Mission: To promote high-quality school readiness, voluntary pre-kindergarten and after school programs, thus increasing all children’s chances of achieving future educational success and becoming productive members of society. The Coalition seeks to further the physical, social, emotional and intellectual needs of Miami-Dade and Monroe County children with a priority toward the ages before birth through age 5.

Strategic Planning Committee Meeting
September 12, 2016 at 10:00 am
ELC Board Room

I. Welcome & Introductions Mara Zapata
II. Overview of Strategic Plan Evelio Torres
III. Retreat Format Evelio Torres
IV. Focus Groups Abby Thorman
V. Budget Evelio Torres/Angelo Parrino
   A. School Readiness
      • Investments
      • Slots
      • Quality
      • Non-Direct Funds
VI. Overall Evelio Torres/Angelo Parrino
    A. Increase Costs
    B. Staff
VII. Meeting Adjourn Mara Zapata
Children First
**CHILDREN FIRST: The Strategic Plan for the Early Learning Coalition of Miami Dade/Monroe 2015-2016**

**OUR MISSION**
To promote high-quality inclusive school readiness, voluntary prekindergarten and after school programs, thus increasing all children's chances of achieving future educational success and becoming productive members of society. The Coalition seeks to further the physical, social, emotional and intellectual development of Miami-Dade and Monroe County children with a priority toward the ages before birth through age 5.

**OUR VISION**
**CHILDREN FIRST**
To ensure a comprehensive and integrated system providing for all families and their children, beginning before birth to 5 years, the affordable opportunity to enter school ready to learn and succeed in life.

**OUR VALUES**
**CHILDREN** - Children are at the heart of all we do. We believe that all children, regardless of circumstance, are capable of educational excellence and personal growth, and we are committed to ensuring school readiness and lifelong success for each one.

**COMMUNITY** - We believe children are the future, and our community is an essential part of their road to success. By working together, we can promote education and support children as they become thriving, productive members of society.

**PARTNERSHIP** - We value partnerships and are collaborative in all we do. We work closely with fellow service providers, families, corporations, elected officials, individuals, and the community at large to promote the importance of early learning and to secure educational opportunities for all children.

**ADVOCACY** - We are a champion for children, promoting positive societal and community change. Our staff and community partners are committed to advancing education throughout Miami-Dade and Monroe counties and are set apart by their passion, strength and dedication to children.

**EXCELLENCE** - When it comes to early learning, quality matters. We are committed to excellence, providing quality programs and services that make a difference in our community. Designed to further the physical, social, emotional and intellectual needs of all children, our programs are innovative and offer each child an equal opportunity for a successful future.

**CUSTOMER SERVICE** - We strive to meet the needs of our parents, families, providers and partners by providing comprehensive customer service in a professional, timely and courteous manner.

**EQUITY** - In working with parents, families, providers, and partners, we are committed to the principle of equity and balance, so that all may benefit from the work we do, while keeping children first.

<table>
<thead>
<tr>
<th>NEEDIEST CHILDREN</th>
<th>YOUNGEST CHILDREN</th>
<th>EDUCATE ALL</th>
<th>PROVIDERS</th>
<th>INTERNAL CAPACITY</th>
<th>FUNDING</th>
</tr>
</thead>
<tbody>
<tr>
<td>Improve outcomes for children in our neediest communities, and include children with developmental and other delays and disabilities</td>
<td>Offer a continuum of care from before birth to age 8, focusing on the youngest</td>
<td>Educate all families and children about the benefits of early learning</td>
<td>Improve ELC relationship with providers and provider performance</td>
<td>Strengthen Board and Staff capacity to carry out strategic goals</td>
<td>Increase public and private funding and reallocate funds to strategic goals</td>
</tr>
</tbody>
</table>

<table>
<thead>
<tr>
<th>TARGET NEEDIEST AREAS</th>
<th>TARGET AGES</th>
<th>AGE-BASED RATES</th>
<th>PARENTAL CHOICE</th>
<th>CHILD CARE PROGRAM STANDARDS</th>
<th>PROVIDER REIMBURSEMENT RATES</th>
<th>TEACHER EDUCATION</th>
<th>QUALITY COUNTS</th>
<th>ADVOCACY</th>
<th>PUBLIC</th>
</tr>
</thead>
<tbody>
<tr>
<td>Identify centers in distressed zip codes and those serving children with, or at risk for, developmental delays &amp; provide extra support for them</td>
<td>Set targets for after school care for children over 9 and 6-8 years of age</td>
<td>Adjust reimbursement rates to offer incentives to serve the youngest children</td>
<td>Educate parents to choose child care centers that ensure better outcomes for their children</td>
<td>Establish standards for child care providers and enforce them</td>
<td>Determine optimum rates to attract higher quality providers</td>
<td>Increase the number of teachers with child care credentials</td>
<td>Enroll all centers wanting to participate in the ELC program</td>
<td>Engage aggressively &amp; systematically in advocacy to drive better outcomes for children and promote community awareness of the ELC</td>
<td>Secure adequate resources to ensure high quality delivery to each child we serve</td>
</tr>
</tbody>
</table>

<table>
<thead>
<tr>
<th>INCREASE THE NUMBER OF CHILDREN</th>
<th>REDUCE THE NUMBER OF CHILDREN</th>
<th>PARENT/FAMILY SELF-SUFFICIENCY</th>
<th>PROVIDERS</th>
<th>INTERNAL CAPACITY</th>
<th>FUNDING</th>
</tr>
</thead>
<tbody>
<tr>
<td>Receiving services who have physical, developmental, sensory, and social-emotional delays and disabilities</td>
<td>Receiving subsidies to permit higher quality services to those enrolled</td>
<td>Identify methods of encouraging self-sufficiency</td>
<td>Provide extra support for them</td>
<td>Strengthen Board and Staff capacity to carry out strategic goals</td>
<td>Increase public and private funding and reallocate funds to strategic goals</td>
</tr>
</tbody>
</table>

<table>
<thead>
<tr>
<th>EDUCATE PROVIDERS</th>
<th>INTERNAL CAPACITY</th>
<th>FUNDING</th>
</tr>
</thead>
<tbody>
<tr>
<td>About responsibilities to include children with disabilities, and provide them with the training and resources to do so</td>
<td></td>
<td></td>
</tr>
</tbody>
</table>

**PRIORITY INITIATIVES**

**Children First**
- Children First: the strategic Plan for the early learning Coalition of Miami-Dade/Monroe
- Offer a continuum of care from before birth to age 8, focusing on the youngest
- Educate all families and children about the benefits of early learning
- Improve ELC relationship with providers and provider performance
- Strengthen Board and Staff capacity to carry out strategic goals
- Increase public and private funding and reallocate funds to strategic goals

**Target Neediest Areas**
- Identify centers in distressed zip codes and those serving children with, or at risk for, developmental delays & provide extra support for them

**Increase the Number of Children**
- Receiving services who have physical, developmental, sensory, and social-emotional delays and disabilities
- Receiving subsidies to permit higher quality services to those enrolled

**Parent/Family Self-Sufficiency**
- Identify methods of encouraging self-sufficiency

**Target Ages**
- Set targets for after school care for children over 9 and 6-8 years of age

**Age-Based Rates**
- Adjust reimbursement rates to offer incentives to serve the youngest children

**Parental Choice**
- Educate parents to choose child care centers that ensure better outcomes for their children

**Child Care Program Standards**
- Establish standards for child care providers and enforce them

**Provider Reimbursement Rates**
- Determine optimum rates to attract higher quality providers

**Teacher Education**
- Increase the number of teachers with child care credentials

**Fewer Providers**
- Drop low-performing providers

**Technical Business Assistance**
- Offer business assistance to providers in distressed areas

**Educate Providers**
- About responsibilities to include children with disabilities, and provide them with the training and resources to do so

**Advocacy**
- Engage aggressively & systematically in advocacy to drive better outcomes for children and promote community awareness of the ELC

**Quality Counts**
- Enroll all centers wanting to participate in the ELC program

**Council of Partners**
- Establish regular meetings with partners

**Public**
- Secure adequate resources to ensure high quality delivery to each child we serve

**Monroe County**
- Establish a Children's Services Council with dedicated funding
Strategic Planning Focus Group Questions for Parents

1. What is the favorite thing you like about your current child care provider?

2. Tell me a little bit about how you chose your current child care center? How important was location? Did you walk through the child care center before you enrolled your child? What was the number 1 determining factor when choosing your child care center.

3. What do you expect from your provider? What is most important to you or what do you value the most in your current child care setting?

4. How did you learn that you may chose any legally operating participating school readiness child care center for your child?

5. Do you think most parents understand how to look for resources related to participating school readiness child care centers? Such as VPK scores, licensing violations, participation in Quality Counts etc.?

6. What do you know about the quality of the child care center your child attends?

7. Is there any information you would like the Early learning Coalition to provide to you regarding your child’s care? What resources would you find helpful in making child care choices for your child(ren)?
Strategic Planning Focus Group Questions for Providers

1. What type of communication from the early learning coalition is the most helpful in providing pertinent information?

2. What supports from the early learning coalition have you accessed in the past and what would you like to see more of?

3. Did you participate in the materials fair? How did you feel about the resources available?

4. How do you keep up with requirements for licensure, programs, etc.? How do you communicate that to staff?

5. How much support do you want the ELC to give to providers who do not meet requirements?

6. How equipped do you feel in serving children with disabilities? Do you need resources and support for this population?

7. What does Quality mean to you?

8. Is there anything else you would like to see the early learning coalition focus on? How do you view the ELC?
ALICE
Asset Limited, Income Constrained, Employed

FLORIDA

Study of Financial Hardship

United Way of Florida
UnitedWayALICE.org/Florida
Fall 2014
ALICE IN MIAMI-DADE COUNTY

Population: 2,591,035 | Number of Households: 838,772
Median Household Income: $41,400 (state average: $45,040)
Florida Underemployment Rate for 2012: 16%
Gini Coefficient (zero = equality; one = inequality): 0.52 (state average: 0.48)

How many households are struggling?
ALICE, an acronym for Asset Limited, Income Constrained, Employed, are households that earn more than the U.S. poverty level, but less than the basic cost of living for the county. Combined, the number of poverty and ALICE households equals the total population struggling to afford basic needs.

<table>
<thead>
<tr>
<th>Poverty</th>
<th>ALICE</th>
<th>Above ALICE</th>
</tr>
</thead>
<tbody>
<tr>
<td>176,683 HH</td>
<td>242,237 HH</td>
<td>419,852 HH</td>
</tr>
<tr>
<td>21%</td>
<td>29%</td>
<td>50%</td>
</tr>
</tbody>
</table>

What are the economic conditions?
The Economic Viability Dashboard evaluates community conditions for ALICE in three core areas. Each is an index with a scale of 1 (worst) to 100 (best).

<table>
<thead>
<tr>
<th>Housing Affordability</th>
<th>Job Opportunities</th>
<th>Community Support</th>
</tr>
</thead>
<tbody>
<tr>
<td>poor (13)</td>
<td>poor (48)</td>
<td>poor (37)</td>
</tr>
</tbody>
</table>

What does it cost to afford the basic necessities?
This bare-minimum budget does not allow for any savings, leaving a household vulnerable to unexpected expenses. Affording only a very modest living in each community, this budget is still significantly more than the U.S. poverty rate of $11,170 for a single adult and $23,050 for a family of four.

Household Survival Budget, Miami-Dade County

<table>
<thead>
<tr>
<th></th>
<th>SINGLE ADULT</th>
<th>FAMILY (INFANT AND PRE-K)</th>
</tr>
</thead>
<tbody>
<tr>
<td>Housing</td>
<td>$819</td>
<td>$1,125</td>
</tr>
<tr>
<td>Child care</td>
<td>$0</td>
<td>$908</td>
</tr>
<tr>
<td>Food</td>
<td>$176</td>
<td>$531</td>
</tr>
<tr>
<td>Transportation</td>
<td>$327</td>
<td>$655</td>
</tr>
<tr>
<td>Health care</td>
<td>$72</td>
<td>$287</td>
</tr>
<tr>
<td>Miscellaneous</td>
<td>$158</td>
<td>$365</td>
</tr>
<tr>
<td>Taxes</td>
<td>$191</td>
<td>$143</td>
</tr>
<tr>
<td>Monthly total</td>
<td>$1,743</td>
<td>$4,014</td>
</tr>
<tr>
<td>ANNUAL TOTAL</td>
<td>$20,920</td>
<td>$48,166</td>
</tr>
<tr>
<td>POVERTY ANNUAL TOTAL</td>
<td>$11,170</td>
<td>$23,050</td>
</tr>
</tbody>
</table>

Source: U.S. Department of Housing and Urban Development (HUD), U.S. Department of Agriculture (USDA), Bureau of Labor Statistics (BLS), Internal Revenue Service (IRS) and state Treasury, and ChildCare Aware.
2012, American Community Survey, 1 year estimate.
ALICE IN MONROE COUNTY

Population: 74,809 | Number of Households: 29,241
Median Household Income: $53,637 (state average: $45,040)
Florida Underemployment Rate for 2012: 16%
Gini Coefficient (zero = equality, one = inequality): 0.53 (state average: 0.48)

How many households are struggling?
ALICE, an acronym for Asset Limited, Income Constrained, Employed, are households that earn more than the U.S. poverty level, but less than the basic cost of living for the county. Combined, the number of poverty and ALICE households equals the total population struggling to afford basic needs.

<table>
<thead>
<tr>
<th>Poverty</th>
<th>ALICE</th>
<th>Above ALICE</th>
</tr>
</thead>
<tbody>
<tr>
<td>3,557 HH</td>
<td>10,664 HH</td>
<td>15,020 HH</td>
</tr>
<tr>
<td>12%</td>
<td>36%</td>
<td>51%</td>
</tr>
</tbody>
</table>

What are the economic conditions?
The Economic Viability Dashboard evaluates community conditions for ALICE in three core areas. Each is an index with a scale of 1 (worst) to 100 (best).

<table>
<thead>
<tr>
<th>Housing</th>
<th>Job</th>
<th>Community</th>
</tr>
</thead>
<tbody>
<tr>
<td>Affordability</td>
<td>Opportunities</td>
<td>Support</td>
</tr>
<tr>
<td>poor (14)</td>
<td>good (67)</td>
<td>poor (48)</td>
</tr>
</tbody>
</table>

What does it cost to afford the basic necessities?
This bare-minimum budget does not allow for any savings, leaving a household vulnerable to unexpected expenses. Affording only a very modest living in each community, this budget is still significantly more than the U.S. poverty rate of $11,170 for a single adult and $23,050 for a family of four.

Household Survival Budget, Monroe County

<table>
<thead>
<tr>
<th></th>
<th>SINGLE ADULT</th>
<th>FAMILY (INFANT AND PRE-K)</th>
</tr>
</thead>
<tbody>
<tr>
<td>Housing</td>
<td>$946</td>
<td>$1,419</td>
</tr>
<tr>
<td>Child care</td>
<td>$0</td>
<td>$1,250</td>
</tr>
<tr>
<td>Food</td>
<td>$176</td>
<td>$531</td>
</tr>
<tr>
<td>Transportation</td>
<td>$350</td>
<td>$699</td>
</tr>
<tr>
<td>Health care</td>
<td>$107</td>
<td>$426</td>
</tr>
<tr>
<td>Miscellaneous</td>
<td>$182</td>
<td>$469</td>
</tr>
<tr>
<td>Taxes</td>
<td>$242</td>
<td>$368</td>
</tr>
<tr>
<td>Monthly total</td>
<td>$2,002</td>
<td>$5,163</td>
</tr>
<tr>
<td>ANNUAL TOTAL</td>
<td>$24,020</td>
<td>$61,962</td>
</tr>
<tr>
<td>POVERTY ANNUAL TOTAL</td>
<td>$11,170</td>
<td>$23,050</td>
</tr>
</tbody>
</table>

Source: U.S. Department of Housing and Urban Development (HUD), U.S. Department of Agriculture (USDA), Bureau of Labor Statistics (BLS), Internal Revenue Service (IRS) and state Treasury, and ChildCare Aware, 2012, American Community Survey, 1 year estimate.
United Way of the Florida Keys

Monroe County, Florida
STATUS OF CHILDREN REPORT

Table of Contents

1) Executive Summary
2) Poverty and Income Inequality in Monroe County
3) Status of Childcare and Education in Monroe County
4) Status of Housing in Monroe County
5) Status of Food Availability in Monroe County
6) Status of Transportation in Monroe County
7) Status of Families in Monroe County
8) Status of Health and Healthcare for Children in Monroe County
9) Status of Jobs and Employment in Monroe County
10) Opportunities for Change
11) References
Executive Summary

The research undertaken in this report serves to provide a broad overview of the status of children in Monroe County, FL. It focuses on eight major facets of daily life that affect children; poverty, childcare programs, housing, food availability and quality, transportation, family and community safety, and health.

Much of the data compiled in this report points to a general insecurity in the lives of children in Monroe County. Constant fluctuation in housing, food availability, and healthcare prices creates an overall environment of instability.

While childcare and education programs are generally affordable with subsidies and scholarships available to those in need, housing and food availability present a dire problem to children from families that qualify as ALICE (Asset Limited, Income Constrained Employed) or “working poor” in Monroe County.

Healthcare also presents a challenge for children and their families in Monroe County as costs are much greater here than in the rest of the nation. The access to healthcare registration is reduced, and thus availability to those in need, especially low-cost options, is lowered. In addition, of particular concern for children in Monroe County is the number of children in foster care, specifically children removed from homes due to neglect and caretaker alcohol or drug dependency.

General suggestions for increasing the well-being of children in Monroe County include creating new, school based youth programs and case management programs to address feelings of isolation and depression in older Monroe County youth, providing additional community-based case management, and creating systems for early intervention. For childcare and education, suggestions for increasing an already strong group of providers include securing additional operating funds to stabilize childcare revenue. Suggestions for combatting high health care costs and lack of access include increasing the number of care centers that treat children on Medicaid.
Poverty and Income Inequality

*Poverty and ALICE Households*

In Monroe County, 12% of households (roughly 3,557) live below the federal poverty line. The federal poverty line for 2016 is $11,880 for a single individual. Federal poverty lines determine eligibility for many government assistance programs, including Medicaid and CHIP (Children’s Health Insurance Program). The federal poverty limit is not cost-indexed to the actual cost of living in a particular community, therefore it is not a reasonable marker for poverty in the Florida Keys.

<table>
<thead>
<tr>
<th>Household Size</th>
<th>100%</th>
<th>133%</th>
<th>150%</th>
<th>200%</th>
</tr>
</thead>
<tbody>
<tr>
<td>1</td>
<td>$11,880</td>
<td>$15,800</td>
<td>$17,820</td>
<td>$23,760</td>
</tr>
<tr>
<td>2</td>
<td>16,020</td>
<td>21,307</td>
<td>24,030</td>
<td>32,040</td>
</tr>
<tr>
<td>3</td>
<td>20,160</td>
<td>26,813</td>
<td>30,240</td>
<td>40,320</td>
</tr>
<tr>
<td>4</td>
<td>24,300</td>
<td>32,319</td>
<td>36,450</td>
<td>48,600</td>
</tr>
</tbody>
</table>

In addition, another 36% of households (10,664 total) are below what Rutgers University researchers refer to as the “ALICE” threshold, and struggle to afford basic needs. ALICE households are “Asset-Limited, Income-Constrained, Employed” individuals struggling to afford the basic necessities of housing, childcare, food, health care, and transportation. ALICE individuals hold jobs, pay taxes, and provide services that are vital to our economy. They are retail salespeople, customer service representatives, laborers, health care aides, and many others.

Any individual that cannot afford to meet their basic needs will suffer serious consequences that have ripple effects on their communities. ALICE individuals may skip preventative health care, fail to enroll their children in accredited childcare, not buy healthy food, purchase car insurance, or invest in other necessities that improve overall community well-being.

Children and teens living in low-income communities are at increased risk for a wide range of physical health problems: low birth weight, poor nutrition which can lead to food insecurity/hunger, and childhood overweight or obesity. It can also lead to asthma, anemia, and pneumonia, smoking, engaging in early sexual activity, and exposure to environmental contaminants such as lead paint. Children from low-income families also present more negative

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Researched and Prepared by Chelsea Wait
United Way of the Florida Keys
internalizing behaviors (anxiety, depression) and externalizing behaviors (aggression, fighting) than children who have never been poor.

A report by education scholars shows that children living in poverty have twice the episodes of short-stay hospital visits per year than non-poor children (81 vs. 41 stays). Additionally, poor children are twice as likely to repeat a grade and to drop out of high school. Low-income female teens are almost three times as likely to have an out of wedlock birth. Most disturbingly, low-income children are five times as likely to experience child abuse and neglect as their wealthier counterparts (5.4% versus .8%).

Beyond the physical, there are numerous sociological, educational, and psychological consequences of living in poverty. A $10,000 increase in mean family income between birth and age 5 was associated with nearly a full year increase in completed schooling.

**Poverty as Trauma**

Education scholars, school counselors, and researchers all agree that long-term poverty and trauma have similar effects on the brain. The chronic stress of growing up without stable housing, food, or education can cause children to be on constant alert, thus forcing their brains to continuously release the stress hormone cortisol. This kind of toxic stress can reduce children’s test-taking abilities and cause them to act out in the classroom.

According to the ALICE report, in Monroe County, 3,557 households live below the poverty level and another 10,664 live below the ALICE threshold. Additionally, census data holds that 20% of all Monroe County children live in poverty.

**Income Inequality**

The United States Census Bureau, ranks Monroe County Florida seventh in the nation for income inequality. Two neighborhoods where this is starkly illustrated are Key Haven and Stock Island, both in the Key West area. The median price of a home in Key Haven is $600,000 and while less than two miles away, 76% of Stock Island residents live below the ALICE threshold.

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3. The Effects of Poverty on Children by Jeanne Gunn, page 58
4. The Effects of Poverty on Children, page 59
5. The Effects of Poverty on Children, page 62
7. http://edr.state.fl.us/content/area-profiles/county/monroe.pdf

Researched and Prepared by Chelsea Wait
United Way of the Florida Keys
Childcare and Education

General Education

As of September 2, 2015, the Monroe County School District reports a current enrollment of 8,403 students. Based on Advanced Placement exam scores, high school seniors in Monroe County were rated average in college readiness skills. Based on state proficiency exams, high school students rated average proficiency in mathematics and reading.\(^\text{10}\)

High School Graduation Rate

According to the Florida Department of Education, the high school graduation rate for Monroe County is 77%. The state average is 78%\(^\text{11}\) and the national average is 81%.\(^\text{12}\) There are many reasons why youth may drop out of school. Behavior issues, lack of support, and general disinterest are some.

Researchers and educational scholars believe a larger issue is students who drop out due to economic strain.\(^\text{13}\) Some may work to supplement their family income. Some may have to drop out due to health issues, including pregnancy. However, Centers for Disease Control report that Monroe County has a low incidence of teenage pregnancy.\(^\text{14}\) This indicates other socioeconomic factors are at play.

The major issues affecting the graduation rate in Monroe County seem to be tied to income problems and unstable housing conditions. According to the National Center for Education Statistics, low income students are 4.5 times more likely to drop out than middle income students and 10 times more likely to drop out than high-income students.\(^\text{15}\)

As demonstrated by foster children who move frequently from school to school (50% of these students do not graduate)\(^\text{16}\), students with unstable and impermanent housing situations are also more likely to drop out. As Monroe County has one of the highest rates of children in foster care in the state\(^\text{17}\), the link between unstable housing conditions, transience, and education needs to be further analyzed.

\(^\text{14}\) [http://wwwn.cdc.gov/CommunityHealth/profile/currentprofile/FL/Monroe/22](http://wwwn.cdc.gov/CommunityHealth/profile/currentprofile/FL/Monroe/22)
\(^\text{16}\) [http://www.huffingtonpost.com/2011/10/31/foster-students-half-do-n_n_1068273.html](http://www.huffingtonpost.com/2011/10/31/foster-students-half-do-n_n_1068273.html)
\(^\text{17}\) [http://fosteringcourtimprovement.org/fl/County/Monroe/](http://fosteringcourtimprovement.org/fl/County/Monroe/)
According to the Census Bureau, dropouts earn an average of $20,000 annually, $10,000 less than their peers who graduate with a high school diploma. Even more concerning, these students are twice as likely to live in poverty throughout the course of their lifetime as their counterparts who graduate with a college degree.

**Literacy**

The National Center for Education Statistics estimates 14% of adults in Monroe County lack basic composition skills. Additionally, in 2014 only 56% of high school freshman made a passing score on the Florida Comprehensive Assessment Test (FCAT). Only 21% of fourth graders made a passing score on the same test while, state-wide, 27% of fourth graders passed.

**Childcare**

A survey of childcare providers indicates cost for full day childcare for one child in Monroe County ranges from $440 to nearly $1000 per month. Most providers offer subsidies through the Early Learning Coalition of Miami-Dade and Monroe Counties. Subsidies cover a portion of tuition costs and are available through every licensed daycare center in Monroe County. Access to childcare subsidies through the ELC is linked to Federal poverty guidelines, and are not available to struggling families in the Keys who earn more than 200% of the Federal Poverty Limit.

The State of Florida’s Early Learning Coalition “Gold Seal” program is a positive incentive for quality childcare providers. The program offers a higher rate of subsidy reimbursement for low-income students, tax incentives, and increased marketing if the provider meets specific high quality childcare measurements. These quality standards are generally set by professional credentialing organizations, and include increased childcare training requirements and standards beyond those set by the Department of Children and Families. In Monroe County, there are only six Gold Seal accredited childcare programs, two in the Upper Keys, two in the Middle Keys, and two in the Key West area.

**Childcare Subsidy Gaps**

Although many childcare programs in Monroe County receive Early Learning Coalition subsidies, special attention needs to be brought to the scope of the subsidies given and how they affect both students and childcare providers.

While the most comprehensive subsidies can cover up to 100% of certain students’ tuitions, many are not receiving full vouchers. A gap remains between what is covered by subsidy and the amount families are able to pay. Additional sources of funding are needed to bridge this gap,

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18 [http://www.huffingtonpost.com/matthew-lynch-edd/high-school-dropout-rate_b_5421778.html](http://www.huffingtonpost.com/matthew-lynch-edd/high-school-dropout-rate_b_5421778.html)
21 [http://www.elcmdm.org/our_services/SchoolReadiness.html](http://www.elcmdm.org/our_services/SchoolReadiness.html)
especially for low-income ALICE families who do not have the resources to pay extra for childcare.

According to research by the Nonprofit Finance Fund, childcare providers may also need additional funding help beyond ELC subsidies. A major challenge for providers receiving subsidies is that the funds are not fixed, they fluctuate with student attendance and therefore cannot be predicted from month to month. This often leaves payment gaps in certain months, while the reimbursement quality of the subsidy dollars often force providers to operate “in the red” at various times of the month.\textsuperscript{22}

Another gap in ELC subsidies occurs due to subsidy guidelines. Based on regulations from the state, families over 200% of the poverty level, as well as families who work less than 30 hours per week, are not eligible to obtain financial aid for their children.\textsuperscript{23}

The federal poverty level is $11,770 annual income for one person\textsuperscript{24}. A single parent with one child earning more than $32,040 per year is ineligible for a subsidy. As determined by the ALICE report, a survival budget for an individual with one child in Monroe County is $41,282. In Monroe County, the cost of living is 44% higher than the US average.\textsuperscript{25} Thus, federal poverty rates are not necessarily indicative of families’ ability to afford basic necessities in this area. This leaves a large portion of ALICE individuals without access to childcare subsidies.

\textit{Childcare for Military and Service Industry Families}

Licensed overnight care is incredibly difficult to come by in Monroe County. With the demands of 12 and 24 hour military shifts, many single parents in the military may not have safe places to put their children while they are working overnight. Service industry workers also have a similar problem. The Florida Department of Children and Families list only 4 licensed providers (two in home, two childcare facilities) that offer services after 7pm or on weekends.\textsuperscript{26} This means that many parents must rely on informal networks of friends, family, or babysitters who are not screened or licensed to care for their children while they work.

\textsuperscript{22} Navigating the Financial Barriers of High-Quality Early Care & Education by Kristine Alvarez  
\textsuperscript{23} http://www.elcmdm.org/our_services/schoolreadiness/two%20policies.pdf  
\textsuperscript{24} https://www.healthcare.gov/glossary/federal-poverty-level-FPL/  
\textsuperscript{25} http://www.bestplaces.net/cost_of_living/county/florida/monroe  
\textsuperscript{26} https://cares.myflfamilies.com/PublicSearch/Search
Housing

*Housing Budgets*

According to the Census Bureau, the 2014 median annual household income in Monroe County was $55,449. Federal Housing and Urban Development (HUD) standards indicate that no more than 30% of a household’s income should be dedicated to housing costs. If the median household income in Monroe County is $4,621, then housing costs including rent and utilities should be no more than $1,386 per month. In order to afford this “Fair Market Rental” property in Monroe County working a single full time job, an individual must make $26.66 per hour.

*“Stressed” Housing*

According to the Department of Health and Human Services, almost 52% of housing in Monroe County is described as being “stressed”. This term refers to housing that meets one or more of the following criteria: 1) housing unit lacked complete plumbing; 2) housing unit lacked complete kitchens; 3) household is overcrowded (more than 1 person per room); or 4) household is cost burdened (monthly housing costs, including utilities, that exceed 30% of monthly income).

*Homelessness*

Statistics from the Point In Time survey conducted by the Monroe County Continuum of Care, found six homeless families comprised of seven adults with 18 children living on the streets, under bridges, in a car, on a derelict vessel, in the mangroves, or other place not suitable for human habitation. It also found nineteen homeless families with children living in emergency shelters and transitional housing facilities.

Additionally, there were 339 homeless children identified in Monroe County Public Schools. 75 were camping or in a transitional shelter. One was awaiting foster placement. Seven lived in motels, twelve on boats, and in public space or substandard housing. The remaining 244 were doubled up, which is defined as sharing the housing of other persons due to loss of housing, or economic hardship.

*Public Housing*

According to the State of Monroe County Report by Mayor Heather Carruthers, in Monroe County, there are 823 affordable housing units. 13 are designated very low income, 242 are designated low income, 205 are medium income, and 363 are moderate income. Additionally,
the Monroe County Workforce Housing Assessment holds that 51% of renters pay over 30% of their income on rent, which by HUD standards defines them as cost-burdened.\textsuperscript{31}

The Monroe County Housing Authority determines eligibility for public housing. The wait list for public housing is currently closed. It was last opened on April 2015.\textsuperscript{32} The income limits are set by HUD. For low Income housing, a family’s annual income must not exceed approximately 80% of the Area Median Income. For very low income housing, a family’s annual income must not exceed approximately 50% of the Area Median Income. For extremely low income housing, a family’s annual income must not exceed approximately 30% of the Area Median Income.\textsuperscript{33}

Thus, the Monroe County limits are:

<table>
<thead>
<tr>
<th>Household Size</th>
<th>Extremely Low Income</th>
<th>Very Low Income</th>
<th>Low Income</th>
</tr>
</thead>
<tbody>
<tr>
<td>1 Person</td>
<td>$18,350</td>
<td>$30,600</td>
<td>$40,900</td>
</tr>
<tr>
<td>2 Persons</td>
<td>$21,000</td>
<td>$34,950</td>
<td>$55,850</td>
</tr>
<tr>
<td>3 Persons</td>
<td>$23,600</td>
<td>$39,300</td>
<td>$62,850</td>
</tr>
<tr>
<td>4 Persons</td>
<td>$26,200</td>
<td>$43,550</td>
<td>$65,800</td>
</tr>
</tbody>
</table>

\textsuperscript{31} \url{http://fl-monroecounty.civicplus.com/DocumentCenter/Home/View/8979}
\textsuperscript{32} \url{http://affordablehousingonline.com/housing-authority/Florida/Housing-Authority-of-Key-West/FL013/}
\textsuperscript{33} \url{http://section-8-housing-income-limits.credio.com/l/523/Monroe-County-FL}
Food Availability and Quality

**General**

According to statistics from Feeding America, thirteen percent of Monroe County residents, or 9,360 people, including 2,430 children are food insecure.\(^{34}\) Additionally, 8.6% of low-income individuals do not live close to a grocery store.

There are many causes of food insecurity (defined as the state of being without reliable access to a sufficient quantity of affordable, nutritious food) in Monroe County. One factor affecting food insecurity is the county’s unique geography. Monroe County stretches over 120 miles, with many towns being clustered away from large food vendors. There are two major food vendors in Monroe County—Publix and Winn-Dixie. There are four Publix Supermarkets. Two are in Key West, one is in Marathon, and one is in Key Largo. The distance between many of these supermarkets is nearly 50 miles in each direction. There are five Winn-Dixies in the county; Key West, Big Pine Key, Marathon, Tavernier, and Key Largo. The average distance between these stores is 20 miles. If a family does not have reliable access to a vehicle and does not live within walking distance of these areas, getting groceries is extremely difficult.

Another factor that influences food insecurity is price inflation due to lack of vendor competition. Because of a relatively small number of suppliers in Monroe County, prices may be set higher than in other regions. While demand from tourists and wealthier residents is sufficient to sell goods, many low-income families are priced out of the grocery and restaurant market.

**Free and Reduced Price School Lunch Eligibility**

According to the Florida Hunger Data Center, approximately 48% or 3,516 school aged children in Monroe County qualify for free and reduced price meals.\(^{35}\) Department of Health standards for a child to qualify for free meals is an annual income of under $31,536 for a family of four.\(^{36}\) This means that families with a household earner making under $15/hr qualify for free meals. The standard for a child to qualify for reduced meals is an annual income of under $44,868 for a family of four.\(^{37}\) That equates to any family with a head of household earner making under $21/hr.

While schools are taking the initiative to feed students at school, there is a gap in services in after school and evening settings, as well as during the summer months.

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\(^{34}\) [http://map.feedingamerica.org/county/2013/overall/florida/county/monroe](http://map.feedingamerica.org/county/2013/overall/florida/county/monroe)

\(^{35}\) [http://www.flimpact.org/hdcreport](http://www.flimpact.org/hdcreport)


SNAP and Nutritional Assistance

SNAP (Supplemental Nutrition Assistance Program) helps low-income individuals afford the food they need to be healthy. The U.S. Department of Agriculture’s (USDA) estimate of how much it costs to buy food to prepare nutritious, low-cost meals determines the amount of food assistance benefits an individual or family receives. Food assistance benefits are a supplement to a family’s food budget. Households may need to spend some of their own cash, along with their food assistance benefits, to buy enough food for a month.38

In Monroe County, the total number of children that qualify for SNAP is 2,316.39 SNAP benefits are distributed based on household income and savings. If a family has over $2,250 in savings, they are not eligible to receive SNAP.40 This means that the majority of the children on SNAP (nearly 20% of children in Monroe County) do not have security savings for emergencies.

Additionally, families must make under certain limits to be eligible for assistance. The income requirements are listed below:

<table>
<thead>
<tr>
<th>Household Size*</th>
<th>Maximum Income Level (Per Year)</th>
</tr>
</thead>
<tbody>
<tr>
<td>1</td>
<td>$23,540</td>
</tr>
<tr>
<td>2</td>
<td>$31,860</td>
</tr>
<tr>
<td>3</td>
<td>$40,180</td>
</tr>
<tr>
<td>4</td>
<td>$48,500</td>
</tr>
<tr>
<td>5</td>
<td>$56,820</td>
</tr>
<tr>
<td>6</td>
<td>$65,140</td>
</tr>
<tr>
<td>7</td>
<td>$73,460</td>
</tr>
<tr>
<td>8</td>
<td>$81,780</td>
</tr>
</tbody>
</table>

An individual in Monroe County must make below an ALICE survival budget ($24,020) to be eligible for SNAP benefits.41 A 4-person family in Monroe County must also make considerably below the ALICE survival budget ($48,500 versus the survival threshold of $61,962) to be eligible for SNAP benefits. The supplements for a 4-person family on SNAP can be no more than $649 per month. This would give a family access to an additional $7,788 per year, still not enough to make up the difference between annual earnings and the income needed to meet the survival budget threshold,42 and leaves a gap of $434/month for families to cover on their own.

38 http://www.fns.usda.gov/snap/eligibility
39 http://www.flimpact.org/fhdc/Data/ReportProgramData
40 http://www.fns.usda.gov/snap/eligibility
41 http://www.benefits.gov/benefits/benefit-details/1244
<table>
<thead>
<tr>
<th>People In Household</th>
<th>Maximum Monthly Allotment</th>
</tr>
</thead>
<tbody>
<tr>
<td>1</td>
<td>$ 194</td>
</tr>
<tr>
<td>2</td>
<td>$ 357</td>
</tr>
<tr>
<td>3</td>
<td>$ 511</td>
</tr>
<tr>
<td>4</td>
<td>$ 649</td>
</tr>
</tbody>
</table>
Transportation

Distance

Distance between towns and services is a significant barrier to accessing resources for many Monroe County residents. While the mean travel time to work for most residents is only 18.8 minutes (lower than the Florida average of 25.9 minutes)\(^{43}\), the distance between towns and lack of public transportation can negatively impact children and families in need of a variety of services.

Although Monroe County has a very developed paratransit system for individuals with disabilities, children and families without a major disability have little public transit to rely on.

In Key West, the public bus system runs through downtown and Stock Island and takes nearly an hour to complete a fourteen-mile roundtrip loop.\(^{44}\) A bus that picks up and drops off only once per hour is not sufficient for many families. Missing the bus could mean loss of work, income, and education.

Outside Key West, public transportation is more challenging. Bus stops are located on the side of busy US-1, spaced sometimes dozens of miles apart. Some may have to walk a mile or more just to reach the main road and then seek out a bus stop.

There is little in the way of taxi cab services in Monroe County. Most are located in Key West and only operate within a 50-mile span of the city.

Means of Transportation

While 27,976 people or nearly two thirds of Monroe County residents drive to work, a substantial portion also carpool (4,633 people or 11%), bicycle (2,641 people or 6%), or walk to work (2,223 people or 5%). Almost 5% or 2,092 people work from home, higher than the national average of 2.5%.\(^{45}\) 163 residents traveled by bus, 203 by taxi, and 766 by motorcycle.\(^{46}\)

\(^{43}\) [http://www.city-data.com/county/Monroe_County-FL.html](http://www.city-data.com/county/Monroe_County-FL.html)
\(^{44}\) [http://www.kwtransit.com/arrivals](http://www.kwtransit.com/arrivals)
\(^{46}\) [http://www.city-data.com/county/Monroe_County-FL.html](http://www.city-data.com/county/Monroe_County-FL.html)
Family and Community Safety

Family

Approximately 31% of children in Monroe County live in 3,326 single parent households, 921 of which were led by men and 2,405 of which were led by women. Based on research by child development and education scholars, these single parent households are more likely to be of lower income and thus higher stress. Scholars agree that stress occurs when external demands exceed coping resources, resulting in a reduced capacity to function in school and family roles.

Transience

Children and families in the Florida Keys are more transient than in other areas. In 2011, 10.75% of the county's resident taxpayers lived in other counties in the previous year. This is consistently higher than the state average of 7.97%. Similarly, 10.28% of the county's 2010 residents moved to other counties in 2011. This places Monroe County at 24th in the top 101 counties in the nation with the highest percentage of residents relocating to other counties.

Transience in Monroe County may be due to a number of things. Many workers in hospitality based industries may be unable to cope with decreased wages in the low season. Unlike wealthier families with stable housing and consistent income, low-income families working in the service industry may transition in and out of Monroe County because of wages, lack of secure housing, and lack of steady work.

According to research by educational scholars, transience has many effects on children, one of the most dramatic being school performance. Children that switch schools more frequently are less likely to perform well in school and more likely to drop out.

Transience also affects interpersonal relationships amongst children. Those that move frequently may be less likely to create long lasting personal relationships with their peers, leading to feelings of isolation and depression.

Foster Care

Monroe County has a significantly higher rate of placing children in foster care than the rest of the state. The most current data from the Department of Family and Children’s Services shows that 100 children are in foster care in Monroe County. This means .82% of the county’s children

http://www.city-data.com/county/Monroe_County-FL.html
http://www.city-data.com/county/Monroe_County-FL.html
The Effects of Poverty on Children, Jeanne Brooks-Gunn, pg. 61
http://www.nap.edu/read/12853/chapter/3

Researched and Prepared by Chelsea Wait
United Way of the Florida Keys
Monroe County also has a high rate of foster care re-entry. Re-entry could be due to several factors, including lack of foster care oversight and or inadequate home supervision and check-up. Analysis from national nonprofit “Fostering Court Improvement” through fall of 2015 indicates rates of children in Monroe County who are removed from the home and re-victimized within six months are the highest in the state.

Community Safety

Based on crime statistics from the Uniform Crime Reports, Monroe County has low levels of crime. In the semi-annual report from January to June of 2015, there was one murder, 14 rapes, and 26 aggravated assaults. Motor vehicle theft was the highest crime committed. However, 895 children were the subject of maltreatment reports in Monroe County for a rate of .64%, compared to the state rate of .55%. For children under 18, there were 222 total child victim reports for a rate of .16%, compared to the state rate of .06%. Specifically, victim reports of neglect (122 counts) identified at a rate of .09% versus the state rate of .03%. This means Monroe County has the one of the highest rates in the state of child reports of neglect. Monroe County also has the highest rate in the state of victims who have been removed from the home and are re-victimized. This could indicate a need for increased follow up services for children who are removed from the home for reports of physical or sexual abuse and or neglect. Neglect can manifest in many different ways. According to the National Child Abuse and Neglect Data Center, it most commonly refers to inadequate care of a child. Inadequate care can come in various forms—emotional, physical, or psychological and can present itself in poor hygiene, lack of appropriate weight gain, and failure to enroll the child in proper educational outlets. Children of neglect may have difficulties focusing in school and may be less likely to graduate from their grade level. Any kind of child neglect can lead to severe emotional distress, which can cause them to act in aggressive or self-harming ways.

52 http://fosteringcourtimprovement.org/fl/County/Monroe/
53 http://www.hjc-epi.com/Monroe%20County%20profile(Final).pdf
54 http://fosteringcourtimprovement.org/fl/County/removals_rank.html#Figure2
55 http://fosteringcourtimprovement.org/fl/County/cps_rank.html#Figure9
57 http://fosteringcourtimprovement.org/fl/County/Monroe/
58 http://fosteringcourtimprovement.org/fl/County/cps_rank.html#Figure9
Youth Drinking and Motor Vehicle Accidents

The rates for child passengers killed in motor vehicle accidents in Monroe County was higher than the state average. This may indicate that road safety is lower in Monroe County than the rest of the state, and it may also indicate a need for better driver’s education. Many of the motor vehicle accidents that occur in the area are due to driving under the influence.

In Monroe County, 30.9% of high school youth rode with a driver that had been drinking versus the state rate of 21.4%. More startlingly, 15.2% of high school youth have drove while drinking versus the state average of 8.1%. This likely relates back to attitudes in the area surrounding heavy drinking and the possible harm that could come of it.

The CDC recommends multi-component interventions to address rates of driving under the influence. Media campaigns, alcohol screenings, interventions, and school based instructional programs are all suggested ways to lower incident occurrences.

Natural Disasters

The number of natural disasters in Monroe County (23) since 1953 is much greater than the national average of 12. 13 major natural disasters have been declared by the president, all of which were hurricane related.

However, of concern for children and families were the number of emergency shelters available for hurricane evacuation. In Monroe County, there are eight emergency shelters, most of which are schools, and all of which are only to be used during a category one or two hurricane.

In case of a category three or above hurricane, residents are instructed to evacuate to Florida International University in Dade County. That means a third of all Monroe County residents live 150 miles from the nearest category three evacuation point. For families with children, this evacuation point may not be accessible. Without reliable transportation, safe evacuation during a higher category hurricane may not be logistically extremely difficult for some families.

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60 http://www.hjc-epi.com/Monroe%20County%20profile(Final).pdf
61 http://www.city-data.com/county/Monroe_County-FL.html
Health and Healthcare

Health

While rates of two sexually transmitted diseases in the adult population—HIV and syphilis (both associated with high levels of male on male unprotected sex) are higher than the national average—according to the Florida Department of Health the number of reported STD cases in children aged 13-19 was lower than the state average. This could be due to a number of things, most likely the transparency in Monroe County surrounding sex education and sexually transmitted infections. The adult rate of STIs could have a positive effect on the availability of sex education in Monroe County, thus lowering the rate in young people.

Unfortunately, Monroe County has a high rate of non-fatal hospitalizations for eating disorders in children ages 12-18. This can be due to stress and other factors that affect the rate of teen drinking and substance abuse.

![Non-fatal hospitalizations for eating disorders ages 12-18, 3-Year Rolling Rates](image)

Additionally, according to Department of Health figures, Monroe County scores consistently lower than state average in numbers of women who have access to medical services in several areas; 1) girls under the age of 17 having access to a pap smear, 2) girls under the age of 17

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63 [http://wwwn.cdc.gov/CommunityHealth/profile/currentprofile/FL/Monroe/310030](http://wwwn.cdc.gov/CommunityHealth/profile/currentprofile/FL/Monroe/310030)


having access to personal doctors, and 3) girls under the age of 17 having access to health care coverage.66 These facts may suggest a lack of gynecological doctors in the Monroe County area.

With regards to mental health, Monroe County ranks in the fourth quartile for children ages 1-5 receiving mental health treatment services. The rate for Monroe County is at 17.6% versus the state rate of 11.6%.67 The rate of children receiving mental health services could indicate either a) a higher rate of those needing services or b) a greater ability to give services.

Youth Drinking

According to the Florida Youth Substance Abuse Survey, alcoholism and youth drinking in Monroe County are more common than in other counties in Florida. Although middle school use of alcohol is similar to the state rate, the percentage of users jumps substantially higher than the state average when a student reaches high school.

Monroe County rates of lifetime use of alcohol for high school students is 70.7% versus the state rate of 61.3%. Monroe County rates of binge drinking (having 5+ drinks on at least one occasion in the previous 2 weeks) in high school students are at 26.5% versus the state rate of 16.4%.68

Youth that drink heavily are more likely to have stunted development. Bone growth, tissue development, and organ function are all negatively influenced. Heavy drinking can also reduce intellectual capacity, memory, and ability to concentrate. Furthermore, it affects hormone levels, impacting the development of reproduction systems. Beyond physical health, heavy drinking indicates a trend of depression, loneliness, and high stress.69

Suicide

The suicide rate in Monroe County is the highest in the state.70 The suicide rate in Monroe County for teens aged 12-18 ranks in the third quartile, meaning it is generally higher in frequency than in other Florida counties. Some researchers suggest that isolation and distance from major mental health centers may be a contributing cause.71

Additionally, the Monroe County rate of teens that overdose on prescription medication are higher than the state average. Specifically, the rates of female teens that overdose on prescription opioids (examples include: oxycodone, hydrocodone, morphine) are at twice the rate of the state average.72

68 http://www.hjc-epi.com/Monroe%20County%20profile(Final).pdf
69 http://www.projectknow.com/research/teen-alcoholism/
71 http://health.wusf.usf.edu/post/isolation-increases-floridas-rural-suicide-rates#stream/0
72 http://www.hjc-epi.com/Monroe%20County%20profile(Final).pdf
Health Insurance

Health insurance rates in Monroe County, like housing costs, are much higher than the national average. During the 2015/2016 open enrollment period, the median cost of healthcare for a four-person family on the federal health insurance exchange ranges from $998.48 for a “bronze” plan through Assurant Health to $1,988.96 for a “platinum” plan from BlueOptions. The average cost of health insurance for a child only ranges from $165.72 for a bronze plan through Assurant Health to $330.11 for a platinum plan from BlueOptions.73

According to the Department of Health and Human Services, nearly 28% of residents in Monroe County are without health insurance74 and nearly 21% have been sick or injured and not seen a doctor because of the cost.75 Furthermore, Monroe County ranks in the fourth quartile for uninsured births. This refers to the number of women who give birth in a hospital and mark the box for “self pay”. The rate for Monroe County at 14% (roughly 101 women) is higher than the rate for Florida at 9%.76

Access to medical care affects children in many ways. In a study by Princeton University researchers, access to health insurance, including Medicaid showed a reduced susceptibility to chronic illnesses. It also suggested increase health later in childhood for children who accessed preventative services.77

74 http://www.cdc.gov/CommunityHealth/profile/currentprofile/FL/Monroe/310021
75 http://www.cdc.gov/CommunityHealth/profile/currentprofile/FL/Monroe/10019
76 http://www.monroecounty-fl.gov/DocumentCenter/Home/View/4081
77 https://www.princeton.edu/futureofchildren/publications/docs/25_1_chapter%203.pdf
Jobs and Employment

Unemployment Rate

According to the Bureau of Labor Statistics, the unemployment rate in Monroe County is 3.6%, lower than the national average of 5%. Monroe County also has the lowest rate of unemployment in Florida. However, having low unemployment rates may not indicate well-being. If the family has employment, it may not be steady and it may not be enough to pay bills.

Wages

According to the Bureau of Labor Statistics, there were 37,804 people employed in Monroe County at an average weekly wage of $699, or $36,348 per year if the employment is steady throughout the year.

According to the ALICE report, a survival budget in Monroe County requires an annual wage of $24,020 for a single adult. For an adult with one child, it jumps to $41,282. To be self-sufficient and economically stable in Monroe County, a single adult must make $36,929. For a single parent and one child, the income must be $67,236.

To make a stable living in Monroe County, a parent with a single child must make an average weekly wage of more than double what it currently is.

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78 http://www.bls.gov/data/
Opportunities for Change

Many of the issues presented in this report require long-term work from citizens, government, business, nonprofits, and other civic organizations to create change. Monroe County should rely on the abundance of nonprofits and local community service organizations to help foster these improvements.

**Poverty**

One effective solution to combating poverty is raising the minimum wage. As almost 97% of Monroe County is employed, poverty must then exist due to a discrepancy between wages and the cost of living. Raising the minimum wage would increase the amount of money working families could spend on quality childcare, food, and housing, thus reducing stress factors in children that lead to depression and anxiety.

**Housing**

The first and most important challenge that must be addressed is access to affordable housing. More low-income housing units would greatly improve the well being of children in Monroe County. One option for creating more affordable housing is to use a federal or state grant to subsidize rent. Land could be bought and used specifically for low-rent housing. This grant program would be especially useful in the lower Keys, where additional housing space is already in high demand.

**Community Support, Safety, and Health**

Increased community support could work to lower the drinking and suicide rate. More teen centers and areas for youth to safely convene in are needed throughout the county. School officials and professionals need to work with parents to create an atmosphere of support inside school walls for teens—through one on one education and counseling, after school programs, and community events.

Another community program is needed to address driving while drinking. A free car service during certain hours of the day would help alleviate unsafe driving. A “safe ride” program, similar to the program offered by AAA on the holidays, would encourage drinkers to call for a car service instead of risking the drive home. This could help reduce the number of vehicular fatalities for children.

Increased case management in and outside of schools could also benefit children in Monroe County. Early intervention in the form of education and counseling could reduce risk behaviors and heighten a feeling of community support.

Beyond case management, increased access to healthcare could increase the exposure children in Monroe County have to medical professionals, including psychologists and social workers who
are trained to spot the signs of depression and suicide. Lowering healthcare rates, increasing the number of hospitals and care clinics accepting Medicaid, could be two ways to increase access to preventative methods, especially in low-income children.

Additionally, the introduction of trauma-informed care could have positive effects on children living below the poverty level and below the ALICE threshold. According to the Substance Abuse and Mental Health Services Administration, trauma-informed care is: A program, organization, or system that realizes the widespread impact of trauma and understands potential paths for recovery, recognizes the signs and symptoms of trauma in clients, responds by fully integrating knowledge about trauma into policies, procedures, and practices, and seeks to actively resist re-traumatization. Trauma-informed care focuses on the principles of safety, trustworthiness, peer support, collaboration, and empowerment. It takes into consideration cultural, historical, and gender issues.81

Trauma informed care is important in dealing with children living in poverty because it takes into consideration the emotional and psychological effects of living in persistent stress. Failing to address stress symptoms and disorders related to trauma can prevent successful mental health and substance abuse treatment.82 Without screening, trauma symptoms can go undetected, leading providers to treat for disorders that only partially explain client stress.

Childcare, Education, and Literacy

The primary need for change in the area of childcare has to do with the scope of childcare subsidies. Low-income students as well as their providers would benefit from securing an outside agency to fill the gap between the subsidy offered and the total cost of childcare tuition. Some inconsistencies in payments could be reduced, as well as in student attendance, providing for more reliable assistance from the ELC.

Another possibility for reducing strain on high quality childcare providers of low-income students in Monroe County is obtaining more grants for general operating funds. These types of grants would provide stability for providers—ensuring they have adequate funds even when enrollment numbers are reduced due to outside factors. This will help retain valued staff, increasing program quality.

Adequate, reliable childcare funding could have ripple effects throughout Monroe County. With secure funding, providers are more likely to be able to retain more experienced staff, and hire knowledgeable, well-educated new staff. Lower staff turnover rates would also work to increase the feeling of safety and stability in young learners, which could help reduce self-harming behaviors in later years. Low literacy rates, specifically with younger learners indicate a need for early literacy intervention. Programs such as Reading Pals or Reading Partners that increase exposure to literature would not only help improve literacy, but also support social-emotional well-being create an overall focus on early academic preparation.

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81 http://www.samhsa.gov/ntic/trauma-interventions
82 http://store.samhsa.gov/shin/content/SMA14-4816/SMA14-4816.pdf
Summary/Conclusion

The research undertaken in this report focuses on eight tenants of daily life that influence children’s quality of life; poverty, childcare programs, housing, food availability and quality, transportation, family and community safety, health. The collected data points to a general insecurity in the lives of children in Monroe County. Fluctuation in housing, food availability, and healthcare prices creates an overall environment of instability.

Childcare is generally accessible, with some gaps in coverage leaving low-income families without resources to obtain reliable care. Housing and food availability also present a dire problem to children. Additionally, healthcare costs are much greater here than in the rest of the country, which creates significant barriers to access for low-income children.

Of particular concern for children in Monroe County is the number of children in foster care, specifically children removed from homes due to neglect and caretaker alcohol or drug dependency.

The most positive statistics in this study were in the areas of childcare and education, community safety, and well-being. Aside from a high rate of neglect, children in Monroe County are rarely exposed to violent crime. Although there is significant income inequality, most families are employed.

Suggestions for increasing the well-being of children in Monroe County include increasing the minimum wage and obtaining government grants to create low-rent housing options. Additional suggestions involve increasing community support for teens and case management programs to address feelings of depression. For childcare and education, suggestions for increasing an already strong group of providers include securing greater operating funds to stabilize childcare revenue and thus quality.