

Phase II: 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

Arizona Phase II State Systemic Improvement Plan (Arizona SSIP)¹

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, in April 2015, all States were required to develop and submit a [State Systemic Improvement Plan](#) (SSIP), as part of Indicator 11 of the FFY 2013 State Performance Plan/Annual Performance Report (SPP/APR) for Part C of IDEA.²

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 (EBPs) in the delivery of services to children with disabilities which will lead to improved results for children with disabilities. This document represents Phase II of Arizona’s SSIP for Indicator 11. It describes Arizona’s process of identifying how the state will support Early Intervention Programs (EIPs) and practitioners in implementing the EBPs that will result in changes in Lead Agency, EIPs and EIP practitioner practices to achieve the State Identified Measurable Result (SiMR) for infants and toddlers with disabilities and their families. In its FFYs 2014 through FFY 2018 SPPs/APRs, due February 2016 through February 2020, the state must provide updated data for that specific FFY (expressed as percentages) and that data must be aligned with the SiMR for Infants and Toddlers with Disabilities and their Families. In its FFYs 2014 through FFY 2018 SPPs/APRs, the state must report on whether it met its target.

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 regions which was based on available Arizona demographic data,³ the ability of the EIPs to implement both Team Based Early Intervention Services (TBEIS) and incorporate other EBPs relative to social emotional development, and the confluence of other early childhood programs implementing EBPs to support social emotional development in those regions.

¹ See Appendix 1 for a Glossary of Terms and links that may be unfamiliar to the reader.

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

³ See FFY 2013 SSIP Appendix 2 – DES Demographics and Client Summaries By AzEIP Region 2014

The regions identified include: Region 5 – East Central Maricopa County, 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 (DES) 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:

- 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)

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.

Of the five participating state agencies, the DES’ Arizona Early Intervention Program (AzEIP) and the DES’ Division for Developmental Disabilities (DDD) along with 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 ASDB and/or DDD.

AzEIP contracts with private organizations, known collectively as Team Based Early Intervention Services (TBEIS) providers, to provide core teams to respond to all referrals and support all potentially-eligible and eligible children, and their families, within a given region. These core 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), 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 AzEIP service providing agencies.

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 2014 Child Count Data recorded that

there were 5,363 children with active Individualized Family Service Plans (IFSPs) or 2.09 percent of Arizona children birth through age three, receiving services and supports from AzEIP.

Implementation of TBEIS statewide increased collaboration between DES/AzEIP and DDD. DES/AzEIP is the Lead Agency for implementing Part C of IDEA, and as such is tasked with ensuring compliance with IDEA Part C through its general supervision functions. Through a Memorandum of Agreement (MOA), DDD, a division within the same state agency as DES/AzEIP, collaborates with DES/AzEIP on behalf of children who have been determined both AzEIP and DDD eligible. AzEIP eligibility is defined as having a 50 percent delay in one or more domain or a diagnosis with a high probability for developmental delay. DDD eligibility is defined as having a diagnosis or being at risk for a cognitive/intellectual disability, epilepsy, autism, or cerebral palsy. Given the narrow AzEIP eligibility, historically 50 percent or more of AzEIP eligible children have also been DDD eligible. Similarly, an Intergovernmental Agreement (IGA), between DES/AzEIP and the Arizona State Schools for the Deaf and the Blind ensures that the same core team serves ASDB-eligible children alongside vision, hearing and orientation and mobility specialists from ASDB and its subcontractors.

In 2013, to streamline into a single set of policies, rate structure and procedures, DES/AzEIP became the sole contract-holder, with private organizations, providing the core team and some service coordination functions required under IDEA for children birth to age 3, regardless of a child's eligibility status (not yet determined, AzEIP-only, ASDB-eligible, and/or DDD-eligible). The statewide implementation of TBEIS services enables DES/AzEIP and DDD to improve their collaboration on behalf of the families they serve. This ensures that families have the same core team regardless of eligibility and increased access to non-IDEA services through ALTCS for children eligible for the program.

The principles of implementation science, and the continuous quality improvement principles of the statewide Lean Performance Management System (LEAN), have increased collaboration at the State, Regional and Team level. The DDD Early Intervention (DDD EI) Administrator is co-located within the DES/AzEIP office. In addition, the DES/AzEIP Continuous Quality Improvement Coordinators (CQICs) are paired with DDD EI Liaisons by region. This collaboration of DES/AzEIP Lead Agency Staff (LA Staff), DDD Staff, and ASDB Supervisors is referred to as the M-TEAMS. This team mirrors the collaboration required within each EIP to meet the needs of families and their children. EIPs, which are comprised of DDD staff, AzEIP TBEIS staff and ASDB staff are expected to regularly communicate and refine their processes. Finally, a critical component of TBEIS is the requirement that teams meet weekly using teaming and coaching principles to support one another and the families on their caseload. Collectively these activities have increased communication, coordination and collaboration across all service providing agencies within each EIP. This cascade teaching method allows teams to continuously improve their internal processes, share ideas for potential changes, explore those changes and report on their successes or continuing challenges.

Measurable and Rigorous Targets

As detailed in [Phase I of the Arizona SSIP](#), the measure used in the collection of data for Indicator 3, a focus of Arizona's Indicator 11, is the Arizona Child Indicator Summary Form (CISF) process; this is an

adaptation of the Early Childhood Outcome Center’s (ECO Center) Child Outcome Summary Form (COSF) process. Entry data is collected on all children, and exit data is collected upon exiting the system for those children who have had an IFSP for six months or longer. Statewide data for Summary Statement 1 (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 Arizona SiMR.

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:

SS1: Of those children who entered the program below age expectations, the percent who substantially increased their rate of growth by the time they exited the program.

Measurement for Summary Statement 1

Percent = number of infants and toddlers reported in progress category (c) plus number of infants and toddlers reported in category (d) divided by [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.

Progress Data

LA Staff met with the Arizona ICC to review and set new targets during the January 2015 ICC meeting in preparation for Phase I of the SSIP. Identified data quality issues were taken into consideration and it is anticipated that data will be affected by an “implementation dip” as EIP practitioners improve their ability to determine ratings with improved reliability.

	2013	2014	2015	2016	2017	2018
Target SS1	65.00%	65.00%	65.50%	65.60%	70.00%	74.00%
SiMR Region %	77.80%	68.90%				
Statewide %	71.73%	72.01%				
SiMR Region Numerator/Denominator	70/90	202/293				
Statewide Numerator/Denominator	675/941	1433/1990				

As the data for FFY 2013 and FFY 2014 illustrates, LA Staff, EIPs and EIP practitioners undertook considerable concerted efforts, as described in more detail in [1\(a\) Considering Results Data](#), to increase the number of entry and exit indicators recorded in I-TEAMS. The number of entry and exit indicators recorded in FFY 2014 for SS1 of Outcome A, in the SiMR regions, was three times that recorded in FFY 2013. As a point of comparison, the statewide number of entry and exit indicators recorded in FFY 2014 for SS1 of Outcome A was two times those recorded in 2013.

Overview of Phase II

The focus of Phase II of the SSIP is on building state capacity to support EIPs and/or EIP practitioners with the implementation of EBPs that will lead to measurable improvement in the SiMR regions for infants and toddlers with disabilities and their families. Phase II builds on the data and infrastructure analyses, coherent improvement strategies, and theory of action developed in [Phase I](#). The Plan developed in Phase II includes the activities, steps, and resources required to implement the coherent improvement strategies, with attention to the research on EBPs and implementation, timelines for implementation, and measures needed to evaluate implementation and impact on the SiMR for infants and toddlers with disabilities and their families.

DES/AzEIP, as the lead agency for the IDEA Part C program in Arizona, partners with ADE, the lead agency for the IDEA Part B program in Arizona on a variety of issues to ensure positive outcomes for children and youth with disabilities. Improving the social emotional development of infants and toddlers enrolled in AzEIP in identified regions will support improved academic success for those toddlers when they enter school, and support the focus of the ADE Part B SiMR. DES/AzEIP held multiple broad and narrow stakeholder meetings; these meetings leveraged many existing meetings. To ensure collaboration across state agencies, the M-TEAMS meet monthly to address policy, technical assistance, and the training needs of the field. The M-TEAMS, which has been in existence for many years, supported DES/AzEIP in the evaluation and scaling up of TBEIS through the various phases from pilot through statewide implementation. The EIP State Leaders are comprised of program directors from the TBEIS providers and supervisors from DDD and ASDB from across the state. This group meets quarterly to collectively problem-solve and receive important updates. LA Staff identified these meetings as existing forums that would be hospitable environments for developing linking communication protocols. Using these existing forums enables Arizona to involve representatives of various roles in the early childhood community to ensure that a variety of people with diverse viewpoints assisted with development and review of the Arizona Logic Model,⁴ Arizona Implementation Activities Worksheet⁵ and SSIP Improvement Strategy and Evaluation.⁶

The LA Staff involved the Arizona Interagency Coordinating Council (Arizona ICC) members in both broad stakeholder discussions and narrow stakeholder meetings. Arizona ICC members provided insightful comments during discussions around root cause analysis and the identification of the broad focus for the SiMR. Arizona ICC parent representatives commented during discussions that social emotional development is often overlooked by the various “systems” that they encounter, and that a focus on social emotional outcomes by DES/AzEIP would be welcome to ensure that children can make friends, attend and engage in learning and be prepared to transition to preschool and beyond.

The Part C SSIP Phase II components are [1\) Infrastructure Development](#); [2\) Support for EIPs and EIP Provider Implementation of EBPs](#); and [3\) Evaluation](#). Phase II builds on the five components developed

⁴ Appendix 6 – Arizona Logic Model

⁵ Appendix 3 – Arizona Implementation Activities Worksheets

⁶ Appendix 10—Arizona SSIP Improvement Strategy and Evaluation Details by Strand

in Phase I submitted on April 1, 2015.⁷ Phase II must be submitted by April 1, 2016 as a component of the FFY 2014 SPP/APR. The Phase II components are in addition to [Phase I](#) content.

Methodologies

In preparation for the development of Phase II, the LA Staff employed the following tools:

Principles of Implementation Science and Active Implementation Framework Job Aid
The LA Staff and stakeholders reviewed interactive web-based modules to familiarize themselves with the Active Implementation Hub (AI Hub) Framework principles that will be used in implementing the strategies for the SiMR. A short, one page reference⁸ was developed to ensure that all members of the LA Staff and stakeholder groups have a working knowledge of the terminology. This included special emphasis on: defining Usable Interventions; identifying Implementation Teams; Plan-Do-Study-Act (PDSA) cycles, and how they might be used to measure progress over time; identifying effective Implementation Drivers (leadership, competency, and system) and how these components work together in Implementation Stages to effect sustainable change.

The System Framework for Part C and Section 619

During Phase I, DES/AzEIP developed three workgroups linked to the three strands of the Arizona Part C Systemic Improvement Theory of Action (Arizona TOA).⁹ Each of the three workgroups held meetings in 2015 to explore the System Framework for Building High-Quality Early Intervention and Preschool Special Education Programs (System Framework).¹⁰ Through self-reflection, the purpose of these meetings was to prioritize those areas which would then become the focus of further improvement strategies. Review of the components in the System Framework built on the Phase I infrastructure analysis results and enabled Arizona to further examine the root causes of the infrastructure concerns identified in Phase I. Further review of the infrastructure assisted Arizona to clarify specific activities to be included in the Phase II improvement plan. The System Framework, which includes various sub-sheets covering each component of a high-quality system, was utilized by Arizona to further examine the three strands of the Arizona TOA.

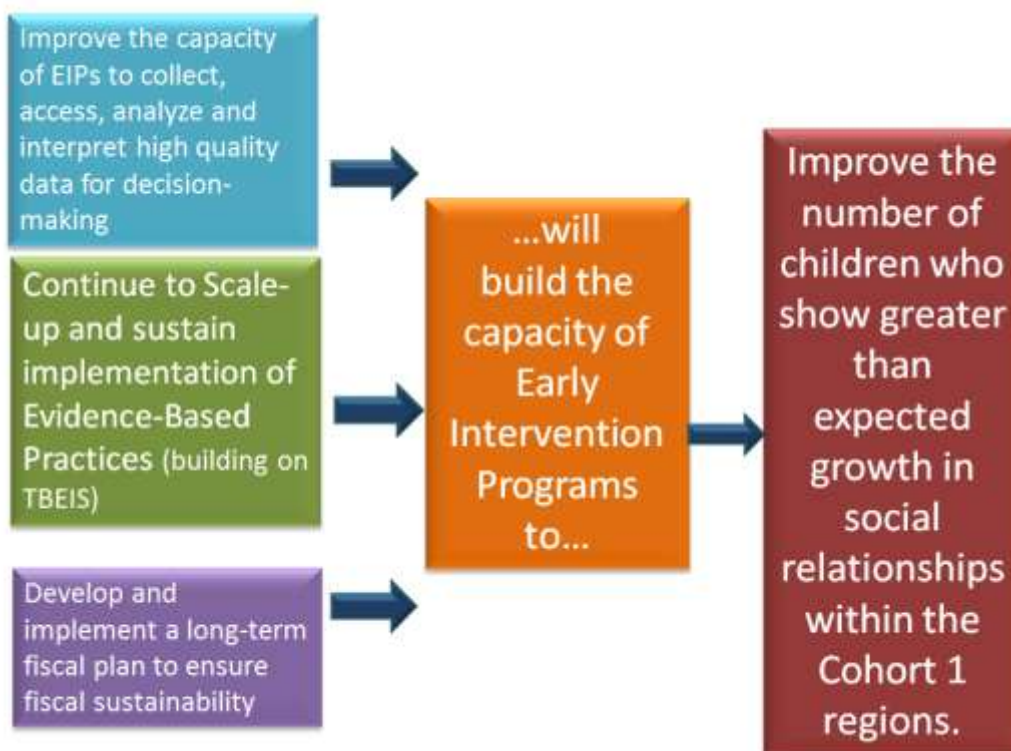
⁷ The components in [Phase I](#) of the SSIP were 1) Data Analysis, 2) Infrastructure Analysis, 3) SIMR, 4) Coherent Improvement Strategies, and 5) Theory of Action. [Arizona's Phase I SSIP](#) can be found on the DES/AzEIP website under reports, entitled State Performance Plan FFY 2013 AzEIP State Systemic Improvement Plan.

⁸ Appendix 2 – AI Hub Active Implementation Framework

⁹ Appendix 5 – Arizona Theory of Action (Arizona TOA)

¹⁰ Appendix 4 – System Framework. Early Childhood TA Center. (2014). A System Framework for Building High-Quality Early Intervention and Preschool Special Education Programs. Retrieved from <http://ectacenter.org/sysframe>.

Arizona Part C Systemic Improvement Theory of Action



The Arizona TOA, which was developed as part of [Phase I](#), was used as the foundation upon which to develop the Arizona Logic Model.¹¹ During review and discussions, LA Staff and stakeholders identified potential opportunities for refining and/or narrowing the scope and focus of the Arizona TOA. As of this submission, no changes were made to the Arizona TOA, which was approved by OSEP in June, 2015. The Arizona TOA is the foundation upon which Arizona developed its implementation strategies and improvement activities¹² and the evaluation plan.¹³ The improvement strategies identified in [Phase I](#) were embedded in the Arizona TOA and they were the organizing factor for the implementation activities and evaluation plan worksheet. These three improvement strategies are:

- Accountability – Improve the capacity of EIPs to collect, access, analyze, and interpret high quality data for decision-making;
- Practices – Continue to scale up and sustain implementation of EBPs (building upon TBEIS); and,
- Fiscal – Develop and implement a long-term fiscal plan to ensure fiscal sustainability.

Development of Arizona Implementation Activities Work Sheet

In August, 2015, LA Staff and key stakeholders met with national Technical Assistance (TA) representatives for an all-day working session to develop the Arizona Implementation Activities

¹¹ Appendix 6 – Arizona Logic Model

¹² Appendix 3 – Arizona Implementation Activities Worksheets

¹³ Appendix 10 – Arizona SSIP Improvement Strategy and Evaluation Details by Strand

Worksheets.¹⁴ The group consisted of three members of our assigned TA groups from the Early Childhood Technical Assistance Center (ECTA)¹⁵, the Center for IDEA Early Childhood Data Systems (DaSy)¹⁶ and the National Center for Systemic Improvement (NCSI)¹⁷ Centers; members of the LA Staff responsible for the data, fiscal, and practice strands; DDD management; members of the Arizona ICC; providers; and a representative from the University of Arizona. As a result of that all-day meeting, a comprehensive implementation activities worksheet for all three strands was created which formed the basis of developing an action plan in response to the Arizona TOA.

Arizona Part C State Systemic Improvement Plan Logic Model

Beginning in December, 2015 and completed at the end of January, 2016, LA Staff and TA representatives utilized the Arizona Implementation Activities Worksheets¹⁸ to develop a comprehensive Arizona Logic Model¹⁹ for the Arizona Part C SSIP. LA Staff and assigned TA representatives from the DaSy, ECTA and NCSI Centers worked collaboratively over many weeks to develop the Arizona Logic Model, the evaluation plan, and refine the improvement activities. The Arizona Logic Model includes Inputs, Outputs, and Outcomes for each of the three strands in the Arizona TOA: Accountability; Practices; and Fiscal. Within each strand resources, activities, and both short-term and long-term outcomes were identified. The activities were documented in the Arizona Implementation Activities Worksheet.²⁰

Following this, each workgroup modified and edited the related strand, which also included specifying the implementation driver, as defined by the AI Hub site,²¹ pertinent to each activity. Finally, diagrammatic representations were added to demonstrate the effect each strategy had on the outputs and outcomes within that strand, as well as the co-effect it is expected to have on other strands. With that completed, the Arizona Logic Model²² and the Arizona Implementation Activities Worksheets²³ were refined and a cohesive and consistent Evaluation Plan²⁴ was developed.

Active Implementation Hub

In an effort to provide a framework for implementation, LA Staff utilized the job aids from the AI Hub website.²⁵ The AI Hub State Management Team (SMT) job aid²⁶ was distributed to all state management, included members of DDD, ASDB, and the M-TEAMS, to define the types and levels of implementation teams needed to bring about change. The AI Hub Communication Protocol

¹⁴ Appendix 3 – Arizona Implementation Activities Worksheets
¹⁵ Early Childhood Technical Assistance Center <http://ectacenter.org/>
¹⁶ The Center for IDEA Early Childhood Data Systems <http://dasycenter.org/>
¹⁷ National Center for Systemic Improvement (NCSI) <http://ncsi.wested.org/>
¹⁸ Appendix 3 – Arizona Implementation Activities Worksheets
¹⁹ Appendix 6 – Arizona Logic Model
²⁰ Appendix 3 – Arizona Implementation Activities Worksheets
²¹ Appendix 2 – Active Implementation Framework
²² Appendix 6 – Arizona Logic Model
²³ Appendix 3 – Arizona Implementation Activities Worksheets
²⁴ Appendix 10 – Arizona SSIP Improvement Strategy and Evaluation Details by Strand
²⁵ Appendix 2 – Active Implementation Framework
²⁶ Appendix 7 – AI Hub State Management Team Job Aid

Worksheet²⁷ will be adapted for use between the implementation teams and stakeholders as an adjunct device to share data and progress. Finally, the AI Hub Creating Hospitable Environments worksheet²⁸ was reviewed and explorations are underway for future use of this tool for adapting the hierarchy chart to identify barriers and facilitators.

Sample Action Plan Template ²⁹

Once the Arizona Logic Model³⁰ was complete, three telephone conference sessions (January 6, 2016, January 29, 2016, and February 10, 2016) were held between the LA Staff and the National TA representatives from DaSy, ECTA and the NCSI Centers to complete and finalize Arizona Implementation Activities Plan.³¹ LA Staff, with support from TA representatives, utilized the Sample Action Template to develop the Arizona SSIP Improvement Strategy and Evaluation Details by Strand.³² These sheets form the basis for the narrative and illustrate in detail, the points on the Arizona Logic Model³³ and formulate the metrics that will be utilized for measuring progress—both process and impact.

Phase II Component # 1: Infrastructure Development

1(a) The State will make improvements to the State infrastructure to better support EIPs and practitioners to implement and scale-up EBPs to improve the SiMR for infants and toddlers with disabilities and their families.

[Arizona's SSIP Phase I](#) identified three strands, Accountability, Practices and Fiscal, which will support improvements to the state Infrastructure to support EIPs and practitioners to implement and scale-up EBPs to improve the percent of children who exit early intervention, in identified regions, with greater than expected improvements in their social relationships. From the Arizona TOA, principles and strategies were identified that would support the three broad improvement areas that will lead to achievement of the SiMR. The Arizona Activities Implementation Activities Worksheets³⁴ details the specific activities proposed by strand. These three strands are separate, yet interconnected, components of the Arizona TOA and as such, by necessity, will often overlap and inform one another. Throughout this Phase II document, the responses to each of the Phase II components will be addressed first with an overall description followed by further detail for each individual strand.

Using High Quality Data for Monitoring and Accountability (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 for program improvement.

²⁷ Appendix 8 – AI Hub Communication Protocol Worksheet

²⁸ Appendix 9 – AI Hub Creating Hospitable Environments Worksheet

²⁹ The 2015 Sample Action Plan template, developed by ECTA Center, DaSy Center, IDEA Data Center and National Center for Systemic Improvement staff provides states with a suggested, but not required, format and examples of potential content to assist them in completing their Phase II SSIP improvement plan and evaluation plan. http://ectacenter.org/~docs/topics/ssip/ssip_improvement_plan_template.doc

³⁰ Appendix 6 – Arizona Logic Model

³¹ Appendix 10 – Arizona SSIP Improvement Strategy and Evaluation Details by Strand

³² Appendix 1 – Arizona SSIP Improvement Strategy and Evaluation Details by Strand

³³ Appendix 6 – Arizona Logic Model

³⁴ Appendix 3 – Arizona Implementation Activities Worksheets

Leadership will focus on supporting EIPs to make 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.

In addition to overall program improvement in support of the SiMR, data use for program improvement is also a critical component of the Integrated Monitoring Activities (IMA). DES/AzEIP general supervision requirement which includes identification and correction of noncompliance by EIPs at both the programmatic level (to ensure the EIP is implementing the requirements of the program, or prong one of required correction) and at the individual child level (reflecting the noncompliance related to the child is corrected, or that the child is no longer with the EIP, otherwise known as prong two of required correction)³⁵ depends in part on timely and accurate data reporting. Data is currently collected and reported via a variety of tools including:

- I-TEAMS, a web-based data system where all providers enter child level detail from referral to exit, this includes data sets needed to report 618 data and for completion of the majority of the data sets related to the SPP/APR;
- Family Survey Database, an access database housed within the DES/AzEIP office, into which family survey results are entered by LA Staff, this system provides the data sets required for reporting the family survey results in the SPP/APR;
- Your Employee Services (YES), the web-based State of Arizona employee database housing employee specific data which interfaces with the Arizona Department of Administration (ADOA) Learning Management System; and
- Event Registration and Management Application (ERMA), a portion of the ADOA Learning Management System, which contains inservice professional development data for providers within the early intervention system who are not state personnel.

The expected result of implementation of the strategies included in the accountability strand ensure that high quality data will be collected, accessed, analyzed, and interpreted in a coordinated manner across all levels of the Arizona Early Intervention Program, whether by LA Staff, EIPs or EIP practitioners working directly with families in their homes. This high quality data will be used to drive both programmatic and individual child level improvements within the SiMR regions.

Considering Compliance Data

An essential foundational component of the accountability strand is to ensure that the high quality data that is collected is utilized by LA Staff and EIPs to identify root causes of noncompliance identified in the Arizona Part C State Performance Plan/Annual Performance Report FFY 2014, including, internal policies, procedures and practices. Therefore, LA Staff will continue to utilize the training and TA identified in Phase I of the SSIP to support EIPs to review and analyze their own child-level data to make informed

³⁵ Consistent with the OSEP Memorandum 09-02, dated October 17, 2008.

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

Indicator	Description of Indicator	Target Data	AZ FY 2014 Result	AZ FY 2013 Result
Indicator 1	Timely provision of new services on Initial IFSP or IFSP review	100%	74.83%	82%
Indicator 7	45-day Timeline for Initial IFSP Meeting	100%	88.61%	75.85%
Indicator 8A	Transition Planning Meeting and IFSP with steps and services at least 90-days prior to age 3	100%	79.37%	56.69%
Indicator 8B	Notification to the SEA and LEA of potential toddlers at least 90 days prior to age 3	100%	86.31%	62.99%
Indicator 8C	Completion of Transition Conference at least 90 days prior to age 3	100%	80.85%	72.44 %

To support EIPs as they address noncompliance, LA Staff utilized the data system to assist EIPs to plan for required activities and to ensure that completed activities were timely and accurately recorded in the data system. While the report functionality of I-TEAMS is still in development, it has considerably improved since Phase I of the SSIP. This enabled LA Staff to complete, on a monthly basis the SEA notifications for children that EIP practitioners had recorded that they had sent a PEA notification. LA Staff also sent EIPs two reports per month to support program managers and supervisors to assist their service coordinators and teams to plan for upcoming transitions and to ensure data is recorded in a timely and accurate manner. The improvements in Indicators 8A, 8B and 8C are as a direct result of this focused use of data to improve processes and performance.

Considering Results Data

As the Arizona Part C State Performance Plan/Annual Performance Report FFY 2014 notes, the use of I-TEAMS to collect the COS data has considerably increased the data quality for this indicator. 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. 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. Throughout the second half of FFY 2014, with the use of an ad hoc report on Child Outcomes, LA Staff supported EIPs to ensure that exit indicators were entered into the system for children who had been recorded as having exited. This resulted in another increase, to 2,520 or 55 percent of the 4,589 children who exited during the FFY 2014 reporting period. It is important to note that the ad hoc report only generated data for those children for whom an exit had been reported, to enable EIPs to update the data by entering in the recorded entry and/or exit indicators. It is anticipated that once the official report is in production, it will enable EIPs to be proactive in ensuring that entries are recorded for all children and that exits are recorded in the data system for all children for whom an IFSP has been active for six months or longer.

As noted in Phase I of the SSIP, concerns were identified by LA Staff regarding the low percentage of family 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. To address this issue, LA Staff undertook multiple methods to increase the percentage of family surveys returned to the DES/AzEIP office. This included revising the demographic portion of the family survey, completing the agency-specific portion of the demographic portion of the survey and sending regular emails to EIPs and individual EIP practitioners to increase the percentage of family surveys returned annually. Unfortunately, the number of surveys returned remained unchanged, and many continued to lack demographic data which could be utilized to assist with specific EIP program improvement activities.

To address this during FFY 2015, DES/AzEIP will mail family surveys directly to families in a small cohort of EIPs, during a specific month, as part of the Cycle 3 Integrated Monitoring Cycle. This topic has been addressed during the C and E Committee of the Arizona ICC and with their support LA Staff has developed a marketing campaign to support EIPs to assist service coordinators and Team Leads to encourage families to complete the family surveys and mail them back to the DES/AzEIP office. All other regions will continue to distribute the family survey utilizing the current process at annual IFSP meetings and at transition. By distributing the surveys to a cohort of families during a specific month, DES/AzEIP anticipates that the return rate will increase and that all surveys returned will have completed demographic portions of the family surveys, to enable analysis and data-driven decision-making.

Scaling-Up and Sustaining Implementation of EBPs (Practices)

The second principle of the Arizona SiMR concerns the importance of implementing TBEIS an evidence-based paradigm, with fidelity, and leveraging DES programs to support Resource-based Capacity-building 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, this will improve the ability of teams, within the SiMR regions, to screen, evaluate, assess, and develop IFSP outcomes to assist families to support their child to engage in everyday routines and activities, including activities that enhance social emotional development.

To support Arizona children enrolled in AzEIP in identified regions and to improve their social emotional development, Arizona will continue to support EIPs to implement TBEIS, an evidenced-based paradigm,

with fidelity. Using Teaming, Coaching, Natural Learning Opportunities and Resource-based Capacity-building Practices, EIPs support families to use Responsive Caregiving Practices which are critical for promoting social-emotional development, with all children within their everyday routines and activities.

Using TBEIS Practices, Arizona will support infants and toddlers to be prepared for school, career, and life. 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 social emotional skills.³⁶ Academic success in the early school years is predicated on the ability of young children to establish relationships in classrooms with their peers, and the adults who teach them.

The groundwork for this early academic relationship is forged during infancy and toddlerhood. Infants and toddlers use their relationships with their primary caregivers as the lens through which they begin to explore and learn about the world around them. It is therefore important to support primary caregivers to establish strong relationships with infants and toddlers.

Research 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. How the adults in the lives of 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 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.³⁷ This recognition, known as contingency awareness, leads to increased social emotional and vocal response as indicators of child learning and mastery. Dunst and colleagues have demonstrated that it is essential to provide infants and toddlers with contingency learning opportunities, to support learning and development.³⁸

Ensuring that children derive the maximum benefit of contingency learning opportunities requires a quick response on the part of a child's primary caregiver. Research has shown that when an infant has

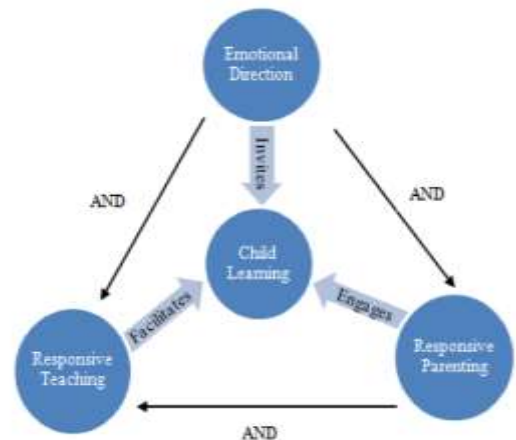


Figure 1. Three Component Natural Learning Model of Responsive Strategies that Promotes Interest-based Learning

³⁶ 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.

³⁷ Watson, J. S. "The Development of Generalization of "contingency awareness" in Early Infancy: Some Hypotheses." *Merrill-Palmer Quarterly* 12 (1966): 123-35. Web.

³⁸ 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. page. Web.

repeated opportunities to produce and experience contingency behaviors, learning is enhanced.³⁹ This is true for all infants; however, there are important differences for children with disabilities. Dunst and Trivette⁴⁰ 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.

Using TBEIS, an evidence-based paradigm, which includes Teaming, Coaching and Natural Learning Opportunities, and Resource-based Capacity Practices, Arizona EIPs support families to understand current brain research, and how intervention can support a child's development. Meta-analysis by Dunst and colleagues,⁴¹ 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. 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.

Promoting responsive parent/caregiver interactions during Natural Learning Opportunities is essential to

improving contingency awareness.⁴² 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.

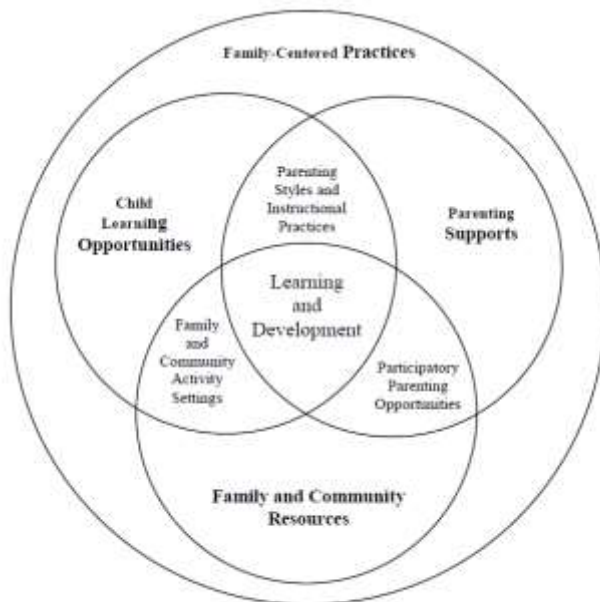


Figure 1. Integrated Framework for Practicing and Studying Early Childhood Intervention and Family Support

Another key component of TBEIS is the promotion of Resource-based Capacity-building. Supporting families to identify resources requires more than simply providing a family with a list of resources. All professionals who support families must be able to actively engage families in a process to identify potential resources and supports, and to assist families to determine how and when they would like to proceed. This is also

³⁹ Watson, 1966

⁴⁰ Dunst, Carl J., and Carol M. Trivette. "Using Research Evidence to Inform and Evaluate Early Childhood Intervention Practices." *Topics in Early Childhood Special Education OnlineFirst* 20.X (2008): 1-13. Web. <<http://online.sagepub.com>>.

⁴¹ Dunst, Carl J., and Jennifer Swanson. "Parent-Mediated Everyday Child Learning Opportunities: II. Methods and Procedures." Fipp.org. CaseinPoint, 2006.

⁴² Davis, Frances A. "Promoting Responsive Parent/Caregiver-Child Interactions During Natural Learning Activities." *CASEinPoint* 6.1 (2014): n pag. FIPP.org. Center for the Advanced Study of Excellence in Early Childhood and Family Support Practices., 2014. Web. http://fipp.org/static/media/uploads/caseinpoint/caseinpoint_6-1.pdf.

an opportunity to utilize reflective coaching questions.

Research shows that outcomes are greater when the individual is supported to develop and commit to a meaningful goal, locate, and finally, use resources to meet that goal, rather than depending upon a third party to determine and set the parameters of the goal for them. Our shared focus is on empowering individuals and families to achieve their goals not just in the present, but in the future, through the use of Participatory Help-giving Practices. Carl J. Dunst, Ph.D. Director of The Puckett Institute, which is dedicated to the advancement of policies and practices to support families of children with disabilities, documented the foundations for an evidence-based approach to early childhood intervention and family support detailing an integrated framework for this approach.⁴³

The Center for the Advanced Study of Excellence at the Family, Infant Preschool Program has developed a Family Resource Support Guide.⁴⁴ This guide will be utilized to support service coordinators to use Family-Centered Practices and Participatory Help-giving processes to assist parents/caregivers to identify concerns, priorities and resources to increase their confidence and capacity to care for their young child with a disability. TBEIS uses a relationship-based approach that includes coaching, to support primary caregiver's to support and care for their child, which is the foundation of social emotional development. By supporting the adults in children's lives to enhance their confidence and competence to care for their child, TBEIS by extension lays the critical foundation to improve social emotional development for all children with disabilities in the identified regions.

DES/AzEIP intentionally restructured and redefined its EIPS to foster communication, coordination and collaboration across agency lines. Prior to statewide implementation of TBEIS, AzEIP contractors, DDD units and ASDB regions were each supported and monitored separately, with statewide implementation of TBEIS, AzEIP EIPs were redefined to include the AzEIP TBEIS contractor within a region, along with the DDD staff and ASDB staff working with that specific AzEIP TBEIS contractor. This new definition means that meeting compliance for indicators like the 45-day timeline, timely provision of services, transition, and achieving results as measured by the Child Outcomes, Family Outcomes and participation in professional development opportunities to improve the use of EBPs, are the responsibility of everyone regardless of the AzEIP service providing agency for whom they are employed, contracted or subcontracted. This enables teams to focus on the process, the tools, the routine practices, and rely more on the people to get the job done.

Comprehensive System of Personnel Development

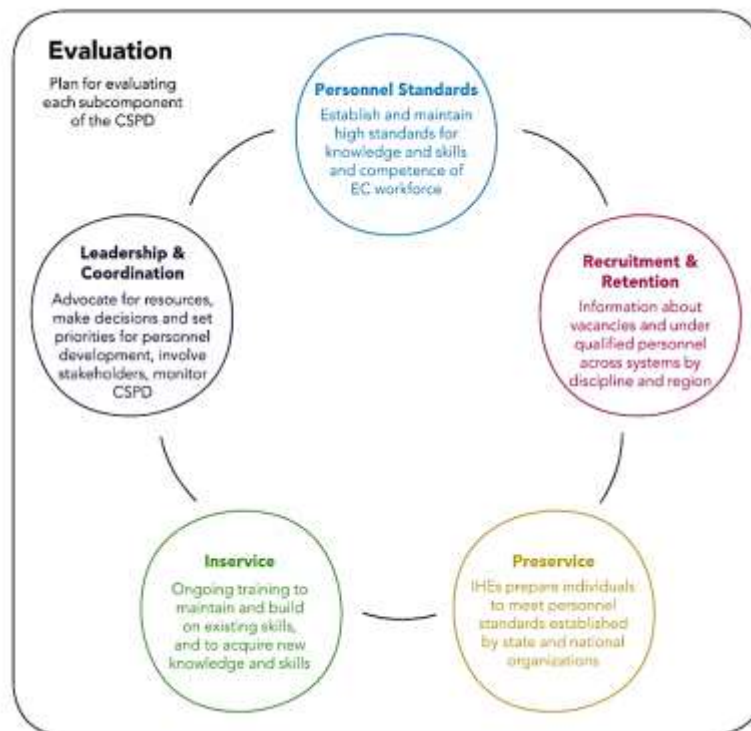
A related and integrated infrastructure activity will be to develop an Early Childhood Education (ECE) Comprehensive System of Personnel Development (CSPD) structure that integrates with Section 619 (619) and Child Care. This will support implementing TBEIS, including the AzEIP Standards of Practices (AzEIP SOP), and improve collaboration across early childhood programs, including the way early

⁴³ Dunst, Carl J. "Foundations for an Evidence-Based Approach to Early Childhood Intervention and Family Support." *CASEmakers* 1.1 (2005) n pag. *FIPP.org*. Center for the Advance Study of Excellence in Early Childhood and Family Support Practices. 2005. Web. http://fipp.org/static/media/uploads/casemakers/casemakers_vol1_no1.pdf.

⁴⁴ Sexton, Sarah and Rush, Dathan. "Family Resource Support Guide." *CASEtools*, 6.5 (2012): n pag. *FIPP.org*. Center for the Advanced Study of Excellence in Early Childhood and Family Support Practices., 2014. Web. http://fipp.org/static/media/uploads/casetools/casetool_vol6_no5.pdf

childhood professionals screen, evaluate, intervene and document the way in which they assist families to support their child’s social emotional development within the identified regions. This CSPD structure will be developed through the receipt of intensive TA from the Early Childhood Personnel Center (ECPC).⁴⁵

The Arizona Implementation Activities Worksheet⁴⁶ includes specific activities identified by LA Staff and stakeholders that are necessary to develop a cohesive set of strategies to improve the way in which professional development activities use implementation science to actively support EIPs to use EBPs. A key component of this will be to ensure a shared understanding of the ECE CSPD structure which addresses: (a) Leadership, Coordination, and Sustainability (b) Personnel Standards (c) Recruitment and Retention (d) Preservice (e) Inservice and (f) Evaluation of each component of the system.



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A key component of the Part C Inservice portion of the ECE CSPD structure is the AzEIP Standards of Practice (AzEIP SOP). The AzEIP SOPs will form the basis on which inservice training is developed and provided to EIP practitioners. The AzEIP SOP will include competencies in Teaming, Coaching, Natural Learning Opportunities and Resource-based Capacity-building Practices to assist EIPs to support families to use Responsive Caregiving Practices with their children within their everyday routines and activities to improve social-emotional outcomes of infants and toddlers with disabilities. This includes bringing the Master Teams and Master Coaches Institutes (detailed in Component #2) in-house as part of the

⁴⁵ Early Childhood Personnel Center (ECPC) <http://ecpcta.org/>

⁴⁶ Appendix 3 – Arizona Implementation Activities Worksheets

⁴⁷ ECPC diagram of the subcomponents of a comprehensive system of personnel development (CSPD).

Inservice component of the AzEIP CSPD structure. The Coaching and Resource-based Capacity-building practices are competencies that can also be leveraged in coordination with the DES Child Care Administration (CCA). CCA is currently administering changes in response to the 2014 Reauthorization of the Child Care and Development Block Grant (CCDBG). CCA is exploring using Reflective Coaching Questions and Resource-based Capacity-building Practices to support their staff to utilize Participatory Help-giving Practices to assist families utilizing DES assistance for child care. This will assist families to identify, access and mobilize resources to support them and their children. Many of the children enrolled in childcare using CCA assistance, are at risk for expulsion, often due to social emotional delays, and may be referred and/or eligible for AzEIP or Section 619 supports. Working together to utilize a similar approach, AzEIP, CCA and Section 619 programs can support leveraging expertise from all three programs to support primary caregivers.

The ECPC not only provides intensive TA to states regarding their personnel development structures to support young children with disabilities and their families, but has also provided leadership development to states interested in improving collaboration between their special education and early education programs. LA Staff have participated in the ECPC Leadership Institute since 2014. As part of those activities LA Staff held meetings with state agency partners to explore methods to improve collaboration on an Early Childhood Education (ECE) CSPD structure. In May 2015, Arizona's participation in the ECPC Leadership Institute activities enabled LA Staff, ADE staff, and a family representative from the Arizona ICC, to complete the Personnel/Workforce component of The System Framework. This led to the identification of intensive TA from ECPC to develop an integrated early childhood CSPD structure. This process, which is estimated to cover four phases over 18 months began in earnest in February 2016. Section 1(d) of this document includes details regarding the stakeholder involvement in these processes. To support development of an integrated ECE CSPD structure, which is leveraged by cross-agency early child collaboration, Arizona will receive intensive TA from the Early Childhood Personnel Center (ECPC).

Many of the Arizona early childhood partners are also embarking on activities to improve social emotional development. A series of meetings is planned to identify how to leverage the collective early childhood expertise and resources to improve the professional development collaboration particularly as it relates to social emotional development. AzEIP, CCA and ADE have begun to frame the approach, and engage in conversations with other partners related to these issues. Leaders from the following will be brought together to develop an integrated ECE CSPD structure:

- The Department of Economic Security's Arizona Early Intervention Program (Part C),
- The Department of Economic Security's Child Care Administration (CCA -- Child Care Development Block Grant),
- The Arizona Department of Education's Preschool Program (Part B-619) and Early and Head Start Collaboration,
- The Arizona Department of Health Service's Maternal Infant Early Childhood Home Visiting program (MIECHV) and Office of Children with Special Health Care Needs (OCSHCN),

- The Arizona Health Care Cost Containment System – (AHCCCS), and
- First Things First – Arizona’s Early Childhood Health and Development Board – (FTF).

This ECE CSPD structure will specifically assist Arizona to focus on developing a framework that supports practitioners in the aforementioned programs to improve the social emotional development of infants, toddlers, within the SSIP regions through:

- Use of appropriate (developmental, vision, hearing) screenings,
- Determining appropriate next steps after a screening,
- Providing anticipatory guidance to primary caregivers (utilizing responsive, caregiving, resource-based capacity building, coaching, mentoring),
- Evaluation (including identification of improved evaluation instruments to address the social and emotional developmental domain),
- Use of EBPs to address delays and to foster strong development in this domain,
- Developing plans to support primary caregivers within the home, community, childcare, Early Head start programs and/or home visitation programs, and
- Documenting individual progress and overall child development.

Additional specific EBPs and instruments (e.g., screening and evaluation tools) will be identified by LA Staff, in conjunction with ECPC TA staff, state agencies and other stakeholders.

AzEIP Personnel Qualifications

Under [IDEA Part C](#), each state is required to establish and maintain qualifications to ensure that personnel are appropriately and adequately prepared and trained. States must have a definition of qualified personnel and take measurable steps to recruit, hire, train, and retain highly qualified personnel. [Chapter 6](#) of the AzEIP Policies and Procedures establishes the personnel qualifications which apply to personnel who are providing early intervention services to children and their families, this includes SCs. Arizona has required the same educational qualifications for both SCs and DSIs. However, these two disciplines have diverse roles.

Revise role responsibilities between Service Coordinators and Developmental Special Instructionists DDD SCs (Support Coordinators), and their Supervisors, work collaboratively with state and contracted employee’s from ASDB and core team members and SCs from AzEIP TBEIS contractors as a team. These Teams, who meet weekly, share a caseload, providing supports to the families of infants and toddlers with disabilities. LA Staff analyzed data on SCs and DSIs, and their qualifications and determined that distinguishing between the educational requirements for these two important, but distinct roles is an essential component to address the SSIP. To differentiate between the two roles, Arizona is proposing, as part of the Annual Application for Federal Funds, to change the required degrees for these roles. If approved, this proposal will go into effect in July 2016.

The proposed changes state that DSIs will be required to have a minimum of a Bachelor’s degree in Early Childhood, Early Childhood Special Education, Special Education or Family Studies. DSIs will no longer be approved if they have a Bachelor’s degree in a related area. SCs will be required to have a minimum of a

Bachelor's degree which may be in Early Childhood, Early Childhood Special Education or Family Studies or they may have a Bachelor's degree in a closely related area (e.g., Psychology, Social Work, Elementary Education or Sociology) with six courses related to the work of a SC. Three of those six courses would specifically be focused on early childhood development, including atypical development, education of exceptional children, and/or assessment and evaluation of infants and toddlers. Speech Language Pathologists, Occupational Therapists and/or Physical Therapists will still be able to fulfill the role of a dual role SC. The role of a dedicated SC,⁴⁸ who may complete the initial screening to assist with determining AzEIP eligibility, is to assist the team and family to document the child's development and the Individualized Family Service Plan (IFSP) services identified to meet the outcomes and ensure the provision of services. DSI's, however must also have expertise in both typical and atypical development to support families, and other members of the core team, to determine the child's current functioning, develop outcomes and ultimately support the family and other team members to enhance the child's development within everyday routines and activities. Ensuring that DSIs have increased qualifications is essential to supporting teams to meet the social emotional development needs of infants and toddlers in the SSIP regions.

Fiscal/Funding (Fiscal)

The third principle of the Arizona SiMR concerns the importance of maximizing existing funding sources and identifying new ones to enable DES/AzEIP to reallocate funds to accomplish the Practices and Accountability activities that are vital to achievement of the SiMR. As a member of the IDEA Infant Toddler Coordinator's Association (IDEA ITCA) and ECTA Center Fiscal Cohort, DES/AzEIP will identify and use all available 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. This will result a reduction in the duplication of effort, ensuring that children who are potentially eligible for AzEIP are identified as efficiently as possible.

As reviewed in the [Phase I](#) submission, specific improvements need to be made to the state fiscal infrastructure to better support EIPs to implement and scale up to improve the percent of infants and toddlers with disabilities who demonstrate improved social emotional development in the SiMR regions. These improvements include several strategies to coordinate and utilize all fiscal funding resources. As required under the IDEA, federal Part C dollars are the payor of last resort for direct services. DES/AzEIP relies on multiple funding streams at the federal and state level to ensure the requirements under the IDEA, Part C are met, which includes facilitating the implementation of EBPs to support the State's SiMR. In Arizona, direct early intervention services are funded using a variety of funds, including private funds, such as private insurance, and public funds, including, public insurance [Medicaid funds under Early and Periodic Screening, Diagnosis and Treatment (EPSDT), and ALTCS funds through DDD], State General Funds and then, as the last resort, Part C Federal Funds.

⁴⁸ A service coordinator who only performs the service coordination functions and is not also a DSI, OT, PT, or SLP member of the child and family's core team.

As identified in [Phase I](#), 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. An identified weakness was stakeholders acknowledging continuing concerns with reduced fiscal allocations, which have significantly affected funding for AzEIP. In recent years, Arizona has seen significant change in its Part C allocation as a result of recalculations of Arizona's birth to three census and reduced funding due to sequestration. This has resulted in an overall 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 slowly increasing, the federal Part C allocation remains significantly lower than it was over the previous five years.

In addition, stakeholders previously identified the potential loss of contractors due to budget concerns as a threat. Additionally, stakeholders identified maximizing the use of Medicaid funds as an opportunity. To address these concerns, Arizona is one of ten states that participated in the first cohort of the IDEA ITCA and ECTA Center Fiscal Initiative. This participation enabled Arizona to analyze the various funding streams utilized to support AzEIP activities and to prioritize funding streams to maximize and lay the foundation for developing a long-term fiscal plan. As a result, LA Staff strengthened its relationship with AHCCCS (Medicaid), a member of the five state agencies comprising AzEIP, to revise the EPSDT policies and procedures to support children and families who are enrolled in AHCCCS health plans and who are also AzEIP-eligible. LA Staff is working with AHCCCS, 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 EBPs, is essential for the achievement of the identified SiMR funding.

1(b) The State will take multiple steps to further align and leverage current improvement plans and other early learning initiatives.

Arizona strategically identified the SSIP regions to align with the Race-to-the-Top regions identified in the FTF submission to the US Department of Education, the ADE 619 Preschool Development Grant Regions, and the MIECHV targeted Regions. These regions have high rates of poverty and utilization of DES services including Employment Assistance, Temporary Assistance for Needy Families (TANF) and Child Care assistance. The state will determine future steps or strategies to further align and leverage current improvement plans and other early learning initiatives and programs in the state, including Child Care, Home Visiting Programs, Early Head Start, and others which impact infants and toddlers with disabilities and their families.

During [Phase I](#), LA Staff, 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 sources including: The DES County Economic Handbook; MIECHV benchmark 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 submission. Arizona is 49th in the nation for participation in preschools, with four percent of all children being raised by their grandparents, 49 percent of all children in Arizona live in low income families. The median family income in Arizona is \$51,000, with 29 percent of all children living in

poverty, 19 percent of families are headed by a high school dropout and 34 percent of the families have no parent who has full-time/year round 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.⁴⁹ The Department of Child Safety (DCS, formerly known as the Department of Economic Security/Child Protection Services DES/CPS) Child Abuse Hotline received 26,455 calls that met the statutory criteria for a DCS report in 2015. The number of children in out-of-home care has continued its steady climb from 10,514 in 2010 to 18,657 in 2015, with 25.6 percent of children in foster care in out-of-home care for 13 to 24 months, and an average of 2.3 placements, with a range from one placement to a high of 59 placements.⁵⁰ These challenges present increased opportunities to support Arizona's families and illustrate the rationale behind Arizona's SIMR selection and identified SSIP regions.

The 2015 Child Care and Development Block Grant (CCDBG) submission process presented an opportunity to increase communication, coordination and collaboration between LA Staff and the DES Child Care Administration (CCA) staff. Prior to the new CCDBG requirements, childcare was positioned in DES as a welfare-to-work program. The new requirements of the CCDBG enabled LA Staff to lend leadership to CCA, and together to develop implementation plans to focus on child development. This includes increasing family engagement, ensuring access to high quality child care, reducing preschool expulsions, and increasing inclusion of children with disabilities in child care.

CCA, with support from LA Staff and stakeholders, drafted a Best of Care form to be implemented in the coming weeks. Child care programs will utilize it during the registration process to identify child interests and preferences and potential developmental delays. This mirrors the identification of child interests used by AzEIP TBEIS teams, as part of the responsive caregiving approach. Together, CCA and LA Staff, are developing workflows for assisting Child Care Resource and Referral (CCR&R) staff and CCA Resource Specialists to assist child care programs to identify developmental concerns, to track child development, assist families when there are concerns, and to access needed resources to support children with disabilities to enroll and be supported in child care programs. Key components of this approach include mapping available resources, identifying how to connect families and child care programs to available resources, and increasing access to a CSPD structure that ensures collaboration across early childhood systems. A particular focus of this work is around social emotional development and supporting child care staff when children exhibit behaviors that may be challenging to caregivers.

CCA is already collaborating with FTF to increase the percent of high quality child care programs that serve children receiving CCA assistance. One method of improving quality is the early childhood Mental Health Consultation (MHC) strategy utilized by First Things First (FTF). This evidence-informed strategy supports primary caregivers to support young children's social emotional development. This is done by strengthening the skills and capacity of early childhood educators and home visiting professionals to

⁴⁹ 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

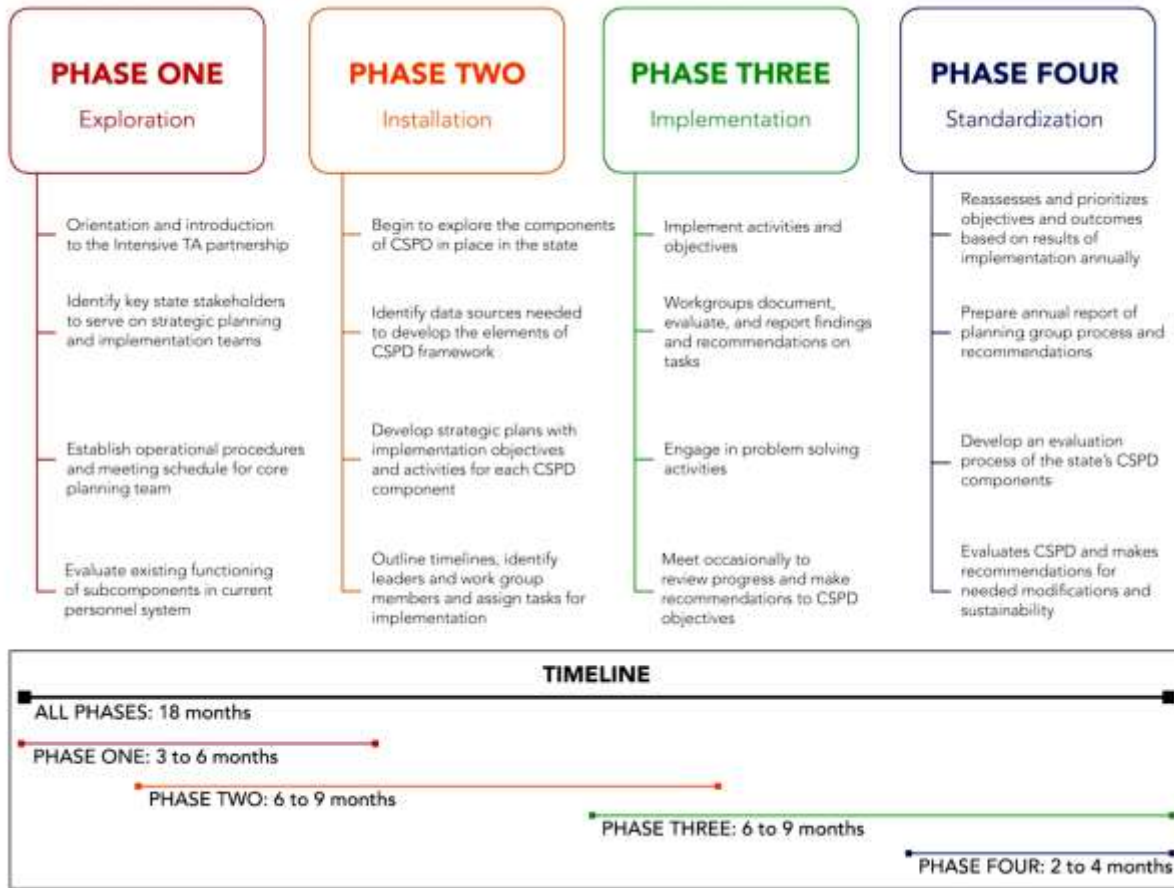
⁵⁰ Arizona Department of Child Safety, "Child Welfare Reporting Requirements Semi-Annual Report for the Period of Apr. 1, 2015 through Sept. 30, 2015"; 2010 U.S. Census Data.

support the social and emotional development of young children. The expected results are the prevention, early identification, and reduction of challenging classroom behaviors, improved teacher skills and decreased preschool expulsion rates. For home visiting programs, this strategy is expected to improve home visitors' skills in assisting families with challenging behaviors in the home.

A related activity is increasing the partnership and collaboration between AzEIP TBEIS EIPs and child care programs that are enrolled in Quality First, a voluntary signature program of FTF. FTF partners with child care and preschool providers to improve the quality of early learning across Arizona. Quality First funds quality improvements to ensure that teachers know how to work with infants, toddlers and preschoolers, can create learning environments that nurture the emotional, social, language and cognitive development of every child and can provide positive, consistent relationships that give young children the individual attention they need to grow and thrive. CCA is partnering with FTF to increase the number of child care programs participating in Quality First that enroll children receiving assistance from CCA. The collaboration between CCA, AzEIP, and FTF will assist in ensuring that communication, coordination and collaboration is increased, resulting in improved supports, particularly for social emotional development of children with disabilities enrolled in childcare in the SiMR regions.

Practices

Development of an ECE CSPD structure, which is leveraged by cross-agency ECE collaboration is an essential component of the SSIP infrastructure development. To do this, Arizona will receive intensive TA from ECPC using the implementation science framework. As part of Arizona's SSIP activities, and participation in the ECPC Leadership Institutes, LA Staff, ADE staff, and a family representative from the Arizona ICC completed the Personnel/Workforce component of The System Framework. This activity formed the foundation for meetings with state agency partners prior to seeking intensive TA from ECPC. As many of Arizona early childhood partners are also embarking on activities to improve social emotional development a series of meetings is planned to identify methods to leverage the collective early childhood expertise and resources. LA Staff, CCA and ADE leadership have begun meeting to frame the approach, and continue to have ongoing conversations with other partners. Various state agencies will be brought together to develop an integrated ECE CSPD structure. This will also enable LA Staff to leverage resources to improve professional development across early childhood systems. Those resources may include fiscal, training locations, or expertise.



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The ECPC Intensive TA will cover the time period from February 2016 through August 2017. Phase One: Was initiated in February 2016, and included exploration of the Intensive ECPC TA, including identification of a Core Planning Team (CPT) for the intensive TA, and potential candidates for the State Planning Team (SPT).

Fiscal

Arizona has undertaken the following initiatives to align and leverage fiscal resources. First, DES contracts for core teams, consisting of the most commonly used early intervention services (SC, OT, PT, SLP, DSI and Psychology and Social Work), utilizing an established rate for each of the services. The AzEIP TBEIS providers are responsible for billing, with consent, the child’s private or public insurance before billing the state, as appropriate. Second, other IDEA, Part C services, not financed through public or private insurance, are paid through the AzEIP service providing agency for which the child is eligible. DDD uses their qualified vendor system, ASDB uses their individual contracts, and DES/AzEIP contracts directly with other providers in these instances. Those IDEA, Part C services not contracted through the AzEIP TBEIS providers, are therefore contracted out by each of the AzEIP Service Providing agencies.

51 Early Childhood Personnel Center Intensive TA Timeline.

Third, funding sources for early intervention services are primarily determined by the child’s eligibility for the AzEIP service providing agency and subsequently based on the parent’s consent to use their public or private insurance, state general funds, and, as a last resort, Part C funds. IDEA, Part C funds are used for the initial planning process for all children referred. Following this, teams then submit documentation to DDD and/or ASDB so that they may determine if the child is also eligible under their definitions of eligibility. Each service providing agency uses funds as follows:

DES/AzEIP:	DES/DDD:	ASDB:
Private insurance – providers bill insurance plans directly Public insurance – providers bill AHCCCS health plans directly State General Funds Part C Funds	Private insurance – providers bill insurance plans directly Public insurance – providers bill AHCCCS health plans directly for core team services Medicaid – targeted case management (SC services) Medicaid – medically necessary early intervention services Medicaid – ALTCS – all medically necessary early intervention services, including targeted case management (SC services) State General Funds	Private insurance – providers bill insurance directly Public insurance – providers bill Medicaid health plans directly State General Funds Part C Funds

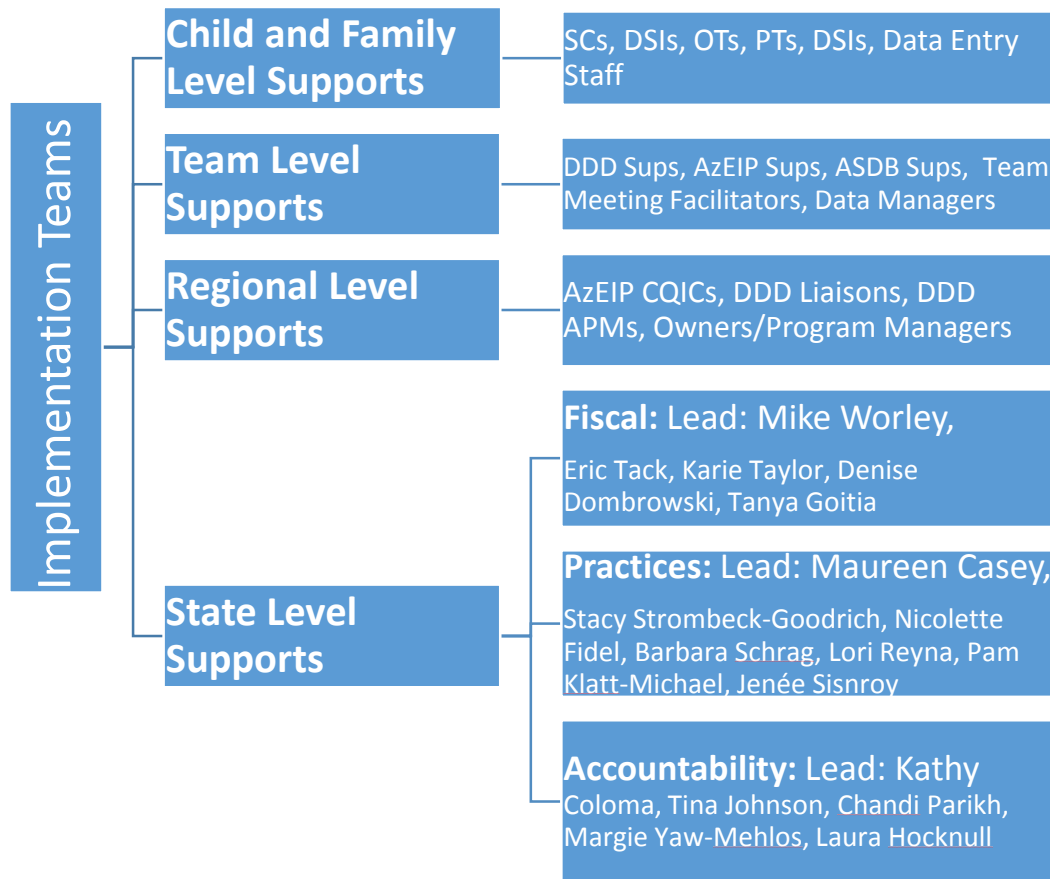
Finally, IDEA, Part C funds are also used to finance the remaining components of the Arizona Early Intervention Program required under IDEA, Part C, including general supervision and the CSPD.

LA Staff will assist EIPs and EIP practitioners to leverage these additional funding sources by identifying whether children are also eligible for other state funded programs, including DDD, ASDB, and AHCCCS. This will support the maximization of the use of all available funding sources, to support direct services, which will allow LA Staff to utilize Part C funds for CSPD activities. As described in other sections, LA Staff work closely with other early childhood programs to leverage additional fiscal resources to support the ECE CSPD structure, which is necessary to support the State’s SiMR.

1(c) Multiple individuals and/or organizations will be responsible for implementing changes to infrastructure, identification of needed resources, determining expected outcomes and timelines for completing the improvement efforts.

The Arizona TOA⁵² led to the development of principles and activities to support the three broad improvement strands that will lead to achievement of the SiMR. These activities are detailed in the Arizona Implementation Activities Worksheet.⁵³

Arizona has developed a series of Implementation Teams to support the SSIP activities:



The State Level Implementation Team, which includes LA Staff and stakeholders from the Arizona ICC, DDD, ASDB, and Institutes for Higher Education, held a series of meetings to develop an Arizona Logic Model,⁵⁴ Arizona Implementation Activities Worksheets⁵⁵ and Evaluation plan⁵⁶ which was then refined with input from stakeholders during Arizona ICC Meetings.

⁵² Appendix 5 – Arizona Theory of Action

⁵³ Appendix 3 – Arizona Implementation Activities Worksheets

⁵⁴ Appendix 6 – Arizona Logic Model

⁵⁵ Appendix 3 – Arizona Implementation Activities Worksheets

⁵⁶ Appendix 10 – Arizona SSIP Improvement Strategy and Evaluation Details by Strand

Accountability

Arizona has identified an Accountability State Level Implementation Team who will lead the changes to existing infrastructure which includes Kathy Coloma , DES/AzEIP Part C Data Manager as the Team Lead, and:

Tina Johnson – DDD EI⁵⁷ Administrator
Chandhi Parkhi – University of Arizona Doctoral Student
Margie Yaw-Mehlos – DDD EI Liaison
Laura Hocknull – ASDB Supervisor

LA Staff will support the development of effective leadership at all levels to use high quality data. That leadership will focus on supporting EIPs to make 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.

LA Staff is also convening a Data Stakeholder group that will include members from all service providing agencies within the AzEIP system. This group will ensure all users of the AzEIP I-TEAMS data system, are included and involved in providing support to the LA Staff as they work to implement improvements to the data system. They will also create additional TA items to support continued improvements to enter and use timely, accurate data at all levels of the infrastructure.

Practices

The Practices State Level Implementation Team Lead is Maureen Casey, the Policy and Professional Development Coordinator for the LA Staff. The team also includes:

Stacy Strombeck-Goodrich – Family Representative and Vice Chair of the Arizona ICC
Nicolette Fidel – DDD Lieutenant Program Administrator
Barbara Schrag – ASDB Director Early Childhood Programs
Lori Reyna – DDD EI Liaison
Pam Klatt-Michael – AzEIP CQIC
Jenée Sisroy – AzEIP CQIC

Fiscal

DES/AzEIP will maximize existing funding sources and identifying new funding sources to enable DES/AzEIP to reallocate funds to accomplish the Practices and Accountability activities that are vital to achievement of the SiMR. As a member of the IDEA ITCA and ECTA Center Fiscal Cohort, DES/AzEIP identified and will 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. This will result in improved efficiencies, ensuring that appropriate referrals are made given Arizona's narrow eligibility requirements.

⁵⁷ Early Intervention

To assist in the above, Arizona has identified a Fiscal State Level Implementation Team who will lead the changes to existing infrastructure which includes Mike Worley, DES/AzEIP, Deputy Administrator as the Team Lead, and:

Eric Tack – AzEIP CQIC

Karie Taylor – DES Assistant Director for DES/AzEIP and CCA

Denise Dombrowski – DES/AzEIP Contracts Administrator

Tanya Goitia – DDD EI Liaison

During late the Spring/Early Summer of 2016, EIPs Leaders from the SiMR regions will come together to for a working meeting. Using the AI Hub materials,⁵⁸ the System Framework,⁵⁹ the Arizona TOA,⁶⁰ the Arizona TOA Graphic Illustration,⁶¹ Arizona Logic Model,⁶² Arizona Implementation Activities Worksheets,⁶³ and the Arizona SSIP Improvement Strategy and Evaluation Details by Strand⁶⁴ will identify Local Implementation Teams and specific activities that they will undertake across the three SSIP strands, as they apply to their individual EIP and/or SiMR regions.

1(d) The State will involve multiple offices within the Lead Agency, as well as other State agencies and stakeholders in the improvement of its infrastructure.

Accountability

Under the leadership of Governor Ducey, all departments within the Arizona government system are implementing management principles based on the Lean Management System (LEAN)⁶⁵ to enhance customer responsiveness and create efficiencies throughout Arizona. This system focuses on leader's behaviors, specific outcomes, the use of tools and routine practices to provide targets that each department, division or agency can see and measure and employs data-driven-decision-making to achieve continuous improvement. LEAN emphasizes that through the focus on continuous quality improvement the results will take care of themselves. The implementation of principles based on LEAN is transformational as the focus is on the process to achieve the results, not the results themselves. LEAN works to eliminate old habits that are incongruent with becoming more efficient and effective in our daily work. Under leadership from the Department of Economic Security, the LA Staff is participating in all aspects of LEAN including implementing program improvements at the state level and supporting providers to implement identified program improvements at the local level.

A critical component of LEAN is the development and use of a scorecard system. The scorecard metrics are identified and tracked by each business unit to detect and address areas of concern and opportunities for improvement of processes leading to achievement of desired outcomes. The AzEIP LEAN scorecard includes metrics related to the three areas identified within the SSIP, as well as,

⁵⁸ Appendix 2 – Active Implementation Framework

⁵⁹ Early Childhood TA Center. (2014). A System Framework for Building High-Quality Early Intervention and Preschool Special Education Programs. Retrieved from <http://ectacenter.org/sysframe>.

⁶⁰ Appendix 5 – Arizona TOA

⁶¹ Appendix 12 – Arizona Theory of Action Graphic Illustration

⁶² Appendix 6 – Arizona Logic Model

⁶³ Appendix 3 – Arizona Implementation Activities Worksheets

⁶⁴ Appendix 10 – Arizona SSIP Improvement Strategy and Evaluation Details by Strand

⁶⁵ See Appendix 1 – Glossary of Terms for more on LEAN

additional items identified by LA Staff in order to improve all business functions within the agency. This scorecard is reviewed weekly during LA Staff huddles, DES Leadership Staff meetings and components of the scorecard are included in DES reporting to the Governor's Office. The LA Staff is determining how best to include EIPs in the scorecard reporting process to enable programmatic improvement at both local and state levels of the AzEIP system to meet the needs of the program and improve responsiveness to families and improve overall compliance to program regulations and policies. Using the data from the scorecard will assist LA Staff, EIPs, and EIP practitioners to track their progress on improving results.

The Accountability State Level Implementation Team meets in person. Additionally, the Accountability State Level Implementation Team activities are a standing item on the Arizona ICC Structure and Flow Committee (S and F Committee) agenda. Through this committee, the Accountability State Level Implementation Team has involved stakeholders, including ECE community partners, EIP practitioners and families, to review and revise proposed AzEIP policies related to AzEIP policy chapter eight, Data Collection.

Practices

The Practices State Level Implementation Team meets in person and via teleconference on a bimonthly and as needed basis. Additionally, the Practices State Level Implementation team activities are a standing item on the Arizona ICC Collaboration and Education Committee (C and E Committee) agenda. Through the Arizona ICC C and E Committee, the Practices State Level Implementation Team has sought input and feedback from stakeholders, including ECE community partners, EIP practitioners, and families.

DES/AzEIP will support EIPs and EIP practitioners to implement TBEIS, an evidence-based paradigm, with fidelity, including leveraging DES programs to support Resource-based Capacity-building 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, teams will be supported to improve their ability to screen, evaluate, assess, and develop IFSP outcomes, which will assist families to support their child to engage in everyday routines and activities, including activities that enhance social emotional development.

Using the ECPC Intensive TA activities, LA Staff identified participants for the ECE CSPD CPT and are in the process of developing an SPT. To ensure collaboration between the SSIP activities and the ECPC Intensive TA activities, national TA staff supporting Arizona's Part C SSIP participated in teleconferences with the ECPC Intensive TA team.

As previously detailed in this component, the development of an improved ECE CSPD structure, that integrates with 619 and CCA, will support implementing the SSIP, and in particular fidelity to TBEIS and improve collaboration across ECE programs. This structure will support improvements to the way early childhood professionals screen, evaluate, intervene, and document the way in which they assist families to support their child's social emotional development. The 619 Coordinator, CCA Program Administrator, representatives of the Institutes of Higher Education, representatives of the therapy organizations, the Early Head Start State Collaboration Office, FTF, ADHS, Providers and TA Providers will

be involved in the ECPC Intensive TA SPT. The SPT will assist with creating a more seamless ECE CSPD which specifically focuses on infants, toddlers, and preschoolers with disabilities and addresses all six of the subcomponents of an ECE CSPD.⁶⁶ LA 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. 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. The ECPC Intensive TA work is intended to build upon these existing structures to ensure that the ECE CSPD addresses the needs of professionals supporting children with disabilities regardless of the program location or funder.

The Arizona ICC's C and E Committee, which meets bimonthly, has made the SSIP Practices Strand a standing agenda item for the committee. This ensures that the C and E Committee can participate in the development of strategies and activities, provide feedback and review data to assist with evaluation of activities.

A key component of both the Practices State Level Improvement Team, and the ECPC Intensive TA CPT and SPT structures, will include use of the AI Hub Communication Protocol Worksheet⁶⁷ which will be adapted for use between the implementation teams and stakeholders as an adjunct device to share data and progress. Finally, the AI Hub Creating Hospitable Environments Worksheet⁶⁸ was reviewed and there are discussions for adapting the hierarchy chart to identify barriers and facilitators on a multi-level range.

Fiscal

The Fiscal State Level Implementation Team meets in person on a regular basis. Additionally, the Fiscal State Level Implementation Team activities are a standing item on the Arizona ICC Structure and Flow Sub-Committee agenda. Through this committee, the Fiscal State Level Implementation Team has involved stakeholders, including ECE community partners, EIP practitioners and families, to review and revise proposed AzEIP Policies related to AzEIP Policy, related to Financial Matters.

Multiple other state agencies and stakeholders will be involved in the Fiscal initiative and the frequency of opportunities to engage these stakeholders include: AzEIP TBEIS bimonthly provider meetings; and Arizona ICC Structure and Flow Sub-Committee; and the bimonthly Arizona ICC Meeting; and Quarterly EIP State Leaders Meeting; and monthly DES Executive Leadership Team Business Review Meetings.

⁶⁶ [See 1\(a\) Comprehensive System of Personnel Development](#)

⁶⁷ Appendix 8 – AI Hub Communication Protocol Worksheet

⁶⁸ Appendix 9 – AI Hub Creating Hospitable Environments Worksheet

LA Staff will continue to work collaboratively with AHCCCS, ADHS, FTF and the Arizona Department of Insurance to ensure that all funding sources are maximized to support a fiscally sustainable Part C system. This includes improving community partner awareness of existing funding sources such as the Affordable Care Act, Title V of the Maternal Child Health Block Grant (MCHB) and the ECCS grant to support alignment and braiding of funding sources.

Multiple methods will be utilized for communication purposes. First, the AI Hub Communication Tool will be reviewed at the next Quarterly EIP State Leaders Meeting and adapted to provide maximum information on the SiMR as a whole, as well as specifics for each prong. Second, the EIP State Leaders Meeting agenda will include a standing item focusing on an update on the SSIP. Third, through the bimonthly meetings of the Arizona ICC, the SSIP, and in particular the fiscal strand, will be a standing agenda item allowing both the Structure and Flow Sub-Committee and Arizona ICC as a whole, an opportunity to participate in supporting and refining the progress of the SiMR. Finally, the Lean Scorecard development for both the LA and DES as a whole, will be a mechanism to allow DES administration, as well as State Executive Leadership, to see the progress made on the SiMR. This will also enable LA Staff, EIPs, and EIP practitioners to track improvements. In addition, LA Staff will continue to support community partners to understand Arizona's eligibility criteria and to support community partners to make appropriate referrals.

Phase II Component #2: Support for EIPs and Provider Implementation of Evidence-Based Practices (EBPs):

2(a) The State will support EIPs and providers in implementing the EBPs that will result in changes in Lead Agency, EIP and EIP provider practices to achieve the SiMR for infants and toddlers with disabilities and their families.

Arizona utilized implementation science to install TBEIS statewide in 2013. Many of the activities described in the Arizona SSIP will be piloted and/or refined in the SiMR regions to enable Arizona to continue to ensure statewide implementation of TBEIS with fidelity. Statewide improvements to the Arizona accountability, practices and fiscal infrastructure will be leveraged in the SiMR regions. Likewise, PDSA cycles will be utilized in the SiMR regions to test hypotheses and hone improvements prior to taking them statewide.

Accountability

Regardless of, and as a complement to, the EBPs chosen as the focus of the SSIP, it is imperative that the LA Staff is able to support EIPs to enter all data into I-TEAMS, and the web-based data system, in a timely and accurate manner. Only when data is entered accurately and timely, can it be used to tell the story of each EIP, and the overall story of the AzEIP Program. The LA Staff identified the following areas of need in early 2015 related to timely and accurate data entry as a focus to achieve the SiMR:

- Child level entry and exit indicators;
- Eligibility decision and IFSP data;
- Transition data; and

- Family level data regarding the availability and approval to use private and public insurance as a funding source for the program.

LA Staff sought input from both large and small stakeholders groups in how to improve the process for improving the child level entry and exit indicator process. Stakeholders concurred there was additional need to provide technical assistance or training to EIPs and their teams to ensure that they are documenting the child's present levels of development, including social emotional growth, at each IFSP review. LA Staff is also in the process of revising the IFSP so that at each review, the form will be used to assist EIP practitioners to document a child's development status and progress across the five developmental domains and specifically as it impacts the child's ability to engage and participate in everyday routines and activities within familiar contexts with their primary.

In April of 2015, the LA Staff conducted a series of webinars to reinforce adherence to the AzEIP eligibility definition and the need to discuss, and document, consent for the use of insurance at intake and when a new service is added (for private insurance only) at an IFSP review, and at least annually. The LA Staff also revised the data entry fields in the I-TEAMS data system to guide the user to accurately enter the required components related to the eligibility and insurance process. LA Staff also received approval from the ECTA Center to use the Child Outcome Summary (COS) Modules to support EIPs to improve their ability to determine entry and exit indicators collaboratively with families.

Over the summer of 2015, the LA Staff conducted TA through more than 20 data entry quality sessions held in Phoenix, Tucson and Flagstaff for end users of the data system to communicate the appropriate way to enter data for eligibility, IFSP and transition events. Over 250 end users attended these sessions. The four hour sessions were held at locations where each participant had access to a computer and practiced data entry while also having access to subject matter experts (SMEs) in both the data system and AzEIP practices to answer questions as they arose.

LA Staff, stakeholders and the Accountability State Level Implementation Team also identified improving data use as a need to support implementation of the SSIP. To support the identification of the needs of users in the field, a Data Stakeholder group is being developed to support LA Staff to identify priorities of system end users and help serve as SMEs to their own staff as improvements are designed, developed and implemented.

In addition to the above activities and throughout the calendar year, and with technical assistance from Robin Nelson at the DaSy Center, LA Staff embarked on an architectural review by external specialists of the current data system in order to plan and implement enhancements, changes or correction to the system to support the needs of the program. The architectural review identified potential risks to the data system that would most likely have a negative impact on the ability of the state to use the system without a significant investment of resources, both in personnel and finance, to implement corrections to the design of the system. AzEIP, with the support of DDD, contracted externally with a consultant to document a comprehensive set of business requirements in anticipation of the development of a revised, or procurement of a new, data system. LA Staff and the consultant considered and utilized

the DaSy section of the System Framework document during the development of the business requirements. The AzEIP Data Manager and other SMEs met regularly over four months with the consultant which ensured the requirements included emphasis on data collection and reporting required to support the accountability, practices and fiscal strands of the SSIP.

Completion of the business requirements documentation process led to the additional development of significant details regarding the eligibility determination, IFSP development, and provision of services to children and their families from entry through exit; invoicing of services; tracking CSPD activities; and the ability to collect and more efficiently analyze data, including requiring the ability for providers to run their own real-time reports to view, analyze and interpret data for program level decision-making.

In November of 2015, LA Staff utilizing the business requirements and with the support of DES leadership, began the process of identifying potential solutions for the data system. Three potential options were identified by the leadership team: create a new version of I-TEAMS, utilize the existing DDD data system (FOCUS) for the Arizona Early Intervention Program, or procure a customizable off the shelf system (COTS) specifically designed to support EIPs. To provide additional support during the decision-making process, LA Staff created an analysis identifying gaps between the current data system and the business requirements and provided that information to the DES leadership team and DDD. Staff from DDD then researched and provided an estimate of projected cost and time required to move the early intervention data system into the FOCUS system. At the same time, the LA Staff, through the DES Office of Procurement, issued a request for information to obtain additional information about available COTS. After DES leadership reviewed the three options, it was decided that AzEIP should obtain a COTS system to meet the needs of the program. This process is underway and DES/AzEIP anticipates implementation of a new data system effective July 1, 2017. The Data Stakeholder group will serve as the main stakeholders during this process, and is expected to begin meeting regularly in April 2016.

This new data system will result in a number of efficiencies which will enable EIPs to focus on program improvement, including implementing EBPs with fidelity. The new system will enable EIPs to have improved access to child level data. Current inefficiencies caused by the need to transfer paper files and wait for files to be mailed from one region to another will be reduced. Family's will have access to their child's record and be able to improve their participation as an active member of their child's IFSP team. And finally, the data system will improve the ability of EIPs to bill public and private insurance, resulting in maximization of the use of all available funds. Each of these efficiencies will result in significant energy reductions and improved collaborations across agency lines.

To support EIPs to enter entry and exit indicators in the single data system, in a timely and accurate manner, LA Staff and stakeholders recommended including the entry and exit indicators in the paper IFSP, and to provide 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. LA Staff is currently revising the IFSP form to assist EIP practitioners to document a child's development status and progress both across the five developmental domains and as it impacts the child's ability to engage and participate in everyday routines and activities within familiar contexts with their primary caregivers.

Inservice training and TA is necessary to continue 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.

LA Staff received approval from the ECTA Center to use the COS Modules to support EIPs to learn how to improve their ability to determine the entry and exit indicators collaboratively with families. LA Staff prioritized scheduling trainings in the SiMR regions. LA Staff and the M-TEAMS held 22 Data Quality Sessions to identify root cause for the lack of timely and accurate data in the single data system.

Practices

The identified improvement strategies to implementation of EBP social-emotional practices include:

- DES/AzEIP will provide consistent inservice training and technical assistance on policies, procedures, and practices to support implementation of EBPs related to TBEIS to improve support for social emotional development; and
- DES/AzEIP will leverage partnerships with ECE community partners and collaborate with DES programs to support professional development and resource utilization.

Inservice training and technical assistance were identified as necessary to support EIPs on the AzEIP SOW, IGA, MOA, and AzEIP Policies, Procedures and Practices to support EIPs to implement TBEIS with fidelity.

During development of Phase I of the SSIP, stakeholders were unanimous in their agreement that not being at fidelity is a root cause for low social emotional outcome ratings. Stakeholders identified providing inservice CSPD opportunities to support teams to implement EBPs, including TBEIS, and other practices that support social emotional development, is essential to the success of this SiMR.

At this time there are 653 early intervention professionals registered in I-TEAMS and identified as actively providing supports and services to eligible children and their families in Arizona. This includes 105 developmental special instructors, 64 occupational therapists, 68 physical therapists, 126 speech language pathologists, 19 vision specialists, 29 hearing specialists, 5 psychologists, 3 social workers, 168 service coordinators, and administrative or management staff, and 79 of the dedicated service coordinators are employed by AzEIP contractors, while 89 are employed by the DES/Division of Developmental Disabilities.



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Arizona, like most states, is using the National Implementation Research Network’s AI Hub to support professionals to implement EBPs. It is well known that children and their families cannot benefit from interventions they do not receive. Using TBEIS, Arizona is employing usable interventions, supporting professionals to effectively implement the identified interventions, and ensuring that EIPs, have the necessary components to create enabling contexts to ensure positive outcomes for infants and toddlers and their families.

Effective Interventions in Arizona include the use of EIPs that include staff from the contracted TBEIS providers, DDD and ASDB, working collaboratively to support potentially-eligible and eligible children and their families. Using Teaming, Coaching, Natural Learning Opportunities and Resource-based Capacity-building practices, EIPs support families to use responsive caregiving practices with all enrolled children within their everyday routines and activities. This includes family-centered, Participatory Help-giving practices and Enabling practices which are detailed in the Technical Manual for Measuring and Evaluating Family Support Program Quality and Benefits.⁷⁰

Effective Implementation in Arizona includes implementing TBEIS with fidelity. To support fidelity, DES/AzEIP contracts with the Family, Infant, Preschool Project (FIPP) to provide teams with training and six months of intensive coaching. The AzEIP SOW, which is the contract between DES/AzEIP and the private organizations that provide the core teams and AzEIP SCs within EIPs, requires that the contractor management and/or service coordinators and core team members, whether employed or contracted, attend regularly scheduled meetings and/or trainings with DES/AzEIP for support and direction in meeting the requirements of the AzEIP SOW. FIPP and LA Staff analyze data from coaching logs and calls to determine the extent to which participants demonstrate fidelity.

Enabling Contexts in Arizona includes ensuring that every family has a team, and that the family’s priorities, needs and interests are addressed most appropriately by a Team Lead who represents and receives team and community support. The AzEIP SOW requires that each Region have a certain number of core teams, each core team includes one full-time equivalent (FTE) for each core team

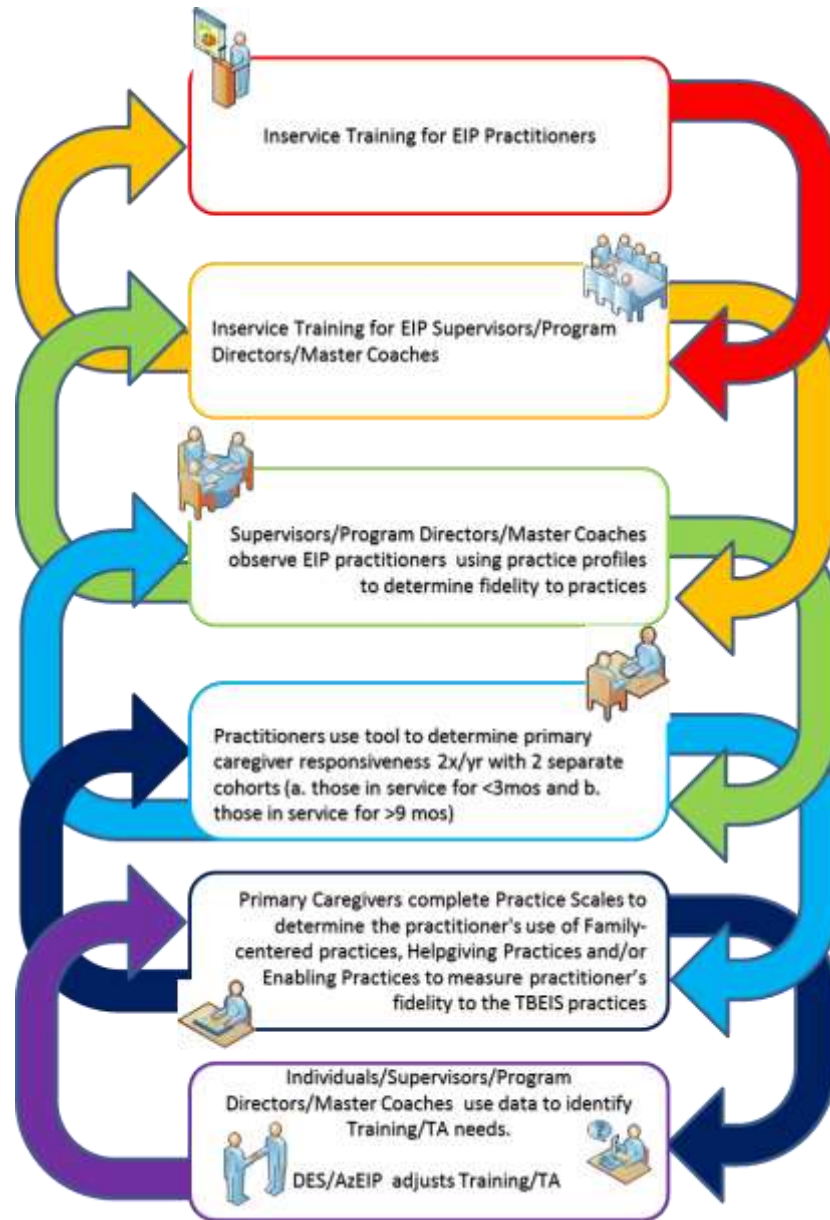
⁶⁹ AI Hub Formula for Success

⁷⁰ Dunst, Carl J., Trivette, Carol M. and Hamby, Deborah W. Technical manual for measuring and evaluating family support program quality and benefits.(2006) Winterberry Press .

discipline (DSI, OT, PT, and SLP) and access to a Psychologist and Social Worker. The AzEIP SOW includes historical referral and eligibility data by region and the projected core team capacity for the region.

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. The state is collaborating with other ECE agencies to identify additional specific EBPs to use to improve social emotional development.

Arizona will focus its support for EIPs on the SiMR regions. Using practice profiles and scales, developed by FIPP, Arizona will develop inservice trainings for EIP practitioners in the SiMR regions on the use of specific TBEIS practices to primary caregivers that support improved adult responsiveness, which in turn will support improved social and emotional development of infants and toddlers with disabilities. Supervisors, Program Directors and Master Coaches in the SiMR regions will receive inservice training and coaching support to utilize the practice profiles and scales to directly observe practitioners and to review IFSP documents to determine the level of practice adherence by practitioners. Practitioners will use a tool to determine primary caregiver responsiveness two times per year, with two separate cohorts: those families who have been enrolled for less than three months and those families who have been enrolled for more than nine months. This data will be utilized to determine the level to which primary caregiver responsiveness is improved as a result of support from EIP practitioners. Primary caregivers in the SiMR regions will be asked to complete a practice scale to determine the EIP practitioner's use of Family-Centered Practices, Participatory Helping Practices and/or Enabling Practices to measure the EIP practitioners' fidelity to the TBEIS Practices. The data that is derived from the aforementioned activities will be utilized by individual practitioners, Supervisors, Program Directors and Master Coaches to identify training and TA needs. DES/AzEIP will in turn adjust training and TA in response to review of the data collected on the individual and collective SiMR regions.



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Master Teams

DES/AzEIP contracts with FIPP, to provide training and intensive coaching to implement TBEIS with reliability. Using an application process, Master Teams are selected to participate in intensive inservice training. 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, Coaching and Resource-based Capacity-building Practices. Teams then return to the field to implement TBEIS using the aforementioned practices. Each month team members write up one coaching log, documenting an interaction with a family or other

⁷¹ Arizona Approach to Communication, Training and TA to Improve implementation of TBEIS Graphic.

primary caregiver, code that log and reflect on their own fidelity to TBEIS. Teams then participate in a call with FIPP and their assigned Master Coach to examine their implementation practices. The coaching logs allow the individual, Master Coach, and FIPP to collect data on the demonstration by team members of fidelity to the practices and to track growth over time. To date, 34 teams have completed the Master Teams institute, and another 18 are currently involved in the six months of coaching calls. Once this cohort is completed teams in ninety percent of all Arizona EIPs will have completed this intensive professional development inservice activity.

Final selection of teams and individuals to participate in the Master Teams and Master Coach has been through an application process. LA Staff specifically encouraged teams in the SSIP regions who had not previously attended, or who had significant turnover since their prior participation, to apply. Each participant is required to sign a commitment form that confirms their acknowledgement that they participate fully in the two-day institute and complete six logs and calls requiring devotion of a minimum of three hours per month to this inservice professional development activity. To support the SSIP, SiMR regions were given preference during selection of the 2015 Master Teams Institutes. To date, each SiMR region has had at least one team complete the two-day Master Teams Institute. The SiMR region teams are either completing the six months of coaching calls or have previously completed them.

In 2014, LA Staff revised the Master Teams Institutes process to require teams to complete the AzEIP Fidelity Checklist⁷² 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 assess their progress over time, connects results and compliance to the professional development activities, and assists individuals and teams, to identify any additional technical assistance and training they may need. LA Staff also collects data on individual and team demonstration of fidelity of the practices, as measured by review of the content included in submitted coaching logs. To date 54 percent of the participants in the Master Teams Institutes have demonstrated fidelity to the practices after six months of coaching. Again, to support the SSIP, applicants for the Master Coach Institute from the SiMR regions were given preference during the selection process.

Scaling-Up Implementation of Use of EBPs

To scale-up, and ensure ongoing sustainability, particularly in the SSIP identified regions, LA Staff will explore whether the Master Teams Institutes can be moved in-house. Moving this portion of the inservice CSPD structure in-house will ensure sustainability as EIP practitioners enter and leave the profession, and will support development of internal expertise on a Statewide, Regional, EIP, and Team level. Creation of a tiered approach to achieving this goal is already underway. The first step is ensuring that each SSIP region has at least one team that has completed the Master Teams Institute and coaching

⁷² See Appendix 11 –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

processes and at least one Master Coach that has completed the Master Coach Institute and coaching processes.

Demonstration of fidelity is important whenever one is implementing an EBPs, TBEIS is no different. However, it is also important to note that a demonstration of fidelity only guarantees that an observer has identified elements of fidelity during that particular observation. Continuous fidelity assessment is a key outcome of implementation, this involves knowing what is the intended application of a process, and knowing how to measure the extent to which someone has done what was expected. To support teams to implement TBEIS with fidelity 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 (MPRRC), a self-assessment tool. The framework for this tool borrowed heavily from the concept of the Quality First Rating Scale (QRIS) in use by FTF for child care programs in Arizona. The [AzEIP Fidelity Checklist](#)⁷³ 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 enables EIPs to identify their individual, team and EIP training and TA needs, and supports teams to use practices that support primary caregivers to increase their confidence and capacity to care for their child with a disability using Responsive Caregiving Practices that support social emotional development regardless of a child's disability.

The AzEIP Fidelity Checklist supports EIPs 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. As previously noted, completion of the AzEIP Fidelity Checklist at specific benchmarks is required as part of completion of the Master Teams Institutes to assist teams to assess their adherence to the expected practices. To further support fidelity, FIPP staff support LA Staff to analyze the data from logs and calls to determine the extent to which participants demonstrated fidelity through the documentation contained in their logs.

⁷³ 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 Coach Applicants are solicited first by identifying previous participants who demonstrated fidelity with the coaching practices during Master Team sessions, and second, by identifying those currently participating in a Master Teams cohort. Like Master Teams participants, following the one-day institute each individual completed one coaching log per month. This log includes a transcript of a coaching conversation with an early intervention colleague. Each participant then codes the transcript to identify characteristics of TBEIS (Joint Planning, Observation, Action/Practice, Reflection) and use of the Coaching Interaction Style (Awareness, Analysis, Alternatives, Action, Affirmative, Informative, Directive, Evaluative, and the use of intentional modeling), and finally their own reflection on how they could improve their implementation of the practices. Each participant then participates in a monthly coaching call with the national TA providers from FIPP or with LA Staff, who are also Master Coaches. Each participant signs a commitment form that confirms their acknowledgement that they will participate fully in the one-day institute, and complete six logs and calls which requires a minimum of three hours per month for this professional development inservice activity. EIP practitioners from the SiMR regions were given priority when applying for the Master Teams and Master Coach cohorts in 2015.

Scaling up and sustaining the Master Teams and Master Coaches Institutes also means ensuring that the Institutes meet the DES Office of Professional Development (DES/OPD) requirements. DES/OPD has adopted the Developmental Dimensions International approach to inservice 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/OPD requires that all trainings are developed only by certified Instructional System Designers who demonstrate the ability to utilize the ADDIE⁷⁴ approach to courseware development. Additionally, DES/OPD 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/OPD has adopted the Phillips Return on Investment Methodology^{TM 75} of evaluation.

DES/OPD coordinates with the ADOA to track participation in trainings, and completion of Level I, Level II, and Level III evaluations, in two separate ADOA Learning Management Systems (YES and ERMA). DES/AzEIP utilizes this data to assess the impact of inservice trainings and its effect on EIP adherence to both compliance and results indicators as part of DES/AzEIP's integrated monitoring system. Using this process, DES/AzEIP will be able to continue to collect data on participant's intention, adoption and impact as a result of participation in the Master Teams:

⁷⁴ See Appendix 1— Glossary of Terms.

⁷⁵ See Appendix 1— Glossary of Terms

- Intention measures whether participant goals and beliefs upon course completion are aligned with desired goals and whether the course is working as designed, participants should be stating actions that drive desired adoptive behaviors back into their everyday work patterns.
- Adoption measures how much of the course has been implemented in the field and successfully integrated into the participant's everyday behavior. Data is collected on the success that participants have had transferring their goals to the workplace. Results are analyzed and compared to the adoption rate, and an adoption dashboard is produced to report findings. If needed, corrective actions are put in place to improve adoption.
- Impact measures the direct impact on – and value to – the participant and organization that can be traced to the professional development activities. It assesses, in quantifiable terms, the value of the course by assessing which adoptive behaviors have made a measurable difference (i.e., changes in effective outcomes, such as higher levels of motivation and positive attitude). Impact evaluation goes beyond assessing the degree to which participants are using what was learned; and provides a reliable and valid measure of the results of the course to the organization.

These metrics will enable the LA Staff, and others, to improve the ECE CSPD structure. In addition, it will enable measurement both process and impact outcomes as they relate to the implementation of the identified EBPs employed by Arizona, supporting the SSIP evaluation.

The Arizona Early Childhood Career and Professional Development Network (Network)⁷⁶ is an integrated early childhood professional development system designed to meet the professional development needs of all Arizona early childhood professionals from entry to advanced levels while promoting high quality professional development. It is the result of statewide collaborative efforts among several Arizona early childhood stakeholders convened by FTF in partnership with the Arizona BUILD Initiative.

The Network website connects early childhood practitioners and others interested in the field with information and resources to advance their careers. The PD website provides access to a variety of professional development resources such as:

- The Arizona Early Childhood Workforce Registry (the Registry);
- System documents such as the Workforce Knowledge and Competency Framework, the Professional Development Instructor and Technical Assistance Provider Standards, and child and program-level standards;
- Information about various career and educational pathways;
- Information about institutes of higher education;
- Opportunities for community-based professional development;
- Links to professional organizations; and
- Job bank.

⁷⁶ Arizona Early Childhood Career and Professional Development Network. <http://azearlychildhood.org/>

To increase the use of the Network, by EIP practitioners, LA Staff have required that any DDD SCs hired under a pilot program sign up for the registry and use it to enroll in the ADE Infant Toddler Developmental Guidelines courses. Any ECE CSPD courses that will be offered to encourage local partnerships will be posted to the Network.

Fiscal

The Fiscal State Implementation Team is charged with exploring all potential funding sources to ensure fiscal sustainability for EIPs in the SiMR regions. Steven Barnett and Jason Hustedt make a compelling argument to develop new revenue sources.⁷⁷ They, and others, realize the importance of early intervention in promoting early schooling, and have a higher economic return than later interventions for developmentally disadvantaged children.⁷⁸

In developing the Arizona Logic Model, and after reviewing the strategies identified in Component #1, the Fiscal State Implementation Team included in the model those implementation drivers that were considered important in achieving the outcomes identified. All but one of the strategies were felt to be system-driven, implying that the LA Staff would be instrumental in making those substantive changes. The outcomes to be achieved would include partnership with referral sources and providers to identify appropriate referrals and, wherever possible, use the legislative initiatives for fiscal allocations through the state budgetary process. The latter initiative will need collaboration with an outside stakeholder (i.e., the Arizona State Legislature and a representative to accept the bill packet) to drive that strategy to fruition.

In FFY 2014, Arizona experienced a significant fiscal dilemma. With the loss of American Recovery and Reinvestment Act of 2009 (ARRA) funds, followed by sequestration cuts to Arizona's Part C allocation (5 percent) and a reduction in Arizona's 2010 Census data for the birth to three population, Arizona's Part C allocation was reduced by 13 percent. DES has projected continuing limited fiscal resources available for both FFY 2015 and FFY 2016. Fortunately, the IDEA ITCA announced an opportunity for states to participate in intensive technical assistance opportunities related to developing sustainable fiscal systems. Arizona put together a team, including LA Staff and a representative from AHCCCS and submitted an application to participate in the Cohort 1 Fiscal Initiative. Arizona's application was accepted and the identified team members participated in the initiative.

In addition, LA Staff has taken advantage of two DaSy Center resources for guidance in using fiscal data to review allocations and management of early intervention services.^{79,80} The use of fiscal data to project expenditures and reallocation to other components of the state system is a key focus of the Arizona Logic Model.⁸¹

⁷⁷ Barnett, W. Steven, and Hustedt, Jason T., Improving Public Financing for Early Learning Programs. Preschool Policy Brief 2011 (April, Issue 23).

⁷⁸ Heckmann, James J., Return on Investment: Cost vs. Benefits. www.heckmannequations.org (2008).

⁷⁹ Greer, M., Kilpatrick, J., McCullough, K., and Reid, K.: Using Fiscal Data to Inform a State's Part C Allocation Methodology. The DaSy Center. January, 2016.

⁸⁰ Greer, M., Kilpatrick, J., McCullough, K., and Reid, K.: Use of Data for Fiscal Management of State Part C Systems. The DaSy Center. November 2016.

⁸¹ Appendix 6 – Arizona Logic Model

2(b) Steps and specific activities needed to implement the coherent improvement strategies including communication strategies; stakeholder involvement; how identified barriers will be addressed; who will implement activities and strategies; how the activities will be implemented with fidelity; the resources that will be used to implement them; and, timelines for completion.

The Arizona Implementation Activities Worksheets⁸² include steps and specific activities to implement the identified improvement strategies to support implementation of EBPs. Communication between the State Implementation Team, Local Implementation Teams and other stakeholders, will be key in the timely and accurate dissemination of data in reviewing the proposed improvement strategies. Aside from those methods articulated in [Component 1\(d\)](#), LA Staff intends to review and adapt the AI Hub Communication Sheet⁸³ into a standard format for sharing information on a regular basis. This will be done statewide through MailChimp, an email marketing service that enables LA Staff to not only send emails, but to track impact of those emails. MailChimp is already being used weekly to support EIPs and EIP practitioners to have up-to-the-minute technical assistance information on a variety of subjects.

The steps and specific activities needed to implement the coherent improvement strategies are detailed in the Arizona Implementation Activities Worksheets.⁸⁴ By utilizing existing opportunities to engage stakeholders, a variety of stakeholders will be involved and will provide feedback to LA Staff on the implementation on an ongoing basis [[see 1\(d\)](#)]. Due to the regular nature of these meetings, LA Staff and stakeholders will be well-positioned to address barriers that are identified by EIPs and EIP practitioners. For example, the use of the practice profiles and evaluation plans utilized as part of the inservice process will enable LA Staff to make any necessary mid-course adjustments to the plan and training materials. It is anticipated that LA Staff and stakeholders will evaluate the short and intermediate outcomes along the way to inform how the implementation of practices is progressing and to identify a mid-course adjustments that may be necessary.

Accountability

The Arizona Implementation Activities Worksheets⁸⁵ includes specific short-term and longer-term outcomes, to support the accountability strand. As explained in more detail in [2\(a\) Accountability](#), Arizona will take multiple steps to increase the collection and use of data for decision-making by EIPs and EIP practitioners. Supporting EIPs and practitioners to collect and enter timely and accurate data is an essential component to achieving the Arizona SiMR. To do this, the LA Staff will need to support EIPs to improve their internal procedures and practices regarding data collection, analysis and use. As timely and accurate data collection increases, the ability to analyze the data and utilize it for data driven-decision-making to support practice improvements will be enhanced.

Practices

The Arizona Implementation Activities Worksheets⁸⁶ includes specific short-term and longer-term outcomes, along with resources, identified responsible parties, projected timelines, TA Center Support

⁸² Appendix 3 – Arizona Implementation Activities Worksheets

⁸³ See Appendix 8 – AI Hub Communication Protocol Worksheet

⁸⁴ Appendix 3 – Arizona Implementation Activities Worksheets

⁸⁵ Appendix 3 – Arizona Implementation Activities Worksheets

⁸⁶ Appendix 3 – Arizona Implementation Activities Worksheet

and potential measurement methods. Arizona has identified a number of activities to support EIPs to scale-up and sustain implementation of TBEIS in the identified regions.

As explained in detail in [2\(a\) Practices](#), Arizona intends to support EIPs in identified regions to implement TBEIS with fidelity. To achieve the short-term and longer-term outcomes, Arizona must develop an integrated ECE CSPD structure, which includes use of practice profiles to support practitioners, their supervisors, program directors and Master Coaches to measure their fidelity to the agreed upon practices and to identify specific training and TA needs.

To achieve the short-term and longer-term outcomes, Arizona must support EIPs, in the identified regions, to analyze their need for support to screen referred children for social emotional delays, to collaborate with community partners with regard to screening for social emotional delays, and to demonstrate competency with screening, evaluating, intervening and documenting progress in the social emotional domain. To support these activities, Arizona will leverage existing trainings provided by ADE as part of the ADE Infant Toddler Developmental Guidelines to ensure that personnel have a shared understanding of typical infant toddler development, particularly as it relates to social emotional development. To measure the effects of these activities, DES/AzEIP will identify, adopt or create a Social Emotional Competency Check. Related to this, as described in [1\(a\) Practices](#) DES/AzEIP is proposing, as part of the FFY 2016 Application for Federal Funds to differentiate between the DSI and SC roles to ensure that DSIs have the qualifications necessary to support core teams.

Fiscal

The Arizona Implementation Activities Worksheets⁸⁷ includes specific short-term and longer-term outcomes, to support the Fiscal strand. As explained in more detail, Arizona needs to access all available funding sources for EI services. To achieve this, several initiatives will be undertaken to more fully utilize public and private insurance, increase the percentage of children potentially eligible for DDD and to more closely adhere to eligibility criteria.

2(c) The State will involve multiple offices within the Lead Agency [and other State agencies such as the State Education Agency (SEA)] to support EIPs and practitioners in scaling-up and sustaining the implementation of EBPs once they have been implemented with fidelity.

Accountability

Using data to determine the degree to which EIPs and EIP practitioners implement TBEIS with fidelity is an essential component of scaling-up and sustaining implementation of EBPs. As described in [2\(a\) Practices](#), DES/AzEIP will use practice profiles and scales to assist EIPs and EIP practitioners to collect data on their ability to implement TBEIS with fidelity. Collecting this data, analyzing and interpreting it will enable LA Staff, Program Directors, Supervisors, Master Coaches and individual EIP practitioners to

⁸⁷ Appendix 3 – Arizona Implementation Activities Worksheets

identify training and TA needs. This data will enable LA Staff to collaborate with other ECE partners with regard to leveraging the ECE CSPD structure across agency lines.

Practices

Implementing TBEIS with fidelity in the SSIP regions, will require synchronization with multiple state offices. Within DES, DES/AzEIP will continue to communicate, coordinate and collaborate with DDD to ensure that all EIPs in those regions use TBEIS practices to support families. This will also be done with ASDB, as a service providing agency. Using Teaming, Coaching, Natural Learning Opportunities and Resource-based Capacity-building Practices will result in increasing caregiver responsiveness, which in turn will result in increased social emotional development for infants and toddlers with disabilities. DDD SCs have an important role to play in this process. Increasing participation by DDD SCs in the ADE Infant Toddler Developmental Guideline trainings, which have modules specifically tailored to social emotional development, will increase the knowledge that DDD SCs possess regarding social emotional development. Supporting TBEIS Program Directors, DDD Supervisors, and ASDB management, in the SSIP regions to use EPB practice scales and profiles, which assist observers to measure a practitioner's fidelity to Participatory Help-giving Practices, Family-Centered Practices and Enabling Practices, will result in changes in behaviors that support primary-caregiver responsiveness and that may be measured for change over time. It is intended that the use of the data that results from the practice scaled and profiles will be used for employee performance determinations and value-based performance contracting.

Within DES, DES/AzEIP will continue to collaborate with CCA to leverage our shared expertise and resources to ensure that primary caregivers in child care programs in the identified regions are supported by AzEIP TBEIS teams using Teaming, Coaching and Natural Learning Opportunities. In particular, DES/AzEIP and CCA are collaborating on inservice trainings on Resource-based Capacity-building, social and emotional development and Trauma Informed Care.

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 collaborate with ADE staff to include language in ADE's Preschool Development Grant to fund professional development activities around transition from Part C to Part B and other ECE programming and to support inclusionary practices in child care programs utilizing the Master Teams and coaching practices employed by DES/AzEIP. Collaborations with ADHS support training early intervention practitioners to utilize the ASQ-SE with reliability. Finally, FTF has provided funding from the HRSA Early

Childhood Comprehensive Systems grant (ECCSG) to support EIP practitioners to improve their practices related to social and emotional development in the SiMR regions.

LA Staff is represented at the FTF ECCSG Stakeholder group, enabling LA Staff, FTF, ADHS, AHCCCS, and ADE to explore methods to improve collaboration when there are concerns about a young child's healthy development, including social emotional development. This group has spent considerable time reviewing the various terminology differences between AzEIP, FTF, MIECHV, and other early childhood community partners, which were identified as a weakness during the Arizona SSIP SWOT activity. The ECCSG Stakeholder group is planning a two-day summit to identify methods to improve communication, coordination, and collaboration when a family or professional is concerned with a child's healthy development to ensure a shared understanding of the various pathway(s) to accessing the right support at the right time. This activity is also a key component of the CCA CCDBG submission. The result of this improved collaboration is to reduce delays and duplications and to increase efficiencies in the system and identify opportunities for new programming or procedures.

Fiscal

For those families with public insurance, and who give consent to share their personally identifiable information, DES/AzEIP has negotiated a significant change in payor arrangements with our state Medicaid insurance program, AHCCCS. If the child is eligible, the provider will make a request of the health plan using the AzEIP AHCCCS Member Service Request Form for the plan to approve the service. If the plan does determine that the service is medically necessary and approves the service, the plan will assign the AzEIP Provider as the provider and thus will reimburse the TBEIS provider directly for service provision. That reimbursement is considered payment in full. If the AHCCCS health plan does not determine that the service is medically necessary, the AzEIP TBEIS provider bills DES/AzEIP or DDD for payment. Many of these changes are being monitored, especially individual reimbursement rates for specific services, to determine the impact they are having on per child expenditures.

Improving the ability to leverage other funding sources will enable DES/AzEIP to ensure a fiscally sustainable Part C System and to utilize Part C dollars for the necessary components of the ECE CSPD structure to support implementation of TBEIS with fidelity in the identified SiMR regions.

Phase II Component #3: Evaluation

3(a) The evaluation is aligned to the theory of action and other components of the SSIP and includes short-term and long-term objectives to measure implementation of the SSIP and its impact on achieving measurable improvement in SiMR for infants and toddlers with disabilities and their families.

Arizona does not have funding to hire an external evaluation team. LA Staff explored opportunities for support from other partners, most notably ADE and the public universities, however, the exploration did not yield successful results; therefore, the Arizona SSIP Evaluation will be undertaken internally by LA

Staff. The Arizona Logic Model,⁸⁸ Arizona Implementation Activities Worksheets⁸⁹ and SSIP Evaluation Plan⁹⁰ were subsequently developed with the notion that all data would be collected and analyzed by LA Staff while continuing to perform all current roles and responsibilities.

LA Staff, with support from TA representatives from ECTA, DaSy and NCSI, utilized templates to expound on the Arizona TOA,⁹¹ identify specific steps and strategies detailed in the Arizona Implementation Activities Worksheets,⁹² crafted an Arizona Logic Model,⁹³ and developed reasonable timelines and methods. The Arizona Logic Model demonstrates the links between the outputs and the outcomes associated with the three strands, their short-term and long-term outcomes and evaluation of both the implementation and impact of identified activities. Simply completing the tasks is not enough. LA Staff must ensure that activities are measured both in terms of completion and impact, and data collected and analyzed to determine if EIPs and EIP practitioners improved their ability to support primary caregivers to utilize Responsive Caregiving Practices to improve the social development of infants and toddlers with disabilities in the identified regions.

For each strand, LA Staff and stakeholders identified short term, intermediate and long term goals required measure the implementation of the activities designed to support the SiMR. The goals are identified on the following tables and have been aligned with the Arizona TOA⁹⁴ and Arizona logic model.⁹⁵

Accountability

Short term	EIP practitioners collect and input valid and reliable data to determine if children are making sufficient progress
Short term	EIP Leaders consistently analyze programmatic data to ensure compliance with IDEA and child outcome data to determine effectiveness of EIP
Short term	EIP Leaders consistently assess fidelity of implementation of TBEIS and implement program level improvements across agency lines
Intermediate	Families 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

⁸⁸ Appendix 6 – Arizona Logic Model

⁸⁹ Appendix 3 – Arizona Implementation Activities Worksheets

⁹⁰ Appendix 10 – Arizona SSIP Improvement Strategy and Evaluation Details by Strand

⁹¹ Appendix 5 – Arizona TOA

⁹² Appendix 3 – Arizona Implementation Activities Worksheets

⁹³ Appendix 6 – Arizona Logic Model

⁹⁴ Appendix 5 – Arizona TOA

⁹⁵ Appendix 6 – Arizona Logic Model

Long term	SiMR: 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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Practices

Short-Term	EIP practitioners implement TBEIS with fidelity including Resource-Based Practices and have improved understanding of child development including social emotional development for infants and toddlers
Short-Term	EIP practitioners identify social emotional developmental needs and write functional IFSP outcomes that address social emotional development
Short-Term	EIP practitioners develop collaborative partnerships with families, other team members, ECE community partners
Short-Term	EIP leaders develop internal processes, including Master Coaches, training and TA to support implementation with fidelity
Longer-Term	Families 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)

Fiscal

Short-Term	EIP practitioners collaborate with community partners to obtain existing documentation at referral and access all available resources
Short-Term	EIP leaders enhance their capacity to recruit and retain EI professionals
Longer-Term	Families 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)

3(b) Development of the evaluation included stakeholders and information from the evaluation will be disseminated to stakeholders.

Stakeholders were recruited to participate in the evaluation process, both current and on-going, and have participated in a number of meetings, which include:

- 1) AzEIP bimonthly provider meetings;
- 2) Arizona ICC Structure and Flow Committee;
- 3) Arizona ICC meetings;
- 4) EIP State Leaders meetings; and
- 5) DES Executive Leadership Team Business Review meetings.

In order to meaningfully engage stakeholders in the development of an evaluation plan, opportunities have been provided, and will continue to be provided, for stakeholders to understand the foundations of good evaluation planning. A wide range of stakeholders were engaged in each step of the evaluation planning process and were provided opportunities to address questions, explore assumptions, and develop a shared understanding of what the evaluation will address and the findings expected to be produced. As the evaluation of the SSIP proceeds during Phase III, all data collection tools will be reviewed by a group of stakeholders who will provide feedback on the acceptability of data collection methods and tools. The opportunity to focus specifically on data and evaluation questions will begin at the sub-committee level and filter up to the larger general stakeholder meetings.

3(c) The State will use multiple methods to collect and analyze data to evaluate implementation and outcomes of the SSIP and the progress toward achieving intended improvements in the SiMR.

LA Staff will identify methods to evaluate the implementation of infrastructure changes and evaluate the impact on EIP, EIP practitioner and/or family behavior and outcomes. This use of data, to evaluate both process and impact is essential to ensuring that EBPs are being implemented with fidelity and that families are being assisted to utilize Responsive Caregiving Practices to support their child’s social and emotional development. Data collection on the use of practice scales and profiles will specifically support evaluation of the implementation and impact of the use of these EBPs with families. Ensuring that EIPs and EIP practitioners have access to timely and accurate data, and can analyze, interpret and make data-driven decisions will support the evaluation of these activities at the child and family, EIP practitioner, EIP and ultimately state level. Specific evaluation questions and measures are identified in the Arizona SSIP Improvement Strategy and Evaluation Details by Strand.⁹⁶

Accountability

The current data system collects data necessary to measure compliance with IDEA, as well as the child outcomes 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. Report functionality is still in development, but has considerably improved since Phase I of the SSIP. This will enable DES/AzEIP to collect the data identified in the Arizona SSIP Improvement Strategy and Evaluation.⁹⁷

Type of Outcome	Outcome Description	Evaluation Questions	How Will We Know the Intended Outcome Was Achieved? (performance indicator)	Measurement/Data Collection Method	Timeline (projected initiation and completion dates)
Short term	EIP practitioners collect and input valid and reliable	Do EIPs have policies/procedures to ensure the collection	An increased # of EIPs have policies/procedures to	Documentation of EIP data collection and	Jun 2016

⁹⁶ Appendix 10 -- Arizona SSIP Improvement Strategy and Evaluation Details by Strand

⁹⁷ Appendix 10—Arizona SSIP Improvement Strategy and Evaluation Details by Strand

	data to determine if children are making sufficient progress	and timely and accurate entry of valid & reliable data?	ensure collection and timely and accurate entry of valid & reliable data Increased timeliness and accuracy of data entered into state data system	entry policies/procedures Data system reports	
Short term	EIP Leaders consistently analyze programmatic data to ensure compliance with IDEA and child outcome data to determine effectiveness of EIP	Are EIPs analyzing programmatic data to ensure compliance and child outcomes data to determine effectiveness of EIP? What % of EIPs are in compliance?	Increased self-assessment rating on Data Use component of DaSy Data System Framework self-assessment Increased requests for T&TA sessions for using data for decision-making An increased % of EIPs are in compliance	DaSy data System Framework & Self-Assessment - Data Use component (select specific indicators) Documentation of T&TA provided on using data for decision-making Compliance indicator data	Jun 2016
Short term	EIP Leaders consistently assess fidelity of implementation of TBEIS and implement program level improvements across agency lines	Are EIPs implementing program level improvements? What % of supervisors report program improvement by using TBEIS fidelity assessment?	Decreased time frame on corrective action plans Decrease in number of actions required in corrective action plans An increased % of supervisors report using TBEIS fidelity assessment in planning PD/program improvement	EIP corrective action plans Supervisor survey? Supervisors collect data around use of tools (drawing from AI HUB practice profiles?)	Sep 2106
Intermediate	Families 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)	What % of families (in the SSIP regions) receive initial and new services in a timely manner? What % of families in the SSIP regional report increase in the quality of their p-c interactions to support their child's participation in everyday activities? What % of families report enhanced confidence & competence to support their child's S/E development?	An increased % of families receive initial and new services in a timely manner? An increased % of families in the SSIP regional report increase in the quality of their p-c interactions to support their child's participation in everyday activities? An increased % of families report enhanced confidence & competence to support their child's S/E development? (Based on report from ITEAMS Family survey? (Check alignment with family survey items) Family survey? (May need to add Q to specify on S/E dev to family survey)	Apr 2017
Long term	SiMR: Increase the percent of children who exit early intervention, in identified regions, with greater than expected	Are more children exiting early intervention making greater than expected improvements in social relationships?	An increased % of children who exit early intervention, in identified regions, with greater than expected improvements in their social relationships	Child outcome indicator data - Summary Statement 1 of Outcome A	Feb 2018

	improvements in their social relationships (Summary Statement 1 of Outcome A)		(Summary Statement 1 of Outcome A)		
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Practices

The state is exploring opportunities to efficiently collect data from individual practitioners, families, Supervisors, Program Directors and Master Coaches in the SiMR regions that demonstrate use of specific TBEIS Practices with primary caregivers that support improved adult responsiveness, which in turn will support improved social and emotional development of infants and toddlers with disabilities. The Arizona SSIP Improvement Strategy and Evaluation Details by Strand⁹⁸ includes specific details regarding the evaluation methods identified by LA Staff and stakeholders. DES/AzEIP plans to use practice profiles and scales, developed by FIPP, for inservice trainings for EIP practitioners in the SiMR regions. Supervisors, Program Directors, and Master Coaches, in the SiMR regions will then receive inservice training and coaching support to utilize the practice profiles and scales to directly observe practitioners and to review IFSP documents to determine the level of practice adherence by practitioners.

Data will be collected on the degree to which direct observations and/or review of IFSP documents demonstrate fidelity to the practices. Additionally, data will be collected from Practitioners’ use of a tool to determine primary caregiver responsiveness two times per year, with two separate cohorts: those families who have been enrolled for less than three months and those families who have been enrolled for more than nine months. This data will be utilized to determine the level to which primary caregiver responsiveness is improved as a result of support from EIP practitioners. Data from primary caregivers in the SiMR regions as a result of completion of a practice scale to determine the EIP practitioner’s use of Family-Centered Practices, Participatory Help-giving Practices and/or Enabling Practices will be utilized to measure the EIP practitioners’ fidelity to the TBEIS Practices. The data that is derived from the aforementioned activities will be utilized by individual practitioners, Supervisors, Program Directors and Master Coaches to identify training and TA needs. DES/AzEIP will in turn analyze this data to determine any need for new or revised training and TA in the SiMR regions.

⁹⁸ Appendix 10 – Arizona SSIP Improvement Strategy and Evaluation Details by Strand

Type of Outcome	Outcome Description	Evaluation Questions	How Will We Know the Intended Outcome Was Achieved? (performance indicator)	Measurement/Data Collection Method	Timeline (projected initiation and completion dates)
Short term	EIP practitioners implement TBEIS with fidelity including Resource-based Capacity-Building Practices and have improved understanding of child development including social emotional development for infants and toddlers	Did the practitioners achieve fidelity TBEIS after training and coaching? How many regions have approved/trained master coaches for TBEIS?	Increased percentage of teams that have participants that have demonstrated fidelity on TBEIS after receiving coaching An increase in the # of regions with trained master coaches for TBEIS who have demonstrated fidelity to the practices	TBEIS fidelity check List/inventory of approved/trained master coaches for TBEIS	August 2017
Short term	EIP practitioners identify social emotional developmental needs	What percentage of practitioners improved their development of IFSPs? What percentage of practitioners have an improved understanding of SE development?	An increased percentage of practitioners improved their development of IFSPs An increased percentage of practitioners demonstrate an improved understanding of SE development	IFSP training rubric Data submitted to AzEIP office demonstrating competency checks	September 2017
Short term	EIP practitioners write functional IFSP outcomes that address social emotional development	What percentage of supervisors regularly “audit” IFSPs using the rubric? Does identification of children with S/E delays or supports needed around S/E increase?	An increased percentage of supervisors regularly “audit” IFSPs using the rubric An increase of percentage of IFSPs that identify children with S/E delays, outcomes and/or interventions	Data submitted to AzEIP office demonstrating supervisor documentation of audits and their frequency AzEIP data system documents eligibility reason, outcomes and interventions related to S/E – this may include data from reviews of IFSPs identified via sampling	July 2016
Short term	EIP practitioners develop collaborative partnerships with families, other team members, ECE community partners	Does the number of IFSPs that include collaboration with behavioral health and/or DDD ALTCs services/supports increased?	An increase of percentage of IFSPs that include collaboration with behavioral health and/or DDD ALTCs services/supports	Sampling of IFSP document strategies or services that are collaborative with behavioral health or DDD ALTCs. This may include use of Family Survey data or data from community partners like Raising Special Kids	July 2016
Short term	EIP leaders consistently apply internal processes to support implementation with fidelity, which include	Does the EIP have system of internal process to support implementation with fidelity?	An increase of percentage of EIPs who have processes that include Master Coaches within teams, training and TA	AzEIP Training Data demonstrates change in percentage of Master Coaches, training and TA data (including competency checks)	December 2016

Type of Outcome	Outcome Description	Evaluation Questions	How Will We Know the Intended Outcome Was Achieved? (performance indicator)	Measurement/Data Collection Method	Timeline (projected initiation and completion dates)
	Master Coaches, training and TA				
Intermediate	Families 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>What percentage of families (in the SSIP regions) receive initial and new services in a timely manner?</p> <p>What percentage of families in the SSIP regional report increase in the quality of their p-c interactions to support their child’s participation in everyday activities?</p> <p>What percentage of families report enhanced confidence & competence to support their child’s S/E development?</p>	<p>An increased percentage of families receive initial and new services in a timely manner?</p> <p>An increased percentage of families in the SSIP regional report increase in the quality of their p-c interactions to support their child’s participation in everyday activities?</p> <p>An increased percentage of families report enhanced confidence & competence to support their child’s S/E development?</p>	<p>Based on report from ITEAMS</p> <p>Family survey</p> <p>Family survey</p>	April 2017
Long term	SiMR: 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)	Are more children exiting early intervention making greater than expected improvements in social relationships?	74 percent of children who exit early intervention, in identified regions, demonstrate greater than expected improvements in their social relationships (Summary Statement 1 of Outcome A)	Child outcome indicator data - Summary Statement 1 of Outcome A-from AzEIP data system	January 2017

Fiscal

DES/AzEIP has taken a number of steps to date to address the fiscal issues outlined above. As part of the Fiscal Initiative (Cohort 1), the LA Staff and Medicaid team members identified a “three pronged approach” to address fiscal sustainability by leveraging existing fiscal resources, with the longer term goal of being able to reallocate additional funding to personnel development to support the State’s SiMR. The three pronged approach includes the following activities, which required changes to other infrastructure components, including governance, data and accountability, and professional development.

Type of Outcome	Outcome Description	Evaluation Questions	How Will We Know the Intended Outcome Was Achieved? (performance indicator)	Measurement/Data Collection Method	Timeline (projected initiation and completion dates)
Short term	EIP practitioners collaborate with community partners to obtain existing documentation at referral and access all available resources	Did practitioners increase collaboration with community partners to access all supplemental documentation for new referrals?	An increase in appropriate referrals from/to community partners	Referral sources data A desk review of a percentage of records referred by referral source to determine whether appropriate documentation	12/2016
Short term	EIP leaders enhance their capacity to recruit and retain EI professionals	Did recruitment of EI professionals increase? Did the retention of EI professionals increase?	Increased rate of new EI professionals Decreased turnover in EI professionals	Number of new EI professionals before and after enhanced capacity Turnover rates -- # of staff who leave EI	7/2017
Intermediate	Families 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)	What percentage of families (in the SSIP regions) receive initial and new services in a timely manner?	An increased percentage of families receive initial and new services in a timely manner?	Based on report from i-TEAMS	On going
		What percentage of families in the SSIP regional report increase in the quality of their p-c interactions to support their child's participation in everyday activities? What percentage of families report enhanced confidence & competence to support their child's S/E development?	An increased percentage of families in the SSIP regional report increase in the quality of their p-c interactions to support their child's participation in everyday activities? An increased percentage of families report enhanced confidence & competence to support their child's S/E development?	Family survey? (Check alignment with family survey items) Family survey? (May need to add Q to specify on S/E dev to family survey)	April 2017

The first priority of this new approach included an increase in the utilization of public and private insurance. More than 50 percent of the state's children under the age of 5 are eligible for the State's Medicaid program, AHCCCS. However, DES/AzEIP is not maximizing the Medicaid resources under

EPSDT. The LA Staff and the Medicaid system, through stakeholder feedback, identified factors that were contributing or impeding this process which included:

- Differing policies and procedures across the two programs;
- Provider's lack of understanding of the State's System of Payment policies,
 - Such as the requirements to obtain consent to bill a family's private insurance; and/or
 - To obtain consent to share personally identifiable information with the Medicaid system, when a child is dually enrolled in both programs.

In addressing the governance issues, the LA Staff and the Medicaid staff worked together to align policies and procedures and contract requirements. The alignment and changes to the contract language and the policies and procedures, now ensures that the AzEIP providers can bill the Medicaid health plans for medically necessary early intervention services when a child is dually eligible, and the parent has provided consent to share their personally identifiable information. Previously, the AzEIP providers had to have a contract with each of the Medicaid health plans before they could bill for services. Under the new process, the health plans are required to authorize medically necessary services to the AzEIP provider, regardless of whether or not they have a contract with the AzEIP provider.

In addition, the LA Staff worked with stakeholders to revise the Consent to Use Insurance form to help SCs to fully explain to families the benefits to consenting to use their insurance to pay for early intervention services, including the fact that there are no out-of-pocket costs to the family. The LA Staff also developed a tool kit⁹⁹ for SCs that includes a Service Coordinator System of Payments Checklist and flow charts of the required processes.

The LA Staff instituted a new requirement that SCs submit the signed Consent to Use Insurance forms to the DES/AzEIP office. The LA Staff is tracking the data to identify the percentage of families providing consent to use their private insurance or their public insurance, as well as the reasons parents decline to provide their consent. Data will be analyzed through a PDSA cycle quarterly to determine if any adjustments must be made and the offset of costs to the LA Staff that are paid for through the public or private insurance companies.

Finally, enhancements were made to the states data system to ensure public and private insurance is billed prior to billing the state, when parents provided consent to use/bill their insurance. It is the intention of all of these strategies that the LA Staff be able to capture data truly reflective of the use of public and private insurance and identifying those areas or providers who could benefit from additional TA to maximize these resources.

Second, the LA addressed the need to increase the percentage of children for whom DDD eligibility is requested. With the implementation of the new AzEIP TBEIS contracts in March 2013, the percentage of

⁹⁹ AzEIP Service Coordinator Toolkit: <https://des.az.gov/services/disabilities/early-intervention/azeip-ahcccs-toolkit-service-coordinators>

children who were AzEIP-eligible and also DDD-eligible dropped significantly, despite the requirement that all AzEIP-eligible children who are potentially eligible for DDD be referred to DDD for eligibility determination. The drop in the percentage of children eligible for DDD meant DES/AzEIP was using IDEA, Part C funds for children's services that could be potentially paid for through DDD State or Federal Funds.

In addressing this issue, the statewide implementation of TBEIS resulted in many providers new to working in early intervention, and the challenges with the implementation of the state's new data system, it was difficult for the LA Staff to identify the root cause of the reduction of DDD-eligible children, without conducting site reviews to look at child level records. As an interim step, the LA Staff required AzEIP TBEIS providers send ten percent of the AzEIP Developmental Evaluation reports to DES/AzEIP for review. Based on the review of the evaluations, the LA Staff provided technical assistance to the evaluators when the evaluation reports indicated the child was potentially eligible for DDD. During this review, the LA Staff also noticed an increased trend in the number, and percentage of children, that were determined AzEIP-eligible based on an expressive language-only delay, which is not consistent with the state's eligibility criteria. This data led to the LA Staff policy clarification as described below (#3).

To assist evaluation teams in determining when to request DDD eligibility, the LA Staff, with stakeholder input, developed a new DDD Request for Eligibility tool. As a result, the evaluation team is now required to complete this new tool for all AzEIP-eligible children which requires a request for DDD eligibility be made based on the results of completing the tool. A copy must be kept in the child's file.

In addition, the state's data system was updated to capture when an SC sends a request for DDD eligibility and whether the child was determined eligible. The intent of these substantive changes is to increase the percentage of children determined DDD eligible to align with historical averages.

Finally, the LA Staff made a procedural change requiring EIPs to more closely adhere to eligibility requirements. Arizona is a narrow eligibility delay state. Arizona requires a 50 percent delay in one or more developmental domains, which is roughly a standard score of 70 or below in one domain. Based on desk audits of AzEIP Developmental Evaluations, the data indicated many children were being determined AzEIP-eligible on a 50 percent delay in expressive language only, rather than across the entire communication domain.

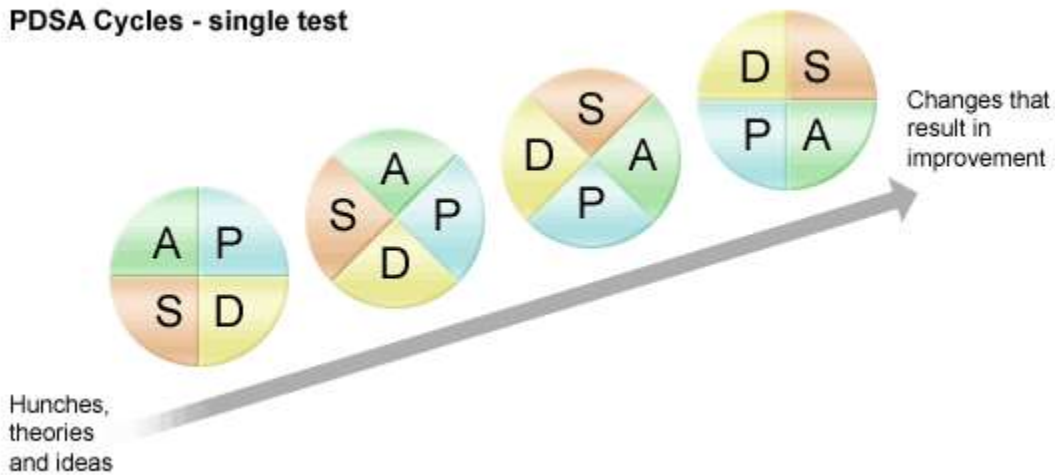
In an effort to ensure DES/AzEIP has the necessary funds to serve all of the children who meet the strict eligibility criteria, the state issued a policy clarification that a child with a significant expressive language-only delay, does not meet the eligibility criteria. In addition, enhancements to the data system were implemented to ensure the appropriate eligibility criteria is selected by users.

In April of 2015, the LA Staff implemented these infrastructure changes and has been utilizing a quarterly PDSA cycle to review and study the impact of these changes. This has allowed the LA Staff to make the necessary adjustments to continuously improve the processes to ensure DES/AzEIP is implementing a sustainable fiscal system that maximizes the available private, state, and Federal Funds

to pay for early intervention services. The ultimate outcome is to be able to divert a greater percentage of funds to facilitate the implementation of EBPs to support the State's SiMR

3(d) The State will use the evaluation data to examine the effectiveness of the implementation, assess the State's progress toward achieving intended improvements, and make modifications to the SSIP as necessary.

PDSA Cycles - single test



Accountability

As described in [2\(a\) Accountability](#), Arizona will focus its support for improving the collection, entry, analysis and interpretation of data to improve EIP program improvement in the identified regions. Current data reviewed by the stakeholder group suggests that there are varying degrees of lag time in data entry by EIPS. The LA Staff has addressed this by proposing updates to data policies requiring all data be entered within ten days of the events occurrence. These items are tracked and identified through the LEAN scorecard measures, and addressed as identified.

Practices

As described in [2\(a\) Practices](#), Arizona will focus its support for EIPs on the SiMR regions. Using practice profiles and scales, developed by FIPP, Arizona will collect data from direct observation of practitioners and reviews of IFSP documents to determine the level of practice adherence by practitioners. Data will also be collected by Practitioners to determine primary caregiver responsiveness two times per year, with two separate cohorts: those families who have been enrolled for less than three months and those families who have been enrolled for more than nine months. And data from primary caregivers in the SiMR regions which illustrates the EIP practitioner's use of Family-Centered Practices, Participatory Helping Practices and/or Enabling Practices will be utilized to measure the EIP practitioners' fidelity to the TBEIS Practices. The data that is derived from the aforementioned activities will be utilized by individual practitioners, Supervisors, Program Directors and Master Coaches to identify training and TA needs. DES/AzEIP will in turn adjust training and TA in response to review of the data collected on the individual and collective SiMR regions. This communication protocol, cascade teaching method and data

collection and analysis will support improved social and emotional development of infants and toddlers with disabilities within the SiMR regions.

Fiscal

The evaluation of intended outcomes will be regularly reviewed as the LA Staff implements Phase III. In addition, other activities planned or being explored during the next three years (2016-2018) include:

1) System Framework – Self Assessment:

The LA Staff, with stakeholder participation, will complete the Fiscal Section of the System Framework to (1) evaluate the state's current fiscal system and measure progress in making improvements to the Finance system; (2) identify potential areas for fiscal system improvement efforts and coordination with other funding sources and; (3) develop a more effective, efficient, and sustainable fiscal system that supports implementation of EBPs that improve outcomes for children and families. These activities will include the development and full implementation of a comprehensive fiscal review and verification process.

2) Appropriate Use of IDEA, Part C funding:

LA Staff and stakeholders will identify and implement strategies to improve awareness by referral sources and community partners regarding eligibility requirement, including supplemental documentation, to ensure that children are not unnecessarily rescreened and/or evaluated. This will ensure that funding is maximized. As part of this activity, the LA Staff, in coordination with other early childhood partners, will identify ways to improve awareness of existing funding sources to support these activities. Other potential funding sources include the Affordable Care Act (ACA) requirements for developmental screening, Title V of the Maternal Child Health Block Grant (MCHB), Early Childhood Comprehensive Systems Grant (ECCSG), 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.

3) Legislation to increase funding and provider rates:

In coordination with the Arizona ICC, DES/AzEIP will identify champions in the community to support and bring forth possible legislation requiring private insurance companies to pay for medically necessary IFSP services, and to increase the provider rates for early intervention services. Based on the most recent published Rate Schedule, there is a need to increase the provider's rates to ensure they are comparable to the market rate: https://des.az.gov/sites/default/files/media/AzEIP_RateBook.pdf. The current rate structures have been cited by the AzEIP TBEIS provider's as a contributing factor affecting their ability to recruit and retain the core team members necessary to implement TBEIS with fidelity.

4) Value Based Purchasing Contracts:

The current AzEIP TBEIS contracts expire at the end of January 2018. As a result, DES/AzEIP has the opportunity to explore the opportunity to use a value-based purchasing contract to procure early intervention services.

The effectiveness of implementing these and other fiscal strategies will be evaluated by reviewing:

- The degree to which the infrastructure enhancements necessary to support the use of the EBPs were implemented as intended;
- The degree to which the percentage of DDD eligible children are being identified; and
- The degree to which DDD and other available funds are leveraged with a calculation of the financial offset due to utilizing those funding sources.

Information about these three components of the effectiveness of implementation will be collected at multiple points throughout the implementation of the SSIP. The information will be used to inform mid-course corrections to ensure maximum effectiveness of implementation. For example, if information reveals that DDD eligible remains static, further training and assistance to the providers will need to be undertaken to ensure that all potentially DDD eligible children are identified.

Phase II Technical Assistance and Support

4(a) Arizona has identified specific Technical Assistance and Support to assist the State to develop and implement an effective SSIP.

DES/AzEIP has utilized, and will continue to utilize a variety of technical assistance (TA) which includes:

ECTA, DaSy and NCSI Center TA

A series of telephonic conference calls, and one in-person meeting in August 2015, were held during 2015 and 2016 in to support LA Staff and the State Level Implementation Team with activities related to Phase II of the SSIP. The outcomes of these meetings resulted in the development of the Arizona Logic Model, Implementation and Evaluation Worksheets were finalized.

DaSy TA

The DaSy Center has provided, and continues to assist in, TA support around reviewing the current architecture and capabilities of the data system and the feasibility of implementing either a new custom data system or an off-the-shelf product similar to those used in other states.

DaSy Center staff provided assistance with a RFI for a new data system. The RFI was issued soliciting proposals from commercial and state entities for a new data system. As a result of the TA, LA Staff were able to request a cost analysis and business requirements statement from each responder in determining the feasibility of procuring a new data system with enhanced features not currently available in the existing data system.

IDEA ITCA and ECTA Center Fiscal Initiative

Arizona is an on-going participant in the initial Fiscal Workgroup in 2014 and continues to work with IDEA ITCA and ECTA regarding improvements to DES/AzEIP's fiscal sustainability. This includes

determining the feasibility of value-based and/or performance-based contracting including measures to support implementation of TBEIS with fidelity.

Intensive TA through ECPC

For 18 months, beginning in February 2016, DES/AzEIP will receive intensive TA from ECPC to develop an ECE CSPD structure that integrates with 619 and Child Care, which will also support SiMR regions to improve their ability to support the social emotional development of enrolled children.

FIPP

FIPP has provided DES/AzEIP with intense TA to support scaling-up and sustaining implementation of TBEIS. This has included provision of tools, practice profiles and scales and Master Teams and Master Coach Institutes and six months of intensive coaching of teams and individuals. This collaboration is expected to grow and change over time to ensure that these processes are sustainable by LA Staff and EIPs.

Burns and Associates Rate rebase

A comprehensive rate rebase initiative was undertaken by Burns and Associates to align the reimbursement rates for EIP practitioners with those of DDD. Stakeholder input and public comment periods were utilized to solicit views from the provider community. The resulting report was presented to DES Leadership for consideration for submission in the FFY 2017 Governor's Budget. Providers were also encouraged to share this initiative with their House or Senate representatives in the Arizona Legislature for their support.

Business Requirements Statement with an outside consultant and DDD.

Collaboration with statewide partners is ongoing in the development of a central referral process for parents and providers to triage referrals and route them to appropriate services.

It is anticipated that the LA Staff will continue to require the assistance of these TA sources during the implementation of Phase III.

Appendices

Appendix 1 – Glossary of Terms

Appendix 2 – Active Implementation Framework

Appendix 3 – Arizona Implementation Activities Worksheets

Appendix 4 – A System Framework for Building High-Quality Early Intervention and
Preschool Special Education Programs

Appendix 5 – Arizona Theory of Action

Appendix 6 – Arizona Logic Model

Appendix 7 – AI Hub State Management Team Job Aid

Appendix 8 – AI Hub Communication Protocol Worksheet

Appendix 9 – AI Hub Creating Hospitable Environments Worksheet

Appendix 10 – Arizona SSIP Improvement Strategy and Evaluation Details by Strand --

Appendix 11 – AzEIP Fidelity Checklist

Appendix 12 – Arizona Theory of Action Graphic Illustration