

Child Well-Being in Collier County

A 2010 Update

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Child Well-Being in Collier County

A 2010 Update

University of Florida
Lastinger Center for Learning

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This study was commissioned by the Naples Children and Education Foundation and conducted collaboratively by researchers at the University of Florida Lastinger Center for Learning and staff at the Naples Children and Education Foundation. 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.

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Table of Contents

Section I: Study Overview 4
This section describes the study’s goals, research methodology and limitations.

Section II: Metrics of Child Wellbeing..... 8
The University of Florida Metrics of Child Wellbeing graphically displays the conditions of children in Collier County and identifies gaps in basic services.

Section III: Conditions of Collier Children 17
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 Wellbeing.

Section IV: Analysis of the Service Delivery System..... 31
This section describes the current service delivery system with attention to changes in the system since 2005.



Section I: 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 update the 2005 demographic study of child wellbeing in Collier County. NCEF trustees requested a study that would identify and quantify the current conditions and needs of children, describe and evaluate the current children's service delivery system, provide the most current data available on child wellbeing that could be shared with community leaders, report on the community impact of NCEF strategic initiatives and identify additional strategies and opportunities to improve the healthy development of all children in Collier County.

This study update was developed as a collaborative effort with NCEF trustees and administrators, particularly members of the Grant Committee, who wanted data about the impact of their current investments on the lives of Collier children along with current information to inform future investment decisions that would yield greater returns in child wellbeing. As in 2005, 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 further community conversation and collaborative community action. Trustees wanted a robust study that could produce meaningful data to be shared with service providers, civic and philanthropic organizations and community leaders. Once again, NCEF trustees and administrators clearly articulated 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, foundation staff and UF research 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 Administrator and the Grant Committee to determine the depth and scope of investigation, focusing on both NCEF interests and community concerns. The Grant Administrator worked closely with consultants to collect and analyze data on children's needs and available services; the team 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 graphic representation of children's service needs and the current gaps in service delivery along with an oral report to the NCEF Grant Committee.

Phase II of the study focused on an analysis of the current service delivery system and the impact of NCEF strategic investments on the wellbeing of all Collier children. Consultants reviewed the major foundation investments in medical services, oral health, early childhood education and after-school programs, interviewing service providers and NCEF trustees about the successes and challenges of program implementation, operational sustainability and the viability of various strategic options for the foundation moving forward. The study culminated in Phase III with presentations to the NCEF trustees, followed by the production of this report.

Methodology and Limitations

Consistent with the methodology of the original 2005 study, the consulting research team utilized qualitative and quantitative research methods, including website and document review, ethnographic fieldwork, statistical analysis and program evaluation. The consultants investigated multiple databases, reviewed professional publications and reports, and conducted interviews with NCEF trustees, civic leaders, school district personnel and children's service providers. The consultants assembled documents and statistics from NCEF funded agencies and programs and analyzed data from multiple county, state and federal sources. Where possible, the team used data sources closely connected to the community and updated regularly; data was triangulated for verification before it was analyzed. The consultants employed both statistical and trend analyses of numerical data and constant comparison domain analysis of narrative interview data to produce the findings for this report.

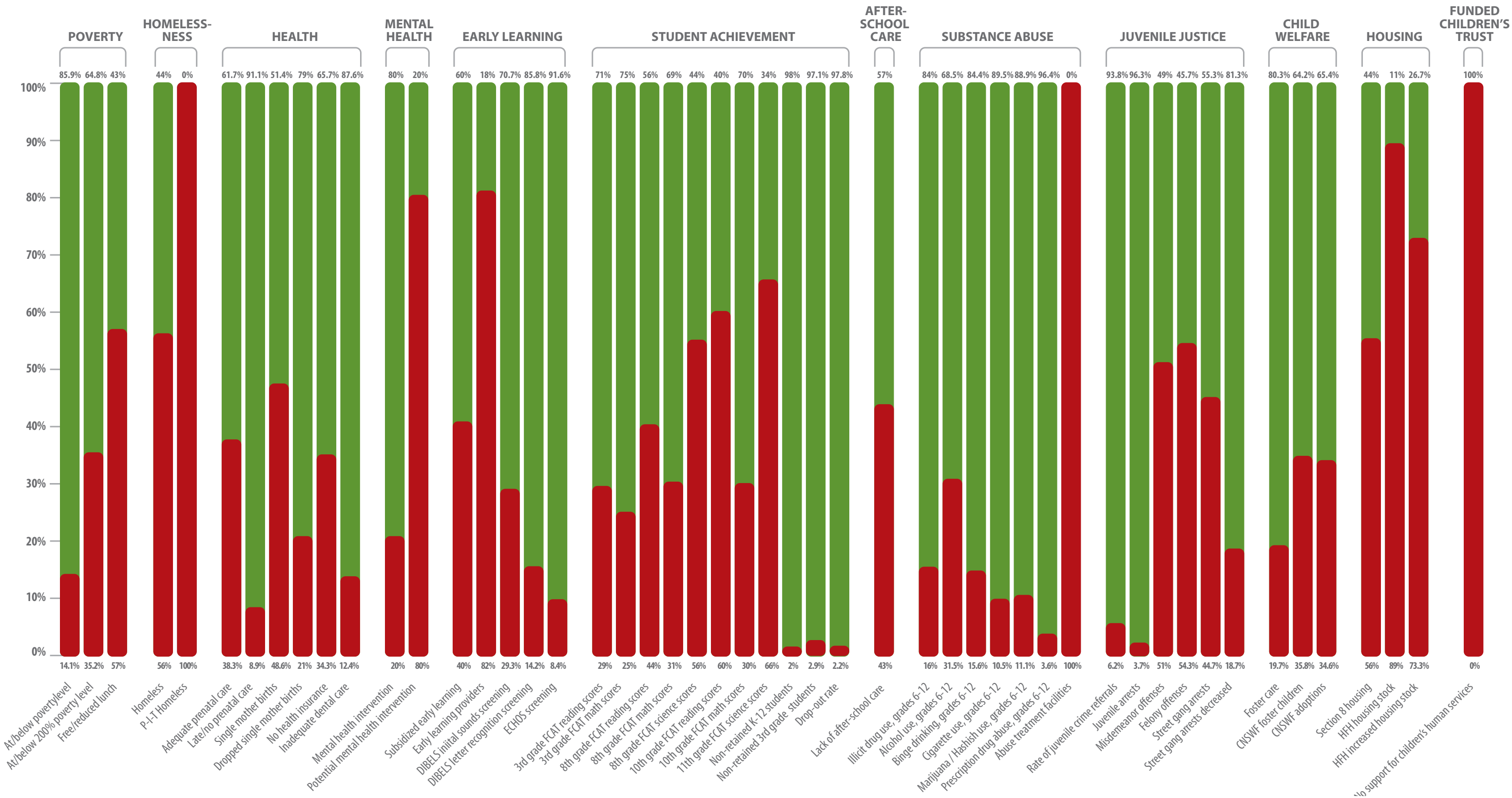


Although the findings and recommendations reported in this study update are fully supported by the available data, the study does have limitations. UF researchers were not tasked with developing survey instruments and generating original survey data from Collier residents or all service providers in the county. Although consultants strived to use the most current data available about needs, conditions and unmet demand for services, some state and county 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. Detailed client data from Collier social service providers were often not readily available. Although some agencies had incorporated electronic record keeping into their operation, most social service agencies were still focused on 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. When agency data could not be triangulated and confirmed, consultants used conservative estimates to avoid overestimating the true needs of children or the unmet demand for support services in Collier.

Study Researchers and Authors

The 2010 Study of Child Wellbeing in Collier County was conducted as collaboration between the UF Lastinger Center, housed in the College of Education, and the Naples Children and Education Foundation. Donald Pemberton, Ph.D., director of the Lastinger Center, was the study director and a co-author. Jeffrey Dow, Ph.D., was the study's co-author. He's the Lastinger Center's senior consultant/research analyst. Todd Foege, M.B.A., NCEF Grant Administrator, served as a principal research analyst and study co-author.

Current Metrics of Collier County Child Wellbeing



Section II: Metrics of Child Wellbeing

Current Metrics of Collier County Child Wellbeing

The UF Lastinger Center Metrics of Child Wellbeing 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 become available. This section contains two data graphs: a graph of current child wellbeing data and a graph comparing conditions of children in 2005 to those of children in 2010. The first graph



represents the current conditions of children in Collier as reflected in the recent data collected in last two quarters of 2010. Each of the metrics below matches (left to right) with a measure in the preceding Metrics of Child Wellbeing 2010 chart.

POVERTY

- Index 1: Child Poverty. 14.1 percent of children in Collier County (11,343 children) are living at or below the poverty level. Source: Florida Department of Health. (2010). Tallahassee: Florida Department of Health.
- Index 2: Child Poverty. 35.2 percent of children in Collier County (28,317 children) are living at or below 200 percent of poverty. Source: Florida Department of Health. (2010). Tallahassee: Florida Department of Health.
- Index 3: Free/Reduced Lunch. 58 percent of the children enrolled in the Pk-12 school system (27,323 children) were eligible for free or reduced price lunch. Source: Collier County Public Schools. (2010). Naples.

HEALTH

- Index 4: Health. 38.3 percent of births in 2006-2008 in Collier County (1547 women annual average) lacked adequate prenatal care. Source: Florida Department of Health. (2010). Florida Charts Health Indicators. Tallahassee: Florida Department of Health.
- Index 5: Health. 48.6 births per 1,000 women in Collier County age 15 to 19 years old (4.86 percent) were to single mothers during 2006-2008; 41.1 births per 1,000 (4.11 percent) in 2008; 8.9 percent of new mothers in 2006-2008 in Collier County (359.5 women annual average) received late or no prenatal care. Source: Florida Department of Health. (2010). Florida Charts Health Indicators. Tallahassee: Florida Department of Health.
- Index 6: Health. 34.3 percent of children in Collier County (27,613 children) lack health insurance. Source: UF Lastinger Center. (2010). Gainesville.
- Index 7: Health. 12.4 percent of children in Collier County (10,000 children), mostly in rural areas, lack adequate dental care. Source: Collier Health Services & UF Lastinger Center. (2010). Gainesville: UF Lastinger Center.

EARLY LEARNING

- Index 8: Early Learning. 40 percent of the children in Collier County needing subsidized early learning placement (1,238 of 3,064 children) do not receive it for lack of funding. Source: Early Learning Coalition of Southwest Florida. (2010). Fort Myers.
- Index 9: Early Learning. 82 percent of early learning providers (209 of 256 providers) in Collier County are not accredited. Source: Early Learning Coalition of Southwest Florida. (2010). Fort Myers.
- Index 10: Early Learning. 29.3 percent of children entering kindergarten in Collier County screened with the Dynamic Indicators of Basic Early Literacy (DIBELS) instrument for recognition of initial sounds (417 of 1,421 children) were rated “not ready” for kindergarten. Source: Early Learning Coalition of Southwest Florida. (2010). Fort Myers.
- Index 11: Early Learning. 14.2 percent of children entering kindergarten in Collier County screened with the Dynamic Indicators of Basic Early Literacy (DIBELS) instrument for letter recognition (209 of 1,469 children) were rated “not ready” for kindergarten. Source: Early Learning Coalition of Southwest Florida. (2010). Fort Myers.
- Index 12: Early Learning. 8.4 percent of children entering kindergarten in Collier County screened with the Early Childhood Observation System (ECHOS) (123 of 1,463 children) were rated “not ready” for kindergarten. Source: Early Learning Coalition of Southwest Florida. (2010). Fort Myers.

STUDENT ACHIEVEMENT

READING

Indice 13: Reading Achievement. 29.3 percent of children in 3rd grade (951 students) scored below grade level, Levels I and II, on the FCAT. Source: Florida Department of Education. (2010). 2009-2010 FCAT Score Report. Tallahassee.

Indice 14: Reading Achievement. 44 percent of students in 8th grade (1,363 students) scored below grade level, Levels I and II, on the reading section of the FCAT. Source: Florida Department of Education. (2010). 2009-2010 FCAT Score Report. Tallahassee.

Indice 15: Reading Achievement. 60 percent of students in 10th grade (1,745 students) scored below grade level, Levels I and II, on the reading section of the FCAT. Source: Florida Department of Education. (2010). 2009-20010 FCAT Score Report. Tallahassee.

MATHEMATICS AND SCIENCE

Indice 16: Mathematics Achievement. 25 percent of children in 3rd grade (820 students) scored below grade level, Levels I and II, on the mathematics section of the FCAT. Source: Florida Department of Education. (2010). 2009-2010 FCAT Score Report. Tallahassee.

Indice 17: Mathematics Achievement. 31 percent of students in 8th grade (959 students) scored below grade level, Levels I and II, on the mathematics section of the FCAT. Source: Florida Department of Education. (2010). 2009-2010 FCAT Score Report. Tallahassee.

Indice 18: Mathematics Achievement. 30 percent of students in 10th grade (872 students) scored below grade level, Levels I and II, on the mathematics section of the FCAT. Source: Florida Department of Education. (2010). 2009-2010 FCAT Score Report. Tallahassee.

Indice 19: Science Achievement. 56 percent of students in 8th grade (1,728 students) scored below grade level, Levels I and II, on the science section of the FCAT. Source: Florida Department of Education. (2010). 2009-2010 FCAT Score Report. Tallahassee.

Indice 20: Science Achievement. 66 percent of students in 11th grade (1954 students) scored below grade level, Levels I and II, on the science section of the FCAT. Source: Florida Department of Education. (2010). 2009-2010 FCAT Score Report. Tallahassee.

RETENTION AND DROP OUT

Indice 21: Student Retention. 2 percent of K-12 students in the Collier County Public Schools in 2009-2010 (868 of 44,407) were retained (i.e., not promoted to the next grade). Source: Collier County Public Schools Data Warehouse Report. (2010). Naples: Collier County Public Schools.

Indice 22: Student Retention. 2.9 percent of 3rd grade children (86 of 3,000 children) in the Collier County Public Schools in 2009-2010 were retained (not promoted to the next grade). Source: Collier County Public Schools Data Warehouse Report. (2009). Naples: Collier County Public Schools.

Indice 23: Student Drop Out. 2.2 percent of students (923 students) in the Collier County Public Schools in 2008-2009 dropped out of school before graduating. Source: Florida Department of Education (2010). Florida School Indicators Report, 2008-2009. Tallahassee.

AFTER-SCHOOL CARE

Indice 24: After-School Care. 33.3 percent of K-12 students who need after-school care and support (~10,000 of 30,539 students) do not receive it. Source: Collier County Public School System & Lastinger Center for Learning. (2010). Gainesville.



SUBSTANCE ABUSE

Indice 25: Substance Abuse. 16 percent of students in grades 6-12 in Collier County, surveyed in 2008, reported using an illicit drug in the past 30 days before the survey. Source: 2008 Florida Youth Substance Abuse Survey – Collier County Report. (2008). Tallahassee: Florida Department of Children and Families.

Indice 26: Substance Abuse. 31.5 percent of students in grades 6-12 in Collier County, surveyed in 2008, reported using alcohol in the past 30 days before the survey. Source: 2008 Florida Youth Substance Abuse Survey – Collier County Report. (2008). Tallahassee: Florida Department of Children and Families.

Indice 27: Substance Abuse. 15.6 percent of students in grades 6-12 in Collier County, surveyed in 2008, reported binge drinking (consuming more than 5 drinks in a row within the past 2 weeks). Source: 2008 Florida Youth Substance Abuse Survey – Collier County Report. (2008). Tallahassee: Florida Department of Children and Families.

Indice 28: Substance Abuse. 10.5 percent of students in grades 6-12 in Collier County, surveyed in 2008, reported using cigarettes in the past 30 days before the survey. Source: 2008 Florida Youth Substance Abuse Survey – Collier County Report. (2008). Tallahassee: Florida Department of Children and Families.

Indice 29: Substance Abuse. 11.1 percent of students in grades 6-12 in Collier County, surveyed in 2008, reported using marijuana or hashish in the past 30 days before the survey. Source: 2008 Florida Youth Substance Abuse Survey – Collier County Report. (2008). Tallahassee: Florida Department of Children and Families.

Comparative Metrics of Collier County Child Wellbeing, '04/05 through '09/10



Indice 30: Substance Abuse. 3.6 percent of students in grades 6-12 in Collier County, surveyed in 2008, reported abusing prescription pain killing drugs within 30 days of completing the survey. Source: 2008 Florida Youth Substance Abuse Survey – Collier County Report. (2008). Tallahassee: Florida Department of Children and Families.

Indice 31: Substance Abuse. There are no publically-funded (state or local funding) residential or acute levels of substance abuse treatment in Collier County; youth requiring services must be transferred to facilities in Charlotte or Lee Counties. Source: David Lawrence Center. (2010). Naples.

HOUSING

Indice 32: Housing. 56 percent of families who need Section 8, subsidized housing vouchers (440 families in July 2010) do not receive them. Source: Collier County Housing Authority. (2010). Naples.

Indice 33: Housing. Habitat for Humanity has housing stock for one of every nine eligible families; there is insufficient Habitat housing stock for 89 percent of eligible applicants. Source: Habitat for Humanity of Collier County. (2010). Naples.

Indice 34: Housing. Habitat for Humanity has increased its housing stock by 73.3 percent over the past five years, 2005-2010. Source: Habitat for Humanity of Collier County. (2010). Naples.

FUNDED CHILDREN’S TRUST

Indice 35: Children’s Trust. There is no independent, tax based, public financial support for children’s human services in Collier County. Source: UF Lastinger Center. (2010). Gainesville.

Comparative Metrics of Child Wellbeing

The study update was able to produce a direct comparison between conditions in 2004-05 and 2009-10 on 24 of the 35 indices of child wellbeing identified in 2010. The preceding graph depicts gaps in service during the study years, and shows the degree to which those gaps have closed or widened. Each of the metrics below matches (left to right) with a measure in the preceding Comparative Metrics of Child Wellbeing, 2005 to 2010 chart.

POVERTY

Indice 1: Child Poverty. 15 percent of children (8,238/54,916 children) were living in poverty in 2004-05; 14.1 percent of children in Collier County (11,343/80,447 children) in 2009-10.

Indice 2: Child Poverty. 41 percent of children (22,516/54,916 children) were living at or below 200 percent of poverty in 2004-05; 35.2 percent of children (28,317/80,447 children) in 2009-10.

Indice 3: Child Poverty. 48 percent of children were eligible for Free or Reduced Price Lunch in 2004-05: 58 percent of children (27,323 children) were eligible in 2009-10.

HEALTH

Indice 4: Health. 25 percent of newborns in 2003 lacked adequate prenatal care; 38.3 percent of newborns in 2006—2008 lacked adequate prenatal care (1,547 women, annual average).

Indice 5: Health. 54.1 births per 1,000 women age 15 to 19 (5.41 percent) were to single mothers in 2003; 41.1 births per 1,000 women age 15 to 19 (4.11 percent) were to single mothers in 2008.

Indice 6: Health. 17 percent (9,347/54,916) of children in Collier County lacked heath insurance in 2004-05; 34.3 percent (27,613/80,447 children) lack health insurance in 2009-2010.

Indice 7: Health. 31 percent (17,000/54,916) of children lacked adequate dental care in 2004-05; 12.4 percent of children in Collier County (10,000/80,447 children, mostly in rural areas) lack adequate dental care in 2009-10.

EARLY LEARNING

Indice 8: Early Learning. 51 percent of the qualified children in Collier County needing subsidized early learning placement did not receive it for lack of capacity and funding in 2004-05; 40 percent of the qualified children in Collier County needing subsidized early learning placement (1,238/3,064 children) do not receive it for lack of funding in 2009-2010.

Indice 9: Early Learning. 89 percent of early learning providers in Collier County were not accredited in 2004-05; 82 percent of early learning providers (209 of 256 providers) in Collier County are not accredited in 2009-10.

Indice 10: Early Learning. 44 percent of children entering kindergarten in Collier County screened with the Dynamic Indicators of Basic Early Literacy (DIBELS) instrument were rated not ready for kindergarten in 2004-05; 29.3 percent of children entering kindergarten in Collier County screened with the Dynamic Indicators of Basic Early Literacy (DIBELS) instrument (417/1,421 children) were rated not ready for kindergarten in 2009-10.

Indice 11: Early Learning. 24 percent of children entering kindergarten in Collier County screened with the Florida School Readiness Uniform Screening System (SRUSS) in use at the time were rated not ready for kindergarten in 2004-05; 8.4 percent of children entering kindergarten in Collier County screened with the Early Childhood Observation System (ECHOS) currently in use (123/1463 children) were rated not ready for kindergarten in 2009-2010.

STUDENT ACHIEVEMENT

Indice 12: Student Achievement. 36 percent of third-graders scored below grade level, Levels I and II, on the reading section of the FCAT in 2005; 29 percent of third-graders (951 students) scored below grade level, Levels I and II, on the reading section of the Florida Comprehensive Assessment Test (FCAT) in 2010.

Indice 13: Student Achievement. 56 percent of students in 8th grade scored below grade level, Levels I and II, on the reading section of the FCAT in 2005; 44 percent of students in 8th grade (1,363 students) scored below grade level, Levels I and II, on the reading section of the Florida Comprehensive Assessment Test (FCAT) in 2010.

Indice 14: Student Achievement. 71 percent of students in 10th grade (1,745 students) scored below grade level, Levels I and II, on the reading section of the FCAT in 2005; 60 percent of students in 10th grade (1,745 students) scored below grade level, Levels I and II, on the reading section of the FCAT in 2010.

Indice 15: Student Achievement. 7 percent of K-12 students in the Collier County Public Schools in 2004 were retained (not promoted to the next grade); 2 percent of K-12 students in the Collier County Public Schools in 2009-10 (868 of 44,407) were retained (not promoted to the next grade).

Indice 16: Student Achievement. 9 percent of students in the Collier County Public Schools in 2004 dropped out of school before graduating; 2.2 percent of students (923 students) in the Collier County Public Schools in 2009 dropped out of school before graduating.

AFTER-SCHOOL CARE

Indice 17: After-School Care. 50 percent of K-8 students who needed after-school care and support in 2005 did not receive it; 33.3 percent of K-8 students who need after-school care and support (~10,000 of 30,539 students) in 2010 do not receive it.



SUBSTANCE ABUSE

Indice 18: Substance Abuse. 36 percent of students in grades 6-12 in Collier County, surveyed in 2004, reported using alcohol in the past 30 days before the survey; 31.5 percent of students in grades 6-12 in Collier County, surveyed in 2008, reported using alcohol in the past 30 days before the survey.

Indice 19: Substance Abuse. 17 percent of students in grades 6-12 in Collier County, surveyed in 2004, reported binge drinking (consuming more than five drinks in a row within the past two weeks); 15.6 percent of students in grades 6-12 in Collier County, surveyed in 2008, reported binge drinking (consuming more than five drinks in a row within the past two weeks.)

Indice 20: Substance Abuse. 14 percent of students in grades 6-12 in Collier County, surveyed in 2004, reported using cigarettes in the past 30 days before the survey; 10.5 percent of students in grades 6-12 in Collier County, surveyed in 2008, reported using cigarettes in the past 30 days before the survey.

Indice 21: Substance Abuse. 13 percent of students in grades 6-12 in Collier County, surveyed in 2004, reported using marijuana in the past 30 days before the survey; 11.1 percent of students in grades 6-12 in Collier County, surveyed in 2008, reported using marijuana or hashish in the past 30 days before the survey. Source: 2008 Florida Youth Substance Abuse Survey – Collier County Report. (2008). Tallahassee: Florida Department of Children and Families.

HOUSING

Indice 22: Housing. 62 percent of families who needed Section 8, subsidized housing vouchers in 2005, did not receive them; 56 percent of families who need Section 8, subsidized housing vouchers (440 families in July, 2010) do not receive them.

Indice 23: Housing. Habitat for Humanity had housing stock for one of every 14 eligible families in 2005 – there was insufficient Habitat housing stock for 93 percent of eligible applicants; Habitat for Humanity has housing stock for one of every 9 eligible families in 2010 – there is insufficient Habitat housing stock for 89 percent of eligible applicants.

Indice 24: Children’s Trust. There was no independent, tax based, public financial support for children’s human services in Collier County in 2005; there is no independent, tax based, public financial support for children’s human services in Collier County in 2010.



Section III: Conditions of Collier Children

Demographics

The child population of Collier County continues to grow and become increasingly more diverse. According to the Collier County Department of Health and the Collier County Public Schools, the current population of children is 80,447 children 0 to 18 years old representing more than 147 countries and speaking 81 different heritage languages. Collier has become a fully “minority-majority county” with about 60 percent of children coming from non-white ethnic groups:

- **HISPANIC.....43.3%**
- **WHITE40.4%**
- **HAITIAN6.5%**
- **BLACK.....5.6%**
- **MIXED2.8%**
- **ASIAN1.2%**
- **INDIAN3%**

As a result, more than one in six schoolchildren – some 7,389 children – enter school as English Language Learners (ELL), and 46 percent of all students come from homes where English is not the first language or may not be spoken at all. This number increases to 54 percent when considering the prekindergarten through third grade students for whom English language acquisition and reading English for comprehension are critical variables for school success.

The Collier County Public Schools reported that based on the school census for the 2009-2010 school year, 58,366 children age 3 or older were enrolled in school; 42,767 students were enrolled in 50 county schools – 30 elementary, 11 middle, eight high schools and one pre-K-12 school:

- **NURSERY SCHOOL & PRESCHOOL: 3,528**
- **KINDERGARTEN: 3,576**
- **ELEMENTARY SCHOOL, GR. 1-8: 26,963**
- **HIGH SCHOOL, GR. 9-12: 13,868**
- **COLLEGE OR GRADUATE SCHOOL: 10,431**

Although the total population of Collier County has been in flux since the initial child Wellbeing study of 2005, the child population has continuously increased. The number of children age 0 to 18 years in the county has grown from 55,000 to over 80,000, an increase of over 45 percent. Providers of children’s services have been working diligently to improve availability, accessibility, affordability, and quality of their services, but the data suggest that while there have been some significant successes; the service delivery system continues to struggle to meet an ever expanding need.



Poverty

Florida was hard hit by the recent recession, and Southwest Florida led the downward economic spiral. Cape Coral – Fort Myers was identified as one of the five metropolitan areas in the nation with the highest poverty gains, a rise from 13.2 percent to 15 percent in 2009, the highest rate since the energy crisis of 1980. Many permanent resident families in Collier – having lived with a 15 percent poverty rate for the preceding five years – and families in surrounding counties found themselves living in the 200 percent of poverty stratum needing a broad range of social services. By the end of 2009, Hendry County reported that 79 percent of its prekindergarten through 12th grade students were eligible for free or reduced lunch, up 9 percent from the previous year; Lee County, 70 percent, up 18 percent from the previous year; Charlotte County, 60 percent, up 10 percent from previous year; and Collier County, 58 percent, up 7 percent from the previous year.

Collier families, like those in neighboring counties, continue to feel the effects of poverty, and the number of Collier children whose families require subsidized services continues to expand. Although the percent of children living at or below the poverty line (currently defined as \$17,600 for a family of three) has remained relatively flat since the 2005 original study – a decline of less than 1 percent (15 percent to 14.1 percent) – and the percent of children living at or below 200 percent of poverty (currently defined as \$35,200 for a family of three) has also decreased 5.8 percent (41 percent to 35.2 percent) over the past five years, the number of actual low-income children has increased dramatically. Nearly 6,000 more children are living in low-income homes today than five years ago, just more than 3,000 more living at or below the poverty line. This population increase has pushed the number of school children eligible for free or reduced price lunch up 10 percent, 48 percent to 58 percent – 19,000 children to 25,000 children – in five years.

Housing

Since the 2005 study report, Collier’s housing market has been depressed by the national financial crisis. In 2005, home ownership and quality apartment rentals were vastly out of reach for working poor families and those living at or below the federal poverty line. Investor speculation was driving the market, and the second quarter of 2005 produced 10,000 home sales at a median sale price of \$380,000. However, by the second quarter of 2010, sales had plummeted to 3,800 homes at a median sale price of \$265,000, a devaluation of more than 30 percent. Now, condominiums and single family homes are affordable for service employees, teachers, nurses, police, fire fighters and the like, people earning median county incomes between \$56,000 and \$61,000. There is a relatively large inventory of single family homes and condo units available, down from a 2007 high of 13,000 units to 9,000 units in the second quarter of 2010. Investment groups have reentered the market, buying homes in lots of 20 to 50 units; but, availability of affordable housing at low fixed rate mortgages is driving the Collier market.

The rental inventory has also stabilized at rental rates more affordable than ever. The Southwest Florida Apartment Association reports about 12,000 apartments available in the county with the average rent down about 20 percent in the past three years. Rents now range from \$650 a month for a one-bedroom unit to \$1,100 a month for a three-bedroom unit. There is upward pressure on rental costs from former homeowners with families who lost their homes through short sales or foreclosure; they are now absorbing quality rentals and increasing that demand. Thus rental prices are again on the rise.

Families living at or below 200 percent of poverty depend on federally subsidized housing. The Collier County Housing Authority (CCHA) administers the county-wide Section 8 Housing Choice Voucher Program. The county is allotted 440 vouchers; 349 vouchers are now in use and 336 of those support families with children from 1 to 18 years old. The number of actual vouchers available depends on the underlying budget authority granted by the federal government; so, fluctuations in rent, personal income (not to exceed \$17,370 for a household of two), and utility costs affect amount of rental assistance covered by the voucher and, accordingly, the total number of vouchers available. The current waiting list has 440 names; however, the list is purged every three months, and families must continuously report their interest in order to stay on the list. A family could wait two or more years for a voucher.

The economic downturn of the past three years has put increasing pressure on housing support programs for low-income families. In August of this year, government officials reported a 13.6 percent unemployment rate in the county, a 2.2 percent increase since April. The loss of jobs in agriculture, construction and the service industry has driven the call volume for housing assistance and skill training to unprecedented levels. Consequently, the CCHA’s smaller support programs have become even more critical. The HOME (federal HOME Investment Partnership Program) Tenant Based Rental Assistance

Program, operating from 2003 to April 2010, provided rental assistance to the homeless, elderly and disabled. The program had been funded by a competitive grant process through the county’s HOME program. The Family Self-Sufficiency Program works in conjunction with the Section 8 voucher program to help participants gain the skills and experience necessary to obtain employment and regain economic independence and self-sufficiency. CCHA recently applied to the Department of Housing and Urban Development (HUD) for 50 vouchers under the Renal Assistance for Non-Elderly Persons with Disabilities Program to meet a growing need in the community.

CCHA is the primary administrator of housing for agriculture workers in the county. Farm Worker Village and Collier Village combine to provide 641 family units of farm labor housing, and Horizon Village accommodates 192 unaccompanied farm workers in a dormitory style facility. At the end of the first quarter of 2010, the occupancy rate in the Villages was about 85 percent, down from more than 95 percent in 2005.

Habitat for Humanity Collier continues to provide opportunities for low-income families to leverage sweat equity into home ownership. In 2005, the organization had families in 750 homes, and the issue for Habitat was land acquisition and use. Responding to those issues and the subsequent real estate downturn, the organization has changed its footprint to a duplex format to maximize land use and has used the home foreclosure market strategically to keep its home production schedule on track. Habitat has consistently built 100+ homes a year with higher outputs of 150 homes in FY 2008 and FY 2009. Currently, the organization reports 1,300 homes, up 74 percent from the 2005 mark. A qualified family can leverage 500 hours of sweat equity into an interest-free, 30-year-fixed rate mortgage and fees, for an average monthly payment of \$532. Last year, 900 families qualified for homes; 100 families moved into homes – one home for every nine qualified families.

Homelessness and Hunger Prevention

Too many children and families are being forced to operate at the lowest level of Maslow’s hierarchy of needs, worrying every day about food, clothing and shelter for survival. In contrast to the white sandy beaches and lavish estates, there exists a new face of homelessness and hunger in Collier County. The economic slowdown, the foreclosure crisis, and an unemployment rate of more than 13 percent in the county have created a nontraditional profile of the American homeless family. Four months into the 2010-2011 school year, 58 percent of the children are eligible for free or reduced price lunch, and Collier County Public Schools Homeless Child liaison has identified more than 700 children currently eligible for homeless prevention benefits or classified as homeless according to the McKinney Vento Act of 1987. In 2009-2010, CCPS reported more than 1,300 incidents of episodic homelessness among school age children, a figure that has more than doubled in the past three years. While there is no homeless tracking mechanism for children under five, if one applies a similar percentage of identified school age homeless children to the whole number of children in Collier (80,000) one can extrapolate there may be as many as 1,100 additional children who remain unidentified homeless. These children are likely to go hungry twice as often and be sick four times as often as their home-based peers.

Homelessness

Homelessness has become an increasing concern in the county. Residential status of families affected by homelessness is a topic of great debate. The vision of a family living in the woods or over a steaming vent in the urban city is not exactly the face of the homeless family in 2010. Typical living situations of homeless children are families doubled or tripled up with other families in one residence (56 percent), living in shelters (24 percent), occupying unknown housing (10 percent), living in low-rent motels (7 percent), or finding space in unsheltered camps (3 percent). In Collier, several converging factors have caused the spike in homelessness. The drastic economic downturn has exacted a significant toll on Collier families. The construction industry has slowed such that many working-poor families who relied on day labor and construction jobs to support regular rent or mortgage payments have been forced to move as a result of income loss and/or home foreclosure. The county’s foreclosure rate is markedly higher than comparable markets, and as of July, 2010, according to www.Realtytrac.com, there were nearly 5,000 foreclosed properties on the market in Naples. Not surprisingly, the increased number of applicants requesting cash assistance, food stamps and other benefits are also on the rise. At the same time people are struggling, government revenue for human service and housing programs has declined substantially, leaving the nonprofit and philanthropic community searching for ways to do more social service, rapid relocation and food supply programs with existing resources.

Homelessness has a significant effect on children. Anecdotal evidence from local providers focused on homelessness prevention suggests there may be as many as 2,000 children at risk of homelessness but not yet formally identified. Research shows that children faced with homelessness are known to experience higher rates of acute physical health problems, heightened levels of anxiety and are 25 percent more likely to witness acts of violence within their families. The following statistics demonstrate the overwhelming need for community programs that fight homelessness:

- 47 percent of school age children who experience homelessness experience problems such as depression, anxiety, and withdrawal, a compared to 18 percent of other school age home-based children.
- 16 percent of homeless preschool children have behavior problems including oppositional defiance and hostility.
- Children who experience homelessness are four times as likely to show delayed development and have twice the rate of learning disabilities as home based peers.
- By the age of 12, 83 percent of homeless children will have been exposed to at least one serious violent act.

In the early 2000s, the Collier County Hunger & Homeless Coalition, in conjunction with a group of nonprofit agencies focused on homeless populations, established the Continuum of Care (COC). Composed of 20 local agencies, 17 nonprofits, one homeless individual, one government organization and the Collier County Housing Authority, the COC meets monthly to create a comprehensive community plan to organize and deliver housing along with targeted support services to meet the specific needs of homeless people as they move to stable housing and work toward becoming economically self-sufficient. The COC goal, to end homelessness, incorporates several strategies, including working with federal officials to draw down funds from HUD and other federal programs. [Counties who have yet to establish a COC are not eligible to draw funds as a consortium.] Within the 2009 American Recovery & Reinvestment Act, the Homeless Prevention and Rapid Re-housing Act (HPRP) was earmarked with more than \$1 billion for homelessness prevention. Collier County was allocated about \$850,000 to be distributed among several providers working to combat homelessness. Despite several bureaucratic obstacles, local nonprofits are working collaboratively to re-house families on the brink of homelessness and provide educational enrichment opportunities to combat chronic homelessness. While several programs at Catholic Charities, Salvation Army, Youth Haven, Collier County Housing Authority and others have proven to be successful in helping struggling families remain in their homes and providing help for existing homeless families to achieve stability, many of these families need more support than the one-time assistance usually available. Several non-profit agencies such as Catholic Charities and Youth Haven have joined the short term assistance, rapid re-housing effort and NCEF has supported Youth Haven’s effort with a \$175,000 rapid re-housing grant for 2010-2011. Nevertheless, the long-term, sustainable success of work around homelessness prevention is contingent upon sustainable resources and comprehensive wrap-around case management for individual children and their families.

Hunger

Directly related to the spike in homelessness is the growing need for food assistance programs. Harry Chapin Food Bank of Southwest Florida maintains partnerships with 28 Collier County agencies that act as food distribution sites. Twenty-two of them focus on children’s needs,. The Food Bank reported an increase of more than 63 percent in the total pounds of food delivered to local agencies from FY 2009 to FY 2010. Partners also reported a realized 57 percent increase in the number of children accessing food distribution sites. Recently, Harry Chapin Food Bank collaborated with Kids Against Hunger to introduce a 20-foot mobile refrigerated food pantry that brings perishable and non-perishable foods to remote and particularly impoverished sections of the county. Proven highly effective in reaching particularly needy clients, the mobile food pantry now works in Collier two days a month, and the organization hopes to bring an additional truck to the streets in 2011. According to some agency directors, it is not uncommon for families to stand in line for over an hour to receive one or two bags of groceries.

Several other food programs have been established or bolstered in the wake of the economic downturn. Kids Café, Kids Against Hunger and Collier County Department of Parks & Recreation summer free lunch program are all designed to meet the needs of at risk and underprivileged children. During the school year, low-income children are provided free or reduced price lunch at their schools; however, during summer and holiday periods, many of these children have limited or no access to nutritional foods. The aforementioned programs have worked to meet the vacation and holiday hunger needs. Also, several of the organizations serving large groups of underprivileged children report a sharp increase in number of meals served. For instance, Boys & Girls Club of Collier County reported serving 69,452 meals to children in the summer

of 2010, 4,000 more than the previous summer. Currently, Harry Chapin Food Bank distributes about 1,200,000 pounds of food to Collier County distribution sites. However, discussions with hunger activists suggest that more than 8,000,000 pounds of food annually and more than 100 distribution sites would be required to fully feed the county’s needy families.

Pediatric Healthcare

Issues of child health begin before birth with concern about prenatal care and good nutrition. Babies born to single teenage mothers and/or born prematurely or with low birth weight have higher risks of developmental challenges as they mature. According to the Kids Count Data Center of the Anne E. Casey Foundation, the number of births to single teenage mothers 15 to 19 years old in Collier County had been increasing during the 2003-2006 period, from 399 births in 2003 to 482 births in 2006, declining 25 percent to 430 births in 2007 and another 16 percent to 362 births the following year. The NCH Healthcare System documented a continuing decline over the last two years, reporting only 191 births to teenage mothers 13 to 18 years old in 2009 and 168 births to that group in 2010.

The overall Collier birth rate has been relatively steady over the past five years at an average of 3,955 births annually, ranging from a high of 4,370 in 2006 to a low of 3,276 last year. Naples Community Hospital (NCH) handles about 85 percent of the deliveries with the other 15 percent occurring in surrounding counties, alternative birth centers or at home. Additional access to maternal health care has been made possible through a birthing center at the 951 Collier Boulevard location of Physicians Regional Hospital. This state-of-the-art facility – neatly situated in East Naples contiguous to the Manatee District, several Habitat for Humanity Communities, and the Naples Manor, all areas with a high concentration of need – is poised to offer birthing services to nearly 500 families in 2011.

Florida Department of Health birth data from 2008 provide a profile of resident births:

- 3,737 resident births – 3,661 doctor-assisted hospital deliveries and 75 midwife assisted hospital, birth center, or home deliveries.
- 52 percent of the births (1,943) were to Hispanic families—30 percent (1,123) to Mexican families.
- 38 percent of births (1,426) were to non-Hispanic Haitian families.
- 49 percent of the births (1,829) were to single mothers, but 61 percent of those (1,110) were to mothers 20 to 30 years old.
- Only 112 births (3 percent) were to teen mothers 13 to 17 years old; 207 births (5.5 percent), to teen mothers 18-19 years old.
- 276 mothers were reported to have late or no prenatal care; the number of mothers recording no prenatal doctor visits (48) was evenly divided between those with and without a high school diploma. However, for mothers making 2 to 15 prenatal visits, 17 percent more mothers (120 to 103) were high school graduates.
- 272 newborns had low-birth weights (< 2,500 grams), 50 percent to wedded mothers and 50 percent to unwed mothers. Mothers with high school diplomas or higher had twice as many low-birth weight babies (181 to 91) as non-graduates.

Health Insurance

Available, accessible and affordable quality healthcare for all Collier children is a cornerstone of high-quality child wellbeing. Children in the county with good health insurance plans have access to some of the highest quality health care in the nation. Along with the highly qualified pediatricians in private practice, the Naples Community Hospital System and the Physicians Regional Hospital have highly trained healthcare professionals and the latest technology, all of which come together to provide world-class care across a wide range of treatment protocols. So availability, accessibility and affordability of children’s health insurance (Florida CHIP), particularly for children in low-income families, is a critical child wellbeing issue.

The data on uninsured children and child health insurance comes from the Florida Healthy Kids Corporation, the Collier County Department of Health, the Kaiser Family Foundation, and Families USA. Statewide statistics were applied to Collier population numbers to determine the number and percent of uninsured children in the county. There are two statistics cited for Florida’s uninsured child population: Families USA (2008) calculates the percent of uninsured children in Florida living above 200 percent of poverty to be 18.7 percent while the Kaiser Family Foundation cites a figure of 22.9 percent. The generally accepted number of uninsured children living at or below 200 percent of poverty is 60.7 percent nationally. Applying those metrics to the County, the following picture emerges:

- 10,427 children living above 200 percent of poverty (52,134 x 20 percent) are uninsured.
- 17,186 children living at or below 200 percent of poverty (28,313 x 60.7 percent) are uninsured.
- 27,613 children (34.3 percent of all Collier children) are uninsured.

Along with employer based and private insurance providers, the Florida Children’s Health Insurance Program (FCHIP) administered by the Healthy Kids Corporation provides insurance for Collier children. A significant number are on Medicaid where enrollment is always open, and others are spread across the Medi Kids program (0 to 5 years), Healthy Kids (5 to 18 years), and Children’s Medical Services which serves children with special medical needs. In the Healthy Kids program, children at 200 percent of poverty or below are eligible for subsidized insurance including a dental supplement, the premium for which is about \$20 a month. There are also full pay policies at \$122 a month (\$10 more to include dental coverage) for children above the 200 percent of poverty level. The numbers in the program are fluid as enrollment is now open all year, but volatile economic circumstances force families to miss premium payments and drop out of the program.

As of Sept. 30, 2010, the current insurance enrollment numbers for Collier children were as follows:

- Medicaid: 24,883
- MediKids: 674
- Healthy Kids: 4,534
- Children’s Medical Services (CMS): 404

The Title XXI Insurance Program has set a target of 304,000 children to be insured in the upcoming Florida budget. The current state target was 251,000 children, but only 237,000 children are currently enrolled. Thus, 14,000 children across Florida (all of whom could come from Collier) could be covered immediately by insurance subsidized by existing state funds.

Medical Health

Availability of and access to quality, convenient medical care has increased significantly since 2005. The indigenous culture of the Collier child patient lends itself to drop-in, user-friendly health-care centers instead of hospitals. With so many children lacking access to a medical home and a primary pediatrician, the federally qualified health center for the county, CHS Healthcare (CHS), has responded by increasing capacity at their 12 service sites located in Golden Gate, Immokalee, Marco Island and Naples. With financial assistance from the Naples Children & Education Foundation, CHS Healthcare has established partnerships with Florida State University College of Medicine and the UF College of Dentistry and now serves more than half of all the children in the county.

The capacity of Collier’s pediatric medical and dental community has increased dramatically over the last six years. CHS, the county’s largest pediatric medical and dental provider, has joined with UF and FSU to increase both their medical and dental capacities. In 2007, CHS converted 13,000 square feet of space in Immokalee into a pediatric and maternal health center. The newly refurbished Isabel Collier Read Medical Facility (ICR) was expected to improve access to quality care for indigent children. Currently, third- and fourth-year FSU medical students are completing rotations through the facility. Since opening in July 2009, the ICR staff and doctors have served nearly 15,000 pediatric patients. The women’s health wing at ICR, the last phase to open in April 2010, has made treatment available to about 3,000 patients. In January 2010, a medical clinic opened in the Immokalee Itech Center, across the street from Immokalee Middle and High Schools.

Data from CHS show that their medical system served more than 31,000 children in 2008, nearly half of the estimated child population of that year. The Ronald McDonald Care Mobile has screened over 10,000 children during its five years in operation. The referral-to-treatment rate has dropped from a three-year average of 70 percent to 66 percent this year. About half of the children referred for treatment actually visit a medical facility. In January 2009, Barbara Rumberger, director of Children’s Medical Services, reported that 24 of the 30 pediatricians licensed in the county (80 percent) accept Medicaid patients.

In 2005, medical providers were decrying the lack of specialty services in Collier County and expressed concern that the need for a patient to travel to Lee or Miami-Dade counties for service created such a potential time delay for critical intervention as to put too many children at risk of serious health consequences. In recent years, partnerships have been explored to bring a range of specialty services closer to Collier families. CHS and The Children’s Hospital of Southwest Florida have joined forces to develop a multileveled approach to collaborations in the County. Since 2005, The Children’s Hospital of Southwest Florida has created a greater presence in Collier through programs focused on childhood nutrition, child advocacy, child safety seat inspection and parenting classes in partnerships with Children’s Advocacy Center and Collier County Public Schools. A new 8000-square-foot shared multi-use pediatric clinic on Immokalee Road in North Naples will open in early 2011. This facility will focus on an increasing need for subspecialties, creating space for specialists to spend some hours each week attending Collier children and families. The specialties currently being discussed include cardiology, pulmonology, gastroenterology, neurology, immunology, endocrinology, surgery, orthopedics, physical therapy, occupational therapy, speech therapy, audiology and nephrology. The new facility and its tenants will be able to work with families in follow-ups to hospitalizations and coordinate consultation with CHS Healthcare.

Anticipation of a new six-floor children’s hospital in Ft. Myers and the possibility of further collaboration with medical specialists provides more optimism for Collier health-care professionals. Although the transportation and distance issues related to emergency care are only mitigated, not eliminated, the new facility should offer unique opportunities for pediatric residency programs through partnerships with FSU College of Medicine and CHS Healthcare. The \$200 million capital campaign for the construction of the facility has begun with a tentative ground-breaking target of early 2013.

Still, access to care remains an issue, and the chronic health issues reported in 2005 persist in 2010. According to the CHS Medical Director and echoed by private practice pediatricians and school nurses, childhood obesity, Diabetes I & II, asthma, allergies, upper respiratory and bronchial infection remain the most common pediatric ailments, and many families consider the school nurse and the county emergency rooms their healthcare system. The Naples Community Hospital System (NCH) provides 33 school nurses, four school health assistants, and a nursing director to cover 50 Collier County public schools. During the 2008-2009 school year, this group screened 12,548 students in state mandated grades for vision, hearing, scoliosis, and normal growth and development; students across the district made 186,968 school health-room visits.

The county’s hospital emergency rooms continue to serve high numbers of children. The three emergency rooms operated by NCH and Physicians Regional Medical Center treated 27,208 children 0 to 20 years old in 2009. Physician’s Regional has seen its emergency room traffic increase 80 percent over a two-year period, from 4,646 children in 2007 to 8,379 children in 2009. At NCH, 54 percent of its 15,684 emergency room child patients are on Medicaid; 13 percent are self pay; and 2 percent are welfare.

Anecdotal evidence suggests that the high use of school nurses and emergency rooms represents an access issue. Many low income families work multiple jobs or weekend overtime and cannot afford to miss work to bring a child to an office appointment. Some do not own a vehicle, depending on public transportation or a neighborhood walk-in facility for medical services. Most of Collier’s current health-care system uses a traditional workday appointment schedule, forcing families to use health-care providers only when conditions seem critical. Thus, young people use the convenient, user-friendly health rooms at school for common ailments, and the families go to the emergency rooms evenings and late nights for medical crises.

Oral Health

CHS has also led the charge to improve the availability and accessibility of high-quality dental services to children across the county. In 2008, CHS opened two modern, full-service dental facilities, one in Golden Gate in February, and a second in east Naples in December; along with the development of its new medical facility in Immokalee, CHS added 12 new dental chairs to its Immokalee Marion Feather Center facility. In total, CHS's collaborative efforts have doubled its dental capacity and improved its efficiency. Countryside Dental in Golden Gate had received 18,425 dental visits through February, 2010, representing an estimated 7,500 to 9,000 patients. The NCEF Pediatric Dental Center in east Naples treated more than 3,000 children in its first year; a hospital facility next door makes it possible to add a pediatric anesthesiologist from Miami for weekly surgical procedures requiring sedation. RCMA and CHS run vans from Immokalee to the NCEF Pediatric Dental Center, and both facilities are on the CAT bus route. CHS also has implemented a new electronic dental record, Dentrix, at Countryside Dental and NCEF Pediatric Dental. Plans are being made to implement this program at the Marion E. Fether Medical Center dental office during fiscal year 2009-2010. Thus the county is benefitting from increased service capacity and improved efficiencies in data collection and information sharing. Repeat patients exhibit improved oral health as evidenced by fewer serious dental carries and improved gum condition. Families are connecting to the new and improved facilities and developing improved oral health maintenance habits.

Nevertheless, children's oral health and delivery of dental services remains a high priority target for community leaders. The Department of Health reported 212 active dentists in the county in 2009, but only 19 (9 percent) filed Medicaid claims that year. Sources report that first time patients to the new CHS Healthcare dental facilities still exhibit excessive dental caries and extreme tooth decay. The impact of improved dental service to date has been primarily in Golden Gate and east Naples where there are large population concentrations who can reach the facilities by bus or on foot. Many children living in and around Immokalee still lack access to regular dental service. The Ronald McDonald Care Mobile now provides frontline dental care beyond screening and sealants; however it is now also being used for medical and mental health screening and evaluation. This expanded mixed-use schedule allows for less outreach, producing fewer dental screenings and referrals.

Some community stakeholders have suggested that the 2005 study estimate of 17,000 children in need of dental services was underreported by at least 20 percent. They argue that although an estimated 10,000 children have been added to dental practices, another estimated 10,000 children living in rural parts of the county still have little or no access to dental services.

There remains a need to educate families and children on nutrition and appropriate oral health practices.

A logical next step in combating the oral health crisis may be a culturally sensitive and responsive educational outreach program about children's diets and their connection to overall health. Tragically, childhood obesity has more than tripled in the past 30 years. The prevalence of obesity among children aged 6 to 11 years increased from 6.5 percent in 1980 to 19.6 percent in 2008. The prevalence of obesity among adolescents aged 12 to 19 years increased from five percent to 18 percent, and many of those children in both age groups are from low income minority families. Collier is blessed with a multicultural population that has many ethnic food traditions. Unfortunately, the county also has a high percent of low-income families that eat large amounts of processed food along with natural food high in sugar and citric acid. Children and families need to understand that foods high in carbohydrates, sugars and starches not only greatly contribute to the production of plaque acids that attack tooth enamel and eventually create a cavity, but also can lead to early onset diabetes and heart disease.

If children do not eat a balanced diet and drink plenty of water, their teeth may not develop properly, leading to early gum disease and tooth decay. Research suggests that children need clean drinking water and a balanced diet with emphasis on calcium, phosphorous and proper levels of fluoride in order to develop strong, decay-resistant teeth. Along with access to high quality, affordable dentistry, families that have not had regular access to quality oral healthcare need to be educated about the impact of drinking water, diet and food choices on oral health; they also need support to develop the fundamentals of oral health to be practiced at home. University of Florida College of Dentistry and CHS Healthcare are planning to pilot prevention programs at the NCEF Pediatric Dental Center beginning in late 2011.

Mental Health

As Florida's second largest county geographically and one of its most culturally and economically diverse counties, Collier encompasses communities with several high risk factors for development of physical and mental health problems – physical labor, intermittent day labor, machinery accidents, low income, job loss, cultural dislocation, substance abuse, to name a few. Discussions began in late 2007 among several Collier nonprofit stakeholders regarding the rising necessity for children's mental health services. Conjointly, the inevitable cutbacks from the state for mental health services have limited the scope of work for providers and forced them to do more with much less. The Naples Children & Education Foundation, prodded by a heightening awareness of the need for more mental health services for children in the county, led to a mental health needs assessment by the Louis de la Parte Mental Health Institute at the University of South Florida. Research was conducted during the latter half of 2008 with findings shared in early 2009. Although Louis de la Parte researchers concluded that there were no accurate estimates available for the number of children in Collier who were living with mental health diagnoses, the application of the accepted national statistic of 20 percent to Collier suggest that more than 16,000 youth (80,000+ x 20 percent) may have mental health diagnoses, many of the those untreated and debilitating.

In the Louis de la Parte report, researchers echoed recommendations made in the 2005 UF study of child wellbeing:

- Improve service delivery infrastructure to increase family access to services through multiple points of entry.
- Reduce system fragmentation and service overlap through improved data management and communication systems and provider collaboration.
- Create partnerships among the schools, CHS Healthcare, David Lawrence Center, and other providers to develop a holistic approach to outreach and treatment.
- Develop a dedicated public funding source to support the design and implementation of a comprehensive mental health support system in the county.

In the spirit of collaboration, the David Lawrence Center (DLC), CHS Healthcare, Youth Haven, National Alliance for the Mentally Ill (NAMI), and NCEF worked through 2008-2009 to develop a comprehensive system of care for pediatric mental health services. David Lawrence Center remains the primary provider of mental health services for Collier residents. The center, which is headquartered in Golden Gate City, has five locations throughout the county, four in Naples and one in Immokalee. According to DLC representatives, the number of providers serving children has almost tripled since 2007. The waitlist to see a member of the medical team has decreased from eight weeks to one week; the waitlist to see a therapist has gone from three weeks to no wait; and the total number of services provided to children has increased by 83 percent with 38,500 services provided in the last calendar year. This dramatic growth can be attributed in part to DLC's participation in the NCEF Health Under Guided Systems Initiative (H.U.G.S.) described in the strategic initiative section to follow.

The trend toward the integration of primary health care and mental health care is reaching Collier. David Lawrence Center and CHS Healthcare are establishing partnerships that may evolve into co-location of services and shared staff. The presence of co-morbidities in mental health illustrates the overwhelming need for a cooperative relationship among primary care physicians and mental health professionals. As illustrated in several areas of this research, transportation remains a significant barrier to services for families in remote areas of the county. In response to this obstacle, David Lawrence is working with Value Options on a pilot telemedicine program that will allow mental-health professionals to triage, treat, and provide follow up consultation remotely via video conferencing. Through computer video connections to doctor's offices, hospitals, and pharmacies, mental health providers can do diagnostic workups, intervene in crisis situations, and provide prescription services from a distance, giving patients in remote locations access to expert specialty knowledge and treatment options that can minimize psychic trauma and potentially prevent a patient from taking life-threatening action. Already in use in the emergency medical field, a developed telemedicine model has the potential to go beyond patient intake interviews and make psychiatric and psychological treatment sessions with child clients readily available to families in remote, relatively isolated, outlying sections of the county.

Child Care and Early Education

A high quality child care and early education system is a critical community component for supporting healthy child development. In Collier, 259 active child care resource and referral providers make up a system that serves infants (0-1 year), toddlers (1-2 years), preschool (3-4 years) and school age children (5 to 12 years). These facilities include independent childcare/early learning centers, school based programs, and family childcare homes – some licensed and accredited, and others registered with the state. The Early Learning Coalition of Southwest Florida (ELC) works with a Collier system that includes the following facilities:

- 92 childcare centers – 90 licensed and 2 exempt; 56 licensed and one exempt serving just infants and toddlers.
- Three large family childcare homes serving infants and toddlers.
- 49 licensed family childcare homes, 36 serving infants and toddlers.
- 39 registered family childcare homes, 33 serving infants and toddlers.
- 16 licensed school age only (5-8 years old) facilities.
- Four exempt school-age-only facilities;
- 15 Head Start programs including one Early Head Start program serving infants and toddlers.
- 37 public school childcare programs.
- Four non-public-school programs.

It’s difficult to measure the capacity of the system to serve all children. Complementing the aforementioned facilities are informal, unregistered and unrecognized childcare facilities throughout the county, many run by family members and neighbors of the children being served; however, there was no way to identify their number or determine their quality within the time and resource parameters of this report. Individual centers have great enrollment fluctuations and do not report regularly their overall average enrollment. Most childcare facilities operate on a mixture of full pay clients and Florida School Readiness eligible clients. With no time to poll individual facilities, it was not possible to determine the number of full-pay children enrolled.

The Florida School Readiness (SR) program provides subsidies for families living at or below 150 percent of poverty and the parents are either working or engaged in an educational activity at least 20 hours a week. Children at risk of becoming welfare dependent, from migrant families or teen mothers, and prekindergarten age children at risk of neglect and abuse are also eligible. There are 120 SR providers supported by a budget of \$4,413,589 for FY 2009-10. As of June 30, 2010, 1,826 students had been supported with SR dollars. The ELC screened 1,312 children using the Ages and Stages Developmental Screening Questionnaire (ASQ): 81 percent (1,069 children) scored in the “typical” range for their age group and 19 percent (243 children) were referred for Individual Learning Plans (ILP) and measured Response to Intervention for developmental, social or emotional delay. Of this group, 178 children completed an eight-week intervention program and were rescreened: 74 percent (131 children) improved to the “typical” range; 16 percent (929 children) did not score in the “typical” range and received a second ILP; and 10 percent (18 children) showed less progress and were referred to the Inclusion Coordinator for further evaluation and intervention. The number of families meeting the income eligibility standard had increased dramatically from the previous year, and there were 1,238 children on the waiting list, nearly 60 percent of whom were ages 0 to 5. Providers interviewed made a strong case that the waiting list resulted from funding deficits not lack of provider capacity.

The tuition free Voluntary Pre-Kindergarten Program (VPK) focuses on getting all four year-old children ready to succeed in kindergarten. There are 75 VPK providers operating in Collier County, creating a total of 2,347 slots. The program offers either 540 instructional hours in classes of 18 students during the school year or 300 instructional hours in classes of 12 during the summer. The school year program can be delivered by a teacher with at least a Child Development Associate (CDA) certification; the summer program must be delivered by a Bachelor’s degree level teacher. The budget allocation for 2009-2010 provided for 305 students (\$2,190 a student) for summer programs and 1,830 students (\$2,575 a student)

for school year programs. 2,157 students enrolled and 80 percent substantially completed the program: 53 percent free or reduced price lunch; 22 percent English Language Learners; and 5 percent Students with Disabilities.

In 2009-2010, VPK students were assessed using the Dynamic Indicators of Basic Early Literacy Skills (DIBELS) to measure letter and sound recognition; the Early Childhood Observation System (ECHOS), designed to measure a child’s performance across seven developmental areas aligned with the state’s voluntary prekindergarten education standards: language and literacy, mathematics, social and personal skills, science, social studies, physical health and fitness, and creative arts as well as the new Florida Assessments for Instruction in Reading (FAIR). Childcare providers did not like the school readiness assessment instrument, DIBELS, being used in Collier and across the state in 2008. Many providers argued that more emphasis should be placed on social and emotional development and holistic literacy rather than isolated phonetic reading skills. In response, the state developed FAIR, and 58 percent of Collier children entering school were considered ready for kindergarten. Based on the test results, more than half of the 3,900 kindergarteners had a “good probability of ‘reading success’ as they advanced through elementary school.” So, according to the range of instruments available, we have the following data:

- ECHOS: 1,463 tested before school – 91.6 percent Ready for Kindergarten.
- ECHOS: 3,900 tested in first 30 days of school – 91 percent Ready for Kindergarten.
- DIBELS Letter Naming: 1,469 tested – 85.8 percent Ready for Kindergarten.
- DIBELS Initial Sounds: 1,421 tested – 70.7 percent Ready for Kindergarten.
- FAIR: 3,900 tested – 58 percent Ready for Kindergarten.

The Office of Early Learning is now reviewing VPK providers’ assessment results over the last three years; those deemed low performing will not be able to offer the program in coming years. Collier early-learning providers are discussing the development of a more comprehensive assessment instrument and the possibility of doing a longitudinal study to track the success of students from specific providers as the students move through kindergarten and into elementary school.

The Florida Office of Early Learning has been working to develop a quality rating system for its childcare/early learning facilities. Currently, facilities are evaluated using the Early Childhood Environmental Rating Scale (ECERS) and can be accredited by one of the following agencies:

- ACSI – Association of Christian Schools International.
- ACTS – Association of Christian Teachers and Schools.
- APPLE – Accredited Professional Preschool Learning Environment.
- COA – Council On Accreditation (multi-site, multi-program organizations only).
- MSAC – Montessori School Accreditation Commission.
- NAA – National After-School Association.
- NAC – National Accreditation Commission for Early Care and Education Programs.
- NAEYC – National Association for the Education of Young Children.
- NAFCC – National Association for Family Child Care.
- NCPSA – National Council for Private School Accreditation.
- NECPA – National Early Childhood Program Accreditation.
- SACS – Southern Association of Colleges and Schools.
- UMAP – United Methodist Association of Preschools.
- NACECPPP – National Accreditation Council for Early Childhood Professional Personnel and Programs.

The accreditation process is expensive and may involve environmental and instructional considerations that small facilities and childcare homes find impossible to satisfy. The APPLE and NAEYC accreditations are the most commonly sought by private providers, the NAEYC being more comprehensive, more expensive and more highly coveted. The school based programs fall under the SACS accreditation done for the school, making accreditation a much easier process. Once a facility has been accredited, it receives Gold Seal status from the state, making the provider eligible for a higher reimbursement rate. Currently, there are 47 accredited, Gold Seal providers in Collier (18 percent, up from 11 percent in 2005):

- 18 childcare centers.
- One large family childcare home.
- 26 public school facilities.
- Two non-public school facilities.

At present, the Collier network of subsidized childcare-early education providers is serving 4,975 children with an average of 1,159 children waiting to enroll in any given month; most of those children are younger than 5 years old. If one assumes an equal number of full-pay children in centers and childcare homes across the county and another 5,000 children in families with in-home childcare, there are still nearly 5,000 children in the county without quality childcare or early-learning support.

Student Achievement

Educational research suggests that students who perform at grade level by third grade, particularly in reading, have a better chance of succeeding in school and ultimately graduating from high school than peers who perform below grade. Although the downward trend in reading and mathematics achievement has abated somewhat since the 2005 findings, the current results show school performance to be a continuing community challenge. Based on 2010 FCAT results, students consistently fall behind in reading and mathematics between third and eighth grade. In 2005, the third grade class had 36 percent of students scoring below grade level in reading; in 2010, that group is in the eighth grade with 44 percent of students scoring below grade level. The class had 20 percent of students performing below grade level in mathematics; now as eighth graders, 31 percent of those students are performing below grade level, putting success in upper level secondary courses, particularly those in mathematics and science, at risk for one out of every three students in that class.

The 2010 class of third-graders had a mixed showing on the FCAT: 71 percent of students scored at or above grade level on the reading section of the FCAT, up 7 percent from 2005; 75 percent of students scored at or above grade level on the mathematics section, down 5 percent from 2005. The 8th grade class had 66 percent of students score at or above grade level on the reading section, up 22 percent from 2005; 69 percent on the mathematics section, down 11 percent; and 44 percent on the new science section. The 10th grade class experienced their poorest performance in reading with only 40 percent of students performing at or above grade level, up 1 percent from 2005; 70 percent of students scored at or above grade level in mathematics, up 7 percent; and 44 percent of students performed at or above grade level on the new science section of the assessment.

Collier County Public Schools has made third-grade retention and high school graduation key benchmarks for improved student performance throughout the district. The decrease in retained third- graders has been dramatic in recent years, going from 234 students in 2006-2007 to 86 in 2009-2010, a 63.2 percent decrease over the past four years. Overall, 2.9 percent of third graders and 2 percent of all students were not promoted to the next grade this year. The district reported a 77.2 percent graduation rate, up 5 percent, and a 2.2 percent drop out rate for 2009 (923 students), down from 8.7 percent in 2004

After School Supports

Many school-age children need out-of-school time support to become successful. Afterschool programs connected to the curriculum and including homework support give at-risk students a chance to extend their learning time to maximize their potential. Summer programs help reduce “summer learning loss” and can provide a range of activity that enhances physical, cognitive and socio-emotional development. Five major program providers are operating in the county at present:

- Boys and Girls Club: 1,052 elementary, middle and high school students in after school and summer programs.
- Miracle Grant Programs: 951 elementary, middle school, high school students in afterschool programs.
- Sports CLUB: 966 elementary students in after school programs (contract with district).
- After School Programs Inc.: 693 elementary students in afterschool programs (contract with the district).
- Department of Parks and Recreation: 247 elementary and middle school students in afterschool programs.

Like health care, the key issue for out-of-school time program support is availability and access for those students with limited options. Both programs with school district contracts – each program has a district zone of operation with After School Programs Inc. zoned for Immokalee – and those offered by the Department of Parks and Recreation are fee-based programs and require transportation. Nonprofit programs are being charged rent for CCPS facility use and support services. Many parents in east Naples, Golden Gate, Everglades City, Immokalee and other rural areas cannot afford the fee or provide the transportation. Therefore, even when a program is offered in schools, if it is not subsidized fully with transportation provided, few students enroll, and the providers find it difficult to provide a cost-effective service.

The Boys and Girls Club of Collier County, considered by many to be the gold standard for out-of-school time support programming, has purchased property in Immokalee close to the middle and high school complex. There is room to build a full service club, and many students will be able to walk safely from school to the club. While the club leadership is pointing toward an opening in 2013, the issues of permitting, staffing, summer time bussing and sustainable operational funding remain to be resolved. The community is excited about the possibility of having such a support for Immokalee children, and yet many citizens are skeptical about it becoming a reality in the near future.

At present, most programs are operating under capacity due to lack of operating funds or lack of subsidized enrollments. Currently, 3,909 students are participating in the above programs; another 1,213 are involved in federally funded Supplemental Educational Services (SES) tutoring for students in Title I schools. If one considers only the elementary and middle school combined population of 30,000 students and estimates that half of them are participating regularly in school-sponsored or community extracurricular activities, 10,000 students do not have access to after school programs, a 33.3 percent gap in service.

Juvenile Justice

Working under the guiding principle of “diversion in lieu of arrest,” Collier County’s Sheriff’s Office (CCSO) juvenile justice programs have been strengthened through modest investments and a new sheriff who has publicly acknowledged the need for increased emphasis on prevention instead of punishment. Although there are dozens of pre-indicators for delinquency, many national experts consider truancy to be the gateway to violence, gang activity, and substance abuse issues. Several prevention programs have been organized by CCSO to mitigate the adverse effects of truancy. The Collier County Truancy Court was established in February 2008 as a collaborative effort among CCSO, Collier County Public Schools, State Attorney’s Office, David Lawrence Center (DLC), Lutheran Services, Project Help, Department of Children and Families, and the Department of Juvenile Justice. The program network – Truancy Court, along with additional intervention and diversion programs – has been designed to prevent crimes that often stemmed from a pattern of maladaptive behaviors and high rates of recidivism.

The study data suggest that prevention programs are having some of the desired effects. The number of offenses that have been diverted from the courts to support programs has been on a steady incline since 2005: 482 referrals diverted from court in 2005 to 725 diversions in 2009. Consequently, the number of Collier children on probation, which had spiked to 587 in 2006-2007, has declined below the 2004-2005 level of 446 children to 442 children in 2008-2009.

According to representatives from the Sheriff’s Office, the downturn in the economy has produced more intervention calls responding to “ungovernable children,” calls for help from families who simply cannot handle a child or children in the house reaching out for immediate help and support. The absence of a residential or respite type center for the ungovernable children in Collier limits support options and creates a significant gap in the continuum of care services. Collier youth requiring publicly funded residential care or another form of acute care for ungovernable care and/or substance abuse problems must be transferred to facilities in Lee or Charlotte counties. This service is not funded in Collier by the state. As such, these children are typically triaged through the Juvenile Delinquency Department at CCSO and placed into a prevention program such as Juveniles at Risk (JAR). By diverting children into these programs and away from the

Department of Juvenile Justice, the Sheriff's Office hopes to keep children out of court, out of jail, and free from a criminal record that could severely limit their life chances.

The presence of gangs in the county remains a threat to residents. The CCSO Street Gang Unit currently tracks some 20 different gangs operating in Collier and report 1420 documented gang members in residence. While the majority of the crimes committed by documented gang members border on felonious behavior, most are non-violent misdemeanors. Of particular note is the growing strategy for recruiting new gang members from elementary schools, targeting students as young as 9 or 10 years old. Anecdotal evidence suggests several street gangs or "clicks" operate within the rural areas of the county. Also, several national gangs are represented in Collier, including La Raza and Latin Kings. However, CCSO's Gang Unit reports a relatively low rate of gang specific arrests from 2006-2009.



Section IV: Analysis of the Service Delivery System

The 2005 Study of Child Wellbeing in Collier County described a service delivery system suffering from inadequate funding, poor interagency communication and minimal infrastructure for data collection, tracking outcomes, and measuring organizational success. Today, although there have been significant improvements within sectors of the system, many of those same systemic concerns remain at a time when an increasingly needy child population is more dependent than ever on subsidized support services for healthy development. With unemployment at an historic high of nearly 14 percent, child poverty on the increase and home foreclosures commonplace, Collier families, many with a single head of household, are struggling to provide the basic necessities for their children. The service delivery systems for food, clothing, housing support, childcare and basic health care services are being severely challenged, and service providers are looking for creative ways to increase availability and accessibility of services, improve their affordability and quality and stabilize agency operational funding.

Historically, service providers have worked in relative isolation with little opportunity for interagency data sharing, collaborative planning or professional development. However, with some persistent prodding and cajoling by NCEF as a major investor, Collier service providers have begun to understand the value of interagency collaboration and problem solving, resulting in significant improvements in availability and accessibility of medical and dental services, early education, and homelessness prevention support for Collier children. Providers told us that over the past five years, the spirit of collaboration, although initially fostered through forced conversation, had become embedded in the service provider community: "Regardless of how the funding levels fluctuate, we will continue to work together to ensure our children's future. It is the only way to create the comprehensive safety net many kids need to thrive." Many providers point to NCEF's leadership as convener and instigator of systemic initiatives as the catalyst for increased collaboration; nevertheless, 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 internal or interagency meetings.

The Naples Alliance for Children now has a website, and the 2010 Resource Directory can be accessed online as well as be available in print. As in 2005, the directory catalogues more than 200 different support programs and agencies for children and families. These agencies range from small programs with one or two employees, lean budgets and 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 the alliance does not have the staff to update agency profiles regularly, cannot recommend a particular service provider as a good match for a needy family and does not serve as a quality rating agent. Rarely do agencies track children beyond their specific program goals or share data across service sectors. There are still no community metrics for tracking all children and measuring their progress along a developmental continuum of services. As a result, major service gaps in all areas of child wellbeing continue to exist and thousands of children each year fall through those gaps and miss vital services.

There are myriad reasons why so many Collier children 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. The economic slowdown across the county has put a damper on fundraising efforts and shrinking resources followed by budget shortfalls and some personnel layoffs have put many social service agencies in crisis. Underfunded and understaffed, service providers continue to strive diligently to meet the growing needs of children, but little or no money is built into program budgets for community outreach and enrollment efforts. So children in rural, remote regions of the county often receive little or no support beyond what they can get at school. The dynamic nature of families and the requirement that heads of households be working or in school cause some children to be ineligible for needed services. Family economic circumstances, particularly for low-income families, often change quickly and dramatically; a subsidy from one agency can put a family in danger of losing another service because it now has too much income to qualify. Service providers receiving federal and state funds have fluid eligibility requirements. Consequently, a child may become eligible for a program this week that was previously not available because a parent found or lost a job, left school or entered a retraining program or just became too old to qualify. 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 prominently. 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. Although these fees are

often calculated on a sliding scale based on a family's ability to pay, many families cannot afford even the minimal cost of support programs for their children.

Lack of convenient and reliable public transportation for the socially and economically marginalized families in the county has been a recurring theme in the data for this study, both in 2005 and now; and the transportation variable has a significant impact on all the child wellbeing metrics across all demographic groups. Although relatively small in population, Collier is second only to Palm Beach County in geographical size – smaller by only 10 square miles. In a rural county heavily populated with migrant and immigrant families unable to acquire driver's licenses without proper citizenship papers or do not own or have access to a car, access to family and child support services becomes difficult to nearly impossible. Walking communities such as Immokalee are uniquely positioned to cater to their population. Some agencies have taken steps to assist families in transportation challenges. CHS Healthcare offers charter bus loops for patients visiting the ICR Facility, and RCMA provides van transportation to the NCEF Dental Clinic. Collier Area Transit routes offer little relief to the families living long distances from the bus routes, and many residents rely on "carpools into town" to reach medical, dental or social service providers. Thus, as indicated in the previous description of conditions of children, the most significant quality of life improvements have taken place for children living in population centers while children living in more remote areas of the county still lag far behind their peers.

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 continuously searching for ways to improve and expand service delivery. As found in 2005, Collier's agencies across service sectors benefit from the strong, stable 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. Complying with grant requirements, service providers strive to keep their operational and funding costs at a minimum; thus, they have little time and few resources for building credible measurement or information technology systems. As a result, there is a large variance across the county in the quality of organizational and program accountability and measurement.

Because there has been little push to develop sustainability plans and diverse funding streams, certain providers have continued to apply for and receive annual support from a single organization, depending on their good work and reputations for quality service to guarantee continuous funding. Consequently, over the past five years, many funded agencies have developed significant financial dependence on one funding source, and a loss of grant funding or state contract income could cripple or close several of these organizations, forcing others to reduce or eliminate essential programs or services in order to stay in business.

Although Collier's rapid population growth has slowed, the child population continues to increase, putting more middle class and lower middle class families into unprecedented levels of poverty. More children need more subsidized services in areas of health, education, and social welfare and the costs of delivering high-quality services to children steadily increase. In an unpredictable economic and political climate, any underfunded and understaffed organizations will continue struggling to deliver more services with fewer resources. These service providers will compete ever more fiercely for resources and state contracts, and any reduction or loss of year-to-year funding will create intermittent gaps in services to children. Although there is growing interagency cooperation and communication within particular service sectors, there is still little cross-sector conversation and virtually no cross-sector program development or strategic planning. Because most Collier County service sector leaders and providers still look at programs as individual entities and do not think systemically about the interconnected needs of children, gaps in service may shrink momentarily as the result of a particular program expansion or innovation; however, those gaps then widen over time from the pressure of increased demand, and an increasing number of children fall through cracks in the system. Even as a number of Collier programs improve quality and expand access to services, the data indicate that the overall child wellbeing in this community has not improved. The failure to meet the needs of children must 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.

Community Investment in Basic Services for Children

Collier's service delivery funding formula remains a blend of minimal county government funding, corporate and private philanthropy, and local foundation support. Known for its philanthropy and strong social service sector, Collier's philanthropists have continued to provide funding for essential services to children. In 2006, the Naples Children and Education Foundation was the single largest source of funding for children. Several million dollars annually were also contributed directly by individual donors to selected charities.

However, since the original study, the economic environment and the foundation landscape have changed. Although its fundraising has dropped below its peak, NCEF remains the largest philanthropic supporter of children's services, donating an average \$6.11 million to some 23 nonprofit service providers annually over the past four years. The United Way has supported some 30 agencies and programs with an annual average investment of \$1.91 million during that same period. In the spirit of collaboration, these two organizations often structure complementary grants which allow a provider to use unrestricted funds from the United Way to cover the operating expenses needed to put the more restricted NCEF dollars to work. Together, from 2006 through 2009, these two philanthropies have invested more than \$34 million to support Collier children and families.

At the same time, other foundations have shifted their emphasis. The Immokalee Foundation has become a service provider and now supports only its own programs; the Community Foundation and the Education Foundation have stopped funding frontline children's services, choosing instead to focus on capacity building for agencies and community groups. Private and corporate donations have also decreased. Despite continuous philanthropic activity since the original study, the need for multiple children's services still far outpaces the charitable giving, and there continues to be virtually no public investment to support the healthy growth and development of Collier's children. Thus, while the philanthropic dollars have not shrunk appreciably, service providers are competing more vigorously for resources from a smaller pool of

funders, placing more responsibility on philanthropies to think strategically and systemically and work with grantees on issues of leverage and sustainability. Collier has an abundance of nonprofit organizations, perhaps too many, all competing fiercely for funds. Such competition for funding in the nonprofit 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.

New Approaches to Meeting the Basic Needs of Children

The current data suggest that the present system of delivering services to children is failing to meet the basic needs of too many children in the county. Since before the original study, there has been a growing realization, in communities across Florida and the nation, that, to secure the nation's future, child welfare services must form a protective web that nurtures child development, a social safety-net of interconnected wrap-around services that meet the needs of all children in a community. As described in 2005, this holistic 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. For maximum efficiency and impact, service providers would adapt the following guidelines:

- Locate in population and activity centers in easy reach by public transportation.
- Maximize multi-use facilities.
- Leverage private investment with renewable public financing.
- Use information technology to deliver service and track all children.
- Share data throughout the service network.
- Provide access to multiple programs with a single electronic application.

In the health sector, CHS, a Federally Qualified Health Center (FQHC), has incorporated some of these principles into recent initiatives. Working with NCEF, Edison College, the UF College of Dentistry, and the FSU College of Medicine, CHS has been able to open state-of-the-art dental clinics in Golden Gate and East Naples; add 12 new dental suites to its Marion Fether facility in Immokalee, and bring high quality pediatric and maternal health care to rural Collier through the newly refurbished Isabel Collier Read Medical Facility (ICR). CHS used capital funding from NCEF leveraged with building funds from the state through its connection with the university system and opened new facilities with plans to be self sustaining within seven years. CHS also entered a partnership with the Children's Hospital of Southwest Florida to provide pediatric specialty services in a mixed used facility on Immokalee Road.

The effective use of information technology has been a more difficult challenge. Most of the service providers in the county do not have sufficient resources to support powerful, multifaceted computer systems to gather, store, and exchange data. CHS and David Lawrence Center have been piloting electronic screening technology for vision screening and mental health diagnostics. David Lawrence Center is looking at ways to deliver mental-health services to remote locations through videoconference sessions. However, even the larger providers with adequate resources do not think about information technology as the webbing needed to sew the comprehensive safety net of wrap-around services essential for healthy child development. The Collier County Public Schools has a sophisticated data warehouse that tracks the progress of more than 50,000 students. CHS provides medical services to nearly half of the children in the county and has adapted electronic medical and dental record keeping procedures. However, leaders of these two systems do not collaborate regularly or share plans for the future, and no interagency group raised questions about how to use the CHS technology investment as an opportunity to improve the overall service system through better electronic connectivity. So, now the CHS dental computer system cannot communicate with the CHS medical system, and neither system can communicate with the school system data warehouse, or NCH, the David Lawrence Center or other health providers in the county. So, an opportunity to move toward a comprehensive data system that supported diagnostic and frontline service across multiple sectors was temporarily lost, and the CHS investment may become a barrier to further innovation because of the cost to undue the current system once a more sophisticated system becomes available.

The Children's Trust in Miami-Dade County and Microsoft are already developing such a system: Amalga. It will blend data from different operating systems, allowing a community to access easily millions of records and a service provider to display subsets of records related to a given person or family. Using a truly comprehensive view of personal history and current conditions, service providers will be able to work collaboratively to develop a comprehensive support plan, deliver service to remote locations through mobile video technology, track progress on all aspects of the plan and help clients access multiple resources from a single computer station. The Children's Trust already is having conversations with public and private sector organizations around the state to accelerate the development and implementation of this powerful information technology system.

In Collier, like in many communities nationwide, nonprofit service providers deliver a majority of children's support services. Although 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 sustainable funding is also required if the county wishes to ensure that all children have access to key services. In 2005, the study consultants recommended that the Collier community examine the feasibility of establishing a sustainable funding mechanism such as a children's trust. These tax-supported entities have strict community oversight and invest in high-need areas that improve child wellbeing; they are transparent and accountable. As exemplified by the 2008 election results in Miami-Dade County, they have been hugely popular with voters due to their accountability, oversight and focus on helping to improve the conditions of all children. In Miami-Dade County, The Children's Trust, authorized in 2003 and required by statute to sunset in five years if not reauthorized by voters, came up for reauthorization on the 2008 ballot. As the economic recession was rocking the community with jobs lost and home foreclosure, the tri-ethnic communities across the county voted overwhelmingly – 86 percent in support – to reauthorize The Children's Trust in perpetuity. As a result, the Trust budget for children's services was an estimated \$116 million in 2009-2010, a cost to each homeowner of less than \$60 annually. As Collier's child population continues to increase, 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 will grow. In this uncertain economic climate, 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, and an ever-increasing number of children could suffer needlessly from a lack of high quality, accessible and affordable support services.

