



# FIRST THINGS FIRST

*Ready for School. Set for Life.*

## Arizona Early Childhood Development & Health Board

### South Phoenix Regional Partnership Council

### Developmental and Sensory Screening Committee

#### Meeting Minutes

1. **Call to Order**

Dr. Patty Merk, Vice Chair called the South Phoenix Regional Partnership, Developmental and Sensory Screening Committee meeting to order at 2:13 p.m. on March 27, 2013.

**Members Present**

Patty Merk, Ph.D., Vice Chair  
Jeremy Wood  
Yolanda Robinson

**First Things First Staff**

Jonathon Gonzales, South Phoenix Regional Director  
Karen Yearwood, North Phoenix Regional Director  
Rana Simms, Central Phoenix Regional Director  
Eric Santiago, Southwest Maricopa Regional Director  
Christina Lyons, Northwest Maricopa Regional Director  
Rosemary Galindo, Administrative Assistant

2. **Consent Agenda**

Vice Chair Dr. Merk called for a motion to review and approve the South Phoenix Regional Partnership Council, Developmental and Sensory Committee Meeting Minutes for March 4, 2013. With no further discussion, Member Wood motioned to approve the meeting minutes. Member Robinson seconded. The motion carried.

3. **Welcome and Introductions**

Vice Chair Dr. Merk welcomed the Council Members and the public attendees. Introductions were held. Vice Chair Dr. Merk explained this is a public meeting and subject to Open Meeting Law requirements.

4. **Developmental and Sensory Screening Strategy Overview**

Director Gonzales provided a brief overview, history, and background on the strategy. The council approved funding in SFY13, and currently the strategy is undeveloped. Based on data from the *2012 South Phoenix Regional Needs and Assets Report*, there are unmet needs identified in the region. He also went on to explain the purpose of this meeting, to gather information and input from regional stakeholders and community agencies. He introduced Dr. Cathy Martinez, as the Committee Facilitator.

5. **Review and Planning – Part I**

Dr. Martinez briefly explained how the data will be gathered, evaluated, and reported. She asked each agency to write in the information onto the matrices. She further explained how the information and/or recommendations will be presented to the South Phoenix Regional Partnership Council. A follow-up meeting will be scheduled for further input on the recommendations and all will be invited.

6. **Next Meeting:**

Vice Chair Dr. Merk thanked everyone for attending and providing their input. Once the data is integrated into a report, a meeting will be scheduled for final review and input.

**7. Adjournment**

Vice Chair Dr. Merk called for a motion to adjourn the meeting. Member Wood motioned to adjourn the meeting. Member Robinson seconded. Motion carried. The meeting was adjourned at 4:00 p.m.

**Dated this 4<sup>th</sup> day of April, 2013**

**ARIZONA EARLY CHILDHOOD DEVELOPMENT & HEALTH BOARD**

**South Phoenix Regional Partnership Council**



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Rosemary Galindo  
Administrative Assistant



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Jonathon Gonzales, MPA  
South Phoenix Regional Director

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Patty Merk, Ph.D.  
Vice Chair

DRAFT



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### **South Phoenix Regional Partnership Council**

### **Developmental and Sensory Screening Committee**

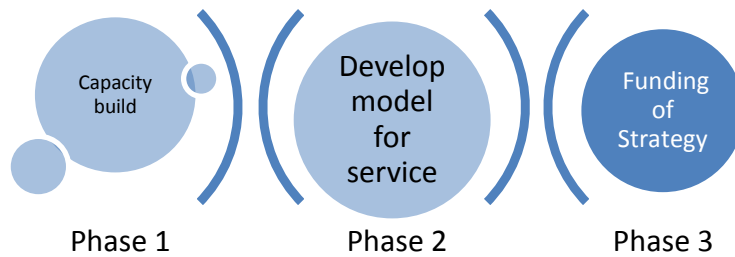
### **Strategy Update and Possible Recommendations**

**June 18, 2013**

#### **Background**

The subcommittee convened on March 4<sup>th</sup> and 27<sup>th</sup>. The meetings consisted of a planning session on March 4<sup>th</sup>, followed by a larger strategic planning meeting held on March 27<sup>th</sup> with local community stakeholders who are currently engaged in developmental and sensory screening. Based on the strategic planning session conducted by Dr. Cathy Martinez, a summary document was prepared that included feedback to questions and full SWOT results (see additional attachment). After a review and discussion by Dr. Martinez and Dr. Merk several themes emerged from the document reflecting the needs of the screening providers and stakeholders. Themes included; the need for better understanding of the landscape of unidentified developmental and sensory delays, identification and understanding of current services available to families/children and the possible need for coordination of the available early intervention services families may access.

It is recommended by the Committee Chair that the development of the strategy could occur in three phases that includes: coalition/capacity building with partners, model development for service coordination and screenings and action planning (how could the strategy look and operate in the South Phoenix region), and implementation of the strategy. This may result in a new strategy (i.e. service coordination) for the region in lieu of the developmental and sensory screening strategy. The phases could take up 8-12 months in total from planning to service delivery depending on multiple variables.



### **Possible Recommendations for the Committee to Consider and Discuss**

- Phase 1: hire consultant to conduct short term planning and coalition work. The hiring of a consultant could occur through the State vendor list and dollars possibly used from the developmental and sensory screening strategy line. Depending on the readiness of the community, providers and stakeholders—this could possibly take 2-4 months with several meetings.
- Phase 2: develop plan with coalition, coordinated by consultant, for strategy implementation. In coordination with the ad hoc coalition, this work could simultaneously occur during community and stakeholder’s coalition/capacity building sessions being conducted by the consultant. If additional work is needed, possible additional work groups could be established to ensure consistent movement towards intended outcome (funded strategy) (2-3 months).
- Phase 3: implementation and possible funding of strategy that includes: 1) Council approval; 2) submission of strategy worksheet to State Board; 3) RFGA or contracting process; 4) implementation of strategy (approximately 3 months from council approval to beginning of implementation).

### **Questions to Consider for Discussion**

- How much funding can the committee estimate or recommend for phase I and II?
- Can the committee think of additional ongoing technical assistance for the phases, beyond the Sr. Director of Health at First Things First, the Committee Chair, and Regional Director?

### **Possible Next Steps**

- Move consensus recommendations to the Regional Council for full discussion and additional feedback.
- Potential approval meeting of recommendations at the June 18, 2013 by the Regional Council which should include agreed upon timelines, budget and implementation considerations.

| Screening     | Organization                      | What Ages do you Screen? | What triggers a Screening (Why is screening done?)   | Under what conditions/in what settings? | Do you require Parent Permission?               | What Tools/Equipment are used?   | What training do screeners receive?   | Who receives the results of screening?   | To whom do yo make referrals?  | Do you follow up; if so, what is your process?   | What is your data management system or process? | Who is funding you to do screening? |
|---------------|-----------------------------------|--------------------------|--|---|---|--|---|--|--|--|---|-------------------------------------|
| Developmental | UofA Cooperative Extension        | Birth thru 5             | Before/taking after Playlearn, PIPE, Learn & Read Program  | FRC - by appointment                    | Yes   | ASQ/ASQ-SE   | Dr. Merk training w/staff an approved trainer by tool developers  | Parents; Dr. Merk; AzEIP; Headstart; PCP   | AzEIP, School District; Bayless  |  | Excel Spreadsheet                               | FTF                                 |
| Developmental | Roosevelt School District         | 2:10 thru 5:11           | Parent Request; Outside Agency; Teacher Referral   | School Cafeteria                        | Yes   | Early Screening Inventory - R(New); PLS-5 Screener (New); DIAL-3 (Phasing Out) | Graduate training in Assessment; School Psychologist, Occupational Therapist Assistant; Speech/Language Pathologist | Parents; School  | District Special Education; FTF FRC; Mental Health Agencies; Bayless   | Pass: refer to FTF Preschool or Headstart wait list - Fail: Schedule developmental History and Comprehensive Developmental Assessment  | IEP-Pro   | District; IDEA                      |
| Developmental | AZ Learning Institute             | 2 thru 5                 | Parent Training; FRC Parent Interest; Walk-In  | FRC; Home Visit; Health Fairs           | Yes   | ASQ-Hub or Paper   | Publishers-Training   | w/Parent consent - School Specialist   | PCP; School; AzEIP; Specialists  | ASQ Hub - tasks -deadlines-integrated in data management Parent Traing classes - weekly Home Visits; Schools - document in serious case  | ASQ Hub   | Town of Gila Bend/FTF               |
| Developmental | Neighborhood Ministries           | 3 thru 4 & 4 thru 5      | Teachers, Parents, 45-day screening  | Pre-K                                   | Yes   | 45-day Screening; Behavioral Health Specialist (FTF)                           | Education   | Teachers; Parents  | Case by Case basis   | Yes, Parent Communication-Weekly   | None  | FTF; Private                        |
| Developmental | Laveen Elementary School District | 2:10 thru 5              | AzEIP, DDD, Parents  | Preschool Center w/parents present      | No written permission; parent accompanies child | DIAL-3   | District Training (PD)  | Parent; Preschool Coordinator  | Refer to School District Evaluation  | Multidisciplinary Evaluation Team report & IEP if needed   | Tracking Log-District Form                      | School District                     |
| Developmental | MIHS/AZ Children's Center         | Birth thru 18            | well child visits; plus if a PCP has a concern, or "red flag", or in a Non-Well Child Care visit | Pediatric Clinic                        | Yes, Signed Consent Form                        | Peds Tool; MCHAT; EPSDT Guidelines; determined by Insurance                    | Peds Tool offers online training; Residents & Care Coordinators work under attending Physicians (Pediatricians)     | PCP Immediately reviews screening tools;"clinical interviewer" in well child visit | AzEIP/ALTCS/School ChildFind/Elementary School Psychologist/Magellan/WIC/EHS/Headstart/CareConnect/Private Therapy Agencies/Raising Special Kids/SW Behavioral Health/Family Learning Centers/PPP/SPHS | Consent signed at MA/RN in clinic for referral to Developmental Peds, Therapies, etc; visit, immediatley sent to target colleague at referring agency; follow-up call; agencies report back monthly; *this is a missing link in some areas; follow-ups is key, but can be hard in some cases | EPC (EMR)                                       | FTF/AHCCCS/Health Insurance         |
| Developmental | Bayless/Project Launch            | 6 thru 8                 | PAT Requirement, Parent/Child Partnerships in other community programs                           | Clinic; Schools; Home; WIC              | Yes, Signed Consent Form                        | ASQ-3; ASQ-SE; PEDS (in process)   | Contract w/ASQ Trainer in Phx Area  | Parent, if they would like a copy  | AzEIP; ChildFind; CareConnect; Raising Special Kids; FRC; Headstart  | Yes, w/Parent & Agency   | Evaluation Portal - Activity Log                | ADHS/SAMHSA                         |
| Developmental | City of Phoenix/Early Headstart   | Birth thru 3             | Federal requirement - all within 45 days of enrollment   | Child's Home                            | Yes   | ASQ-3  | Staff trained by Staff  | Parents/Disabilities Liaison if concerns   | AzEIP  | Disabilities Liaison tracks child through AzEIP process  | CMS   | Federal Program                     |
| Developmental | Child and Family Resources AzEIP  | Birth thru 3             | Completed at each intaake  | Home; Intake Location                   | Yes, Signed Consent Form                        | ASQ-3; ASQ-SE  | ASQ Trainer   | Parent; Pediatrician; Agency   | Pediatrician; DDD; FVBC; ASDB  | Yes, Call Parent   | ACTS  | AzEIP/DDD                           |
| Developmental | Chicanos Por La Causa             | Birth thru 5             | Headstart Mandate; Parent and Teacher Concern  | FRC; Home                               | Yes   | ASQ-3; ASQ-SE  | T3  | Parent; Family Service Worker  | AzEIP  | Yes, Family Social Worker  | COPA; Excel                                     | Headstart Grant                     |

| Screening | Organization  | What Ages do you Screen?         | What triggers a Screening (Why is screening done?)  | Under what conditions/in what settings?                           | Do you require Parent Permission?  | What Tools/Equipment are used?         | What training do screeners receive?                              | Who receives the results of screening?                                    | To whom do yo make referrals?   | Do you follow up; if so, what is your process?   | What is your data management system or process?                             | Who is funding you to do screening?          |
|-----------|---|----------------------------------|---|---|--|--|--|---|---|--|---|--|
| Hearing   | Ear Foundation of AZ  | 6 months thru 5                  | FTF Central Region; CCC; School Request   | CCC Screening Team  | Yes  | OAE; Tymp/Pretone                      | T3 - OAE (B-3) - Pure Tone                                       | Parent & Medical Home-Audiology/ENT; ADHS-Newborn Screens                 | Medical Home; Audiologists; ENT   | Yes, initial screen-rescan-fax-call-email Parent; PCP - open until disposition or referral                           | Proprietary Vision & Hearing Screening Data Mgmt System - Exesm Integration | FTF; Private                                 |
| Hearing   | UofA Early Hearing Detection Intervention (EHDI) - Newborn Screen | Birth thru 1 year                | Birth   | Hospitals; Homebirths   | Standard of care; some do permission   | Automated OAE/AABR                     | Standardized National Curriculum; 1:1 TA from State              | Medical home; Parents; ADHS   | to any state site for 2 - 7; to diagnostic centers for Dx newborn testing | ADHS has centralized state mandated in full time F/U coordinators to follow scree to Newborn screen diagnostic to EI | HI-Track - each site has web access with central State Hub                  | Fee for Service; Birth Package; EFaz Voucher |
| Hearing   | Bayless/Project Launch  | Birth thru 8                     | PAT Requirement; All children who participate in Parents Program  | Clinics; Schools; Home  | Yes, Signed Consent Form   | OAE; Audiometer                        | T3 Trainer; In-house (B-3) Hearing Screener (Pure Tone)          | Parent; Evaluator   | Medical Home  | Yes, w/Phone call if child had a referral result on their screening  | Evaluation Portal - in-house  | ADHS/SAMHSA                                  |
| Hearing   | MIHS/AZ Children's Center   | Birth thru 18                    | All newborns; "Bright Futures AAP" recommended screening; Any medical or speech concerns; parental concern; all well checks | Medical Home; Well Child Visits; other concerns; PCP              | Implied as part of medical visit   | ABR-Newborn; PureTone; OAE             | Nurse Educator   | Physician/Provider; Parent  | Audiology; AzEIP  | Medical follow up; care coordination   | electronic mecal record   | AHCCCS; Insurance; Sliding Scale             |
| Hearing   | Roosevelt School District   | 2:10 thru 5                      | ChildFind; Parent concern; Staff concern  | School  | Yes  | OAE                                    | District Trainers  | Parents   | PCP   | Evaluation if needed   | IEP-Pro   | District                                     |
| Hearing   | Neighborhood Ministries   | 3 thru 4 & 4 thru 5              | Teachers, Parents, 45-day screening   | Pre-K   | Yes  | 45 day screens; Volunteer Pediatrician | Education  | Teachers; Parents   | Case by Case basis  | Yes, Parent Communication-Weekly   | None  | FTF; Private                                 |
| Hearing   | Child and Family Resources AzEIP                                  | Birth thru 3                     | Completed at each intake  | Home; Intake Location   | Yes, Signed Consent Form   | Hearing Checklist; OAE                 | OAE Trainer  | Parent; Pediatrician  | Pediatrician; ASDB; Audiologist   | Yes, Call Parent; Referral Source; Request written report  | ACTS  | AzEIP  |
| Hearing   | AZ Learning Institute   | 3 thru 5; moving to Birth thru 3 | Parent Training; FRC Parent interest; Health Fair; Home Visits  | FRC; Home Visit   | Yes  | Audiometer;Puretone; Impedence         | Nurse; State Trained   | w/Parent Consent - Family; Pediatrician; School                           | PCP; School; AzEIP  | weekly - parent class ; home visit   | ASQ Hub   | Town of Gila Bend/FTF                        |
| Hearing   | UofA Cooperative Extension  | Birth thru 5                     | Quarterly event   | FRC   | Yes  | Audiometer; OAE; Tympanometer          | T3 Training  | Parents; Pediatrician; School; Childcare; AzEIP; Headstart - w/permission | Audiologist; Pediatrician; Ear Foundation; School AzEIP as appropriate    | Yes, call family and document results/provide more assistance if needed  | Excel Spreadsheet   | FTF  |
| Hearing   | Chicanos Por La Causa   | Birth thru 5                     | Headstart Mandate; Parent and Teacher Concern   | Center; Home (only for homebased option); family childcare option | Yes  | OAE                                    | T3; OAE Trained Staff  | Parent; Family Service Worker; PCP; Health coordinator                    | PCP   | Yes, Family Service Worker; Parent; PCP  | COPA; Student File  | Headstart Grant                              |
| Hearing   | Laveen Elementary School District                                 | 2:10 thru 5                      | AzEIP, DDD, Parents   | Preschool Center w/parents present                                | No written permission; parent accompanies child; written permission for DVR audiology referral | PureTone; OAE                          | School Nurse; Speech Language Pathologist; hearing certification | Parent; Preschool Coordinator   | Desert Valley Regional Cooperative Audiology                              | School nurse; PreK Coordinator; PreK Psychologist  | Tracking Log-District Form; DVR Form  | School District                              |
| Hearing   | City of Phoenix/Early Headstart                                   | Birth thru 3                     | 45 days Screening; School Nurse, if not @ medical home  | Home  | Yes  | OAE                                    | OAE Ear Foundation   | Parent  | Medical Home  | Yes, W/Parent; Medical Home  | CMS   | Federal Grant                                |

| Screening | Organization                      | What Ages do you Screen?  | What triggers a Screening (Why is screening done?)                                  | Under what conditions/in what settings?   | Do you require Parent Permission?               | What Tools/Equipment are used?   | What training do screeners receive?                  | Who receives the results of screening?                 | To whom do yo make referrals?   | Do you follow up; if so, what is your process?                    | What is your data management system or process?                                | Who is funding you to do screening? |
|-----------|-----------------------------------|---|---|---|---|--|--|--|---|---|--|-------------------------------------|
| Vision    | Ear Foundation of AZ              | 1:6 thru 5  | Per scheduled Center; School Request  | Child Care Centers; Community Settings; Clinics   | Yes, Schools - No                               | Plusoptix; Spot; Eyespy  | Vendor; Co-founder developed additional training; T3 | Parent; PCP; Clinic; Specialty Opthamologist/Optomety  | PCP; FP; Pediatrician; Opthamologists; Optometry; Midwestern University; Lions United                       | Yes, printed results; phone; email; fax w/Parent and PCP          | Eyespy Integration-combined report; Excel -case management & Referrals; Access | Private; Schools; FTF               |
| Vision    | UofA Cooperative Extension        | 3 months thru 5   | Quarterly event   | APD Room  | Yes   | SureSight ;EDTRS; FLY; Random Dote; LAEA Symbol Chart                    | T3 Training  | Parent; others as permitted                            | PCP/Eye Professional  | Yes, call - track-add help if needed                              | Excel Spreadsheet  | FTF                                 |
| Vision    | City of Phoenix/Early Headstart   | Birth thru 3 (don't screen vision)  | 45 Days Screening; Need physical showing vision                                     | Medical Home; Well Check; Other Concerns; Pediatrician Office                                     | Yes   |  |  | Parent shares with staff                               | EHS Nurse   |   | CMS  | Federal Grant                       |
| Vision    | Chicanos Por La Causa             | 3 thru 5  | Headstart Mandate; Parent and Teacher Concern                                       | Home(Homebased option); Center (family child care option, home based option, center based option) | Yes   | Suresight Machine (Welch Allen)  | Manufacturer   | Parent; Family Service Worker; PCP; Health Coordinator | PCP   | Yes, Family Service Worke; Parent; PCP; utilize management system | COPA; Student File   | Headstart Grant                     |
| Vision    | Laveen Elementary School District | 2:10 thru 5   | Early Intervention transitions to PreK; DDD; AzEIP; Parents with concerns for child | Preschool Center w/parents present  | No written permission; parent accompanies child | Symbol Chart; Vision checklist if unable to condition using symbol chart | School Nurse   | Parent; Preschool Coordinator                          | Encourage parents to follow-up with PCP; Desert Valley Regional Cooperative Audiology - if vision diagnosis | School Nurse; Preschool Psychologist; Preschool Coordinator       | Child Tracking Form; District Log  | School District                     |
| Vision    | Bayless/Project Launch            | 3 thru 5-PAT/Community Request; Birth thru 2-Visual tracking only - PAT Program | PAT Requirement; Community Request; Required for program participation              | Clinics; Schools; Home  | Yes, Signed Consent Form                        | LAEA Symbols Chart; Visual tracking chart                                | T3 Vision Training; in-house                         | Parent   | PCP/Medical Home  | Yes, w/phone call within 2 weeks to see if parent followed up     | Evaluation Portal - in-house   | ADHS/SAMHSA                         |
| Vision    | MIHS/AZ Children's Center         | All ages-Medical Screen; 3+ Acuity Testing                                      | Part of routine well-child exam; any medical or parental concerns                   | Medical/Pediatrician  | Implied as part of medical visit                | Vision Chart; Soon Spot Screener   | Nurse Educator                                       | Physician/Provider; Parent                             | Optometry; Opthamology  | Yes, Medical follow up; care coordination                         | EMR  | AHCCCS; Insurance; Sliding Scale    |
| Vision    | Roosevelt School District         | 2:10 thru 5   | ChildFind; 45 day screen  | School Nurse Office   | Yes   | SureSight; Vision Cards  | District Trainers                                    | Parent; School   | PCP   | Social worker follow up if failed to help find resources          | IEP-Pro  | District                            |
| Vision    | Child and Family Resources AzEIP  | Birth thru 3  | Intake  | Home; Intake Location   | Yes, Signed Consent Form                        | Checklist  | Trained during initial hire of FBC as needed         | Parent; Pediatrician; Opthamologist                    | Opthamologist; FBC  | Yes, phone and email  | ACTS   | AzEIP                               |
| Vision    | Neighborhood Ministries           | 3 thru 4 & 4 thru 5   | Teachers, Parents, 45-day screening   | Pre-K   | Yes   | 45 day screens; Volunteer Pediatrician                                   | Education  | Teachers; Parents                                      | Case by Case basis  | Yes, Parent Communication-Weekly                                  | None   | FTF; Private                        |
| Vision    | AZ Learning Institute             | 3 thru 5; moving to Birth thru 3  | Parent Training; FRC Parent Interest; Home Visit                                    | FRC; Home visit   | Yes   | Prevent Blindness tool   | Prevent Blindness Training                           | Parent; PCP; School                                    | PCP; Specialist; AzEIP  | Yes, in class; parent training; home visit                        | ASQ Hub  | Town of Gila Bend/FTF               |