



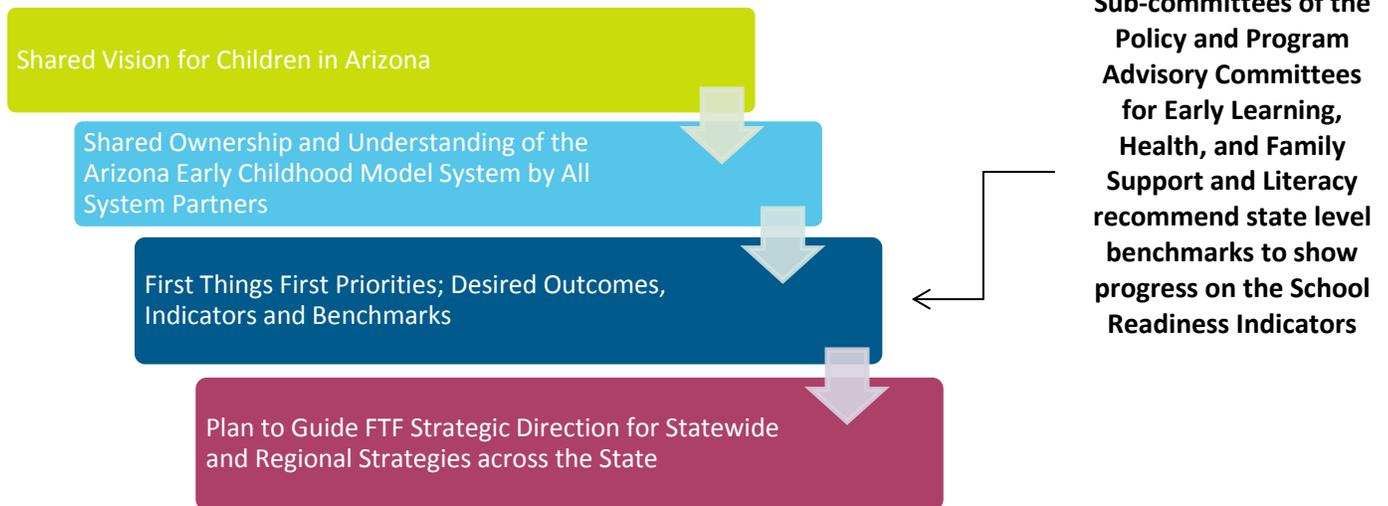
FIRST THINGS FIRST

Ready for School. Set for Life.

Overview of State Level Benchmarks

Introduction

Achieving the mission of First Things First to ensure all young children arrive in kindergarten healthy and ready to succeed will require more than simply funding programs and services. It will take all partners, across the state, to own a common vision for young children in Arizona and a cross-sector commitment to ensure that vision is realized. As a key partner in the early childhood system, First Things First has reached a critical and exciting stage in our strategic planning with the recommendation of state level benchmarks that will allow us to track our progress toward achieving measureable and real long-term results for children.



The Arizona Early Childhood Taskforce, with members appointed in January 2010 by First Things First Board Chair, Steve Lynn, were charged with establishing a shared vision for all young children in our state, and conceiving a model system that could be embraced by all of Arizona’s early childhood partners, including families, early educators, health providers, state agencies, tribes, advocacy and service delivery organizations, philanthropic, faith-based and business representatives and other stakeholders. The Task Force developed the vision for and elements of comprehensive model system, and recommended eight priority roles for First Things First, with the explicit understanding that First Things First is only one of many key partners that have an important role in building and sustaining the system.

In 2011, under the direction of First Things First Policy and Program Committee Chair, Dr. Pamela Powell, three Advisory Committees were convened in the areas of Early Learning, Health and Family Support and Literacy. The Advisory Committees are chartered to provide on-going early childhood expertise and make recommendations related to their content area to the First Things First Policy and Program Committee. Membership is geographically diverse and includes First Things First Regional Council members, content experts, and community partners. The work of these committees in 2011 focused on continuing the development of a strategic framework around the priority roles that will guide our work through 2020, and culminated in the recommendation of one additional priority role (Nutrition and Physical Activity) and 10 FTF School Readiness Indicators that provide a

comprehensive composite measure for young children as they prepare to enter kindergarten. (See page 5-6 for a table of the 10 School Readiness Indicators.)

FTF School Readiness Indicators were chosen to reflect the effectiveness of funding strategies and collaborations built across communities to improve the lives of children residing in the state of Arizona and improve their readiness for entering school and subsequently their life long success. They should also encourage Regional Councils and the Board in making informed priority decisions. Building on this framework in 2012, the Advisory Committees formed four sub-committees to recommend state level benchmarks for each School Readiness Indicator for the year 2020. These benchmarks provide First Things First with aspirational, yet achievable targets and will be monitored over time in order to determine progress in reaching systemic improvements for children and families.

State Level Benchmark Development

The Advisory Committees convened four ad hoc sub-committees to recommend state level benchmarks for specific indicators:

- Early Learning and Family Support (Indicators 1-4, 10)
- Developmental Screening (Indicators 5-6)
- Nutrition/Obesity Prevention and Well Child Visits (Indicators 7-8)
- Oral Health (Indicator 9)

Each sub-committee included Advisory Committee members, Regional Partnership Council members, tribal representatives, and content and data experts from state agencies and early childhood, education and health organizations. Professional facilitation for each sub-committee was provided by Leslie Anderson, Leslie Anderson Consulting, Inc., who was also the facilitator for the Early Learning and Health Advisory Committees during indicator development. All sub-committee meeting materials and summary notes that include lists of members are on the First Things First web site at: <http://azftf.gov/WhoWeAre/Board/Pages/BoardCommittees.aspx>.

Meeting in March and April 2012, sub-committee members identified appropriate data sources that could be used to track progress toward a benchmark. Sub-committees looked for the best data sources collected at the state level, in a significant population size, and that could be disaggregated to the regional, county, and/or community level. They also looked for data sources that could be collected regularly, either annually or every two to three years. For each School Readiness Indicator, sub-committees were asked to identify to the extent possible, the following for each state level benchmark:

- Reliable data source from which to set the benchmark
 - If the existing data required additional fields or more extensive data collection, then suggestions were made to indicate the need.
 - If no data existed, or data did exist, but additional information was required, then a key measure was identified for use until the time that sufficient data is available.
- Baseline measure (initial or current data used to establish the benchmark)
- Trend line or information that shows previous changes over time and is used to predict future progress

All sub-committee work and decision-making related to benchmarks was conducted in public open meetings, and final recommendations on benchmarks were informed by comments received in June 2012 at eight regional forums across the state attended by Regional Partnership Council members and the public.

Additional valuable comments on the benchmarks were received during a Tribal Consultation on Data and Evaluation requested by First Things First with tribal government leaders on August 1, 2012. Tribal leaders and their representatives stressed the importance of using culturally appropriate instruments and methods to collect data used to track progress on benchmarks; to be purposeful about the use of data; and to determine whether data sources are representative of all children enrolled and/or living in tribal communities.

State Level Benchmarks

The state level benchmarks will be used to monitor changes in large populations of children and families by using aggregated data at the state level to measure progress toward the benchmark target. A process to develop benchmarks for School Readiness Indicators prioritized by each Regional Council will begin in fall 2012, with recommendations forwarded to the Board in April 2014. Benchmark targets at the state level, as well as the regional level are recommended for the year 2020, which allows sufficient time to develop some of the data sources and collection methods that currently don't exist for tracking progress. The year 2020 also provides the time necessary to show significant systemic improvements for children and families.

Tracking progress on the benchmarks for the School Readiness Indicators is different from conducting a First Things First program or strategy evaluation, as the benchmarks measure more than just First Things First funded efforts and the population and system level. Indicators and benchmarks measure the collective efforts of all partners engaged in the early childhood system, but also will be used to guide First Things First planning at the state and regional level relative to our funding investment in strategies, and our efforts to impact cross-sector community collaborations and affect system policy changes with our partners to improve the lives of children and families. Monitoring progress toward achieving the benchmarks aligns with the recommendations made by the Early Childhood Research and Evaluation National Advisory Panel convened by the Board, and complements other First Things First evaluation and research efforts.

Information on benchmarks for the 10 School Readiness Indicators can be organized into three categories:

A. Benchmarks with complete statewide data:

- Indicator 6 – Children exiting special education to kindergarten regular education
- Indicator 7 – Children at healthy body weight
- Indicator 8 – Children receiving timely well-child visits
- Indicator 9 – Children with untreated tooth decay
- Indicator 10 – Families competent and confident about ability to support their child

The indicators directly related to health had the most complete and consistent statewide data sources available to determine benchmarks, although no data source collects data on all children in Arizona. It is recommended that we continue to investigate the use of additional data sources to include more Arizona child populations in the data to track progress.

B. Benchmarks with baseline data collection just beginning:

- Indicator 2 – Children enrolled in high quality early learning programs
- Indicator 3 – Children with special needs/rights enrolled in high quality early learning programs
- Indicator 4 – Families accessing affordable high quality early learning programs

Quality First Rating data will be used to track progress toward these recommended benchmarks, and actual numbers to complete the benchmark will be available when the baseline is established at the end of FY13 when a full set of Quality First Rating data is available.

- C. Benchmarks requiring further data development and decisions:
- Indicator 1 – Children demonstrating kindergarten readiness in developmental domains
 - Indicator 5 – Children with newly identified developmental delays in the kindergarten year

Benchmark recommendations for these indicators require further research on available data sources or development of new data collection systems, so recommendations will likely be forwarded for Board consideration in the next couple of years. Not surprisingly, these two indicators caused the most robust and passionate discussions and comments related to appropriate data collection instruments and methods; purpose of collecting data; possible misuse of data; and, difficulty in identifying and connecting multiple data sources. Data for Indicator 1 has not been collected before in Arizona in a systemic way, and measuring progress on kindergarten readiness presents an opportunity to engage multiple partners in this data discussion. Data for Indicator 5 is collected in varied settings, using different standards and methods, and First Things First is partnering with St. Luke's Health Initiative to fund an opportunity analysis on all aspects of the Arizona early intervention system for children birth to age five, including collection and availability of data.

Using Benchmarks in Strategic Planning Decisions and Implications

Tracking our progress toward achieving 2020 benchmarks for the 10 School Readiness Indicators provides the opportunity to sharply focus on priorities. These benchmarks should not be used punitively; rather they are critical tools that hold us accountable for progress toward system change to achieve real and measurable outcomes for children and families. Using the indicators and benchmarks to highlight levers for system development or change, and to instigate cross-sector partnerships and initiatives is as significant, and perhaps even more so, than using indicators and benchmarks only to inform funding decisions.

Regional Councils have inquired about the consequences of not achieving a designated benchmark on prioritized School Readiness Indicators, either in the short-term or long-term. First Things First staff is committed to providing as much support as requested and necessary to assist Regional Councils in achieving the progress results they have identified for their work in their community. Further policy discussions and decisions related to the development of regional level benchmarks beginning in fall 2012 must include specific discussion on this topic.

Implementation of Benchmarks

The Board approved final wording and statewide benchmarks for Indicators 2-4 and 6-10 on October 1, 2012. With that approval, First Things First has continued to convene and sought input from partners and stakeholders in carrying out the next steps as described below.

- Staff will work with the Board's Program and Policy Committee, the Early Learning, Health, and Family and Support and Literacy Advisory Committees and other partners to continue data research, finalize benchmark recommendations and plan for data collection methods and systems.
- First Things First will continue to work with all system stakeholders to develop a common policy agenda informed by tracking progress on benchmarks. This will include partnerships with the Governor, the legislature, tribal governments, state agencies, philanthropy, business and community stakeholders.
- Regional Councils will begin developing their recommended benchmarks for prioritized School Readiness Indicators in fall 2012, using the following timeline:

Timeline	Activity
August – December 2012	Knowledge and Understanding of Available Data
January – March 2013	Compile Data by Region
February-March 2013	Preparation by Regional Councils to set Benchmarks (Webinar series)
April – October 2013	Decisions on Benchmark Recommendation based on Phases of Work *Note: Some indicators extend beyond October 2013
November 2013 – February 2014	Solicit Public Feedback
February – March 2014	Finalize Recommendations
April 2014	Recommendations to Board

A reference table listing the 10 School Readiness Indicators and recommended benchmarks is shown below:

Approved School Readiness Indicators and Proposed State Level Benchmarks	
<p>1. #/% children demonstrating school readiness at kindergarten entry in the development domains of social-emotional, language and literacy, cognitive, and motor and physical</p> <p><i>Benchmark: It is anticipated that a benchmark for 2020 may be recommended in FY15 upon analysis of baseline data from an Arizona kindergarten developmental inventory.</i></p>	
<p>2. #/% of children enrolled in an early care and education program with a Quality First rating of 3-5 stars</p> <p><i>Benchmark: Increase by 20% over baseline the #/% of children enrolled in an early care and education program with a Quality First rating of 3-5 stars</i></p>	
<p>3. #/% of children with special needs/rights enrolled in an inclusive early care and education program with a Quality First rating of 3-5 stars</p> <p><i>Benchmark: Increase by 20% over baseline the #/% of children with special needs/rights enrolled in an inclusive early care and education program with a Quality First rating of 3-5 stars</i></p>	

<p>4. #/% of families that spend no more than 10% of the regional median family income on quality care and education with a Quality First rating of 3-5 stars</p> <p><i>Benchmark: Maintain the #/% of families that spend no more than 10% of the regional median family income on quality care and education with a Quality First rating of 3-5 stars</i></p>
<p>5. % of children with newly identified developmental delays during the kindergarten year</p> <p><i>Benchmark: Indicator language and benchmark recommendations will be made in fall 2013 after completion of the comprehensive opportunity analysis on the Arizona early intervention system for children birth to age 5.</i></p>
<p>6. #/% of children entering kindergarten exiting preschool special education to regular education</p> <p><i>Benchmark: 30% of children served in preschool special education will exit to kindergarten regular education</i></p>
<p>7. #/% of children ages <u>2-4</u> at a healthy weight (Body Mass Index-BMI)</p> <p><i>Benchmark: 75% of children age 2-4 at a healthy weight (BMI)</i></p>
<p>8. #/% of children receiving <u>at least six well-child visits within the first 15 months of life</u></p> <p><i>Benchmark: 80% of children receiving <u>at least six well-child visits within the first 15 months of life</u></i></p>
<p>9. #/% of children age 5 with untreated tooth decay</p> <p><i>Benchmark: 32% of children age 5 with untreated tooth decay</i></p>
<p>10. % of families who report they are competent and confident about their ability to support their child's safety, health and well being</p> <p><i>Benchmark: 73% of families report they are competent and confident about their ability to support their child's safety, health and well being</i></p>