FIRST THINGS FIRST

Ready for School. Set for Life.

Indicators for First Things First Roles in the Early Childhood System

Background Information

In 2010, the Arizona Early Childhood Task Force was appointed by the First Things First Board and was charged with establishing the vision for our state's early childhood development and health system and guiding the role of First Things First in the implementation of this comprehensive system for the kids of Arizona. The First Things First Board approved the 20 roles, as well as eight priority roles, recommended by the Task Force in August 2010. Beginning in State Fiscal Year 2013, all First Things First funding plans at the state and regional level will align with the roles and indicators approved by the Board.

In preparation for State Fiscal Year 2012 planning, the Board created three Policy Advisory Committees: 1) Early Learning, 2) Health and 3) Family Support and Literacy. The work of these committees since January 2011 has been the development of indicators for each of the 15 roles (out of the total 20 approved) that were specifically focused in the areas of early learning, health and family support and literacy. These indicators inform First Things First on how we will measure progress in carrying out the approved roles in the early childhood system. The five remaining roles not addressed by the advisory committees are focused on communications, public awareness, funding and other system work, and development of those indicators will be carried out by other First Things First Board committees.

Information About Indicators

There are many terms used to describe measures of progress in a strategic system plan. Depending on the organization or individual, terms such as indicators, performance measures, results, outcomes, targets or benchmarks may be used. These terms may mean different things to different people. First Things First is using the term indicator to describe the statistic used to measure our progress in carrying out a role in the early childhood system. Once the indicators are determined, we will use the term benchmark to describe the actual amount or type of change desired and by when for each indicator. For example:

Indicator: % of children ages 2-5 years at a healthy weight (statistic)

Benchmark: 75% of children ages 2-5 will be at a healthy weight by 2014 (the amount of change desired and by when)

Each of the three advisory committee developed a list of proposed indicators after considering research and information on indicators used by federal, state and local organizations to measure progress. Through multiple discussions, the committee members fine-tuned the proposed indicators and adapted the work of Mark Friedman, Director of the national Fiscal Policy Studies Institute, to organize the list of indicators into four categories:

1. How much service did we deliver? (For example: customers served, number of activities.) Data for these indicators may be collected from grantees as grantee performance measures, or other sources.

2. How well did we deliver the service? (For example: percent of timely and correct actions, percent of satisfied customers.) Data for these indicators may be collected from FTF grantees as grantee performance measures, as fields in grantee data templates, or from other sources.

3. Is anyone better off? (For example: skills, knowledge, attitude, opinion, behavior, circumstance.)
These indicators identify the desired change for children and families and are sometimes described as "headline" indicators. Data for these indicators may be collected through multiple data systems or targeted research studies or evaluations.

4. What is the progress on developing the early childhood system? (For example: planning, development, process, completion of deliverables.) Evidence for these indicators may be documented among state agencies, colleges and universities and other organizations.

Proposed "Better Off" Indicators

(By priority roles identified by the Early Childhood Taskforce and adopted by the Board in August 2010.)

Early Learning

FTF Priority Role: Comprehensive, Aligned and Accountable Early Care and Education System – Convene partners and provide leadership in the development and implementation of a comprehensive early care and education system that is aligned both across the spectrum of settings and with the full continuum of the education system.

- #/% children demonstrating school readiness at kindergarten in all five domains of development

FTF Priority Role: Quality, Access, and Affordability of Regulated Early Care and Education Settings – Convene partners, provide leadership, and provide funding for increased availability of and access to high quality , regulated, culturally responsive and affordable early care and education programs.

- #/% of children with enrolled in an early care and education program with a Quality First rating of 3-5 stars
- #/% of children with special needs/rights enrolled in an early care and education program with a Quality First rating of 3-5 stars
- #/% of families who spend 10% or less of median family income for quality early childhood care and education (those receiving a star rating of 3-5)

Family Support

FTF Priority Role: Supports and Services for Families – Convene partners, provide leadership, provide funding, and advocate for development, enhancement, and sustainability of a variety of high quality, culturally responsive, and affordable services, supports, and community resources for young children and their families.

- % of children who enter kindergarten demonstrating age appropriate competencies in language and literacy, cognitive, motor and physical development
- % of families with children birth through age five who report reading to their children daily
- % of families who report they are competent and confident about their ability to support their child's safety, health and well being
- % of children who enter kindergarten who are demonstrating age appropriate social emotional development

Health

FTF Priority Role: Access to Quality Health Care Coverage and Services – Collaborate with partners to increase access to high-quality health care services (including oral health and mental health) and affordable health care coverage for young children and their families.

- #/% of children receiving timely well child visits
- #/% of children age 5 with untreated tooth decay
- #/% of children with newly identified developmental delays at kindergarten entrance