

Arizona's Part C of IDEA State Systemic Improvement Plan Executive Summary



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).

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

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

- 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)

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.
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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.

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.

“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. 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 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.³

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.

Data Analysis

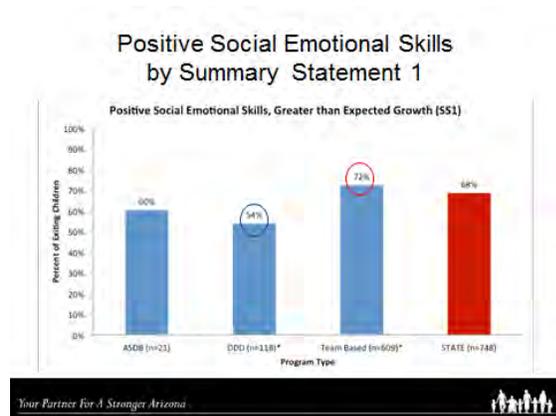
How Key Data were Identified and Analyzed

Data analysis started with development of a data plan. The LA staff consulted with the Center for the Individuals with Disabilities Education Act (IDEA) Early Childhood Data Systems (DaSy Center) representatives to create the data analysis plan. The initial discussions centered on state priorities, available data and timelines for available or required data. Once the data plan was developed, the LA staff in conjunction with the TA Center representatives identified the LA staff who would learn more about data analysis and help lead the data analysis portion of the SSIP. The identified LA staff worked with the TA providers throughout 2014 to analyze and review data, and then were responsible for sharing data back with DES/AzEIP and identified stakeholder groups as well as facilitating discussions related to the results of the analysis and documenting items required for the SSIP. The LA staff and DaSy Center representatives identified three questions and expectations to begin the in-depth data analysis. The first was to review child outcome results data by county with the expectation that this would identify high and low performing programs.

The data was analyzed by 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).⁴ 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.

³ Dunst, 2006.

⁴ 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.



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 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.

Analysis of State Infrastructure to Support Improvement and Build Capacity

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.

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 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)⁵ 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"⁶ 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.

⁵ 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.

⁶ 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>

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 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.

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 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. 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. 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.

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 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.

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. 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 to 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. 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.

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.”⁷

⁷ 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

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.

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 of 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.

Theory of Action

Graphic Illustration of Theory of Action

Components	If DES/AZEIP (Arizona Lead Agency)	Then EIPs	Then Families	Then
 <p>Using High Quality Data for Monitoring and Accountability</p>	<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>Scale-Up and Sustain Implementation of Evidence-based Practices</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>...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>Funding/Fiscal</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>	<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>...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>...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>

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.

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.

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,⁸ 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.



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.

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

⁸ See Appendix 2 DES Demographics and Client Summaries By AzEIP Region 2014.

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%

Phase II

During FFY 2014-15 Arizona will again work with stakeholders to develop an evaluation plan for the identified strategies and activities that will support the achievement of the SiMR.