PUBLIC NOTICE OF MEETING OF THE

Arizona Early Childhood Development and Health Board

Early Identification School Readiness Indicator Advisory Sub-committee

AMENDED

Pursuant to A.R.S. §8-1194(A) and A.R.S. §38-431.02, notice is hereby given to the members of the First Things First - Arizona Early Childhood Development & Health Board, Early Identification School Readiness Indicator Advisory Sub-committee and to the general public that the Sub-committee will hold a Regular Meeting open to the public on Thursday, January 29, 2015 beginning at 1:00 pm. The meeting will be held at First Things First, 4000 North Central Avenue, Suite 800, Phoenix, Arizona 85012. Some members of the Advisory Sub-committee may elect to attend telephonically.

The Early Identification School Readiness Indicator Advisory Sub-committee may hear items on the agenda out of order and may discuss any item on the agenda. The Early Identification School Readiness Indicator Advisory Sub-committee may elect to solicit public comment on certain agenda items.

The agenda for the meeting is as follows:

1. Call to Order/Roll Call
   Welcome and Introductions
   Linda Lopez, Chair

2. Purpose of the Advisory Sub-committee
   Linda Lopez, Chair

3. Background Information (attached)
   a. SRI Document (attached)
   b. Background Narrative
   Dr. Karen Peifer, Sr. Director Health

4. Options to Consider
   Linda Lopez, Chair
   Dr. Karen Peifer, Sr. Director Health

5. Discussion
   Linda Lopez, Chair

6. Call to Public
   Linda Lopez, Chair
   Dr. Karen Peifer, Sr. Director Health

7. Next Meeting Dates
   Committee Members

8. Adjourn
A person with a disability may request a reasonable accommodation such as a sign language interpreter by contacting Kim McCollum, at 4000 North Central Avenue, Suite 800, Phoenix, Arizona 85012, telephone (602)771-5068. Requests should be made as early as possible to allow time to arrange the accommodation.

Dated this 26th day of January, 2015

Arizona Early Childhood Development and Health Board

Early Identification School Readiness Indicator Advisory Sub-committee

[Signature]

Dr. Karen Peifer, Sr. Director Health
Early Detection School Readiness Indicator
Advisory Sub-Committee

**Purpose**

The Early Detection School Readiness Indicator Advisory Sub-Committee will provide input and recommendations to the First Things First Board’s Policy and Program Committee regarding the wording and the expected measurement of this indicator.

**Objectives**

The objectives of the Early Detection School Readiness Indicator Advisory Sub-Committee are to:

- Make recommendations for wording and intent changes for the school readiness indicator that was previously approved by the FTF board:
  - #/% of children identified with a developmental delay in kindergarten.
- Engage in a discussion about the importance of early detection of developmental delays and in the context of the revised indicator.
- Identify potential population based data sources or a methodology to collect a representative sample of the population that could be used to measure the new indicator.
- Provide input on how to develop and support early detection through a comprehensive assessment system.

**Calendar**

This Sub-Committee will meet every other month during the 2015 calendar year beginning in January with anticipated completion in September 2015.

**Commitment**

The Early Detection School Readiness Advisory Sub-Committee will require a 6-8 month commitment to bi-monthly, two-hour meetings at the First Things First office in Phoenix. In-person attendance at the meetings is preferred; however, attendance via conference call is possible with prior notice.
Early Identification School Readiness Indicator Advisory Sub-committee  
Meeting January 29, 2015

Background

Early identification of children with developmental concerns and delays is aligned with the First Things First (FTF) Mission to ensure every child entering school comes healthy and ready to succeed. In 2010, the FTF Board convened the Early Childhood Task Force to identify early childhood system outcomes and to recommend priorities and indicators to measure the progress. One priority recommended by the Task Force and subsequently approved by the Board was to support services that include the early identification of children with developmental delays.

Following the approval of priorities by the FTF Board, an extensive process of gathering community and stakeholder input began to identify measurable school readiness indicators (SRI) that could be used to measure progress in the priority areas and establish benchmarks of progress for 2020. The SRIs are intended to be population based measures that indicate change in trends. The three early intervention related SRIs are:

- % of Arizona children with special needs/rights enrolled in an inclusive early care and education program with a Quality First rating of 3 – 5 stars.
- #/% of Arizona children enrolled in special education transitioning to regular education kindergarten classes.
- #/% of children with a developmental delay identified in kindergarten.

For the first two indicators, there are population based data sources that can be used to measure progress at the state and regional levels. For the last one listed there are challenges and it was put on hold until further research could be completed. There was not an identified data source that could be used to measure this indicator and the definition of a developmental delay was not clearly defined.

Importance:

Early childhood—the years between birth and age 5—is a critical time for children to develop the foundations of physical, behavioral, and social health that will shape their experiences in school and significantly impact their lives. Studies show that brain development prenatally and from birth to age five is critical to not only school readiness and success, but also long-term health and well-being.\(^1\) During this period, young children develop skills that become the foundation for subsequent cognitive, social, 

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physical, emotional, moral, regulatory and linguistic capacities. Negative experiences during this critical
time are linked with long term chronic health conditions later in life. Investments have the potential not
only to improve education, social, economic, and health status, but also to produce substantial returns
on investment.  

Pediatricians and family practitioners play a vital role in promoting optimal childhood development.
They are the first professionals to interact with children, and together with their families, collectively
monitor children’s developmental progress compared to accepted milestones. Likewise, early care
providers, home visitors and other early childhood professionals can also have a role in monitoring the
healthy development of children enrolled in their program or accessing services they provide. When a
child is suspected of having or being at risk for a developmental delay, guidance and an effective link to
appropriate intervention services are critical. Research demonstrates that intervention is of greatest
value when it begins early. Delaying services often results in a need for more treatment and require a
greater intensity of services, over a longer period of time and result in less-effective results.

History of discussion

After the decision was made to put the SRI specific to the early detection of developmental
delays on hold, FTF commissioned, in partnership with St. Luke’s Health Initiative, the “Intervening early:
Opportunity Assessment Report”. The report identified gaps in services as well as opportunities for
change within the system of services available to young children and their families.

- To identify children with developmental delays or concerns early and that the delays are not
  first identified in kindergarten: Original Intent of this child leave indicator.
- In order to identify children with a developmental delay or concern early, routine screening
  monitoring and a consistent referral process is required.

In July 2014, FTF convened a meeting of content experts to begin the discussion on revising the
language in the indicator. Existing SRI: #/% of children with a developmental delay identified in
kindergarten.

Discussion points:

1. Is the language of the indicator the correct language?
   a. Developmental delay is not clearly defined, as it can be a mild, moderate or more
   serious delay that would require different interventions.
2. Is it the right child level indicator or is there something else that might be considered?
   a. The denominator: the number of children screened within the state- is not captured
   by any one data source.

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3. Is there a population based data source to consistently measure this indicator at the state or regional level?
4. There was a proposal to change the indicator from a child level indicator to a system level and parent level indicator.

Next Steps
The goal of the Advisory Sub-committee is to:

1. Determine if it is possible to identify a child level indicator that could be used; and
2. If it is not possible, what would the systems level and parent level indicator look like?

Option 1: Child level indicator

- Continue to seek out a child level data source that could measure early identification through developmental screening and appropriate referrals.
- Can it be measured at the state and regional levels?

Methodology: Secondary Data sources to consider:

- Arizona Early Intervention Program (AzEIP)- has a new data collection system that has been used for one year but it is under revision
- Arizona Health Care Cost Containment System (AHCCCS): with changes in reimbursement for developmental screening, this might be a data source for the number of children screened but the number of children referred is not as clearly defined or collected.
  - Is it possible to do a pilot with some of the AHCCCS Health Plans?
- First Things First Developmental Screening Grantee data: limited and recently changed
- Arizona Department of Education (ADE) data collected annually- limited to Part B services

Suggested language: Percentage of children who were screened for risks of developmental, behavioral and social delays using standardized screening tools in the 12 months preceding their first, second or third birthday.

Source Example from Oregon - Developmental Screening in the First 36 Months of Life

2013 Oregon data
The percentage of children who were screened for the risk of developmental, behavioral, and social delays increased from a 2011 baseline of 20.9% to 33.1% in 2013, an increase of 58%.

Option 2: System level indicator

- Focus on system changes related to the knowledge, skills and behaviors of providers working with families specific to developmental screening, referral and treatment options.
• Service providers include physicians, home visitation staff, early education teachers/directors.
• Indicators of change are provider knowledge about developmental screening and referral process, provider capacity to screen, assess results, integrate into care/curriculum, and comfort in reporting results to parent/caregivers.

*Suggested language: % of change in knowledge about developmental screening, referral process, capacity to screen, skills in scoring screening tools, use of screening results to inform change in program/center and comfort in informing parents.*

Methodology: Develop a provider survey and ask the same questions to multiple providers. Requires baseline data to compare a percent change.

Option 2: Parent level indicator

• Focus on change in parent awareness about the importance of routine screening, parent knowledge, confidence and competence in identify their child’s needs and in advocating for them (SRI#10 extension).
• Need to define confidence and competence that would be specific to parents of a child with a developmental delay or concern.

Methodology: Use survey questions found in the National Survey for Children with Special Health Care Needs (NSCSHCN) and add to the Community Family Survey that is done every other year.

*Suggested language: % of change in parent knowledge about developmental screening, referral process and their confidence and competence as parents to advocate for their child.*

**Concurrent work**

The ECCS grant and the Collective Impact Approach: The 2013-2016 ECCS grant application guidance specified a concentration on early childhood systems and based on the “Intervening Early: Opportunity Assessment Report” recommendations and in consultation with other state agencies and partners, the following option was chosen for a three year grant period.

*Increase developmental screening of young children to identify and treat problems early.*

The collective goal is: By August 2016 we will achieve measurable improvements in the age and rate at which children with developmental and/or behavioral delays or challenges are identified, and in the rate at which they are connected to services and supports to address those delays and challenges.

The shared priorities to meet this goal are:
• Identify services/programs for children not eligible for AzEIP services.
• Revise AzEIP referral form, parent consent form and referral process.
• Recommended standardized screening tools.

Other related activities:

• Parent/family engagement- Family Forums being conducted by Raising Special Kids
• Develop and agree upon common and shared language and terms.
• Physician and provider education related to screening and referral. Professional development plan underway.
• Develop and agree upon a shared data system.
  o Possible ASQ online data collection system
• Shared measurement and progress: still working on benchmarks
• Best Practice research: ongoing
• Communication and alignment: ongoing
The following indicators are designed to guide and measure progress in building an effective early childhood system in Arizona. Taken collectively, they provide a comprehensive picture of how our state is preparing its youngest children for success in kindergarten and beyond.

**CHILD DEVELOPMENT & EARLY LEARNING**

**School Readiness**
Benchmark related to developmental domains of social-emotional, language and literacy, cognitive, and motor and physical to be recommended in FY17 based on baseline data from Arizona kindergarten developmental inventory

**Quality Early Education**
% of Arizona children enrolled in an early care and education program with a Quality First rating of 3-5 stars
2013: 9% 2020 Goal: 29%

**Quality Early Education – Special Needs**
% of Arizona children with special needs/rights enrolled in an inclusive early care and education program with a Quality First rating of 3-5 stars
2013: 53% 2020 Goal: 73%

**Affordability of Quality Early Education**
Benchmark related to Arizona families that spend no more than 10% of the regional median family income on quality early care and education programs to be recommended in FY15.

**Developmental Delays Identified in Kindergarten**
Benchmark to be recommended in FY15 after completion of the comprehensive opportunity analysis on the Arizona early intervention system for children birth to age 5

**Transition from Preschool Special Education to Kindergarten**
% of Arizona children exiting preschool special education enrolled in kindergarten regular education
2010: 22% 2020 Goal: 30%

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**CHILDREN’S HEALTH**

**Well-Child Visits**
% of Arizona children receiving at least six well-child visits within the first 15 months of life
2010: 64% 2020 Goal: 80%

**Healthy Weight**
% of Arizona children age 2-4 with body mass index (BMI) in healthy weight range
2010: 65% 2020 Goal: 75%

**Dental Health**
% of Arizona children age 5 with untreated tooth decay
2007: 35% 2020 Goal: 32% or less

**FAMILY SUPPORT & LITERACY**

**Confident Families**
% of Arizona families report they are competent and confident about their ability to support their child’s safety, health and well being
2012: 42% 2020 Goal: 52%

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# School Readiness Indicator Revision

## Advisory Sub-Committee – Proposed Timeline 2015

<table>
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<tr>
<th>Date</th>
<th>Time</th>
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<th>Agenda Points</th>
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<tr>
<td>January 29th</td>
<td>1:00 – 3:00pm</td>
<td>FTF Board Room</td>
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<td>• Initial Meeting - Introduction of meeting purpose, review of SRI for early identification of developmental delay and review previous discussions</td>
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<td>• Review work being done through the ECCS grant</td>
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<td>• Review options- child level or systems level indicator</td>
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<td>• Calendar finalization</td>
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<tr>
<td>February</td>
<td>1:00 – 3:00pm</td>
<td>FTF Board Room</td>
<td>• Review draft language</td>
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<td>4000 N. Central Ave.</td>
<td>• Discuss data sources and/or methodology for measuring revised indicator</td>
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<tr>
<td>March</td>
<td>1:00 – 3:00pm</td>
<td>FTF Board Room</td>
<td>• Finalize draft language and methodology</td>
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