



FIRST THINGS FIRST

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April 20, 2012
First Things First
4000 North Central Avenue, Suite 800
Phoenix, Arizona 85012

DRAFT MEETING MINUTES

Developmental Screening Sub-Committee

Committee Members in Attendance	Jacquelyn Power, Chair; and Ginger Ward
Committee Members Attending Telephonically	Karen Applequist, Becky Raabe and Annabel Ratley
Staff Members in Attendance	Karen Peifer, Amy Kemp, Karen Woodhouse and Elsa Romero
Members of the Public in Attendance	Sherie Gifford, Val Andrews-James (Content Expert), Diane LeFevre, Margaret Mills, Melissa Sult, and Marina Taylor
Facilitator	Leslie Anderson, Leslie Anderson Consulting, Inc.

Call to Order

The regular meeting of the First Things First – Arizona Early Childhood Development and Health Board, Developmental Screening Sub-Committee was held on April 20, 2012, at the First Things First Board Room, 4000 North Central Avenue, Suite 800, Phoenix, Arizona 85012. The meeting was called to order by Chair Power at approximately 2:15 p.m. A brief welcome was made by Chair Power; everyone in attendance introduced themselves and the organization which they represent.

Approval of March Meeting Notes

Amendment to March minutes; Time of adjournment listed on minutes as 12:00 p.m. approximate time of adjournment was 3:30 p.m. A motion to accept minutes with amendment was made by Member Ward. Motion seconded by Member Raabe. Motion carried.

Discussion and Possible Recommendation of State Level Benchmark for School Readiness Indicator

Leslie Anderson, facilitator provided a brief overview of the purpose for meeting, the tools that will be used to assist reaching objectives that need to be agreed upon.

Indicator 5: %/ of children with newly identified developmental delays during kindergarten

a. What data source(s) does the subcommittee consider to be most valuable and appropriate to use to make the benchmarking recommendation?

Karen Peifer read the original intent of the indicator as a context for re-visiting the language expected for this indicator. The intent is to decrease the number of children who were not screened and who had a developmentally delay for the first time identified when they have entered kindergarten.

The wording of this indicator is in alignment with the intent but the ADE data presented to reflect this indicator has too many confounders and discrepancies. It is not clear if the percentage determined includes children identified in PART C but then not receiving services under Part B. It does not include children who attend the Bureau of Indian Education schools or children identified who may have commercial insurance and who might be receiving services not included as part of AZEIP. There was general consensus on the need to change the wording to reflect wording that is in alignment with the intent and is more consistent to be used when setting a benchmark. The use of the North Carolina standards was used as a starting place for revision. Possible additional data sources suggested are: AZEIP, AHCCCS and FTF program data for screening and referrals to early intervention.

After considerable discussion, the language of the indicator was changed to:

#/% of children 0-35 months receiving developmental and sensory screening

Use of the AZEIP data for children 0-35 months will be used to determine the trend for children who are screened and identified as needing early intervention services.

The rationale is that if more children are screened early during multiple time periods and that more children receive early intervention services, they will not enter kindergarten without previously being identified and receiving services. The focus is on what FTF supports which are increasing parent awareness and developmental and sensory screening in multiple strategies.

The intent is not to measure the EIP system effectiveness but to measure the success of strategies being supported by FTF. A benchmark was not determined.

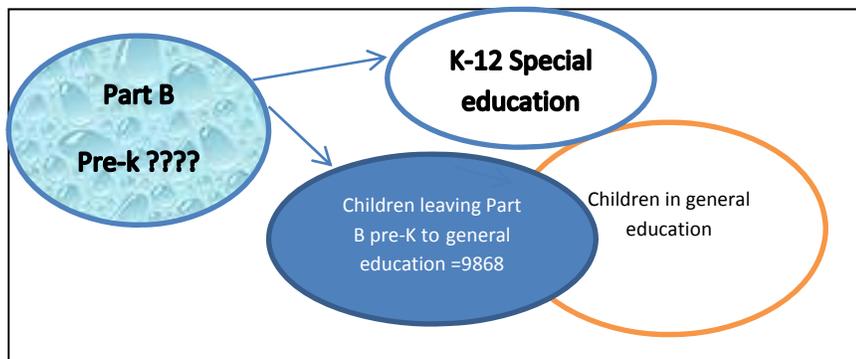
A key measure was added: ***The #/% of children 36-60 months receiving developmental and sensory screening.***

ADE Part B data will be used for the key measure. Further discussion will be had with members after data has been obtained to establish a trend line.

Member Applequist motioned AZEIP information most valuable, appropriate data source and new language. Motioned seconded by Member Ward. Motion carried.

Indicator 6: # of children entering kindergarten exiting preschool special education to regular education

This rich and informative discussion involved using an illustration of the data issue that needs resolution. It offered potential options for the denominator for determining the percentage rather than the numbers of children in Part B special education child care that enter kindergarten without an ISP. Val Andrews-James and FTF staff will explore the options for determining the denominator and ongoing numerators in subsequent years to be able to establish a benchmark.



The denominator chosen is the number of children age 3-5 in Part B services Pre-kindergarten programs. Having a denominator will allow us to establish a trend line and benchmark for this indicator. FTF staff will continue working with ADE to gain access to this data in order to establish a benchmark.

A benchmark was not determined yet.

Member Ward motioned to accept the numerator/denominator and new language. Member Ratley seconded. Motion carried.

A Key Measure was suggested: Dose of Part B, length of time and category of disability/delay in categories. An example are children with a severe disability and those with less severe disability in order to determine which children would have a reasonable expectation for improvement. FTF staff will continue working with ADE to gain access to this data in order to establish a trend line.

Next Steps

This Sub-Committee was an Ad Hoc Committee, and technically their work is completed. However, since a benchmark has not been established, Karen Peifer will re-contact the members after the data has been obtained to suggest possible benchmark measures for these 2 indicators. The work of this sub-committee is greatly appreciated. On May 31, 2012, 1:00 p.m. to 4:00 p.m. the Program Committee will convene to hear the work completed by all Sub-Committees.

Adjourn

There being no further business, Member Applequist motioned the meeting be adjourned. Member Ratley seconded. Motion carried, meeting adjourned at approximately 3:46 p.m.

SUBMITTED



Elsa Romero, Executive Staff Assistant

APPROVED



Karen Peifer, Sr. Director of Children's Health

Committee Approval

Jacquelyn Power, Chair