

## Thrive2027 Goals Framework

**GOAL 1: By 2027, every child in Cumberland County has quality early learning experiences beginning at birth.**

**Headline Indicator:** 70% of children read proficiently at the end of third grade.

**Intermediate (2021) Benchmark:** 61% of children read proficiently at the end of third grade.

**Baseline:** 59% of children read proficiently at the end of third grade.

<b>Result Statement 1</b> All children and families have their basic needs met so that they are safe and healthy.	<b>Result Statement 2</b> All children and families have quality early learning experiences to promote healthy development and school readiness.	<b>Result Statement 3</b> All children and families have literacy-promoting experiences so that children are readers.
<b>Indicators with Baseline:</b>  1.1. <b>20.4%</b> of children are food insecure (cv <sup>1</sup> -11,690).  1.2. <b>15.6%</b> of children under 6 live below 300% of the Federal Poverty Level (cv-2,607).  1.3. <b>17.5%</b> of children, ages 0-36 months, have been screened for lead poisoning (cv-1575).  1.4. <b>6%</b> of children under age six are uninsured (cv-456).  1.5. <b>294</b> substantiated cases of abuse and neglect (total population of households with children under 18 years old - 30,691).	<b>Indicators with Baseline:</b>  1.6. <b>21.3%</b> of children birth to 5 years old enrolled in an accredited early childhood program.  1.7. <b>34%</b> of early childhood programs are accredited (cv-43).	<b>Indicators with Baseline:</b>  1.8. <b>28%</b> difference between 3 <sup>rd</sup> grade reading proficiency of economically disadvantaged children and non-economically disadvantaged children
<b>Strategies:</b> S1.1 Provide expanded access to high quality, nutritious food in neighborhoods, early care and education settings. S1.2 Develop and implement coordinated, thorough, and timely approaches to screening, referral, and services for developmental concerns. S1.3 Advocate for adequate funding for TANF, SNAP, WIC, SSDI, Medicaid, childcare subsidies and CACFP. S1.4 Promote policies, programs and practices that support connecting parents to health care coverage. S1.5 Be responsive to and reduce the impact of toxic stress on children, families and communities.	<b>Strategies:</b> S1.6 Provide professional development in instructional leadership, instructional practices, data use, and early childhood teaching and learning. S1.7 Provide supports for children’s social-emotional development. S1.8 Provide training in family engagement to encompass work with all families. S1.9 Provide high quality childcare with wrap-around family services.	<b>Strategies:</b> S1.10 Expand opportunities beyond school settings for children to have access to books and tools that support enjoyment of reading. S1.11 Support children and families in transition to school and between schools. S1.12 Support community-wide understanding about the role of parents and communities in child development. S1.13 Advocate for workplace policies that support parent participation in school activities. S1.14 Establish partnerships between schools and programs or organizations providing family supports. S1.15 Provide children with supports to develop language, math and reading skills.

<sup>1</sup> Cv represents “current value.”

**GOAL 2: By 2027, individuals and families in Cumberland County have the education, employment opportunities, and resources to achieve financial stability.**

**Headline Indicator:** 70% of households pay less than 30% of their income on housing.

**Intermediate (2021) Benchmark:** 68% of households pay less than 30% of their income on housing.

**Baseline:** 65% of households pay less than 30% of their income on housing.

<p><b>Result Statement 1</b> All individuals graduate from high school or complete a high school credential.</p>	<p><b>Result Statement 2</b> All individuals complete a post-secondary degree, certification and/or training to meet their career needs.</p>	<p><b>Result Statement 3</b> All individuals and families have the earnings/income and assets to be financially stable.</p>	<p><b>Result Statement 4</b> All individuals and families can afford and access goods and services.</p>
<p><b>Indicators with Baseline:</b></p> <p>2.1. <b>91.6%</b> of students graduate within four years of beginning high school (cv-2,629).</p> <p>2.2. <b>95.9%</b> of adults have a high school diploma or equivalency (cv-199,363).</p> <p>2.3. <b>68.8%</b> of students graduate proficient in English Language Arts (cv-2,496).</p> <p>2.4. <b>47.5%</b> of students graduate proficient in mathematics (cv-2,612).</p>	<p><b>Indicators with Baseline:</b></p> <p>2.5. <b>87.7%</b> of students enroll in post-secondary education within one year of high school graduation and return for a second year (cv-2,749).</p> <p>2.6. <b>62.2%</b> of students complete post-secondary education within six years (cv-2,803).</p>	<p><b>Indicators with Baseline:</b></p> <p>2.7. <b>29.7%</b> of households fall below 300% of the Federal Poverty Level (cv-21,070).</p> <p>2.8. <b>32.3%</b> of households with assets and liquid assets (cv-7,906).</p>	<p><b>Indicators with Baseline:</b></p> <p>2.9. <b>57.4%</b> of renter households are unable to afford a two bedroom rental (cv-23,116).</p> <p>2.10. <b>14.5%</b> of income spent on transportation.</p>
<p><b>Strategies:</b></p> <p>S2.1. Support targeted expanded learning opportunities for students.</p> <p>S2.2. Promote career education through credit-bearing, hands-on/experiential learning opportunities for students.</p> <p>S2.3. Provide high school credential programming (HiSET) that integrates academic support with coaching, social emotional learning, and wrap-around supports for youth and adults.</p> <p>S2.4. Develop district level policies and practices that provide focused supports for students most at risk for non-advancement.</p> <p>S2.5. Support programming that eases transition</p>	<p><b>Strategies:</b></p> <p>S2.9. Increase targeted, intensive supports to low-income, first-generation and students of color entering and enrolled in college.</p> <p>S2.10. Promote multiple career pathways strategies into high-growth sectors through certificates, credentials of value, and degree programs for economically disadvantaged youth and adults, students of color, and English language learners.</p> <p>S2.11. Promote college aspirations through early financial planning for students and families.</p> <p>S2.12. Expand supported dual enrollment</p>	<p><b>Strategies:</b></p> <p>S2.13. Ensure individuals and families have the supports needed to access and remain in the workforce, including childcare and transportation.</p> <p>S2.14. Encourage public/private partnerships and collaborations to align the needs of employers and jobseekers to reduce barriers to and within the workplace.</p> <p>S2.15. Advocate for critical needs programs to ensure that individuals and families have a financial safety net.</p>	<p><b>Strategies:</b></p> <p>S2.21. Promote and ensure access to and availability of critical needs programs that lead individuals and families toward household stabilization.</p> <p>S2.22. Ensure individuals and families have safe shelter, temporary, supportive, and permanent affordable housing near employment hubs.</p> <p>S2.23. Increase senior housing opportunities and supports to</p>

<p>S2.6. between middle school and high school. Promote social support systems; e.g., culturally appropriate family engagement, peer-to-peer support networks, and collaboration among agencies and organizations.</p> <p>S2.7. Implement professional development for teachers and staff that focuses on trauma-informed and social-emotional learning.</p> <p>S2.8. Implement professional development for teachers and staff that focuses on restorative practices, ensuring that students stay connected to school and community.</p>	<p>options to high school students at risk of not entering or completing college.</p>	<p>S2.16. Support and advocate for individual and employer incentives (e.g. Earned Income Tax Credit) to assist low-wage workers.</p> <p>S2.17. Increase individual employment options, placement, and retention.</p> <p>S2.18. Advocate for incentives and policies that promote asset growth programming.</p> <p>S2.19. Expand opportunities to increase household income and earnings, including entrepreneurship and small business ownership.</p> <p>S2.20. Advocate for stable, quality jobs that are safe, pay enough to live on, and offer essential benefits.</p>	<p>keep seniors in their homes.</p> <p>S2.24. Increase the number of individuals and households who have access to affordable healthcare.</p> <p>S2.25. Advocate for increasing access and affordability of regional public transportation.</p>
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**GOAL 3: By 2027, children, adults and communities in Cumberland County have the resources and opportunities to achieve optimal health status.**

**Headline Indicator:** 4,860 Years of Potential Life Lost per 100,000 people.

**Intermediate (2021) Benchmark:** 5,400 Years of Potential Life Lost per 100,000 people.

**Baseline:** 5,400 Years of Potential Life Lost per 100,000 people.

<b>Result Statement 1</b> Individuals ages birth to 14 years have their behavioral and physical health needs met to reduce deaths by suicide and substance use disorders.	<b>Result Statement 2</b> Individuals ages 15 to 24 years have their behavioral and physical health needs met to reduce deaths by suicide and substance use disorders.	<b>Result Statement 3</b> Individuals ages 25 to 44 years have their behavioral and physical health needs met to reduce deaths by suicide and substance use disorders.	<b>Result Statement 4</b> Individuals ages 45+ years have their behavioral and physical health needs met to reduce deaths by suicide and substance use disorders.
<b>Indicators with Baseline:</b>  3.1. <b>18.7%</b> of middle school students have experienced depression during their lifetime.  3.2. <b>13.3%</b> of middle school students have experienced suicidal ideation during their lifetime.  3.3. <b>294</b> substantiated cases of abuse and neglect (total population of households with children under 18 years old-30,691).	<b>Indicators with Baseline:</b>  3.4. <b>19.8%</b> of high school students have experienced 3 or more ACEs.  3.5. <b>24.9</b> drug-induced deaths/100,000 population (2013 – 2015) – 165 over 3 years.  3.6. <b>16.6</b> suicide deaths/100,000 population (2013 – 2015) – 110 over 3 years.  3.7. <b>14.3</b> alcohol-induced deaths/100,000 population (2013 – 2015) – 95 over 3 years.		
<b>Strategies*:</b> S3.1. Strengthen access and delivery of behavioral and physical healthcare. S3.2. Prevent, identify, mitigate & treat Adverse Childhood Experiences (ACES). S3.3. Create policies and practices that reduce access to substances and lethal means among at risk individuals. S3.4. Promote connectedness and social networks. S3.5. Teach coping and problem solving skills to enable individuals to tackle challenges, stress and adversity. S3.6. Train others to recognize warning signs of people at risk and to take appropriate action. S3.7. Lessen harms and prevent future risk by providing supports for individuals, families, and friends and ensuring safe reporting about an event.			
S3.8. Strengthen economic supports systems during times of financial stress and stabilize housing.			
<i>* Strategies are consistent across Result Statements. Tactics will vary and are specific to each Result Statement.</i>			