Message from the Executive Director

The Children’s Services Council of Martin County is an entity conceived over twenty-five years ago to carry out a mission to enhance the lives of the children of Martin County and to enable them to attain their full potential.

The Children’s Services Council’s work and investments over those years have long been guided by strategic planning. These plans are developed every five years using community assessment to develop funding priorities and support decisions. The Children’s Services Council relies on qualitative and quantitative research in order to implement effective funding decisions.

This research has been a combination of empirical methods and grassroots conversations with an informed provider community. Interviews with key community leadership and County residents have also been a vital component of retaining our connection to the needs of our diverse County. I am pleased to present this results-driven Strategic Plan as an example of partnership and cooperation by a community that truly cares about our future - our children.

I want to acknowledge the contributions to this Strategic Plan by The Whole Child Connection and the Children’s Services Council’s Community Advisory Panel. Both of these entities played a critical role in maintaining the Children’s Services Council’s connection to all of the various interests in Martin County.

Finally, I want to thank the staff of the Children’s Services Council of Martin County, in particular Sarah Gosney and Annette Sparling. It was their patient supervision and work that brought this project to fruition.

David L. Heaton
Executive Director
Children’s Services Council of Martin County
Our Mission

To enhance the lives of the children of Martin County and to enable them to attain their full potential.

Guiding Principles

THIS STRATEGIC PLAN IS GUIDED BY THE FOLLOWING PRINCIPLES THAT THE CHILDREN'S SERVICES COUNCIL OF MARTIN COUNTY WILL UTILIZE AS CRITERIA UPON WHICH FUTURE WORK IS BASED:

1. The Children's Services Council of Martin County (CSCMC) is ultimately accountable to the community’s taxpayers to help improve the quality of life for all residents by supporting the children of Martin County to attain their full potential.

2. CSCMC fosters collaboration among provider agencies and encourages assessment of collective impact with community partners in order to develop increasingly robust systems of care.

3. CSCMC’s funding is informed by current qualitative and quantitative data that indicates essential areas for positively impacting children’s well-being. CSCMC focuses on key indicators that include local data benchmarked against national and/or state data.

4. CSCMC gives funding preference to proven program models that are research based, have demonstrated positive impact, and have sustainable and replicable outcomes.

5. CSCMC targets early intervention and prevention services for our most vulnerable children, families, and neighborhoods, while advocating for and supporting the increased availability of needed services for all children and their families.

6. CSCMC seeks opportunities to leverage local tax dollars with outside revenue from matching funds and grants that support the CSCMC Strategic Plan. Agencies receiving CSCMC funding are expected to diversify their sources of revenue, so as to not be solely reliant upon funding from the Council.

7. CSCMC holds itself to the highest standards of fiscal and operational accountability. CSCMC entrusts public funds to those agencies that seek increased efficiencies and economies of scale, demonstrate competence, and show evidence of fiscal and program accountability.

8. CSCMC strategically addresses emerging issues and service gaps where impact can be demonstrated and measured for efficiency and effectiveness.

9. CSCMC provides public education, advocacy on behalf of children and families, access to information, and research to guide strategic decision-making.
Overview

The 2014-2019 Children’s Services Council of Martin County’s (CSCMC) Strategic Plan utilizes and builds upon The Childhood Connection: A Strategic Assessment for Martin County’s Future. The Priority Areas, key indicators, and child-related emerging issues carry forward into CSCMC’s Strategic Plan.

The four Priority Areas identified in this Plan are: (1) Healthy Children, (2) Strong Families, (3) Safe Communities, and (4) Success in School and Life. These represent domains of child well-being that have a significant influence over a child’s life and recognize that children are affected by the environment in which they live, including their family, communities, institutions, and cultural influences.

The diagram below illustrates the interrelationship among the four Priority Areas, demonstrating that children are more likely to succeed in school and life when they are healthy, have strong families, and live in safe communities.
Methodology

State of the Child Symposium
Building on the significant community input that helped to inform The Childhood Connection, the Children’s Services Council of Martin County convened the State of the Child Symposium in June 2013 to share the findings and gather input around the Priority Areas and the emerging issues outlined in The Childhood Connection.

Field Testing Sessions
Following the Symposium, CSCMC-funded agency staff was invited to participate in one or more of six field-testing sessions convened during August and September 2013. Input was sought from front-line staff, Program Managers, as well as Executive Directors. Participants were asked, “What is working?” and “What needs work?” for each issue. (See Appendices A-D for summaries of the findings from the sessions.) Each three-hour session had a specific focus and provided qualitative information relative to the four Priority Areas and the related emerging issues.

Community Review and Input
Information from The Childhood Connection, the State of the Child Symposium, and the six field-testing sessions has been integrated into the 2014-2019 CSCMC Strategic Plan. Core documents, the Guiding Principles and the Opportunities for Strategic Investment, were reviewed by members of the Children’s Services Council’s Community Advisory Panel (CAP), on September 23, 2013, and subsequently in a Strategic Planning Workshop with members of the Council on October 8, 2013. Recommendations from both sessions were incorporated and are reflected in the Guiding Principles and in the next section: Strategies for Investments by Priority Area.

Strategies for Investments by Priority Area

Priority Area I: Healthy Children

Why is this important?
Child health is foundational to adult health and well-being, which then influences the health of subsequent generations. As defined by the World Health Organization, “Child health is a state of physical, mental, intellectual, social, and emotional well-being.” Children are dependent upon their families and communities to support their optimal health, growth, and development. Children who are born healthy, who develop healthy habits, and who have access to appropriate health care and education are less likely to experience chronic health problems such as overweight/obesity, poor oral health, diabetes, and other chronic physical and mental problems.
How will we know Martin County children are healthy?
Headline Indicators for measuring this priority/goal at the community level:

1. Low Birthweight Babies
2. Infant Mortality Rate
3. Children Under 18 Without Health Insurance
4. Children who are Overweight/Obese
5. Alcohol Use Among Teens in the Past 30 days

What can we do?
Goals and strategies for moving the headline indicators in the desired direction:

1. Children are born healthy and thrive during the first year of life.
   a. Support early and continued access to prenatal care for pregnant women.
   b. Sustain prevention services and other support services for at-risk pregnant women and infants that increase the likelihood of positive birth and health outcomes.

2. Families have access to insurance and medical care for their children.
   a. Support navigation services to increase the number of children who have health insurance and a medical home (primary care provider) and maintain their coverage.

3. Children practice healthy behaviors.
   a. Partner to identify and implement research-based practices in order that children maintain a healthy weight and lifestyle.
   b. Partner to collect local data, identify and implement research-based oral health best practices to improve children’s oral health.

4. Children and their families have access to mental health services.
   a. Sustain mental health treatment services for children and their families that increase positive health and behavioral outcomes.
   b. Sustain efforts to prevent and reduce alcohol and other substance use by youth.

What else can we measure?
• Mothers with first trimester prenatal care as measured by Florida CHARTS
• Births to obese mothers at time of pregnancy as measured by their BMI (Body Mass Index)
• Breastfeeding initiation rate and continuation rate at 6 months as measured by Women, Infants, and Children (WIC) reports, Martin Health Systems (MHS) records, and call sampling
• The Edinburgh Scale for perinatal depression
Priority Area II: Strong Families

Why is this important?
Children experience their world through their relationships with parents and other caregivers. Strong attachment to parents early in life and supportive, nurturing relationships throughout childhood provide a buffer against the effects of potential stressors. Those relationships are fundamental to healthy brain development. Parents, especially those struggling with financial hardship, are more prone to stress, anxiety, and depression that can interfere with effective parenting and place children at risk. Research has found that successful interventions reduce risk factors and promote protective factors to ensure the well-being of children and families.

Children who live within a strong family unit are more likely to reach their full potential as productive, contributing adults. Their success in life is inextricably connected to the strength and resourcefulness of their families. Parents need jobs with good incomes, affordable housing, and access to health and human services to build a better future for their children. The incidence of poor outcomes and high-risk behaviors for youth and young adults increases markedly if their parents struggle to meet the family’s basic needs.

How will we know Martin County children have strong families?
Headline Indicators for measuring this priority/goal at the community level:

1. Child Maltreatment Rate
2. Domestic Violence Rate
3. Births to Teens
4. Births to Unwed Mothers

What can we do?
Goals and strategies for moving the headline indicators in the desired direction:

1. Families are connected with community resources and supports.
   a. Sustain resource, referral and navigation programs that serve as a gateway to community services. Determine eligibility and related supports.

2. Families are resilient and able to function under stress.
   a. Strengthen family resilience through parent education and opportunities to model positive parenting skills with a focus on single parents, divorced or blended families, and families with special needs children.
   b. Promote best practices that support parental engagement with their children and with service providers.
   c. Strengthen family resilience through access and availability of mental health services and constructive options to address stress.

3. Children are free from abuse and neglect.
   a. Maintain early childhood home visitation programs with demonstrated success for at-risk families and all families with newborns.
What else can we measure?

- Availability of and access to high quality parenting programs in the community
- Births to mothers without high school education
- Percent of births to teens and repeat births to teens
- Paternity acknowledgement on the birth certificate
- Incidence of divorce

Priority Area III: Safe Communities

Why is this important?
The Centers for Disease Control and Prevention (CDC), Division of Violence Prevention, cites safe, stable, and nurturing relationships as one of the “Essentials for Childhood.” The wider community must help ensure that every environment where children are present is safe so all children are protected from harm and cared for in a way that allows them to reach their full potential.

All children need and deserve support and guidance from caring adults in their families, schools, and communities, including formal and informal positive relationships with teachers, mentors, coaches, youth volunteers, and neighbors.

All children need and deserve to be physically and emotionally safe everywhere – from the actual places of families, schools, neighborhoods, and communities to the virtual places of media – and to have an appropriate balance of structured, supervised activities with less structured, creative time.

Finally, all children need and deserve to make a difference in their families, schools, communities, nation, and world through having models of caring behavior, an awareness of other’s needs, a sense of personal responsibility to contribute to the larger society, and opportunities for volunteering, leadership, and service.

How will we know Martin County children live in safe communities?
Headline Indicators for measuring this priority/goal at the community level:

1. Referrals to Department of Juvenile Justice (DJJ)
2. Unintentional Child Injuries Resulting in Death
3. Child Death Rate
4. Teen Death Rate

What can we do?
Goals and strategies for moving the headline indicators in the desired direction:

1. Children are free from unintentional injuries.
   b. Promote education related to traffic safety with a focus on teen driving and on bicycle safety.
2. **Children are socio-emotionally competent and practice self-regulating behavior.**
   a. Promote service-learning and character building opportunities as a component of program services for children.
   b. Sustain delinquency prevention and truancy prevention programs to reduce involvement in the Juvenile Justice System.

**What else can we measure?**
- Unintentional child injuries resulting in hospitalization
- Youths referred to diversion programs
- Number of youths ages 10-14 referred for delinquency
- Number of juveniles ages 10-17 referred for all crimes
- Domestic violence rate

**Priority Area IV: Success in School and Life**

**Why is this important?**
Providing children with a solid educational foundation early in life has a profoundly positive effect on the trajectory of their lives and their earning potential. Quality early learning programs starting at birth up through kindergarten entry are critical to laying the strong foundation all children need to achieve grade-level reading proficiency, mathematics competency, and on-time high school graduation. The brain development that occurs during the first five years of life underscores the need for quality early childhood learning opportunities. Waiting until age four for pre-school entry is too late.

Proficiency in reading by the end of third grade is a crucial marker in a child’s educational development. Children who reach fourth grade without being able to read proficiently are more likely to drop out of high school, reducing their earning potential and chances for success. Likewise, competence in mathematics is essential for success in the workplace, which increasingly requires higher-level technical skills.

Students who graduate from high school on time are more likely to continue to postsecondary education and training, resulting in higher earnings and greater employability than students who fail to graduate.

**How will we know Martin County children succeed in school and life?**
*Headline Indicators for measuring this priority/goal at the community level:*

1. Children are ready at kindergarten entry
2. Students are proficient in third grade reading (FCAT 2.0)
3. Students are proficient in eighth grade math (FCAT 2.0)
4. Students graduate within four years of entering 9th grade

**What can we do?**
*Goals and strategies for moving the headline indicators in the desired direction:*
1. **Children are ready for kindergarten.**
   a. Support programs that identify potential developmental delays and refer children for assessment and services.
   b. Sustain program services for children with identified developmental delays.
   c. Provide access to childcare and promote high quality standards.
   d. Promote access to research-based early childhood literacy programs.

2. **Children develop the skills essential for school success.**
   a. Identify and implement programs that address summer learning slide with a focus on reading on-grade-level by the end of third grade.
   b. Identify and implement programs that address summer learning slide with a focus on science, technology, engineering, art, and math (STEAM) education.

3. **Children develop the skills essential for life success.**
   a. Support youth development programs that include: healthy behaviors, academic support and life skills.
   b. Identify and implement research-based youth development opportunities for middle school students who are underserved by existing program services.

**What else can we measure?**

- Youth who earn General Equivalency Diplomas (GEDs)
- School suspensions and expulsions
- Students with more than 20 unexcused absences
### APPENDICES

**Appendix A ~ 2013 Children’s Services Council of Martin County**

**Child Health and Well-Being Indicators by Priority Area**

<table>
<thead>
<tr>
<th>Priority Area I: Healthy Children</th>
<th>INDICATOR</th>
<th>MARTIN 2005</th>
<th>MARTIN 2011</th>
<th>FLORIDA 2011</th>
<th>HOW ARE WE DOING</th>
</tr>
</thead>
<tbody>
<tr>
<td><strong>Low Birthweight</strong></td>
<td>8.8%</td>
<td>7.8%</td>
<td>8.7%</td>
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<tr>
<td>(Live births less than 5.5 lbs.)</td>
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<td></td>
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<tr>
<td><strong>Births to Obese Mothers at Time of Pregnancy</strong></td>
<td>16.2%</td>
<td>21.6%</td>
<td>20.6%</td>
<td></td>
<td></td>
</tr>
<tr>
<td><strong>Infant Mortality</strong> (Rate per 1,000 live births ages birth to 1)</td>
<td>8.2</td>
<td>4.2</td>
<td>6.4</td>
<td></td>
<td></td>
</tr>
<tr>
<td><strong>Children Under 18 Without Health Insurance</strong></td>
<td>15.6% (2008)</td>
<td>11%</td>
<td>11.9%</td>
<td></td>
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<tr>
<td><strong>Alcohol Use Among Teens</strong> (Past 30 Days)</td>
<td>37% (2004)</td>
<td>27.7% (2012)</td>
<td>24.6% (2012)</td>
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</tbody>
</table>

<table>
<thead>
<tr>
<th>Priority Area II: Strong Families</th>
<th>INDICATOR</th>
<th>MARTIN 2005</th>
<th>MARTIN 2011</th>
<th>FLORIDA 2011</th>
<th>HOW ARE WE DOING</th>
</tr>
</thead>
<tbody>
<tr>
<td><strong>Child Maltreatment Rate</strong> (Rate per 1,000 youth ages 0-17)</td>
<td>6.3</td>
<td>8.1</td>
<td>13.6</td>
<td></td>
<td></td>
</tr>
<tr>
<td><strong>Domestic Violence Rate</strong> (Rate per 100,000 population)</td>
<td>503</td>
<td>400</td>
<td>590</td>
<td></td>
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<tr>
<td><strong>Birth to Teens</strong> (Rate per 1,000 teens ages 15-19)</td>
<td>43.1</td>
<td>26.1</td>
<td>29.1</td>
<td></td>
<td></td>
</tr>
<tr>
<td><strong>Children Under Age 18 Living Below Poverty Level</strong></td>
<td>14.8%</td>
<td>21.8%</td>
<td>25%</td>
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<tr>
<th>Priority Area III: Safe Communities</th>
<th>INDICATOR</th>
<th>MARTIN 2005</th>
<th>MARTIN 2011</th>
<th>FLORIDA 2011</th>
<th>HOW ARE WE DOING</th>
</tr>
</thead>
<tbody>
<tr>
<td><strong>Referrals to Dept. of Juvenile Justice</strong> (Rate per 10,000 youth ages 10-17)</td>
<td>703.5</td>
<td>599.1</td>
<td>597.9</td>
<td></td>
<td></td>
</tr>
<tr>
<td><strong>Unintentional Child Injuries Resulting In Death</strong> (Rate per 100,000 ages 1-19)</td>
<td>13.4 (2005-07)</td>
<td>18.5 (2009-11)</td>
<td>10.8 (2009-11)</td>
<td></td>
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</tr>
<tr>
<td><strong>Child Death Rate</strong> (Rate per 100,000 children ages 1-14)</td>
<td>23.9 (2005-07)</td>
<td>20.7 (2009-11)</td>
<td>18.3 (2009-11)</td>
<td></td>
<td></td>
</tr>
<tr>
<td><strong>Teen Death Rate</strong> (Rate per 100,000 teens ages 15-19)</td>
<td>66.3 (2005-07)</td>
<td>64.9 (2009-11)</td>
<td>51.4 (2009-11)</td>
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<tr>
<th>Priority Area IV: Success in School and Life</th>
<th>INDICATOR</th>
<th>MARTIN 2005</th>
<th>MARTIN 2011</th>
<th>FLORIDA 2011</th>
<th>HOW ARE WE DOING</th>
</tr>
</thead>
<tbody>
<tr>
<td><strong>Children Ready at Kindergarten Entry</strong> (Percent 3 and 4 year olds)</td>
<td>83%</td>
<td>89%</td>
<td>88%</td>
<td></td>
<td></td>
</tr>
<tr>
<td><strong>3rd Grade FCAT 2.0 – Reading</strong> On or Above Grade Level</td>
<td>65% (2011)</td>
<td>66% (2012)</td>
<td>56% (2012)</td>
<td></td>
<td></td>
</tr>
<tr>
<td><strong>8th Grade FCAT 2.0 – Math</strong> On or Above Grade Level</td>
<td>67% (2011)</td>
<td>66% (2012)</td>
<td>57% (2012)</td>
<td></td>
<td></td>
</tr>
<tr>
<td><strong>Students Graduate High School Within Four Years of Entering 9th Grade</strong></td>
<td>67.5% (2006)</td>
<td>82.4%</td>
<td>71%</td>
<td></td>
<td></td>
</tr>
</tbody>
</table>
2013 Children’s Services Council of Martin County
Child Health and Well-Being Indicators by Priority Area

Indicator Ratings:

1 Indicators in green ■ are those with trend lines showing significant improvement* and where Martin County exceeds the state average. Even when there is significant change, there may still be room for improvement.

Indicators in yellow ■ are those with trend lines showing significant improvement, but where Martin County does not meet or exceed the state average OR where the trend lines do not show significant improvement, but Martin County is meeting or exceeding the state average.

Indicators in red ■ are those that did not show significant improvement during 2005-2011 and where Martin County does not meet the state average.

*Significant improvement in an indicator is judged to be a percentage difference in the value between 2005 and 2011 (or as noted) which is greater than +/- 2% [according to the formula \(\frac{(y_2-y_1)}{y_1}\times 100 > 2\%\) or \(\frac{(y_2-y_1)}{y_1}\times 100 < -2\%\)] and is in a favorable direction according to the results desired.
Appendix B ~ Useful Information on CSCMC’s Website, www.cscmc.org

The Childhood Connection: A Strategic Assessment for Martin County’s Future

The Childhood Connection: A Strategic Assessment for Martin County’s Future is a community needs assessment intended to guide community leaders and decision makers in their own strategic planning efforts to ensure the health and well-being of our youngest residents. Quantitative and qualitative data and research is provided using local data benchmarked against state and/or national data. Community input was instrumental in the creation of the document. Useful Links in the Appendix includes live links to the results of a community telephone survey, focus groups, interviews and client surveys.

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Strategic Planning Sessions with Providers funded by Children’s Services Council of Martin County

The Strategic Planning Sessions document summarizes the highlights of the qualitative information garnered from six field-testing sessions that were held during August and September 2013 with CSCMC’s funded providers. Provider agencies were asked to designate staff with the experience and knowledge of specific service delivery systems to attend the sessions regarding the emerging issues. The meetings, in general, lasted three hours each and focused on “What is working?” and “What needs work?” for each of the emerging issues. This information, along with the research – the quantitative, and qualitative data from The Childhood Connection – was utilized in developing the goals and strategies listed under each Priority Area.

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WEBSITE ACCESS

This 2014-2109 CSCMC Strategic Plan document, as well as the documents referenced above, are located on the Children’s Services Council of Martin County’s website at www.cscmc.org under the menu headings “About CSCMC / Strategic Plan.”