Section III B.

Strategic Plan for SFY 2013 – 2015

Regional Priorities, Selected FTF Indicators and Priority Roles, and Strategies to Achieve Outcomes

Regional Priority to be addressed	**School Readiness Indicators** Correlated to the needs and priority roles	**FTF Priority Roles** in the Early Childhood System	**SFY 2013-2015 Strategies**
School Readiness – Limited pre-school opportunities, parents need education about preparing children for school **Children w/Disabilities – lack of therapy services, early identification of special needs** **Access to affordable Quality Child Care – High Unemployment/ Poverty rates, more/Family, Friend and Neighbor Care** **Parent's awareness of the needs of young children.**	#/% children demonstrating school readiness at kindergarten entry in the development domains of social-emotional, language and literacy, cognitive, and motor and physical #/% of children with special needs/rights enrolled in an inclusive early care and education program with a Quality First rating of 3-5 stars #/% of children receiving well child visits #/% of children ages 2-5 at a healthy weight (Body Mass Index-BMI) #/% of children age 5with untreated tooth decay % of families who report they are competent and confident about their ability to support their child's safety, health and well being	**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. **Access to Quality Health Care Coverage and Services** – Collaborate with partners to increase access to high quality care services (including oral health and mental health)and affordable health care coverage for young children and their families **Professional Development System** – Convene partners, provide leadership, and provide funding for the development and enhancement of an early childhood professional development system that addresses availability, accessibility, affordability, quality, and articulation. **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.	Quality First (including CCHC, TEACH and Child Care Scholarships) Pre-K Scholarships Scholarship-non TEACH Inclusion of Children with Special Need Community Based Professional Development Early Care and Education Professionals Oral Health Family, Friends and Neighbors Mental Health Consultation Home Visitation Food Security Parent Education Community Based Training Family Support–Children with Special Needs Expansion: Increase slots and/or capitol expense Reach Out and Read Recruitment Stipends/Loan Forgiveness Community Outreach Community Awareness Media

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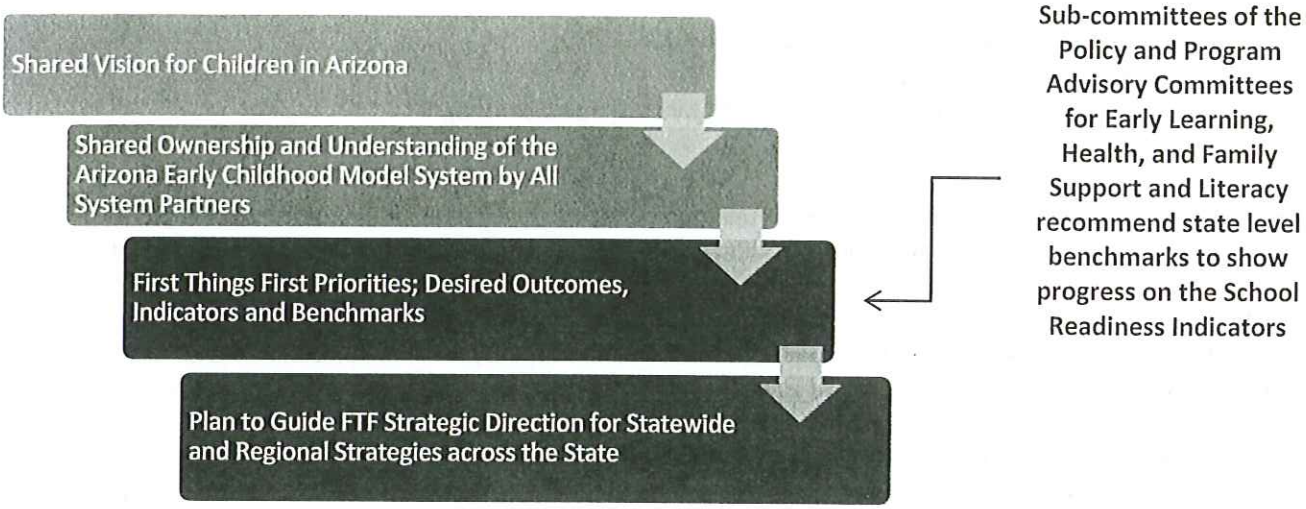
Recommended State Level Benchmarks for School Readiness Indicators for 2020

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 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

A set of benchmark summary pages for each of the 10 School Readiness Indicators is found in Attachment A and identifies the detailed information above for each indicator, and includes the recommended benchmark, as well as other considerations and recommendations related to the data collection. The following section in this

narrative contains a table with all 10 School Readiness Indicators and corresponding benchmark recommendations forwarded by the Policy and Program Committee.

All sub-committee work and decision-making related to recommended 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. (See Attachment B for 2012 Regional Forums on Proposed Statewide Benchmarks for School Readiness Indicators.)

Additional valuable comments on the recommended 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. (Tribal Consultation Summary Notes were included in materials presented to the Board at the August 2012 meeting.)

Recommended State Level Benchmarks

The recommended 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 recommended benchmarks for the 10 School Readiness Indicators can be organized into three categories:

A. Recommended benchmarks with complete 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 Policy and Program Committee is forwarding recommended benchmarks for these indicators for Board consideration. 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. Recommended 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

   The Policy and Program Committee is forwarding recommended benchmarks for these indicators for Board consideration; however, 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.

In addition to the benchmark recommendations described above, the sub-committees and Policy and Program Committee recommend modifications to the language for Indicators 6, 7 and 8. The recommendation for Indicator 6 is to add a percentage measure so it is consistent with the other indicators. The recommendation for Indicator 7 is to modify the statement so it aligns to the age range of 2-4 years that is used in the data source for the benchmark. The recommendation for Indicator 8 is to modify the statement so it aligns to the specific standard for well-child visits that is used in the data source for the benchmark.

The 2020 State Level Benchmark Summary in Attachment A provides more detailed information on the recommended benchmarks (or progress toward determining a benchmark) for each of the 10 School Readiness Indicators. The Summary also shows the proposed language revision for Indicators 6, 7 and 8. Each summary includes information on:

- Data sources considered in the benchmark development
- Data sources recommended for tracking progress on the benchmark
- Baseline measure that uses initial or current data to establish the starting point toward the benchmark target
- Data trend line that shows previous changes over time and is used to predict future progress
- Recommended benchmark for 2020

- Key Measures to monitor (provide sub-measures and context for the benchmark, or may provide an interim measure of progress until the data source and collection system for the recommended benchmark is developed)
- Other recommendations and considerations relative to benchmark development

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

School Readiness Indicators and Proposed State Level Benchmarks (Note: Indicators 6, 7 and 8 have recommended language revisions)
1. **#/% children demonstrating school readiness at kindergarten entry in the development domains of social-emotional, language and literacy, cognitive, and motor and physical** *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.*
2. **#/% of children enrolled in an early care and education program with a Quality First rating of 3-5 stars** *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*
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** *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*
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** *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*
5. **% of children with newly identified developmental delays during the kindergarten year** *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.*
6. **#/% of children entering kindergarten exiting preschool special education to regular education** **Proposed: #/% of children entering kindergarten exiting preschool special education to regular education** *Benchmark: 30% of children served in preschool special education will exit to kindergarten regular education*

7.	**#/% of children ages 2-5 at a healthy weight (Body Mass Index-BMI)** **Proposed: #/% of children ages 2-4 at a healthy weight (Body Mass Index-BMI)** *Benchmark: 75% of children age 2-4 at a healthy weight (BMI)*
8.	**#/% of children receiving timely well child visits** **Proposed: #/% of children receiving at least six well-child visits within the first 15 months of life** *Benchmark: 80% of children receiving at least six well-child visits within the first 15 months of life*
9.	**#/% of children age 5 with untreated tooth decay** *Benchmark: 32% of children age 5 with untreated tooth decay*
10.	**% of families who report they are competent and confident about their ability to support their child's safety, health and well being** *Benchmark: 73% of families report they are competent and confident about their ability to support their child's safety, health and well being*

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 state level 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

Upon Board approval of recommended benchmarks and language modifications for School Readiness Indicators, First Things First will continue convening and seeking input from partners and stakeholders in carrying out the next steps as described below. (An implementation timeline is found in Attachment C.)

- 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	Data Knowledge and Understanding
January – March 2013	Data Review and Analysis
April – July 2013	Decisions on Benchmark Recommendation
August – September 2013	Solicit Public Feedback
October – December 2013	Finalize Recommendations
April 2014	Recommendations to Board

Recommended Board Action

The CEO recommends approval of the following Board Policy and Program Committee recommendations:

1. Revision to the language for School Readiness Indicator #6 to include the percentage of children, and Indicators #7 and #8 to reflect the alignment to language in the benchmark data source.

2. Benchmarks for the following Indicators:

   2 – Children enrolled in high quality early learning programs
   3 – Children with special needs/rights enrolled in high quality early learning programs
   4 – Families accessing affordable high quality early learning programs
   6 – Children exiting special education to kindergarten regular education
   7 – Children at healthy body weight
   8 – Children receiving timely well-child visits
   9 – Children with untreated tooth decay
   10 – Families competent and confident about ability to support their child

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2012 Regional Forums
Proposed Statewide Benchmarks for School Readiness Indicators

In June 2012, eight Regional Forums were held across the state to solicit feedback from First Things First Regional Partnership Council Members on the proposed statewide benchmarks for the 10 School Readiness Indicators for 2020. Fifty-six Regional Partnership Council Members participated in the forums, along with First Things First staff. The forums provided an overview of the benchmarking process, informed participants of who served on the sub-committees that proposed the statewide benchmarks and the timeline for the Policy and Program Committee who will forward their final recommendations to the First Things First Board in August 2012. Participants were also initially briefed and provided an opportunity to discuss the process for selecting regional level benchmarks, which will begin in fall 2012.

Comments and questions from participants at the forums on the proposed benchmarks for each of the 10 School Readiness Indicators are as follows (underlined sections of Indicators means a proposed language revision):

1. **#/% children demonstrating school readiness at kindergarten entry in the development domains of social-emotional, language and literacy, cognitive, and motor and physical:**

   - Attendees understood the rationale and the process being used to determine this benchmark but the discussion was on how they could determine progress regionally if there is not any data or won't be any data for a few years.

   - What tools will be used to assess? There was significant discussion on how the kindergarten readiness assessment tool would be applied to dual language speakers and how it will consider issues of poverty and disparities especially in tribal regions. Suggestions to consider other data such as the rate of retention of children in kindergarten.

   - Need to consider additional key measures as some regions do not have Quality First (QF). Factor in measures such as high school graduation rates, incarceration rates and unemployment.

   - There is concern that the timeline to obtain baseline data for this indicator is too long and that baseline parameters are needed now.

   - Concern about the developmental appropriateness of using a kindergarten entry assessment (or some type of assessment tool), and how results from such an assessment will be used to keep children out of kindergarten or to label them.

   Benchmark 2020:
   - To be determined

2. **#/% of children enrolled in an early care and education program with a Quality First rating of 3-5 stars:**

- There was a general discussion about QF and funding constraints and how they were 'forced' to fund it after the state level funding was cut. There is finite funding for the QF program, so how many providers will have access to be 3–5 stars by 2020?

- 10 – 20% increase by 2020 is a very small increase over the current baseline.

- There are very few providers with 3 star ratings and above right now.

- It was important to discuss the nominator and denominator for this indicator. Asked if all children in child care should be considered in the denominator?

- Consider giving QF ratings to accredited schools without cost/assessments.

- Need to determine if this is a static measure, i.e., existing pool of children in QF centers/homes vs. overall number of children in the state with increased access. Consider also measuring number of slots with increased access.

Benchmark 2020:

- Increase by 10-20% over baseline the #/% of children enrolled in an early care and education program with a Quality First rating of 3-5 stars
    - Numerator: # of AZ children in regulated ECE centers and homes with Quality First 3-5 Star Rating
    - Denominator: # of AZ children in regulated early care and education centers and homes

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:**

- Benchmark to increase by 1% by 2020 is not enough. Recommendations are for a 3-5% increase.

- Consider how data on non-regulated special education classrooms (on public school campuses) can be captured for this indicator.

- Not enough 3–5 star providers.

Benchmark 2020:

- Increase by 10-20% over baseline #/% of children with special needs/rights enrolled in an inclusive early care and education program with a Quality First rating of 3-5 stars
    - Numerator: # of AZ children with special needs/rights in regulated ECE centers and homes with Quality First 3-5 Star Rating
    - Denominator: # of AZ children with special needs/rights in regulated early care and education centers and homes

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:**

   - There was discussion about how median income was going to be measured and how accurate it would be.

   - Because of income disparities within regions, how will that be used for comparison of median income within varying sized communities?

   - Need more providers at 3–5 star ratings to make this indicator meaningful.

   Benchmark 2020:
   - 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

5. **% of children with newly identified developmental delays during the kindergarten year:**

   - Considerable discussion at all forum sessions on how the wording for this indicator is still not correct. What is this measure really trying to tell us and what is the desired outcome? Reconsider and then draft the indicator and benchmark.

   - There is still uncertainty about First Things First's role in early intervention (IDEA, Part C and Part B systems).

   - There is also concern that we would never be able to get data that is accurate which reflects what we were hoping to accomplish. Regions might be able to measure progress within their boundaries even if it was not applicable at the state level. Consider other data sources; home visiting programs, pediatricians, Indian Health Services Maternal Child clinics, public health nurses, etc.

   - Consider not only number screened or not screened, but also the number of children who actually received services.

   - If the Arizona Early Intervention Program is not well-established in a particular region/area, that data will not be reflective in some rural and tribal communities.

   Benchmark 2020:
   - Indicator language to be re-evaluated in FY 2014, and benchmark established at that time. Will use key measures in the interim.

6. **#/<u>%</u> of children entering kindergarten exiting preschool special education to regular education:**

- There was agreement that this would be reasonable but some stated that it would not be reflective of all kids who come into kindergarten from special education because of migration into the area from other states.

- How can data be captured on children with special needs enrolled in private schools?

Benchmark 2020:

- To be determined based on the examination of Arizona Department of Education data (recommended denominator is number of children age 3-5 enrolled in Part B services pre-kindergarten programs)

7. **#/% of children *<u>age 2-4</u>* at a healthy weight (Body Mass Index-BMI):**

- There seemed to be agreement with this process and the measures for this indicator. Concerned about the disparity of data in tribal communities and suggested that tribal Women, Infants and Children Program (WIC), Indian Health Services (IHS), Inter-Tribal Council of Arizona (ITCA) and Early Periodic Screening, Diagnosis, and Treatment (EPSDT) Program data was included.

- Consider data for 5-12 year old age range and trending data over age span.

Benchmark 2020:

- 70 – 75% of children age 2-4 at a healthy weight (BMI)

8. **#/% of children receiving *<u>at least six well child visits within the first 15 months of life</u>*:**

- There was considerable agreement with this benchmark and the key measure. The complexity of the well child visits was discussed but most felt that the benchmark was a good reflection of the indicator.

- Consider including data from Indian Health Services (IHS) and insurance companies.

Benchmark 2020:

- 75 – 80% of children receiving at least six well-child visits within the first 15 months of life

9. **#/% of children age 5 with untreated tooth decay:**

- There was general agreement with this benchmark even though they expressed regret and not being able to aspire to greater progress on this measure. They felt that reaching a benchmark of 32-34% by 2020 is "insufficiently aspirational".

- Need to include information from Indian Health Services (IHS).

Benchmark 2020:

- 32%-34% of children age 5 with untreated tooth decay

10. **% of families who report they are competent and confident about their ability to support their child's safety, health and well-being:**

- There was general agreement and some discussion on the concepts being considered for this indicator and understanding the complexity of measuring it.

- Consider including child abuse and neglect data.

Benchmark 2020:

- The Family and Community Survey is designed to measure many critical areas of parent knowledge, skills, and practice related to their young children. There are questions on overall knowledge of the importance of early childhood, questions which gauge parent knowledge of specific ages and stages, parent behaviors with their children, as well as parent practices related to utilization of services for their families. The survey contains over sixty questions, many of them exploring multiple facets of parenting. This survey is complex because parenting is complex and requires many skills and extensive knowledge. It is critical however, that this early childhood indicator be one, clear number that represents a composite of critical parent knowledge, skills, and actions. It is recommend that specific skills and practices (such as TV watching and knowledge of specific ages and stages) be monitored as key measures. The benchmarks that the early learning and family support subcommittee worked on related to specific skills and practices will be the basis of those key measures. It is also recommend that once all the data from the 2012 Family and Community survey are received and analyzed, that a composite measure, which reflects multiple facets of parent knowledge, skills, and practice, be recommended. These results are anticipated in August 2012.

FTF Indicators and Benchmarks Timeline

FY 2012

- FY 2013 state and regional funding plans align with School Readiness Indicators
- Advisory Sub-Committees recommend state level benchmarks for 2020 based on available data
- Discussion with Regional Councils to determine future process for recommending regional level benchmarks
- Planning continues for future data collection, methods and systems to obtain data at the state level and each regional level, or as close to the regional level as possible

FY 2013

- Policy and Program Committee forwards recommended state level benchmarks for 2020 to the FTF Board in September 2012
- Upon approval, FY 2014 state level planning aligns with School Readiness Indicators and benchmarks
- Regional Councils begin process to recommend regional level benchmarks for 2020 for priority School Readiness Indicators
- FY 2014 Regional level planning reflects the Council's priority School Readiness Indicators

FY 2014

- Regional Councils continue process to recommend regional level benchmarks for 2020 for priority School Readiness Indicators
- FY 2015 state level planning aligns with School Readiness Indicators and benchmarks
- FY 2015 Regional level planning reflects the Council's priority School Readiness Indicators
- Councils recommend Regional Council benchmarks to Board for approval in April 2014

FY 2015

- Incremental progress is measured on state level benchmarks for 2020
- FY 2016 state level planning aligns with School Readiness Indicators and benchmarks
- Fy 2016 Regional Council planning incorporates the regional level benchmarks for 2020 aligned with priority School Readiness Indicators

FY 2016

- Incremental progress is measured on state level benchmarks for 2020
- FY 2017 state and regional level planning aligns with School Readiness Indicators and benchmarks

FY 2017 - 2019

- Incremental progress is measured annually on state and regional level benchmarks for 2020
- Annual state and regional level planning aligns with School Readiness Indicators and benchmarks

FY 2020

- Incremental progress is measured annually on state and regional level benchmarks for 2020
- Annual state and regional level planning aligns with School Readiness Indicators and benchmarks

FY 2021

- Final progress is measured on state and regional level for 2020 benchmarks
- Development and approval of state and regional level benchmarks for 2030
- Annual state and regional level planning aligns with School Readiness Indicators and benchmarks

June 2012

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School Readiness Indicators
2020 State Level Benchmark Summary

Indicator #1:	**#/% children demonstrating school readiness at kindergarten entry in the development domains of social-emotional, language and literacy, cognitive, and motor and physical**
Intent:	Increase the number of children with equal opportunity to be successful in school and close the achievement gap before kindergarten entry

Data sources considered:

- There is currently no data on school readiness at kindergarten entry available at the statewide level in Arizona. Considerations were given to possible use of public school district or school site level data, but data availability is not consistent, as districts or schools determine whether any data is collected. Additionally, if school readiness is assessed, a wide variety of instruments and processes are used.

Data sources recommended for Benchmark:

- A data source to establish this benchmark will be confirmed in the future through ongoing discussions between the Arizona Department of Education (ADE), First Things First, the State Board of Education and the Governor's Office to determine an Arizona kindergarten developmental inventory instrument that is appropriate for all Arizona children to be administered at the beginning of the kindergarten year to measure areas of school readiness. Representatives from these agencies are also participating in national conversations that originated in the Race to the Top – Early Learning Challenge grant application process to determine how other states are developing measures of school readiness at kindergarten entry. Public input will also be solicited and considered in making final recommendations and decisions on the Arizona process and age-appropriate tool used for the kindergarten developmental inventory.

Baseline:

- It is anticipated that data will be collected and a baseline established in FY15 through either an initial phase or full scale implementation of a kindergarten developmental inventory instrument and data collection system.

Trend line:

- It is anticipated that a trend line will be available in FY17 and FY18, two to three years after initial implementation of the kindergarten developmental inventory, and can be used to adjust the benchmark if necessary.

Benchmark 2020:

- It is anticipated that a benchmark for 2020 may be recommended in FY15 upon analysis of baseline data.

Key Measures to Monitor (sub-measures):

- As recommended until data is available and a benchmark is determined:
  - number of children enrolled in Quality First programs with rating of 3-5 stars (this statewide key measure will show progress on increasing the number of children in high quality settings; research shows high quality early childhood experiences support school readiness)

Other recommendations and considerations:

- The timeline for successfully implementing a data system for this benchmark will take at least two years to identify or develop a tool, obtain approval from governing bodies, determine the method for data collection and use, provide professional development for teachers on using the developmental inventory, and inform families and educators about the appropriate use of the data.

- Discussions must include stakeholder concerns about the developmental appropriateness of an instrument used with kindergartners at school entry and how results from such an assessment may be used inappropriately to keep children out of kindergarten or to label them.

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School Readiness Indicators
2020 State Level Benchmark Summary

Indicator #2:	**#/% of children enrolled in an early care and education program with a Quality First rating of 3-5 stars**
Intent:	Increase the number of children with access to affordable high quality early learning programs

Data sources considered:

- First Things First Quality First Rating data
- Child Care Resource and Referral (CCR&R) database
- Head Start – Program Information Report
- Market Rate Survey 2010 (Department of Economic Security)

Data sources recommended for Benchmark:

- First Things First Quality First Rating data collected annually

Baseline:

- The baseline number will be determined from the Quality First Rating data in July 2013 (at completion of initial year of Quality First Rating process)

Trend line:

- Quality First Rating scores are just now beginning to be determined as of July 1, 2012. However, a trend direction can be seen on review of Quality First Rating data from 537 centers and homes using the Environmental Rating Scale and Classroom Assessment Scoring System (CLASS) scores from initial to progress assessments show that:
    - 95% (508 of 537) of providers either improved or maintained their estimated QF rating level
        - 205 providers improved their estimated QF star rating from a 1 to 2 (163); 1 to 3 (6); 2 to 3 (27); 2 to 4 (5); 3 to 4 (3); 3 to 5 (1)
        - 303 providers maintained their estimated QF rating. Specifically, remained at their star rating of 1 (40), 2 (257), 3 (5) and 4 (1).
    - 5% (29 of 537) of providers showed a decline in their estimated QF rating level from 2 to 1 (16); 3 to 2 (12) and 4 to 2 (1)

Benchmark 2020:

- 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
    - Numerator: # of Arizona children in regulated ECE centers and homes with Quality First 3-5 Star Rating
    - Denominator: # of Arizona children in regulated early care and education centers and homes

Key Measures to Monitor (sub-measures):

- As recommended:
    - # of regulated homes/centers at each rating level
    - # of children in regulated homes/centers at each rating level
    - # of slots in Quality First homes/centers
    - # of enrolled programs improving quality (moving up rating scale)
    - # of programs enrolled in Quality First

Other recommendations and considerations:

- None at this time

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School Readiness Indicators
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Indicator #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**
Intent:	Increase in the number of children with special needs/rights who enroll in high quality inclusive regulated early learning programs

Data sources considered:

- First Things First Quality First database

Data sources recommended for Benchmark:

- First Things First Quality First data collected annually to determine ratings
- Data submitted by Quality First enrolled providers on number of enrolled children with special needs/rights

Baseline:

- The baseline number will be determined from the Quality First Rating data in July 2013 (at completion of initial year of Quality First Rating process)

Trend line:

- Quality First Rating scores are just now beginning to be determined as of July 1, 2012. There is no trend data available on the number of children with special needs/rights enrolled in Quality First programs.

Benchmark 2020:

- 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
    - Numerator: # of AZ children with special needs in regulated ECE centers and homes with Quality First 3-5 Star Rating
    - Denominator: # of AZ children with special needs/rights in regulated early care and education centers and homes

Key Measures to Monitor (sub-measures):

- As recommended:
    - # of regulated homes/centers at each rating level
    - # of children with special needs/rights in regulated homes/centers at each rating level
    - # of slots available for children with special needs/rights in regulated homes/centers
    - #/% of children with special needs in total population age birth to age 5
    - # of AZ children with special needs in regulated early care and education centers and homes participating in Quality First

Other recommendations and considerations:

- Children with special needs/rights are defined as those with an Individualized Family Service Plan (IFSP), and Individualized Education Program (IEP), or a 504 Plan.

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School Readiness Indicators
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Indicator #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**
Intent:	Increase the number of families that can afford high-quality early learning programs so family financial contribution is no higher than 10% of the regional median family income

Data sources considered:

- First Things First Quality First database
- Arizona Market Rate Survey (Department of Economic Security)
- Quality First Scholarship database
- National cost of care data

Data sources recommended for Benchmark:

- Arizona Market Rate Survey
- Child Care Aware data for Arizona (national Child Care Resource & Referral organization)
- Arizona Child Care Resource & Referral (CCR&R)
- Quality First Rating and Scholarship database

Baseline:

- The baseline number will be determined from the Quality First Rating data in July 2013 (at completion of initial year of Quality First Rating process)
    - Numerator: # of families with children enrolled in Quality First programs with rating of 3–5 stars that pay no more than 10% of regional median family income
    - Denominator: # of Arizona families with children enrolled in regulated early care and education centers and homes

Trend line:

- Quality First Rating scores are just now beginning to be determined as of July 1, 2012. There is no trend data available yet for this indicator, however, the 2010 Arizona Market Rate Survey shows current family payment % varies from under 10% for high income families to over 30% for lower income families.

Benchmark 2020:

- 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

Key Measures to Monitor (sub-measures):

- None recommended

Other recommendations and considerations:

- The recommendation to maintain the baseline for this indicator is based on the assumption that as more providers increase their quality to a 3-5 star rating, the cost to maintain that quality level will also increase. So that providers are still willing to increase and maintain quality without passing on to families the high cost of maintaining that quality, other financial supports for programs should be expanded so that high quality is affordable to both providers and families. This is a significant shift in the operation of the early childhood system, and therefore it is aspirational to maintain the baseline without losing ground by 2020.

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School Readiness Indicators
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Indicator #5:	% of children with newly identified developmental delays during the kindergarten year
Intent:	Increase the number of children who are screened and if appropriate, receive early intervention services for developmental delays before entering kindergarten

Data sources considered:

- Arizona Early Intervention Program (AzEIP)
- Arizona Health Care Cost Containment System (AHCCCS)
- First Things First Developmental Screening Grantee data
- Arizona Department of Education (ADE) data collected annually

Data sources recommended for Benchmark:

- A recommendation was made to change the language of this indicator to capture the #/% of children receiving developmental and sensory screenings to more accurately measure the intent on the indicator. However, developmental screening occurs in many varied settings and programs and these screenings are not all captured in a comprehensive data system. Concurrent to the research and conversations about data on early intervention, First Things First and St. Luke's Health Initiative partnered together to commission a comprehensive statewide opportunity analysis on the Arizona early intervention system (birth – age 5) with a final report due in July 2013. This project has been vetted with partners in the early intervention system, and the final report will include an assessment and analysis of existing data, which will inform the data source and benchmark recommendation for this indicator.

Baseline:

- The baseline measure for this indicator will be determined by fall 2013 after completion of the comprehensive opportunity analysis on the Arizona early intervention system.

Trend line:

- Trend line data for this indicator will be determined by fall 2013 after completion of the comprehensive opportunity analysis on the Arizona early intervention system.

Benchmark 2020:

- Indicator language and benchmark recommendations will be made in fall 2013 after completion of the comprehensive opportunity analysis on the Arizona early intervention system.

Key Measures to Monitor (sub-measures):

- #/% of children 0-35 months in AzEIP receiving developmental and sensory screening and receiving EI services per year (reported annually to the federal government)
- #/% of children exiting IDEA Part C (AzEIP) and transitioning into Part B services (ADE) with an IEP plan by age 35 months (reported annually as a State Level Performance measure for Part B).

Other recommendations and considerations:

- Use of the term "developmental delay" is not intended as a narrowly defined eligibility category; rather it includes the categories of preschool moderate or severe delay in cognitive, physical, communication, social/emotional or adaptive development, and preschool speech language delay.

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School Readiness Indicators
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Indicator #6:	**# of children entering kindergarten exiting preschool special education to regular education**
Recommended Change:	**#/% of children entering kindergarten exiting preschool special education to regular education**
Intent:	Increase the number of children who transition to kindergarten without an identified special need due to timely screening, identification and delivery of effective intervention services prior to their kindergarten year

Data sources considered:

- Arizona Department of Education (ADE) Individuals with Disabilities Education Act (IDEA) Part B
- Bureau of Indian Education (BIE) Family and Child Education Program (FACE)
- Indian Health Services

Data sources recommended for Benchmark:

- Arizona Department of Education data collected annually

Baseline:

- ADE IDEA Part B data:
    - 22.1% of children served in preschool special education in 2009-2010 exited to kindergarten regular education in 2010-2011

Trend line:

- ADE data is still being analyzed to ensure all children exiting preschool special education are included. ADE will provide the final data to establish the trend line by September 1, 2012. The most recent data analysis showed:
    - 24.6% of children served in preschool special education in 2010-2011 exited to kindergarten regular education in 2008-2009
    - 23.7% of children served in preschool special education in 2008-2009 exited to kindergarten regular education in 2009-2010
    - 22.1% of children served in preschool special education in 2009-2010 exited to kindergarten regular education in 2010-2011

Benchmark 2020:

- 30% of children entering kindergarten exiting preschool special education to regular education

Key Measures to Monitor (sub-measures):

- As recommended:
    - Intensity of early intervention services received by children 36-60 months
    - Length of time of early intervention services received by children 36-60 months
    - Data reported by categories of disabilities or developmental delay

Other recommendations and considerations:

- Recommend that Indicator #6 be revised to state: #/% of children entering kindergarten exiting preschool special education to regular education
- Add BIE and IHS data if it is available and approved to be shared

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School Readiness Indicators
2020 State Level Benchmark Summary

Indicator #7:	**#/% of children ages 2-5 at a healthy weight (Body Mass Index-BMI)**
Recommended Change:	**#/% of children *age 2-4* at a healthy weight (Body Mass Index-BMI)**
Intent:	Increase the number of children who maintain a healthy body weight

Data sources considered:

- Arizona Women, Infants and Children (WIC) data (Arizona Department of Health Services)
- Navajo Nation WIC
- Pediatric Nutrition Surveillance Data (Centers for Disease Control)
- Healthy People 2020
- Indian Health Service WIC
- Arizona Health Care Cost Containment System (AHCCCS)

Data sources recommended for Benchmark:

- Arizona Women, Infants and Children (WIC) data (Arizona Department of Health Services) that will be collected through the DHS Health and Nutrition Delivery System (HANDS) annually beginning in 2014. HANDS will also include Navajo Nation WIC data.

Baseline:

- Pediatric Nutrition Surveillance System Data (PedNSS which is the CDC aggregate for the WIC data):
  - 2010: 65% of children age 2-4 at "normal weight"

Trend line:

- Pediatric Nutrition Surveillance System Data:
  - % "obese": 14.9% in 2007 and 14.2% in 2010 of children <age 5
  - % "overweight": 16.4% in 2007 and 15.7% in 2010 of children <age 5

Benchmark 2020:

- 75% of children *age 2-4* at a healthy weight (BMI)

Key Measures to Monitor (sub-measures):

- As recommended:
  - % of children age 2-4 and age 5-12 that are overweight
  - % of children age 2-4 and age 5-12 that are underweight
  - % of children age 2-4 and age 5-12 that are obese

Other recommendations and considerations:

- Recommend that Indicator #7 be revised to state: #/% of children *age 2-4* at a healthy weight (BMI) to align with the PedNSS indicator age range
- Recommend that the word "healthy weight" remain in the indicator instead of "normal weight" that is in the WIC data
- Recommend obtaining permission from tribal authorities to disaggregate the WIC data by race/ethnicity and zip code
- Recommend additional key measures to be monitored if possible through HANDs data (future name of current AZDHS data Pediatric Nutrition Surveillance System – PedNSS) to further sort by reasons for underweight- failure to thrive, anemia, congenital health issues and lack of food resources.

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School Readiness Indicators
2020 State Level Benchmark Summary

Indicator #8:	#/% of children receiving timely well child visits
Recommended Change:	#/% of children receiving ***at least six well child visits within the first 15 months of life***
Intent:	Increase the number of children with consistent well child visits where there is higher opportunity for immunizations, appropriate screenings and early identification of development delays, other medical healthcare, and support for family members to understand their child's health

Data sources considered:

- Arizona Health Care Cost Containment System (AHCCCS) Data
- AHCCCS HEDIS (Healthcare Effectiveness and Information Data Set) Performance Standards
  - Acute Care
  - Developmental Disabilities
  - Childhood Immunizations
- National Survey of Children's Health
- Arizona Health Survey (St. Luke's Health Initiative)

Data sources recommended for Benchmark:

- Arizona Health Care Cost Containment System (AHCCCS) data collected annually
- Include Indian Health Services data if available

Baseline:

- AHCCCS Performance Data:
  - 2010: 64.1% of children receiving 6+ well-child visits within first 15 months

Trend line:

- AHCCCS Acute Care Performance Standard:
  - Performance Standard: 90% of children age 15 months receive well-child visits
- AHCCCS Performance Data:
  - 2006: 58% of children receiving 6+ well-child visits within first 15 months
  - 2007: 58.6% of children receiving 6+ well-child visits within first 15 months
  - 2008: 59.5% of children receiving 6+ well-child visits within first 15 months
  - 2009: 64.2% of children receiving 6+ well-child visits within first 15 months
  - 2010: 64.1% of children receiving 6+ well-child visits within first 15 months

Benchmark 2020:

- 80% of children receiving *at least six well-child visits within the first 15 months of life*

Key Measures to Monitor (sub- measures):

- As recommended:
  - #/% of children receiving 4:3:1:2:3:1:4 series of vaccinations by age 2 years of age
  - HEDIS data on well-child visits reimbursed by private insurance carriers

Other recommendations and considerations:

- Recommend that indicator #8 be revised to match the HEDIS language: #/% of children receiving *at least six well-child visits within the first 15 months of life*

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School Readiness Indicators
2020 State Level Benchmark Summary

Indicator #9:	#/% of children age 5 with untreated tooth decay
Intent:	Increase the number of children who begin at an early age and regularly visit an oral health professional to receive preventive oral healthcare and services necessary to treat tooth decay

Data sources considered:

- Arizona Oral Health Survey (Arizona Department of Health Services)
- Indian Health Services Oral Health Survey
- Healthy People 2020
- Arizona Health Survey (St. Luke's Health Initiative)

Data sources recommended for Benchmark:

- Arizona Oral Health Preschool Survey conducted at a regular intervals; next survey is in 2013, with data available in 2014

Baseline:

- 2007 Arizona Oral Health Survey:
  - 35% of Arizona Children with untreated tooth decay at Kindergarten entry (Arizona Oral Health Survey)

Trend line:

- Tooth decay has increased in the past 10 years:
  - 1995; 49% of Arizona children age 4 had decay experience (Arizona Oral Health Survey)
  - 2007: 52% of Arizona child age 4 had decay experience (Arizona Oral Health Survey)
- Decay experience increases as age increases to 67% in 3rd grade (Arizona Oral Health Survey)

Benchmark 2020:

- 32% of children age 5 with untreated tooth decay

Key Measures to Monitor (sub-measures):

- As recommended:
  - % of children age 5 with untreated tooth decay receiving care through Indian Health Services
  - % of American Indian children with untreated tooth decay at age 5

Other recommendations and considerations:

- FTF is partnering with the Arizona Department of Health Services Office or Oral Health to expand the sample size of the Arizona Oral Health Survey to provide data at the regional/county level and to complete the survey on a more regular and shorter interval. Considerations should be made to assure consistent data collection, methods, inclusion of appropriate age groups and consistent protocols.

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School Readiness Indicators
2020 State Level Benchmark Summary

Indicator #10:	**% of families who report they are competent and confident about their ability to support their child's safety, health and well being**
Intent:	Increase the number of families who report they are competent and confident to support their child

Data sources considered:

- First Things First Family and Community Survey

Data sources recommended for Benchmark:

- First Things First Family and Community Survey conducted every two - three years. The Family and Community Survey is designed to measure many critical areas of parent knowledge, skills, and practice related to their young children. The survey contains over sixty questions, many of them exploring multiple facets of parenting. There are questions on overall knowledge of the importance of early childhood, questions which gauge parent knowledge of specific ages and stages, parent behaviors with their children, as well as parent practices related to utilization of services for their families. It is critical that this early childhood indicator be one, clear number that represents a composite measure of critical parent knowledge, skills, and actions. First Things First conducted an analysis on several of the relevant survey indicators to arrive at this composite measure.

Baseline:

- 2012 Family and Community Survey:
  - 63% of families report they are competent and confident about their ability to support their child's safety, health and well being

Trend line:

- First Things First Family and Community Survey subset of indicators related to specific skills and practices (not all questions were asked in 2008):

  2008
  - 78% think a parent can begin to significantly impact their child's development brain prenatally or right from birth
  - % of parents reported that they or other family members read stories to their child/children seven days a week (*unavailable for 2008*)
  - % reported that their regular medical provider knows their family well and helps them make healthy decisions (*unavailable for 2008*)
  - 48% believe that children do not respond to their environment until two months of age or later
  - 27% believe that children sense and react to parents emotions only after they reach seven months of age or older
  - 22% believe that children's capacity to learn may be set at birth
  - 47% believe that a child's language benefits equally from watching TV versus talking to a real person

  2012
  - 83% think a parent can begin to significantly impact their child's development brain prenatally or right from birth
  - 50% of parents reported that they or other family members read stories to their child/children seven days a week
  - 75% of parents strongly agreed that their regular medical provider knows their family well and helps them make healthy decision
  - 50% believe that children do not respond to their environment until two months of age or later

- 29% believe that children sense and react to parents emotions only after they reach seven months of age or older
- 33% believe that children's capacity to learn may be set at birth
- 50% believe that a child's language benefits equally from watching TV versus talking to a real person

Benchmark 2020:

- 73% of families report they are competent and confident about their ability to support their child's safety, health and well being

Key Measures to Monitor (sub-measures):

- Recommended individual Family and Community Survey indicators related to specific skills and practices:
  - % think a parent can begin to significantly impact their child's development brain prenatally or right from birth
  - % of parents reported that they or other family members read stories to their child/children seven days a week
  - % of parents strongly agreed that their regular medical provider knows their family well and helps them make healthy decisions
  - % believe that children do not respond to their environment until two months of age or later
  - % believe that children sense and react to parent emotions only after they reach seven months of age or older
  - % believe that children's capacity to learn may be set at birth
  - % believe that a child's language benefits equally from watching TV versus talking to a real person
- % substantiated incidents of child abuse

Other recommendations and considerations:

- Include other health and safety key measures such as % of families who put children to sleep on their back; and, % of families that use car seats