

The Florida Vision
A State that Promotes
The Well-Being of All of its Children



Developed for
The Policy Group for Florida's Families and Children
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The Florida Vision

A State that Promotes The Well-Being of All of its Children

Executive Summary

By Alisa S. Ghazvini, Ph.D. and Barbara F. Foster, Ph.D.

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The future of Florida's children and families depends on families having the resources and supports to be healthy and successful. When natural support systems (i.e., family, friends, and neighbors) are not available or unable to help, families need communities that have developed and implemented evidence-based family-support policies and practices. To identify and promote such policies and practices, a group of concerned advocates, researchers, and policy analysts from throughout Florida has come together to form *The Policy Group for Florida's Families and Children*.

The Policy Group for Florida's Families and Children is an independent nonpartisan organization dedicated to designing and promoting policies and practices that create the opportunity for Florida's families and communities to successfully raise our children. Its members have a wealth of experience on the front-line, in the administrator's office, in the boardroom, and at the research table. This group includes experts from maternal and child health, early care and education, parent skill-building, home visiting, mental health, screening and assessment, child advocacy, program and system evaluation, and family and child service systems.

Individually and collectively, members have concluded that human service delivery systems, in their current forms, are not successful in meeting the diverse needs of many of Florida's families and improving long-term outcomes for young children. The Policy Group believes that families are most likely to be successful when they have easy access to a responsive, interwoven network of natural and extended supports as needed. *The Florida Vision: A State that Promotes the Well-being of All of its Children* describes this vision of integrated service delivery.

The Florida Vision begins by describing the goal of service integration, a vision that emerged as a result of examining the challenges faced by families as they attempt to seek services and/or supports. The report proceeds to document the promises and threats to child and family development in general, and the status of child and family well-being specifically in Florida. The current systems of services in Florida are described. In addition, the report depicts the challenges poised by conflicting values and public opinions as well as promising practices at the national, state, and local levels. Anticipated outcomes of *The Policy Group Agenda* conclude the document.

Our Vision

The vision of The Policy Group is that through our collective efforts, working on behalf of families and children of all ages, we will ensure a generation of young people who become responsible 18 year olds, ready, willing and able to contribute to self, to family, and to their community.

The Policy Group believes that to realize this vision we must focus our thinking on identifying and promoting evidence-based policies and practices that produce healthy births, healthy child growth and development, educational success, family stability and safe and supportive communities.

Our Guiding Principles

- ❖ We promote efforts that will enable Florida's families and children to have a sense of connectedness to one another.
- ❖ We promote efforts that will provide Florida's families and children with hope and optimism toward the future.
- ❖ We promote efforts that will provide Florida's families the opportunity and capacity to raise children that are healthy, safe and ready to learn.
- ❖ We promote efforts that ensure adequately trained staff is available to deliver services and supports to families, children and communities.
- ❖ We promote efforts that build upon and use the strengths, assets and resources that already exist in communities when developing goals, objectives and strategies for Florida's future.

The Issue

Every day in Florida there are families that struggle. Often families are isolated from extended family or caring friends and neighbors, the natural support systems that many took for granted not too long ago in our country's history. Perhaps they do not have health insurance and thus, do not seek medical assistance until there is a crisis. A family member may have a substance abuse problem but treatment programs are costly or have long waiting lists. The preschooler may have a behavior problem, or the adolescent in the family may be troubled. The children may be in poor quality child care arrangements, or they may live in a stressful neighborhood. Perhaps the minimum wages they earn are insufficient to provide adequate nutrition for the family. Seemingly small setbacks, such as a temporary lay-off, can snowball into a major family crisis for those without safety nets of savings and natural support systems. These situations result in high personal and societal costs.

Most parents in these families are working; however, their salaries are just under or just over 200% of federal poverty level. They either are not eligible for public assistance or limited funding restricts access to services. Even if they are eligible or they can afford to pay for some assistance, accessing services is difficult and stigmatized. Prevention services are the exception rather than the rule. Of those that are available, inadequate funding not only limits access but also restricts adherence to high-quality standards.

The focus on deep end services at the expense of supporting prevention and early intervention has made it difficult for families to access supports and information that would enable them to avoid more serious problems. Because of their scarcity, the prevention programs that do exist are primarily categorical and targeted for those families at highest risk of poor outcomes for their children. Thus, the general population tends to be excluded from access and supports that would enable them to build upon their strengths and remedy risk factors without further involvement in the system of care. *In other words, we are paying for medical and rehabilitation care for those who fall off of the cliff instead of investing in a fence that would ensure their safety and help them avoid falling off of the cliff in the first place.* A “fence” in this scenario includes affordable voluntary access to quality: medical care, parenting supports and information, and early care and education opportunities for their children. In general, the lack of prevention structures and funding precludes many families from accessing the supports they would use to ensure healthy and nurturing families and communities in which to raise their children.

In addition to failing to assist families before problems arise, with a few exceptions, service delivery in Florida results in categorical approaches to presenting problems and a revolving door for many families. Different programs have different definitions of who the client is, what services are appropriate, and what outcomes are expected at what times. Financing systems limit local decision-making and funding of prevention services and are inadequate to ensure adherence to high-quality standards. Family circumstances are frequently ignored in the treatment of individuals. There are few incentives for local agencies and communities to integrate services. Indeed the incentives are to identify as few needs as possible and to direct families to services funded through federal and state sources that are often more restrictive (Bruner, 2000; Friedman, 1991). The result is underutilization of community resources, an absence of community involvement and support, lack of culturally and linguistically appropriate services, and failure to improve the well-being of children and families.

Parent skill-building, early childhood, health, and child welfare policies and practices are highly fragmented. Different programs and agencies have different local advisory teams, councils, and boards. Although many boards share the same members and similar missions, consolidation is infrequent. In addition, many programs and services overlap. For example, many communities have multiple home visiting programs often with differences in eligibility criteria and focus (e.g., child abuse prevention, assistance with developmental disabilities, or school readiness), but with overlaps in strategies and populations served. Moreover, differences regarding purpose or focus may diffuse the attainment of outcomes and have a negative impact on quality. For example, divisions among stakeholders regarding the purpose of school readiness (i.e., early learning or as child care support for working parents) have contributed to setbacks in quality standards and optimal growth and development of children.

The legislative leaders in the State of Florida have recognized the need for service delivery changes. Several sections of the Florida Statutes address family-centered services; integrated service delivery across state program offices, units of local government, and public and private agencies; development of a comprehensive service plan for each family; flexible fiscal and programmatic policies; and strategies for creating partnerships. Despite these statutory commitments to progressive child and family policies, state appropriations do not match the rhetoric, agency policies and practices do not support a holistic approach, and state and local service delivery systems remain fragmented and often self-serving. Additionally, prevention and early intervention have been sacrificed in order to provide deep-end services for crisis problems, many of which might have been preventable.

The Solution

Most families in Florida supplement natural supports, at one time or another, with local community services. Florida policy leaders should ensure that when families make the difficult decision to seek help, options for families can be easily determined and accessed. **The solution is service integration with a focus on child health, early care and education, and parent support and skill-building.**

Integrated service delivery is a process that takes place as families interact with prevention opportunities and primary and specialized service providers. It is different from coordination, collaboration, and co-location. It recognizes the efficacy of prevention and early intervention in ensuring the well-being of Florida's children and families, building on strengths and avoiding, or at least, reducing risks of negative health, education and parenting consequences. Integrated service delivery looks beyond narrow definitions of eligibility and service provision and seeks to eliminate fragmentation of services. It requires a definition from the perspective of the consumer, the service provider, and the service delivery system planner (Friedman, 1991).

Integrated Service Delivery from a Consumer Perspective

From a *consumer perspective*, service integration means that high-quality services to address multiple needs can be accessed, although not necessarily provided, from a single provider. In other words, families can enter the service provision sector through any number of doors, and any door results in a thorough screening and assessment of family needs, and assistance to access whatever services are needed. Whether entering at an early care and education setting, a health clinic, a community center, or at home, the family is connected to the array of services it needs. For example, a developmental screening at the child's early care and education setting results in further assessment. The assessment includes attention to the emotional, physical, and economic well-being of the parents and results in mental health counseling and housing assistance for the family.

Integrated Service Delivery from a Service Provider Perspective

From a *service provider perspective*, service integration means having a general understanding of developmental needs across the lifespan, working to meet the multiple needs of children and families, and accessing various supports and services for families to ensure continuity of service between providers from screening through specialized treatment. Service integration is a holistic approach. It requires cultural competency, a commitment to a strength-based philosophy and high quality standards, a commitment to working in teams with complementary providers, and a focus on self-determination by families and communities on the services needed and provided.

Integrated Service Delivery from a Service Delivery System Planner's Perspective

From the *perspective of service delivery system planners*, service integration means providing high-quality, accessible, flexible, family-centered, and comprehensive care. It requires attention to fiscal flexibility, continuity in service provision across dimensions of need and over time, specialized staff training, community input, and outcome measurement. Service integration encompasses these core criteria:

- ❖ **Local Community Decision-making** — Improves opportunities for communities to identify service needs and for providers to be responsive to those needs.
- ❖ **Prevention Orientation** — Focuses proactively on building natural supports and reducing the need for preventable, long-term and costly interventions.
- ❖ **Holistic Service Delivery** — Views the family as the client and considers the strengths and challenges of each family member.
- ❖ **Evidence-based Practice and Programs** — Utilizes research and evidence to develop and implement policies and programs.
- ❖ **Supported Front-line Staff and Highly Skilled Staff at all Levels** — Ensures that highly skilled staff are utilized and supported with needed resources and services.
- ❖ **Flexible Fiscal Policies that Promote Integration and Quality** — Ensures adequate and stable funding to meet quality standards and provides the flexibility to align funding streams.
- ❖ **Family Supportive Policies** — Facilitates ways home, school and community partnerships can balance the needs for stability and change for children and families.
- ❖ **Continuity and Ease of Transitions** — Ensures that families have consistent service providers within a program and that services provided by one entity build upon services provided by others.
- ❖ **Accountability** — Provides the evidence to determine the efficacy of decisions and their impacts for Florida's families and children.

The Promises and Threats to Growth and Development

The extraordinary pace of development in the early years proceeds in all areas – language, intelligence, emotional, social, and physical – and although child development specialists and physicians tend to talk about each area separately, they are all intertwined (Brazelton, 1992; National Research Council and Institute of Medicine, 2000). Increased mobility of the head, shoulders, arms and legs provides the infant with new vantages to learn about the world, cognitively grow, and discover new ways to engage socially. Remarkably, by age five, children are able to express strong emotions, get along with others, exchange ideas through communication, and possess the initiative and motivation to succeed in school.

All children are born with great potential. Both biology and environment are determinants of growth and development (Brazelton, 1992; National Research Council and Institute of Medicine, 2000). From birth, a child may be active, spirited, and impulsive. Flexible, loving parents who set clear boundaries for this child foster the development of self-control. Likewise, the supportive coaching of a warm parent can help a shy child become more sociable. The environment can also compensate for genetic abnormalities. Children born with special needs can overcome great obstacles in the right environments.

The optimal environment eludes many of Florida’s youngest citizens. The Maternal Child Health and Education Research and Data Center (2001) at the University of Florida has been conducting performance-based longitudinal outcome evaluation projects in the areas of pregnancy and delivery, infant and toddler development and efficacy of early intervention programs for over twenty years. The breadth and depth of their research has yielded a remarkable database of information on child outcomes. Poverty is highly correlated with adverse outcomes in every category. Low birth weight, black race, and having a mother over age 35, unmarried, or with a less than high school education are also consistently significant correlates of poor pregnancy and child outcomes.

Many families have multiple, interrelated vulnerabilities that put tremendous stress on family systems. Mental health problems, substance abuse, family violence, and violent neighborhoods cost children developmentally (National Research Council & Institute of Medicine, 2000). Less dramatic, but more common stressful events for families can also have adverse physical and psychological effects on children (Moore & Vandivere, 2000). Examples include:

- ❖ Inability to pay mortgage, rent, or utility bills
- ❖ Living in households with more than two people per bedroom
- ❖ Food shortages
- ❖ Concerns regarding health care access
- ❖ Poor health of an adult or child

Children growing up in these stressed situations typically lack the economic and/or human resources for optimal development. Family stress is associated with low levels of child engagement in school, higher levels of child behavioral and emotional problems, higher levels of parent aggravation, greater likelihood of poor parental mental health, and lower levels of community engagement. Although these adversities are more common in families in poverty, they are found in all social classes.

Even in the best situations – when parenthood is a planned event between two committed partners, the rigors of parenting make for a hard transition for the family system. Individual, couple, extended family, work, community, and socio-cultural life cycle events require constant adjustment, and the birth of a child requires finding a new balance among all of these systems. Although the work world has increasingly become the source of status and power for both men and women, women continue to be primarily responsible for the domestic world (Crittenden, 2001). Nonetheless, neither women nor men are entirely clear about who should or will help raise the children in a world with fewer community supports than those available to previous generations (Bradt, 1989).

When parents lack information and/or resources, choices are limited and often adversely affect the family. Obviously, what parents know about child development affects their parenting behaviors. In a national study of this topic commissioned by Civitas Initiative, Zero to Three, and Brio Corporation, DYG, Inc. (a social and market research firm, 2000) found many discrepancies in knowledge.

The Status of Child and Family Well-being

Florida has been and is a state of importance to the nation. Major changes in Florida have been marked by events at the national level, and given the state's demographics and geographic position in the country; it is likely that it will continue to garner national attention.

Florida Trends

Between 1990 and 2000, Florida's population grew by 23.5 percent in an uneven pattern of large and small county diversity across the state. During that same period, the proportion of Hispanics in the state population grew from 12.2 percent to 16.8 percent, the African American population from 13.5 percent to 14.6 percent, and the Asian population from 1.2 percent to 1.7 percent. In addition, Florida's population of 2000 is more educated (just over 50% have at least some college), older, and has a lower percentage of African Americans and a greater percentage of Hispanics in comparison to a century ago. It ranks first in the nation in the number and second to West Virginia in the percent of residents that are 65 and older (U.S. Census, 2002).

The future for Florida holds many challenges. It is anticipated that population growth will decelerate but remain steady. Between now and 2025, approximately 579 people are expected to enter the state every day, 2.4 million each decade. As the Baby Boom generation retires, almost half of Florida's population increase will be seniors, and they will grow to represent one quarter of Florida residents (MacManus, 2002). Ethnic and racial diversity will become more complex and will increase as a percentage of the population.

Florida Families with Children

Of the 6.3 million households in Florida, fewer than 3 in 10 of them include children under the age of 18. Almost 950,000 of these children are under the age of five. The majority of Florida's children are in married couple households, but almost 30 percent are in single parent households. The median income of families with children in 1999 was \$43,100 (Kids Count, 2002; U.S. Census, 2002). By the end of the 1990s in the United States, the disparities in family income had increased more than any time since the 1920s. Even with the recent economic expansion, the income of middle and lower-income families saw only modest increases while the income of the highest income families climbed dramatically (Bernstein, Boushay, McNichol, & Zahradnik, 2002). Furthermore, there is a widening benefits gap. The health benefits for the bottom fifth of families dropped from 41 percent in 1980 to 32 percent in late 90s (Bernstein et al., 2002; Reich, 2000).

Florida's families face remarkable changes and challenges. For today's families with young children, there is an increased likelihood of mothers working outside of the home. Another challenge is disruption. Twenty percent of workers change jobs each year (Reich, 2000), and less than 50 percent of Florida residents live in the same house for five years (Scicchitano & Scher, 2001).

Florida's Economy

Of the 12.7 million residents 16 years of age and older in Florida, 58.6 percent (7,471,977) are employed. Just over 400,000 in this age group are categorized as "unemployed" (actively searching for work). Wholesale and retail trade and service jobs have grown steadily since 1960. Today, these two sectors account for 55 percent of all the non-farm jobs in the state. Service jobs, many associated with the tourism industry, have grown the fastest and now account for Florida's largest employment category (Colburn & deHaven-Smith, 20002; Dluhy, Averch, Frank, & Lipper, 1999; U.S. Census, 2002). In addition to retail trade, tourism, and the service sector, Florida is recognized for its international banking and trade, the space program, and an emerging electronics sector (Florida Department of State, 2002).

A high proportion of state revenues (77%) are based on transaction tax receipts (sales tax plus selective sales tax – tax on motor fuels, alcoholic beverages, tobacco, etc.) compared to an average of 46 percent nationwide (Florida Tax Watch, 2001). Growth has placed a heavy burden on state and local governments for roads, water and sewer systems, schools, and other public facilities. Florida policymakers, in comparison to those in other states, have responded to these needs in ways that have resulted in a greater reliance on local taxes in proportion to the state tax burden. Nonetheless, Florida state and local tax burden is lower than average relative to other states (Colburn & deHaven-Smith, 2002; Dluhy et al., 1999). Citizens in many areas of the state have recently passed referendums increasing local taxes, signaling voter willingness to pay more for services they deem necessary and/or important.

Florida is one of seven states in the nation without an individual income tax, and property taxes are restricted by both a 30-mill cap (ten mills for any single taxing unit) and a \$25,000 homestead exemption. Economists argue that dependence on a sales tax makes little sense in a rapidly growing urban state and estimate that Florida's tax revenues soon will be inadequate to support its basic infrastructure (Colburn & deHaven-Smith, 2002). Indeed, Florida has grappled with numerous shortfalls in revenue since the early 1970s.

Although Florida ranks near the top among states in several business indicators (e.g., new plants and expansions, exports, Department of Defense contracts), it ranks near the bottom in terms of the increase in the standard of living for its citizens. Indeed, Florida is 44th in average hourly earnings in manufacturing and 27th in annual pay (Dluhy et al., 1999). These measures indicate that the growth in Florida's employment sectors are not in high wage categories, rather, they are in low to moderate wage categories.

Race and Ethnicity

Florida is one of the most diverse states in the nation. Florida's Hispanic population is projected to reach 24 percent (nearly 5 million) and the African American population is expected to reach 17 percent by 2025 (Colburn & deHaven-Smith, 2002). Florida is third in the nation, behind California and New York, in the number of foreign-born residents (2.8 million, 18.4 percent of Florida's population versus 10.4 percent nationwide). Forty-three percent of Miami-Dade's population is foreign-born, the highest proportion in the United States for metropolitan areas with one to five million population (Schmidley, 2001). In 2000, nearly one in six Florida children lived with a foreign-born householder.

Poverty in Florida

Poverty rates in Florida declined only slightly during the decade between 1990 and 2000 despite the best economy in a generation (see Table 7). Rates varied dramatically across Florida's 67 counties from a low of 6.8 percent in Clay County to a high of 26 percent in Hamilton County (Florida Legislature, 2002). Despite the decline during the decade, the number of persons living in poverty increased by nearly 22 percent, and poverty rates appear to be rising during the recent economic downturn. The U.S. Census Bureau reported that the nationwide poverty rate increased from 11.3 percent in 2000 to 11.7 percent in 2001 (Armas, 2002). Of note is the dramatic increase in the numbers of persons living in poverty in Florida from 1990 to 2000. The number of persons living in poverty increased by over 348,000 people (almost 22%). The largest increase was realized for persons ages 5 to 17 — with an increase of over 110,000 youth or an increase of over 32 percent. Children and female-headed households are the most likely to live in poverty.

Florida's System of Services

Incremental progress has been accomplished in a climate of increasing devolution. In several areas (e.g., foster care and adoptions, school readiness, workforce readiness), administrative and management decisions have moved from centralized state level public agency responsibility to local-level public and private agencies and boards. These changes appear to reflect a general belief that local communities and agencies know community needs best rather than a distrust of public agencies. In most cases, authority remains with public agencies but at the local level. For example, in several areas, voters have approved increases to their own taxes to support the activities of children's services councils. Whether this shift to local governance has resulted in more efficient or effective services is still unclear. For the most part, fiscal and policy decisions have remained centralized, and in some cases have prevented creativity.

Economic Supports

Consistent with the philosophical and budgetary priorities that shape Florida's social policies, funding for social welfare supports is typically lower than the national average. For example, even though the Florida Workforce Innovation Act establishes an income cutoff for receipt of child care subsidies at 185 percent of the federal poverty level and federal policy authorizes states to provide subsidies up to 85 percent of state median income, the actual cutoff in 1999 was 144 percent of poverty or 53 percent of the state median income. Since implementation of WAGES in 1996, the total number of families receiving cash assistance dropped 66 percent, and the number of TANF cases that included an adult recipient declined 80 percent. Spending limitations are not surprising given Florida's low tax base. Florida is ranked 45th in state taxes and 43rd in per capita state taxes (Florida Tax Watch, 2001).

The Status of Health Care in Florida

The health of Florida's children and families, although improving in several major indicators, remains of great concern:

- * The percent of low birth weight babies in 2001 (8.2%) was above the national average and has increased since 1990 (from 7.4% in Florida and 7.0% in the U.S.) (Thompson, Simmons, & Graham, 2002; Kids Count, 2002).
- * Florida's infant mortality rate (deaths per 1,000 live births) dropped from 7.4 in 1999 to 7.0 in 2000 and then increased to 7.3 in 2001 (compared to 6.9 in 2000 in the U.S.). The rate for nonwhite infants (12.2) was more than double the rate for white infants (5.5) in 2001 (Florida Department of Health, 2002).
- * The child death rate in 2000 (deaths per 100,000 children ages 1-14) was 26 compared to 24 for the nation (Kids Count, 2002).
- * Fewer of Florida's children are immunized. Seventy-five percent of 2-year-olds were immunized in 2000 compared to 78 percent for the nation (Kids Count, 2002).

In Florida, managed care has grown rapidly as have for-profit hospital systems. Many argue that managed care has reduced medical care for the uninsured poor (Lipson, Norton, & Dubay, 1998; Reich, 2000). The state has built-in limits on tax revenues, a state expenditure cap, and a fiscally conservative governmental philosophy. The result is that state support of the safety net for medically needy is limited, and Florida counties have been a significant, yet insufficient, source of support for the indigent (Lipson et al., 1998).

Florida is in the bottom ten states in the percentage of total low-income population covered by Medicaid (Holcomb et al, 1999). Even though the state has historically had very low Medicaid income eligibility levels for adults, recent economic downturns resulted in further reductions in eligibility and services. Unlike efforts in several states, there has been no significant movement in Florida to pursue public coverage expansions through such mechanisms as SCHIP “family coverage” waivers or sector 1931 Medicaid expansions (Yemane & Hill, 2002).

Most families rely on private health providers for medical care. Many families, however, lack health insurance and thus, do not have a doctor they see for most of their medical needs and are at jeopardy of receiving inadequate health care. Fortunately Florida KidCare, the State Children’s Health Insurance Program (SCHIP), has enrolled more than 1.4 million previously uninsured children. There remains, however, a considerable number of unenrolled, but eligible, children across the state - approximately 26 percent of children living under 200 percent of federal poverty level — and many children who are ineligible and uninsured — approximately 9 percent. The rate of uninsured children and adults in Florida significantly exceeds the national average for all incomes as well as for families with incomes above 200% of the Federal Poverty Level (Yemane & Hill, 2002).

According to the Florida Commission on Mental Health and Substance Abuse (2002), Florida’s mental health and substance abuse system is a diffuse array of service settings and providers with no one entity responsible for integrating services and efforts. In addition, the current focus of mental health services is crisis intervention, and prevention is a low priority. The Commission, created in 1999 to review and make recommendations for change and improvement, has proposed the establishment of a statewide leadership body to develop a unified mental health and substance abuse system.

Although there are many quality maternal and child health programs and services in Florida (e.g., Healthy Start), there are additional needs. The Department of Health Needs Assessment 2001 identified the need for increased access to quality health care, particularly in rural areas; noted that birthing centers are often too distant; and recommended improved public transportation in areas where services are limited or non-existent. Access to care must also address family planning and nutrition services. According to the report, only 32 percent of women in need of family planning services were being served, 33 percent of those eligible for the Special Supplemental Nutrition Program for Women, Infants, and Children (WIC) received services, and Healthy Start provided services that only met 50% of identified need. By September 2002, the Florida WIC Program was serving 68% of eligible women and children (J. Menges, personal communication, April 4, 2003).

The Status of Early Care and Education in Florida

Families with young children frequently struggle to access and afford quality child care. It is a problem that is particularly acute for low-income working families; there are 273,000 children in the state eligible for public funding for child care that are not being served and over 164,000 of those children have working parents (Florida Partnership for School Readiness, 2001). Families whose income exceeds the official poverty level by a wide margin may also struggle to afford child care of even a minimal quality. Full-time care for a child under five is twice as expensive as paying a child's tuition for a year at a four-year public college. It is not unusual for parent to pay over \$6,000 a year for care in a licensed center (Schulman, 2000).

Florida's early care and education system also struggles under numerous challenges. Low reimbursement rates undermine the quality of care. The level of reimbursement for child care subsidies in Florida is, at best, one-third the cost of quality care (Helburn & Bergmann, 2002). High quality care costs more and is elusive for programs that can only afford to pay staff just over \$7 an hour on average (typically without health and retirement benefits) (Lavery, Siepak, Burton, Whitebook, & Bellm, 2002). Such low salaries and benefits result in high turnover rates. In addition, the care of infants and toddlers requires specialized skills and environments, yet there are few licensing requirements specific to care for these ages (Ghazvini & Mullis, 2000). Furthermore, adult-to-child ratio standards are among the lowest in the nation, and state licensing regulations provide no group size limitations.

The Gold Seal Program, unique to Florida, recognizes programs that have been accredited by one of eight different accrediting bodies. Accreditation is a voluntary system of recognizing programs that adhere to quality standards. According to the Florida Children's Forum (2003), 951 child care providers (excluding school-based Pre-K programs) were accredited and identified as Gold Seal providers in 1999-2000, accounting for only 16 percent of programs statewide. In 2001, despite increases in the total number of programs statewide, there was a decrease in Gold Seal providers to 890 (only 9 percent of all programs in the state). The vast majority of accredited programs are in urban counties (only 2 percent of those accredited were in rural counties), and 61 percent were in the 12 counties with more stringent standards than the state requirements.

The Florida Partnership for School Readiness was created in 1999 to adopt and maintain "coordinated programmatic, administrative, fiscal policies and standards for all school readiness programs..." (s. 411.01(4)(a), Florida Statutes) in order to integrate early care and education programs and services with a focus on all children birth to age five. Since its inception, the Florida Partnership for School Readiness has made significant strides in bringing the diversity of early childhood programs to the same table and establishing performance standards for early childhood programs. Fifty local/regional school readiness coalitions serving all 67 counties in Florida have been established. However, the Florida Legislature Office of Program and Policy Analysis and Government Accountability (OPPAGA; 2002) found the program had not been fully implemented, its effectiveness had yet to be determined due to delays in implementing an assessment system, and several local coalitions were making limited progress. OPPAGA, like many in the field, also

raised concerns regarding the participation (or potential loss of participation) of local school districts. Local coalition members have also voiced concerns regarding fiscal and policy mandates that prevent local flexibility.

The November 2002 election saw the passage of the universal prekindergarten constitutional amendment. Although the current school readiness system has not been in place long enough to assess outcomes, the implementation of the universal prekindergarten initiative as well as the rewrite of Florida Statute 411 (containing the School Readiness Act) will result in changes to the system. Members of the early childhood community agree on many ideas, however, there is a high level of disagreement in several critical areas pertaining to implementation of universal prekindergarten. Development of an effective system is further hampered by the lack of data on school readiness indicators in Florida.

The Status of Parent Support and Skill-Building Programs in Florida

Supports for Florida's youngest parents are often difficult to access and of questionable quality. State law requires every school district to provide a Teenage Parenting Program (TAP). The TAP frequently struggles at the local level. Services may be provided at one site in the school district and lengthy bus rides are required for participating teen parents and their young children. TAP provided child care services have been found to be of poor to mediocre quality. The Florida Partnership for School Readiness, in partnership with the Center for Prevention and Early Intervention Policy, has implemented a training and technical assistance project to improve the quality of care in TAP child care sites (Center for Prevention and Early Intervention Policy, 2002).

A variety of home-visiting programs are provided across the state. Healthy Families Florida is a comprehensive and holistic program that builds upon natural family supports. The program works to address the complicated issues surrounding child abuse and neglect prevention and operates 37 projects serving targeted areas in 49 counties. Twenty-five of the counties are rural and considered high-risk, and the remaining 24 counties provide services in the highest risk zip codes within their counties. There are 18 counties, all rural and high-risk, that remain unserved. The program has been recognized for its success in reducing child maltreatment rates by promoting positive parent-child relationships, facilitating access to medical care and other supports for its participants, and increasing immunization rates.

The Family Builder program and the Intensive Crisis Counseling Program are two additional home-visiting models funded through the Department of Children and Families for child abuse and neglect prevention, family preservation, and family reunification. Funds are funneled from the state office to district offices to local service providers for delivery of the programs (Team Florida Partnership, 2002). The Even Start Family Literacy Program, administered through the Partnership for School Readiness, also provides some home-based services in approximately 25 sites around the state. Even Start funds are distributed through a grant application process. The Home Instruction Program for Preschool Youngsters (HIPPY) is another home-based parent education program providing parents opportunities to help their children with school readiness. Neighborhood

paraprofessionals, also with preschool-age children, provide teaching materials, activities and games for parents to use with their children through programs in 20 counties in 1999-2000. Nonetheless, these parent support and skill-building programs are all limited in area, scope, and funding. In addition, coordination of their efforts is rare.

Conflicting Opinions and Values

Americans are proud of their accomplishments and have long applauded their own efforts to “pull themselves up by their boot straps”. The U.S. pioneer spirit imbued strong feelings about families and independence, and these values regarding self-sufficiency and childrearing have mingled with attitudes regarding limited government to narrow the focus of social policy with an emphasis on family responsibility and privacy. Americans expect families to provide for their own needs through employment and for government to step in only if there is a family breakdown or loss of employment (Larner, Behrman, Young, & Reich, 2001). Families, work, and equal opportunity are intrinsic to the nation’s character (Sylvester, 2001).

The American dream – hard work leads to a better life – has persisted for centuries and much of the nation’s productivity and prosperity is attributed to its work ethic. The principle suggests that as long as people believe that they labor within a fair system that rewards effort, they will apply themselves more diligently. In the recent decades, however, the American dream is losing the power to motivate. Working full-time and year-round no longer guarantees a decent living and social mobility. Most low-wage earners are not and never have been welfare participants and welfare reform has not pulled participants out of poverty (Ehrenreich, 2001; Reich, 2000; Shore, 2000). Thus, for many, self-sufficiency is elusive despite their every effort.

In comparison to other industrialized countries, the United States provides minimal child and family supports. Universal access to health care, parental leave, child care services, and parenting supports are common government services in most Organization for Economic Cooperation and Development (OECD) countries. OECD is made up of 30 member countries that produce two-thirds of the world’s goods and services and is designed as a forum to discuss and improve economic and social policies (Foster, 2001; Waldfogel, 2001). Improved maternal and child health and child development outcomes are associated with these policies.

Currently, there are many obstacles to a national social movement for children and families. First and perhaps foremost, there is no clearly discernable legislative agenda for children and families. Rather, multitudes of individuals and organizations with different agendas send mixed messages about what’s best for children. Child advocates have not agreed on the central issues facing children, the long-term value of community organizing, successful strategies that should be considered, or whether the focus should be at the national, state or local level (Reid, 2001; Sylvester, 2001).

The lessons from past efforts appear clear. Policies should respect the rights of parents to raise their children by ensuring options and choices. Public programs should help families struggling economically to balance work and family responsibilities through flexible assistance that allows families to secure the services they need and want. In addition, community-based programs should be utilized in lieu of government operated programs.

Promising Practices

There are several promising programs or service delivery mechanisms detailed in *The Florida Vision*. Programs and practices were selected based on a focus that included integration of services through some process involving community input. Integrated services are defined as services delivered in a collaborative, interdisciplinary, and interagency manner. Some of the examples involve integrated services (i.e., an entity offers a variety of service options for families) and others are integrated systems of service delivery (i.e., different service systems, such as child welfare and health care, are working in concert to offer services to families through a single access point).

Federal efforts to promote integration as well as examples of integrated services and service systems in other states are examined. Although Florida's efforts to integrate services continue to struggle and fall short of a full integration of child and family services, a few examples are examined for potential lessons. Children's Services Councils, the Florida School Readiness Act, Florida's Prevention System, and the Whole Child Project have elements of successful integration. Funding flexibility, a strong evaluation plan, a clear vision and strong leadership, and reasonable expectations are characteristics that successful initiatives have in common.

Anticipated Outcomes

The Policy Group believes that the well-being of children and families is the highest priority in Florida and supports public policies consistent with this priority. The key indicators of well-being are:

- ❖ All of Florida's children are healthy, safe and ready to learn at every age.
- ❖ All of Florida's families are stable, nurturing and economically self-sufficient.
- ❖ All of Florida's communities are supportive of families raising children.

Healthy Children. The benefits of beginning and living a healthy life are enormous and long lasting. The consequences of beginning life unhealthy can be devastating, lifelong and costly. To safeguard our physical, social and emotional health, we need accessible and affordable health care. Particularly important is a healthy start prenatally and from birth so that children have the opportunity to live full, healthy and productive lives. Access to health care is particularly important for children with disabilities and/or special health care needs.

Children Safe in their Families and Communities. The quality of life in our communities depends upon feeling and being safe in our communities. Children are among our most vulnerable citizens. They require protection and nurturing to help them grow up to become responsible, law-abiding and nurturing adults.

Children Ready to Learn and Succeed in School. Quality early care and education beginning in the infancy period should be affordable and accessible for all children. This is especially important for children with special needs. It is the first and crucial step in creating a well-educated work force and citizenry to help build better lives for Florida's families and a prosperous economy for Florida as a whole. Our best investment is to capitalize on the capacity for young children to learn in the early years and to teach our children how to live and work in our rapidly growing and complex world. At the outset, all children should enter school ready to succeed and continue to succeed as they grow.

Stable and Nurturing Families. Florida reflects a society comprised of four generations — children, parents, grandparents and super-elder great-grandparents. For all Floridians to participate fully in society, families need to thrive — children need to be able to grow to full potential and elders need to feel secure and believe they are needed.

Economically Self-Sufficient Families. Low-income and/or single parent families, some with inadequate or unsafe housing, face extraordinary challenges in providing the basic necessities of life. Such families are vulnerable to an array of social and economic challenges: unemployment, crime, teenage pregnancy, lack of an adequate education and the need for public assistance. Eliminating poverty is an initiative likely to strengthen our communities in many ways, not just economically.

Supportive Communities. For Florida's communities to thrive and for children to grow up to become contributing adults who take their personal and community responsibilities seriously, a stable neighborhood environment that nurtures and supports the four generations represented in our communities is essential.

Conclusion

The purpose of *The Florida Vision: A State that Promotes the Well-being of All of its Children* is threefold. First, The Policy Group hopes to spark discussions regarding the delivery of services to young children and families in Florida. An additional intention is to provide information about family and child well-being and service responses in a concise format that will be helpful to policymakers, service providers, and advocates. Ultimately, The Policy Group is interested in facilitating efforts to improve and/or change current service delivery and systems through integration of efforts, services, and policies.

The Florida Vision

A State that Promotes The Well-Being of All of its Children

By Alisa S. Ghazvini, Ph.D. and Barbara F. Foster, Ph.D.

May 2003

The Policy Group for Florida's Families and Children is an independent nonpartisan organization dedicated to designing and promoting policies and practices that create the opportunity for Florida's families and communities to successfully raise our children. Families with young children are the current focus of the organization. This document examines service delivery systems and mechanisms for families and children in Florida and proposes policies and practices for improvement.

The document is divided into the following sections:

- Section I The Vision: Service Integration
- Section II The Promise: Promoting Family and Child Development
- Section III The Status: Child and Family Well-being in Florida
- Section IV The Current System: Florida's Investments in Families and Young Children
- Section V The Challenges: Public Opinions and Conflicting Values Regarding Caring for Children and Families
- Section VI The Innovators: Promising Practices at the National, State, and Local Levels
- Section VII The Future: Anticipated Outcomes of The Florida Policy Agenda
- Section VIII The Conclusion: A Means for Promoting the Well-Being of all Florida's Children.

Section I outlines the vision of The Policy Group for Florida's Families and Children for service integration of child health, early care and education, and parent skill-building for Florida's families with young children. Sections II – VI provide background information on the state of children, families, and Florida's systems of support. These sections begin with an account of a fictitious Florida family, the Clarks. Intended to highlight the struggles of a range of young families, the Clarks are fairly typical of many Florida families with young children. Their family income approaches 200% of federal poverty level (\$36,800 for a family of four in 2003) and classifies them as "working poor". Section VII provides the outcomes that could be anticipated if the Florida Policy Agenda was fully realized in Florida. Section VIII concludes with a case for the integration of services as a means for promoting the well-being of all Florida's children.

The purpose of this paper is threefold. First, The Policy Group hopes to spark discussions regarding the delivery of services to young children and families in Florida. An additional intention is to provide information about family and child well-being and service responses in a concise format that will be helpful to policymakers, service providers, and advocates. Ultimately, The Policy Group is interested in facilitating efforts to improve and/or change current service delivery and systems through integration of efforts, services, and policies.

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