



Strategic Plan

Spring 2011

The mission of the Children's Services Council of Martin County is to enhance the lives of the children of Martin County and to enable them to attain their full potential.

CSCMC Strategic Plan

INTRODUCTION

Since 2002, the Children's Services Council of Martin County (CSCMC) has collaborated with local funders to carry out a systematic assessment of the health and well-being of the children of Martin County. The purpose of the effort has been to create a more effective system of services for the children of Martin County.

The assessment has identified the unique needs of the children of the community, assessed the resources available to meet those needs, and determined the fit between the needs and the resources.

Methods for continually monitoring the health and well-being of the children of the community have also been developed. A set of 14 indicators of child well-being has been selected, and the Services and Activities Management Information System (SAMIS) is now being utilized.

SAMIS is a web-based computer application into which CSCMC-funded providers enter fiscal and programmatic information. It allows CSCMC to monitor the fiscal practices closely and evaluate the impact of those programs. The indicators give a snapshot of the status of Martin County's children as compared to youth statewide.

What follows is a plan to bring about change in areas of need, highlighted by the assessment and other efforts. Progress will be monitored through SAMIS and the youth health and well-being indicators.

The goal of the effort is to create a more effective system of services—a set of services designed to meet the unique needs of the children of Martin County.

A FOCUSED APPROACH TO FUNDING

Recent changes in the property tax structure resulted in the need for budget reductions. The continued uncertainty of the revenue climate continues to drive the refinement of funding priority areas, as well as the application and allocation process.

In 2008-09 the first step in bringing greater precision to the process occurred with the refinement of the funding priorities, since the priorities set the parameters for what programs are allocated funding. The funding priorities were changed to bring them into closer alignment with the goals contained in the strategic plan and the research upon which they are based.

The following funding priority reclassification was implemented in 2008-2009:

- The School Readiness Priority was replaced by a Maternal and Child Health Priority.
- The School Success Priority was replaced with an After-School Care Priority.
- Some elements of the Life Success Priority migrated to the After-School Care Priority, and the Life Success Priority was eliminated.
- A Critical Source Provider designation was created for providers whose capacity is necessary to maintain a functioning continuum of care for children and their families. These providers may fall outside the scope of the new funding priorities.

These changes promoted a more systematic, guided, and focused approach to allocating CSCMC dollars. Such greater precision was and still remains necessary for the organization to be able to accomplish its mission in a time of limited resources. The priority classification described above remained consistent in the 2009-10 allocation process.

CONTINUITY WITH PREVIOUS PLANNING EFFORTS

The following continuities with the Tending the Future and the Community Planning Initiatives exist:

- The emphasis on community impact and performance measures is continued.
- The concentration on the 0-6 year and 10-14 year age groups is continued and provided greater focus. The primary emphasis is on comprehensive services for families of young children and their siblings and reduction of middle school risk behaviors.
- The emphasis on results management is continued and refined in this plan with the integration of SAMIS for both the fiscal accountability and program outcomes.
- The use of strength-based approaches is continued and confirmed.
- The focus on collaborative approaches to service delivery is continued.
- The relationship between community indicators and funded program outcomes is strengthened.

- The funding priorities are established and determined by data-driven research and sound evaluation methods.
- The integration of targeted funding with maintenance of effort to build a service continuum is continued and addresses identified gaps in the systems of care.

GUIDING PRINCIPALS

The strategic plan is guided by the following principals that CSCMC will utilize as criteria upon which future work is based:

Make clear impact within time periods that reinforce public trust and confidence. To maintain and strengthen public trust and confidence, a strong focus must be on areas where the community expresses concern. The resources of CSCMC should be concentrated on those emerging conditions where impact can be demonstrated to the community within reasonable time frames. Community Indicators may be impacted by CSCMC funding; however, positive expectations must focus on the population directly served by CSCMC-funded programs.

Invest the public's resources wisely. CSCMC is ultimately accountable to the taxpayers of Martin County. It has a responsibility to seek internally and externally increased efficiencies and economies of scale, to entrust public funds to those entities with demonstrated competence, and to monitor contracts for fiscal accountability and service performance.

Foster cooperation, collaboration, and alliances as ways to develop stronger systems of care. Consistent with this intention, CSCMC will simultaneously seek to reduce service gaps, fragmentation, duplication of facilities, and duplication of services in the same geographic areas.

Continue community partnerships. CSCMC will continue to work with community partners and other funders to support a comprehensive system of services to families.

Maximize existing revenue. CSCMC will continue to seek out opportunities to maximize revenue through federal, state, and local matching funds programs, local funder collaborations, and grants.

Target new resources. Future tax revenue generated through increased value may be dedicated to identified service gaps through targeted funding.

Strengthen the family unit. It is the intent of this plan that services and supports shall be organized and delivered in ways that strengthen the family; however, the family may be defined.

The Move to Evidence-Based Programming. CSCMC began the move to evidence-based practice with the adoption of this strategic plan and the implementation of targeted funding. Where possible and particularly for targeted funding programs, CSCMC staff has required that grant applicants look to proven program models and best practices when proposing program solutions for under-performing indicator areas. The strategic plan is based on rigorous research on the needs of the children of the community. Targeted funding programs are evidence-based programs that address the needs highlighted by the plan.

The new funding climate poses opportunities to further refine funding practices. It is recommended that future new revenues earmarked for program expansion be limited to evidence-based programs. It is also recommended that this revenue be made available through need specific (or targeted) Request For Proposals (RFPs). In the 2010-11 and in the 2011-12 application cycles, the Council was not able to entertain new applications or consider the expansion of currently funded programs, due to reductions in revenue.

Consideration should also be given to formally sun-setting the annual open, competitive process and implementing a targeted RFP process, as existing or new revenues become available for allocation. This method of allocation has become common practice in the broader funding community. Focused funding on evidence-based programs results in a greater ability to quantify actual impact on individual program participants and return on investment.

CONTEXT & ASSUMPTIONS

Martin County and the Children's Services Council will be impacted by the following challenges:

- Continued decreased state funding for services and increased efforts to shift costs to local governments.
- Increased service deficits, both locally and statewide.
- The local economy remaining heavily service based with a large percentage of low-paying jobs.
- Continued growth of health insurance gaps.
- Limited or no growth in local corporate, charitable, and philanthropic support.
- Increased population growth, particularly in minority groups.
- Increased requests from local agencies for replacement funding and new programs.
- Community pressure to deviate from specific priority areas.
- Tax reform and limitation of funding base.

IMPLEMENTATION OF PLAN

The Council and CSCMC staff will continue working toward integration of the plan goals within the Children's Services Council's budget in an effort to realize the outcomes outlined above. The extent to which CSCMC is able to address the stated service gaps in the plan will be dependent upon the availability of funds to maintain current program effort and investment in future targeted programs. Addressing stated service gaps will also be dependent upon the effective evaluation of program outcomes with current service providers designed to determine several things:

- The population being served by CSCMC-funded programs is appropriate.
- The program services provided effectively address identified community challenges.
- Adequate resources and partnerships are available to impact identified community indicators.
- Martin County service providers have the necessary expertise and training to serve emerging populations and address growing community challenges.

MECHANISMS FOR BRINGING ABOUT CHANGE

The strategic plan uses two basic funding strategies to bring about change. They are targeted funding and program enhancements. Based on indicator information, specific problem areas have been isolated. These areas are the subjects of targeted funding grants.

Based on the results of the resource inventory, gaps in the service delivery system have been found. These areas are the focus of program enhancements.



Targeted funding grants fund new programs that focus on specific problem areas in the local community. Program enhancements expand the capacity of existing successful programs, where the demand for services has exceeded the capacity of the program to provide them.

PERFORMANCE TARGETS

Based on the priorities of the Council, a set of indicators has been selected to monitor the health and well-being of the children of the community.

Performance data for Florida and Martin County has been collected. Based on the data and community input, areas for change have been targeted. Goals have been set using the statewide figures as the performance standard.

This strategic plan will be rewritten in 2012-13. The plan will be based on information from various sources including the 2011-12 Martin County Health Assessment and the 2011-12 Whole Child Data Assessment. Nationwide performance or Healthy People 2020 goals will also be considered.

STRATEGIC PLAN GOALS

Priority 1: Maternal and Child Health

The Children's Services Council of Martin County promotes maternal and child health by supporting services that focus on:

- Healthy Birth Outcomes including early entry into prenatal care and its regular use, healthy birthweight, and the prevention of fetal/infant mortality.
- Women's Reproductive Health including education and/or efforts to promote utilization. Recipients of service typically learn how to access and use reproductive care provided by doctors, nurses, and midwives.
- Healthy Child Development with a priority placed on programs that promote healthy child development and are guided by a recognized theory of child development or supported by sound scientific research.
- The goal of these services is to give each child the opportunity for a healthy birth and positive physical, social, and emotional development.

Goals:

- 1.1 Increase the percentage of women accessing quality prenatal care in the first trimester.
- 1.2 Offer Healthy Families Program services to all qualified families in Martin County.
- 1.3 Access to the Building Readiness Among Infants Now (BRAIN) Program for all Martin County families.
- 1.4 Increase the percentage of children entering kindergarten ready to learn and succeed.

Maternal and Child Health Indicators:

	Martin	Florida
Prenatal Care, 2009 (Percent Starting Care in First Trimester)	72.9	78.3
Low Birthweight Babies, 2009 (Percent of Total Live Births Under 2,500 Grams)	7.8	8.7
Infant Mortality, 2009 (Rate per 1,000 Live Births)	3.4	6.9
Immunization, 2009 (Percent Entering Kindergarteners)	90.2	91.3
Single-Parent Births, 2009 (Percent of Total Live Births)	46.4	47.7
Florida Kindergarten Readiness Screener (FLKRS), Fall 2009*	ECHOS- 88% FAIR – 68%	ECHOS – 90% FAIR – 68%

*Note: The Florida Kindergarten Readiness Screener Score (FLKRS) is made up of two components, the Early Childhood Observation System (ECHOS) and the new Florida Assessments for Instruction in Reading (FAIR), which replaced the Dynamic Indicators of Basic Early Literacy Skills (DIBELS) component beginning in the 2009-10 school year.

ECHOS measures the percent of youth who are either “Emerging/Progressing” or “Demonstrating” readiness for kindergarten. FAIR measures the probability of reading success among kindergarten students based on “broad screening for letter naming” and “phonetic awareness.”

Priority 1: Maternal and Child Health

Goal 1.1: Increase the percentage of women accessing quality prenatal care in the first trimester to the statewide figure.

Introduction: Research indicates that women who enter prenatal care earlier and receive quality care consistently throughout their pregnancy are more likely to experience positive birth outcomes than those who do not. Babies born to women who enter prenatal care early are more likely to survive their first year of life, which in turn increases the chances of survival to adulthood.

Baseline Data: In 2004 Martin County had the 4th lowest percentage of women entering prenatal care in the first trimester, which ranked it 64th out of 67 counties in the state. 64% of women entered prenatal care in the first trimester in 2004 as compared to 81% statewide (Table 1). The performance target for this indicator was set at the statewide rate of 81% in 2004. The mechanism of change was targeted funding for the Belly Button and Whole Child Connection Programs.

Table 1 - Performance Measure: Entry into Prenatal Care in the First Trimester, 2004 and 2009

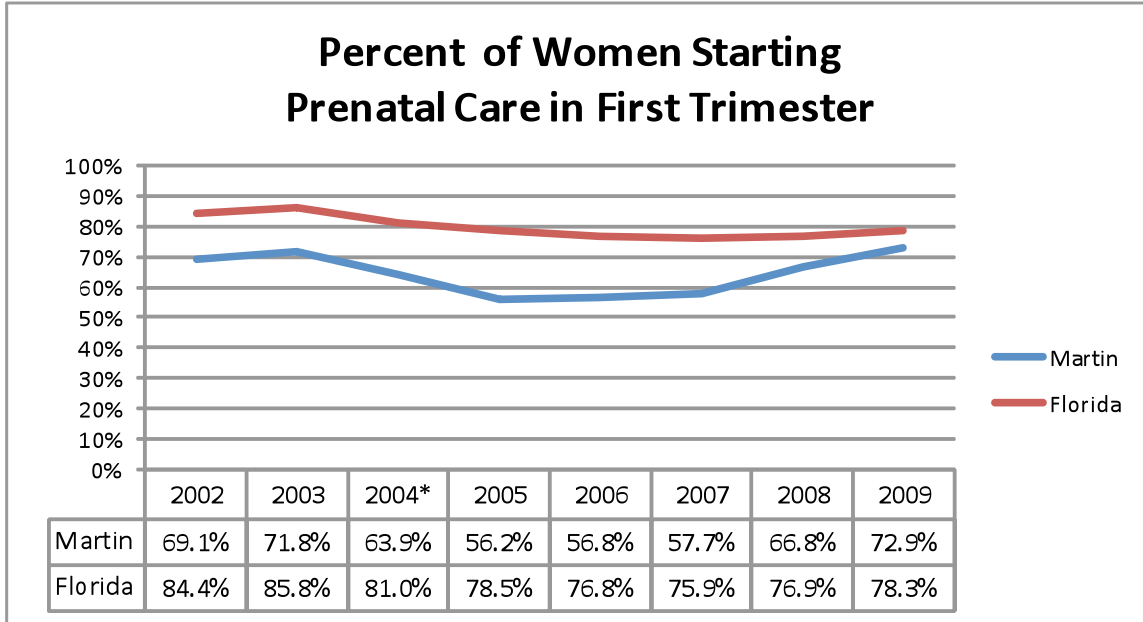
2004 Martin County Baseline:	64% of Martin County Women Entered Prenatal Care in the First Trimester
<i>Performance Target:</i>	<i>81% of Women Enter Prenatal Care in the First Trimester</i>
<i>Mechanism of Change:</i>	<i>Targeted Funding: Belly Button Project and Whole Child Connection</i>
<i>2009 Performance Outcome:</i>	<i>72.9% of Women Entered Prenatal Care in the First Trimester (78.3% Statewide)</i>

Source: Florida Charts

Outcomes: In 2009, Martin County went from having the 4th lowest percentage of women entering prenatal care in the first trimester in the state (ranking 64th out of 67 counties) to having the 24th lowest percentage of women entering prenatal care in the first trimester in the state (ranked at 43rd out of 67 counties). 72.9% of Martin County women entered prenatal care in their first trimester as compared to 78.3% of women statewide.

Over the past five years, the percentage of women who entered prenatal care in the first trimester increased significantly from 56.2% in 2005 to 72.9% in 2009 (Graph 1).

Graph 1 - Percent of Women Entering Prenatal Care in First Trimester, 2002-2009



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urce: Florida Charts

*In 2004, the Florida Department of Health changed its method of calculating trimester of entry into care. This change contributed to the declines seen in the statewide and Martin County figures listed above.

Mechanism of Change: Strategically invest in programming focused on improving early entry into prenatal care.

Belly Button Project:

The two primary elements of the Belly Button Project are outreach services and the coupon/incentive program. During 2009-2010, the Port Salerno Outreach Center conducted 279 intakes, a 65% increase from 2007-2008 (Table 2).

Table 2 - Number of Port Salerno Intakes, 2007-08, 2008-09, and 2009- 10

	2007-08	2008-09	2009-10	Percentage Change from 2007-08 to 2009-10
Number of Intakes	169	209	279	65%

Source: SAMIS

Whole Child Connection (WCC):

During 2009-10, a total of 2,911 families completed new profiles (933 families) or updated an existing file (1,978 families). This represents a 49% increase from 2008-09 and a 247% increase since 2007-08 (Table 3).

Table 3 - Number of Families Completing New or Updated Profile, 2007-08, 2008-09, and 2009-10

	2007-08	2008-09	2009-10	Percentage Change from 2007-08 to 2009-10
Number of New or Updated Profiles	838	1,951	2,911	247%

Source: SAMIS

Goal 1.2: Increase access to Healthy Families Program for qualified families.

Introduction: The Healthy Families Program is a research-proven method of reducing risk for abuse/neglect in at-risk families. Martin County currently has a lower rate of abuse/neglect than the state. This may, in part, be due to the impact of the Healthy Families Program.

Baseline Data: In 2004, 400 families received services from the Healthy Families Program. The performance target was set at 100% of all qualified families would receive Healthy Families Program services (Table 4). In 2004-05, funds were awarded to expand services for 10 additional families. The program requested no expansion funds for the 2006-07 and 2007-08 funding years.

Table 4 - Performance Measure: Healthy Families Program, 2004 and 2009

2004 Martin County Baseline:	400 Families Received Services
<i>Performance Target:</i>	<i>100% Qualified Families Receive Services</i>
<i>Mechanism of Change:</i>	<i>Program Enhancements: Additional Funding: Estimated Need = 30 families @ \$3,200 = \$96,000</i>
<i>2009 Performance Outcome:</i>	<i>370 Families Received Services</i>

Source: SAMIS

Table 5 - Number Healthy Families Served and Unable to be Served, 2008-09 and 2009-10

	2008-09	2009-10	Percentage Change 2008-10
Number of Families Served	425	370	-13%
Number of Families Wait Listed	48	60	25%

Source: SAMIS

Mechanism of Change: Strategically invest resources in the expansion of the program to enable the provision of services to all qualified families.

Goal 1.3: Increase access to the BRAIN Program for all qualified Martin County families.

Introduction: Home visiting in the first year of life has been found to promote breast feeding (which promotes overall infant health), home safety (including appropriate use of car seats and securing pools), and an accurate knowledge of child development.

Baseline Data: Since 2003, the BRAIN Program has been provided with \$111,183 in funding enhancements. These enhancements have enabled continuation of a universal home-visiting program, despite diminishing resources from other funding sources. In 2004, 61% of mothers received home visits (Table 6). A performance target of 85% was established.

Table 6 - Performance Measure: BRAIN Program, 2004 and 2009

<i>2004 Martin County Baseline:</i>	<i>61% of Mothers Received Home Visits (720 families)</i>
<i>Performance Target:</i>	<i>85% of Mothers Receive Home Visits (Increase of 300 families)</i>
<i>Mechanism of Change:</i>	<i>Program Enhancements: Additional Funding: Estimated Need = 300 client @ \$240 = \$72,000.</i>
<i>2009 Performance Outcome:</i>	<i>1,073 Families Received Services</i>

Source: SAMIS

Outcomes: In 2009-2010, 1,073 families received BRAIN Program services (Table 7). This constitutes approximately 92% of all of the births to Martin County residents during the period. The total percent of Martin County births served increased 17% between 2006-07 and 2009-10.

Table 7 - Number of Families and Percent of Total Martin County Births Served, BRAIN Program, 2006-07, 2007-08, 2008-09, and 2009-10

	2006-07	2007-08	2008-09	2009-10
Number of Families Served	1,037	1,079	1,159	1,073
Percent of Total Martin County Births Served	75%	83%	90%	92%

Source: SAMIS

Mechanism of Change: Strategically invest to ensure that home visitation services are available to a minimum of 85% of all mothers/families. The performance target was met in 2008-09. The program continues to work providing home visits for every mother in Martin County.

Goal 1.4: Increase the percentage of children entering kindergarten ready to learn and succeed.

Introduction: Children who enter kindergarten with a basic skill set are better able to learn than those who do not. The Florida Kindergarten Readiness Screener (FLKRS) measures this skill set. The purpose of the FLKRS is to gather information on a child’s overall development and to specifically address the readiness of each student for kindergarten based on Florida’s Voluntary Pre-kindergarten (VPK) Education standards. The FLKRS is also used to calculate the VPK Kindergarten Readiness Rate, which measures how well a VPK provider prepares four-year-olds to be ready for kindergarten based upon Florida’s VPK Education Standards.

Baseline Data: In previous versions of the strategic plan, the Early Screening Inventory-Kindergarten was used as the method of measurement in this area. In 2006, the State of Florida Department of Education discontinued its use and replaced it with the Florida Kindergarten Readiness Screener (FLKRS). The FLKRS was made up of two components, the Early Childhood Observation System (ECHOS) and the Dynamic Indicators of Basic Early Literacy Skills (DIBELS). In 2009, FLKRS was modified to replace DIBELS with Florida Assessments for Instruction in Reading (FAIR). The Early Childhood Observation System (ECHOS) portion of FLKRS has remained unchanged since 2005 and is the measurement used for this indicator.

In 2005, 76% of all children who entered kindergarten were ready to learn based on the ECHOS score (Table 8). The performance target for this indicator was set at the statewide rate of 80%. The mechanism of change was to identify VPK centers that feed schools where the ECHOS score for that school was lower than the statewide level.

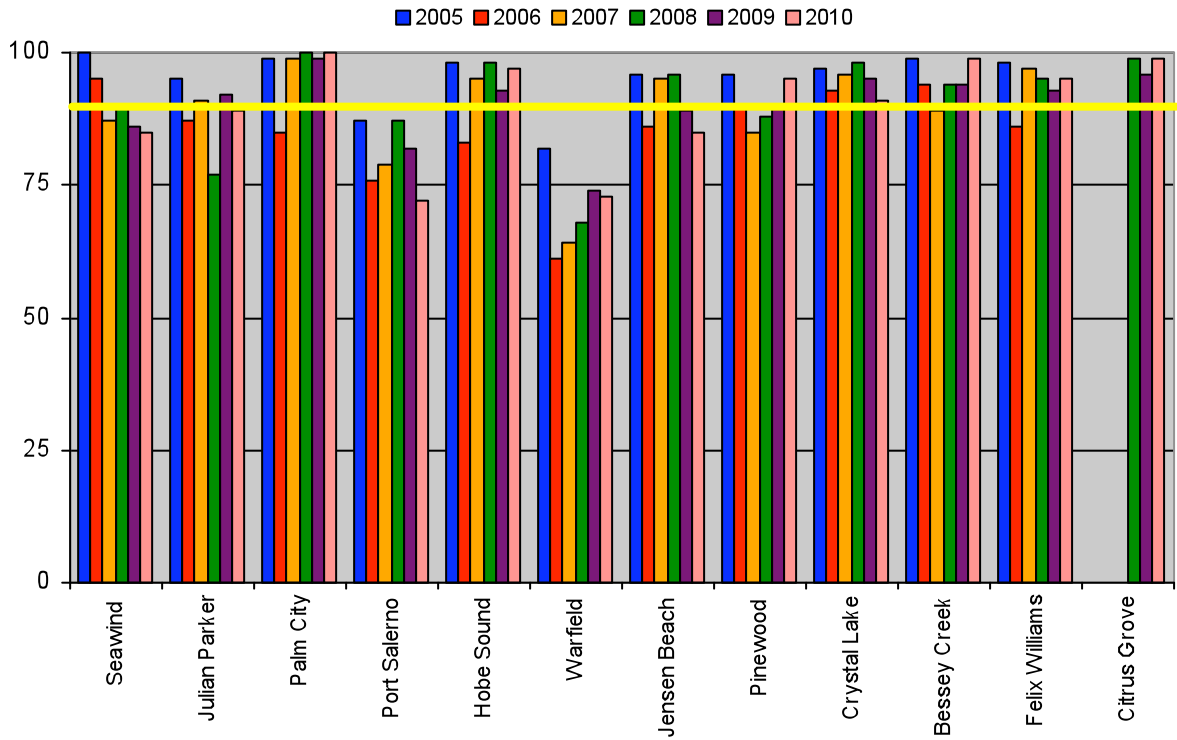
Table 8 - Performance Measure: FLKRS/ECHOS, 2005 and 2010

<i>2005 Martin County Baseline (FLKRS)</i>	<i>76% of All Children Entered Kindergarten Ready To Learn</i>
<i>Performance Target</i>	<i>80% of All Children Enter Kindergarten Ready to Learn</i>
<i>Mechanism of Change</i>	<i>Identify VPK centers that feed schools with ECHOS scores lower than the statewide level (2005 - JD. Parker, Pinewood, Port Salerno, and Warfield)</i>
<i>2010 Performance Outcome</i>	<i>88% of All Children Enter Kindergarten Ready to Learn</i>

Source: FDOE, FLKRS/ECHOS

Outcomes: In 2010, 90% of children statewide scored as either demonstrating or having emerging/progressing readiness skills on the ECHOS. Martin County children scored at 88%. If the statewide rate of 90% is used as a performance threshold, children entering kindergarten at the following schools fell below the target (Graph 2): Sea Wind Elementary (85%), J.D. Parker (88%), Port Salerno Elementary (72%), Warfield Elementary (76%), and Jensen Beach Elementary (85%).

GRAPH 2 - Early Childhood Observation System (ECHOS), Martin County, Fall of 2005, 2006, 2007, 2008, 2009, and 2010



2005	100	95	99	87	98	82	96	96	97	99	98	
2006	95	87	85	76	83	61	86	90	93	94	86	
2007	87	91	99	79	95	64	95	85	96	89	97	
2008	90	77	100	87	98	68	96	88	98	94	95	99
2009	86	92	99	82	93	74	89	90	95	94	93	96
2010	85	89	100	72	97	73	85	95	91	99	95	99

Source: FLKRS, ECHOS, Martin County

Mechanism of Change: Strategically invest in VPK centers that are potential feeders to the elementary schools as one strategy to reach underperforming children. Investment strategies include:

- Improving access to developmentally-appropriate curriculum in funded childcare settings.
- Quality improvement.
- Increasing standards for Pre-K teacher preparation and certification.
- In-service education.

Conscious Discipline: In 2008, the Children's Services Council of Martin County invested in Conscious Discipline training for childcare centers that serve as primary feeders for the schools with the lowest number of children testing ready to learn. Between June 2008 and April 2009, trainings were provided for 30 individual childcare center staff. Between October 2009 and March 2010, trainings were provided to 24 individual childcare center staff.

Children's Behavioral Support (CBS): CSCMC invested in a pilot project to assist childcare centers in dealing with children with chronic behavioral issues. In 2009-10, 70 children were served in the program. In 96% of the cases, the children maintained placement stability. In 80% of the cases, the children were developmentally on target at the end of CBS involvement.

Priority 2: After-School Care

CSCMC promotes after-school care by supporting programs that provide year-round services encouraging a combination of:

- Learning/Academic Achievement
- Physical Activity
- Acquisition of drug/alcohol resistance skills

Services should be provided in a safe environment during the after-school hours under adult supervision. All programs should strive to promote character, increase protective factors/assets, and minimize high-risk behaviors in children.

Goals:

- 2.1 Maintain or improve on existing levels of performance for the graduation rate, drop-out rate, FCAT scores, and the teen birth rate.
- 2.2 Organize or advance efforts to promote the safety and well-being of children 0-18 years of age.
- 2.3 Decrease the portion of youth who begin using substances at age 13 or younger.

- 2.4 Lower the 30-day use rate for alcohol for 10-14 year olds in Martin County.
- 2.5 Increase the number of after-school programs/activities available for 10-14 year olds.

After-School Care Indicators:

	MARTIN	FLORIDA
Graduation Rate, 2009-10 (Percent of students graduating within 4 years of 9 th grade enrollment)	90.4%	80.7%
Drop Out Rate, 2009-10 (Percent of students who withdraw from school without transferring to another education program)	0.6%	2.0%
FCAT Scores, 2009-10 (8 th Grade, Mean Scale Score. 500 possible)	Reading: 327 Math: 337	Reading: 312 Math: 324
Teen Birth Rate, 2009 (Rate per 1,000 Females 15-17)	16.5	17.8
Child Death Rate, 2009 (Rate per 10,000 Youth 1-14)	1.4	1.7
Teen Death Rate, 2009 (Rate per 10,000 Youth, 15-19)	8.7	5.8
Juvenile Justice Referrals, 2009-10 (Rate per 1,000 Youth 10-17)	63	65
Youth Substance Use, 2010 (Percent of MS/HS Students in Last 30 Days)	Alcohol: 31.4 Alcohol Binge: 17.6 Cigarettes: 11.2 Marijuana: 16.6	Alcohol: 28.8 Alcohol Binge: 14.1 Cigarettes: 8.8 Marijuana: 13.0

Priority 2: After-School Care

Goal 2.1: Maintain or improve on existing levels of performance for the graduation rate, drop-out rate, FCAT scores, and the teen birth rate.

Introduction: Martin County currently meets or exceeds the statewide average for the indicators listed above. Over the next five years, these indicators will be tracked to ensure current levels of performance are maintained or improved.

Baseline Data: In 2002, the Martin County rates exceeded the statewide rates for Graduation Rate, Drop-Out Rate, FCAT Scores, and Teen Birth Rate (Table 9).

Table 9. Performance Measure: Graduation Rate, Drop-out Rate, FCAT scores and Teen Birth Rate, 2002 and 2009

<i>2002 Martin County Baseline:</i>	Graduation Rate – 85.1% Drop-out Rate – 0.8% FCAT Reading – 320 FCAT Math – 324 Teen Birth Rate – 23.3
<i>Performance Target:</i>	<i>Statewide Rate 2002:</i> Graduation Rate – 69% Drop-out Rate – 3.1% FCAT Reading – 301 FCAT Math – 310 Teen Birth Rate – 23.6
<i>Mechanism of Change:</i>	<i>Track monitors to ensure current levels of performance are maintained or improved.</i>
<i>2009 Performance Outcome:</i>	<i>Refer to After-School Indicators, p. 16</i>

Source: SAMIS

Outcomes: The 2009-10 Graduation Rate, Drop-out Rate, FCAT scores and Teen Birth Rate all performed better than the statewide rate (refer to After-School Indicators, page 16).

Mechanism of Change: Strategically invest in after-school and summer programs.

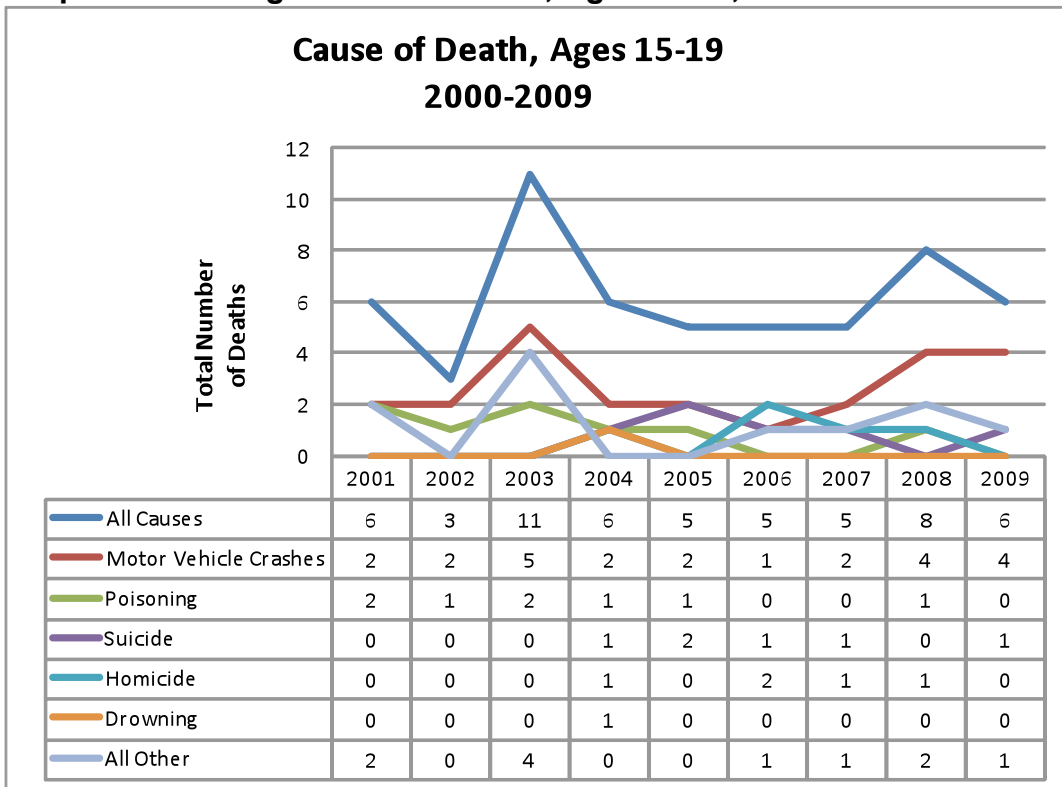
Goal 2.2: Organize or advance efforts to promote the safety and

well-being of children 0-18 years of age.

Introduction: The safety of our children is paramount. Death or injury has the ultimate impact on a child’s life chances.

Baseline Data: The leading causes of preventable death for 1-14 year olds in Martin County are automobile accidents and drowning. Since 2004, Martin County had only one drowning. For 15-19 year olds, the leading cause of preventable death is also automobile accidents (Graph 3). If national data holds true for Martin County, a significant proportion of these accidents are alcohol related.

Graph 3 - Leading Causes of Death, Ages 15-19, 2000-2009



Source: Florida Department of Health, Office of Vital Statistics

Mechanism of Change: Strategically invest in after school and summer programs that provide opportunities for water safety education. Strategically invest in programs that focus on building substance use resistance skills.

Goal 2.3: Decrease the percentage of youth who begin using substances at age 13 or younger.

Introduction: Children who start using substances earlier are more likely to abuse substances later in life, experiment with different types of substances, and experience substance use-related consequences. Early Alcohol use is defined as the percentage of High School students who started using alcohol at age 13 or younger.

Baseline Data: In 2002, 44% of high school students reported early alcohol use (defined as using alcohol at age 13 or younger). The performance target was set at 38% high school students (Table 10). The mechanism of change was through performance enhancements with Project Northland.

Table 10 - Performance Measure: Early Alcohol Use*, 2002 and 2010

2002 Martin County Baseline:	44% High School Students Who Reported Early Alcohol Use
Performance Target:	38% High School Students Who Report Early Alcohol Use
Mechanism of Change:	Program Enhancements: Project Northland
2010 Performance Outcome:	24.1% High School Students Who Reported Early Alcohol Use

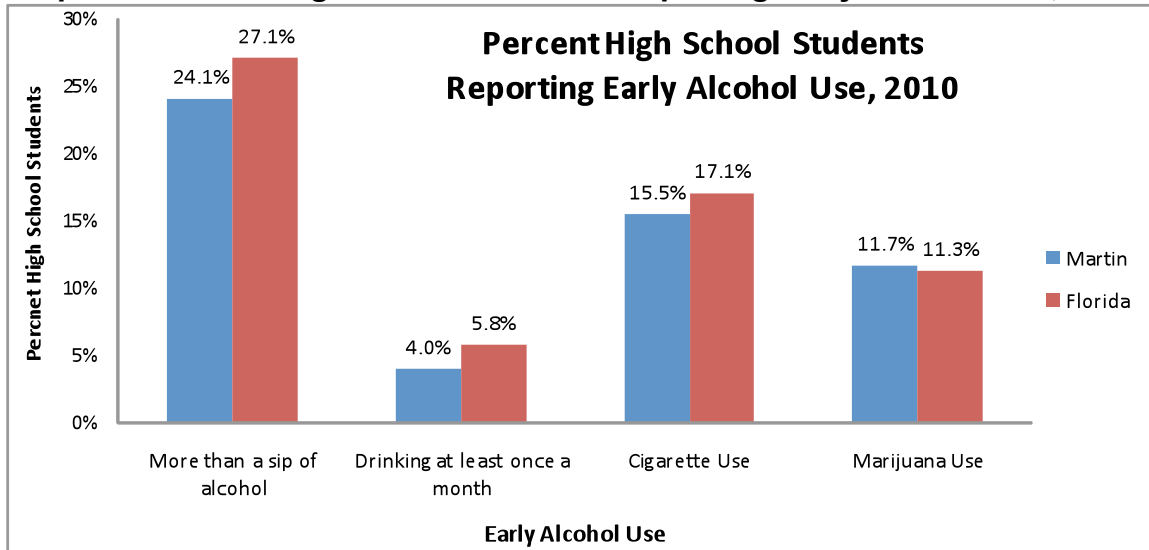
Source: 2010 FYSAS, Martin County Report

***Note: Early Alcohol use** is defined as the percentage of high school students who started using at age 13 or younger. Data are not reported for middle school students.

Outcomes: In 2010, 528 Martin County middle school students were surveyed, and 516 Martin County high school students were surveyed. Survey results (Graphs 4, 5) showed:

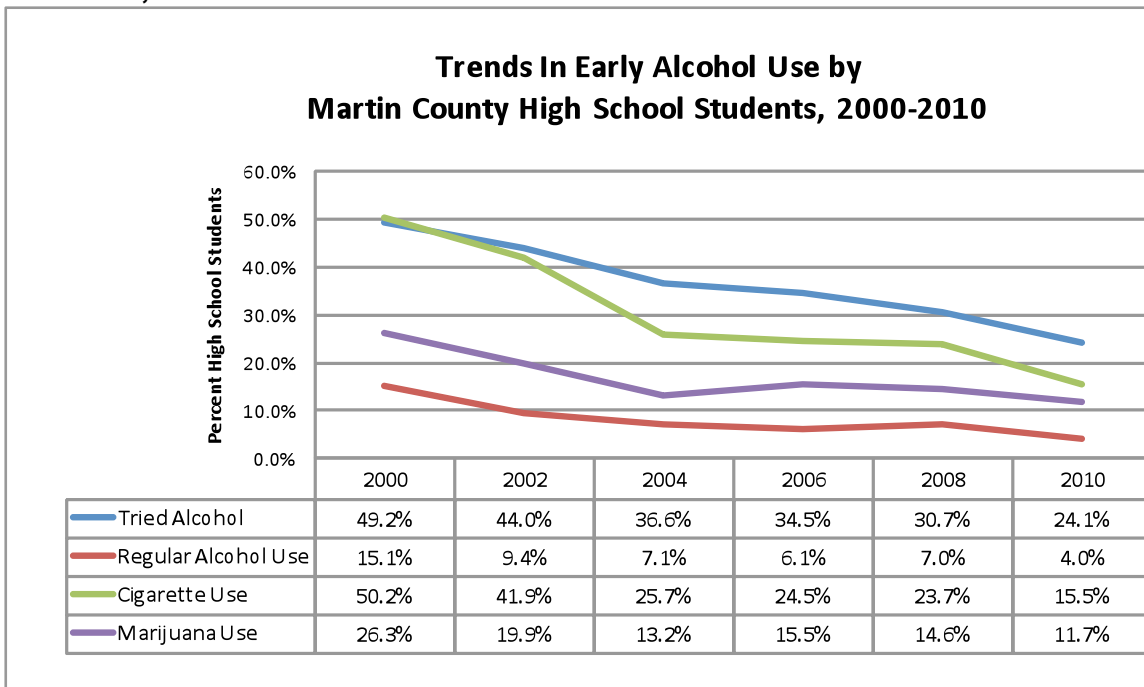
- Lower percent of high school youth report using alcohol at age 13 or younger.
- Fewer middle and high school youth report using alcohol in the past 30 days.
- Fewer high school youth report binge drinking.

Graph 4 - Percent High School Students Reporting Early Alcohol Use, 2010



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Source: 2010 FYSAS, Martin County Report, Table 6

Graph 5 - Trends in Early Alcohol Use by Martin County High School Students, 2000-2010



Source: 2010 FYSAS, Martin County Report, Table 7

Note: Early Alcohol use is defined as the percentage of High School students who started using at age 13 or younger. Data is not available for middle school students.

Mechanism of Change: Strategically invest in programs proven to reduce the age of first use of substances.

Project Northland: A strategic investment was made in The Project Northland/Community Prevention Project in 2006. It was designed to complement and enhance the school-based curriculum that has been delivered to 6th, 7th, and 8th graders since 2002.

In 2009-2010 Project Northland organized events reached 2,313 Martin County residents.

Project Northland also assisted in the delivery of the school-based component of the program to over 4,000 6th, 7th, and 8th graders in Stuart, Murray, Anderson, and Hidden Oaks Middle Schools. In addition, Project Northland staff trained 456 of their peer leaders at the participating middle schools.

The evaluation of the school-based component found that students made statistically significant knowledge gains in the content of laws regarding alcohol consumption, the physiological effects of alcohol, and the role of advertising in promoting alcohol consumption among youth.

Goal 2.4: Lower the 30-day use rate for alcohol for all 10-14 year olds in Martin County.

Introduction: Historically, Martin County's 10-14 year olds are more likely to have used substances in the last 30 days than youth statewide. This places them at greater risk for a number of negative consequences, including reduced academic performance, pregnancy, juvenile justice involvement, and accidental death.

Baseline Data: In 2004, 21.4% of 10-14 year olds reported using alcohol in the past 30 days. The performance target was set at 20% (Table 11). The mechanism of change was through expansion of after-school programs.

Table 11 - Youth Substance Use, 10-14 Year Olds, 2008

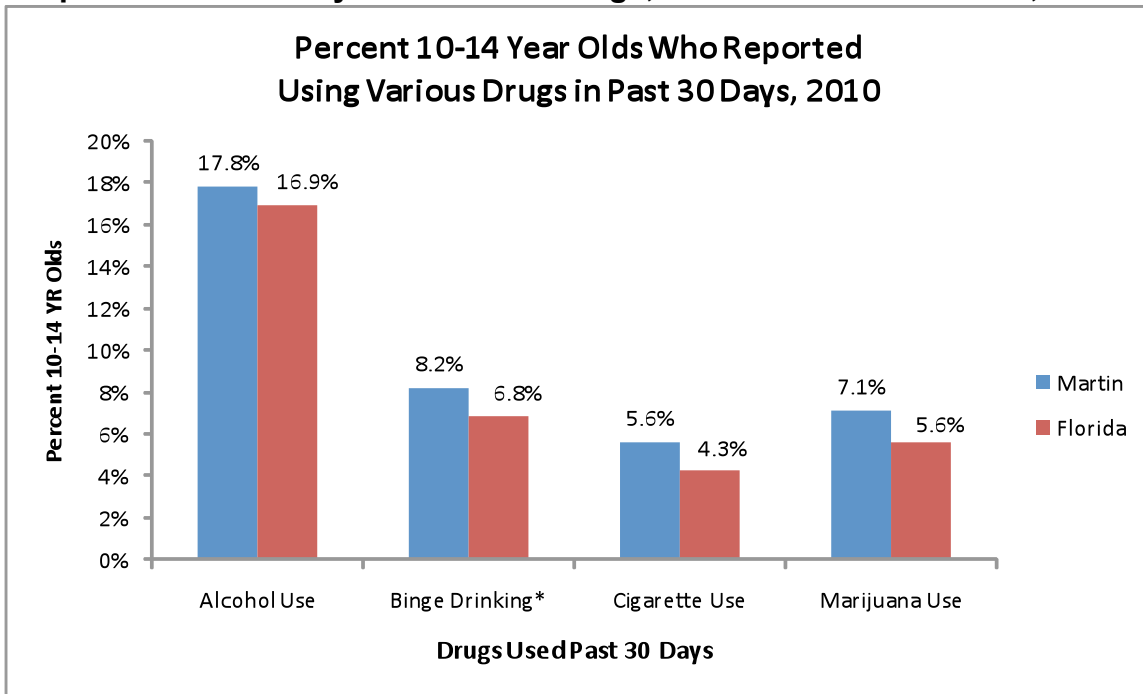
<i>2004 Martin County Baseline:</i>	<i>21.4% of 10-14 Year Olds Who Reported Using Alcohol in the Past 30 Days</i>
<i>Performance Target:</i>	<i>20% Percent 10-14 Year Olds Who Reported Using Alcohol in the Past 30 Days</i>
<i>Mechanism of Change:</i>	<i>Program Enhancements: Expansion of After-School Programs</i>
<i>2010 Performance Outcome:</i>	<i>19% Percent 10-14 Year Olds Who Reported Using Alcohol in the Past 30 Days</i>

Source: 2010 FYSAS, Martin County Report

Outcomes: In 2010, 17.8% of Martin County 10-14 year olds reported using alcohol in the past 30 days (Graph 6). This was a decrease of 3 percentage points from 21.4% in the 2004 baseline year. Trends in 30 day use among middle school students showed a slight decline (2%) over the past 10 years (Graph 7).

In 2010, 8.2% of 10-14 year olds reported binge drinking (had 5 or more drinks in one sitting in the last 2 weeks), as compared to 6.8% statewide. The 10 year trend in binge drinking among middle school students has fluctuated between 7.9% (2008) and 11.4% (2000) with the 2010 level at 9.3% (Graph 7).

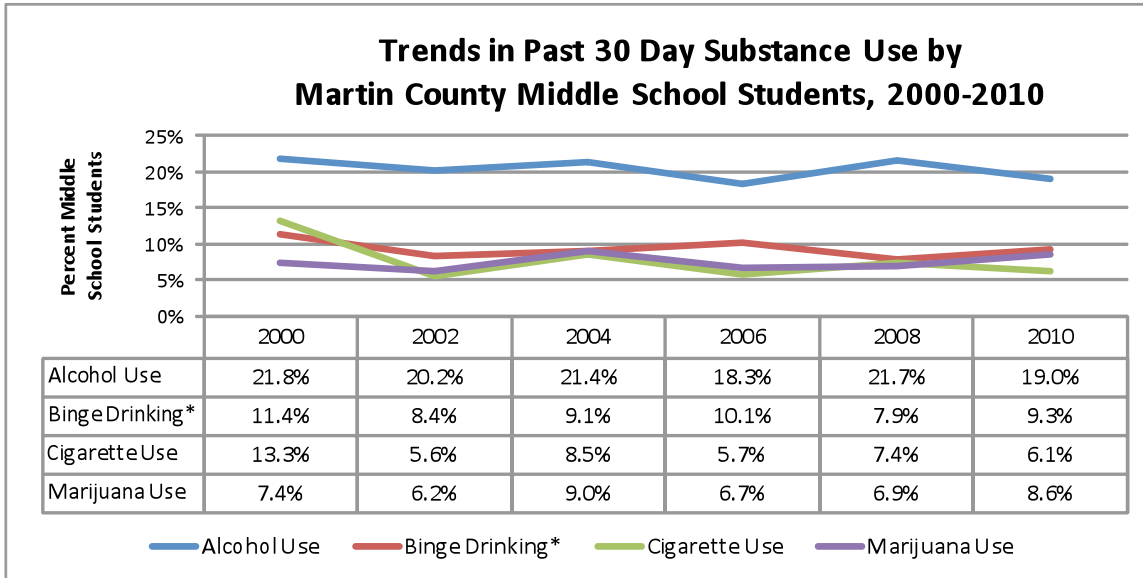
Graph 6 - Past 30 Day Use Various Drugs, Percent 10-14 Year Olds, 2010



Source: 2010 FYSAS, Martin County Report, Table 3

*Had 5 or more drinks in one sitting in the last 2 weeks

Graph 7 - Trends in Past 30 Days Substance Use by Martin County Middle High School Students, 2000-2010



Source: 2010 FYSAS, Martin County Report, Table 5

*Had 5 or more drinks in one sitting in the last 2 weeks

Mechanism of Change: Strategically invest in: (1) after-school programs that focus on substance use prevention programming for middle school age students and (2) the Martin County Shared Services Network (local substance abuse prevention coalition) that focuses on:

- Community prevention/awareness efforts:
 - Targeted anti-drinking message.
 - Expanded special-event programming to target demographic.
- Local Ordinance change.
- Increased Enforcement.

Goal 2.5: Increase the number of after-school programs and activities available for 10-14 year olds.

Introduction: Research indicates that one of the best ways to protect youth is to make activities available to them in safe places with caring adults. Youth engaged in well-organized after-school and out-of school-activities in safe environments perform better academically and are less likely to engage in risky behaviors.

Baseline Data: In 2006-07, a total of 2,563 youth were served in CSCMC-funded after-school programs including individual and group combined (Table 12). It is estimated that 60% of those youth served were 10-14 year olds. The PLACE Program in Indiantown, the YMCA Strong Families Program, and IRSC Expanding Horizons Summer Program were all funded for the first time. Together, these programs served nearly 100 youth, ages 10 to 14 years, in their first year of operation.

Table 12 - Performance Measure: Number of Youth Served in CSCMC-Funded After-School Programs, Individual and Group Combined, 2006 and 2009

<i>2006 Martin County Baseline:</i>	<i>2,563 Youth Served in CSCMC-Funded After-School Programs, Individual and Group Combined</i>
<i>Performance Target:</i>	<i>Increase Total Number Youth Served Among 10-14 Year Olds in CSCMC-Funded After-School Programs</i>
<i>Mechanism of Change:</i>	<i>Program Enhancements: Expansion of After-School Programs for Ages 10-14</i>
<i>2009 Performance Outcome:</i>	<i>2,461 Youth Served in CSCMC-Funded After-School Programs, Individual and Group Combined</i>

Source: SAMIS

Outcomes: The number of youth served in CSCMC-funded after-school programs fluctuated between 2006-07 and 2009-10 (Table 13). From 2006-07 through 2008-09 there was an increase in number of participants with the funding of several new programs (BLAST Program in Banner Lake, YREADS!, and Access Sport America). Funding was also increased in East Stuart at the 10th Street Recreation Center.

In 2008-09, Florida Arts and Dance and Girl Scouts were no longer funded as freestanding contracts. This resulted in a reduction in the number of youth served. These programs continued on as sub-contracts in the Martin County Parks & Recreation and Boys and Girls Clubs' contracts.

Table 13 - Number of Youth Served in CSCMC-Funded After-School Programs, Individual and Group Combined, 2006-07, 2007-08, 2008-09, and 2009-10

	2006-07	2007-08	2008-09	2009-10
Number of Youth Served	2,563	3,651	2,734	2,461

Source: SAMIS

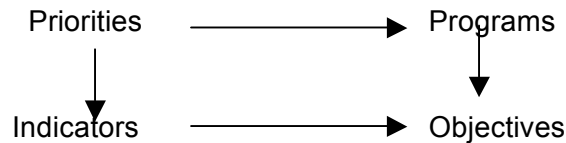
Mechanism of Change: Strategically invest in:

- Additional funding of after-school program in additional sites.
- Expansion of neighborhood based after-school programming.
- Support the development of partnerships to open up the school sites for after-school events and activities.

THE IMPACT OF EFFORTS TO BRING ABOUT CHANGE

Based on the priorities of the Children's Services Council of Martin County, a set of indicators has been selected to monitor the health and well-being of the children of the community.

Programs are funded based on their fit with these priorities, and each of these programs has outcomes (or objectives) that fit with the indicators of the priority area in which they are funded.



It is often thought that the change brought about by programs (as measured with their objectives) will move community indicator scores. This is not always the case.

For example, assume that an indicator is based on the results from 1,000 people. A program serves 500 of those people. The 500 served get better, while the 500 not served get worse.

In the calculation of overall performance, the positive change is canceled out by the negative change, and the indicator does not move.

Still, the positive impact of the program will be picked up in the data collected through SAMIS to evaluate it.

THE EMERGING ROLE OF THE COUNCIL AND STAFF

Efforts to bring about change will require the following actions by the Council and CSCMC staff:

- Identification of challenges and solutions.
- Funding science-based, best-practice programs.
- Promoting practice and system improvements.
- Effective evaluation of community programs designed to target community challenges.
- Improving the capabilities of existing service providers.
- Maintaining minimum standards for effective programs.
- Continuous quality improvement.
- Advocating for effective public policy.
- Increasing the resource base in an increasingly tax-challenged environment to develop the community's capacity for solutions.

CONCLUSION

Promoting the health and well-being of children is a community-wide responsibility. The strategic plan lays out the role that the Children's Services Council of Martin County will play in such an effort.

The Whole Child Connection has identified the unique needs of the children of the community, assessed the resources available to meet those needs, and determined the fit between the needs and the resources. The project, coupled with the implementation of SAMIS and addition of contract management staff, will facilitate the improvement of CSCMC monitoring and evaluation practices.

The health and well-being of children are influenced by multiple factors, some of which are beyond the scope of any one local organization to impact. The strategic plan is focused on factors that can be influenced at a local level, so as to maximize the probability of success.

Ultimately, these efforts will result in a more effective system of services that meet the unique needs of the children of Martin County.