$ times 100.

FFY2013 Baseline Data

The baseline Arizona data for SS1 for FFY 2013 set the target as 65 percent, and the actual data revealed 71.73 percent of the children who exited had greater than expected growth. However, given identified concerns with data quality due to the low number of child records reported on, and suspicions that teams are not determining outcome ratings with reliability, Arizona reset its targets for the next few years, with an expectation that actual ratings will demonstrate a meaningful difference from the baseline in 2018.

3(f) Measurable and Rigorous Targets

The measure used in the collection of data for this indicator is the Arizona Child Indicator Summary Form (CISF) process; this is an adaptation of the ECO Center’s COSF process. Entry data is collected on all children and exit data is collected upon exiting the system if the child has been in the program for six months or longer. Statewide data for SS1 in the Social Emotional Outcome area (those children making substantial progress towards functioning as same age peers) will be used to measure progress on the SiMR.

The LA staff met with the Arizona ICC to review the new targets. Arizona ICC members had a lengthy discussion about the targets during the January ICC meeting. Arizona ICC members and LA staff are cognizant of the fact that these ratings appear similar to past ratings, and further that Arizona has exceeded these targets; however, the data quality issues must be taken into consideration as low numbers can result in wide variability. Further, it is anticipated that ratings will be affected by an “implementation dip” as early intervention practitioners learn how to determine ratings with improved reliability. As a result of this discussion, it was agreed that setting the targets low for FFY 2014-2016 made sense, with improved results to be expected in FFY 2017 and 2018. As the identified regions represent 40% of the total census of children served, it is expected that improvements made in the identified regions will result in increased outcomes statewide.

FFY	2013	2014	2015	2016	2017	2018
Target SS1	65.00%	65.00%	65.50%	65.60%	70.00%	74.00%

Figure 19

Component #4: Selection of Coherent Improvement Strategies

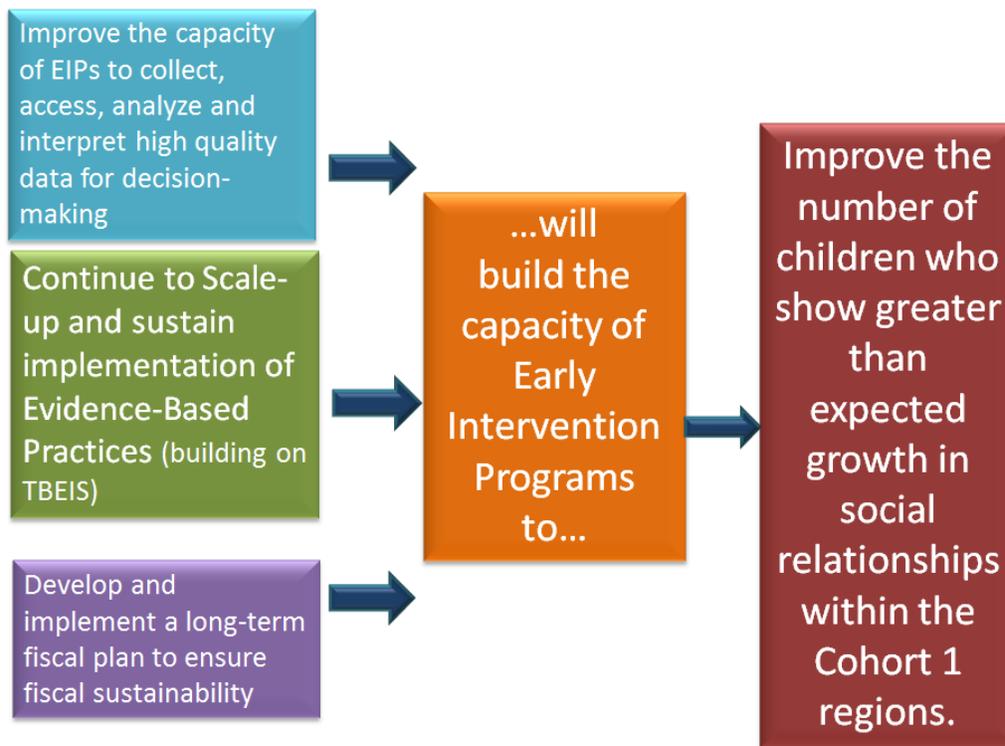
4(a) How Improvement Strategies were Selected

Once the SiMR was selected, LA staff and stakeholders returned once again, to the Infrastructure Analysis and Early Childhood Inventory of Initiatives to crosswalk the root causes, identified components of a high quality early intervention system, and how they might individually and/or collectively affect the realization of the SiMR.

LA staff then met with stakeholders again in November, January and February of 2015. These meetings enabled stakeholders to further review and analyze the outcomes data as it compared to demographic data and the infrastructure and data analysis results. These discussions allowed LA staff to gather many suggestions for potential improvement strategies. Between meetings LA staff reviewed the proposed strategies and connected them to existing activities and partnerships to begin to identify a coherent plan. Twelve individual strategies⁴⁴ were initially identified by the small stakeholder groups. LA staff and/or national TA staff from ECTA Center and DaSy led stakeholders through a series of questions to elicit ideas from stakeholders with regard to how the potential strategies were supported by the root cause analysis.

⁴⁴ See Appendix 12 -- List of Potential Improvement Strategies.

These discussions resulted in the identification of three broad strands that encompass the identified strategies to support the execution of the SiMR.



Using High Quality for Monitoring and Accountability

The identified improvement strategies to support this strand include:

- DES/AzEIP will develop a high quality comprehensive data system and uses it to identify root causes of implementation challenges.
- DES/AzEIP will provide training and technical assistance to support EIPs to collect and use data for decision-making.

Stakeholders identified root causes that were related directly to the data system. I-TEAMS, Arizona's new web-application, includes the Child Outcome Entry and Exit Indicators. Rather than completing the form and sending it in to the DES/AzEIP office, service coordinators and data entry staff can enter the indicators in the data system directly. This practice of completing the indicators and sending them into the State office was repeatedly identified as a root cause for the fact that from FFY 2009 through FFY 2012, Arizona reported on fewer than 20 percent of exiting children for each of those fiscal years when the expectation was that states would report on a minimum of 28 percent of exits.

The number of child records, for whom outcome indicators were reported during FFY 2013, using data housed in I-TEAMS, increased to 30 percent of the 4,171 children who exited during the reporting period. This was still lower than the 34 percent which states were expected to report on for that fiscal

year, however, the significant increase was attributed to the change in data system. Users are still learning how to use I-TEAMS, and it does not prevent users from entering an IFSP without entering in the entry indicators, nor does it prevent users from exiting a child record without entering the exit indicators, all of which were identified as additional root causes for the continued data quality issues. Another root cause identified for missing data is the fact that users only have access to a record for thirty days after it has been exited. Only LA staff can update the record after this time period and given the newness of this data entry activity, stakeholders identified this as another root cause. Potential strategies to address these issues consist of increased training to ensure that users understand the Child Outcomes Summary process including data entry and timelines, and that LA staff send programs reports to assist them with data clean-up on a monthly basis. Stakeholders also suggested enhancements to the web application to prevent users from entering IFSPs without entry indicators and to prevent users from exiting records for children who have received services for more than six months without first entering in exit indicators.

While DES/AzEIP's integrated monitoring and accountability system was identified as a strength consistently by stakeholders, it is important to provide training and technical assistance to EIPs on how to review and analyze child-level data to develop and implement internal policies and procedures across agency lines and make informed decisions to support the implementation of TBEIS and evidence-based practices with fidelity.

Scaling-Up and Sustaining Implementation of Evidence-based Practices

The identified improvement strategies to support this strand include:

- DES/AzEIP will provide consistent training and technical assistance on policies, procedures, and practices to support implementation of evidence-based practices related to TBEIS and to support social emotional development
- DES/AzEIP will leverage partnerships with early childhood education community partners and collaborate with DES programs to support professional development and resource utilization.



While the Governance structure of the Arizona Early Intervention system is strong, interconnected and supports the implementation of TBEIS with fidelity, it is evident that not all early intervention professionals have the same level of understanding of the AzEIP Policies, Procedures and Practices and how the AzEIP Scope of Work, IGA, and MOAs that support EIPs to implement TBEIS with fidelity. Thus increased training and technical assistance about these underpinnings of the Governance component and their impact on all other

components are a necessary aspect of potential strategies for improvement.

As noted previously, TBEIS was implemented statewide in 2013. Prior to TBEIS, there were three different contracts, and as a result, IPP activities were completed by one team and ongoing services may have been completed by different service coordinators and providers who were not always aware of all

IDEA Part C requirements. EIP State Leaders and the Arizona ICC members reported that one of the root causes for low reporting was because some teams completing the exit indicators disagreed with the entry indicators submitted by the prior team and as a result the ongoing team would not send in the exit indicators to the state office. This was particularly identified when children were identified as being DDD-eligible and the ongoing team was completely different from the IPP Team. There remain misunderstandings in the field with regard to determining ratings for infants with established conditions (e.g., Down syndrome, bilateral hearing loss). Stakeholders report concern when an infant has entry ratings for all three outcomes that demonstrate that they have skills equal to their same age peers, but the early intervention professionals fear that to document that rating will skew later exit data, as the child will most likely remain with AzEIP for three years and exit with ratings below their same aged peers.

Training and technical assistance have been identified as necessary to support EIPs on the AzEIP Scope of Work, IGA, MOA and AzEIP Policies, Procedures and Practices to support EIPs to implement TBEIS with fidelity. Additionally, training and TA is necessary to support EIPs to collect and enter valid and reliable data into the data system and further, to analyze, review and interpret data for decision-making.

Root causes were identified as a result of the nature of the social emotional domain. Representatives from ASDB shared that measuring social emotional development can be difficult with children who are deaf/hard of hearing as social skills are connected to language skills. Additionally, for children who are deaf/hard of hearing when the diagnosis of the hearing loss is delayed their exit indicators may not fully reflect their social emotional growth. Other stakeholders stated that they believed the social emotional outcomes to be more subjective than behaviors to meet needs and using knowledge and skills. As a result, stakeholders believed that teams were not accurately determining ratings. Furthermore, Stakeholders reported that teams may lack information about typical and atypical social emotional development and this hampered their ability to determine ratings. Additionally, stakeholders candidly shared that providers and service coordinators think that the other outcomes concern skill development, which is easier to observe and document, whereas social emotional concerns are more related to parenting behaviors. Fortunately, these stakeholder discussions resulted in some incredible epiphanies as providers realized that early intervention professionals could, and more importantly should, support parents to assist with their child's social development. Stakeholders then shared that early intervention professionals could benefit from additional trainings on typical and atypical social development and the proper ways to screen, evaluate, assess and intervene.

While two thirds of all EIPs have teams who have either completed, or are currently in the process of completing, Master Teams, not all teams are at fidelity with implementing TBEIS. Stakeholders were unanimous in their agreement that not being at fidelity is a root cause for low social emotional outcome ratings. Stakeholders identified providing professional development to support teams to implement evidence-based practices, including TBEIS and practices that support social emotional development are essential to the success of this SiMR. A potential strategy to support creating a sustainable professional development system was to adopt components of The Center on the Social and Emotional Foundations for Early Learning (CSEFEL) pyramid process which might support the Master Teams and Coaches

processes. Additionally, stakeholders were interested in seeing how the Parents Interacting With Infants (PIWI) approach might also be used to support teams.

Another root cause identified was the fact that despite the change to including the entry and exit indicators in the single data system, the paper form is separate from the IFSP and teams are not documenting the child's social emotional development from entry through exit as part of the Initial and Annual IFSP discussions. Stakeholders recommended including the entry and exit indicators in the IFSP and providing technical assistance and/or training to teams to ensure that they are documenting the child's present levels of development, including social emotional growth, at each IFSP review.

The child demographic data for children in Arizona, amply demonstrated that many of Arizona's children are living in poverty and a significant portion of them are known to child welfare authorities. The current research on supporting young children to form secure attachments and the transitory nature of this population makes supporting social emotional outcomes all the more important. During later stakeholder meetings, representatives from the ITMHCA and the Prevent Child Abuse Chapter of Arizona joined the discussions and have pledged to collaborate with AzEIP on supporting more early intervention professionals to obtain Infant Mental Health Endorsement, to assist with trainings to support improved collaboration between child welfare authorities and early intervention professionals and to improve the social emotional outcomes for these most vulnerable of all children.

Fiscal/Funding

The identified improvement strategies to support this strand include:

- DES/AzEIP will coordinate funding streams to leverage existing and new funding to pay for early intervention activities, and as a result, reallocate funds to support professional development, quality standards and monitoring and accountability activities.

To achieve the identified SiMR, it is essential that DES/AzEIP have a long-term plan for fiscal sustainability. Improving the use of public and private insurance was identified by Stakeholders and LA staff as essential to ensuring fiscal sustainability. Misunderstandings about the consent to share Personally Identifiable Information (PII) for children who are AHCCCS-eligible were identified as a root cause for the low use of AHCCCS funds. In addition, Stakeholders identified the need to understand other programs available to support social emotional development [e.g., Regional Behavioral Health Areas (RHBAs) and/or Tribal Regional Behavioral Health Areas (TRBHAs)].

4(b) How Improvement Strategies are Sound, Logical and Aligned

With 12 potential strategies it was important to carefully assess the proposed strategies and to organize the strategies in a logical form. Using a group process with a small stakeholder group these 12 strategies were reviewed. As demonstrated in the previous section (4a), the improvement strategies were cross walked with the identified root causes and it was clear to LA staff and Stakeholders that there were three general areas around which strategies had been identified to support the SiMR.

Using the six components of a high quality early intervention system, LA staff and stakeholders reviewed the potential alignment between the root causes and the potential strategies for improvement. While

the six components intersect and support one another, in Arizona, given our previous work to implement TBEIS with fidelity the six components may be depicted as a pyramid which illustrates the strong foundation provided by governance, which supports Arizona's integrated monitoring and accountability system, which in turn supports the collection and use of data, which is used for more monitoring and accountability. However, this is also impacted by Arizona's fiscal situation. The need to maximize funding streams and reallocate funds is essential to implementing the personnel and workforce strategies which will lead to the quality standards.

To improve social emotional development it is essential that all team members understand the importance of supporting families to enhance their child's social emotional development, regardless of the team member's discipline or the child's delay or disability. To do this, and to do it well, all team members must have basic competencies in understanding typical social emotional development, recognizing atypical social emotional development, including screening, evaluation and assessment. Teams must also have members who have specific skills in supporting those families who have children with social emotional delays. As previously stated, Arizona's federal Part C allocation has been decreasing over the last several years. Arizona currently utilizes approximately 80 percent of the federal Part C allocation for direct services to referred and/or eligible children and their families. However, given the aforementioned priorities of using data and evidence-based practices, there must be a reallocation of available funds or the identification of additional funds. The improved collaboration with AHCCCS and other state agencies are expected to result in increased available and/or new funds. In addition, collaboration with ADE and MIECHV on professional development will ensure that professional development activities can be provided utilizing alternate funding mechanisms.

4(c) Strategies to Support the SiMR

Using High Quality Data for Monitoring and Accountability

It is vital that EIPs collect and input valid and reliable data into I-TEAMS, the DES/AzEIP data system. Further, EIPs must analyze, review and interpret their data for decision-making. Finally, EIPs must review and use child-level data to determine if children are making sufficient progress and make program level improvements as appropriate. To do this Arizona intends to support a cadre of local professionals within the identified EIPs to analyze and use their child outcomes data for decision-making. A related strategy identified by stakeholders, was to support a cadre of local professionals to analyze and use other data sources (e.g., MIECHV data) for decision-making. These strategies were identified as they support a focus on using high quality data to drive decision-making as a priority. Furthermore, the collection, access, analysis and interpretation of high quality data should be coordinated locally, regionally and statewide. Through these strategies Arizona can ensure effective leadership at all levels to support EIPs to use high quality data for decision-making.

It is essential that the high quality data that is collected is utilized by DES/AzEIP and EIPs to utilize data to identify root causes of implementation including, internal policies, procedures and practices and non-compliance. Therefore, the previously identified training and technical assistance in the Governance, Data and Personnel/Workforce components will support EIPs to review and analyze their own child-level

data to make informed decisions to support them to develop and implement internal policies, procedures, and practices across agency lines.

Scaling-Up and Sustaining Implementation of Evidence-based Practices

The Governance component was identified consistently as a strength, and the AzEIP policies and procedures have, in their entirety, been reviewed and approved by OSEP. DES/AzEIP has proposed changes to the transition policies. These adjustments are intended to ensure improved understanding timelines and requirements. Such changes will support improved completion of transition activities, which include identifying a child's social emotional growth (among other things) and determining, with the family, ratings for that growth to complete the Child Outcome Indicator process. DES/AzEIP will provide consistent training and technical assistance on the AzEIP Scope of Work, IGA, MOA, AzEIP policies, procedures and practices, and how they support EIPs to implement TBEIS with fidelity.

All early intervention professionals must have access to training and technical assistance and ongoing supports to ensure they understand the AzEIP Governance and Data components. Additionally, they must have an improved understanding of child development in general and social emotional development for infants and toddlers and how to implement evidence-based practices using TBEIS as the foundation for intervention.

Additionally, LA staff and stakeholders identified potential activities to support the identified strategies including: Supporting a cadre of EIPs to sustain TBEIS internally by identifying Master Coaches and use internal self-assessment, reflective supervision, training and technical assistance processes. A related activity identified includes supporting a cadre of local professionals in obtaining the Infant Mental Health Endorsement. Effective leadership at all levels is essential for implementing TBEIS with fidelity. These strategies address the focus on improving social emotional outcomes as a priority. Through the implementation of these strategies, screening, evaluation, assessment, outcome development and intervention will intentionally include supporting social and emotional development for eligible children and their families.

DES/AzEIP will provide training on the use of the Fidelity Checklist, Natural Learning Opportunities, Teaming and Coaching, to both early intervention professionals and Arizona early childhood community partners. DES/AzEIP will partner with ADE, to support early intervention professionals to attend AzITDG trainings to improve their understanding of infant and toddler development in general and social emotional development in particular. DES/AzEIP will partner with ADHS for ASQ-SE trainings to support early intervention professionals to screen children for developmental concerns, including those related to social emotional development. DES/AzEIP will continue to partner with FTF on its HRSA Early Childhood Comprehensive Systems grant to maximize the use of existing and new funds and reduce duplication of effort in screening and evaluation. DES/AzEIP will also continue to collaborate with other DES programs such as the Early Childhood Taskforce, Intertribal Council, Refugee Resettlement Project, Child Care Administration, Child Support Services, Medical Eligibility and Benefits and Employment programs, to support EIPs to increase their capacity to support families using resource-based practices as part of TBEIS. As AzEIP moves forward in providing technical assistance to service coordinators, in the identified regions, to provide resource-based practices to support parents and/or caregivers in accessing

resources, such as employment, child support, medical eligibility, child care assistance, the ECTF member representatives from AzEIP and DDD, will have the opportunity to engage the other representatives in building local partnerships and leveraging the wealth of resources within DES.

These strategies will collectively assist EIPs to implement TBEIS with fidelity and to further incorporate evidence-based practices to support families to help their child's social and emotional development. Using reflective questioning, Core Teams assist families to identify their child's strengths and needs. Training and technical assistance will assist Core Teams to increase their ability to help families to increase their child's engagement and participation in everyday activities and to increase their responsiveness to their child's actions to promote their child's interests and their learning opportunities. The identified professional development activities will assist practitioners to educate and inform families about evidence-based research on child development and behavior. Arizona intends to build on this approach to support teams to scale-up their ability to support children to increase their social emotional growth as a result of receiving AzEIP services, to support the identified Arizona SiMR.

Fiscal/Funding

LA staff and stakeholders identified a strategy to improve awareness by referral sources and community partners regarding eligibility and documentation requirements to ensure that children are not unnecessarily rescreened and/or evaluated. This will ensure that funding is maximized. A second fiscal strategy identified was to improve awareness of existing funding sources to support these activities such as Affordable Care Act, Title V of the Maternal Child Health Block Grant, Early Childhood Comprehensive Systems Grant, and AHCCCS. Stakeholders agreed that identifying and using all funding sources is essential to ensuring a statewide, comprehensive, coordinated, multidisciplinary system that provides early intervention services for infants and toddlers with disabilities and their families.

4(d) Stakeholder Involvement in Selecting Improvement Strategies

To finalize the SiMR selection, Arizona held multiple meetings with the Narrow Stakeholder Group which included family members from the Arizona ICC, the Head Start Representative on the Arizona ICC, EIP State Leaders, M-TEAMS members and LA staff. The group reviewed once again, the child outcomes data for SS1, the infrastructure and data analysis and the DES demographic data by AzEIP region. To support the group to identify potential strategies LA staff supported stakeholders to first identify AzEIP's strengths, next they identified barriers or root causes that impacted the ability to achieve the identified SiMR. The discussion naturally spurred participants to begin to identify leverage points with other community partners or between components to support selection of improvement strategies.

Component #5: Theory of Action

5(a) Graphic Illustration of Theory of Action

Components	If DES/AZEIP (Arizona Lead Agency)	Then EIPs	Then Families	Then
	<p>...continues to develop a high quality comprehensive data system and uses it to identify root causes of implementation challenges... ...provides training and TA to support EIPs to collect and use data for decision-making...</p>	<p>...practitioners collect and input valid and reliable data to determine if children are making sufficient progress and... ...Leaders make program level improvements across agency lines and assess fidelity of implementation of TBEIS practices...</p>	<p>...receive necessary supports and services, in a timely manner to assist them to increase the quality of parent-child interactions to support their child to engage and participate in everyday activities (enhance their confidence and competence to support their child's social emotional development</p>	<p>...infants and toddlers with disabilities will demonstrate an improvement in the number of children who exit AZEIP exhibiting greater than expected growth in social relationships within the identified regions.</p>
	<p>...provides consistent training and TA on policies, procedures, and practices to support implementation of evidence-based practices related to TBEIS and to support social emotional development... ...leverages partnerships with ECE community partners and collaborate with DES programs to support professional development and resource utilization...</p>	<p>...practitioners implement TBEIS with fidelity including resource-based practices and have improved understanding of child development including social emotional development for infants and toddlers... ...practitioners identify social emotional developmental needs and write functional IFSP outcomes that address social emotional development... ...practitioners develop collaborative partnerships with families, other team members, ECE community partners and... ...Leaders develop internal processes, including Master Coaches, training and TA to support implementation with fidelity.</p>	<p>...practitioners collaborate with community partners to obtain existing documentation at referral and access all available resources and... ...Leaders enhance their capacity to recruit and retain EI professionals....</p>	
	<p>...coordinates funding streams to leverage existing and new funding to pay for EI activities, and as a result, reallocates funds to support professional development, quality standards and accountability ...</p>			

5(b) How Improvement Strategies Will Lead to Improved Results

From the theory of action, Arizona identified principles and strategies that would support the three broad improvement areas that will lead to achievement of the SiMR.

Using High Quality Data for Monitoring and Accountability

The first principle of the Arizona SiMR concerns the importance of Data. DES/AzEIP will support the development of effective leadership at all levels to use high quality data. That leadership will focus on supporting EIPs to make the use of high quality data to drive decision-making a priority. As a result, the collection, access, analysis and interpretation of high quality data will be coordinated statewide. To do this, DES/AzEIP will provide training and technical assistance to support a cadre of local professionals to analyze and use their child-level data to make decisions. In addition, DES/AzEIP will support a cadre of local professionals to use other data sources (e.g., MIECHV data or DES Handbook Demographic data) to analyze and use for decision-making.

Scaling-Up and Sustaining Implementation of Evidence-Based Practices

The second principle of the Arizona SiMR concerns the importance of implementing TBEIS and evidence-based practices with fidelity, including leveraging DES programs to support resource-based practices. DES/AzEIP will support the development of effective leadership at all levels to implement TBEIS with fidelity. TBEIS will assist EIPs to focus on improving social emotional development as a priority. In addition, screening, evaluation, assessment, and IFSP outcomes will assist families to support their child to engage in everyday routines and activities, including activities that enhance social emotional development. To do this DES/AzEIP will support a cadre of EIPs to sustain TBEIS internally by developing Master Coaches, internal self-assessment activities and training and technical assistance processes. In addition, DES/AzEIP is considering supporting a cadre of local professionals to obtain the Arizona Infant Mental Health Endorsement and exploring using reflective supervision to support increased responsiveness to infant mental health concerns.

Fiscal/Funding

The third principle of the Arizona SiMR concerns the importance of maximizing existing funding sources and identifying new funding sources to enable DES/AzEIP to reallocate funds to accomplish the personnel/workforce and accountability and monitoring activities that are vital to achievement of the SiMR. As a member of the IDEA ITCA and ECTA Center Fiscal Cohort, DES/AzEIP will identify and use all funding sources to ensure a statewide, comprehensive, coordinated, multidisciplinary, interagency system. Further, DES/AzEIP will assist referral sources and community partners to enhance their awareness of the eligibility documentation requirements to support screening, evaluation, assessment and intervention activities. To do this DES/AzEIP will improve awareness and maximize use of available existing funding sources to support early intervention activities.

5(c) Stakeholder Involvement in Developing the Theory of Action

In January 2015, LA staff invited members of the Narrow Stakeholder group to return once again to review the SiMR and to develop the Theory of Action. Between the previous SiMR-identification meeting and this Theory of Action meeting, LA staff developed planned methods to capture discussions with stakeholders and to begin to organize the various potential strategies, root causes, strengths, barriers and considerations. Utilizing the Annie E. Casey Foundation Theory of Change Manual, LA staff

created flipcharts to develop an organized method for assisting stakeholders to graphically represent how the various strategies and root causes related to one another. This allowed LA staff to support the collection of suggestions from stakeholders to create a “so that” chain to facilitate the development of coherent of strategies to support the SiMR.

Appendices⁴⁵

Appendix 1 – Glossary of Terms

Appendix 2 – DES Demographics and Client Summaries By AzEIP Region 2014

Appendix 3 – AzEIP Fidelity Checklist

Appendix 4 – Stakeholders List

Appendix 5 – Data Worksheet Template

Appendix 6 – Inventory of Initiatives Template

Appendix 7 – AzEIP Roadmap to the SSIP/SiMR – Infrastructure Analysis

Appendix 8 – AzEIP Data Analysis Roadmap

Appendix 9 – What to Expect from Team Based Early Intervention Services

Appendix 10 – AzITDG

Appendix 11 – Crosswalk of Demographic Data for all AzEIP Regions

Appendix 12 – List of Potential Improvement Strategies

Appendix 13 – DES/AzEIP Root Cause Analysis Template

Appendix 14 – Arizona Part C SSIP Broad Improvement Strategies Crosswalk

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All Appendices uploaded to GRADS 360 as separate pdf documents.