



Vision: Every child, beginning at birth, will be healthy and successful.

Early ACCESS is an early intervention system for families of children, birth to 3 years of age, with developmental delays or conditions known to impact development. Service providers and families work together in identifying, coordinating and providing needed services and resources that help children grow and develop [www.educateiowa.gov/earlyaccess].

Early ACCESS Fast Facts

Iowa's Interagency Collaboration: A Four Agency System.

- Iowa Department of Education (DE, Lead Agency) and Regional Grantees: Area Education Agencies
- Iowa Department of Public Health (IDPH)
- Child Health Specialty Clinics (CHSC)
- Iowa Department of Human Services (IDHS)

The Early ACCESS interagency system has met federal reporting requirements for the last **seven** consecutive years.

Annual state appropriation is needed to meet maintenance of effort requirements for the federal grant award and to support infants and toddlers with special needs or who are at-risk for developmental delays.

Infants and toddlers receiving services, provided by AEAs and partnering agencies

- Increased from 2,932 to 3,607; and
- The system is at capacity with no proportionate increase of federal or state funds.

To meet child and family needs, each agency contributes expertise and resources, and as a system of services:

- Works in partnership with families
- Identifies needs early
- Promotes early intervention services
- Respects cultural differences
- Provides services in the home and community.

A Child's Story of Hope

Chad* is two-years-old and needed support to transition to his adoptive parent's home and be a typically developing toddler. Read his story in the Appendix.



Parent Chairs Early ACCESS Council

Julie Hahn, a parent of a child with a developmental disability, is chair of the Iowa Council for Early ACCESS (ICEA). Julie is in her third term chairing the Council; parents have chaired the Council since 2004. In addition, Julie leads the Parent Committee in planning activities and mentoring them for future Council positions. Julie brings Early ACCESS experience and a depth of knowledge to the Council.

The Council advises and assists the DE (Lead Agency) and partnering agencies to implement the Early ACCESS system. Council members represent the interests of different early childhood stakeholders.

Department of Public Health

Outcome: Increase number of referrals for infants and toddlers with high lead levels to minimize developmental delays.

- Coordinates Iowa's healthcare programs for children.
- Maternal and Child Health (MCH) agencies promote awareness of Early ACCESS with families and health care providers in their communities, identify at-risk children by conducting developmental screenings, and link families and providers with the Early ACCESS system.
- Provides leadership in lead prevention and intervention for the Early ACCESS system.

Focus on Lead Exposure

- Lead has adverse effects on nearly all organ systems in the body, and is especially harmful to developing brains of children.
- Children's intelligence, hearing, and growth can be affected with lead exposure.
- IDPH works with community-based MCH agencies to provide Early ACCESS service coordination for children referred with high lead levels to minimize developmental delays.

Table 1. Infants and Toddlers with High Lead Exposure.

Type of Service	2008-09	2009-10	2010-11	2011-12
New Referrals	56	70	49	72
Intervention Plans-IFSP*	31	34	27	37

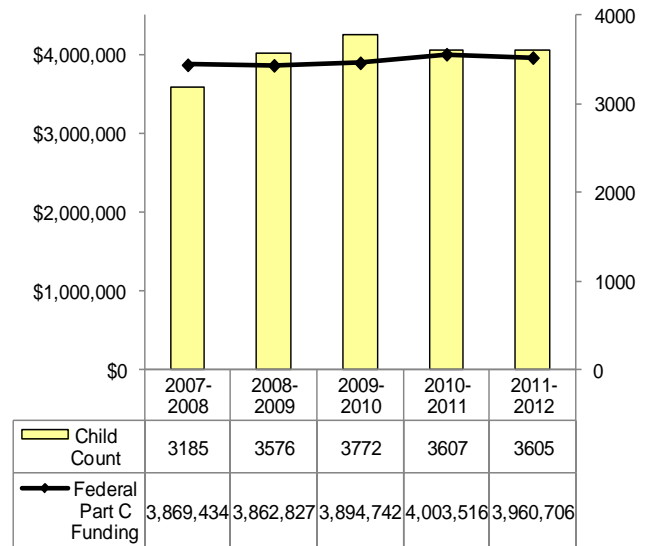
*Individualized Family Service Plan (IFSP)

Department of Education

Outcome: Increase number of infants and toddlers receiving early intervention services by AEAs and Signatory Agencies.

- The Regional Grantees, Area Education Agencies (AEAs), ensure that the Early ACCESS system is carried out regionally and provide the majority of evaluation and intervention services.
- The number of children served by Early ACCESS has shown an upward trend.
- During the same period, federal funding for Early ACCESS has not significantly increased (Chart 1).

Chart 1: Federal Part C Funding and Number of Children Served per Fiscal Year.

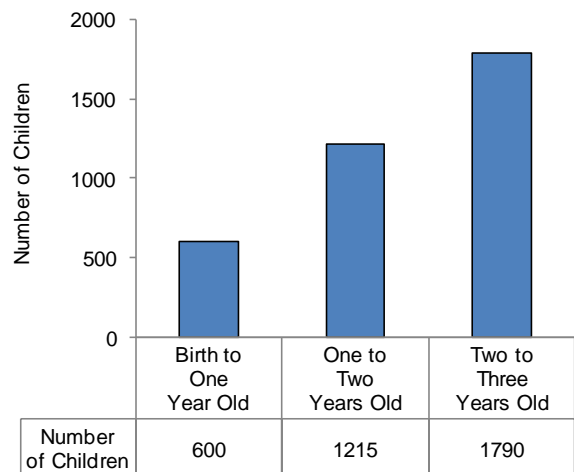


Note. The ICEA is concerned that if this trend continues, children and families will not receive needed early intervention services that result in children being school-ready.

Number of Children Identified Increases with Age

As children grow, parents become more aware of gaps in their child's development. Chart 2 shows the increasing number of children receiving services with age.

Chart 2: Children Birth to 3 Years Receiving Services on Count Date October 26, 2011.



Note. Although the previous chart showed the one day child count data at 3605, the cumulative total for the year (July 1, 2011-June 30, 2012) was 5,985.

Child Health Specialty Clinics

Outcome: Increase the number of nutrition screening and evaluation services provided.

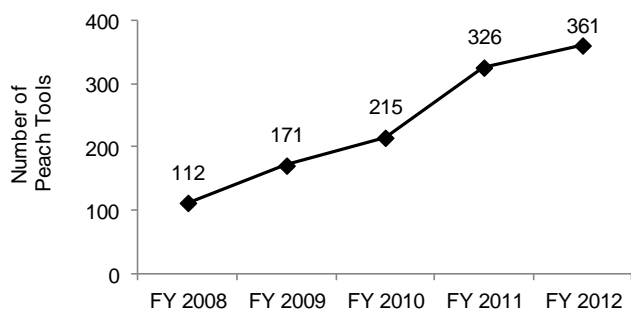
CHSC provides service coordination primarily for children who are born premature, who are drug exposed, who are medically complex, and who are in foster care. CHSC staff members are located throughout the state at community-based CHSC Regional Centers.

CHSC clinical services for children include:

- Health assessments and education provided by an Advanced Registered Nurse Practitioner;
- CHSC nurses review medical records for medical and safety alerts and health implications for IFSP teams; and
- Early intervention nutrition services provided to families in their local communities utilizing telehealth technology by Registered Dietitians.

CHSC strives to assure a system of care for Iowa's children and youth with special health care and nutrition needs. Chart 3 shows an increase in the number of nutrition evaluations completed annually.

Chart 3. Number of Nutrition Assessments Administered Per Fiscal Year.



Department of Human Services

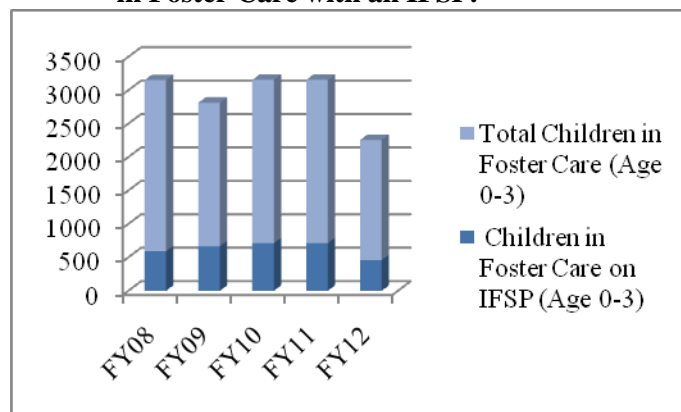
Outcome: Increase number of IFSPs for children experiencing child abuse and foster care.

The primary responsibility of the Iowa Department of Human Services (DHS) is to protect children from harm.

- The Child Abuse Prevention and Treatment Act (CAPTA) requires DHS to identify and refer children to Early ACCESS who can benefit from early intervention services.

- Children in foster care, younger than three-years-old, are automatically eligible for early intervention services (see Chart 4).
- Participation is completely voluntary with no fee, but not all parents/foster parents agree to services.
- In 2011-2012, only 25% of foster children younger than three, received early intervention services.
- If the remaining 75% of children in foster care below the age of three (approximately 1,339) were to receive services, it would overwhelm the capacity of the Early ACCESS system.
- The next 5-year agreement for Early ACCESS will include action plan steps to increase the number of infants and toddlers receiving services in foster care.

Chart 4. Proportion of Children Age Birth to 3 Years in Foster Care with an IFSP.



Do Children Exit from the Early ACCESS System of Services?

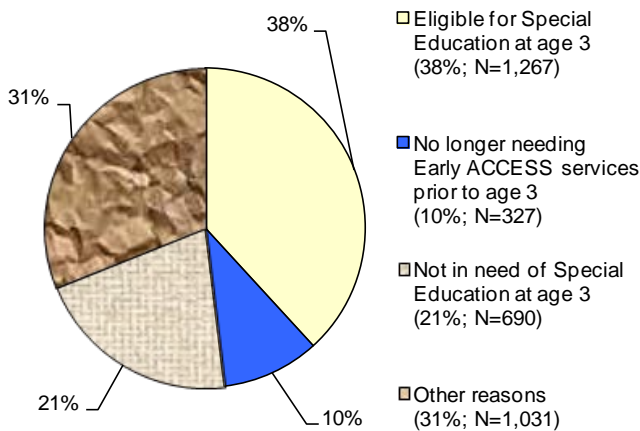
One of the many reasons to support Early ACCESS is to decrease the likelihood of a child needing Special Education services in the future.

- A child's brain develops dramatically in the first three years of life.
- Interventions during this critical time can reduce the need for more intense programming in the future.

Results of Early ACCESS exit data (see Chart 5):

- 31% of children who exited Early ACCESS in 2011-2012 were determined as no longer needing early intervention or Special Education services.
- 38% will continue to need Early Childhood Special Education Part B services at three years of age.
- Another 31% exit from Early ACCESS for other reasons (i.e. parents move, withdraw child from services, or discontinue services without a known reason). Early ACCESS services are voluntary; not required to be accepted by parents.

Chart 5. Exit Data for Children Leaving Early ACCESS.



Early Intervention Makes A Difference to Children Who Have Special Needs or Are At-Risk

The Early ACCESS system collects and analyzes annual outcome data for federal reporting requirements. Infants and toddlers are rated in three outcome areas (Chart 7).

By the time children turn 3 or exit the program early:

- 40% to 52% of children substantially improved their rate of growth; and
- The percent of infants and toddlers functioning within age expectations in each outcome area ranged from 52% to 71%.

Statewide data indicates that Early ACCESS services impacted these infants, toddlers and families. These early intervention services will help our youngest Iowans experience success when they attend kindergarten, later in school and on into adulthood.

Funding Challenges of Early ACCESS System

Early ACCESS funding is supported by three primary resources (see Chart 6):

- Federal IDEA Part C Infant and Toddler Grant funds to support the infrastructure to implement and monitor requirements of the law.
- State appropriation to support increased number of infants and toddlers served in Iowa.
- Federal IDEA Part B funds to provide service coordination and support services for children.
- Iowa is a birth mandate state (e.g. special education services are provided to children from birth to 21).
- The majority of funds supporting Early ACCESS to meet needs of infants and toddlers are from federal IDEA Part B and C grant funds.

Chart 6. Sources of Early ACCESS Funding.

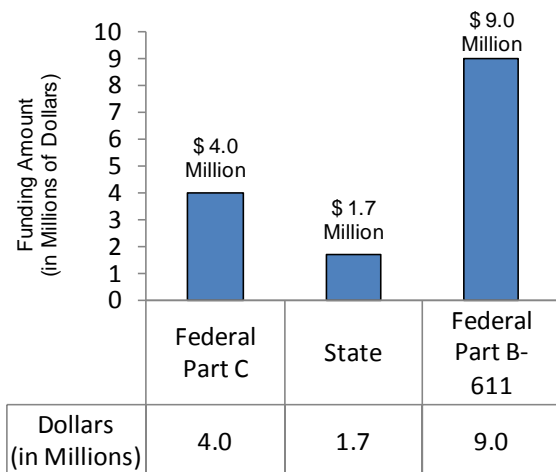
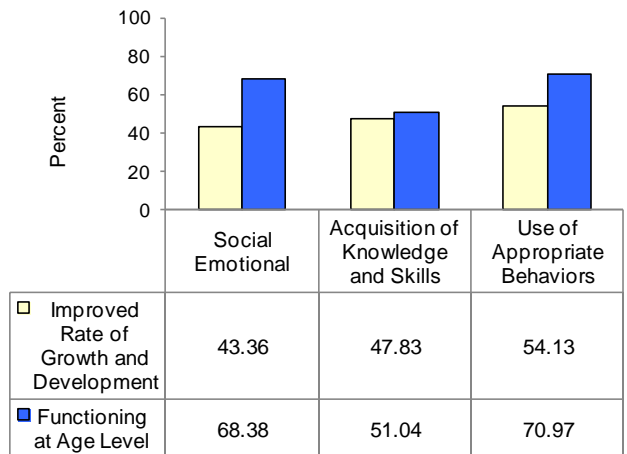
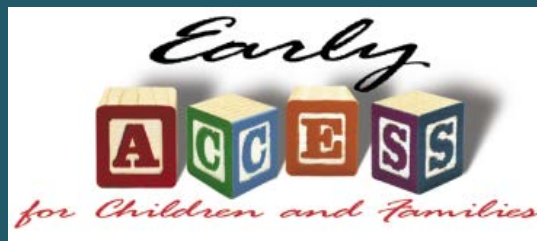


Chart 7. Early Intervention Services Improve Infant/Toddler Growth and Development.



Data for all charts from Part C Annual Performance Report, 2011-2012.

For more information about Early ACCESS in your community, please call Early ACCESS Iowa at 1-888-425-4371 Or Contact Cindy Weigel, Part C Coordinator 515-281-8634 or Cindy.Weigel@iowa.gov



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Appendix

Early ACCESS Services Impacts Iowa Children – Stories of Success

Hi! My name is Chad. I'm two-years-old and I have a smile that can melt anyone's heart. Along with my charisma, I have the same desire that every child has in life...to be in a safe and loving home and to be able to be "me" with all of my typical developmental expectations...even those that can be challenging at times.*

I became involved with Early ACCESS in January 2011, when my older brother and I were placed into a foster home. Although my biological mother loved us, she was making some choices that kept us from being safe when we were with her.

The Early ACCESS providers met with our biological mom on our visits with her and would meet with our foster parents too. They worked with the adults in my life to help me with my social/emotional needs. I was really going through a lot of transitions and it was hard on me.

Now I would like to share the wonderful part of my story. My brother and I were adopted into a loving home. We have a wonderful Mom and Dad that love us so much and tell us this daily. We have a home that is filled with adventure and fun.

Even though I went through some difficult times, I'm thankful for all of the many people in my life that took steps to make sure I had the opportunity to be safe and know that I am loved. I'm even going to preschool now and have so many friends there. I can't wait to go. After school I go home to my new Mom and Dad. We talk and play together, eat supper together, and they tuck me into bed and read a story to me. The last thing we say every night is "Good night. I love you." I am happy!

Well...thanks for listening to my story and thanks for caring about kids.

**Names have been changed*



Appendix (continued)

Early ACCESS Services Impacts Iowa Children – Stories of Success

Meet Grant*



Born four weeks premature, Grant was referred to Child Health Specialty Clinics (CHSC), where his initial screening with the Advanced Registered Nurse Practitioner (ARNP) showed that his development was not on track in gross motor, fine motor, and problem solving skills. His mom, Linda, stated that he suffered from reflux and he was fussy throughout his eye exam, during which he had little eye contact and a wandering eye. Because of these findings, Grant was treated for his reflux and was referred to an eye specialist and Early ACCESS.

The CHSC Early ACCESS Service Coordinator visited the family's home to complete the Developmental Assessment of Young Children (DAYC). Grant was four months old and tested at the age equivalence of a two-month-old in most areas. An Individualized Family Service Plan (IFSP) was developed to include service coordination, CHSC clinical services, physical therapy and occupational therapy through the local AEA, and private Physical Therapy through the local hospital where he is a big fan of pool therapy! Later, Grant began the Early Head Start [EHS] program and receives weekly home visits.

The IFSP team works closely with the family to ensure services are family driven. His Service Coordinator helped his family find temporary financial assistance for the family's trip to the eye specialist in Des Moines because James, Grant's dad, was between jobs. CHSC also helped locate an area optometrist who provides ongoing vision therapy.

According to Linda's latest report, "Grant is doing so well that he was recently released from his occupational therapist and he is now scoring two to three months ahead of his peers. If it wasn't for all of the help Grant has received, he would not be advancing as quickly." She is glad their family lives nearby and thankful for her IFSP team who strives to be teachers and coaches for Grant and for Linda and James, too. They are all seeing great results for this handsome little guy in glasses!

**Names have been changed*