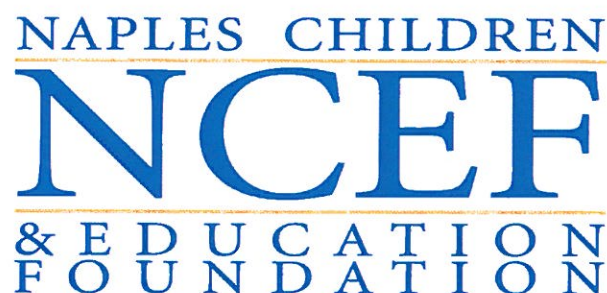


A Study of Child Well-Being in Collier County

Proudly Commissioned and Underwritten by:



University of Florida

Lastinger Center for Learning

Donald Pemberton, Ph.D., Director, Study Co-Author

Jeffrey Dow, Ph.D., Study Manager, Study Co-Author

Jeremy Luallen, Ph.D., Research Analyst

This study was commissioned by the Naples Children and Education Foundation and conducted by researchers at the University of Florida's Lastinger Center for Learning. The findings and recommendations in the report reflect the research and analysis of the study authors and may or may not reflect the views of the Naples Children and Education Foundation, its leadership, or individual Foundation Trustees. ©2006, Lastinger Center for Learning, University of Florida

A Study of Child Well-Being in Collier County

Table of Contents

Section 1: Study Overview

This section describes the study's goals, research methodology, and limitations.

Section 2: Metrics of Child Well-Being for Collier County

The *University of Florida Metrics of Child Well-Being* depicts the conditions of children in Collier County and identifies gaps in basic services.

Section 3: Profile of Collier County

This section provides context for the study, describing Collier's population and its economic, education, and social welfare conditions.

Section 4: Demographic Measures of Child Well-Being

This section provides a detailed picture of the needs and conditions of children in Collier County and analyzes the impact of those conditions on child well-being.

Section 5: Analysis of Service Delivery System in Collier County

This section describes the system of service delivery in the county and explains the causes of gaps in service.

Section 6: Opportunities and Strategies to Improve Child Well-Being

This section identifies investment opportunities and strategy options for closing the gaps in children's services and improving child well-being in Collier County.

Section 7: Summary of Findings

This section summarizes the study's findings.

Section 8: Data Packet

This section presents field data on county demographics, the conditions of children, the unmet need for children's support services, and the gaps in the service delivery system.

Section 9: Study References

This section lists the study's data sources, including databases, reports, publications, and interviews.

Section 1: Study Overview

The Naples Children and Education Foundation (NCEF) commissioned the Lastinger Center for Learning at the University of Florida's College of Education to conduct a demographic study of child well-being in Collier County. NCEF trustees requested a study that would identify and quantify the conditions and needs of children, analyze the social service delivery system, provide data on child well-being that could be shared with community leaders, and identify strategies and opportunities to improve the healthy development of all children in the Collier County.

This study was developed as a collaborative effort with NCEF trustees, particularly members of the Grant Committee, who wanted data to make more informed decisions and award grants that would yield greater returns in child well-being. NCEF trustees identified specific areas of interest and focus for this study, requested credible data about the status of children, and asked that the study culminate with specific recommendations, not only to maximize the impact of charitable giving, but also to stimulate community conversation and collaborative community action. Trustees wanted a rigorous study that could be shared with service providers, civic and philanthropic organizations, and community leaders. Clearly evident in all discussions with trustees was a profound commitment to ensure that NCEF-funded programs were producing the best possible results for children. The findings and recommendations in this report reflect the research and analysis of the study authors and may or may not reflect the views of the Naples Children and Education Foundation, its leadership, or individual Foundation Trustees.

Study Process

NCEF trustees and the consultants designed this investigation as a three phase process. Phase I focused on data collection about the conditions and human needs of Collier County children, the agencies meeting those needs, and the role of NCEF in funding particular service providers. The consultants worked closely with the NCEF Grant Committee to determine the depth and scope of investigation, focusing on both NCEF interests and community concerns. The consultants used a transparent process to provide comprehensive data on the status of children and services in the county so NCEF trustees and their community partners could discuss the data, participate in the analysis, and draw their own conclusions. Data was shared with the Grant Committee as it was collected and analyzed. The consultants worked closely with the Grant Committee to clarify analysis and develop common understandings. Phase I culminated in a preliminary data packet and oral report to the NCEF Grant Committee.

Phase II of the study focused on identifying program standards in several high priority areas and considered methods of internal and external program assessment and accountability. The consultants examined national program models, interviewed education, health, mental health, housing, and social service providers to determine needs and service gaps, identified best-in-class standards in healthcare, early learning, out-of-school care, and child welfare services, and worked closely with the Grant Committee to review new data, discuss model programs, and consider the viability of various strategic options. The study culminated in Phase III with presentations to the NCEF trustees, followed by the production of this report.

Methodology and Limitations

To produce the data for this report, University of Florida personnel utilized qualitative and quantitative research methods, including website and document review, ethnographic field work, statistical analysis and modeling, and program evaluation. The consultants investigated multiple databases, reviewed professional publications and reports, and conducted interviews with NCEF trustees, civic leaders, school district personnel, service providers, as well as with state and national social sector leaders. The consultants assembled documents and statistics from NCEF funded agencies and programs and analyzed data from multiple county, state, and federal sources. Where possible, data was triangulated for verification before it was analyzed. The consultants employed both statistical and trend analysis of numerical data and constant comparison domain analysis of narrative interview data to produce the findings for this report.

While the findings and recommendations reported in this study are fully supported by the available data, the study does have limitations. University of Florida researchers were not tasked with developing survey instruments and generating original survey data from the residents of Collier County or all service providers in the county. Although consultants strived to use the most current data available about needs, conditions, and unmet demand for services, some data sets are not adjusted frequently, and agency data may be based on unverifiable assumptions, poor market analysis, or survey results that did not consider trade-offs in the use of available funds. When agency data could not be triangulated and confirmed, consultants used conservative estimates in order not to overestimate the true needs of children or the unmet demand for support services in Collier County.

Current social and economic projections from many different county, state, and national sources are often based on 2000 Census data, and other data sets use 2002-2003 data as the most current available. Some data sets use mathematical formulae to trend data from the collection date to present year-to-date. Detailed client data from social service providers in Collier County was often not readily available. Most social service agencies had output data (number of clients seen, number of referrals, number of phone requests for service); however, outcome data, the change a given service has produced in a participant, may either be scattered through hand written files or coded in a way that was not easily reportable.

Study Researchers and Authors

The *Study of Child Well-Being in Collier County* was conducted by the Lastinger Center for Learning, housed in the University of Florida's College of Education. Founded by Allen and Delores Lastinger, prominent Florida business and civic leaders, the Lastinger Center for Learning is dedicated to improving the conditions of children and the academic achievement of students in high poverty, under-resourced communities. Dr. Donald Pemberton, Director of the Lastinger Center for Learning, was the study's co-author. Prior to assuming his current position, Dr. Pemberton was the founder and president of Take Stock in Children, Florida's scholarship and mentoring program for low income students; founder and president of the Pinellas County Education Foundation, a community-education partnership to improve the quality of public education; and a teacher, guidance counselor, and therapist. Dr. Jeffrey Dow was the study's principal researcher and study co-author. He is an educator, researcher, consultant, and social demographer. Recently, he completed international consulting assignments for the U.S. Department of Defense. Dr. Jeremy Luallen, a University of Florida trained economist, served as the study's research analyst. Dr. Luallen recently accepted a position with Abt Associates in Boston, Massachusetts.

Section 2: Metrics of Child Well-Being for Collier County

The University of Florida Lastinger Center for Learning *Metrics of Child Well-Being* uses multiple indicators from a variety of sources to provide communities with a measurement system to determine levels and types of risk to healthy child development. The Lastinger Center regularly updates its index as new data becomes available (updated 1/23/06). Each of the metrics below matches (left to right) with a measure in the Metrics of Child Well-Being chart (see previous page).

Metric #1: Child Poverty. 15% of the children in Collier County live in poverty.

Source: United States Census Bureau (2002-2003). *U. S. Census 2000, Summary Files 3 & 4*.

Washington, DC: United States Department of Commerce, Economics, and Statistics Administration.

Metric #2: Child Poverty. 41% of children in Collier County live in low income households.

Source: United States Census Bureau (2002-2003). *U. S. Census 2000, Summary Files 1 & 3*.

Washington, DC: United States Department of Commerce, Economics, and Statistics Administration.

Metric #3: Health. 25% of newborns in 2003 in Collier County lacked adequate prenatal care.

Source: Weitzel, S., & Shockley, C. (2005). *Florida's Children at a Glance, 2005*. Tampa, FL:

University of South Florida, Louis de la Parte Florida Mental Health Institute, Department of Child and Family Studies, Center for the Study of Children's Futures.

Metric #4: Health. 40% of births in 2003 in Collier County were to single mothers.

Source: Weitzel, S., & Shockley, C. (2005). *Florida's Children at a Glance, 2005*. Tampa, FL:

University of South Florida, Louis de la Parte Florida Mental Health Institute, Department of Child and Family Studies, Center for the Study of Children's Futures.

Metric #5: Health. 9,347 children in Collier County (17%) lack health insurance.

Source: University of Florida, Institute for Child Health Policy. (2004). Gainesville, FL.

Metric #6: Health. 17,000 children in Collier County (31%) lack adequate dental care.

Source: Collier Health Services, Inc. (2005). Naples, FL.

Metric #7: Health. 5,500 children in Collier County have undiagnosed hearing problems.

Source: Early Learning Coalition of Collier, Glades, Hendry, and Lee Counties & Lastinger Center for Learning (2005). Gainesville, FL.

Metric #8: Health. 4,750 children in Collier County have undiagnosed vision problems.

Source: Early Learning Coalition of Collier, Glades, Hendry, and Lee Counties & Lastinger Center for Learning (2005). Gainesville, FL.

Metric #9: Medical Home. 22% of children in Collier County 6 to 18 years old have no regular healthcare provider or place to receive healthcare services. **Source:** University of Florida, Institute for Child Health Policy (2005). Gainesville, FL.

Metric #10: Mental Health. 33% of children in Collier County needing residential treatment do not receive it. **Source:** David Lawrence Center. (2005). Naples, FL.

Metric #11: Mental Health. 50% of children in Collier County who need substance abuse treatment do not receive it. **Source:** David Lawrence Center. (2005). Naples, FL.

Metric #12: Mental Health. 33% of children in Collier County needing out-patient therapy do not receive it. **Source:** David Lawrence Center. (2005). Naples, Fl.

Metric #13: Early Learning. 51% of the children in Collier County needing subsidized early learning placement do not receive it. **Source:** Southwest Florida Workforce Development Board. (2005). Bonita Springs, Fl.

Metric #14: Early Learning. 89% of early learning centers in Collier County are not accredited. **Source:** Early Learning Coalition of Collier, Glades, Hendry, and Lee Counties & Childcare of Southwest Florida, Inc. (2005). Ft. Myers, Fl.

Metric #15: Early Learning. 24% of children entering kindergarten in Collier County screened with the Florida School Readiness Uniform Screening System (SRUSS) were rated not ready for kindergarten. **Source:** Early Learning Coalition of Collier, Glades, Hendry, and Lee Counties. (2005). Ft. Myers, Fl.

Metric #16: Early Learning. 44% of children entering kindergarten in Collier County screened with the Dynamic Indicators of Basic Early Literacy (DIBELS) instrument were rated at risk of early school failure. **Source:** Early Learning Coalition of Collier, Glades, Hendry, and Lee Counties. (2005). Ft. Myers, Fl.

Metric #17: Student Achievement. 36% of children in 3rd grade scored at Levels I and II on the reading section of the Florida Comprehensive Assessment Test (FCAT). **Source:** Florida Department of Education (2005). *2004-2005 FCAT Score Report*. Tallahassee, FL.

Metric #18: Student Achievement. 56% of children in 8th grade scored at Levels I and II of the reading section of the Florida Comprehensive Assessment Test (FCAT). **Source:** Florida Department of Education (2005). *2004-2005 FCAT Score Report*. Tallahassee, Fl.

Metric #19: Student Achievement. 71% of children in 10th grade scored at Levels I and II of the reading section of the Florida Comprehensive Assessment Test (FCAT). **Source:** Florida Department of Education (2005). *2004-2005 FCAT Score Report*. Tallahassee, Fl.

Metric #20: Student Achievement. 7% of children in the Collier County Public Schools in 2003-2004 were retained (not promoted to the next grade). **Source:** Florida Department of Education (2005). *Florida School Indicators Report, 2003-2004*. Tallahassee, Fl.

Metric #21: Student Achievement. 9% of children in the Collier County Public Schools in 2003-2004 dropped out of school before graduating. **Source:** Florida Department of Education (2005). *Florida School Indicators Report, 2003-2004*. Tallahassee, Fl.

Metric #22: After-School Care. 50% of elementary and middle school students who need after-school support do not receive it. **Source:** Collier County Public School System & Lastinger Center for Learning (2005). Gainesville, Fl.

Metric #23: Substance Abuse. 36% of students in grades 6-12 in Collier County surveyed in the spring of 2004 reported using alcohol in the past 30 days before the survey. **Source:** Florida Department of Children and Families. (2005). *2004 Florida Youth Substance Abuse Survey—Collier County Report*. Tallahassee, Fl.

Metric #24: Substance Abuse. 17% of students in grades 6-12 in Collier County surveyed in the spring of 2004 reported binge drinking (consuming more than 5 drinks in a row) in the past 30 days before the survey. **Source:** Florida Department of Children and Families. (2005). *2004 Florida Youth Substance Abuse Survey—Collier County Report*. Tallahassee, Fl.

Metric #25: Substance Abuse. 14% of students in grades 6-12 in Collier County surveyed in the spring of 2004 reported using cigarettes in the past 30 days before the survey. **Source:** Florida Department of Children and Families. (2005). *2004 Florida Youth Substance Abuse Survey—Collier County Report*. Tallahassee, Fl.

Metric #26: Substance Abuse. 13% of students in grades 6-12 in Collier County surveyed in the spring of 2004 reported using marijuana in the past 30 days before the survey. **Source:** Florida Department of Children and Families. (2005). *2004 Florida Youth Substance Abuse Survey—Collier County Report*. Tallahassee, Fl.

Metric #27: Child Welfare. The rate of juvenile crime referrals increased 9% from 2002-2003 to 2003-2004. **Source:** Florida Department of Juvenile Justice. (2005). *Florida Department of Juvenile Justice Delinquency Profile 1999-2004*. Tallahassee, Fl.

Metric #28: Child Welfare. 50% of children in foster care in Collier County are in need of permanent adoption. **Source:** Foster Care Council of Southwest Florida. (2005). *Foster Care Council Annual Report*. Naples, Fl.

Metric #29: Child Welfare. 82% of children in foster care in Collier County need therapeutic counseling. **Source:** Foster Care Council of Southwest Florida. (2005). *Foster Care Council Annual Report*. Naples, Fl.

Metric #30: Housing. 62% of families who need Section 8 subsidized housing vouchers do not receive them. **Source:** Collier County Housing Authority. (2005). Naples, Fl.

Metric #31: Housing. Habitat for Humanity has housing stock for 1 of every 14 eligible families; there is insufficient Habitat housing stock for 93% of eligible applicants. **Source:** Habitat for Humanity of Collier County. (2005). Naples, Fl.

Metric #32: Children's Trust. There is no independent, tax based, public financial support for children's services in Collier County. **Source:** University of Florida, Lastinger Center for Learning. (2005). Gainesville, Fl.

Section 3: Demographic Profile of Collier County

Collier is a fast-growth county. The population grew more than 50% in the last decade, 14% in the last three years, and the employment growth was double the state average. Now ranked 16th largest in the state, Collier County has a slightly older population than the state average and a growing number of active, retired residents. The county has a substantial number of immigrants from Mexico, Latin America, and Haiti. A growing Hispanic community makes up 20.5% of the population and accounts for 32% of the children. Many of those families are first generation immigrants who speak only their native language. Consequently, substantial linguistic isolation (English not spoken in homes) exists in some areas, particularly in Golden Gate City and Immokalee. In Golden Gate City, 12.5% of families speak no English at home; in Immokalee, the number increases to 22.4%.

Collier is a wealthy county with the 3rd highest per capita income in the state and a reported median income of \$47,591. When passive income is included, the median income in the county could be as high as \$65,000. These numbers work against the county when officials apply for federal and state subsidies even though income is not evenly distributed throughout Collier's communities. While residents of Immokalee have a median income of just over \$25,000, the Golden Gate City median is \$43,800; Greater Naples, \$53,500; and Marco Island, \$59,600.

Four business sectors in the county employ about 80,000 people: Trade/transportation/utilities, 22,118 employees; retail/sales/other, 20,960 employees; education/health, 18,876 employees; and leisure/hospitality, 18,760 employees. Average salaries in these sectors range from \$22,600 in leisure/hospitality to \$37,365 in Education/health. The construction and professional/business service sectors each employ another 14,000 workers at average salaries of \$37,113 and \$40,823 respectively while the natural resources/mining sector provides about 6,700 jobs with average salaries at \$16,148 annually. The four largest employers in the county are the Collier County Public Schools (4,400 employees), Collier County Government (2,161 employees), Naples Community Hospital Healthcare System (2,080 employees), and Publix Supermarkets (2,021 employees).

The population distribution is marked by wealth in the coastal neighborhoods, a shrinking middle class, and pockets of extreme poverty. Although Collier is considered a wealthy county, nearly 10% of Collier's population is living in poverty. In Collier, 15% of children are living below the poverty line; 20% are living in high-poverty neighborhoods, and 41% are living in low-income households. Nearly half of the students in Collier Schools (48%) are Free/Reduced Lunch eligible, and schools in Golden Gate City and Immokalee have 75% to 98% of students on Free/Reduced Lunch.

While poverty is concentrated in certain Collier communities, there are pockets of poverty distributed throughout the county. Almost half of Immokalee's permanent residents live in poverty, and 25% of them have no high school education. Single-parent families make up 20% of the Immokalee community and 12% of Golden Gate City, and many single parents find employment in either farming or service sectors.

A hot real estate market with skyrocketing prices has created a housing crisis. While median salaries have increased from \$20,000 to \$37,000 in the past 10 years, average house prices have more than tripled during this period, rising from approximately \$160,000 for a three bedroom house to over \$500,000 for a similar property today. Collier's severe affordable housing shortage is squeezing out the middle class and deeply affecting the stability of low income families. The estimated housing deficit for middle income families was more than 30,000 units in 2005. The growing number of apartment complexes being converted to condominiums coupled with a 98% occupancy rate for apartments has created a critical shortage of affordable rentals.

The housing crisis has a growing negative impact on Collier's quality of life. Essential service professionals are not able to find affordable housing and low income residents often pay exorbitant rent for substandard, over-crowded apartments. The per capita and medium income of Collier's residents make it difficult for the county to compete for federal subsidies; as such, there are only a minimum number of Section 8 subsidized housing vouchers available in the county, and 62% of families who qualify for vouchers do not receive them. Consequently, many unskilled laborers and service workers cannot afford to live in the county and face long commutes to their jobs because of a lack of local affordable housing. Habitat for Humanity is one of the few affordable housing options, but despite the organization's superb leadership and strong community support, it has insufficient stock (14 applicants for each available home) to meet the demand. Increasingly, this housing crisis is putting Collier at risk of not having sufficient service sector employees and not being able to attract essential service professionals to the community.

Homelessness and hunger do exist in Collier County. St. Matthew's House provided emergency shelter for 750 people last year, served 10,000 meals a month, and fed 13,000 families and disabled individuals through a Food Pantry distribution program. The Immokalee Freedom House took in over 1,300 individuals last year and served over 30,000 meals. The Guadalupe Soup Kitchen served approximately 25,000 meals in 2005.

Section 4: Demographic Measures of Child Well-Being

The demographic data on child well-being in Collier County indicates that thousands of children in this community lack access to the basic services essential to their healthy development. The problem is pervasive, persistent, complex, and enormous. Many children lack prenatal care and grow up without regular medical support. Children with inadequate nutrition and poor oral hygiene suffer with severe tooth decay and periodontal disease. Some of these same children are living in overcrowded, substandard housing. Lacking the necessary resources for private, high quality child care at accredited early learning centers, low and middle income families often are unable to obtain subsidized seats and later enroll their children in pre-kindergarten or kindergarten without children having developed the requisite school readiness skills for academic success. Many of these children struggle to learn to read, are held back at least once in elementary or middle school, make poor grades, score poorly on the Florida Comprehensive Assessment Test (FCAT), and drop out of school as soon as legally possible. Such children are at higher risk of substance abuse and neglect, and many need either out-patient counseling or residential therapeutic treatment, both of which are in short supply throughout the county. Gaps in services exist in all areas of child well-being, including: medical, dental, and mental health services; early learning; out-of-school time care; housing; and social welfare.

Early Learning and School Readiness

Collier County lacks quality early learning opportunities for many children. There are more than 150 licensed childcare providers in the county; however, only 75 of those have become incorporated as early learning centers, and only 11% of those centers are accredited. There is a need for at least 1,600 additional subsidized slots for early learning in Collier. Access to quality early learning is vital to a child's success in school. Currently, between 24% and 44% of children in Collier begin kindergarten at risk of failure. Many of those children who begin kindergarten without the requisite school readiness skills face steep learning hurdles that are difficult to overcome; too many children who start behind, stay behind. Exposure to quality early learning would substantially improve children's success in school. Currently, there is no quality rating scale for early learning centers in Collier County. A drive to accredit all licensed early learning centers would immediately upgrade a center's facility, personnel and program. The system could work collaboratively to provide quality materials and equipment to all centers. Some centers are using the ELLM curriculum successfully to improve reading and literacy skills; along with ELLM, other curriculum initiatives can be piloted, evaluated, and performance data shared throughout the system. Along with receiving on-site coaching and mentoring during the accrediting process, centers could offer job-embedded staff development that included coaching and university degree programs leading to improved teacher credentials. As teachers become more qualified and become eligible to move up a career ladder, centers will need to provide better salaries and benefits commensurate with experience and qualifications. Doing so will entice more people to enter the profession and help retain qualified teachers, all factors in creating a world-class early learning system committed to developing a culture of family literacy and school readiness.

After-School, Out-of-School Support

Collier has a critical need for more subsidized slots for out-of-school support (after-school and summer programs). The total capacity of available after-school programs in Collier County in 2004-2005 was just over 6,000 students. The researchers estimate that this is only meeting 50% of the overall need; the actual unmet need for out-of-school programs may be as high as 79% based on projections using the profile of students in these programs. Beyond the need for more subsidized slots, after-school programs need to have a direct connection to the children's teachers in order to improve the students' academic performance. Such programs need to balance student interests with life skill training, leadership

development and academic support. A universal, high quality program might offer tutorial services in core academic subjects, support for standardized test preparation, elective offerings in fine arts and technology, sports, and general homework support. The Boys and Girls Club has garnered substantial community support by developing a program model that is measurable and offers a variety of supports to help children succeed in school and to promote their healthy development. Research suggests that learning gaps among social classes and ethnic groups can be overcome when such supports are in place; achievement gaps are exacerbated by long lapses in regular academic activity.

The Collier Public School System is working to improve its out-of-school time program offerings. There are more than 30 different community programs currently available; however, many of the programs have low capacity, are fee based, and are not carefully aligned with the school district curriculum. The school system's 21st Century Miracle Grant programs have emphasized academic support and test preparation, and program data shows increases in student achievement and a high degree of student and parent satisfaction. Recently, a school district initiative brought district personnel, school board members, the Community Foundation, program providers, and government representatives together in an effort to develop a community-wide after-school program specifically for middle school students. Those deliberations are ongoing and could provide the platform for Collier County to launch a community-wide effort to ensure that all children who need out-of-school supports are provided with this essential service.

Child Welfare Services

As the child population of Collier County has grown, incidents of juvenile crime, domestic violence, child abuse, and child neglect also have increased. At any time, nearly half of a protective shelter's population could be children, and more children are in need of special treatment options, permanent adoption, and therapeutic counseling. From 2001 to 2004, juvenile crime has increased in the county. Almost 2,000 children were referred to the Juvenile Assessment Center in 2004: 1,078 children were arrested, and 624 were placed in approved court diversion, community service, and treatment programs. During the same period, there were over 2,000 reported child abuse cases, of which 552 were verified, and another 2,000 domestic violence cases, over half resulting in arrests. The average stay at the Shelter for Abused Women and Children is 49 days while the average stay at Youth Haven is about four months. The Pace Center for Girls accommodates 30 girls in grades 6-12; each girl has an individual treatment plan, and the average stay ranges from 7 to 18 months. The David Lawrence Center is the program of last resort where 20 residents, male and female, get residential treatment and schooling. Many children need to move from shelters and programs into foster homes, but there are too few foster homes to accommodate them in Collier County. These children often find themselves placed in neighboring counties, separated from family, friends, and familiar surroundings. There are currently about 442 foster children in Collier; as many as half of them will need permanent adoption, and more than 80% of them will need long term therapeutic counseling.

Medical Services

Quality healthcare is critical for a child's healthy growth and development, and that care must start before the child is born. However, more than 25% of children in Collier County are born with less than adequate prenatal care, and 7% of births are low birth-weight deliveries. Lack of adequate prenatal care puts children at high risk of illness and chronic medical conditions. Nearly 10,000 children in Collier County are not connected to a medical home (pediatric practice) and lack health insurance, despite the availability of state-subsidized insurance – the Florida Children's Health Insurance Program (FLCHIP). The vast majority of the 10,000 uninsured children in Collier are eligible for the state program but are not enrolled due to parents' lack of knowledge about the system and its benefits, eligibility and

documentation requirements, legal status, language, and inability to pay modest premiums. In recent years, the state has allocated no money for outreach and education about the health insurance program. A community campaign to enroll 10,000 children in this state insurance program would produce substantial improvements in child well-being.

Hospital emergency rooms and school nurses are often the first response medical providers for children who do not have a pediatrician or medical professional that regularly monitors their development and provides medical care. The Naples Community Hospital emergency rooms see hundreds of infants and children per month. When children become school age, the school nurse often is the first source of medical care for these children. These factors combine to put some children at high risk of illness and chronic medical conditions, the most common of these being upper respiratory infections, Type I & II diabetes, asthma, allergies, and ear infections. Medical professionals report that Collier County has a shortage of pediatric sub-specialists. Many specialized medical interventions must be done in Ft. Myers, Tampa, or Miami, and transportation is expensive. Families often cannot afford to travel to the distant locations to be with their children and may avoid interventions and follow-up treatments that could cure or prevent chronic health conditions. Left untreated, these persistent medical conditions have extreme adverse effects on children's physical, emotional, and cognitive development. Indeed, there is an emerging and growing body of research to indicate that untreated and undiagnosed health conditions are depressing students' academic achievement, suggesting that quality healthcare for all children may be a highly effective method of improving a school system's test scores.

Discussions about ways to improve the availability, accessibility, and affordability of quality healthcare for all children in the county are currently underway. Florida State University is working with Collier Health Services, Inc. and the Naples Community Hospital Healthcare system to bring a satellite medical school program to Immokalee. Such a program might bring more pediatric residents and sub-specialists into the county, providing a greater array of treatment options. The Naples Community Hospital Healthcare System is considering ways to do more community outreach to enroll eligible children in the subsidized state health insurance program while at the same time studying the feasibility of adding a pediatric wing to the hospital complex. Other interested parties are looking at ways to create a health-safety network of outlets connected to community healthcare providers, would serve as a child's medical home. Such a system could incorporate the American Academy of Pediatrics standards for preventive health care and use the delivery model developed by the Center for Disease Control and the Institute of Medicine.

Oral Health

A catastrophic crisis exists in dental health; as many as 17,000 children in Collier lack access to dental care. Low income children across the county are suffering with tooth decay and periodontal disease, and there are not enough dentists to treat them, particularly those needing oral surgery, periodontal treatment, or orthodontics. Although the children's health insurance program does offer a dental benefit for an additional monthly premium, providers argue that insurance payments do not cover treatment costs. Thus, there is no incentive for dentists to develop clinics to see Medicaid patients. Collier Health Services and the Collier Department of Health have small dental clinics that offer patients a sliding fee scale; but dental materials, equipment, and procedures are expensive, and most dentists in Collier charge retail fees for service rendered. The need far exceeds the supply of dentists. As one provider explained, "we simply do not have enough [dental] chairs or enough pediatric specialists to meet the need." The dental crisis is extracting a terrible toll on children's health in Collier County. The depth of the dental crisis facing children can be clearly evidenced in the results of dental examinations performed on all students in one high poverty elementary school by the Ronald McDonald Mobile Dental Clinic: a staggering 68% of children had one or more cavities (the average number of cavities

per child was 4.5), 62% needed sealants, and 18% had such extreme cases (exposed cavities, abscesses, serious gingivitis/periodontal disease) that they needed to be referred immediately for emergency dental care. The community is attempting to respond to the crisis. Collier Health Services has hired a second dental team for its Ronald McDonald Mobile Dental Clinic so that children in under served areas will be able to receive screenings, cleanings, sealants, and basic dental treatments. Collier Health Services has also initiated conversation with the University of Florida College of Dentistry to bring more dental residents into the community, increasing the possibility that more low income children will get access to basic oral health services.

Affordable Housing

Having a safe and comfortable living space allows a child to grow strong physically, intellectually, and emotionally. The lack of affordable homes and apartments for low-income and working-class families forces children to live in substandard and crowded housing, contributing factors to ill-health, fatigue, and poor school performance. Teachers described students living with multiple families and in converted one room garages with their extended families. Housing prices have far outpaced rising incomes, and a hot real estate market has caused developers to turn apartment complexes into expensive condominiums. Consequently, working families cannot find affordable homes to buy or apartments to rent. Currently, there is an estimated affordable housing shortage of 31,000 units in the county, and experts estimate that number will increase to 36,000 by 2010 if the community fails to act. Children fortunate enough to live in better quality housing may have parents working two or more jobs to pay the bills. The issue then becomes one of choice. Do parents pay the rent and utilities or buy quality food and medicine for the family? Such choices may lead to poor nutrition, early onset of obesity, and ultimately Type I or II diabetes. The high cost of housing often results in long commutes to work, thus decreasing a parent's time at home and increasing the need for structured and quality out of school care.

Responding to the acknowledged housing crisis, civic leaders have come together in a task force to explore strategic options, and the Chamber of Commerce hosted a public forum to discuss alternatives. Collier's leaders are also concerned about the growing challenge of providing affordable housing for essential service personnel, such as police officers, nurses, and teachers. Local governments across the state are considering a variety of strategies to ameliorate the affordable housing crisis facing an ever increasing number of communities in Florida. These strategies include working with real estate developers to create financial incentives (i.e., reduced permitting and impact fees, tax credits, low interest loans) for building affordable housing units; considering land trusts or housing trusts that could provide low cost land for development; modifying housing density requirements; redevelopment of urban areas; providing land for mixed development; and supporting the acquisition of land inventory for creating or expanding Habitat for Humanity neighborhoods.

Mental Health Services

The health challenges of Collier County's children extend to mental health services. Approximately 50% of children needing outpatient counseling and therapy are not receiving the needed therapeutic intervention. The David Lawrence Center estimates that it is meeting only half of the need for child outpatient therapy. Professionals at the Center reported that more clients are being diagnosed with combined mental health and substance abuse disorders; additional residential beds as well as outpatient therapists are needed. Child protection agency representatives report a shortage of funds available to provide long-term counseling to children who have been abused and neglected. School counselors and social workers have far too many cases and duties to meet the increasing demand for counseling services. The rise in substance abuse by children in Collier County puts further strains on the mental health delivery system with more young people needing drug counseling and treatment programs.

Seeing more court cases involving substance abuse Judge Lauren Brodie from Juvenile and Family Court has formed a community task force to study causes and treatment options. The lack of therapeutic services for children suffering from abuse, neglect, trauma, depression, or other mental health conditions adversely affects their well-being and potential for healthy growth and development.

School Performance

For those children who begin kindergarten at-risk of failure, their future academic success is in great jeopardy. Test data paints a bleak and sobering picture of children who start behind and who progressively fall further behind; reading achievement scores steadily deteriorated from 3rd to 10th grade. By the 10th grade, 71% of all students in Collier County scored in Levels 1 & 2 on the Florida Comprehensive Assessment Test, putting them at risk of not graduating from high school. In fact, a large number of students do drop out of school in the first two years of high school. Retention and school failure is an issue for Hispanic, Black, and Haitian students throughout the system. A growing number of students in elementary and middle school have been retained multiple times, creating a cadre of overage minority students in Collier public schools. Most of the children experiencing severe academic difficulties are concentrated in high poverty, under-resourced schools. The data indicates that teachers in these schools have, on average, less experience and fewer advanced degrees than their counterparts in higher income schools. As such, children facing the greatest challenges often have the least experienced teachers. The Collier County Public School System is making substantial investments in school improvement in an effort to produce higher levels of student achievement throughout the Pre-K-12 system. School district personnel work regularly with the Education Foundation to develop leadership training programs and professional development experiences aimed at developing effective school administrators and building powerful teaching faculties. Most recently, the school district and the Education Foundation of Collier County have formed a partnership with the University of Florida's College of Education to develop a job-embedded Master's Degree program in Immokalee elementary schools. Teachers will work collaboratively with university personnel to reflect on their practice, conduct action research, develop context-specific curricula, and use the latest information technology to do research and share their work with colleagues in the county and in other comparable locations across the state. Regardless of its efforts, the school district alone cannot effect dramatic changes in student performance. The entire community shares a responsibility to support the healthy development of children.

Section 5: Analysis of the Service Delivery System

Collier County, like many communities across America, is failing to meet the basic needs of large numbers of children. There are myriad reasons why so many children in Collier and elsewhere in the country are not receiving the basic services so vital to healthy development. At a time when the need for social welfare services is growing, funding for programs is not keeping pace with the need. Shrinking budgets have put many social service agencies in crisis. Under-funded and under-staffed, service providers are constantly working to meet the growing needs of children. The dynamic nature of families causes some children not to receive needed services. Family economic circumstances are in constant flux, often changing quickly and dramatically. Service providers, particularly those receiving federal and state funds, have eligibility requirements that change often. Consequently, a child may be eligible for a program today that was not available to him or her last week, last month, or last year. Conversely, vital services that are available to a family living in poverty may no longer be available if that family takes an extra job to make ends meet. Changes in eligibility requirements are often not advertised, and little or no money is built into program budgets for community outreach and enrollment efforts. As such, fluctuating circumstances and changing eligibility requirements work against children who depend on regular social service support. Even with state and federal subsidies, many programs require fee for service; and, although these fees are often minimal and based on a family's ability to pay, many families cannot afford the cost of support programs for their children.

Across the nation, social service delivery systems are fragmented and generally not well-conceived or well-coordinated. In Collier County, children's services are delivered through a disjointed, complex mix of public and private organizations, many of which lack sufficient infrastructure for interagency communication, data collection, tracking outcomes, and measuring organizational success. Programs are often developed independently based on a perceived need with little market research or long range planning.

The Naples Alliance for Children's *2005 Resource Directory* lists more than 200 different support programs and agencies for children and families. These agencies run the gamut from small shops, scraping by year to year with one or two employees, bare-bone budgets, and providing limited services, to large, well-managed, strongly-supported organizations, widely-respected for delivering multiple high quality services to children. Many of these agencies and programs serve the same children, but rarely do agencies track children beyond their specific program goals or share data across service sectors.

Historically, service providers have worked in isolation with little opportunity for interagency data sharing, collaborative planning, or professional development. Recently in Collier County, service providers have begun to understand the value of interagency communication; there are now two interagency councils which meet regularly. NCEF also has a network of high quality grantees, but the group does not meet regularly or share information. While organizations are developing an intellectual understanding of the value of sharing information and cooperative learning, collaborative strategic planning, data sharing, and organizational capacity building are not regular agenda topics for interagency meetings. There are no community metrics for tracking all children and measuring their developmental progress along a continuum of services. As a result, there are major service gaps in all areas of child well-being and thousands of children each year fall into those gaps and miss vital services. Many service providers are eager to develop partnerships and consortia, engage in capacity building, and create strong accountability systems if given some leadership and support.

As the population of Collier County expands and the costs of delivering high quality services to children steadily increase, many under-funded and under-staffed organizations will continue struggling to deliver more services with fewer resources. These service providers compete fiercely for resources and state contracts, and any reduction or loss of year-to-year funding creates intermittent gaps in services to children. While there is growing interagency cooperation and communication within particular service sectors, there is little cross-sector conversation and virtually no cross-sector program development or strategic planning. Because communities, including Collier County, look at programs as individual entities and do not think systemically about the needs of children, gaps in service widen and an increasing number of children fall through cracks in the system. Even as the number of programs in Collier County expands, the data indicate that the overall conditions of children in this community do not improve; in fact, as the population grows, conditions get worse.

Community Investment in Basic Services for Children

The failure to meet the needs of children should not be viewed as an indictment of Collier's social service providers or the indifference of its citizens; to the contrary, if not for the dedication and expertise of Collier's social service agencies and the generous support of its philanthropists, children in this community would be in far worse shape.

Collier County is known for its philanthropy and strong social service sector. Collier's philanthropists make ever-increasing contributions to provide essential services to children. In 2006, the Naples Children and Education Foundation was the single largest source of funding for children, having raised more than \$12,000,000 through its wine auction. Other organizations, such as the Education Foundation of Collier County, the Community Foundation, the Immokalee Foundation, and the United Way, to name a few, raise and invest more than \$7,000,000 annually in additional funding to support basic services for children. Several million dollars annually are also contributed directly by individual donors to selected charities.

Despite this philanthropic activity, the need far outpaces the charitable giving, and there is virtually no public investment to support the healthy growth and development of Collier's children. No one organization or select group of charitable foundations can adequately support an ever-growing network of children's services; yet, healthy child development depends on a strong, vibrant network of creative and committed service providers who are always searching for ways to improve and expand service delivery.

In each service delivery sector, Collier's agencies benefit from the strong leadership of talented, creative, and committed professionals dedicated to improving the lives of children. These service providers typically apply for grants annually, with no guarantee of a grant continuing for more than one year. Nevertheless, certain providers have applied to a single organization for funding several years running and, as a result of their good work and reputations for quality service, have received money for multiple years from the same funding source. Consequently, many funded agencies have developed significant financial dependence on one funding source. A loss of grant funding or state contract income could cripple or close several of these organizations, and many others might have to reduce or eliminate essential programs or services.

Several Collier service agencies are either the market leaders in their sectors or the only major service provider meeting a particular need. These service providers strive to keep their management and funding costs at a minimum; in so doing, they have little time and few resources for data collection and building credible measurement systems. Thus there is a large variance across the county in the quality of organizational and program accountability and measurement.

Collier has an abundance of non-profit organizations, perhaps too many. Many agencies appear understaffed and under-funded. Service providers typically pay low salaries, and several agencies offer only minimal benefits, unable to afford health insurance, regular cost of living raises, or retirement plans for employees. The lack of benefits and low salaries create high staff attrition in many agencies; both of these factors contribute to breakdowns in the social service delivery system.

Collier's social service agencies and programs compete fiercely for funds, generally working in isolation with little opportunity for interagency data sharing, collaborative planning, or professional development. Such competition for funding in the non-profit sector often creates a competitive environment that is not conducive to the type of cross-agency, strategic, proactive, multi-partner cooperation that would improve delivery of vital services to children.

While the service delivery system meets the needs of some, too many of Collier's children are falling through cracks. Many programs are filled to capacity and lack the funding and infrastructure necessary to meet increased demand. Families find the application process difficult and confusing as each program has its own policies and application guidelines; many families simply give up in frustration, and their children miss vital services to which they are entitled. Although many programs and agencies serve the same children, data on clients and client progress is not captured and shared across agencies. Many of these agencies employ committed, well-trained professionals who provide high quality services to children; all of them want to help every child possible but lack the time and necessary resources to craft an ideal, fail-safe service delivery system that could meet the needs of all children in the county.

New Approaches to Meeting the Basic Needs of Children

The data suggests that the current system of delivering services to children is failing to meet the basic needs of too many children in Collier County. There is a growing realization, in Collier and across the nation, that child welfare services must form a protective web, a social safety-net that meets the needs of all children in a community. Such an approach would focus on providing basic, high quality healthcare, education, and welfare services to all children who need them and improving program access by generalizing eligibility requirements and minimizing enrollment paper work and red tape. Programs would be:

- Located in population and activity centers
- Maximize multi-use facilities
- Use information technology to track all children
- Share data throughout the service network
- Provide access to multiple programs with a single electronic application

Schools, public recreation centers, community centers, and the like can all become centralized service centers where families can enroll in programs and receive immediate services. At the same time, service providers can develop accountability systems that allow them to collect, analyze, and report data, making data sharing and continuous improvement standards of operation.

While the development of a safety-net of basic services, metrics systems, and cross-agency and cross-system collaboration would go a long way to meet the needs of a much larger number of children, additional funding is also required if Collier County wishes to ensure that all children have access to key services. In Collier and many communities nationwide, non-profit service providers deliver a

majority of children's support services. To develop a sustained social service providers' network, communities need to develop sustaining funding models.

A growing number of counties in Florida have addressed the funding short-fall in essential services by creating Children's Trusts – tax-supported, highly accountable, quasi-governmental organizations that are overseen by community boards. Counties across the state, including Pinellas, Hillsborough, Palm Beach, and Miami-Dade have successfully made the case to their communities about the need for additional investment in basic services for children. The study consultants recommend that the Collier community examine the feasibility of establishing such a sustainable funding mechanism. These tax-supported entities have strict community oversight and invest in high need areas that improve child well-being; they are transparent and accountable. They have been hugely popular with voters due to their accountability, oversight, and focus on helping to improve the conditions of all children. Through such trusts or specific allocations from county governments, communities are leveraging their resources by attracting national foundation, state, and federal dollars to support child welfare initiatives. In Duval County, for example, an annual \$17,000,000 investment in children's services by the city and county government generated another \$34,000,000 in matching funds, resulting in a \$51,000,000 investment to support healthy child development throughout the county.

Clearly, public funds – when combined with generous private sector support – can better meet the financial demands of a vibrant, innovative network of children's services. As the population of Collier County increases, the demand for children's services will increase exponentially. It is likely that without the targeted, leveraged investment of human and financial resources made possible through a Children's Trust, the gaps in essential services in Collier County will grow, and an ever-increasing number of children will suffer needlessly. It is not simply the children of the poor, or the working poor, who are at-risk; increasingly, middle-class families are strained to provide vital services for their children.