



# Strategic Plan

## 2021-2026

**Children's Services Council of Martin County**  
**2021-2026 Strategic Plan**  
*'Investing in Our Future'*

**Message from the Executive Director**

The Children's Services Council of Martin County is an entity conceived thirty 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 strategies. This next chapter of the Council's work will be placing increased emphasis on implementing evidence-based, research-proven programs designed to improve the outcome of the Council's long-term investments. This transition will ensure that the Council's investments are made in programs that have endured long term scrutiny, demonstrated success and after evaluation, have proven results.

The Council's research is 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 maintaining a connection to the needs of our diverse county. We are pleased to present this results-driven Strategic Plan as an example of partnership and cooperation with a community that truly cares about our future - our children.

I want to acknowledge the contributions to this Strategic Plan by Mark Sandler from Acuitim Marketing Research and Consulting, and the many committed participants in our survey process and focus groups. A special thank you is extended to Florida KIDS COUNT for their support. These contributions 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 Chanda Narkiewicz and Laura Haase. It was their patient leadership and work that brought this project to fruition.

David L. Heaton  
Executive Director  
Children's Services Council of Martin County

## The Mission of the Children's Services Council of Martin County

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

## Guiding Principles

These principles provide guidance in our approaches to the work of the Children's Services Council among and across the communities of Martin County, as follows:

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 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-proven and evidence-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.

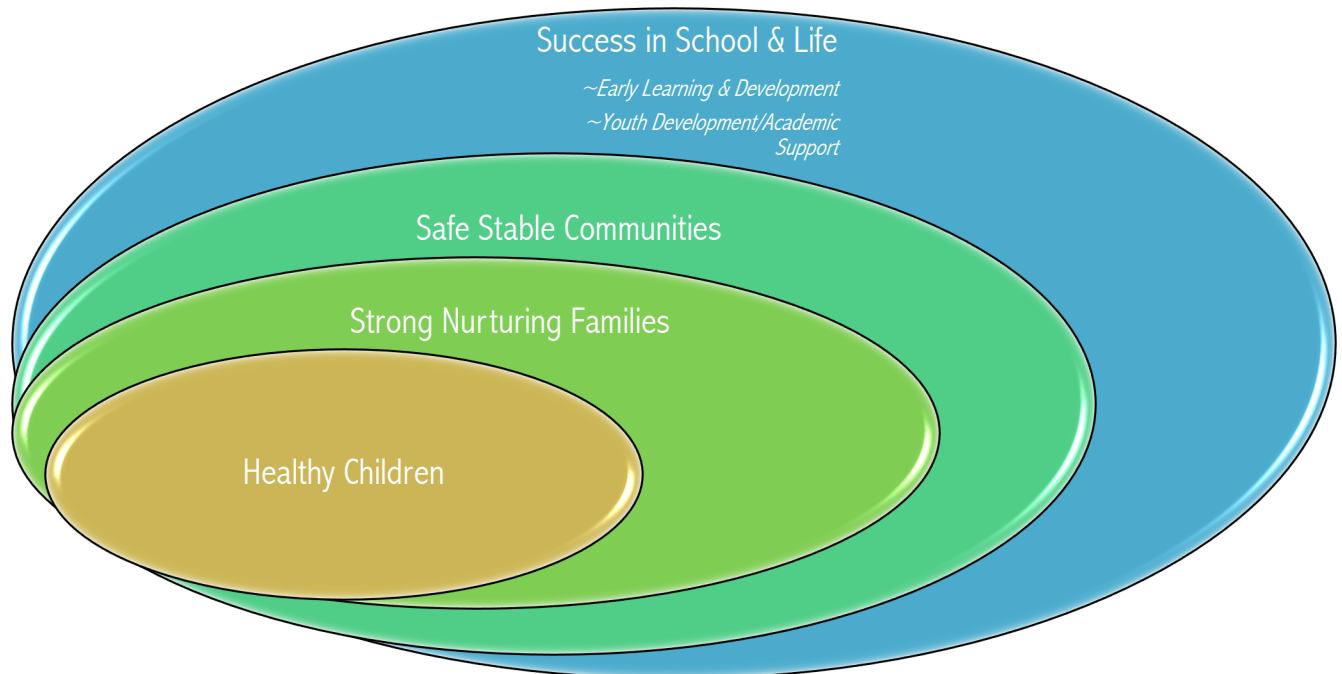
## Overview of Funding Priorities

The 2021-2026 Strategic Plan continues with the core Priority Areas of the Children's Services Council of Martin County, identified as:

- (1) Healthy Children
- (2) Strong Families
- (3) Safe Communities and
- (4) Success in School and Life

The priority of 'Success in School and Life' has been expanded to recognize the influence and importance of (a) Early Learning and Development and (b) Youth Development and Academic Support as separate sub-focus areas.

In total, the four CSCMC Priority Areas represent domains of child well-being that have significant influence over a child's life and recognize that children are impacted by the environment in which they live and interact. The diagram below illustrates the interrelationship among these overarching priorities, demonstrating that children are more likely to succeed in school and life when they are healthy, have strong families, live in safe communities, and have access to early developmental support and ongoing learning opportunities throughout their youth.



## Scope and Methodology

The 2021-2026 Children's Services Council of Martin County needs assessment and strategic planning process spanned the time frame of July 2019 through November 2020. The below activities were held to initiate conversations with and elicit input from persons and organizations that work for the good of the children and families of Martin County, and contribute toward their development, well-being, safety, stability and success. Quantitative data, research findings and qualitative information from our communities contributed to the development of funding priorities and opportunities for strategic investments.

### **CSCMC Staff Workgroups**

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Discussing the county-wide services that serve Martin County children and families, including historical and ongoing evaluative information, CSCMC staff reviewed strengths and gaps across the continuum of care. Each of the three working sessions promoted specific focus relative to current priority areas, as well as emerging issues and critical need.

### **Grade-Level Reading (GLR) Conference: Attended by CSCMC Staff and Provider Representatives**

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As Martin County is a designated Grade-Level Reading community, this conference provided the opportunity to analyze current literacy-forward localized initiatives, utilizing Lectoria tools and methodology. This fosters an evaluation of the literacy 'programmatic landscape,' and facilitates strategic planning for additional literacy-based investments.

### **Community Concerns Survey**

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The *2019-20 CSCMC Community Concerns Survey* was distributed across a wide range of local providers, partners, municipalities, etc., that offer family-child directed programs and services within Martin County. The survey format allowed individuals to prioritize the importance of various community issues and indicate their level of satisfaction as to their perceptions of available resources related to a broad range of issues that affect families and children. In addition, responses to open-ended questions offered important qualitative information, and insight surrounding perceptions of gaps and needs.

### **Systems-of-Care Group Discussions**

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Held both in-person and via virtual platforms (mid-March of 2020 and forward), CSCMC initiated focus groups with participation by provider agencies, as well as representation from entities across multiple systems of care. These meetings included service areas of: Mental Health (Infant Mental Health, General Mental Health and Trauma-Informed Care); Substance Abuse; Child Development (Special Needs); Community-Based Dental and School Health Oral Health Initiatives; Maternal Infant Health and Birth Outcomes; and Water Safety: Prevention of Water-Submersion Injury and Drowning. Valuable input and context were provided by those working directly with children and families directly impacted by a broad range of issues and challenges.

### **Selected Interviews with Key Community Providers**

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Selected interviews were held with providers within community-based initiatives, to gain input and gather additional information regarding specific needs of Martin County children and families.

## Scope and Methodology (Cont'd.)

### SWOT Assessment: CSCMC Council Members and Staff

To assimilate perspectives regarding Strengths-Weaknesses-Opportunities-Threats (SWOT) relevant to CSCMC processes, products, best practices, effectiveness and efficiencies, etc., an external consultant conducted SWOT interviews with individual Council members, as well as small-group meetings with staff.

### Community-Based Quantitative Data and Related Research

Local community-based data was gathered specific to issues that affect infants, children, and families, and may indicate the need for specific types and levels of assistance. Benchmarks to set aspirations for improvement, as well as industry standards of quality and recommendations for impact, were reviewed. These quantitative data sets offer longitudinal, historical perspective (up to 20 years) and the most current statistics in these and other key indicator areas: maternal infant health and birth outcomes; infant mortality; health insurance access; pediatric oral health; overweight and obesity rates among children, teens and pregnant women; use of substances among children and teens; teen birth and repeat birth; child maltreatment; domestic violence; juvenile justice; child and teen death; school attendance; drowning and nonfatal water submersion injury; kindergarten readiness; third-grade reading proficiency; high school graduation, extended learning, youth mentorship and work-based learning, indices of poverty, etc.

### CSCMC Staff Strategic Planning Workgroup

Through October 2020, CSCMC staff members reviewed the comprehensive results across the needs assessment process, and updated needs and/or gaps in care based upon current, emergent issues. Based upon these findings, all staff met to draft statements of opportunities for future strategic investments of the Council.

### CSCMC Council and Staff Strategic Planning Workshop

Needs assessment findings and key indicators were shared with Council members, to identify ongoing, critical and emerging issues to carry forward as funding future investments and areas of impact within the priority areas and cross-cutting strategies of the CSCMC 2021-2026 Strategic Plan.

## Consolidation of Quantitative Data and Qualitative Information

Results of the above needs assessment activities and products, as well as the CSCMC Guiding Principles, were reviewed in Strategic Planning Workshops with members of the staff and Council during the months of October and November of 2020.

The consolidation of quantitative and qualitative data and recommendations from both sessions are reflected within the CSCMC Guiding Principles and finalized within the 'Strategies for Investments by Priority Area' of the Children's Services as the foundational elements of the Children's Services Council of Martin County 2021-2026 Strategic Plan: *'Investing in Our Future'*.

## Strategies for Investments by Priority Area

### Priority Area I: Healthy Children

#### Why investment in the health of children is important

##### What We Know (Research that informs our work)<sup>1</sup>:

- Low birthweight, along with preterm birth, is a leading cause of infant mortality and is associated with increased risk of chronic health challenges. Preterm birth is associated with wide-ranging health complications including but not limited to developmental delays, cerebral palsy, heart disease, respiratory problems, etc. Nationally and historically, mortality rates have been significantly higher among black vs. white infant populations.
- Prenatal care in the first trimester is critical to lessened risk of adverse birth outcomes. High quality health care before, during and after pregnancy promotes the long-term health of both mothers and children and reduces serious health risks, including infant death.
- Breastfed babies have lower risk of Sudden Infant Death Syndrome (SIDS), asthma, diarrhea, vomiting, respiratory infection, Type 2 diabetes, leukemia and obesity (during childhood) and necrotizing enterocolitis, associated with preterm birth.
- Infant mortality is linked with maternal pregnancy complications, low birthweight and preterm birth, etc. and is a key measure of a nation's health, reflecting socioeconomic conditions, maternal health, public health practices, and access to high-quality medical care.
- Teen mothers are less likely to graduate from high school or attain a GED by the time they reach age thirty. Similarly, early fatherhood is associated with lower educational attainment and lifelong reduced income.
- Children with poor oral health are nearly *three times* more likely than their healthy counterparts to miss school as a result of dental pain. Absences due to oral pain are associated with poorer school performance.
- Per a statewide 2016-17 oral health surveillance of third graders, untreated decay was highest for non-Hispanic Black children (34.6%) and for children without dental insurance (32.8%). More than half of the children from schools with the highest enrollment in free and reduced lunch had caries experience (52.2%).
- Children without health insurance coverage are less likely to receive appropriate treatment for conditions, e.g., asthma, or critical preventive services such as dental care, immunizations, and well-child visits that track developmental milestones.
- Uninsured children have considerable unmet need and delayed care that increases over time. Conversely, insured children are more likely to have improved outcomes related to education, as well as health.
- Children and adolescents who are overweight or obese are at increased risk for developing diabetes and heart disease. They are also likely to maintain overweight or obese status into adulthood, placing them at increased risk for serious medical conditions and chronic diseases.
- One in five women are obese at the beginning of their pregnancy, placing them at increased risk of complications, including high blood pressure and diabetes. Infants born to obese women are twice as likely to be obese and develop type 2 diabetes later in life.



**Leading Indicators of Impact - What supports the foundation for healthy children**

1. Maternal and Infant Health; Positive Birth Outcomes
  - Early and Consistent Prenatal Care
  - Screening of Perinatal Depression
  - Full-Term Gestation
  - Healthy Birthweight
  - Breastfeeding Initiation and Continuation
  - Reduced Infant Mortality Rates
  - Maternal Obesity
  - Lower Incidence of Teen (and Repeat Teen) Birth
2. Oral Health: Preventative Dental and Urgent Response Care
3. Health Insurance for Children under Age 18
4. Increased Healthy Weight of Children and Teens (Reduced Overweight and Obese Rates)
5. Reduced Rates of Alcohol and Illicit Substance Use and Enhanced Substance Use Resistance Skills
6. Gains in Positive Mental Health and Mental Health Promotion

**What We Can Do: Initiatives and strategies to promote the health of Martin County children**

1. **Children are born healthy and thrive during the first year of life.**
  - a. Support early and continued access to prenatal care for at-risk pregnant women, including those with medical complexities and individuals/populations vulnerable to compromised access of care.
  - b. Sustain prevention and other support services to support maternal health and increase the likelihood of positive birth outcomes.
2. **Families have access to insurance and medical care for their children.**
  - a. Support navigation and/or case management services to increase access for children in need of medical care and services.
  - b. Ensure all children have a medical home, i.e., a primary care provider.
  - c. Sustain access to oral health care for preschool and school-aged children.
3. **Children learn and practice healthy behaviors.**
  - a. Identify research-proven or evidence-based initiatives in order that children maintain or achieve a healthy weight.
  - b. Children learn behaviors for life-long health.
4. **Children and their families have access to mental health services and substance abuse prevention strategies.**
  - a. Sustain mental health treatment services for children and their families that increase emotional well-being and positive behavioral outcomes.
  - b. For staff that work directly with children and families, provide access to training in evidence-based interventions and curriculum, particularly those that respond to the effects of trauma.
  - c. Sustain efforts and identify research-proven or evidence-based programming to prevent and reduce the use by youth of alcohol and other substances, as consistent with current trends.
  - d. Identify and support research-proven and evidence-based education and prevention/intervention strategies to support the reduction of bullying and self-harming behavior.



## Priority Area II: Strong, Nurturing Families

### Why investment in the resiliency of families is important

#### What We Know (Research that informs our work)<sup>1</sup>:

- National rates of substantiated child maltreatment have had conservative historical change, although national rates were remarkably lower in 2017 compared to 1990, reduced from 13 per 1,000 children to 9 per 1,000.
- Younger children continue to be maltreated at higher rates than older children, with the rate for children ages 0-3 *three times* the rate of youth ages 16-17 (15 and 5 per 1,000 children in 2017, respectively).
- Children that are victims of neglect, abuse and maltreatment (physical, emotional, sexual and including witnessing domestic violence) may display many psychological effects, including being at greater risk for internalized behaviors such as anxiety and depression and externalized aggression. School-age children are more likely to have psychosomatic complaints and compromised social competence, interpersonal skills and school performance, including truancy. Latency-age children and adolescents may engage in risk-taking behavior, including substance use/abuse and early sexual activity.

### Leading Indicators of Impact: What supports the positive growth of families

1. Reduced Occurrence of Child Maltreatment
  - Support prevention measures that reduce risk and that generate protective factors
  - Promote nurturing relationships and heightened parent engagement
2. Decreased Levels of Children Under Age 18 Living in Poverty
  - Open gateways of access to services that support the economic stability of families
  - Disseminate resources to ensure families can meet and exceed the basic needs of their children
  - Assist families that have sustained multi-generational conditions influenced by poverty
  - Increase strategies that stabilize families toward economic self-reliance

### What We Can Do: Initiatives and strategies to promote the strengthening of Martin County families

#### 1. Families are connected with community resources and supports.

- a. Through collaborative partnerships, sustain resource, referral, navigation and/or case management programming that serves as a gateway to community services.

#### 2. Families are resilient and able to cope with adversity.

- a. Strengthen family resilience through parent education and the promotion of positive parenting skills.
- b. Promote research-proven or evidence-based high-quality programming that supports healthy parental engagement, as a strategy to prevent child abuse and neglect.

## Priority Area III: Safe, Stable Communities

### Why investment in the safety of communities is important

#### What We Know (Research that informs our work)<sup>1</sup>:

- Children in homes where one parent is abused may feel fearful and anxious. They may always be on guard, wondering when the next violent act will happen. Very young children that witness intimate partner violence may exhibit disrupted attachment and regressive behavior, e. g. bed-wetting, thumb-sucking, increased crying with difficulty falling or staying asleep, and may show signs of terror and separation anxiety.
- Children that witness or who are victims of emotional, physical or sexual abuse are at higher risk for health issues in adulthood, including depression and anxiety, diabetes, obesity and heart disease.
- Research associates juvenile arrests with low school involvement, living in poverty, or being a runaway and/or homeless. Monitoring arrest rates can help increase public safety and reduce juvenile delinquency through effective prevention, intervention and treatment services that strengthen families and improve the lives of youth.
- Specific prearrest and/or diversion interventions and programming provide 'better' youth outcomes, have greater cost-effectiveness and are associated with lower recidivism rates than other alternatives, such as arrest.
- Injuries resulting from motor vehicle accidents is the leading national cause of death for children ages 0 to 19. Suffocation is the leading cause of injury death for children ages birth to 1, with drowning the leading cause for ages 1 to 4. Approximately 72% of all deaths among adolescents ages 10 to 24 are attributed to: motor vehicle crashes (30%), all other unintentional injuries (15%), homicide (15%) and suicide (12%).
- In the U.S., approximately 1 in 5 who die from drowning are children age 14 and younger. For every child who dies from drowning, another five (5) receive emergency department care for nonfatal submersion injuries.
- Children ages 1-4 have the highest drowning rates, with most drownings occurring in home swimming pools. In 2014, among children 1-4 years old who died from unintentional injury, 1/3 died from drowning. Drowning is responsible for more deaths among children 1-4 than any other cause, with the exception of congenital anomalies. Among those ages 1-14, fatal drowning remains the 2<sup>nd</sup> leading cause of unintentional injury-related death behind motor vehicle crashes. Between 1999-2010, the fatal unintentional drowning rate for Black/African American populations was significantly higher than that of whites across all ages, the widest disparity among children 5-18 years old.

### Leading Indicators of Impact: What supports the stability of our communities

1. Domestic Violence
  - Reduced family conflict
  - Increased healthy communication and problem resolution skills
2. Juvenile Justice
  - Reduced count and rate of youth arrests
  - Lowered count and rate of youth offenses
  - Youth referred to proven, effective diversion programs

3. Rates of Unintentional and Self-Inflicted Injury and Related Death: Children and Teens
  - Reduced rates of unintentional and self-inflicted injury and death
  - Reduced occurrence of child/youth drowning and nonfatal water submersion injury
  - Reduced rates of unintentional injury resulting in emergency room visits and/or hospitalization
4. Increased Level of School Engagement
  - Reduced Out-Of-School Suspension

**What We Can Do: Initiatives and strategies to promote the safety and stability of Martin County communities****1. Children are free from unintentional injuries.**

- a. Increase access of water safety education and swimming lessons for eligible children accompanied with a standards-based parent/guardian education component.
- b. Promote strategies that help protect children from preventable injuries and unintentional, accidental death.

**2. Children are socio-emotionally competent and practice self-regulating behavior.**

- a. Promote mentoring, leadership and community service opportunities as a component of program services.
- b. Sustain delinquency, truancy and gang prevention programming to reduce involvement and recidivism in the juvenile justice system.
- c. Sustain education and outreach strategies that teach healthy relationships and help prevent intimate partner violence.
- d. Sustain programs that reduce the incidence of out-of-school suspensions.

## Priority Area IV: Success in School and Life

### Early Learning and Development Youth Development and Academic Success

#### Early Learning and Development

##### Why investment in the early years of children is important

##### What We Know (Research that informs our work)\*:

Kindergarten readiness, a comprehensive measure of a child's development and readiness to learn, is a critical benchmark on the path to success for all children. Preparing a child for kindergarten begins at birth and is influenced by quality early experiences that support physical well-being and motor development; social and emotional development; cognitive skills; language and developing literacy, and the ability to concentrate and follow directions.

- Children who enter kindergarten academically 'behind' their peers are more likely to stay or fall further behind.
- Child care quality has a long-term effect on children's cognitive and socio-emotional development through kindergarten and beyond.
- Children who attend and regularly participate in high-quality programs are less likely to be retained a grade, less likely to need later remediation, and more likely to graduate from high school.

Early language skills are the foundation for reading ability and school readiness and are acquired and built during the first years of life. Children exposed to reading during the early years are more likely to learn to read on schedule.

- When a young child enters kindergarten ready for school, there is an 82% chance that child will master basic skills, compared with a 45% chance for children that are not 'school ready'.
- The landmark Hart-Risley study on language development documented that children from low-income families hear as many as thirty million fewer words than their more affluent peers before the age of four.

Increased access to high-quality birth-to-five early learning and care programs generates significant short- and long-term returns for both individuals and society:

- Particularly for children from low-income families, investments in high-quality early childhood education have a 7-10% return through "better education, health, economic and social mobility outcomes".
- Children who attend high-quality pre-K programs "have higher earnings as adults and are less likely to become dependent on welfare or involved with law enforcement".

\*Sources: 'Achieving Kindergarten Readiness for All Our Children: A Funder's Guide to Early Childhood Development from Birth to Five', The Bridgespan Group, 2015; First Five Years Fund, Washington, D.C.; Why All Children Benefit from Pre-K', Fact Sheet, The Pew Charitable Trust

**Leading Indicators of Impact: What supports learning and gains in developmental milestones of our children**

1. Kindergarten Readiness and Early Literacy Support
2. Support of Children's Developmental Needs and Growth
3. Quality of Child Care System
4. Affordability, Access and Continuity of Child Care

**What We Can Do: Initiatives and strategies to promote early development of young children in Martin County****1. Children are supported in their developmental growth.**

- a. Sustain and support programming that identifies children with potential developmental delays and refers and/or provides assessment and treatment services to the child and family.

**2. Increase the quality of and access to the childcare system.**

- a. Sustain support of and implement enhancements of the quality rating system for early care and education programming.
- b. To promote continuity of care, sustain affordable childcare services for eligible families, including families in crisis, e.g., experiencing vocational instability and/or pursuing educational goals.
- c. To sustain continuous enrollment, support programming for children and their families to receive behavioral and socio-emotional support in early care and education settings, and for preschool age children.
- d. Incentivize and support resources regarding opportunities for increased access and capacity to serve birth to five-year-old children.
- e. Provide supportive services and skills training to improve the early childcare system.

**3. Children are ready for kindergarten and educational growth.**

- a. Research the gaps in care between services that support early infant contact and those that initiate at kindergarten entry, to determine potential areas of need.
- b. Increase programming for three and four-year-old children not currently enrolled in early care and education settings for preschool age children.
- c. Promote access to research-proven or evidence-based early language and literacy programming.
- d. Promote campaign strategies to increase community awareness of the value of early childhood education.
- e. Promote the achievement of Grade Level Reading (GLR).

## Youth Development and Academic Support

### Why investment in the future of our youth is important

#### What We Know (Research that informs our work)\*:

Students' reading skill level by the third grade can affect their long-term academic achievement, particularly their likelihood of graduating from high school. Additionally, students who finish eighth grade math with skills above the minimum standards are far more likely to be successful in high school, and to graduate prepared for high-skilled careers and college (Summit Education Initiative).

- One in six children who are not reading proficiently by the third grade does not graduate from high school on time - a rate *four times* greater than that of proficient readers.
- The rates are highest for the lowest ranking readers, i.e., 23% of these children drop out or fail to finish high school on time, compared to 4% of proficient readers.
- Overall, 22% of children living in poverty do not graduate from high school compared to 6% of those that have not lived in poverty.
  - Among children living in poverty for at least a year and who were not reading proficiently in third grade, 26% did not complete high school on time. This rate rose to 31% and 33%, respectively, for Black and Hispanic students.
  - Among children living in poverty that were proficient readers in third grade, 11% did not finish high school, compared to 9% of nonproficient third graders that did not live in poverty.
  - Among children who never lived in poverty, all but 2% of the highest ranking third grade readers graduated from high school on time.

\*Sources: Annie E. Casey Foundation Report, April 2011: 'Double Jeopardy: How Third-Grade Reading Skills and Poverty Influence High School Graduation', a national longitudinal study by Donald J. Hernandez, City University of New York and Senior Advisor, Foundation for Child Development.

Being Healthy and Ready to Learn is Linked with Family and Neighborhood Characteristics for Preschoolers, Kristin Anderson Moore, Katherine Paschall, Gabriel Pina, Samantha Anderson, April 2020.

Expanded Learning. Early childhood education expert James Heckman concludes that a compliment of early education and participation in afterschool programs can reduce initiating drug use among youth by nearly 45.8% while reducing the likelihood of them skipping school by half. (Investing in Our Young People, University of Chicago, 2006)

- An analysis of 73 afterschool studies concluded that afterschool programs using evidence-based approaches were consistently successful in producing multiple benefits for youth, including improvements in children's personal, social and academic skills as well as their self-esteem. (The Collaborative for Academic, Social, and Emotional Learning, 2007)
- Overall, proven afterschool outcomes may include improved school attendance and engagement in learning; improved test scores and grades; and reductions in behavior problems - with students at 'greatest risk' achieving the greatest gains.

Mentorship and Work-Based Learning

Mentees who are the most 'disadvantaged' and/or at-risk are especially likely to gain from mentoring programs. (Jekielek, Moore & Hair, E. C. 2002. Mentoring programs and youth development: A synthesis. Child Trends.)

- David DuBois, Ph.D. and his coauthors confirm that mentoring programs not only seem to improve outcomes for young people in the areas of academic achievement, behavior, and social and emotional health, but they also can improve in these outcomes simultaneously. (Association for Psychological Science, How Effective Are Mentoring Programs for Youth? A systematic Assessment of the Evidence, October 21, 2011)
- A study of youth development programming with a strong mentoring component revealed that members were more likely to be high school graduates (63% of members vs. 42% of control group) and were less likely to drop out of school (23% drop out vs. 50% of control group). (Center for Human Resources, 1994)
- Disconnected and at-risk youth have more difficulty finding employment, earn less throughout their career, are more likely to be incarcerated, and are more likely to be young parents than their peers who are in school or working. One strategy for connecting these youth to training opportunities and high-quality employment is to expand investments in youth-based learning programs, such as internships, on-the-job-training programs, apprenticeship, and other models that align with local businesses. (Promising Practices in Work-Based Learning for Youth, Thomas Showalter and Katie Spiker, National Youth Employment Coalition, October 2016)

**Leading Indicators of Impact: What supports the continued development and academic successes of our youth**

1. Proficiency in Third Grade Reading
2. Proficiency in Eighth Grade Mathematics
3. High School Graduation Rates
4. Graduation Attained within Four Years of Ninth Grade Entrance
5. Quality Out-of-School Time Opportunities
6. Youth Employability

**What We Can Do: Initiatives and strategies to promote future success of our youth as emerging Martin County adults**
**1. Youth develop the skills essential for academic success.**

- a. Identify and implement programming with a focus on grade-level reading (GLR).
- b. Identify and implement programming that addresses summer learning slide with a focus on experiential learning.

**2. Youth have access to high quality out-of-school time, summer employment, internship opportunities and vocational programming.**

- a. Sustain support of a quality rating system for out-of-school time programming.
- b. Sustain support of out-of-school time, summer employment, internship opportunities and vocational programming, especially those that employ research-proven and evidence-based strategies to promote academic, socio-emotional, drug-resistance skills, etc.
- c. Support additional access to high-quality out-of-school time programming for middle school students.

**3. Youth develop the skills essential for success in life.**

- a. Promote youth development programming and experiential learning that includes healthy behaviors, academic support and life skills.
- b. Sustain and enhance school-to-work vocational training and mentoring opportunities that support a path toward adulthood, including children with special needs, e.g., identified with autism spectrum disorder.



## Cross-Cutting Strategies

**CSCMC cross-cutting strategies will prevail regardless of the funding priority, focus area, type of programming, etc. :**

Equity and inclusiveness are supported to ensure access to quality services and a community of opportunity for all children and families, with the intent to reduce disparities often associated with social determinants such as socioeconomics, poverty, geography, gender, race, ethnicity, etc.

Strategies to promote community-wide awareness about early language and literacy.

Research-proven and evidence-based services, strategies, curricula, programming; validated measurement tools; research-linked outcomes and results; data-driven benchmarks and meaningful improvement.

## APPENDIX

Please refer to the below data as foundational support of the CSCMC 2021-26 Strategic Plan:

~ <sup>1</sup>Community-Based Quantitative Data and Related Research

~ Martin County: Key Demographics and Statistics