Appendix 1 – Glossary of Terms

ACA

Affordable Care Act https://www.healthcare.gov

ADDIE

The ADDIE model is a framework of processes that instructional designers and training developers use. It represents a guideline for building effective training and performance support tools in five phases.

- Analysis
- Design
- Development
- Implementation
- Evaluation

ADDIE is an Instructional Systems Design (ISD) model. Most current ISD models are variations of the ADDIE process.

ADE

Arizona Department of Education http://www.ade.az.gov/

ADHS

Arizona Department of Health Services http://www.azdhs.gov/

ADOA

Arizona Department of Administration https://doa.az.gov/

AHCCCS

Arizona Health Care Cost Containment System, Arizona's Medicaid system https://www.azahcccs.gov/

AI HUB

Active Implementation Hub. The AI Hub is developed and maintained by the State Implementation and Scaling-up of Evidence-based Practices Center (SISEP) and the National Implementation Research Network (NIRN) at The University of North Carolina at Chapel Hill's FPG Child Development Institute http://implementation.fpg.unc.edu/

ALTCS

Arizona Long Term Care System https://www.altcs.com/

ARS

Arizona Revised Statutes.

Arizona ICC

Arizona Interagency Coordinating Council for Infants and Toddlers
https://des.az.gov/services/disabilities/early-intervention/interagency-coordinating-council-icc-meeting-schedule

Arizona SOP

Arizona Standards of Practice. The AzEIP Standards of Practice, detailed in Chapter 6 of the AzEIP Policies and Procedures, describes the basic knowledge required to provide early intervention services. The knowledge component involves individuals demonstrating knowledge in three content areas which provides a foundation for early intervention practice.
https://des.az.gov/sites/default/files/chapter_6_comprehensive_system_of_personnel_development.pdf

Arizona TOA

Arizona Part C Systemic Improvement Theory of Action developed as part of Phase of the Arizona SSIP, submitted to OSEP in April 2015.

ASDB

Arizona State Schools for the Deaf and the Blind
ASDB Eligibility: ASDB serves children under the age of three who have:

A. A hearing impairment, which is a permanent bilateral loss of hearing acuity, as determined by an audiologist; and
B. A visual impairment, which means a permanent bilateral loss in visual acuity or a loss of visual field, as determined by an ophthalmological evaluation, that interferes with the child's development.

https://asdb.az.gov/

Assessment

The ongoing procedures used by qualified personnel to identify the child's unique strengths and needs and the early intervention services appropriate to meet those needs throughout the period of the child's eligibility and includes the:

A. Assessment of the child; and
B. Assessment of the child's family.

The assessment of the child must include:

A. A review of the results of the evaluation, if conducted; and
B. Personal observations of the child.

The family-directed assessment is:

A. Voluntary on the part of each family member participating in the assessment;
B. Be based on the information obtained through the assessment tool and also through an interview with those family members who elect to participate in the assessment; and
C. Include the family's description of its resources, priorities, and concerns related to enhancing the child's development.

AzEIP

Arizona Early Intervention Program (AzEIP) is Arizona's statewide, interagency system of early intervention services for families of children, birth to three, with disabilities or developmental delays, and governed by Part C of the Individuals with Disabilities Education Act. The collective effort of AzEIP participating agencies, private and public programs, and community members involved in providing services and supports to families and children with special needs. (see also DES/AzEIP and Lead Agency Staff). https://des.az.gov/services/disabilities/developmental-infant

AzEIP Eligibility

(A child with a developmental disability) - a child between birth and 36 months of age, who is developmentally delayed or who has an established condition that has a high probability of resulting in a developmental delay.

A. A child from birth to 36 months of age will be considered to exhibit a developmental delay when that child has not reached 50 percent of the developmental milestones expected at his/her chronological age, in one or more of the following domains:
    a. Physical: fine and/or gross motor and sensory (includes vision and hearing);
    b. Cognitive;
    c. Language/communication;
    d. Social or emotional; or
    e. Adaptive (self-help).
B. Established conditions that have a high probability of a developmental delay include, but are not limited to: chromosomal abnormalities; genetic or congenital disorders, sensory impairments, inborn errors of metabolism, disorders reflecting disturbance of the development of the nervous system, congenital infections, severe attachment disorders, and disorders secondary to exposure to toxic substances, including fetal alcohol syndrome. Specific examples of established conditions for AzEIP eligibility include neural tube defects (e.g., spinal bifida); Interventricular Hemorrhage, grade 3 or 4; Periventricular Leukomalacia; Cerebral Palsy; Downs Syndrome, and Pediatric Under-Nutrition (failure to thrive).
    The state's definition of "eligible child" does not include children who are at risk of having developmental delays if early intervention services are not provided.

AzEIP Participating Agencies

The five state agencies identified in A.R.S. § 41-2022 who are responsible for entering into Intergovernmental Agreements and maintaining and implementing a comprehensive, coordinated, interagency system of early intervention services. The five participating state agencies identified in A.R.S. § 41-2022 are: Arizona Department of Economic Security (DES); Arizona State Schools for the Deaf and the Blind (ASDB); Arizona Department of Health Services (ADHS); the Arizona Health Care Cost Containment System (AHCCCS); and the Arizona Department of Education (ADE).

AzEIP SOW

Scope of Work found in AzEIP Contracts.

AzEIP Service Providing Agencies

Those state agencies identified in A.R.S. § 41-2022 that provide early intervention services under IDEA, Part C: Arizona Department of Economic Security and the Arizona State Schools for the Deaf and the Blind. The Arizona Department of Economic Security provides early intervention services

through the DES, Arizona Early Intervention Program (DES/AzEIP or AzEIP) and the DES, Division of Developmental Disabilities (DES/DDD or DDD).

CCA

The Department of Economic Security's Child Care Administration. The purpose of CCA is to assist eligible families with child care costs, enabling parents to participate in employment and specific education and training activities related to employment, or in certain other circumstances when parents are unable to provide care. https://des.az.gov/services/basic-needs/child-care-home

CCDBG

Child Care and Development Block Grant, reauthorized in 2014. This reauthorizes the child care program for the first time since 1996 and represents an historic re-envisioning of the Child Care and Development Fund (CCDF) program. The new law makes significant advancements by defining health and safety requirements for child care providers, outlining family-friendly eligibility policies, and ensuring parents and the general public have transparent information about the child care choices available to them. http://www.acf.hhs.gov/programs/occ/ccdf-reauthorization

C and E Committee

The Collaboration and Education Committee of the Arizona ICC. This group meets bimonthly before the regular meeting of the Arizona ICC.

Coaching

An adult interaction style, which:

A. Builds the capacity of parents and other care providers to promote child learning and development in family, community, and early childhood settings; and
B. Occurs between team members to expand a practitioner's ability to reflect upon and learn from their practices.

The five elements of reflective coaching questions shall be implemented at every coaching opportunity with the family and team members:

1. Joint Planning:
    a. Occurs as part of all coaching conversations;
    b. Includes planning for the next visit;
    c. Generally occurs at the beginning and end of visit with a family/caregiver; and
    d. Includes discussing the next scheduled visit based on the plan determined; through the joint planning process.
2. Observation:
    a. Observation of the family/caregiver by the IFSP team member where the team member observes what the parent/caregiver typically does in a routine or observes them practicing recently discussed ideas/strategies; or
    b. Observation of the IFSP team member by the family/caregiver where the team member models an activity. Modeling should be intentional, direct, and specific.
3. Practice:
    a. Occurs during the coaching visit while being observed by the team member or in between coaching visits as the family/caregiver implements the actions into their daily routines.

4. Reflection:
    a. Occurs during a visit;
    b. Follows an observation or action; and
    c. Uses reflective questions to provide an opportunity to analyze strategies and develop skills.
5. Feedback:
    a. Is provided by an IFSP team member following the opportunity for the parent/caregiver to reflect upon observations, actions, or the practice of new skills or strategies.

Comprehensive System of Personnel Development (CSPD) structure

This component is the primary mechanism by which the state ensures that infants, toddlers, and young children with disabilities and their families, are provided services by knowledgeable, skilled, competent, and highly qualified personnel, and that sufficient numbers of these personnel are available in the state to meet service needs. The CSPD is a statutory requirement for Part C.

Core Team

The following constitutes an AzEIP Core Team:

A. Occupation Therapist;
B. Physical Therapist;
C. Speech-Language Pathologist; and
D. Developmental Special Instructionist (a.k.a. Early Interventionist or Developmental specialist).

Core Planning Team (CPT)

A CPT, of three to five individuals representing the State Part C Coordinator, State 619 Coordinator, Child Care Administration and may also include Head start and Pre-Kindergarten representation leads all phases of the implementation process of the ECPC Intensive TA activities.

COS

Child Outcome Summary.

COTS

Customizable-off-the-shelf system.

CPS

Child Protection Services, this agency was a part of the Department of Economic Security prior to Summer 2014. It is now a separate agency, known as the Department of Child Safety.

CQICs

Continuous Quality Improvement Coordinators. LA Staff who utilize integrated monitoring activities to support EIPs to ensure compliance and results.

DaSy

Center for IDEA Early Childhood Data Systems, national TA center. The DaSy Center is a national technical assistance center funded by the U.S. Department of Education, Office of Special Education Programs (OSEP). DaSy works with states to support IDEA early intervention and early childhood special education state programs in the development or enhancement of coordinated early childhood longitudinal data systems. www.dasycenter.org/

DCS

The Arizona Department of Child Safety. https://dcs.az.gov

DDD

DES Division of Developmental Disabilities. DES provides supports and services to over 35,000 people with developmental disabilities and their families throughout Arizona.
https://des.az.gov/services/disabilities/developmental-disabilities

DDD EI

DES DDD Early Intervention Units. DDD EI units include Support Coordinators and their supervisors who collaborate with AzEIP TBEIS providers and ASDB hearing and vision specialists, forming EIPs in designated regions.

DES

Department of Economic Security – The Lead Agency for IDEA, Part C in Arizona. Your Partner for a Stronger Arizona. DES works with families, community organizations, advocates and state and federal partners to realize our collective vision that every child, adult, and family in the state of Arizona will be safe and economically secure. https://des.az.gov/

DES/AzEIP

Arizona Department of Economic Security/Arizona Early Intervention Program (DES/AzEIP). The program within the Lead Agency designated to fulfill all lead agency functions and responsibilities. (see also AzEIP and Lead Agency Staff). https://des.az.gov/services/disabilities/developmental-infant

DES/CCA

The Department of Economic Security's Child Care Administration. The purpose of CCA is to assist eligible families with child care costs, enabling parents to participate in employment and specific education and training activities related to employment, or in certain other circumstances when parents are unable to provide care. https://des.az.gov/services/basic-needs/child-care-home

DES/DDD

Division of Developmental Disabilities within the Department of Economic Security.
https://des.az.gov/services/disabilities/developmental-disabilities

DES/OPD

Arizona Department of Economic Security Office of Professional Development. The DES OPD is responsible for ensuring all professional development is developed and delivered according to standards ensuring high quality, for providing training support services, and for the development of agency-wide training. OPD implements a shared services model to across DES divisions.

Developmental Delay

Occurs when a child has not reached fifty percent (50 percent) of the development milestones expected at his/her chronological age in one or more of the following developmental domains:

A. Physical, including fine and/or gross motor, sensory;
B. Cognitive;
C. Language/communication;
D. Social or emotional; and
E. Adaptive/self-help.

Division of Developmental Disability Eligibility

A child under the age of six may be eligible for services if there is a strongly demonstrated potential that the child is or will become developmentally disabled as determined by appropriate tests. DDD defines developmental disabilities as a cognitive disability, cerebral palsy, epilepsy, or autism. Eligibility for a child from birth to six years of age requires one of the following:

A. The child has a diagnosis by a qualified professional of cerebral palsy, epilepsy, autism or cognitive disability; or
B. The child has an established condition which puts him/her "at risk" for one of the four developmental disabilities. "At Risk" conditions that may lead to one of the four developmental disabilities include:
    a. Congenital infections such as rubella or Cytomegalovirus (CMV);
    b. Metabolic diseases with known mental retardation high-risk association, such as maple syrup urine or untreated hypothyroidism with high risk for cognitive disability;
    c. The parent or primary caregiver has a developmental disability, and there is a likelihood that without early intervention services, the child will become developmentally disabled;
    d. Other syndromes with known mental retardation high-risk association, such as, Cornelia de Lange or Prader-Willi Syndrome;
    e. Alcohol or drug-related birth defects, such as Fetal Alcohol Syndrome (FAS);
    f. Birth weight less than 1000 grams 2.2 LBS with neurological impairment or significant medical involvement;
    g. Neonatal seizures (afebrile, i.e., not from a fever);
    h. Post natal traumatic brain injury;
    i. Hydrocephaly, Microcephaly, Meningitis, Encephalitis;
    j. Spina bifida with evidence of hydrocephalus or Arnold-Chiari malformation;
    k. Intraventricular Hemorrhage, Grade 3 or 4;
    l. Periventricular Leukomalacia; and
    m. Chromosomal abnormalities with high risk of leading to a developmental disability, such as Down syndrome or Fragile X.

The following conditions require a review from DDD of medical records and/or delays documented on a developmental assessment (diagnosis alone is not sufficient):

A. Fetal Drug Exposure;
B. Fetal Alcohol Effects (FAS);
C. Developmental Delay;
D. Pervasive Developmental Disorder (PDD); and
E. Failure to Thrive.

Have demonstrated a significant developmental delay that indicates the potential for one of the four developmental disabilities. A significant developmental delay that may lead to one of the four developmental disabilities may occur when:

A. The child has not reached 50 percent (two standard deviations) of the developmental milestones expected at his/her chronological age in one of the following domains; or
B. The child has not reached 75 percent of the developmental milestones expected at his/her chronological age in two or more of the following domains:
    a. Physical Development (fine and gross motor skills);
    b. Cognitive Development;
    c. Language/Communication Development;
    d. Self-help/Adaptive Skills; and
    e. Social-Emotional Skills

DSI

Developmental Special Instructor.

ECE community

Early Childhood Education community. Includes AzEIP, FTF, ADE, CCA, MIECHV and Early Head Start similar programs and organizations.

ECO Center

Early Childhood Outcome Center, a former national TA center funded by OSEP. Most of the TA materials developed by this center are archived at the DaSy Center and/or the ECTA Center.

ECCS

Early Childhood Comprehensive Systems Grant, funded by HRSA and awarded to FTF in Arizona. http://mchb.hrsa.gov/programs/earlychildhood/comprehensivesystems/

ECPC

Early Childhood Personnel Center (ECPC) is funded to facilitate, on a national basis, the implementation of integrated and comprehensive systems of personnel development (CSPD) in early childhood, for all personnel serving infants and young children with disabilities. Arizona is receiving intensive TA from ECPC. www.ecpcta.org.

ECTA

Early Childhood Technical Assistance Center, a national TA center funded by OSEP. The Early Childhood Technical Assistance Center is funded by the Office of Special Education Programs to improve state early intervention and early childhood special education service systems, increase the implementation of

effective practices, and enhance the outcomes of these programs for young children and their families. http://ectacenter.org/default.asp

EHS

Early Head Start. The Office of Head Start (OHS) promotes the school readiness of young children from low-income families through local programs. Head Start and Early Head Start programs support the mental, social, and emotional development of children from birth to age 5. http://eclkc.ohs.acf.hhs.gov/hslc/hs

Early Intervention Program (EIP)

An entity designated by DES/AzEIP which includes the AzEIP TBEIS provider and its employees and/or subcontractors, DDD staff and ASDB staff and/or subcontractors within a specified region to respond to referrals and provide supports and services to eligible children and their families. More than one EIP may be identified in a specified region. EIPs are also responsible for reporting data to the state office.

EPSDT

Early and Periodic Screening, Diagnosis and Treatment. This is the child health component of Medicaid. It's required in every state and is designed to improve the health of low-income children, by financing appropriate and necessary pediatric services. This website provides information about how EPSDT works with public health, families, managed care organizations, pediatricians, and other health providers. http://mchb.hrsa.gov/epsdt/

EIPs

Early Intervention Program (EIP). An EIP is defined as the DES/AzEIP contracted region for team-based early intervention services and includes the team(s) working together in that region together and consisting of:

A. The early intervention professionals working with one AzEIP Team-based Early Intervention Services contractor;
B. All the DDD service coordinators working as part of the team with the early intervention professionals included in (1); and
C. All ASDB service coordinators and Vision Specialists and Hearing Specialists working as a part of the team with the early intervention professionals included in (1).

An EIP has only one AzEIP Team-based Early Intervention Services contractor; there may be more than one EIP in a region where the region has multiple AzEIP Team-based Early Intervention Services contractors.

ERMA

Event Registration and Management Application (ERMA), a portion of the ADOA Learning Management System, which contains inservice professional development data for contractors (including EIP practitioners) who are not state personnel. http://www.erma.az.gov/

Established Condition

A diagnosis by a qualified physician or other qualified personnel, review of medical records, and based on informed clinical opinion, of a physical or mental condition, which has a high probability of resulting in a developmental delay.

Evaluation

The procedures used by qualified personnel to determine a child's initial and continuing eligibility for AzEIP. An initial evaluation refers to the child's evaluation to determine his or her initial eligibility for AzEIP. In conducting an evaluation, no single procedure may be used as the sole criterion for determining a child's eligibility for AzEIP. Procedures include:

A. Administering an evaluation instrument;
B. Taking the child's history (including interviewing the parent);
C. Identifying the child's level of functioning in each of the developmental areas (cognitive development, physical development, including vision and hearing), communication development, social or emotional development, and adaptive development);
D. Gathering information from other sources such as family members, other care-givers, medical providers, social workers and educators, if necessary, to understand the full scope of the child's unique strengths and needs; and
E. Reviewing medical, educational, or other records.

Evaluation tools used must be interpreted as designed. Generally, two standard deviations below the mean or an age equivalent indicating 50 percent delay meets AzEIP eligibility criteria. Informed clinical opinion must also be utilized in every eligibility determination. Evaluations are conducted (and billed) for two purposes only:

1) To determine a child's initial eligibility for AzEIP, and
2) To re-determine a child's continuing eligibility for the program.

Evidence-Based Practices[1]

Evidence is something that furnishes a proof; practice is a usual method of doing something frequently, putting knowledge into use. In the Early Childhood field, "Evidence-based practice is a decision-making process that integrates the best available research evidence with family and professional wisdom & values". EBP are informed by research, in "which the characteristic and consequences of environmental variables are empirically established and the relationship directly informs what a practitioner can do to produce a desired outcome."

Fidelity

A. Of Implementation: "The degree to which coaching, in-service training, instruction, or any other kinds of evidence-based professional development practice is implemented as intended and has the effect of promoting the adoption and use of evidence-based intervention practices." [2]

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[1] Buysse, V., & Wesley, P. W. (2006). Evidence-based practice in the early childhood field. Washington, DC: ZERO TO THREE. See WWW: http://eric.ed.gov/?id=ED500097
Dunst, C. J., Trivette, C. M., & Cutspec, P. A. (2007). An evidence-based approach to documenting the characteristics and consequences of early intervention practices (Winterberry Research Perspectives, v.1, n.2). Asheville, NC: Winterberry Press.

[2] Trivette, C. M., & Dunst, C. J. (2011, August). Implementation with fidelity: How to get changes in early childhood classroom practices. Paper presented at the Global Implementation Conference, Washington, DC.

B. Of Interventions: "The degree to which evidence-based intervention practices (methods and strategies) are used as intended by early childhood practitioners, teachers, parents, or other intervention agents and have expected or intended outcomes in a targeted population or group of recipients (e.g. children with disabilities)." [3]

FIPP

The Family, Infant and Preschool Program (FIPP) Center for the Advanced Study of Excellence (CASE) in Early Childhood and Family Support Practices is a National Center of Excellence in Early Childhood. We proudly serve in the capacity of a research and training institute as well as an early childhood intervention program for children (ages birth to five years), families, and women who are pregnant. We are part of the J. Iverson Riddle Developmental Center (JIRDC) located in Morganton, North Carolina, U.S.A. FIPP is an applied research institute. http://fipp.org/

Fiscal Year

Federal fiscal year, beginning on July 1 and ending on the following June 30 for Part C of IDEA, for the State of Arizona, beginning on July 1 and ending on the following June 30.

First Things First (FTF)

First Things First, Arizona's Early Childhood Development and Health Board. A 2006 voter-approved tax increase on tobacco products raises between $120 and $130 million per year to support FTF activities. Arizona is the only state in the nation that has a dedicated early childhood funding stream and governance model that is protected by the state's constitution. www.azftf.gov/

FOCUS

DDD data system.

IDC

The IDEA Data Center focuses on data requirements under Sections 616 and 618 of the Individuals with Disabilities Education Act, including data focused on programs for infants, toddlers, and their families (Part C) and on programs serving children ages 3 through 21. www.ideadata.org/

IDEA

The Individuals with Disabilities Education Improvement Act.
http://idea.ed.gov/explore/view/p/%2Croot%2Cstatute%2CI%2CC%2C

IDEA ITCA

The IDEA Infant Toddler Coordinator's Association. www.ideainfanttoddler.org/

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[3] Dunst, C. J., Trivette, C. M., McInerney, M., Holland-Coviello, R., Masiello, T., Helsel, F., & Robyak, A. (2008). Measuring training and practice fidelity in capacity-building scaling-up initiatives. CELLpapers, 3(1), 1-11. Available at PDF: http://www.earlyliteracylearning.org/cellpapers/cellpapers_v3_n1.pdf

IDEA, Part C

The Individuals with Disabilities Education Act, Early Intervention Program for Infants and Toddlers with Disabilities. http://www2.ed.gov/about/offices/list/osers/osep/index.html

IGA

Intergovernmental Agreement.

IFSP

Individualized Family Service Plan (IFSP) a written plan developed for providing early intervention services to an infant or toddler with a disability and the child's family that: (a) is based on the evaluation and assessment, (b) includes parental consent, (c) is implemented as soon as possible once parental consent for early intervention services in the IFSP is obtained, and (d) is developed in accordance with IDEA, Part C and its implementing regulations at 34 C.F.R. §§ 303.342, 303.343 and 303.345.

IMA

Integrated Monitoring Activities, described in Chapter 2 of the AzEIP Policies and Procedures.

Infants and Toddlers with Disabilities

Individuals, from birth through age two, who need early intervention services because they are

1. Experiencing developmental delays as measured by appropriate diagnostic instruments and procedures in one or more of the following areas
    a. Cognitive development;
    b. Physical development, including vision and hearing;
    c. Communication development;
    d. Social or emotional development; and
    e. Adaptive development; or
2. Have a diagnosed physical or mental condition that has a high probability of resulting in a developmental delay.

Initial Planning Process

The events and activities beginning with referral to AzEIP and include the referral, screening, evaluation, eligibility determination, and, if AzEIP eligible, assessment, identification of family priorities, resources, and interest, and the development of the IFSP. The initial planning process is a seamless experience for families accomplished through relationships with the minimal number of individuals accessing a breadth of expertise. The initial planning process and practices lay the foundation for developing the collaborative relationship between the family and AzEIP, through giving and gathering information to facilitate appropriate next steps.

I-TEAMS

I-TEAMS (Infant-Toddler Electronic Administration and Monitoring System) is a web-based application which allows DES/AzEIP as well as its contractors and partner agencies, including the Arizona State Schools for the Deaf and the Blind, the DES/Division of Developmental Disabilities (DDD), and Raising Special Kids to record and view information in an easy and efficient manner.

Joint Visits

According to Shelden and Rush, Joint Visits involve the Team Lead and one of the Core Team members. Joint Visits are intentional and involve a three-step process to ensure an effective and efficient visit. The three steps are:

1. Planning;
2. Implementing; and
3. Debriefing the visit.

The Team Lead is responsible for facilitating the two required conversations before the Joint Visit. The first conversation takes place between the Team Lead and the parent or other caregiver. The second conversation takes place between the Team Lead and the Joint Visitor. Using the Joint Visit Planning Guide, as developed by Shelden and Rush, and adopted by DES/AzEIP, the Team Lead and Joint Visitor identify how they will collectively address the question or concern, reflect on the relevant background and decide who will take the lead and what the other team member will do to assist during the visit. Finally, the group debriefs at the end of the visit and creates a joint plan for moving forward.

LA Staff

Lead Agency Staff, or the staff employed by DES/AzEIP to administer AzEIP and ensure compliance with federal regulations (see also AzEIP and DES/AzEIP).
https://des.az.gov/services/disabilities/developmental-infant

LEAN

Lean Performance Management System (LEAN), also referred to as Lean Six Sigma, is a process improvement framework that 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 Six Sigma encompasses many common features of Lean and Six Sigma, such as an emphasis on customer satisfaction, a culture of continuous improvement, the search for root causes, and comprehensive employee involvement. In each case, a high degree of training and education takes place, from upper management to the shop floor. http://www.doh.wa.gov/portals/1/documents/1000/pmc-improveservicedeliveryleansixsigmareport.pdf

Mail Chimp

MailChimp, an email marketing service that enables users to send emails, and to track the opens and clicks on links by users.

Master Coaches

Self-selected individuals who participated in Master Teams who participate in intensive training to assist with statewide sustainability and implementation scale-up of TBEIS within EIPs.

Master Teams

Core Teams that participate in the Master Teams Institute process with M'Lisa Shelden and Dathan Rush. This team, is self-selected, and works together as a Core Team and includes all Core Team roles

plus a manager from the TBEIS provider and a supervisor from DDD, and may also include staff from ASDB.

MCHB

Maternal Child Health Block Grant, funds Title V activities, including OCSHCN within the ADHS. http://mchb.hrsa.gov/

M-TEAMS

To ensure collaboration across state agencies, the M-TEAMS or members of the LA staff, DDD staff and ASDB staff meet monthly to address policy, technical assistance and the training needs of the field.

MIECHV

Maternal, Infant, Early Childhood Home Visiting, funded by the ACA within ADHS in Arizona and known as StrongFamiliesAZ. http://strongfamiliesaz.com/

MOA

Memorandum of Agreement.

MPRRC

Mountain Plains Regional Resource Center, a former national TA center funded by OSEP.

NECTAC

National Early Childhood Technical Assistance Center, a former national TA center funded by OSEP.

NCSI

National Center for Systemic Improvement, a national TA center funded by OSEP. Launched in October 2014, the National Center for Systemic Improvement (NCSI) is a multiyear cooperative agreement funded by the U.S. Department of Education, Office of Special Education Programs (OSEP). NCSI plays a major role in helping states achieve a national vision of Results-Driven Accountability (RDA) for special education and early intervention programs http://ncsi.wested.org/

OSEP

Office of Special Education Programs, The Office of Special Education Programs (OSEP) is dedicated to improving results for infants, toddlers, children and youth with disabilities ages birth through 21 by providing leadership and financial support to assist states and local districts. http://www2.ed.gov/about/offices/list/osers/osep/index.html

OT

Occupational Therapist.

Part B 619

The U.S. Department of Education's Office of Special Education Programs (OSEP), through Part B of the Individuals with Disabilities Education Act (IDEA), provides formula grants to states to assist them in providing a free appropriate public education in the least restrictive environment for children with disabilities ages 3 through 21 (Part B, Sections 611 and 619).

Phillips ROI Methodology™

Jack Phillips, an expert on accountability, measurement and evaluation developed a scalable and systematic approach to program evaluation. Using a process model, five-level framework, and operating standards to capture performance metrics from simple satisfaction scores to financial impact, the methodology enables you to collect appropriate data to report performance of a variety of initiatives and program types. The ROI Methodology generates both qualitative and quantitative data and provides techniques to isolate the effects of the program from other influences – resulting in credible metrics and ROI reports accepted by financial executives and stakeholders.

PDSA

Plan-Do-Study-Act cycles.

PT

Physical Therapist.

QRIS

Quality First Rating Scale, a voluntary program for childcare programs funded by First Things First (FTF).

RDA

Results Driven Accountability, a shifts of 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.

Scientifically-based research

Means

(A) Research that involves the application of rigorous, systematic, and objective procedures to obtain reliable and valid knowledge relevant to early intervention services; and

(B) Includes research that:

(i) Employs systematic, empirical methods that draw on observation or experiment;

(ii) Involves rigorous data analyses that are adequate to test the states hypotheses and justify the general conclusions drawn;

(iii) Relies on measurements or observational methods that provide reliable and valid data across evaluators and observers, across multiple measurements and observations, and across studies by the same or different investigators;
(iv) Is evaluated using experimental or quasi-experimental designs in which individuals, entities, programs, or activities are assigned to different conditions and with appropriate controls to evaluate the effects of the condition of interest, with a preference for random-assignment experiments, or other designs to the extent that those designs contain within-condition or across-condition controls;
(v) Ensures that experimental studies are presented in sufficient detail and clarity to allow for replication or, at a minimum, offer the opportunity to build systematically on their findings; and
(vi) Has been accepted by a peer-reviewed journal or approved by a panel of independent experts through a comparably rigorous, objective, and scientific review.

Service Coordinator

The person responsible for service coordination. Service Coordinators may be employed or assigned in any way that is permitted under Arizona law, as long as it is consistent with the requirements of IDEA, Part C. Arizona's policies and procedures for implementing the statewide system of early intervention services are designed and implemented to ensure that Service Coordinators are able to effectively carry out, on an interagency basis, the functions and services listed above, under "Service Coordination." Service Coordinators must be persons who have demonstrated knowledge and understanding about:

A. Infants and toddlers who are AzEIP eligible;
B. IDEA, Part C and its regulations; and
C. The nature and scope of services available under Arizona's Early Intervention Program, the system of payments for services in the State, and other pertinent information.

S and F Committee

Structure and Flow Committee, a committee of the Arizona ICC. This group meets bimonthly before the regular meeting of the Arizona ICC.

SLP

Speech Language Therapist.

SME

Subject Matter Expert (SME) is a person who is an authority in a particular area or topic. A SME may be utilized in the development of new software, policies and/or inservice trainings.

SMT

State Management Team.

SPP/APR

State Performance Plan/Annual Performance Report. States receiving IDEA funds must have a State Performance Plan/Annual Performance Report (SPP/APR) that evaluates their efforts to implement the requirements and purposes of Parts B and C of the IDEA, and reports annually on their performance.

Summary Statement 1 (SS1)

Summary Statement 1 of the Child Outcomes Summary Measurement or the percentage of children who exit early intervention with greater than expected social emotional growth (including social relationships).

State

The State of Arizona.

State Identified Measurable Result (SiMR)

In the FFY 2013 SPP/APR, States must provide, as part of Phase I of the SSIP, a statement of the result(s) the State intends to achieve through implementation of the SSIP, which is referred to as the SIMR for Children with Disabilities, and include the following additional information to meet the requirements in IDEA section 616(b)(1)(A) and (b)(2)(A). States must provide FFY 2013 baseline data for Indicators C-11 or B-17 (the SSIP) that must be expressed as a percentage and aligned with the SIMR. The State must establish "measurable and rigorous" targets for each successive year of the SPP (FFYs 2014 through 2018). The end target (for FFY 2018) must demonstrate improvement over the FFY 2013 baseline data. The State must submit all other components of Phase I of the SSIP. If the State selects a SIMR that focuses on improving a result for a subset of districts/programs or populations, then the State must include in the SIMR section of Phase I of its SSIP an explanation of why improving that result for that subset of districts/programs or population would improve that result on a Statewide basis.

State Systemic Improvement Plan (SSIP)

The U.S. Department of Education is implementing a revised accountability system under the Individuals with Disabilities Education Act (IDEA). Results-Driven Accountability (RDA) shifts the Department'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 performance on assessments, graduation rates, and early childhood outcomes. To support this effort, States are being required to develop a State Systemic Improvement Plan (SSIP) as part of their State Performance Plan/Annual Performance Report (SPP/APR). In developing, implementing, and evaluating the SSIP, we expect that a State's focus on results will drive innovation in the use of evidence-based practices in the delivery of services to children with disabilities, which will lead to improved results for children with disabilities.

State Planning Team (SPT)

An SPT, of six to eight individuals representing the State Part C Coordinator, State 619 Coordinator, Child Care Administration, Parents, Institutions of Higher Education, In-Service training providers, Licensure, data managers, Local Program Administrators and Direct service providers provide information on

current practices and concerns and give feedback on proposed initiatives and changes as part of the ECPC Intensive TA activities.

SWOT Analysis

A Strengths, Weaknesses, Opportunities and Threats Analysis (SWOT Analysis) is an analytical framework that can help organizations to face their greatest challenges and identify their most promising next steps. The term SWOT Analysis was created in the 1960s by businessmen Edmund P. Learned, C. Roland Christensen, Kenneth Andrews and William D. Book, in their book "Business Policy, Text and Cases" (R.D. Irwin, 1969).

System Framework

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

TANF

Temporary Assistance for Needy Families. The Department of Economic Security provides temporary financial assistance to help meet the basic, immediate needs of Arizonans and assist individuals and families to achieve independence and self-sufficiency. https://des.az.gov/services/basic-needs/financial-support

TA

Technical Assistance

Team Based Early Intervention Services

In Team-Based Early Intervention Services, a Team Lead is the primary partner with the family in the provision of services. The Team Lead has expertise relevant to the child's needs and the outcomes on the Individualized Family Service Plan (IFSP). The Team Lead uses coaching, an adult interaction style, to implement jointly-developed, functional IFSP outcomes in natural environments. The Team Lead has ongoing coaching and support from other team members. The Team Lead does not meet all of the service needs of the child. The other team supports the Team Lead, through regular team meetings and joint visits with the family. Families participate in the team meetings through in-person attendance, calling-in to the meeting, or asking the Team Lead to share their questions/concerns.

Team Lead

After the outcomes have been developed, the IFSP team determines who will be the Team Lead for the family. The Team Lead expands support for families by using the Core Team (and the psychologist, social worker, vision specialist and hearing specialist, if needed) who are accountable to the family as well as one another. The Team Lead does not meet all the service needs of the child. The other team members

support the Team Lead, through regular team meetings and joint visits with the family as identified on the IFSP. All Core Team members must be available to act as a Team Lead for families on the Core Team's caseload. Where appropriate, the psychologist, social worker, Teacher of the Visually Impaired or Teacher of the Deaf or Hard of Hearing may be the Team Lead with support from the other team members. No one factor is the sole determinant of who is the Team Lead for a family. The involvement of other Core Team members with the Team Lead may take place through:

A. Joint visits;

B. A joint conference call;

C. Regularly scheduled team conferencing meetings, to which the family is invited to participate for the portion related to their family and child, or

D. Separate visits with the family by another Core Team member. If a separate visit occurs, the other Core Team member informs the Team Lead of information shared with the family as soon as possible after that visit so that the team lead has the information before his/her next contact with the family.

Team Conferencing

At least once a quarter, the Core Team reviews progress on the IFSP outcomes and the strategies being used to support the family. Based on information shared and discussed by the team, the Team Lead completes the quarterly integrated summary of the IFSP team's activities related to the child and family's outcomes. Families participate in the team meetings through in-person attendance, calling-in to the meeting, or asking the Team Lead or Service Coordinator to share their questions/concerns.

YES

Your Employee Services. The web-based State of Arizona employee database housing employee specific data which interfaces with the Arizona Department of Administration (ADOA) Learning Management System; http://www.hr.az.gov/State_Employee/index.asp