



**ESCAMBIA
CHILDREN'S TRUST**

Our Children. Our Community. Our Future.

NEEDS ASSESSMENT

A Strategic Analysis of the Greatest Issues Facing Children, Youth and Families in Escambia County

This report has been created to shape the direction of the Escambia Children's Trust and to help policymakers, advocates, practitioners, and residents accelerate their ability to improve outcomes for children, youth and families in our community.

SEPTEMBER 2022



TABLE OF CONTENTS

04 **Letters from the Board Chair and Executive Director**

07 **Our Commitment**

08 **Introduction**

- 09 Executive Summary
- 10 Purpose of the Report
- 12 Equity and Equality
- 13 Structure of Indicator Narratives

14 **Findings**

- 15 Escambia County Fast Facts
- 17 Priority Investment Areas and Indicators
 - 18 **Theme 1:** Children Are Healthy
 - 26 **Theme 2:** Children Are Ready to Learn and Succeed in School and Life
 - 34 **Theme 3:** Children Are Not Abused or Neglected
 - 39 **Theme 4:** Children Have Supports to Help Them Avoid Risky Behaviors
- 46 Acknowledgements

47 **Appendix**

- 48 Indicator Report Card Summary
- 52 Indicator Definitions
- 54 Public Comment Summary
- 58 Methodology
- 60 End Notes
- 64 Supplementary Data Reports
- 70 Ordinance Establishing the ECT

Letter from the Board Chair

Healthy families + healthy children = thriving communities

Dear Neighbors,

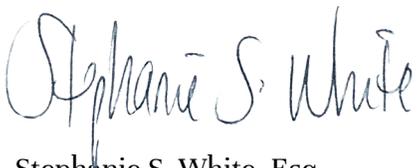
We want to thank the visionaries who recognized that the education, health, and well-being of children and families are deeply connected to our overall quality of life and led the campaign to make the Escambia Children's Trust a reality. You navigated uncharted waters to reach this pivotal point today, and generations of lives will change as a result of your leadership.

The publication of our first needs assessment is a milestone for the Escambia Children's Trust. We are thrilled to provide Escambia County residents with a framework to help us better understand and measure progress toward child and family well-being across our community. The indicators in this report are organized across four thematic areas focused on ensuring children have supports to help them avoid risky behaviors; are born and grow up healthy; are ready to learn and succeed in school and life; and are safe and protected from abuse and neglect.

Taken together, it is our greatest hope that this report provides us with the vista to build a county where we are breaking down barriers, closing gaps, widening paths of opportunity, and improving outcomes so all of our children have the resources and services needed to thrive.

Knowledge is power. The Escambia Children's Trust will use the information in the needs assessment to focus our efforts and put our collective muscle and sweat into creating positive change in areas where we can make a difference. We can and must work together strategically and relentlessly, each from our own circles of control and influence, to eliminate the opportunity and outcome disparities apparent in this report. A thriving community for all is possible, when we join each of our small forces together toward mighty results.

We are committed to being faithful stewards of the public dollars entrusted to us to do this important work. Together, we can create a strong, healthy, and vibrant Escambia County for all, for years to come.



Stephanie S. White, Esq.
Board Chair
2021-2022



The Escambia Children's Trust will use the information in the needs assessment to focus our efforts and put our collective muscle and sweat into creating positive change in areas where we can make a difference.

Letter from the Executive Director

We take our charge to safeguard public funds seriously. Our goal is to invest in programs and services that are most likely to yield an exponential return to the community.

Dear Escambia County Residents,

We are excited to release our first needs assessment for the Escambia Children's Trust. While much of the data presented in this publication deeply saddens me, it also gives me hope knowing what opportunities lie ahead for our new organization.

It may feel like a long time since the voters approved the creation of the Trust, but our first funding did not hit the bank until November of 2021, and the first staff member was not in place until February of 2022. In six short months, we have pulled together a massive amount of data — everything we could find regarding the well-being of children in Escambia County. Thanks to the incredible team we have assembled, the Escambia Children's Trust has produced in six months, and at a minimal cost, a document that rivals the needs assessments of our sister children's services councils that took more than a year to produce and cost hundreds of thousands of dollars.

We take our charge to safeguard public funds seriously. Our goal is to invest in programs and services that are most likely to yield an exponential return to the community. We look forward to showing voters that every dollar invested resulted in many dollars saved over the next several years.

We are still in start-up mode. **The first step is to identify what issues are 'on fire' in the county and of those, which ones can we help extinguish. This needs assessment is intended to see where the smoke is and where the fires are.** We are also looking at what resources are already in place to put out these fires and where more help is needed.

This is not an overall assessment of the 'state of the child' in Escambia County. It is intentionally focused on what is not working and what is needed. The document is not a criticism of the hard-working teachers, social workers, healthcare professionals, police officers, caseworkers, etc. who are helping our children every day. This is to show where they need the community's help and support.

I hope that you find this assessment to be useful and informative. Our objective is ultimately to effect change — to see significant improvements over the numbers contained in here.

This is our baseline. We are just getting started! I look forward to the next several years as we support Our Children. Our Community. Our Future.



Tammy D. Greer
Executive Director

Board of Directors

Gubernatorial Appointees



**STEPHANIE WHITE,
CHAIR**

Adoption Attorney

Term End Date: 12/31/2024



**TORI WOODS,
VICE CHAIR**

Marketing and Outreach
Specialist, Sunshine Health

Term End Date: 12/31/2024



DAVID PEADEN

Executive Director of Home
Builders Association of
West Florida

Term End Date: 12/31/2024



DR. REX NORTHUP

Retired Pediatrician

Term End Date: 12/31/2022



**PASTOR LONNIE
WESLEY III**

Greater Little Rock
Baptist Church

Term End Date: 12/31/2022

Positional Appointees



**DR. TIM SMITH,
TREASURER**

Escambia County School
District Superintendent



**COMMISSIONER
LUMON MAY**

Escambia County
Commissioner



**HON. JENNIFER J.
FRYDRYCHOWICZ**

Circuit Judge



MELISSA SIDOTI

Circuit 1 Community
Development Administrator -
Florida Department of Children
and Families



PATTY HIGHTOWER

Escambia County
School Board

Staff

TAMMY GREER Executive Director

KIMBERLY KRUPA, PH.D. Director of Programs & Performance

TAMMY ABRAMS Director of Finance & Operations

AVIYONNE TART Communications Specialist & Board Liaison

Our Commitment

Escambia Children's Trust

Escambia Children's Trust is an independent special district established by Escambia County voters in 2020. We exist to provide leadership, funding, services, and research on behalf of Escambia County's children to ensure they grow up to be healthy, productive, stable community members. We invest in prevention and early intervention programs which reduce the need for more costly services later in life.



Committed to Results

Escambia County is a great place to live but not yet for everyone. Some of Escambia County's children still go to bed hungry even with employed parents working double shifts to make ends meet. Stress and financial hardship are eroding the capacity of many families to provide a supportive environment for their children. Too many parents are raising children alone. Rising obesity rates, elementary school children who are not reading proficiently, and disparities in community health and safety all undermine the vitality of the community as a whole.



Committed to Collaboration

Collaboration is critical to addressing the emerging and continuing needs outlined in this document. No one agency can achieve the results needed working alone. Efficacy requires sharing important information and coordination of services in service of shared strategic goals. One of our most critical needs is to grow our ecosystem of cross-agency forums, shared services networks, interagency coalitions, and a local funders consortium. We must expand collaborative, strategic efforts that most improve the lives of our children, and the Escambia Children's Trust is committed to taking a leadership role in this effort.



Committed to Equity

As an equal opportunity organization, the Escambia Children's Trust celebrates diversity, which fosters happy, healthy, and thriving children. We are dedicated to promoting equity through our processes. We acknowledge that inequities exist, and we choose to be part of the system that challenges them. We recognize that equity and equality are different. Equity requires that the community provide more support and resources to the families in our community that are challenged by compounding inequities that put them at a disadvantage and limit their ability to thrive. Our goal is that socioeconomic status, race, geography, and ethnicity are no longer predictors of life outcomes.



INTRODUCTION



Investing in the success and well-being of our children pays dividends for a lifetime.

NOBEL LAUREATE JAMES HECKMAN

Executive Summary

On November 3, 2020, 61% of Escambia County voters cast “yes” votes to establish the Escambia Children’s Trust, following a remarkable public awareness campaign that engaged thousands of residents, received hundreds of endorsements, and served as a beacon of hope in the middle of a pandemic and in the aftermath of Hurricane Sally.

THIS NEEDS ASSESSMENT is intended to be a comprehensive tool to complement, support, and reinforce the very clear messages communicated in the campaign leading up to the historic moment in November 2020 when the Escambia Children’s Trust ballot referendum won voter approval.

Campaign messages throughout 2020 drove home the dire situation facing children and families in our community, particularly children and youth who are abused, neglected, and underserved, as well as our youngest babies, toddlers, and preschool children with developmental delays and disabilities. The campaign documentation that established the need for the Escambia Children’s Trust is incorporated throughout this needs assessment.

Indeed, this foundational work deserves full credit for helping our community understand the meaningful improvements we must make in the health and well-being of children, youth, and families. To all who played a role in the campaign’s success, we thank you.

By almost any way you count it, if you are poor, Escambia County is one of the toughest places in Florida to have a child and raise a child. Our inaugural report provides a snapshot of disparities in outcomes across four thematic areas. Each of the four themes is subdivided into indicators, for a total of 24 indicators we believe provide opportunity for action.

The themes are based on Trust priority areas set forth in the campaign and reinforced since, consultation with experts, community engagement, and existing efforts.

Indicators within each theme are based on their current and historical relevance to the county and the availability of reliable, accurate, regularly collected, and publicly available data. Overall, this report indicates a need for improvement in every theme to advance child health and well-being in Escambia County. We focus on how dozens of disparities show up in Escambia County child, youth, and family outcomes, with the major caveat that it is difficult to talk about any of the indicators and themes featured in these pages without talking about poverty as a defining factor.

In the lead-up to the publication of this report, the Escambia Children’s Trust conducted extensive community engagement seeking public feedback in conjunction with many partners. This work included intentional listening sessions, an examination of historical practices and policies, and a commitment to timely change. We are sharing these findings publicly so communities can hold the Escambia Children’s Trust accountable for efforts to improve the lives of children and families as well as the overall quality of life in our county.

We are committed to transparency through regular analysis and publication of findings, and by continuously providing a clear view into disparities in our community and how they change over time.

The findings from our needs assessment can be used by residents, businesses, educators, nonprofit leaders, public health and local government administrators, and elected officials to focus efforts on creating opportunities and improving outcomes for children, youth, families — and all residents.

Purpose of the Report

The Escambia Children’s Trust’s 2022 needs assessment is not reinventing the wheel.

Instead, we stand on the shoulders of giants who have come before us. This report was developed by first analyzing a trove of existing and previously published reports, dashboards, and scorecards that capture the state of children and families in our community across dozens of domains. We considered and incorporated datasets and community reports that have been published over the past three years by an assortment of public and private agencies, including Achieve Dashboard, the Achieve Healthy Escarosa Community Health Needs Assessment (2022), the Big Bend Community Needs Assessment (2020), the Florida Chamber of Commerce, the Greater Pensacola Chamber of Commerce, the Studer Community Institute dashboard, and agency-specific needs assessments, among many others.

The needs assessment was further informed by previously published community reports in peer U.S. counties with dedicated children’s funds. We are grateful to the Children’s Funding Project as well as Children’s Services Council counties in Florida for lending us their expertise and assistance. We leaned heavily on Martin County, St. Lucie County, Hillsborough County, Palm Beach County, and Pinellas County in particular for helping us develop the structural roadmap for our report.

The indicators we have chosen to highlight will be integrated into the goals, initiatives, and actions of the Escambia Children’s Trust Board of Directors strategic plan — and serve as a measurement and accountability tool as the Trust pursues the necessary work of furthering improvements in child health and well-being for all Escambia County children. The indicators are designed to measure our greatest needs by diving into outcomes across 24 indicators grouped into four thematic areas closely tied to the social determinants of health for children.

Children Are Healthy
Theme 1

Children Are Ready to Succeed in School and Life
Theme 2

Children Are Safe and Protected From Abuse and Neglect
Theme 3

Children Have Supports to Help Them Avoid Risky Behaviors
Theme 4

This framework was developed through a collaborative, iterative process with data experts and nonprofit service providers and was refined in the data analysis phase of the project. Several outcomes assessed in this report are not entirely under the Escambia Children’s Trust’s control but fall within the purview of other governmental agencies such as school districts, the state legislature or state agencies, quasigovernmental agencies, nonprofit service providers, or private businesses. However, all groups and individuals experiencing the disparities reported here are residents of Escambia County. **It is our responsibility to work together to lift up the lives of all of our children.**



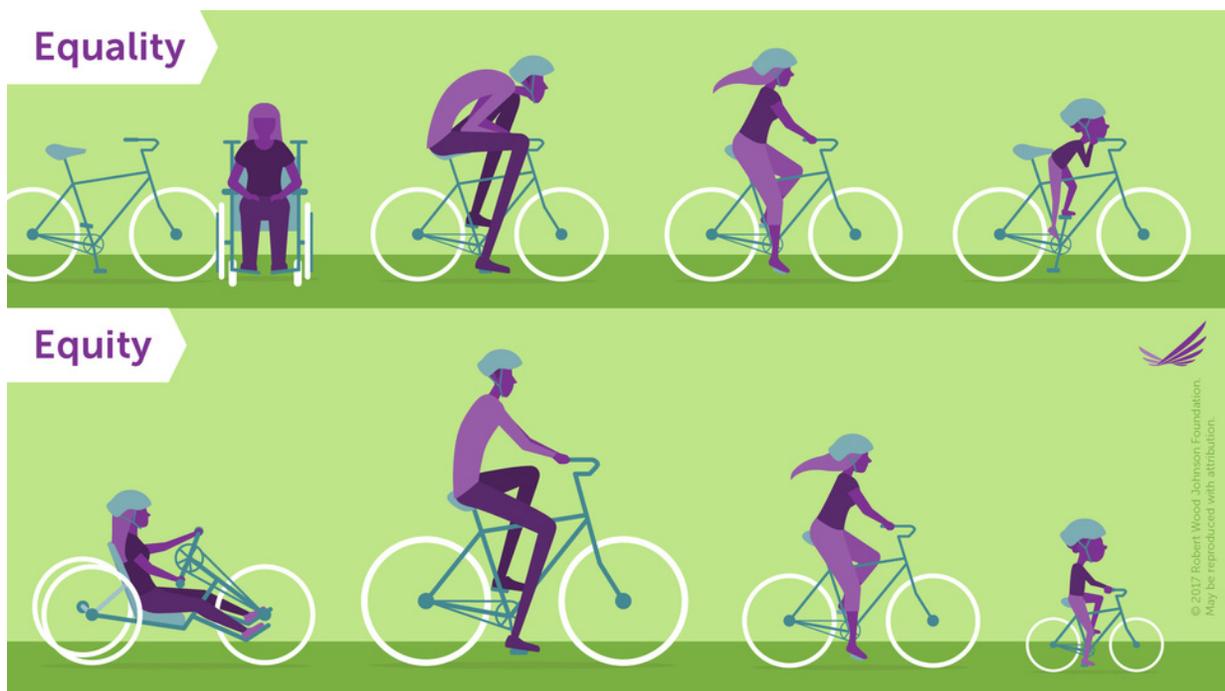
“

By almost any way you count it, if you are poor, Escambia County is one of the toughest places in Florida to have a child and raise a child.

Equity and Equality

MANY STAKEHOLDERS CONFLATE EQUALITY AND EQUITY, but equity, unlike equality, takes into account histories and the unique needs of people based on their identities or social circumstances.

The illustration below demonstrates the distinction between equity and equality. In the first frame, all four individuals have the same bicycle, but context or circumstance may prevent some of them from enjoying a bicycle ride. In the second frame, the individuals still have bicycles, but each bicycle is appropriate to the individual, allowing everyone to get the best use of their bicycle.



Source: Robert Wood Johnson Foundation

Why do our indicators center on equity?

- It allows the public to learn and understand **where inequities exist** within our community
- It provides change agents with the **data necessary to focus attention** on areas that need intervention through targeted efforts
- It helps us **track disparities over time** to demonstrate whether outcomes are improving or worsening

Structure of Indicator Narratives

The needs assessment dives into the context surrounding 24 indicators where disparities exist by asking **three questions** of each data point.

Why does this matter?

The data profiled in this report shines a light on the state of youth and families and helps us make informed decisions about where change is possible. This matters as we embark on investing in effective programs that can be replicated, removing barriers, and strengthening interventions to better meet the needs of children.

Where do we stand?

We measure and track outcomes historically and compare ourselves to the state of Florida and the U.S. whenever we can. We also disaggregate data by variables such as race/ethnicity so we can see where disparities and uneven opportunities exist.

What can we do about it?

What does effective implementation of a program that helps children at scale look like? How do we ensure all agencies have the structure and staffing in place to manage, analyze, and share data to take action to support children, youth, and families?

24 CORE INDICATORS

Children Are Healthy Theme 1	Children Are Ready to Succeed in School and Life Theme 2	Children Are Safe and Protected From Abuse and Neglect Theme 3	Children Have Supports to Help Them Avoid Risky Behaviors Theme 4
Infant mortality	VPK participation	Substance-exposed newborns	Childhood hunger
Low birthweight babies	Quality child care	Foster care placements	Youth arrests
Prenatal care	Kindergarten readiness	Children with verified maltreatment	School suspensions
Teen pregnancy	Chronic absence	Domestic violence	School arrests & referrals to law enforcement
Oral health	3rd-grade reading		Youth mental health
Childhood obesity	Middle-grade math		Hospitalizations from mental disorders
Bacterial STD rate among children 0-18	High school graduation		



FINDINGS

Escambia County Fast Facts



RANKINGS

#45

Escambia's child well-being ranking, out of 67 Florida counties

Based on Florida Kids Count's index of 16 child, youth, and family outcomes across Florida's 67 counties, Escambia is in the bottom tier and has been for years.

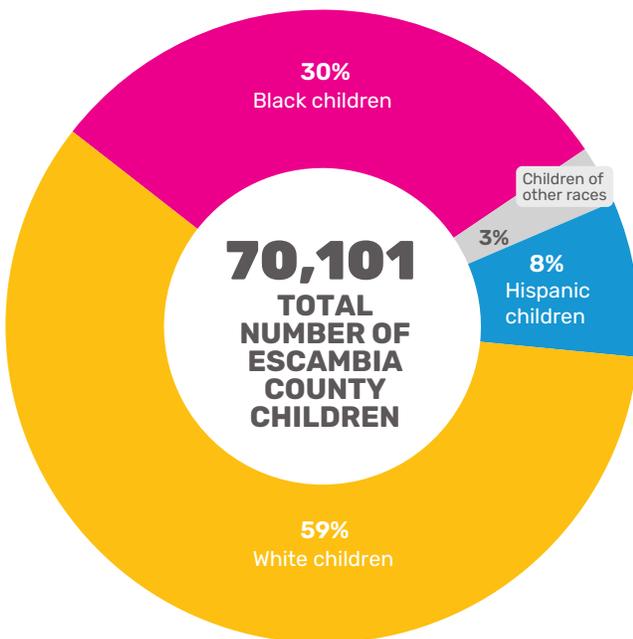
#50

Escambia's health outcomes ranking, out of 67 Florida counties

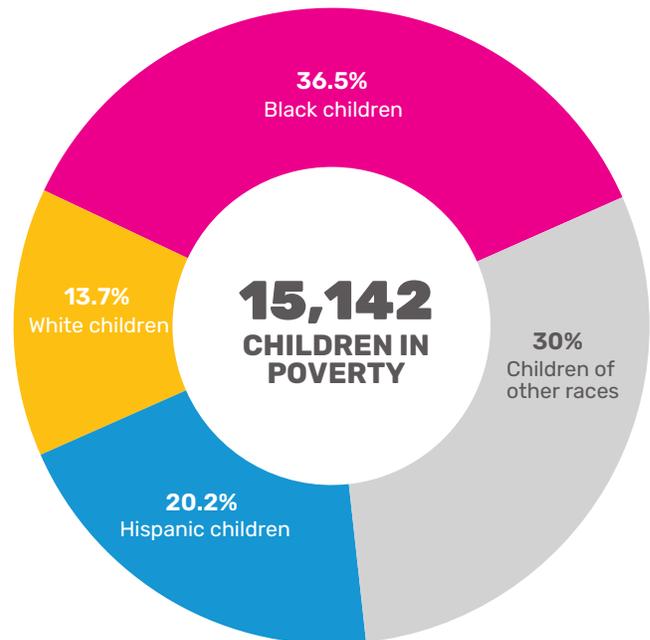
Our 2022 ranking is the same as it was 10 years ago, near the bottom of Florida counties, according to the University of Wisconsin's annual County Health Rankings report.

CHILD AND FAMILY DEMOGRAPHICS

Total children under 18 in Escambia County, population breakdown by race, 2020



Children growing up in poverty by race, 2020



Escambia's overall child poverty rate: **21.2**

Florida's overall child poverty rate: **18.7**

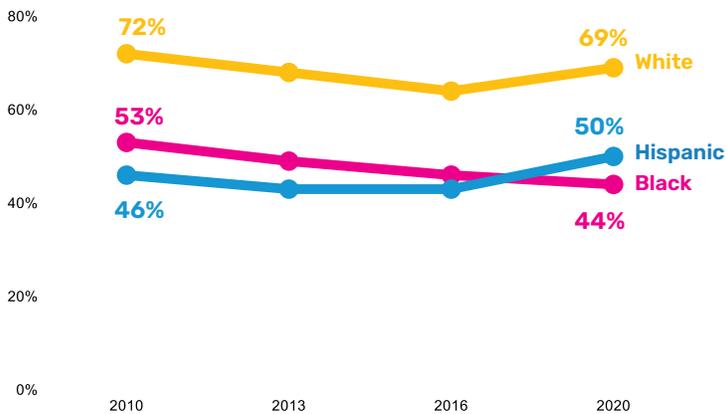


What does this say?

Overall, 86.7% of children living in poverty are children of color, while only 41% of the total number of children in our county are children of color. In our community, this means that poverty, defined simply as the lack of resources to meet basic human needs, frequently intersects with racial demographics. White children comprise 59% of Escambia County's population of children under 18. Yet only 14% of White children were growing up in poverty in 2020, compared to 37% of Black children, who make up less than one-third of the overall child population. Multiracial children face particularly high poverty levels compared to their representation in the total child population.

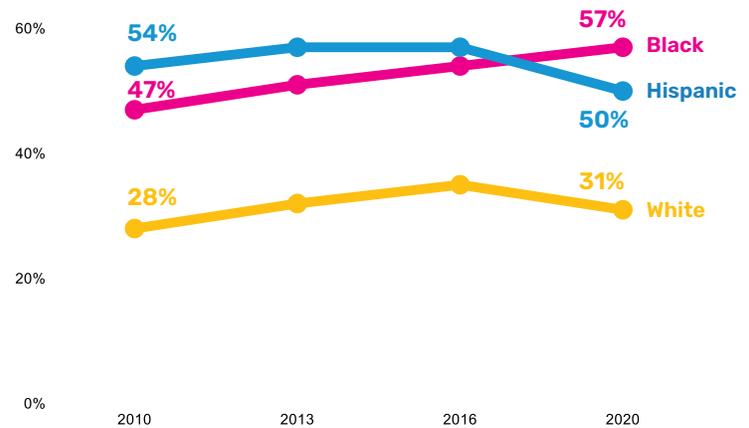
HOUSING & HOMELESSNESS

Owner-occupied housing units by race



Owner-occupied housing is a measure of well being. Higher owner-occupancy rates are considered a good indicator of neighborhood stability because owners have considerable long-term investments in their homes.

Renter-occupied housing units by race



The percentage of rental housing is connected to the affordability of homeownership. When owning a home is out of reach, more housing will be renter-occupied and children will grow up in more transient neighborhoods.

By the Numbers

June 2022

\$340,000

Median sale price of a home in Escambia County



113% since October 2016

Student Homelessness

829

children in Escambia public schools were homeless in the 2021-22 school year



230% since 2017-18

Degree attainment

40%

of adults age 25+ in Escambia County have an associate's degree or higher



since 2015

June 2022

\$1,773

Median monthly rental price for a single-family in Escambia County.

Racial Income Gap

\$21,557

Median household income gap between **White (\$58,724)** and **Black (\$37,187)** households

Wage Gap

\$36,879

Difference in median wages for Escambia workers with a **high school diploma (\$30,058)** and a **bachelor's degree (\$66,937)**



What does this say?

While many Black and Hispanic children and families live in poverty in Escambia County, individual poverty and the actions of individual people are not the full explanation. Children of color in Escambia County often live in single-family homes due to complex reasons ranging from substance abuse to incarceration among parents; segregated neighborhoods; and low-income apartment complexes where poverty, crime, and disadvantage are concentrated. **Without strong families, good schools, banks, grocery stores, jobs, sidewalks, playgrounds, and other hallmarks of a community, children cannot thrive.**



Children Are Healthy

Theme 1

Children Are Ready to Succeed in
School and Life

Theme 2

Children Are Safe and Protected
From Abuse and Neglect

Theme 3

Children Have Supports to Help
Them Avoid Risky Behaviors

Theme 4

This section explores seven child health indicators that were selected because they represent the most egregious disparities facing children growing up in Escambia County. These data points also can contribute to conversations and actions aimed at enhancing the well-being of children, building a culture of accountability and transparency, and fostering equitable change.

Infant mortality

Low birthweight babies

Prenatal care



All moms and babies deserve to thrive. Yet birth outcomes vary widely according to a mother's race. Low birthweight is a risk factor for infant mortality, which disproportionately impacts Black babies and rural babies in Escambia County. Access to routine prenatal care is critical to identifying health risks, preventing complications, and ensuring every baby is a healthy baby.

Teen pregnancy



While Escambia's teen birth rate has fallen dramatically since 2001, persistent disparities exist.

Oral health



More than 51 million school hours are lost every year in the U.S. due to dental-related illness. Among other outcomes, children with oral pain earn lower grade point averages than children without oral pain.

Childhood obesity



Childhood obesity shortens children's lives, upping their chances of heart disease, stroke, liver disease, and cancer, while driving up health-care costs.

Bacterial STD rate among children 0-18



Chlamydia, gonorrhea, and syphilis, which can cause long-term health problems and problems during pregnancy, are on the rise among Escambia teens.

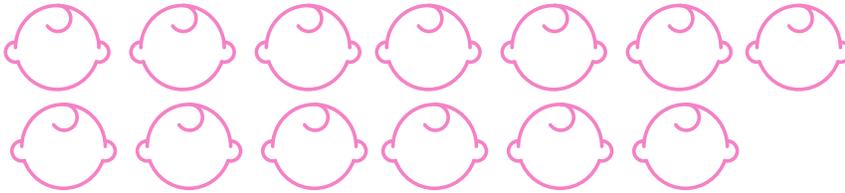


All indicators are defined in the appendix, where you can also find a full list of sources and citations used in this report.

All babies deserve to thrive

In Escambia County, not all babies have equal access to that opportunity. Infant mortality rates vary widely according to a mother's race.

Infant death rate occurring withing 364 days of birth, per 1,000 babies born in 2020



2020

13 deaths

per 1,000 Black babies, birth to age 1

Florida: 11 deaths



2020

5 deaths

per 1,000 White babies, birth to age 1

Florida: 4 deaths



Escambia's Black and White infant mortality rates are unbudging from 10 years ago, matching Florida trends that have also seen little to no change statewide.

Why does this matter?

Babies' odds of surviving their first year are a reflection of the health and well-being of their mothers and the quality of prenatal care available in our community. It is imperative that we investigate factors behind this worrisome trend. Currently, the lack of access to health care and information about prenatal care among the poor – especially Black mothers and rural mothers – places infants at a considerable disadvantage in surviving their first year of life and **robs society of their potential economic and social contributions.**

Where do we stand?

In Escambia County today and over the past decade, Black mothers are nearly three times as likely to have an infant who dies before their first birthday as White mothers. Although other women of color in Escambia also experience an elevated risk of poor outcomes, available data show that racial disparities between Black and white mothers are the starkest. We continue to lag behind Florida. **Concerningly, there has been a rise in sleep-related infant deaths the past two years.**

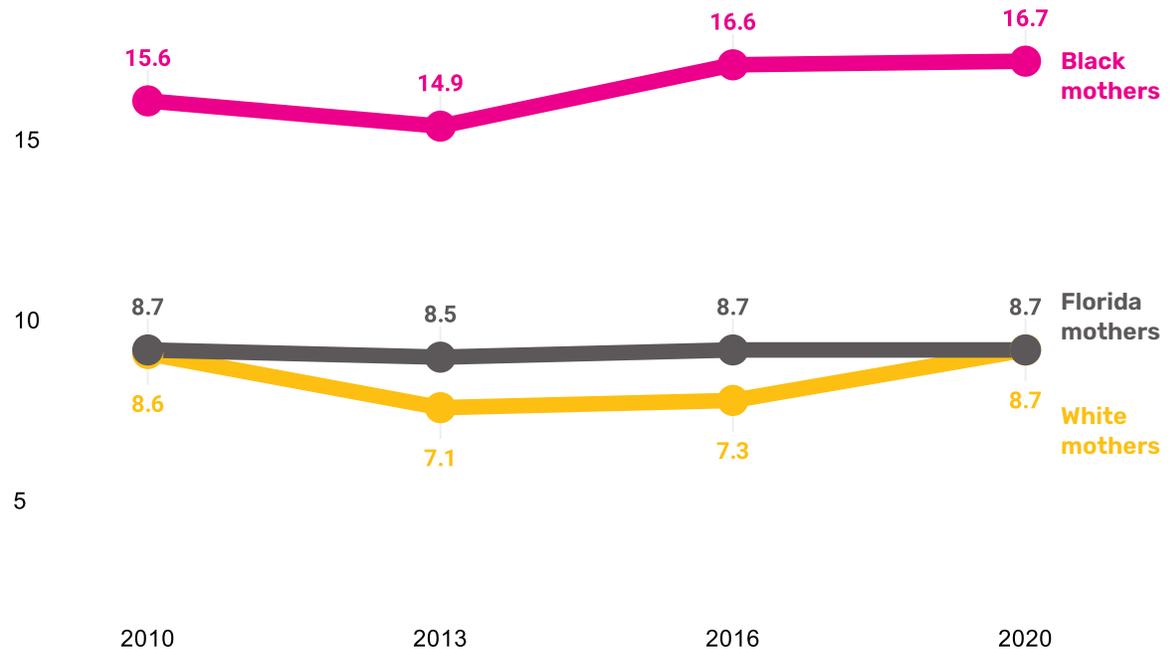
What can we do about it?

Infant mortality is associated with a variety of factors that include socioeconomic status, mother's age, nutrition, birth weight, health literacy, and lack of prenatal care. Recent increases in black infant mortality also coincide with significant cuts in programs designed to assist the poor and an erosion of benefits in jobs held by many poverty-level workers. We need to invest in building the human and economic capacity of our youngest children who will become our future workers and consumers. Affordable and stable housing and safe sleep spaces for infants are additional factors contributing to the recent rise in sleep-related infant deaths.

Low birthweight is a leading cause of infant mortality – it also is associated with developmental problems in childhood and risk of various diseases in adulthood

Defined as a baby born less than 5.5 pounds, low birthweight is one of the strongest predictors of an infant's health and survival.

Low birthweight births by percent, 2010-2020



Why does this matter?

Low birthweight is one of the primary reasons babies fall ill or die in the first year of life. The cost of caring for a single premature infant can be 25 times higher than the average cost of an infant born on time and at a healthy weight. Low birthweight infants can have mild to moderate impairments of vision, hearing or speech. A smaller percentage might have severe neurological or sensory problems, developmental delays, and learning disabilities. Low birthweight babies also tend to score lower in verbal processing and reading assessments, suffer from emotional and behavioral problems, and repeat one or more grades in school.

Where do we stand?

As the trendlines above show, Black mothers in Escambia face worsening disparities in this outcome area.

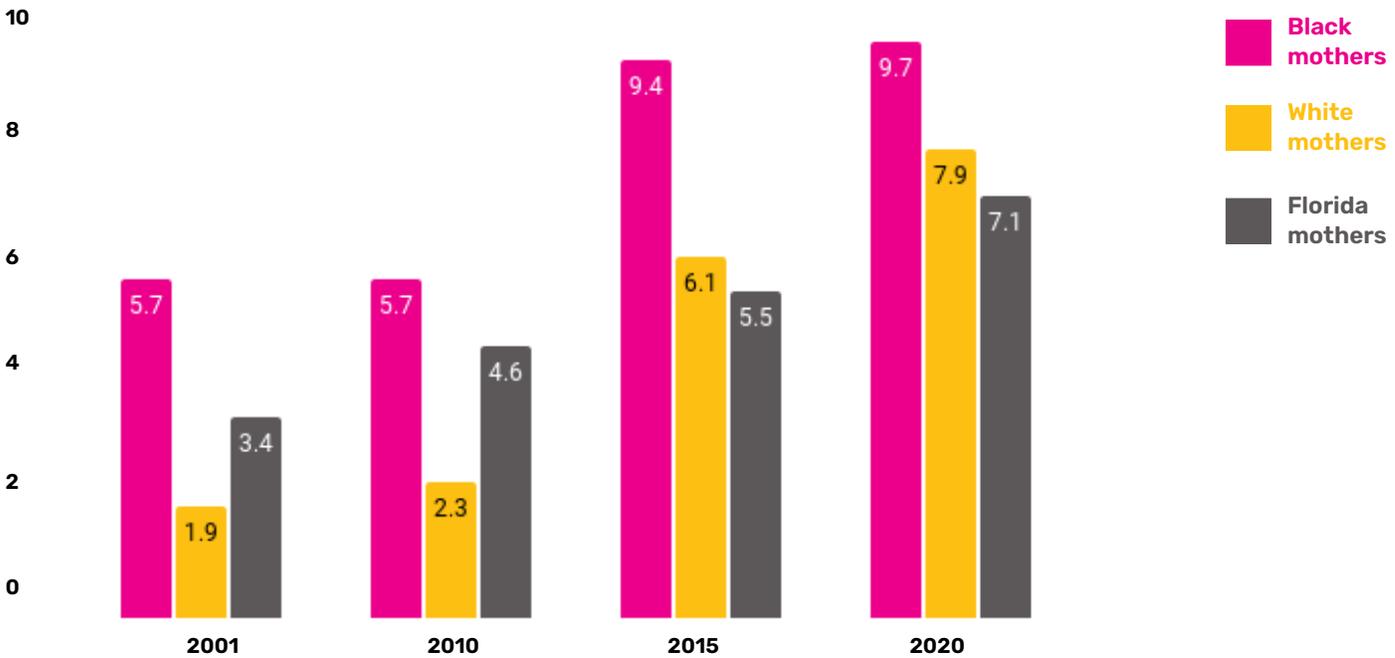
What can we do about it?

Healthy pregnancies begin before conception. Research is clear that no single approach will solve this problem. Instead, several types of programs and interventions should be undertaken simultaneously. These range from specific medical procedures to broad-scale public health and educational efforts including pre-pregnancy risk identification, counseling, and reduction; health education related to pregnancy outcomes generally and low birthweight in particular; and the full availability of family planning services to all who need and want them, especially for low-income women and adolescents.

Each year, hundreds of mothers in Escambia County give birth without receiving adequate prenatal care

Not receiving prenatal care until late in a pregnancy (defined as starting in the third trimester) or not receiving any prenatal care at all can increase risk of pregnancy complications. Early and regular prenatal care is important for monitoring health, managing existing medical conditions, and sharing health information.

Births to mothers with third trimester or no prenatal care by percent, 2001-2020



Why does this matter?

Ensuring all women receive early and adequate prenatal care is a widely recognized maternal and child health priority across the state of Florida and in numerous regional needs assessments. To achieve the greatest benefit for both mother and baby, experts recommend prenatal care visits begin in the first trimester of pregnancy or as soon as pregnancy is suspected or confirmed. Early prenatal care allows health care providers to identify potential problems as early as possible so they can be prevented, treated before they become serious, or monitored appropriately.

Where do we stand?

As the chart shows, more White and Black mothers in Escambia are having babies with little to no prenatal care than 20 years ago. **The rate for White mothers has quadrupled since 2001 while the rate for Black mothers has more than doubled.**

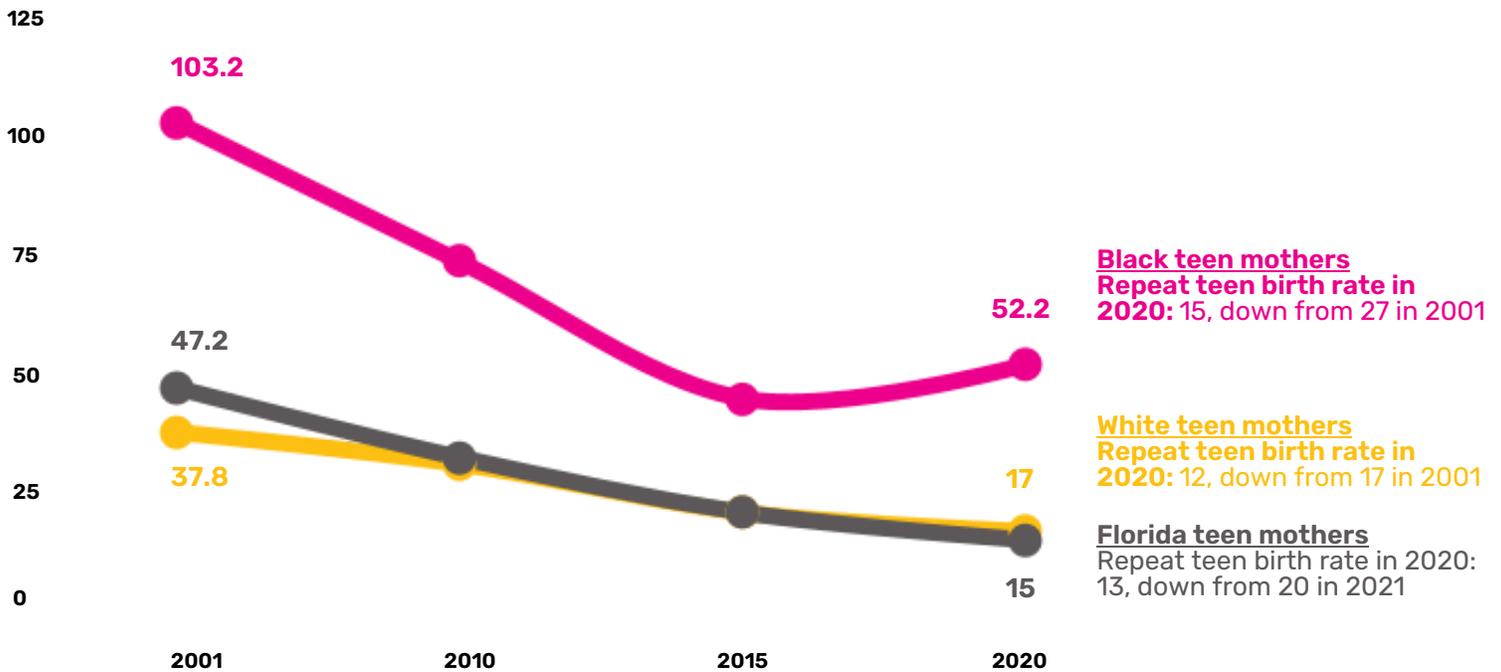
What can we do about it?

Local public health programs already emphasize access to early prenatal care services, especially for vulnerable populations such as teens, women with less than a high school education, and Black and Hispanic women. The problem is that not every mother has adequate access to high quality, affordable, and reliable prenatal care, particularly mothers facing prenatal care deserts in rural and westernmost Escambia County.

Fewer teenagers are having babies, and that decline is a good thing – yet there's still more work to do

Declines are due to more teens abstaining from sexual activity and more teens who are sexually active using birth control than in previous years. Still, racial/ethnic and geographic disparities in teen birth rates persist.

Births to mothers ages 15-19 per 1,000 females in the total population, 2001-2020



Why does this matter?

Social determinants of health, such as low education and low income levels of a teen's family, contribute to high teen birth rates and the likelihood of a teen having multiple children. Babies born to teens may be at greater risk for preterm delivery, low birth weight, and neonatal mortality. Teen pregnancy is closely linked to a host of other critical social issues as well: welfare dependency, out-of-wedlock births, irresponsible fatherhood, and lack of workforce opportunities. As babies of teen mothers grow up, they are more apt than children born to older women to have health and cognitive problems and to be the victims of neglect or abuse.

Where do we stand?

Teens in certain settings are at higher risk of teen pregnancy and birth than other groups. For example, we know that within these numbers, young women living in foster care are more than twice as likely to become pregnant than young women not in foster care.

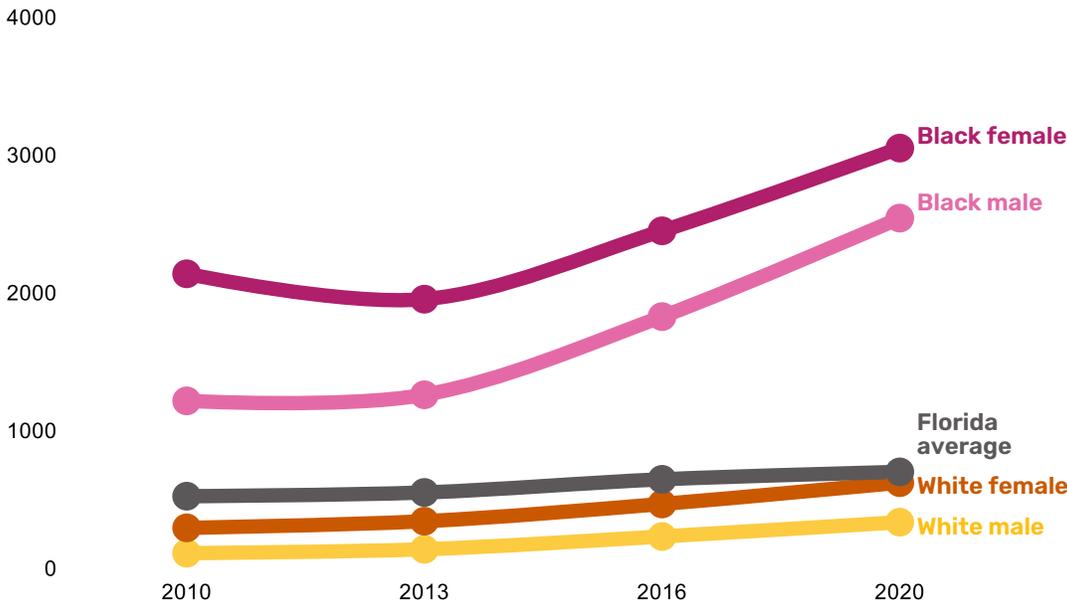
What can we do about it?

Access to direct interventions and resources in areas with the greatest need, including youth development programs, abstinence education programs, clinic-based programs, confidential health care, counseling, and programs specifically designed for diverse populations and settings.

We are facing a growing epidemic of sexually-transmitted diseases among Escambia County adolescents and teens

Cases of chlamydia, gonorrhea and syphilis are soaring. Why are so many teens getting STDs? Many factors are driving this increase, including, but not limited to, decreased condom use; declining local, state and federal investment in education programs; expanding sexual networks facilitated by dating apps; the rise of antibiotic-resistant strains of certain infections; and increased testing.

Bacterial sexually transmitted diseases (STDs), age 0-18, rate per 100,000 population, 2010-2020



An all-time high

3,549

Number of Escambia children in 2020 with a bacterial STD. This number represents an all-time high; 10 years ago, 2,255 children had an STD.

County ranking

#5

In 2020, Escambia ranked fifth-highest among Florida's 67 counties on the rate of children with a bacterial STD. **Ten years ago, our ranking was #9.**

Why does this matter?

Survivors of sexual abuse, domestic violence, and human trafficking are more likely to have a sexually transmitted infection than women who are not victims of these abuses. When left untreated, sexually transmitted infections (STIs) become sexually transmitted diseases (STDs), which can cause infertility, poor pregnancy and birth outcomes, and increased risk of acquiring new or transmitting existing STDs and STIs, especially HIV.

Where do we stand?

STDs among young people are soaring in Escambia County, particularly among Black female youth, mirroring national trends.

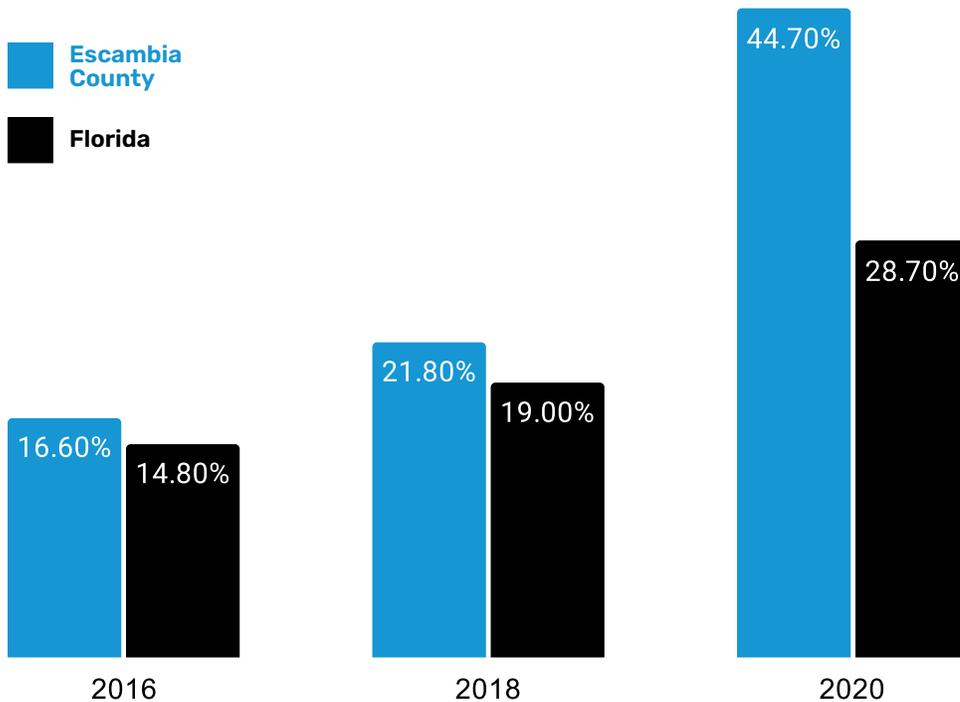
What can we do about it?

In addition to working to prevent abuse, we can foster access to clinical care, preventive technologies, and vaccines to treat STIs. Access to these types of confidential services is proven to reduce the STD rate among teens. Other evidence-based strategies include high-quality, comprehensive sex education or counseling programs that address the importance of contraception, condom use, and abstinence. According to the American College of Obstetricians and Gynecologists' Committee on Adolescent Health Care, research demonstrates that sex education programs do not encourage sexual activity; instead, they have been shown to "reduce the rates of sexual activity, sexual risk behaviors (e.g., number of partners and unprotected intercourse), sexually transmitted infections, and adolescent pregnancy."

Oral health among Escambia Children is in crisis and continues to spiral downward even in the aftermath of the pandemic

Trends that spiked in 2020 can still be seen today in our dental provider shortage, which is particularly acute among dentists accepting Medicaid and those located in medically underserved areas in northern Escambia.

Students in middle and high school who have not visited the dentist's office in the past 12 months, shown as a percentage, 2016-2020



Dental caries

1 in 7

adolescents age 12-19 have at least one untreated decayed tooth

Children with poor oral health are

3X

more likely than their healthy peers to miss school as a result of dental pain. That absence is associated with poorer school performance.

Why does this matter?

Oral health is much more than just healthy teeth. Oral health is a state of being free from chronic mouth and facial pain, oral and throat cancer, oral sores, birth defects, periodontal disease, tooth decay and tooth loss, and other disease and disorders that affect the oral cavity. Research has shown a link between poor oral health and diabetes, heart and lung disease, stroke, respiratory illnesses, and adverse birth outcomes including the delivery of pre-term and low birth weight infants.

Where do we stand?

Staffing shortages and long waitlists are two major factors affecting how many children in our community are able to see a dentist. The earlier children see a dentist, the healthier their gums and teeth will stay for their whole life.

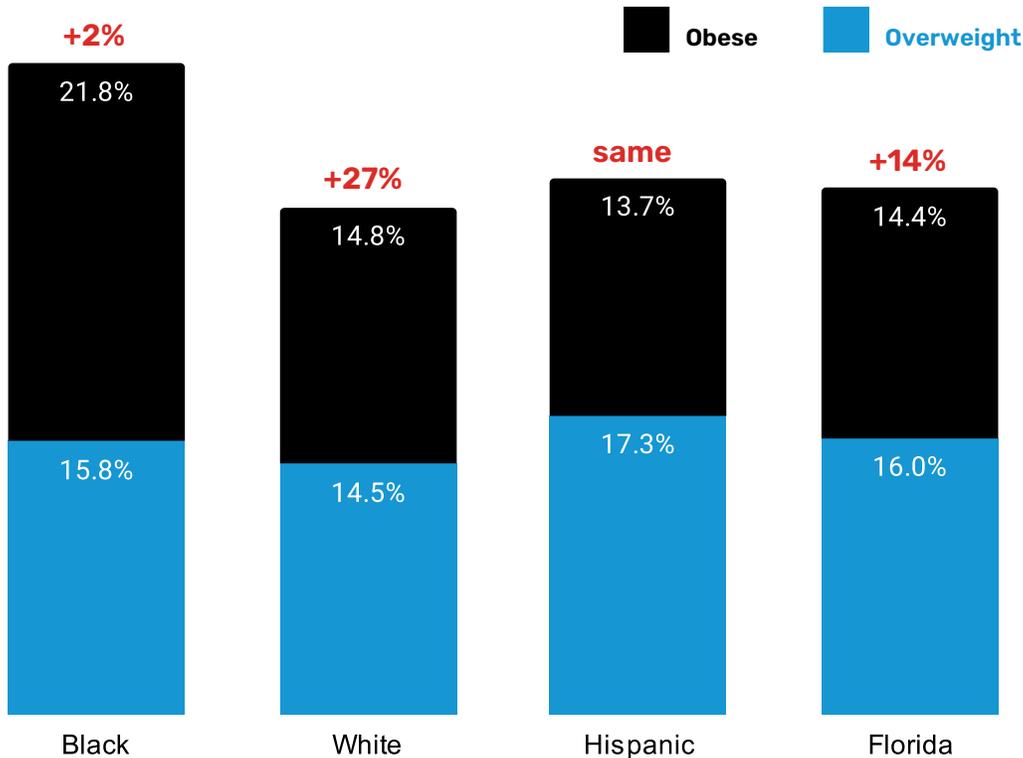
What can we do about it?

Collaborative partnerships among individuals, communities, health care providers, and governing bodies are necessary to achieve optimal oral health in Escambia County.

Since 2010, child obesity rates have continued to rise, with the biggest year-over-year spike occurring during the 2020 pandemic

Children are at a greater risk of developing obesity than ever before. Lack of exercise, fast food, number of hours spent behind screens, and safe streets and neighborhoods are all factors contributing to the epidemic.

Percent of middle and high school students who are overweight or obese in 2020; % change since 2010 noted in red



Fewer children are getting the 60 minutes of recommended physical activity recommended by the American Academy of Pediatrics (AAP). The AAP suggests parents show consistency with media limits, protect sleep time, have media-free spaces, and schedule media-free time each day.

Why does this matter?

The World Health Organization defines obesity as abnormal or excessive fat accumulation that presents a risk to health. A BMI of more than 25 is considered overweight and a BMI over 30 is obese. Children with a higher BMI are more likely to show signs of visceral fat and artery stiffness, both risk factors for cardiovascular disease, and be diagnosed with type 2 diabetes, resulting in increase health-care costs, societal costs, and diminished contributions to their families and communities.

Where do we stand?

During the COVID-19 pandemic, researchers at the University of Georgia reported that pediatric obesity rates hit a new high, and this trend is represented in Escambia County data.

What can we do about it?

Families, doctors, schools, and communities all play a role; prevention is more effective than playing catch-up later. Reducing obesity rates requires increasing access to healthy foods as well as adequate physical activity. Communities can help by increasing open green areas and encouraging healthy activities by providing trails, infrastructure for safe streets, and outdoor exercise stations. Working together, we can all do more to ensure children and families have access to healthy foods and healthy communities.

What would it look like if all of our children were ready to succeed in school and life? From kindergarten readiness to high school graduation, the seven indicators explored in this section chronicle the biggest opportunities we have to build a better world for more Escambia County children, youth, and families.

VPK participation

Quality child care

Kindergarten readiness



Participating in a high-quality preschool is one of the best ways to prepare children for kindergarten, school, and beyond. Yet our system of early childhood education is not working for most Escambia County children. Our VPK participation rate is among the lowest in Florida. High-quality child care is a luxury most parents cannot afford. And as a result, year after year, our kindergarten readiness rates suffer.

Chronic absence



Chronically absent students are more likely to experience poverty, diminished mental and physical health, and involvement in the criminal justice system as an adult.

3rd-grade reading



Achieving grade-level reading is possible for all children when we ensure their health and development are on track; families and communities create high-quality birth-through-age-8 learning environments; and regular attendance is a reality.

Middle-grade math



From mastering fractions and whole-number division by the end of elementary school to completing more-advanced math courses by the end of high school, each math milestone a student achieves is one step closer to success in school and in life.

High school graduation



Increasing the proportion of students who graduate in four years with a regular diploma is a broadly recognized Healthy People 2030 adolescent health objective.



All indicators are defined in the appendix, where you can also find a full list of sources and citations used in this report.

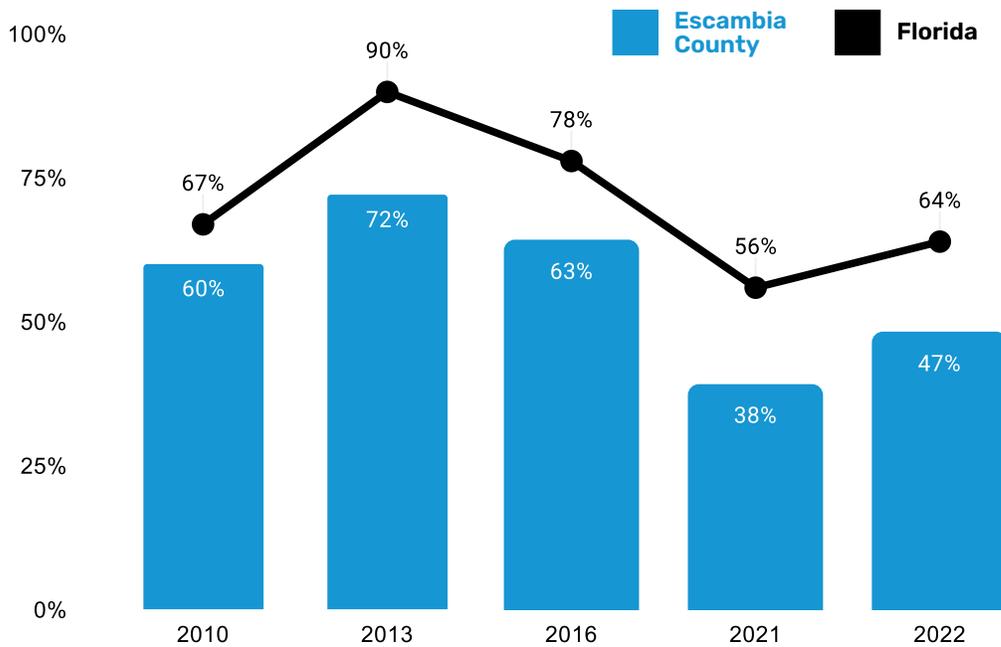
Children Are Ready to Succeed in School and Life

VPK PARTICIPATION

Why are so few Escambia County children participating in VPK?

Higher expectations and the pandemic have driven away some VPK providers. The highest-quality VPK programs fill up fast, shutting out parents and creating long waitlists. VPK also is a part-time program that forces providers to charge additional fees for full-time hours and puts many parents with transportation disadvantages in a bind.

VPK participation rate, expressed as percent of eligible participating 4-year-olds during the school year, 2010-2022



Escambia's 2022 ranking

#62

Only 5 counties have lower VPK participation rates than Escambia: Bay, Calhoun, Dixie, DeSoto, and Hamilton.

In the 2021-22 school year only

1,810

children attended VPK, compared to the 3,890 children who were eligible.

VPK programs are

part-time

creating an additional burden to participation.

Why does this matter?

Statewide data shows that students who complete VPK are more prepared for kindergarten than students who do not attend. Since the VPK program began in the 2005-2006 school year, more than 1.8 million children have matriculated. The first class of high school seniors who started out in VPK had a graduation rate in 2018 of 86%, reflecting tremendous progress from the 59% rate the year before VPK was launched.

Where do we stand?

Escambia County's VPK participation rate is 17 percentage points below the state average, and that's concerning. The issues are quality, availability, and accessibility. However, we also know several large preschools in the county do not participate in VPK, yet enroll hundreds of 4-year-old children in their prekindergarten programs. So while our VPK participation rate makes us #62 in Florida, many more children are participating in preschool than show up here. We estimate about 600 4-year-olds in our community are not participating in any preschool program, whether it be VPK, Head Start, or a private preschool.

What can we do about it?

To close school readiness gaps between disadvantaged children and their more advantaged peers, we need to better coordinate, expand, and improve the quality of free, available, and accessible early learning services to children and families.

Children Are Ready to Succeed in School and Life

High-quality early childhood education is the foundation for successful learning and sets the stage for lifelong learning beyond the elementary years

Parents in our community often have very few child care options and limited ways to really know the quality of care their child is receiving. It's usually easy to verify whether basic needs are met – keeping children well fed, safe, and clean – but determining if a child is engaging sufficiently and is participating in age-appropriate learning activities is much harder to ascertain.



One quality measure in Florida is a Gold Seal designation, but that's a rarity in Escambia County

8

out of 186 child care providers outside of the 3 child care centers at NAS are designated as Gold Seal. **That's only 4%.**



A national quality benchmark is NAEYC accreditation, which is even more uncommon

1

child care provider in Escambia County, outside of NAS, is accredited by the nationally recognized National Association for the Education of Young Children.



Parents face significant barriers when searching for high-quality care. Waitlists are long and employers can be inflexible; high-quality programs are often more expensive than college; and parents often lack the necessary tools to evaluate program quality. Many families live in child care “deserts,” and even when programs are available, quality is not well-regulated or supported, putting it out of reach for most families.

Why does this matter?

Increasingly, children are growing up in families where all available parents are working. Furthermore, over a century's worth of research shows that high-quality early childhood learning experiences can produce short- and long-term benefits for young children. High-quality preschool programs help prepare children for future learning, which can lead to a more educated population with higher-paying jobs, fewer social problems such as crime and delinquency, and strong economic returns on the dollars invested in early learning.

Where do we stand?

We lag behind most Florida counties in putting more early childhood programs on the path to high quality. But we need better ways to measure this indicator, such as strength-based approaches that include relationship-based coaching models and ongoing teacher support programs that emphasize mental health and self-care.

What can we do about it?

There's no silver bullet, but plenty of opportunities exist: expand access to quality care (e.g., inclusive care for families with infants and toddlers, nontraditional work arrangements, and children with disabilities or delays); improve quality in all settings, including family child care and family, friend, and neighbor care; make care affordable; make care comprehensive (such as health, dental, and home visiting programs); and elevate job quality and wages for early educators. This last point is perhaps the most important. Without high-quality staff who are compensated for their skills and competencies, we won't have high-quality programs.

Kindergarten readiness means being healthy and ready for the first day of school

Improving school readiness rates, however, requires support for families long before kindergarten starts.

Kindergarten Readiness: 2017-2021 Fast Facts

42%

of 2,692 children entering kindergarten were ready in fall 2021



In 2017, 46% of children were ready for kindergarten

#53

Escambia's 2021 kindergarten readiness ranking out of 67 Florida counties



We were ranked #54 in 2017

How we measure kindergarten readiness is in constant flux. For the past five years, kindergarten readiness was measured using a screening instrument known as the Florida Kindergarten Readiness Screener (FLKRS). Kindergarten teachers screened children entering a public kindergarten program for the first time, within the first 30 days of the child starting school. The numbers on the left show Escambia's FLKRS results during this time.

Beginning in 2022, the effectiveness of VPK providers to prepare their students for kindergarten will be measured at the end of each student's VPK school year. Assessments will be administered at the end of the VPK year, rather than at the beginning of kindergarten, and will be part of a stronger, higher quality, accountable, and transparent early learning system in which children's progress is measured while they are still attending VPK. We will have a new set of data on kindergarten readiness beginning in the 2022-2023 school year, which will be known as "VPK Readiness Rates." These new rates will measure how well a VPK provider helps prepare 4-year-olds for kindergarten based on the Florida Early Learning and Developmental Standards. Holding early childhood programs accountable for providing high-quality experiences and ensuring equity in access to quality care for children from all backgrounds are twin goals in this new system, stemming from the need to close the achievement gap.

Why does this matter?

Kindergarten readiness is linked to greater economic well-being, improved mental health, and reduced justice-system involvement into adulthood. Achievement gaps in the elementary years can be traced back to readiness gaps at the start of kindergarten.

Where do we stand?

Even with changes coming to how kindergarten readiness is measured, there is no doubt our youngest learners are in tremendous need of quality supports, especially children with disabilities, children from low-income families, English learners, and children growing up in resource deserts.

What can we do about it?

Safe, fun, beautiful, play-based preschool and child care settings that emphasize mental health and social-emotional health strongly influence children's readiness for school. Beyond the classroom and the doctor's office, research suggests multisector partnerships that connect schools, social services, and health care services, to promote early literacy and healthy development, could be ideal accountable entities for kindergarten readiness rates. Another solution exists in cross-sector data sharing platforms, such as Philadelphia's Integrated Data System, which links school, social service, and health care data. This model not only helps with report generation and accountability in the provision of services, but also identifies children eligible for more intensive supports earlier in life.

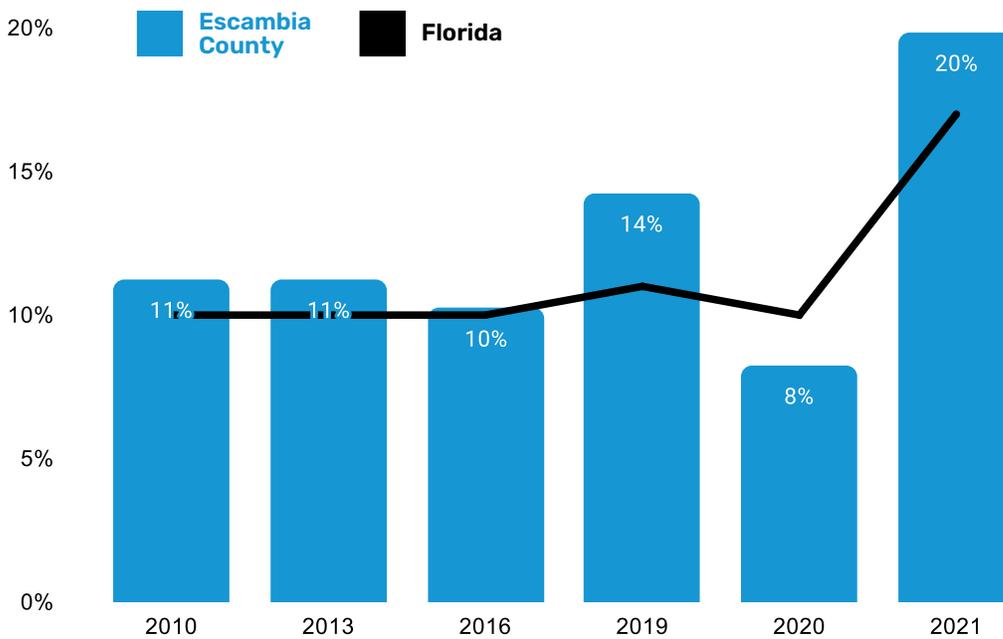
Children Are Ready to Succeed in School and Life

CHRONIC ABSENCE

A troubling number of Escambia County students don't go to school every day. They're considered chronically absent – a problem that can lead to failing grades and dropping out.

Children living in poverty are up to 3 times more likely to be chronically absent, and face the most harm because their community lacks the resources to make up for lost learning in school. Students from communities of color as well as those with disabilities are disproportionately affected.

Students in K-12th grade absent 21+ days from school, expressed as percentage, 2010-2021



Among chronically absent students

20%

have a disability, though students with disabilities comprise 16% of the total population

44%

are Black students, who comprise 36% of the population

38%

are White students, who comprise 45% of the population

Why does this matter?

Education can only fulfill its promise as the great equalizer – a force that can overcome differences in privilege and background – when we work to ensure that students are in school every day and receive the supports they need to learn and thrive. Chronic absenteeism is linked to poor outcomes for students, from lower scores on standardized tests, to decreased literacy attainment, increased dropout rates, and even increased risk of suspension, expulsion, and incarceration. Beyond school, chronic absence puts children on a path toward lower employment, lower income, and higher poverty.

Where do we stand?

Chronic absenteeism in Escambia County is prevalent among all races, with disproportionate impacts on Black students and those with disabilities. The types of adversity described in this needs assessment – including poverty, health challenges, community violence, and difficult family circumstances – make it difficult for students to take advantage of the opportunity to learn at school and contribute to the school-to-prison pipeline.

What can we do about it?

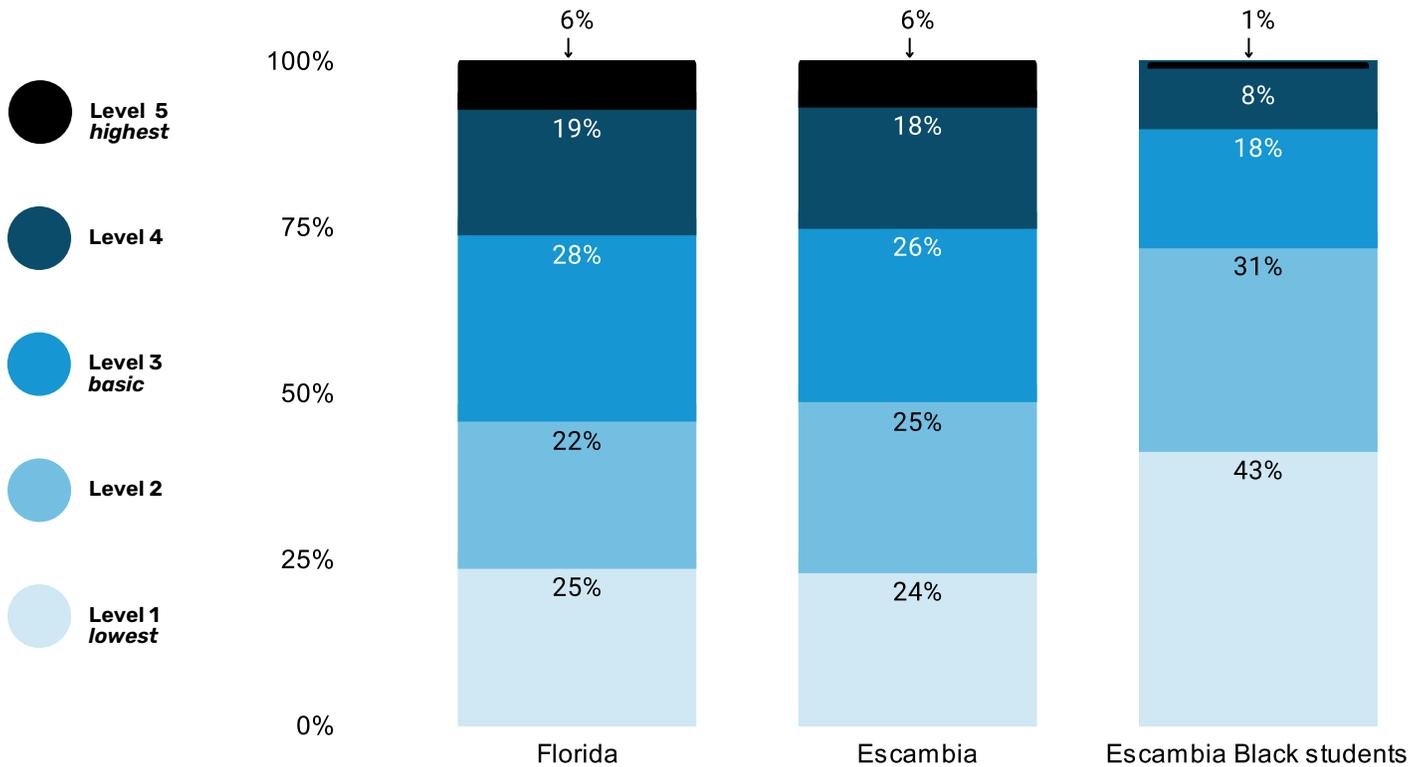
Chronic absenteeism is one of the best early warning indicators that a student and their family need additional support to thrive. Understanding when students are most at risk will help schools and advocates better target interventions, both in school and during afterschool and summer breaks, to improve student outcomes.

Children Are Ready to Succeed in School and Life

3rd grade marks the time when a child transitions from learning how to read, to understanding what it means to read to learn

It may seem hard to believe that reading skills in the 3rd grade could have such an enormous impact on the future of children’s academic careers and social success. Yet, one in six children (nearly 17 percent) who are not reading proficiently in 3rd grade do not graduate from high school on time, a rate four times greater than proficient readers.

FSA English Language Arts 3rd-grade assessment results by achievement level, 2022



Why does this matter?

3rd-grade reading is the #1 indicator of high school graduation, regardless of poverty or parental education status. Low reading proficiency inevitably makes grasping advanced academic concepts challenging and also impedes social development, leading to a higher likelihood of dropping out of school. Without a diploma, students miss out on career prospects and access to certain higher education choices.

Where do we stand?

We are facing a literacy crisis, one that started years before the pandemic and, in nearly all cases, in early childhood development. Research tell us that language proficiency in kindergarten is the best indicator of reading proficiency in 3rd grade. About 50% of Escambia County children were reading at Level 3 (basic) or higher in 3rd grade last school year; this closely matches districtwide school readiness rates.

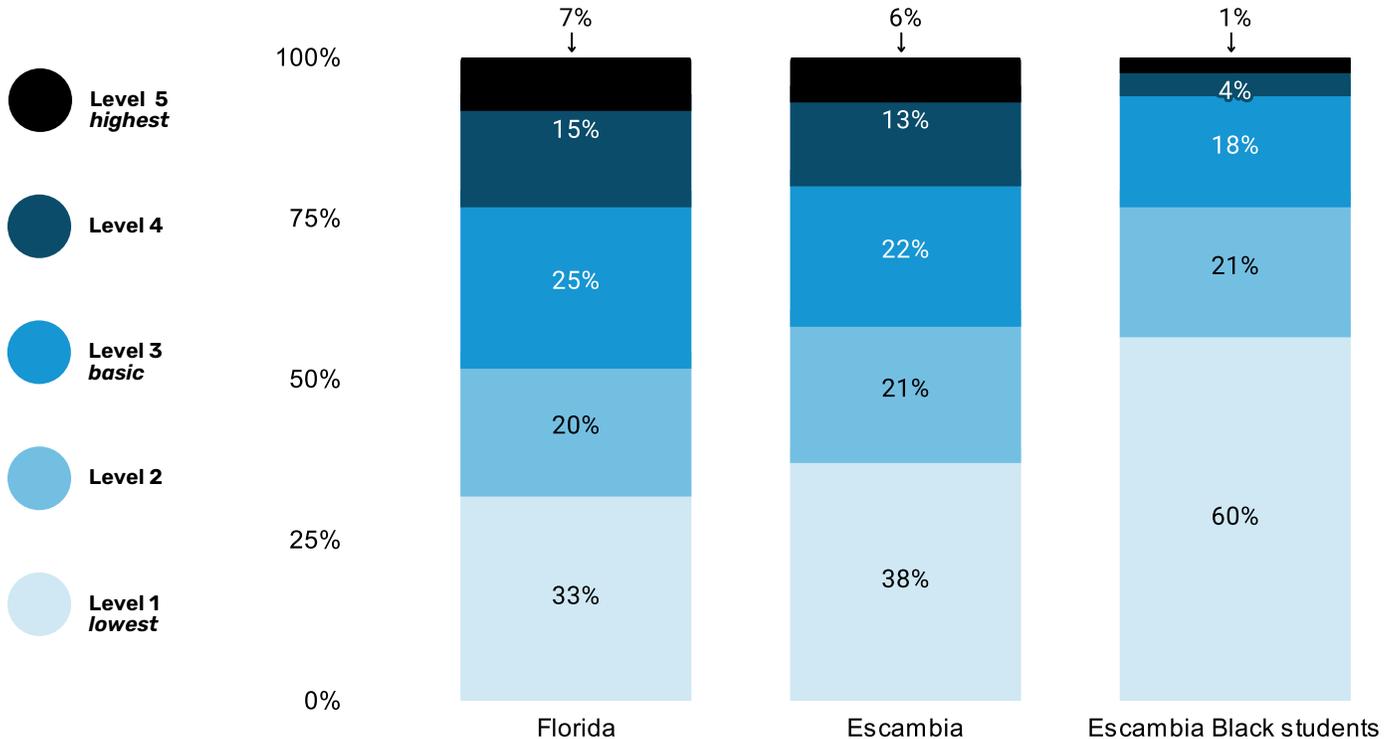
What can we do about it?

Whether it's in school, afterschool, over the summer, or over the weekend, all of us have the power to set kids up for success. Our collective work needs to keep equity at the center as we address the many factors that contribute to 3rd-grade reading outcomes, including those factors that were worsened by the pandemic.

Middle school math is a top predictor of college readiness

Students who enter high school unprepared for advanced coursework in mathematics are unlikely to be college-ready by the time they graduate from high school. Further, these scores serve as indicators of math understanding and computational ability – key ingredients for students to become successful in STEM disciplines and land jobs in technology, engineering, or science.

FSA mathematics 7th-grade assessment results by achievement level, 2022



Why does this matter?

Research indicates that the level of academic achievement that students attain by the end of middle school has a larger impact on their college readiness by the time they graduate from high school than anything that happens academically in high school.

Where do we stand?

The huge gaps in learning shown above are even more egregious than 3rd-grade reading. The results highlight massive gaps in math learning that didn't show up overnight, but existed long before the pandemic,

What can we do about it?

There is no quick fix to closing the racial and socioeconomic disparities in achievement that persist at every level of math education. Actions require a multi-pronged approach; one-off interventions – especially if many who need them can't get to them – are not enough. We need to think beyond traditional strategies like summer school and tutoring and look at real ways to tackle the root causes of math disparities. One place we can start is understanding the conditions surrounding math achievement gaps, including widespread staff shortages, crippling rates of student absences, and worrisome data on students' declining mental health.

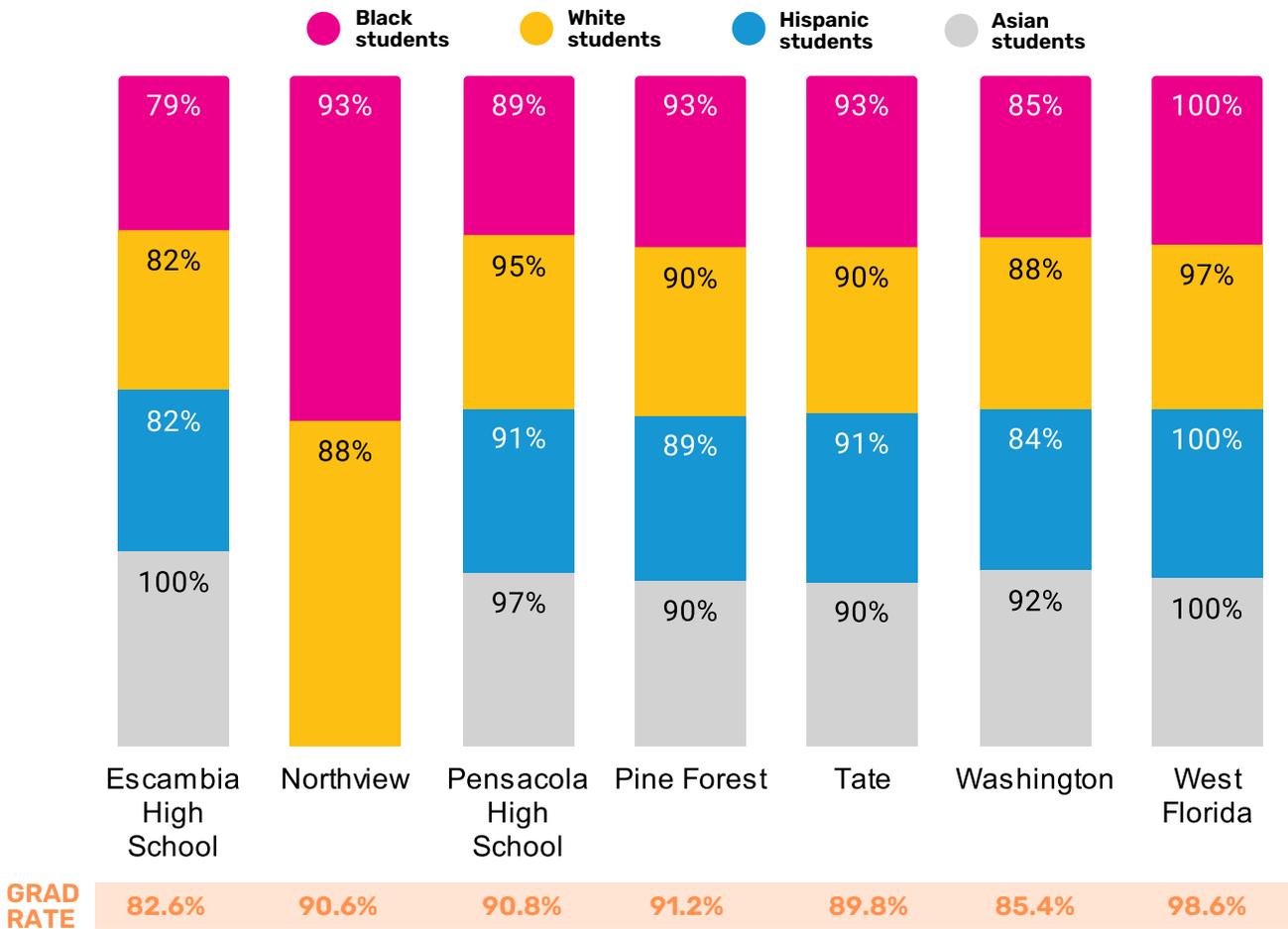
Children Are Ready to Succeed in School and Life

HIGH SCHOOL GRADUATION

Overall graduation rates in our county reached a record high in 2021

Yet we still have work to do to improve this indicator, particularly among students with disabilities, rural students, and those from low-income families.

Escambia public high school graduation rates by school and race, 2021



Why does this matter?

Lower educational attainment puts students at greater risk of adverse health outcomes such as obesity, cardiovascular disease, lung disease, mental health problems, and premature death. Additionally, students who drop out of high school are more likely to experience incarceration.

Where do we stand?

While graduation rates peaked in 2021, not every group of students is on track to graduate. Black, White and Hispanic students at Escambia High School shared the lowest subgroup graduation rates in the district. Students with disabilities and those from low-income families are also disproportionately dropping out.

What can we do about it?

Interventions proven to increase high school graduation rates target health-related and socioeconomic barriers to graduation: absenteeism, chronic illness, poverty, hunger, developmental delays, chronic stress, homelessness, and teen pregnancy.

Children Are Safe and Protected From Abuse and Neglect

4 CORE INDICATORS

Two major factors currently driving the rising rate of child abuse and neglect in Escambia County are substance abuse and domestic violence. These are the top two reasons children are removed from their parents' homes in our county.

Substance-exposed newborns



The nation's opioid crisis is a factor in the number of infants entering our local foster care system, with at least half of all infant placements now a result of parental substance use.

Foster care placements



Children who remain in foster care long term are more likely to exhibit toxic stress and clinical levels of emotional or behavioral problems than children who are returned to their families.

Children with verified maltreatment



Escambia County is not a safe place for too many children because they are more likely to be abused or neglected by their caregiver here than in most other counties in Florida.

Domestic violence offenses



Children who witness domestic violence or are victims of abuse themselves are at serious risk for long-term physical and mental health problems. Children who witness violence between parents may also be at greater risk of being violent in their future relationships.



All indicators are defined in the appendix, where you can also find a full list of sources and citations used in this report.



Children Are Safe and Protected From Abuse and Neglect

SUBSTANCE-EXPOSED NEWBORNS

Children deserve to be born without preventable setbacks

The use of opioids during pregnancy can result in drug withdrawal syndrome in newborns known as neonatal abstinence syndrome. Substance-exposed newborns face lengthy and costly hospital stays and tax our child welfare system.

In 2020 there were

22

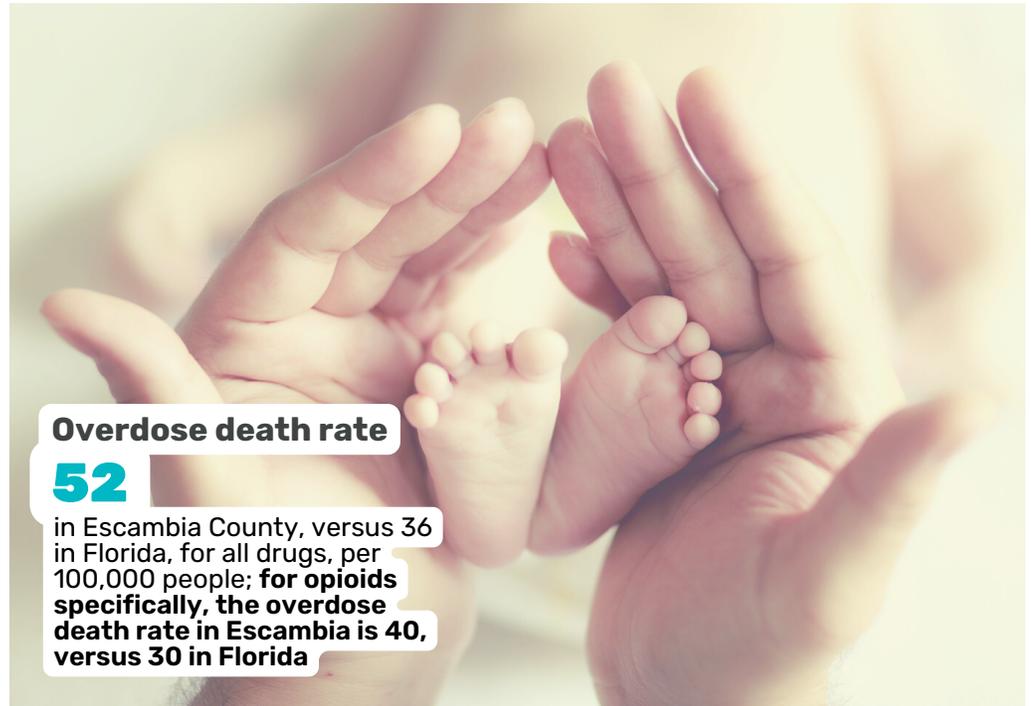
infants born addicted to opioid prescriptions or illicit drugs in Escambia County

But in a pandemic year that might be deceptively low

From 2014-2019 there were on average

33

infants born addicted to opioid prescriptions or illicit drugs in Escambia County



Why does this matter?

Prenatal drug or alcohol use during pregnancy is linked to poor physical growth; emotional and behavioral problems; lower intelligence; impairments in attention, language, and executive functions; and academic underachievement among exposed children.

Where do we stand?

With the number of addictions and overdoses up nearly 20%, Escambia County is at risk of seeing the number of substance-exposed newborns climb. Nationally, at least half of foster care placements for infants are associated with parental substance abuse. Further, substance abuse is the No. 1 reason children are removed from their homes in our county, followed by domestic violence and neglect.

What can we do about it?

Simply stated, women must not use drugs or alcohol while they are pregnant in order to keep their babies from being harmed by these substances. Addiction is a complex disease made even more difficult to treat due to stigma and limited access to viable treatment options. Proven interventions must be made available to pregnant women who are battling substance abuse disorders. Treatments could range from inpatient rehabilitation programs to medical treatment to individual counseling and family therapy.

Children Are Safe and Protected From Abuse and Neglect

FOSTER CARE PLACEMENTS

Child outcomes are best when children are raised in a stable, nurturing family environment

The removal rate for Escambia County has been higher than the state rate for the past six years. Most children removed from their homes are under 5 years old and especially vulnerable to complex trauma.

57%

of children removed from their homes as of July 2022 were placed in homes outside of Escambia County, which creates significant barriers to reunification.

58% of siblings

removed from their homes in Escambia County are placed together, which helps lessen their trauma. **The state's rate is about 64%.**



'Permanency' refers to a child being legally and permanently placed in a safe, stable, nurturing family setting – whether it be with their birth, adoptive, relative caregiver, or guardianship family.

18%

of Escambia children entering the foster care system in FY 22 achieved permanency within 12 months, compared to 32% achieving permanency in Florida. Permanency within 12 months is considered a best practice, and **the state's goal is 40.5%.**

Why does this matter?

Children who are removed from their family homes typically experience feelings of fear, rejection, grief, loss, or abandonment. Research reveals that children who remain in foster care long term are more likely to exhibit clinical levels of emotional or behavioral problems than children who are returned to their families. Then when foster care ceases at age 18, these youth are thrust into the community at a time in life when many peers still require substantial guidance, structure, and support; yet children aging out of foster care typically do not have a support system beyond foster care and face unsurmountable obstacles when they lose that safety net.

Where do we stand?

The child welfare system in Florida is complex and layered – and some would say, broken. Numerous organizations make up the system, including local public and private agencies, state circuits and departments, and community-based organizations. While these entities exist to support families and keep children safe, the system can be difficult to navigate. It can also be frightening to parents, especially those living in poverty, suffering from addiction, or formerly incarcerated. Existing services in Escambia County include in-home family preservation services, foster care placements, mental health care, substance use treatment, parenting skills classes, domestic violence services, employment assistance, and financial and housing assistance. However, the support services can be disconnected or inaccessible.

What can we do about it?

The county has adopted the Early Childhood Court model, which is evidence-based and could potentially be expanded to serve young children older than 3. Strengthening supportive parenting skills of foster parents may reduce behavioral problems. Other proven models exist across the state for improving outcomes for children in the foster care system. These evidence-based models include projects that provide attorneys to represent each child in the dependency system; employ social workers to work with families to determine if reunification is an option; have navigators act as liaisons between DCF and the guardian ad litem representing the child; facilitate adoptions; or offer relative caregiver supports.

Children Are Safe and Protected From Abuse and Neglect

CHILDREN WITH VERIFIED MALTREATMENT

Children are precious and cannot reach their full potential if they are not treated with care

The National Child Abuse and Neglect Data System categorizes maltreatment as neglect, physical abuse, sexual violence, psychological maltreatment, medical neglect, or 'other' maltreatment, which may include threatened abuse or parental substance use.

Child abuse rates

2X+

among children ages 5-11 in Escambia County, child abuse rates are more than twice the state average.

Sexual violence rates

2X+

among children ages 5-11 in Escambia County, sexual violence rates are more than twice the state average.

In the past 12 months

1,596

incidents of child maltreatment were verified in Escambia County.

These statistics rank us

#5

among Florida's 67 counties in the rate of children ages 5-11 experiencing child abuse.

What is driving the prevalence of neglect cases in the child welfare system?

The inclusion of income-related factors in definitions of neglect without exemptions risks funneling families into the child welfare system even if children have not been harmed and/or are not at risk of harm. Failure to exempt income-related factors can contribute to racial disparities in the child welfare system.

Why does this matter?

Child maltreatment during infancy and early childhood has been shown to negatively affect child development, including brain and cognitive development, and can have lasting effects. Abuse and neglect also affect children and youth's social and emotional development.

Where do we stand?

Escambia County is not a safe place for too many children. They are more likely to be abused or neglected here than in most other counties in Florida. The intersection of poverty and maltreatment is clear. More than 1 in 5 children in our county live in poverty, and Black children are over twice as likely to be in poverty. When it comes to neglect, we must consider the link between access to resources and the ability to protect and provide for a child. Parents who cannot afford childcare may leave children unattended or unknowingly in the care of a predator. Parents without transportation or internet access may have no way to obtain public benefits or take children to medical appointments. The list of connections between maltreatment and poverty is lengthy. Even domestic violence, while crossing all socioeconomic classes, has been correlated with poverty in recent years. Similarly, a strong link between poverty and substance abuse also exists. **Poverty affects maltreatment, and Escambia County is riddled with pockets of poverty.**

What can we do about it?

Addressing child maltreatment requires addressing poverty. Positive parenting leads to positive futures for generations to come. Providers can band together to support families to meet their basic needs. Programs that have shown positive impact include strategies such as providing printed family resource directories, offering parenting skills classes, offering childcare for parents searching for jobs or attending school, providing home visiting services, offering trauma counseling/psychotherapy for parents or children, and providing access to transportation or safe, affordable housing.

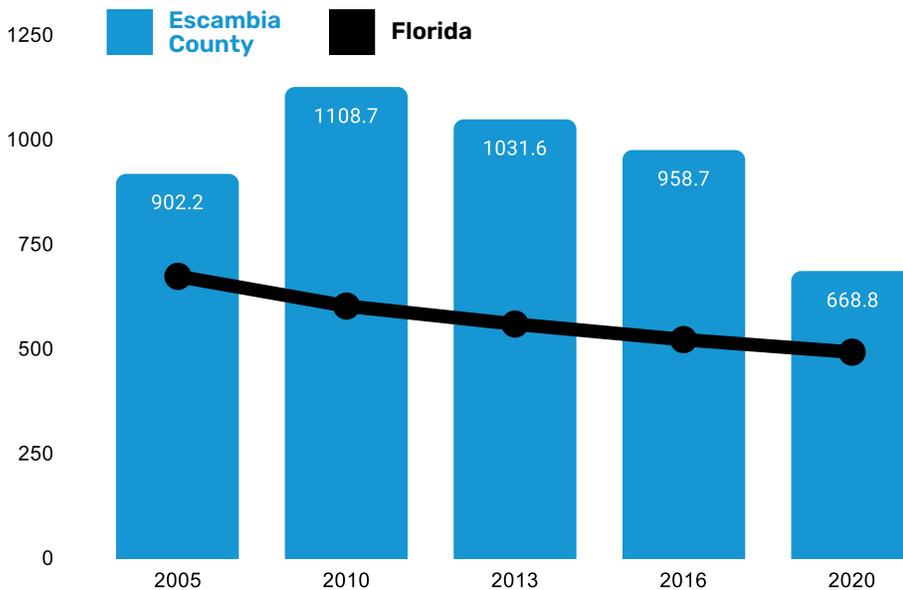
Children Are Safe and Protected From Abuse and Neglect

DOMESTIC VIOLENCE OFFENSES

Many children exposed to violence in the home are also victims of physical abuse themselves

Further, there are lasting psychological and physical effects of a child's exposure to domestic violence.

Domestic violence offenses rate per 100,000 population, 2005-2020



Escambia is ranked

#14

among Florida's 67 counties, with

2,121

reports of domestic violence in 2020, a 20-year low

Up to

70%

of children who are exposed to domestic violence are also victims of physical abuse themselves

Why does this matter?

The pandemic exacerbated an already precarious situation for victims of domestic violence. With increased financial stresses, changes to employment, rising housing costs, and inflation, the incidence of domestic violence and/or the severity of the abuse has also increased. Yet anecdotal evidence suggests that victims are now more likely to remain in a dangerous relationship because of economic constraints, putting children in these families at ongoing risk.

Where do we stand?

According to the Office on Women's Health in the U.S. Department of Health and Human Services, "Children who witness domestic violence or are victims of abuse themselves are at serious risk for long-term physical and mental health problems. Children who witness violence between parents may also be at greater risk of being violent in their future relationships." We must stop domestic violence to protect our children not only from the present risk of harm but also from the future danger of continuing the cycle of abuse.

What can we do about it?

How can we protect children from harm's way? Research shows that victims' access to civil legal services reduces domestic violence. Specifically, the filing of a protective order is one of the two most effective tools for stopping domestic violence, second only to leaving the abuser. Securing child custody and child support orders enables the victim and children to leave the abusive situation legally and safely. Legal services combined with other wrap-around services to address employment, financial, and housing matters contribute to the likelihood that the victim and children will become stable and not return to the abusive situation.

Children Have Supports to Help Them Avoid Risky Behaviors

6 CORE INDICATORS

Taking risks is fairly common in adolescence. Yet risky behaviors can be associated with serious, long term, and sometimes life-threatening consequences. In this section we focus on these evidence-based strategies:

1. Support and strengthen family functioning.
2. Make communities safe and supportive of children and youth.
3. Promote involvement in high quality out-of-school-time programs.
4. Encourage the development of sustained relationships with caring adults.
5. Provide children and youth opportunities to build social and emotional competence.

Childhood hunger		Food insecurity and hunger together with other correlates of poverty can dramatically alter the architecture of children’s brains, making it impossible for them to fulfill their potential and leading to a cascade of negative outcomes.
Youth arrests		Overall youth arrests declined as the pandemic raged and the use of civil citations increased. Those are positive trends, but we still have a long way to go to prevent more children from ending up in the criminal justice system.
School suspensions		Students in schools with high suspension rates are more likely to face later arrest, fail to advance academically, and drop out.
School arrests & referrals to law enforcement		This indicator is a critical measure of youth health and safety, and it's rapidly improved over the past five years. Fewer arrests and ticketing mean reduced injury, trauma, and financial hardship for students and families.
Youth mental health		Mental health is an essential part of overall health. It not only affects the ability of young people to succeed in school, at work, and throughout life but is critical to their overall well-being and to the health of our community.
Hospitalizations from mental disorders		Youth emotional health problems and hospitalizations have been increasing in recent years, statewide and locally. Effective strategies exist to influence this indicator, such as integrating mental health, health care, education, child welfare, juvenile justice, and other systems.



All indicators are defined in the appendix, where you can also find a full list of sources and citations used in this report.

Children Have Supports to Help Them Avoid Risky Behaviors

CHILDHOOD HUNGER

One in 5 Escambia County children is food-insecure, meaning they lack consistent access to healthy food

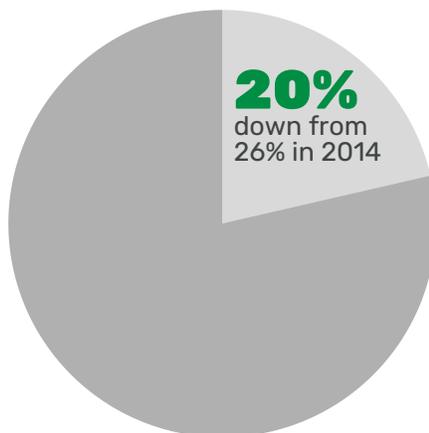
In a land of plenty, that's simply unacceptable. When children are hungry, they're more likely to be hospitalized, and they face a higher risk of health conditions because they have weakened immune systems. A brain starved of vital nutrients is one that can't concentrate, setting hungry kids up for failure in school and beyond.

Child food insecurity among 0-18-year-olds in Escambia County, 2014-2020



13,020

children were food-insecure in 2020, down from 13,970 children in 2017



Average meal cost

\$3.38

up 7% from 2017, when the average meal cost was \$3.17. As this is a 2020 statistic, current increases in food costs due to inflation are not reflected in this meal cost.

Why does this matter?

Key drivers of child food insecurity are unemployed parents, parents in poverty, and neighborhoods that are food deserts and lacking transportation. Babies, toddlers, and preschoolers suffering hunger and malnutrition face increased odds of negative health outcomes during their years of greatest brain development.

Hungry children under 5 are:

2X

more likely to experience developmental delays

2X

more likely to have behavioral problems

2X+

more likely to be hospitalized

Hungry school-age children are:

4X

more likely to need mental health counseling

The stress and anxiety of early childhood hunger also make it harder to learn skills that help later relationship development, school success, and workplace productivity.

Where do we stand?

Over the past few years, child hunger rates have been largely stagnant, though overall numbers are down. Children under 5 who aren't in child care suffer the most.

What can we do about it?

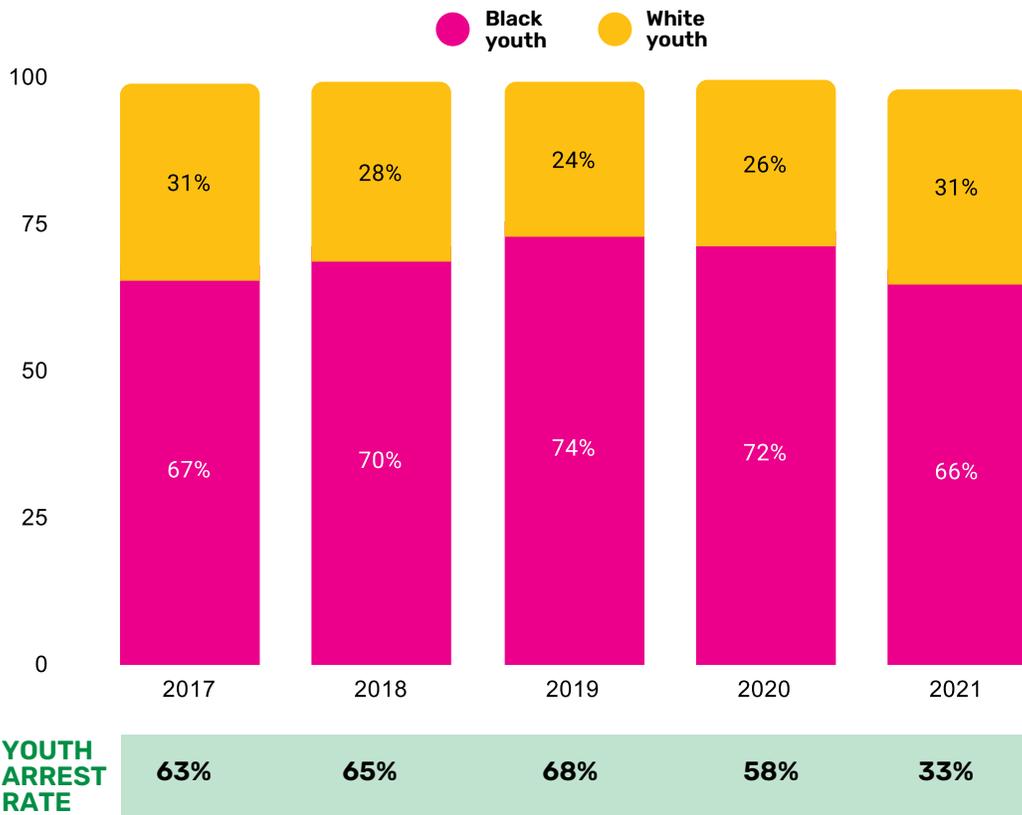
In a county like ours, where poverty and food insecurity have held a strong grip on many families for years, the fight to meet a family's basic nutritional needs is profound. One thing we can do is support innovative models that encourage cross-sector partnerships with families (such as hunger grants for one-stop-shop child hunger hotspots that combine fresh food boxes with health screenings, oral and eye exams, mental health services, and developmental screenings in a single location).

Children Have Supports to Help Them Avoid Risky Behaviors

Recent changes in youth justice, such as the use of civil citations, have proved promising. Many fewer young people are experiencing the harshness of the criminal justice system, and our community's leaders should protect the policies and practices that allowed for that change.

At the same time, despite major declines, racial disparities in youth arrests remain completely unacceptable. We must continue to root out the causes of this injustice.

Rate of youth arrests, per 1,000 youth ages 10-17 in Escambia County, 2017-2021, by race



Escambia has 3 ZIP codes with the highest volume of youth arrests in Florida

These Escambia County ZIP codes have been identified as among the top 50 ZIP codes in Florida because they have the highest volume of youth arrests:

- 32505** #3 ZIP code 274 arrests
- 32503** #45 ZIP code 119 arrests
- 32506** #48 ZIP code 115 arrests

Why does this matter?

Not enough counselors, social workers, and psychologists mean children with special educational needs, those in poverty, those involved in the child welfare or mental health systems, and those residing in disinvested and under-resourced communities are most at risk of getting arrested.

Where do we stand?

The majority of arrests countywide are for low-level misdemeanor offenses like disorderly conduct or simple assault (fights, threats, and roughhousing). Racial disparities for these kinds of offenses are vast.

What can we do about it?

Bad outcomes are not inevitable. Solutions are available that strengthen families, foster success, promote equity, conform to best practices, and recognize the realities of adolescent behavior and brain development, as well as the impacts of trauma on our most disadvantaged children. A growing body of research finds that strong connections to community organizations, especially when community partners are invited inside the school building and become part of the before school, afterschool and in-school educational fabric, lead to the best academic outcomes.

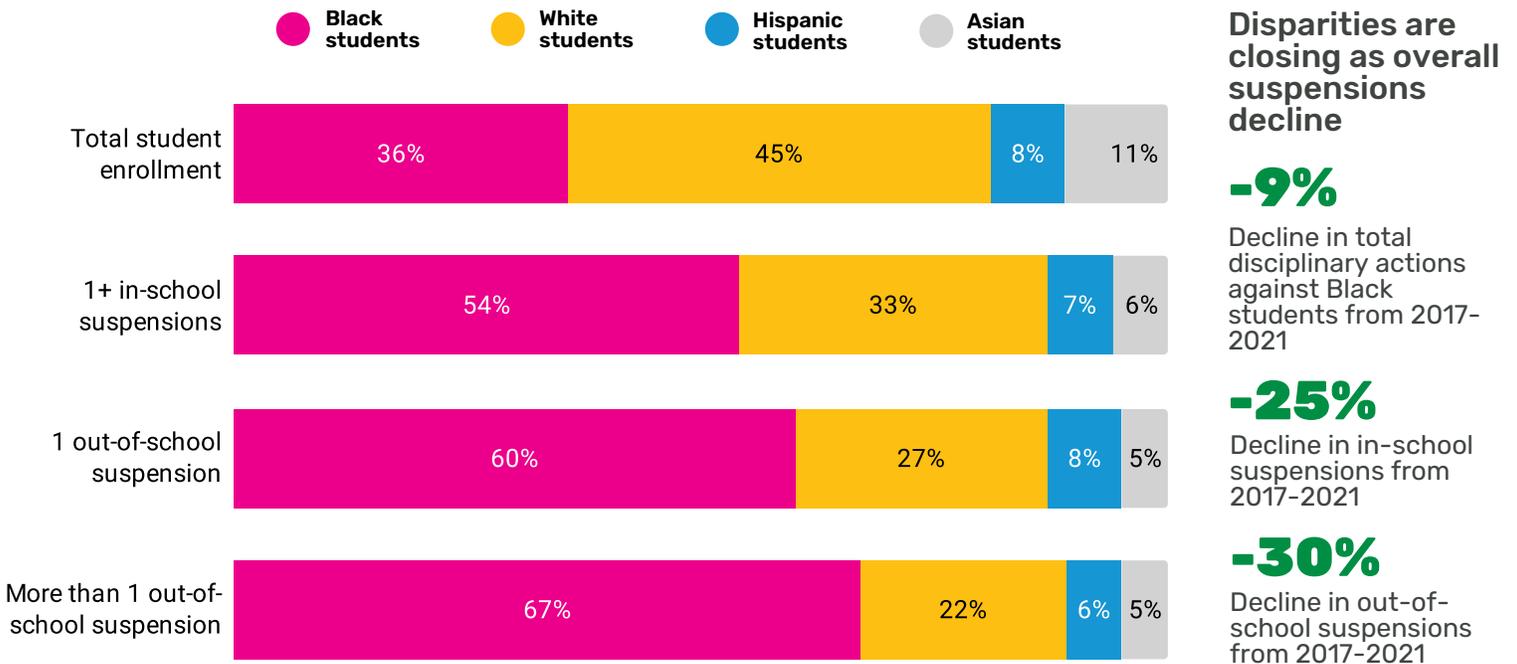
Children Have Supports to Help Them Avoid Risky Behaviors

SCHOOL SUSPENSIONS

Getting suspended sharply increases children's odds of dropping out of school or entering the justice system

Further, attending a school with high rates of suspension is associated with lower graduation rates and worse academic achievement. In the past few years, as awareness of this research has grown, the use of exclusionary discipline in our school district has begun to fall. But it's not just a K-12 issue. Patterns of suspension and expulsion begin in preschool and disproportionately affect boys of color.

Disciplinary actions during the 2020-2021 school year, by race, compared to total K-12 enrollment



Why does this matter?

High suspension rates in early childhood and K-12 result in young people being criminalized or excluded from school due to often predictable behavior problems. Many suspended students will be pushed out of school or left to drift away due to inadequate outreach, encouragement, and support.

Where do we stand?

Black students as well as students with a disability, economic disadvantage, and those who are chronically absent are more likely to have a future suspension. About 16% of students in our school district have a disability, yet twice that number were suspended in the most recent school year.

What can we do about it?

We can prioritize opportunity over punishment and begin interventions early, in preschool and early care programs. Effective alternative strategies that foster student success and address behavior problems constructively include more counseling and mental health providers; restorative justice practices that focus on school climate; the community school model; PBIS and social-emotional learning; intensive tutoring; and out-of-school time programming designed specifically to boost coping skills among vulnerable students and increase their odds.

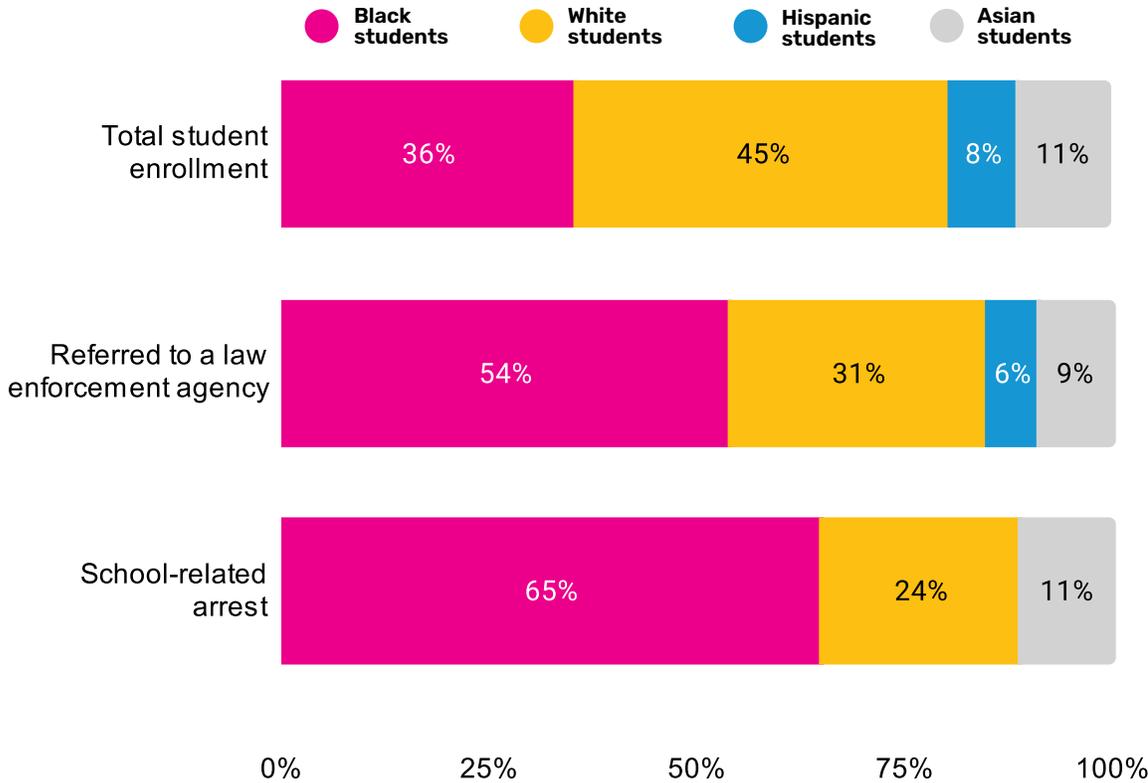
Children Have Supports to Help Them Avoid Risky Behaviors

SCHOOL ARRESTS & REFERRALS TO LAW ENFORCEMENT

School officials used to refer many more hundreds of children to the police each year

Children with disabilities or who are Black bore the brunt of it, and still do today. Overall, though, we are moving in the right direction. School arrests and referrals dropped by 56% from 2017 to 2021.

School-related arrests and referrals to law enforcement during the 2020-2021 school year, by race, compared to total enrollment



Disparities are closing as referrals and arrests drop

-59%

Decline in arrests among students with disabilities from 2017-2021

-7%

Decline in Black student referrals to law enforcement from 2017-2021

-8%

Decline in Black student arrests from 2017-2021

Why does this matter?

School policing disproportionately affects students with disabilities and Black students. Race-based disparities in how frequently students are referred to law enforcement or arrested negatively impact educational outcomes, sometimes for life.

Where do we stand?

265

students were referred in the 2020-21 school year, a sharp decline from 2016-17, when 607 students were referred

17

students were arrested in the 2020-21 school year, down from 77 student arrests in 2016-17

Disciplinary problems tend to come in waves, and rates fluctuate significantly from year to year. But overall these are positive trends for Escambia County students.

What can we do about it?

Steering students involved in classroom disruption, disorderly conduct, and school fights to conflict-resolution workshops, trauma-informed care, and culturally responsive interventions, instead of court hearings, is the No. 1 action shown to reduce school disciplinary issues.

Children Have Supports to Help Them Avoid Risky Behaviors

YOUTH MENTAL HEALTH

Far too many infants, toddlers, children, and young people are struggling with their mental health and unable to get the support they need

Unfortunately, in recent years, we've seen significant increases in certain mental health disorders in children of all ages, including depression, anxiety, and suicidal ideation. We all have a role to play in supporting youth mental health and creating a trauma-informed world where young people thrive.

“ At times I think I am no good at all.

Escambia teens	Florida teens
48%	41%

“ In the past year, I've felt depressed or sad MOST days, even if I feel OK sometimes.

Escambia teens	Florida teens
54%	44%

As reported by high school students who participated in the Florida Youth Substance Abuse Survey in 2018

Rate of children ages 1 to 5 receiving mental health services

#1

Escambia is ranked first in Florida on this indicator, with 985 infants, toddlers and preschool children receiving services in 2020. Over the past 10 years, Escambia has ranked in the top 5 Florida counties. **Escambia's 2020 rate was 50.6, a record. Florida's rate was 3.5.**

Student referrals to community or school mental health providers

7,676

This is the total count of public school students referred for either community- or school-based services from 2018-2022. **In 2022 alone, 2,287 students were referred to mental health providers.**

Students who actually received help from a referral in 2022

74%

Removals from school

626

Number of students with severe learning disabilities in 2021-22 who were removed, many due to a lack of behavioral supports.

Why does this matter?

Mental health challenges are the leading cause of disability and poor life outcomes in young people. Many first emerge early in life; studies suggest the average delay between the onset of mental health symptoms and treatment is 11 years. Evidence shows who is most at risk: children suffering from high levels of stress and adverse childhood events, which negatively affect their brain development.

Where do we stand?

All available indicators of Escambia County child and youth mental health are above the state average and on the rise. It is a crisis situation that, by all measures, is spiraling downward.

What can we do about it?

Simply put, our community is not doing enough to provide adequate care and treatment options to build resilience; prevent the severity, duration, and disabling aspects of children's mental and emotional disorders; and contribute to positive childhood experiences. We have severe provider shortages in this community and an overall climate of underfunded programs. Further, we lack specialized counseling treatments for children with severe learning disorders and those with developmental delays.

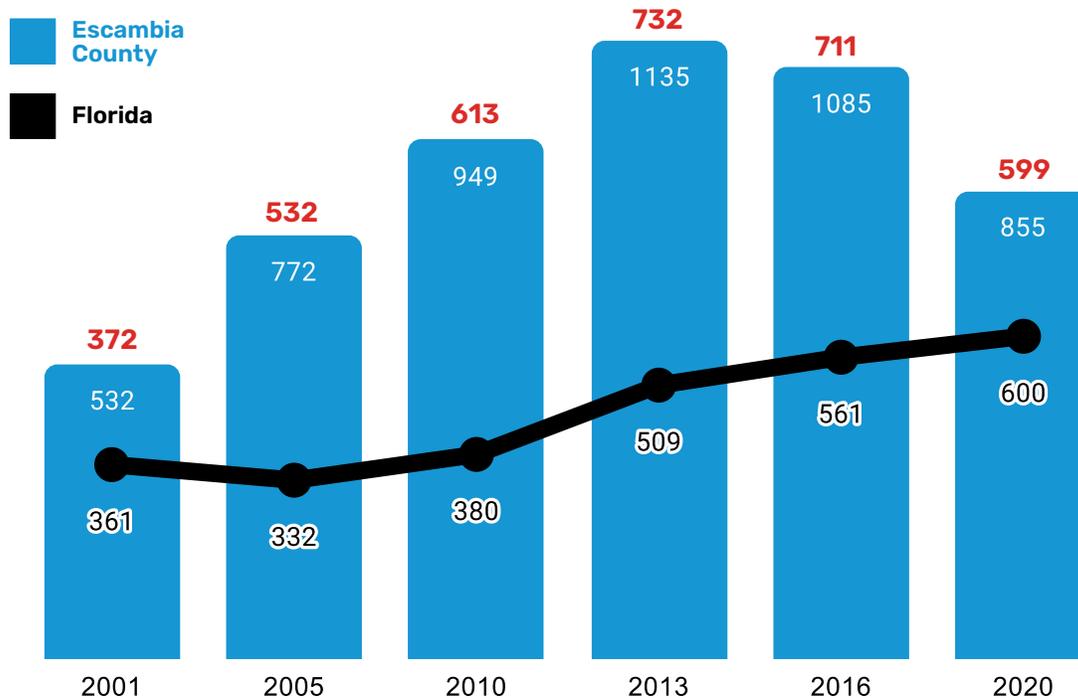
Children Have Supports to Help Them Avoid Risky Behaviors

HOSPITALIZATIONS FROM MENTAL DISORDERS

Childhood and adolescence are a critical period for preventing disorders and promoting mental wellness

Untreated mental illness can disrupt children's development, education, and their ability to lead healthy, productive lives.

Hospitalizations from mental disorders, rate per 100,000 children under 18, 2001-2020; actual number noted in red



Why does this matter?

Emotional health is an integral part of overall health, as physical and mental well being are intricately linked. Mental wellness – which is more than the absence of disorders – includes effective coping skills and the ability to form positive relationships, to adapt in the face of difficulties, and to function well at home, in school, and in life. Sound emotional health prepares young people for the challenges of growing up and living as healthy adults.

Where do we stand?

Most mental health disorders emerge before age 24, and the prevalence of such disorders is on the rise, although we saw a downturn during the pandemic. Treatment of mental illness is costly and accounts for the largest share of health care spending for children and youth. Still, the majority of young people who need mental health treatment do not receive it, placing them at increased risk for negative outcomes throughout their lifetimes.

What can we do about it?

Invest in community efforts – especially in under-resourced areas – to provide youth with positive experiences, relationships, and opportunities, such as quality afterschool and summer programs. Expand and diversify the workforce of qualified mental health professionals serving youth. Support efforts to promote parents' mental health and positive parenting skills. Expand family support services, such as home visiting and mental health treatment.

Acknowledgements

About

This report was primarily authored by Dr. Kimberly Krupa during the spring and summer of 2022, with the majority of the assessment taking place during July and August 2022. Additional data analysis support was provided by Emmalee Peoples.

Acknowledgements

The needs assessment was made possible through the support of our residents; Escambia County's network of academic, nonprofit, faith-based, business, and government providers and experts; our Board of Directors; and the great work that came before us in analyzing the greatest needs of our community. The Escambia Children's Trust is thankful for their collective contributions, which were, and will continue to be, invaluable in the success of this agency. This report is a major milestone in our collaborative engagement, but it is only the beginning. We look forward to greater understanding, resilience, and healing as our communities work together to advance child and family health and well-being across Escambia County.



APPENDIX

Indicator Report Card Summary

Indicator	Escambia County	County Ranking	Florida	U.S.	Escambia Trend
Children Are Healthy					
Infant mortality rate per 1,000 births	8	#23 highest	5.8	5.4	 down from 10.2 in 2010
% low birthweight babies	11.4%	#6 highest	8.7%	8.2%	 up from 10.8% in 2010
% births to mothers with 3rd trimester or no prenatal care	8.7%	#20 highest	7.1%	6.2%	 up from 3.6% in 2010
Births to mothers 15-19 (teen pregnancy), rate per 1,000	27.4	#16 highest	15	15.4	 down from 42.7 in 2010
% of middle and high school students who have not visited a dentist's office in the past 12 months	44.7%	#4 highest	28.7%	14.1%	 up from 22.9% in 2010
% of middle and high school students who are overweight or obese	31.5%	#26 highest	30.4%	31.6%	 up from 28.6% in 2010
Bacterial STD rate, per 100,000 children ages 0-18	1,011.9	#5 highest	472.7	N/A	 up from 830.3 in 2010



All health data shown on this page is from 2020, the most recent year available. Indicators are defined in the appendix, where you can also find a full list of sources and citations used in this report.

Indicator Report Card Summary

Indicator	Escambia County	County Ranking	Florida	U.S.	Escambia Trend
Children Are Ready to Succeed in School and Life					
% of eligible 4-year-olds participating in VPK	47%	#62 lowest	64%	N/A	 down from 60% in 2010
Quality child care	11 Gold Seal 3 NAEYC	N/A	N/A	N/A	N/A
% children scoring as "ready" for kindergarten	42%	#53 lowest	50%	N/A	 down from 46% in 2017
% of 3rd-graders scoring a Level 3 or higher on ELA	50%	#44 lowest	53%	N/A	 since 2015
% of 7th-graders scoring a Level 3 or higher on math FSA	41%	#51 lowest	46%	N/A	 down from 46% in 2015
% students absent 21+ days from school, K-12	19.6%	#31 highest	16.6%	N/A	 up from 11% in 2010
% of students who graduated with a standard diploma within four years of their initial enrollment in ninth grade	87%	#45 lowest	90%	86%	 up from 78.8% in 2010



All education data shown on this page is from the 2021-22 school year. Indicators are defined in the appendix, where you can also find a full list of sources and citations used in this report.

Indicator Report Card Summary

Indicator	Escambia County	County Ranking	Florida	U.S.	Escambia Trend
Children Are Safe and Protected From Abuse and Neglect					
Substance-exposed newborns, annual rate per 10,000 live births	59	N/A	53.5	73	 down from 101.2 in 2017
Children in foster care who achieve permanency in 12 months, FY22 average	18%	N/A	32%	42.7%	
Children ages 5-11 experiencing child abuse, rate per 100,000	1,355	#5	584	N/A	 down from 1,765 in 2010
Children ages 5-11 experiencing sexual violence, rate per 100,000	98.7	#14	42.5	N/A	 down from 169.8 in 2010
Domestic violence offenses, rate per 100,000	668.8	#14	492.2	N/A	 down from 1108.7 in 2010



All data shown on this page is from 2020, the most recent year available. The exception is permanency, which is from July 2022. Indicators are defined in the appendix, where you can also find a full list of sources and citations used in this report.

Indicator Report Card Summary

Indicator	Escambia County	County Ranking	Florida	U.S.	Escambia Trend
Children Have Supports to Help Them Avoid Risky Behaviors					
% food-insecure children	19.7%	#38 highest	15.7%	16.1%	 down from 26% in 2014
Youth arrests, all offenses, ages 10-17, rate per 100,000	5,942.5	#3 highest	2,877.9	N/A	 down from 7906.1 in 2012
In-school and out-of-school suspensions, rate per 1,000	69.3 (in-school) 49.7 (out-of-school)	#28 (in-school) #37 (out-of-school)	36.3 (in-school) 34.7 (out-of-school)	N/A	 In-school down from 100.8 in 2014  Out-of-school down from 85.3 in 2014
% students arrested & referred to law enforcement	0.74%	N/A	0.57%	N/A	 down from 1.5% in 2010
Children ages 1-5 receiving mental health services, rate per 1,000	50.6	#1 highest	3.5	N/A	 up from 18.1 in 2010
Hospitalizations from mental disorders among children under 17, rate per 100,000	854.5	#18 highest	599.9	N/A	 down from 948.7 in 2010



Food insecurity, youth mental health and hospitalization data are from 2020, the most recent year available. Discipline and arrest data are from the 2020-21 school year. Indicators are defined in the appendix, where you can also find a full list of sources and citations used in this report.

Indicator Definitions

In alphabetical order, here are the definitions and, when applicable, data sources for each indicator highlighted in this report.

Bacterial STD Rate Among Children: Bacterial STDs are comprised of three reportable STDs in Florida: chlamydia, gonorrhea, and syphilis. The rate is per 100,000 children ages birth to 18. *Source: Florida Health Charts*

Child Abuse and Neglect: Rate of children experiencing abuse, abandonment, or neglect per 100,000 days. *Source: Florida Department of Children and Families*

Child Care Quality: In 1996, the Florida Legislature established the Gold Seal Quality Care Program to recognize child care facilities and family day care homes that have gone above the required minimum licensing standards to become accredited by recognized agencies whose standards reflect quality in the level of care and supervision provided to children. *Source: Florida Division of Early Learning*

Child Poverty: The percentage of people under 18 who have income below the federal poverty level. When comparing communities on various child welfare indicators, poverty is an important factor to consider, including its relationship to reporting rates and implications for service needs. *Sources: Florida Health Charts, Florida Department of Children and Families*

Childhood Hunger: The percentage of the population that does not have consistent access to enough food for an active, healthy life. Food insecurity refers to a lack of available financial resources for food at the household level. *Source: Feeding America Map the Meal Gap*

Childhood Obesity/Overweight: The data about percent of students who are overweight or obese come from the Florida Youth Tobacco Survey. Survey data is collected at the state level each year, and it is collected at the county level every other year. Being overweight is having a body mass index (BMI) ranging from 25 to 29.9; obesity is having a BMI that is greater than or equal to 30. BMI is calculated using self-reported height and weight. *Source: Florida Department of Health, Division of Community Health Promotion, Florida Youth Tobacco Survey.*

Chronic Absence/Chronic Absenteeism: The number of K-12 students absent 21 or more days divided by the total number of enrolled K-12 students, expressed as a percent. *Source: EduData Portal, Florida Department of Education*

Domestic Violence Offenses: Rate per 100,000 offences. Domestic violence is any criminal homicide, manslaughter, rape (includes forcible sodomy), fondling, aggravated assault, aggravated stalking, simple assault, threat/intimidation, or simple stalking of one family or household member by another family or household member. A family or household member means spouses, former spouses, parents, children, siblings, other family members, cohabitants, and persons who are parents of a child in common regardless of whether they have been married. *Source: Florida Department of Health*

Foster Care Placements: If a relative is not available, or is unwilling to care for the child, federal law requires the child to be placed in foster care and specifies that foster care is intended to be temporary. Foster family homes may provide the next best, most family-like setting. *Source: Florida Department of Children and Families*

High School Graduation: Graduates are students who graduate in four years with a regular high school diploma. *Source: Know Your Schools Portal, Florida Department of Education*

Hospitalizations from Mental Disorders: Hospitalizations with a primary diagnosis of a mental disorder among people less than 18 years old who were discharged from civilian, non-federal hospitals. The rate is per 100,000 of 0-17-year olds. *Source: Florida Health Charts*

Infant Mortality: Death of a live-born baby during the first year of life. The rate is the number of infant deaths per 1,000 live births. *Source: Florida Health Charts*

Kindergarten Readiness: Percentage of ECSD students testing as kindergarten-ready. *Source: Florida Department of Education*

Low Birthweight Babies: Percentages of live births where the infant is born weighing less than 5.5 pounds. *Source: Florida Health Charts*

Neonatal Abstinence Syndrome: See entry under substance-exposed newborns

Oral Health: Cavities (also known as caries or tooth decay) are one of the most common chronic diseases of childhood. *Sources: Florida Health Charts, Center for Disease Control and Prevention*

Out-of-Home Placements: The count of children who are in approved relative, non-relative, group care, licensed foster homes, residential treatment and other (runaway status, placed in adoptive home awaiting an adoption finalization, receiving respite care, or are currently hospitalized), both inside and outside the county. *Source: Florida Department of Children and Families*

Permanency: The three indicators of timely permanency measure achievement of permanency within 12 months for three different cohorts of children, based on a certain period or date (<12 months, 12-23 months, and 24+ months). *Source: Florida Department of Children and Families*

Permanency, Percent of Siblings Placed Together: Percentage of sibling groups in foster care where all siblings are placed together by fiscal year. Our understanding of sibling relationships and the role they play in the lives of children in foster care has deepened over the past decade. Research has demonstrated that sibling relationships are important to children's development and emotional well-being. *Source: Florida Department of Children and Families*

Indicator Definitions

In alphabetical order, here are the definitions and, when applicable, data sources for each indicator highlighted in this report.

Prenatal Care: Prenatal care is the health care women get when they are pregnant. Mothers with unknown prenatal care are excluded from the denominator in calculating the percentage. The data shows percent of birth with known prenatal care status that we births to mothers with no prenatal care. *Source: Florida Health Charts*

Removals: Children removed from their homes; removal rates per 1,000 children in the general population and per 100 children in investigations are calculated. The rate per 1,000 children in the general population indicator does not consider how many children were investigated with a chance of removal. The removal rate per 100 children in investigations indicator is limited to children with a chance of being removed, so it is more directly related to investigative decision-making. *Source: Florida Department of Children and Families*

Seventh-Grade Mathematics Proficiency: Percentages of seventh-graders approaching grade level in math (Level 3). *Source: EduData Portal, Florida Department of Education*

Substance-Exposed Newborns: Cases per 10,000 live births. Infants less than 28 days old who were exposed to opioid prescription or illicit drugs during the mother's pregnancy. Neonatal Abstinence Syndrome (NAS) case counts are reported two years after birth due to certification requirements, data linkage processes for deduplication of records, and alignment with the NAS Case Definition. *Source: Florida Department of Health, Substance Use Dashboard*

School Arrests and Referrals to Law Enforcement: Students (K-12) who were arrested for school-related activity. Students (K-12) who were referred to law enforcement agency or official. This data point includes final end-of-year data reported by Florida public school districts to the Florida Department of Education. Students with disabilities include Individual with Disabilities Act (IDEA) Educational Environments. *Source: 2020–21 Civil Rights Data Collection: List of CRDC Data Elements for School Year 2020–21*

School Suspensions: Students (K-12) who received one or more in-school suspension(s) and out-of-school suspension(s). *Source: 2020–21 Civil Rights Data Collection: List of CRDC Data Elements for School Year 2020–21*

Teen Pregnancy: Percentages of all live births to mothers under age 18. *Source: Florida Health Charts*

Third-Grade Reading Proficiency: Percentages of third-graders approaching grade level in reading (Level 3). *Source: EduData Portal, Florida Department of Education*

Verified Maltreatment of Children: Percentage of children in investigations with at least one finding of verified maltreatment. *Source: Florida Department of Children and Families*

Prenatal Care: Prenatal care is the health care women get when they are pregnant. Mothers with unknown prenatal care are excluded from the denominator in calculating the percentage. The data shows percent of birth with known prenatal care status that we births to mothers with no prenatal care. *Source: Florida Health Charts*

VPK Participation: Annually, the Voluntary Prekindergarten (VPK) Estimating Conference adopts a population forecast that is based on the growth in previous Florida births that align with each cohort entering VPK. *Source: The Office of Economic and Demographic Research, a research arm of the Florida Legislature principally concerned with forecasting economic and social trends that affect policy making, revenues, and appropriations*

Youth Arrests: Technically, youth are not arrested; a law enforcement officer takes a youth into custody based on probable cause and charges the youth with a law violation. The number of arrests received is determined by counting only the most serious offense for which a youth is charged on any specific date, as recorded in the the Juvenile Justice Information System. *Source: Florida Department of Juvenile Justice, Delinquency Profile Report.*

Youth Mental Health: Data comes from the Florida Youth Substance Abuse Survey, collaborative effort between the Florida departments of Health, Education, Children and Families, Juvenile Justice, and the Governor's Office of Drug Control. It is based on the "Communities That Care" survey, assessing risk and protective factors for substance abuse, in addition to substance abuse prevalence. The survey was first administered to Florida's middle and high school students during the 1999-2000 school year, and is repeated in the spring, annually. In the spring of even years, the survey is administered simultaneously with the Florida Youth Tobacco Survey, sampling enough students to generate data applicable at the county and DCF district level. In odd years the Youth Risk Behavior Survey and the Youth Physical Activity and Nutrition Survey are also added. All surveys are administered to a statewide sample of students. *Source: Florida Department of Children and Families*

Public Comment Summary

Included in these pages are highlights from the data, as well as insights and experiences shared, during the Escambia Children's Trust needs assessment process, from May-September 2022

The data shared in this report point us toward major areas for action and offer questions for further exploration. Within the major action areas that have emerged from community conversations, we will use the combination of community stakeholder input and disaggregated data, where available, to help us further target our efforts and identify strategies that may vary from neighborhood to neighborhood or population to population. We will also use data to measure our success and make adjustments as needed.

1,527

Combined # of interviews conducted, survey respondents, registered public comments, and votes submitted about the needs assessment

350

Approximate # of unique, unduplicated individuals engaged in the data-gathering and public comment phases of the needs assessment

5

of community conversations, involving over 150 people, held across the county to identify goals, challenges & solutions



By engaging parents at birth we can educate on the importance of early brain development AND services available for other issues. This approach treats the causes, rather than the symptoms we see in the report, that are occurring throughout a child's life.

Community stakeholder, 8/16/22



Public Comment Summary

The charts on the next two pages provide indicator rankings, quotes, priorities, and insights gleaned during the public comment period, August 10-31, 2022.

Theme 1 Indicator Ranking

Children Are Healthy



- 1 Teen pregnancy
- 2 Prenatal care
- 3 Infant mortality
- 4 Oral health

We need a targeted approach from pediatricians and OB/GYNs to push those free services for families like Healthy Start and Healthy Families that can work with families for 3-5 years. I know they do screenings but do they really discuss results with moms?



- Early identification of children with disabilities isn't happening consistently and in a coordinated, consistent, streamlined way; this directly impacts school readiness
- Access to high-quality supportive services is lacking throughout Escambia
- Expand capacity to serve more people, in the face of monthslong shortages and waitlists
- Improve care coordination, case management and linkages to follow-up services

Theme 2 Indicator Ranking

Children Are Ready to Succeed in School and Life



- 1 High school graduation
- 2 3rd-grade reading
- 3 Kindergarten readiness
- 4 Quality child care

While the graduation rate has increased, there are concerns about students being 'pushed' through the system to satisfy graduation rates. As a result, the students do not have the workability skills to enter the workforce or postsecondary education.



- Free, high-quality before and after-school programs are sorely lacking across the county, particularly programs that provide transportation to and from local schools; target middle and high schools; and offer arts, culture, tutoring, counseling, mentoring, sports, and postsecondary/career pathway training and direction
- Universal 3-year-old preschool, extended VPK, and quality child care all around would close gaps tremendously
- Data-sharing agreements with the ECSD are essential to align, coordinate and ensure wraparound programs are mutually beneficial with what schools/teachers are doing

Public Comment Summary

Theme 3 Indicator Ranking

Children Are Not Abused or Neglected



1

Children with verified maltreatment

2

Foster care placements

3

Domestic violence

4

Substance-exposed newborns

Parents involved in the system do not trust providers nor feel in control of their situation. They 'fear DCF' rather than working with those who are at the table. Culturally, the code of silence and stigma around asking for help are pervasive.



- Target programs serving seriously unmet needs, such as medically fragile foster care children and children with untreated or undiagnosed mental health/wellness issues
- Meet children where they're at, in schools and homes, versus having families come to various offices; this is particularly urgent in undersourced communities in western and northern Escambia County north of Nine Mile Road and west of Brownsville
- Teens caring for younger siblings is widespread and intersects with several indicators including neglect, absence, and grades; OST programs that enrich whole families, welcome siblings, and help families are not available, not affordable or not accessible
- Learning, convening, coordinating, aligning, and sharing in this space is desperately needed; at least two times a year, or via a Summit

Theme 4 Indicator Ranking

Children Have Supports to Help Them Avoid Risky Behaviors



1

Youth with mental health

2

School arrests and referrals to law enforcement

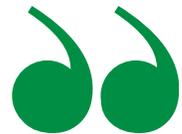
3

School suspensions

4

Youth arrests

We should devote more resources to providing support within school settings via vetted peer-to-peer support models, providing easier access to trained mental health professionals, and provide grief training to caregivers and teachers.



- Zeroing in on resilience and healing-centered engagement has the potential to address chronic stress, grief, and adverse childhood experiences while improving many negative outcomes in this section
- Better risk assessment instruments in the juvenile justice system are needed to identify appropriate youth for evidence-based therapies; at the same time, a dire need exists for stronger prevention programs that keep youth engaged and on track
- Funded programs should not stigmatize but strengthen families, support parents/caregivers, and deeply address protective factors (positive adults, social skills, healthy and safe activities, social and emotional learning, consistent mentoring)

Public Comment Summary

“ I don't feel safe.

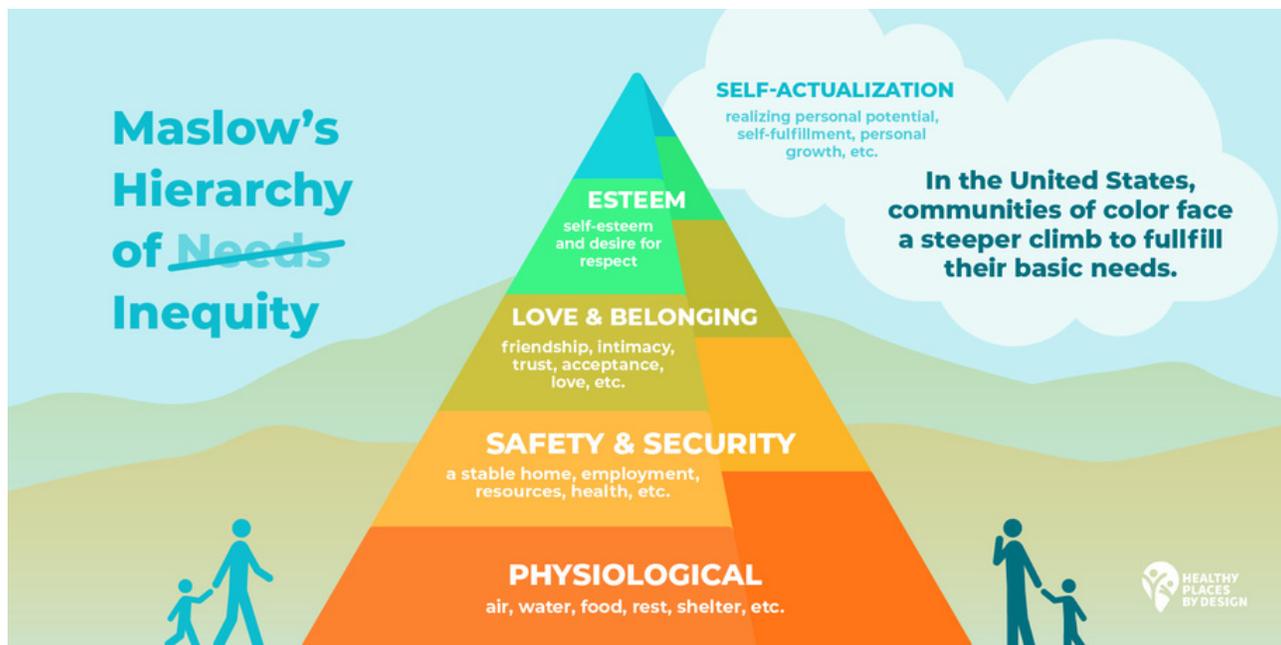
“ Nobody loves me.

“ I don't know when I'm going to eat.

“ I can't sleep here.

Oxford dictionary defines a “need” as “to require (something) because it is essential or very important rather than just desirable.” In 1943, Abraham Maslow proposed a theory about motivation that, for the first time, linked human biological needs and human psychology. According to Maslow, humans strive to meet their needs in a predictable order or hierarchy. People’s physical and safety needs must be met before they can focus on their higher-order needs. Next, people need their social and self-esteem needs met. They need to feel loved and accepted as part of a group. Then, they can focus on achievement and gaining the respect of those around them. Only after all those needs are fulfilled can they focus on self-actualization, or achieving their highest potential, through professional growth, education, or other enrichment.

Made clear during the 21-day public comment period is the fact that too many children and families in Escambia County do not enjoy basic human physiological needs, the first rung of Maslow’s Hierarchy of Needs. Fulfilling basic needs, while building toward high quality, evidence-based programs and services, means first making sure children and families are safe, supported, fed, housed, and strengthened. As one commenter noted, **“How can parents focus on helping their children learn and tending to their physical and mental health needs when they are struggling just to keep them safe and fed, while looking for a home and probably a better job?”** Another asked, **“How do we create the conditions under which all of our children have equal and equitable opportunities to reach Maslow's highest level?”**



Maslow's pyramid of human needs remains relevant, but it's been revised over time to reflect a hierarchy of barriers, inequities in the distribution of services, and external conditions, as illustrated here.

Source: Healthy Places by Design

Methodology

The Escambia Children’s Trust is one of 11 voter-approved children’s services councils in the state of Florida. Children’s services councils, or trusts, oversee funding for programs and services that improve the lives of children and their families. Chapter 125 of Florida Statutes (passed in 1986) governs the creation and operation of a Children’s Services Council, commonly referred to as a CSC, or Trust. The enabling legislation states that once the Board of Directors are appointed and officers are selected, children’s services councils must “identify and assess the needs of the children in the county served by the council.” The Escambia Children’s Trust developed the methodology for this needs assessment in response to this requirement by, first, consulting the research and statistical analyses that have come before us. Next, we read every available annual report, strategic plan, indicator roundup, and needs assessment published by a Florida children’s services council. Third, we cast a wide net nationwide and reviewed the reports of our sister children’s funds, which exist in 49 communities across the U.S.

Developing the Needs Assessment

ECT staff began developing the needs assessment in spring 2022. After consulting with subject-matter experts, the research team identified the key themes based on Escambia County priorities, community engagement, and existing planning efforts. With guidance from community collaborators, ECT then carefully selected the topics and indicators within each theme based on their current and historical relevance to the county and the availability of reliable, accurate, regularly collected, and publicly available data.

After publication of this report, ECT staff will continue to invest in extensive community engagement and solicit public feedback in conjunction with Escambia County community efforts. This work will include intentional listening sessions, an examination of root causes of contemporary disparities, and a commitment to timely change. ECT will analyze and score indicators regularly to measure change over time.

Populations Impacted by Inequity

The 24 indicators profiled in this report measure disparities in outcomes for groups according to race/ethnicity and socioeconomic status. Socioeconomic classifications are based on the poverty threshold defined by the U.S. Census Bureau, resulting in three categories: households with income less than 100% of the poverty threshold, households with income equal to 100%-185% of the poverty threshold, or households with income greater than 185% of the poverty threshold. The poverty thresholds are important because many federal agencies use a simplified version, known as the poverty guidelines, to determine financial eligibility for certain government assistance programs. 185% of the poverty guidelines, for example, is the income eligibility threshold for programs such as Medicaid, the Supplemental Nutrition Assistance Program (SNAP), the Special Supplemental Nutrition Program for Women, Infants, and Children (WIC), and free or reduced lunch. The current guidelines can be accessed at <https://aspe.hhs.gov/topics/poverty-economic-mobility/poverty-guidelines>.

Where possible, outcomes compared by sex/gender are included for additional context. Annually collected data is limited for many marginalized and disadvantaged populations such as LGBTQ people or immigrants. This lack of readily available data restricts our ability to measure outcomes for important groups. Without enough reliable data, the full range of inequities and challenges faced by marginalized groups is unknown. Subsequent releases of this report will identify specific needs for nuanced data collection regarding underreported groups.

Data Sources

This report provides a snapshot of 24 indicators as of September 2022. We also have taken pains to summarize the latest results for all indicators and highlight key changes over the past five years, and in some cases over the past twenty years, which allows us to measure change over time. In every case, we used the most up-to-date annual data (unless otherwise noted), which came principally from administrative and survey sources such as city, state, and federal government agencies, including the U.S. Census Bureau's American Community Survey. Since federal agencies release information with significant delays, the majority of the estimates are for 2020 and 2021. In some cases, in particular the health-related data, the most recent estimates available are for 2020. This is due to the time required to acquire and report the data.

It is important to note the language choices made throughout the report, which are based on the available data. We have opted to use the following categories for race and ethnicity: White, Black, Hispanic and other races/ethnicities. In this report, we use the terms White, Black, Asian, people of other races/ethnicities, and Hispanic to refer to these categories. In some instances, data was not reliable for non-White racial/ethnic categories because of their population size. In these cases, the groups are combined and categorized as “people of color” to ensure reliable data. Only two sex/gender categories are used in the report due to data collection limitations: men and women. Readers should use caution when interpreting changes in data over time or between groups. The data used in this report comes from a variety of sources with varying levels of detail, so we are unable to conduct statistical analyses or test for statistical significance in differences from one year to the next or across race/ethnicity or gender groups. **All data presented here should be used as a starting point for discussion and further work.**

Page 10: Purpose of the Report

In compiling this needs assessment, the Escambia Children’s Trust relied on the following previously published community reports, data dashboards, and datasets about Escambia County from the past three years.

- Achieve Dashboard, <https://www.achievedashboard.org/>
- Achieve Escambia, “Achieving Equity: 2020 Community Report.” <https://static1.squarespace.com/static/5ba3f2780feb9d7656220531/t/5fc8082c50c7b33622e8e15f/1606944825583/Achieve+Escambia+2020+Community+Report+Card+ACHIEVING+EQUITY.pdf>;
- Achieve Healthy EscaRosa, “Live Well and Thrive: 2022 Escambia-Santa Rosa Community Health Needs Assessment: A Summary of Key Findings.” <https://escambia.floridahealth.gov/programs-and-services/community-health-status/community-health-assessment/index.html>
- Anita Zucker Center for Excellence in Early Childhood Studies, College of Education, University of Florida and the Family Data Center, Institute for Child Health Policy, College of Medicine, University of Florida. “Needs Assessment: Preschool Development Grant Birth-5: Presented to the Florida Office of Early Learning.” (October 14, 2019). <https://www.floridaearlylearning.com/Content/Uploads/floridaearlylearning.com/images/PDGFINALFINALNeedsAssessmentReport10.4.19.pdf>
- Big Bend Community Based Care, Inc. “Community Needs Assessment FY 2019-20.” (October 15, 2019). <https://www.nwfhealth.org/uploads/images/Community-Needs-Assessment-2019-Final.pdf>
- Big Bend Health Council. “Northwest Florida Community Health Assessments and Priorities: Escambia, Okaloosa, Santa Rosa, & Walton Counties.” (June 2020). http://www.healthcouncils.net/yahoo_site_admin/assets/docs/NW_FL_Assesments__Priorities__2020.22672014.pdf
- Florida Chamber Foundation, “The Florida Scorecard: Escambia County Metrics.” <https://thefloridascorecard.org/pillar&c=16&pillar=0>
- Greater Pensacola Chamber Foundation, “Pensacola 2030.” <https://growthzonesitesprod.azureedge.net/wp-content/uploads/sites/1234/2021/10/Pensacola-2030-Final.pdf>
- Studer Community Institute, “Pensacola Metro Dashboard.” <https://www.studeri.org/community-dashboard>

The needs assessment also incorporates findings and best practices from reports published by a broad range of voter-approved children’s funds in Florida and across the U.S., as tracked by the Washington, D.C.-based Children’s Funding Project. The reports we consulted include:

- Children’s Board of Hillsborough County, “2020 Community Town Halls: Facilitation Report.” (September 30, 2020). <https://www.childrensboard.org/wp-content/uploads/2020/12/2020-CommunityTown-Hall-Report-1.pdf>
- Children’s Services Council of Broward County, “The Special Needs and Behavioral System of Care Assessment in Broward County.” (November 2019). <https://www.cscbroward.org/sites/default/files/2019-11/CSC%20ReportFINAL.pdf>
- Children’s Services Council of Martin County, “Strategic Plan, 2014-2019.” <https://www.cscmc.org/wp-content/uploads/2018/11/20151124145535.pdf>
- Children’s Trust of Alachua County, “Gap Analysis of Child Well-Being Indicators and Program Support.” (April 10, 2019). https://www.childrenstrustofalachuacounty.us/sites/default/files/fileattachments/communications/page/6013/csab_gap_a_nalysis_of_child_well-being_indicators_and_program_support_with_cover_letter.pdf
- Juvenile Welfare Board, “Pinellas Child Opportunity Index.” (February 2020). <https://www.jwbpinellas.org/wp-content/uploads/2020/02/pinellas-child-opp-index.pdf>
- Juvenile Welfare Board, “Pinellas County Child Well-Being Data.” (June 2022). <https://www.jwbpinellas.org/wp-content/uploads/2022/06/Pinellas-Child-Well-Being-Data-Sheet-JWB-Kids-Data-Center.pdf>
- Juvenile Welfare Board, “Strategic Plan, 2017-2020.” <https://www.jwbpinellas.org/wp-content/uploads/2018/01/Strategic-Plan-2017-2020.pdf>
- Roundtable of St. Lucie County, “St. Lucie Hand in Hand: Community Assessment Report 2016.” http://www.roundtableslc.com/uploads/files/Events/Comm%20Assess%20Report%20Final%20as%20of%204_19_16.pdf
- Roundtable of St. Lucie County, “Strategic Plan Report Card Update 2022.” http://www.roundtableslc.com/uploads/files/Roundtable/Report%20Card%20new%20data%204_13_22.pdf
- The Children’s Trust, “Strategic Plan,” https://www.thechildrenstrust.org/sites/default/files/kcfinder/files/2017-07-11_Strategic_Plan_Outline.pdf
- The Children’s Trust, “Community Needs Assessment and Information Resources.” (July 31, 2017). https://www.thechildrenstrust.org/sites/default/files/kcfinder/files/providers/measures-eval/Community_Needs_Assessment_and_Information_Resources_110717.pdf
- Virginia Early Childhood Foundation, “Preschool Development Grant, Birth through Five Needs Assessment.” (July 2019). https://vecf.org/wp-content/uploads/2021/05/Needs_Assessment_with_Appendicesv10.pdf
- Westat, “Pre-K 4 San Antonio Evaluation Report, Year 5.” (October 18, 2018). <https://teachingstrategies.com/wp-content/uploads/2021/08/San-Antonio-PreK4-Year-5-Evaluation-Report.pdf>
- Whole Child Connection Martin, “The Childhood Connection: A Strategic Assessment for Martin County’s Future.” (2013). <https://www.cscmc.org/wp-content/uploads/2018/11/20150223131753.pdf>

Page 16: Escambia County Fast Facts

- **Rankings** come from Florida Kids Count, “2020 Florida Child Well-Being Index,” <https://floridakidscountusf.org/images/2020-CWBI/2020-FL-STATERank.pdf>; and the University of Wisconsin Population Health Institute County Health Rankings & Roadmaps, which defines “health outcomes” as “how healthy a county is right now ... the physical and mental well-being of residents within a community through measures representing length of life [and] quality of life.” <https://www.countyhealthrankings.org/explore-health-rankings/measures-data-sources/county-health-rankings-model/health-outcomes>
- **Child and Family Demographics.** Both donut charts tracking total population of children in Escambia County and total population of children in poverty by race come from Florida Health Charts, “Health Equity Profile: Escambia County.” <https://www.flhealthcharts.gov/ChartsDashboards/rdPage.aspx?rdReport=HealthEquity.Report>. In the drop-down options, choose Escambia County and select a year dating back to 2010.
- **Housing & Homelessness.** Both line charts tracking owner-occupied and renter-occupied housing by race come from Florida Health Charts, “Health Equity Profile: Escambia County.” <https://www.flhealthcharts.gov/ChartsDashboards/rdPage.aspx?rdReport=HealthEquity.Report>. In the drop-down options, choose Escambia County and select a year dating back to 2010.
- **By the Numbers.**
 - June 2022, median sale price of a home and median rental price of a single-family home, are data points tracked by the Pensacola Association of Realtors in monthly market reports. <https://www.pensacolarealtors.org/reports>
 - Student homelessness data comes from two sources: EduData, the Florida Department of Education’s portal, under Escambia County’s report card, “population and enrollment.” <https://edudata.fldoe.org/ReportCards/Schools.html?school=0000&district=17>; and the state’s Know Your Schools portal, available at <https://knowyourdatafl.org/>
 - Both the racial income and wage gaps shown were calculated using data tracked by Florida Health Charts, “Health Equity Profile: Escambia County.” <https://www.flhealthcharts.gov/ChartsDashboards/rdPage.aspx?rdReport=HealthEquity.Report>. In the drop-down options, choose Escambia County and select a year dating back to 2010.
 - Degree attainment data comes from the Florida College Access Network, which updates degree attainment by county annually. <https://floridacollegeaccess.org/research-and-data/is-your-county-talent-strong/>

Pages 19-26: Children Are Healthy

- **Children Are Healthy data** is drawn from "Roadmap for Resilience: The California Surgeon General’s Report on Adverse Childhood Experiences, Toxic Stress, and Health," available at <https://osg.ca.gov/sg-report/>; and "Positive Childhood Experiences and Adult Mental and Relational Health in a Statewide Sample," available at <https://jamanetwork.com/journals/jamapediatrics/fullarticle/2749336>
- **Infant mortality by race** is reported in Florida Health Charts, “Health Equity Profile: Escambia County.” Research for this page comes from the U.S. Commission on Civil Rights (2021). “Racial Disparities in Maternal Health,” available at <https://www.usccr.gov/files/2021/09-15-Racial-Disparities-in-Maternal-Health.pdf>.
- **Low birthweight by race** is reported in Florida Health Charts, “Health Equity Profile: Escambia County.” <https://www.flhealthcharts.gov/ChartsDashboards/rdPage.aspx?rdReport=HealthEquity.Report>. Research for this page comes from Belbasis, L., Savvidou, M.D., Kanu, C. *et al.* (2016). Birth Weight In Relation To Health And Disease In Later Life: An Umbrella Review Of Systematic Reviews And Meta-Analyses. *BMC Medicine*. 147(14).
- **Prenatal care by race** is reported in Florida Health Charts, “Health Equity Profile: Escambia County.” <https://www.flhealthcharts.gov/ChartsDashboards/rdPage.aspx?rdReport=HealthEquity.Report>. Research for this page comes from the Kaiser Family Foundation, “Racial Disparities in Maternal and Infant Health: An Overview,” available at <https://www.kff.org/report-section/racial-disparities-in-maternal-and-infant-health-an-overview-issue-brief/>.
- **Teen pregnancy by race** is reported in Florida Health Charts, “Health Equity Profile: Escambia County.” <https://www.flhealthcharts.gov/ChartsDashboards/rdPage.aspx?rdReport=HealthEquity.Report>. Research for this page comes from the Centers for Disease Control and Prevention, “Reproductive Health: Teen Pregnancy,” available at <https://www.cdc.gov/teenpregnancy/about/index.htm>.
- **Bacterial STD rate among children by race** is reported in Florida Health Charts, “Health Equity Profile: Escambia County.” <https://www.flhealthcharts.gov/ChartsDashboards/rdPage.aspx?rdReport=HealthEquity.Report>. Research cited on this page includes Potera, C. Comprehensive Sex Education Reduces Teen Pregnancies. *American Journal of Nursing* 108(7), 2008; Kohler PK, Manhart LE, Lafferty WE. Abstinence-only and comprehensive sex education and the initiation of sexual activity and teen pregnancy. *Journal of Adolescent Health* 42(4), 2008; and Comprehensive sexuality education. Committee Opinion No. 678. American College of Obstetricians and Gynecologists. *Obstet Gynecol* 2016, available at <https://www.acog.org/-/media/project/acog/acogorg/clinical/files/committee-opinion/articles/2016/11/comprehensive-sexuality-education.pdf>
- The data about percent of **students who have not visited a dentist's office in the past 12 months** is reported in Florida Health Charts, <https://www.flhealthcharts.gov/ChartsReports/rdPage.aspx?rdReport=YouthTobaccoState.Dataviewer&bid=0160>. Research on oral health comes from Ruff, R.R. *et al.* (2018). Oral Health, Academic Performance, and School Absenteeism In Children And Adolescents: A Systematic Review And Meta-Analysis. *Journal of the American Dental Association*.
- The data on **children who are overweight and obese** is reported in Florida Health Charts, <https://www.flhealthcharts.gov/ChartsReports/rdPage.aspx?rdReport=YouthTobaccoState.Dataviewer&bid=0010>. The American Academy of Pediatrics has published dozens of policy statements on childhood obesity at <https://www.aap.org/en/patient-care/institute-for-healthy-childhood-weight/aap-policy-statements-on-obesity/>.

End Notes

Pages 27-34: Children Are Ready to Succeed in School and Life

- The **VPK participation rate** comes from the Early Learning Estimating Conference, which meets annually in January to update population forecasts. Here is the January 19, 2022 conference package, <http://edr.state.fl.us/Content/conferences/vpk/index.cfm>.
- **Quality child care quality** is difficult to measure, and there is no universal way to gauge the quality of early childhood education programs. The two data points shown here are Gold Seal and NAEYC. Gold Seal data comes from the Department of Children and Families, “Provider Search: Escambia County.” As of August 7, 2022, DCF listed 186 providers in Escambia County, with 11 being Gold Seal, including the 3 affiliated with the Naval Air Station, which are not open to the public. <https://caresearch.myflfamilies.com/PublicSearch>. NAEYC maintains a list of programs that are currently accredited to assist individuals in finding NAEYC-accredited programs in their area. This list is updated with new accreditation decisions every Friday. <https://families.naeyc.org/find-quality-child-care>. Escambia County has one center, Trinity Learning Center, that is open to the public. Both Corry Child Development Center and NAS Pensacola Child Development Center are NAEYC-accredited, like all Department of Defense child care centers, but are not open to the public.
- **Kindergarten readiness.** Historical information on Florida’s kindergarten screening methods and results is available at <https://www.fl DOE.org/accountability/assessments/k-12-student-assessment/flkrs/>. Data on VPK assessments and VPK readiness rates is available at <https://www.floridaearlylearning.com/vpk/vpk-providers/vpk-assessment-flkrs>. For more on play-based learning versus academic in preschool, see <https://www.usnews.com/education/k12/articles/play-based-learning-vs-academics-in-preschool>
- **Chronic absence** data is reported in EduData, the Florida Department of Education’s portal, under Escambia County’s report card, “discipline and attendance.” <https://edudata.fl DOE.org/ReportCards/Schools.html?school=0000&district=17>. Advanced enrollment reports through the 2021-22 school year can be run through the state’s Know Your Schools portal, available at <https://knowyourdatafl.org/>. Research for this page comes from the U.S. Department of Education, “Chronic Absenteeism in the Nation’s Schools: A Hidden Educational Crisis,” available at <https://www2.ed.gov/datastory/chronicabsenteeism.html>.
- **3rd-grade reading** data is reported in EduData, the Florida Department of Education’s portal, under Escambia County’s report card, “assessments.” <https://edudata.fl DOE.org/ReportCards/Schools.html?school=0000&district=17>. Advanced enrollment reports through the 2021-22 school year can be run through the state’s Know Your Schools portal, available at <https://knowyourdatafl.org/>. Research cited on this page comes from the national Campaign for Grade-Level Reading, <https://gradelevelreading.net/>.
- **7th-grade math** data is reported in EduData, the Florida Department of Education’s portal, under Escambia County’s report card, “assessments.” <https://edudata.fl DOE.org/ReportCards/Schools.html?school=0000&district=17>. Advanced enrollment reports through the 2021-22 school year can be run through the state’s Know Your Schools portal, available at <https://knowyourdatafl.org/>. For more on the connection between middle school math and life outcomes, see WestEd’s report, “College Bound in Middle School & High School? How Math Course Sequences Matter,” at https://www.wested.org/wp-content/uploads/2016/11/139931976631921CFTL_MathPatterns_Main_Report-3.pdf.
- **High school graduation** data is reported in EduData, under school report cards, “graduation and postsecondary, available at <https://edudata.fl DOE.org/>. Research on new trends in high school graduation rates by subgroup is explored in a 2021 Brookings report, “The Unreported Gender Gap In High School Graduation Rates,” available at <https://www.brookings.edu/blog/up-front/2021/01/12/the-unreported-gender-gap-in-high-school-graduation-rates/>.

Pages 35-39: Children Are Not Abused or Neglected

- Data on **substance-exposed newborns**, or neonatal abstinence syndrome, and overdose death rates are reported in the state’s Substance Abuse Dashboard, <https://www.flhealthcharts.gov/ChartsDashboards/rdPage.aspx?rdReport=SubstanceUse.Overview>. Research used for this page is from Laboy-Hernández, S., Cruz-Bermúdez, S. N. D., Bernal, S. N. D. G. (2020). Effects of Prenatal Drug Exposure on Children’s Working Memory: A Systematic Review. *Annals of Child Neurology*, 28(3), 107–117.
- The three data points illustrated under **foster care placements** all come from FamiliesFirst Network and the Department of Children and Families. Research used for this page is from Vanderfaeillie, J, Van Holen, F., et. al. (2013). Children Placed in Long-Term Family Foster Care: A Longitudinal Study into the Development of Problem Behavior and Associated Factors. *Children and Youth Services Review*, 35(4), 587-593.
- Data presented on **children with verified maltreatment** are from FamiliesFirst Network, the Department of Children and Families, and Florida Health Carts. Research used for this page comes from the Child Welfare Information Gateway, “Impact of Child Abuse and Neglect on Child Development,” available at <https://www.childwelfare.gov/topics/can/impact/development/#cognitive>; the Nuffield Foundation (2022). A New Evidence Review Published Today Provides Stronger Evidence That Links Poverty To Child Abuse And Neglect, available at <https://www.nuffieldfoundation.org/news/relationship-between-poverty-and-child-abuse-and-neglect>; Francis, D. (2000). Poverty and Mistreatment of Children go Hand in Hand, *National Bureau of Economic Research*, available at <https://www.nber.org/digest/jan00/poverty-and-mistreatment-children-go-hand-hand>; Henson, T. (2020). Poverty, Domestic Violence, and the COVID-19 Pandemic. *Poverty Law Conference & Symposium*. 16, available at <https://digitalcommons.law.ggu.edu/povlaw/16>; and St. Joseph Institute (2018). Understanding the Relationship Between Poverty and Addiction, available at <https://stjosephinstitute.com/understanding-the-relationship-between-poverty-and-addiction/>.

End Notes

- **Domestic violence offenses** are reported in Florida Health Charts. Research cited on this page comes from the U.S. Department of Health & Human Services, Office on Women’s Health, “Effects of Domestic Violence on Children,” available at <https://www.womenshealth.gov/relationships-and-safety/domestic-violence/effects-domestic-violence-children/>; and Legal Services Corporation, “How Legal Aid Helps Domestic Violence Survivors,” available at <https://www.lsc.gov/our-impact/publications/other-publications-and-reports/how-legal-aid-helps-domestic-violence>.

Pages 40-46: Children Have Supports to Help Them Avoid Risky Behaviors

- On page 40, see Balocchini, E., Chiamenti, G., & Lamborghini, A. (2013). Adolescents: Which Risks for Their Life and Health? *Journal of Preventive Medicine and Hygiene*, 54(4), 191–194; and National Academies of Sciences, Engineering, and Medicine (2019). Committee on Applying Lessons of Optimal Adolescent Health to Improve Behavioral Outcomes for Youth; Kahn, N.F., Graham R., editors. Washington (DC): National Academies Press.
- **Childhood hunger** data shown in the three data visualizations at the top of the page are from Feeding America’s Map the Meal Gap, <https://map.feedingamerica.org/>. Additional research used for this page is from Feeding America’s Hunger & Health series, available at <https://hungerandhealth.feedingamerica.org/understand-food-insecurity/>, and the Committee on the Science of Children Birth to Age 8: Deepening and Broadening the Foundation for Success. (2015). *Transforming the Workforce for Children Birth Through Age 8: A Unifying Foundation*. Washington (DC): National Academies Press, available from <https://www.ncbi.nlm.nih.gov/books/NBK310550/>.
- All **youth arrest** data comes from the Florida Department of Juvenile Justice’s “electronic release” of data on delinquency arrests and dispositions, the Delinquency Profile, which examines Florida’s juvenile justice system at several points of the juvenile justice continuum. See <https://www.djj.state.fl.us/research/reports-and-data/interactive-data-reports/delinquency-profile/delinquency-profile-dashboard>. Additional research cited on this page: American Civil Liberties Union, “Cops and No Counselors: How the Lack of School Mental Health Staff Is Harming Students,” available at <https://www.aclu.org/issues/juvenile-justice/school-prison-pipeline/cops-and-no-counselors>; Gross, J.M.S. et. al. (2015). Strong School–Community Partnerships in Inclusive Schools Are “Part of the Fabric of the School....We Count on Them.” *School Community Journal*, 25(2): 9-34.
- **School suspension** data is reported in EduData, the Florida Department of Education’s portal, under Escambia County’s report card, “discipline and attendance.” <https://edudata.fldoe.org/ReportCards/Schools.html?school=0000&district=17>. Research cited on this page is from Jones, E. P. (2018). The Link Between Suspensions, Expulsions, and Dropout Rates. *America’s Promise Alliance*, available at <https://www.americaspromise.org/opinion/link-between-suspensions-expulsions-and-dropout-rates>; Boudreau, E. (2019). School Discipline Linked to Later Consequences: Study Finds Clear And Long-Lasting Negative Effects For Students Attending High-Suspension Schools — Particularly Minority Boys. Harvard Graduate School of Education, available at <https://www.gse.harvard.edu/news/uk/19/09/school-discipline-linked-later-consequences>; and Hanover Research (2017). Strategies to Support Equitable School Discipline, available at https://www.wasa-oly.org/WASA/images/WASA/1.0%20Who%20We%20Are/1.4.1.6%20SIRS/Download_Files/LI%202017/Nov%20-%20Strategies%20to%20Support%20Equitable%20School%20Discipline.pdf. For more on how patterns of suspension and expulsion begin in preschool, see <https://eclkc.ohs.acf.hhs.gov/publication/understanding-eliminating-expulsion-early-childhood-programs>
- **School arrests and referrals to law enforcement** are reported in EduData, the Florida Department of Education’s portal, under Escambia County’s report card, “discipline and attendance.” <https://edudata.fldoe.org/ReportCards/Schools.html?school=0000&district=17>. Research used on this page comes from Riddle, T. & Sinclair, S. (2019). Racial Disparities In School-Based Disciplinary Actions Are Associated With County-Level Rates Of Racial Bias. *Proceedings of the National Academy of Sciences*, available at <https://www.pnas.org/doi/pdf/10.1073/pnas.1808307116>; and U.S. Commission on Civil Rights (2019). “Beyond Suspensions: Examining School Discipline Policies and Connections to the School-to-Prison Pipeline for Students of Color with Disabilities,” available at <https://www.usccr.gov/files/pubs/2019/07-23-Beyond-Suspensions.pdf>.
- **Youth mental health** data at the top of the page (two quotes) comes from the Florida Youth Substance Abuse Survey administered in 2018; the rate of children under 5 receiving mental health services is reported in Florida Health Charts; referral and removal data is from the Escambia County School District. All of the research cited on this page comes from the Office of the U.S. Surgeon General (2021). “Protecting Youth Mental Health,” available at <https://www.hhs.gov/surgeongeneral/priorities/youth-mental-health/index.html>
- **Hospitalizations from mental disorders among youth under 18** is from Florida Health Charts, <https://www.flhealthcharts.gov/ChartsReports/rdPage.aspx?rdReport=NonVitalIndNoGrp.Dataviewer&cid=9916>. Research cited on this page comes from National Academies of Sciences, Engineering, and Medicine. (2019). *Fostering Healthy Mental, Emotional, And Behavioral Development In Children And Youth: A National Agenda*. National Academies Press, available at <https://nap.nationalacademies.org/catalog/25201/fostering-healthy-mental-emotional-and-behavioral-development-in-children-and-youth>; and Centers for Disease Control and Prevention. (n.d.). Youth Risk Behavior Survey: Data Summary and Trends Report 2009-2019, available at https://www.cdc.gov/healthyyouth/data/yrbs/yrbs_data_summary_and_trends.htm.

Supplementary Data Reports



This 3-page data report from the Florida Department of Health is a roundup of indicators related to child health and well-being and is included here as a supplement to the needs assessment.

Child Health Status Profile, Escambia County, Florida						
Indicator	Measure	Year(s)	County Quartile 1=most favorable 4=least favorable	County Number	County Rate	State Comparison
Socio-Demographics						
Total population	Count	2020		324,620		21,640,788
Population under 21 Years Old	Count	2020		83,824		5,007,980
Population - White	Percent	2020		50,282	80%	69.8%
Population - Black	Percent	2020		24,614	29.4%	22%
Population - Other	Percent	2020		8,928	10.7%	8.2%
Population - Hispanic	Percent	2020		6,960	8.3%	32.2%
Population - Non-Hispanic	Percent	2020		76,864	91.7%	67.8%
Median income (in dollars)	Dollar	2016-20	2		\$53,023	\$57,703
Individuals below poverty level	Percent	2016-20	2	41,878	14%	13.3%
Percentage of Families with Related Children Under 18 Years Below Poverty Level	Percent	2016-20	3		17.5%	15.2%
Percentage of civilian labor force which is unemployed	Percent	2016-20	3	9,258	6.4%	5.4%
Population over 25 without high school diploma or equivalency	Percent	2016-20	2		9.6%	11.5%
Health Status and Access to Care						
Preventable Pediatric Hospitalizations from Asthma under 5	Per 100,000 population	2020	2	65	335.2	435.9
Civilian non-institutionalized population with health insurance	Percent	2016-20	2		89.1%	87.3%
Children ages 0-18 without health insurance	Percent	2016-20	2		5.8%	7.2%
Florida Children's Medical Services Clients	Percent	2018-20	1	3,341	1.3%	1.8%
Infants & Toddlers <3 Served by Early Steps	Percent	2018-20	2	919	50.4%	50.3%
Medical Foster Care Children	Count	2020	1	18		443
Adults who said their overall health was good to excellent	Percent	2019			76.8%	80.3%
Total Licensed Florida Family Practice Physicians (FP - FAMILY PRACTICE)	Per 100,000 population	2020	2	73	22.5	19.2
Total Licensed Florida Dentists	Per 100,000 population	2020	2	150	46.2	56.7
Total Licensed Florida Pediatricians	Per 100,000 population	2020		95	29.3	21.9
Total Behavioral/Mental Health Professionals	Per 100,000 population	2020	1	402	123.8	117.1

Supplementary Data Reports

Indicator	Measure	Year(s)	County Quartile 1=most favorable 4=least favorable	County Number	County Rate	State Comparison
Total Licensed Florida Psychologists	Per 100,000 population	2020	2	60	18.5	23.4
Nurse-student ratio in schools grades K-12	Students per nurse	2020	3		2,007.0	2,475.9
Median Monthly Medicaid Enrollment	Per 100,000 population	2020	3	73,426	22,619.1	19,940.3
Births to Mothers With 1st Trimester Prenatal Care	Percent	2018-20	3	6,957	72.8%	76.1%
Infant death rate	Per 1,000 live births	2018-20	3	91	8.0	6.0
Child Mortality ages 5-19	Per 100,000 population	2018-20	3	56	31.7	26.8
Immunization Levels in Kindergarten	Percent	2018-20	4	10,604	93.2%	93.6%
Emergency Department Visits ages 5-19	Per 100,000 population	2020	3	18,413	31,028.1	24,194.7
Asthma Hospitalizations ages 5-11	Per 100,000 population	2020	3	69	261.9	199.6
Asthma Hospitalizations ages 12-18	Per 100,000 population	2020	4	146	509.1	388.2
Diabetes Hospitalizations ages 5-11	Per 100,000 population	2020	3	12	45.5	38.8
Diabetes Hospitalizations ages 12-18	Per 100,000 population	2020	2	35	122.0	127.1
HIV infection cases ages 13-19	Per 100,000 population	2018-20		6	6.9	9.3
Social and Physical Environment						
Children under 18 in single-parent households	Percent	2018-20	4		56.3%	45.3%
Children under 18 in Foster Care	Per 100,000 population	2020	3	590	841.6	549.2
Child food insecurity rate	Percent	2019	2		18.2%	17.1%
Racial Residential Segregation	Index	2015-19	2		0.4	0.4
Severe housing problems	Percent	2014-18	1		12.3%	19.2%
Violent Crimes	Per 100,000 population	2020	4	1,939	597.3	383.3
Homicide deaths 5-11	Per 100,000 population	2018-20		1	1.3	0.8
Homicide deaths 12-18	Per 100,000 population	2018-20		6	7.1	5.7
Homicide deaths 19-21	Per 100,000 population	2018-20		13	29.0	17.6
Suicide death rate, ages 12-18	Per 100,000 population	2018-20		9	10.6	6.3
Suicide death rate, ages 19-21	Per 100,000 population	2018-20		8	17.9	12.1
Children experiencing child abuse ages 5-11	Per 100,000 population	2018-20	4	1,187	1,518.3	674.5
Children experiencing sexual violence ages 5-11	Per 100,000 population	2018-20	4	86	110.0	52.7

Supplementary Data Reports

Indicator	Measure	Year(s)	County Quartile	County Number	County Rate	State Comparison
			1=most favorable 4=least favorable			
Absent 21+ school days, K-12	Percent	2020	2		8.1%	9.8%
Percent of high school students who were physically active for at least 60 minutes on all 7 of the past 7 days	Percent	2020	4		14.7%	17.7%
Percent of middle school students who were physically active for at least 60 minutes on all 7 of the past 7 days	Percent	2020	3		23%	21.9%
High School students who are underweight	Percent	2020	2		3.7%	4%
Middle School students who are underweight	Percent	2020	3		6.1%	4.8%
Percent of high school students who are current cigarette smokers (smoked in the past 30 days)	Percent	2020	2		2.5%	2.3%
Percent of middle school students who are current cigarette smokers (smoked in the past 30 days)	Percent	2020	2		1%	1.1%
Births to moms ages 13-20	Per 1,000 females ages 13-20	2018-20	3	1,265	26.8	16.4
Bacterial STDs ages 13-20	Per 1,000 ages 13-20	2018-20	4	3,724	36.2	23.2
Percent of Children in Schools Grades K-12 With Emotional/Behavioral Disability	Percent	2020	1	132	0.3%	0.5%
Out of School Suspensions K-12	Per 1,000 K-12 Students	2020	3	2,167	55.8	43.5
School Environmental Safety Incidents (Violent acts K-12)	Per 1,000 K-12 Students	2020	3	1,059	27.3	23.5
Referrals to Department of Juvenile Justice	Per 100,000 population	2019	4	1,048	3,296.8	1,606.3
Arrests, All Offenses by County, Youth Ages 10-17	Per 100,000 population	2017-19	4	5,696	6,362.3	3,137.6
Annual Juvenile Drug Arrests	Per 100,000 population	2018-20	2	151	162.9	186.5

Data Note(s):

* Weighted population estimates and percentages from the National Survey of Children's Health

** This estimate has a 95% confidence interval that exceeds 20 percentage points (1.2 times the estimate) and may not be reliable.

*** Some infants screened may have more than one specimen. Presumptive positive screening results are referred to CMS Referral Centers for confirmatory testing and diagnostic evaluation. Borderlines are followed by CMS Newborn Screening Follow-Up Program. Data are suppressed when a county has between 1 and 4 reported hospitalizations.

Data Sources:

American Communities Survey, 5 year estimates

Agency for Health Care Administration

Florida Department of Education

Florida Department of Health

Florida Department of Juvenile Justice

Florida Youth Survey

National Survey of Children's Health and Florida Department of Health, Division of Children's Medical Services, Bureau of Early Steps & Newborn Screening

Supplementary Data Reports



This 3-page Substance Use Dashboard is from the Florida Department of Health. We are including it here as a supplement to the needs assessment.

Substance Use Dashboard, Escambia County							
Indicator	Measure	Year	January-March (Provisional)	April-June (Provisional)	July-September (Provisional)	October-December (Provisional)	Year-to-Date (Provisional)
Fatal Overdoses							
Opioid Overdose Deaths	Count	2020	31	29	40	22	122
Drug Overdose Deaths	Count	2020	41	42	47	30	160
Opioid Overdose Annual Age-Adjusted Death Rate	Per 100,000 persons	2020					39.9
Drug Overdose Annual Age-Adjusted Death Rate	Per 100,000 persons	2020					51.6
Emergency Medical Service Responses to Drug Overdoses							
Emergency Medical Service Responses to a Suspected Opioid-involved Overdose	Count	2021	189	229	170	221	809
Emergency Medical Service Responses to a Suspected Drug Overdose Including Opioids	Count	2021	582	649	493	555	2,279
All Drug Non-fatal Overdose Emergency Department Visits							
All Drug Non-fatal Overdose Emergency Department Visits	Count	2021	200	269	212		
Unintentional/Undetermined Non-fatal Drug Overdose Emergency Department Visits	Count	2021	174	246	189		
Intentional Self-harm Non-fatal Drug Overdose Emergency Department Visits	Count	2021	27	23	24		
Opioid-Involved Non-fatal Overdose Emergency Department Visits	Count	2021	91	137	96		
Unintentional/Undetermined Non-fatal Opioid-involved Non-fatal Overdose Emergency Department Visits	Count	2021	89	136	94		
Intentional Self-harm Non-fatal Opioid-involved Non-fatal Overdose Emergency Department visits	Count	2021	<5	<5	<5		
Heroin-Involved Non-fatal Overdose Emergency Department Visits	Count	2021	42	77	34		
Unintentional/undetermined Non-fatal Heroin-involved Non-fatal Overdose Emergency Department Visits	Count	2021	41	77	34		
Intentional Self-harm Non-fatal Heroin-involved Non-fatal Overdose Emergency Department Visits	Count	2021	<5	<5	<5		
Stimulant-involved Non-fatal Overdose Emergency Department Visits	Count	2021	11	19	8		
Unintentional/Undetermined Non-fatal Stimulant-involved Non-fatal Overdose Emergency Department Visits	Count	2021	10	17	8		
Intentional Self-harm Non-fatal Stimulant-involved Non-fatal Overdose Emergency Department Visits	Count	2021	<5	<5	<5		
All Drug Non-fatal Overdose Hospitalizations							

Supplementary Data Reports

Indicator	Measure	Year	January-March (Provisional)	April-June (Provisional)	July-September (Provisional)	October-December (Provisional)	Year-to-Date (Provisional)
All Drug Non-fatal Overdose Hospitalizations	Count	2021	156	143	138		
Unintentional/Undetermined Non-fatal Drug Overdose Hospitalizations	Count	2021	83	81	79		
Intentional Self-harm Non-fatal Drug Overdose Hospitalizations	Count	2021	77	65	61		
Opioid-involved Non-fatal Overdose Hospitalizations	Count	2021	28	28	28		
Unintentional/Undetermined Non-fatal Opioid-involved Non-fatal Overdose Hospitalizations	Count	2021	20	24	25		
Intentional Self-harm Non-fatal Opioid-involved Non-fatal Overdose Hospitalizations	Count	2021	8	<5	<5		
Heroin-involved Non-fatal Overdose Hospitalizations	Count	2021	9	7	9		
Unintentional/Undetermined Non-fatal Heroin-involved Non-fatal Overdose Hospitalizations	Count	2021	7	5	9		
Intentional Self-harm Non-fatal Heroin-involved Non-fatal Overdose Hospitalizations	Count	2021	<5	<5	<5		
Stimulant-involved Non-fatal Overdose Hospitalizations	Count	2021	24	26	22		
Unintentional/Undetermined Non-fatal Stimulant-involved Non-fatal Overdose Hospitalizations	Count	2021	20	22	20		
Intentional Self-harm Non-fatal Stimulant-involved Non-fatal Overdose Hospitalizations	Count	2021	<5	<5	<5		
Poison Information Network Calls							
Florida Poison Information Network Calls Related to Opioids	Count	2020	13	8	7	7	35
Prescription and Patient Measures							
Number of Prescriptions Dispensed	Count	2022	81,766	961			82,727
Number of Unique Patients	Count	2022	30,422	756			30,619
Number of Unique Prescribers	Count	2022	1,951	306			1,963
Prescriptions Dispensed per Patient	Per patient	2022	2.7	1.3			2.7
Prescriptions Dispensed per Prescriber	Per prescriber	2022	41.9	3.1			42.1
Arrests							
Annual Drug Arrests	Count	2020					1,814
Annual Adult Drug Arrests	Count	2020					1,779
Annual Juvenile Drug Arrests	Count	2020					35
Motor Vehicle Traffic Crashes							
Alcohol Confirmed Motor Vehicle Traffic Crashes	Count	2020					86
Alcohol Confirmed Motor Vehicle Traffic Crash Fatalities	Count	2020					5
Alcohol Confirmed Motor Vehicle Traffic Crash Injuries	Count	2020					50
Drug Confirmed Motor Vehicle Traffic Crashes	Count	2020					13

Supplementary Data Reports

Indicator	Measure	Year	January-March (Provisional)	April-June (Provisional)	July-September (Provisional)	October-December (Provisional)	Year-to-Date (Provisional)
Drug Confirmed Motor Vehicle Traffic Crash Fatalities	Count	2020					1
Drug Confirmed Motor Vehicle Traffic Crash Injuries	Count	2020					11
Drug and Alcohol Confirmed Motor Vehicle Traffic Crashes	Count	2020					1
Drug and Alcohol Confirmed Motor Vehicle Traffic Crash Fatalities	Count	2020					1
Drug and Alcohol Confirmed Motor Vehicle Traffic Crash Injuries	Count	2020					2
Health Outcomes							
Neonatal Abstinence Syndrome	Count	2020	5	8	5	<5	22
Neonatal Abstinence Syndrome Annual Rate	Per 10,000 live births	2020					59.0
Early Steps Clients Experiencing Neonatal Abstinence Syndrome	Count	2020	1	0	0	0	1
Health Services							
Adult Substance Abuse Beds	Count	2020					0
Substance Abuse Program Enrollees - Adult	Count	2021					3,160
Substance Abuse Program Enrollees - Children	Count	2021					868
Naloxone Administered	Count	2021	1	1	0	77	79
Naloxone Administered by EMS	Count	2021	1	1	0	64	66
Naloxone Administered Prior to EMS	Count	2021	0	0	0	13	13
Naloxone Administration Not Applicable/Not Recorded	Count	2021	0	0	0	0	0

Data Note(s)

FLHealthCharts.gov is provided by the Florida Department of Health, Division of Public Health Statistics and Performance Management.

Data not shown for quarters with counts 1 to 4 for hospitalizations and Emergency Department Visits.

Data not shown for quarters with counts 1 to 4 for Neonatal Abstinence Syndrome (NAS).

The state totals for the number of prescriptions dispensed may exceed the sum of the county totals due to some records having an unknown county.

Neonatal Abstinence Syndrome (NAS) Case Counts are reported two years after birth due to certification requirements, data linkage processes for deduplication of records and alignment with the NAS Case Definition.

Ordinance Establishing the Escambia Children's Trust

Escambia County
Clerk's Original

7/2/2020 5:37pm PT

ORDINANCE NO. 2020 - 22

AN ORDINANCE OF THE BOARD OF COUNTY COMMISSIONERS OF ESCAMBIA COUNTY, FLORIDA; CREATING CHAPTER 90, ARTICLE 10 OF THE CODE OF ORDINANCES, PROVIDING FOR THE CREATION OF A COUNTYWIDE INDEPENDENT SPECIAL DISTRICT TO INVEST IN METRICS BASED, SUCCESSFUL CHILDREN'S SERVICES PROGRAMS THROUGHOUT ESCAMBIA COUNTY; PROVIDING FOR A GOVERNING BOARD TO BE KNOWN AS THE ESCAMBIA CHILDREN'S TRUST; PROVIDING FOR THE MEMBERSHIP; PROVIDING FOR THE POWERS AND DUTIES OF THE TRUST; PROVIDING FOR THE CONDUCT OF BUSINESS; PROVIDING FINANCIAL REQUIREMENTS, REPORTING REQUIREMENTS, AND BUDGET PROCEDURES; PROVIDING FOR AUTHORIZATION OF THE LEVY OF AD VALOREM TAXES OF ONE-HALF MILL FOR A TERM OF 10 YEARS; PROVIDING FOR A NOVEMBER 3, 2020 REFERENDUM AND A BALLOT QUESTION; PROVIDING FOR SEVERABILITY; PROVIDING FOR REPEALER; PROVIDING FOR INCLUSION IN THE CODE; AND PROVIDING FOR AN EFFECTIVE DATE.

Date: 7/7/2020 Verified By: 

WHEREAS, the Legislature of the State of Florida has, in Chapter 125, Florida Statutes, conferred upon local governments the authority to adopt regulations designed to promote the public health, safety and general welfare of its citizenry; and

WHEREAS, the Legislature of the State of Florida has, in Chapter 125.901, authorized the creation of Children's Services Councils (CSCs) as a countywide special taxing district created by ordinance, and approved by voters, to invest in metrics based, successful programs and services that improve the lives, health and well-being of children and their families; and

WHEREAS, to date, nine Florida counties have created independent CSCs that invest taxpayer dollars in the well-being of their community's children and families, and the primary focus of all CSCs is to invest in early childhood education, prevention and early intervention programs that produce measurable results; and

WHEREAS, in nine counties, voters have approved independent taxing authority for their CSC to ensure that a dedicated, recurring funding source is available for children's programs and services. The counties are Palm Beach, Alachua, Broward, Hillsborough, Martin, Miami-Dade, Okeechobee, Pinellas and St. Lucie; and

WHEREAS, the community has taken action to formally recommend to the Escambia County Board of County Commissioners the establishment of an independent

Ordinance Establishing the Escambia Children's Trust

Children's Trust to be known as the Escambia Children's Trust and to hold a referendum on the creation of an independent special district; and

WHEREAS, Escambia County children need increased and enhanced services; and

WHEREAS, more than half of the children in Escambia County are not prepared to enter kindergarten¹; and

WHEREAS, in Escambia County only 56% of children in 3rd grade read on grade level and only 50% of 7th graders are proficient in 7th grade math. While 12.1% of Escambia County students are chronically absent²; and

WHEREAS, Escambia County ranks 47 out of 67 Florida counties, according to the 2019 Florida Child Well-Being Index³; and

WHEREAS, every year in Escambia County over 5,000+ reports of suspected child abuse are received by the Department of Children and Families. Child abuse comes in many forms – physical abuse, sexual abuse, neglect – and recognizing child abuse is not easy⁴; and

WHEREAS, allegations of child abuse or medical neglect affect one in eight children in Escambia County⁵; and

WHEREAS, as many as 70% of children with developmental delays or disorders are not diagnosed or properly treated before they start school; and

WHEREAS, the higher a person's educational attainment and income, the more likely that person is to have a longer life expectancy; and

WHEREAS, the Board of County Commissioners determines that it is in the best interests of the health, safety and welfare of the public to place a referendum establishing said independent district within Escambia County before the qualified Escambia County voters on the November 3, 2020 general election ballot.

NOW THEREFORE, BE IT ORDAINED by the Board of County Commissioners of Escambia County that the following regulation is hereby adopted.

¹ <https://www.achieveescambia.org/data>

² <https://www.achieveescambia.org/data>

³ <https://static1.squarespace.com/static/5ba3f2780feb9d7656220531/t/5e273266c8d88d7566a9227b/1579627124664/Annual+Report+2020.pdf>

⁴ <https://www.gulfcoastkidshouse.org/child-abuse-prevention/programs.asp>

⁵ <https://test.gulfcoastkidshouse.org/>

Ordinance Establishing the Escambia Children's Trust

Section 1. The above recitals are true and correct and are incorporated herein by reference.

Section 2. Chapter 90, Taxation, Article 10, Children's Services Independent District, is created as follows:

Sec. 90-311 – Sec. 90 – 349. Reserved.

Article X. Children's Services Independent District. The "Escambia Children's Trust."

Sec. 90 – 350. Short Title.

This article shall be known and may be cited as the "Escambia Children's Trust"

Sec. 90 – 351. Authority.

This article is adopted pursuant to §125.901, Florida Statutes (2019), Children's Services.

Sec. 90 – 352. Creation of an Independent Special District; Creation of the Children's Trust of Escambia County.

Subject to the approval of a majority of the qualified electors of Escambia County voting in November 3, 2020 referendum, there is hereby created an independent special district to invest in children's services throughout the County. The boundaries of the District shall be coterminous with the boundaries of Escambia County. The governing body of the District shall be a board of directors to be known as the Escambia County Children's Trust council on children's services.

Sec. 90 – 353. Purpose.

The purpose of the Escambia Children's Trust is to invest in the well-being of children within Escambia County by maximizing resources and ensuring accountability through investment in and support to community provider programs through a competitive review process. Escambia Children's Trust shall serve to collaborate and support necessary educational, preventive, developmental, treatment, intervention, and rehabilitative services for children within the County through funding and/or through cooperative agreements where not otherwise prohibited. The Escambia Children's Trust will assist the children through issuance and evaluation of requests for proposals from children's services providers when such is determined to be in the best interest of the health, safety and welfare of the community. Eligibility for application, review, and approval of Trust funding shall require that the direct service provider meets the Trust's requirements of proven fiscal accountability and performance based metrics to ensure successful program operation and accountable use of funding for the benefit of children.

Ordinance Establishing the Escambia Children's Trust

Sec. 90 – 354. Membership.

The Escambia Children's Trust shall consist of 10 members as mandated by State of Florida Statute 125.901, Florida Statutes (2019), including:

- (1) The superintendent of schools;
- (2) A local school board member;
- (3) The district administrator from the appropriate district of the Department of Children and Families, or his or her designee who is a member of the Senior Management Service or of the Selected Exempt Service;
- (4) One member of the county governing body;
- (5) The judge assigned to juvenile cases who shall sit as a voting member of the board, except that said judge shall not vote or participate in the setting of ad valorem taxes under this section. If there is more than one judge assigned to juvenile cases in a county, the chief judge shall designate one of said juvenile judges to serve on the board; and
- (6) The remaining five members shall be appointed by the Governor, and shall, to the extent possible, represent the demographic diversity of the population of the county. After soliciting recommendations from the public, the county governing body shall submit to the Governor the names of at least three persons for each vacancy occurring among the five members appointed by the Governor, and the Governor shall appoint members to the council from the candidates nominated by the county governing body. The Governor shall make a selection within a 45-day period or request a new list of candidates. All members appointed by the Governor shall have been residents of the county for the previous 24-month period. Such members shall be appointed for 4-year terms, except that the length of the terms of the initial appointees shall be adjusted to stagger the terms. The Governor may remove a member for cause or upon the written petition of the county governing body. If any of the members of the council required to be appointed by the Governor under the provisions of this subsection shall resign, die, or be removed from office, the vacancy thereby created shall, as soon as practicable, be filled by appointment by the Governor, using the same method as the original appointment, and such appointment to fill a vacancy shall be for the unexpired term of the person who resigns, dies, or is removed from office.

Sec. 90 – 355. Powers and Functions.

The Escambia Children's Trust shall have the following powers and functions:

- (1) To provide funding and maintain in the County such preventive, developmental, treatment, intervention, and rehabilitative services for children from birth to 18 years of age as the council determines are needed for the general welfare of the county.

Ordinance Establishing the Escambia Children's Trust

(2) To provide such other services for all children as the council determines are needed for the general welfare of the county.

(3) To allocate and provide funds for other agencies in the county which are operated for the benefit of children, provided they are not under the exclusive jurisdiction of the public school system.

(4) To collect information and statistical data and to conduct research which will be helpful to the council and the county in deciding the needs of children in the county.

(5) To consult and coordinate with other agencies dedicated to the welfare of children to the end that the overlapping of services will be prevented.

(6) To lease or buy such real estate, equipment, and personal property and to construct such buildings as are needed to execute the foregoing powers and functions, provided that no such purchases shall be made or building done unless paid for with cash on hand or secured by funds deposited in financial institutions. Nothing in this subparagraph shall be construed to authorize a district to issue bonds of any nature, nor shall a district have the power to require the imposition of any bond by the governing body of the county.

(7) To employ, pay, and provide benefits for any part-time or full-time personnel needed to execute the foregoing powers and functions.

(8) All powers, functions, and duties specified in Section 125.901, Florida Statutes or otherwise permitted by law.

(9) It is the intent of the County that the funds collected pursuant to the provisions of this section shall be used to support improvements in children's services and that such funds shall not be used as a substitute for existing resources or for resources that would otherwise be available for children's services.

(10) Members of the council shall serve without compensation, but shall be entitled to receive reimbursement for per diem and travel expenses consistent with the provisions of Section 112.061, *Florida Statutes* (2019), as amended.

Sec. 90 – 356. Conduct of Business.

The Escambia Children's Trust shall:

(1) Immediately after the members are appointed, elect a chair and a vice chair from among its members, and elect other officers as deemed necessary by the council.

(2) Immediately after the members are appointed and officers are elected, identify, and assess the needs of the children in Escambia County and submit to the Escambia County Board of County Commissioners a written description of:

a. The activities, services, and opportunities that will be provided to children.

Ordinance Establishing the Escambia Children's Trust

b. The anticipated schedule for providing those activities, services, and opportunities.

c. The manner in which children will be served, including a description of arrangements and agreements which will be made with community organizations, state and local educational agencies, federal agencies, public assistance agencies, the juvenile courts, foster care agencies, and other applicable public and private agencies and organizations.

d. The special outreach efforts that will be undertaken to provide services to at-risk, abused, or neglected children.

e. The manner in which the council will seek and provide funding for unmet needs.

f. The strategy which will be used for interagency coordination to maximize existing human and fiscal resources.

(3) Provide training and orientation to all new members sufficient to allow them to perform their duties, including operating transparency and Sunshine requirements.

(4) Make and adopt bylaws and rules and regulations for the council's guidance, operation, governance, and maintenance, provided such rules and regulations are not inconsistent with federal or state laws or county ordinances.

(5) Provide an annual written report, to be presented no later than January 1, to the governing body of the county. The annual report shall contain, but not be limited to, the following information:

a. Information on the effectiveness of activities, services, and programs offered by the Escambia Children's Trust, including cost effectiveness.

b. A detailed anticipated budget for continuation of activities, services, and programs offered by the Escambia Children's Trust, both public and private.

c. Procedures used for early identification of at-risk children who need additional or continued services and methods for ensuring that the additional or continued services are received.

d. A description of the degree to which the council's objectives and activities are consistent with the goals of this section.

e. Detailed information on the various programs, services, and activities available to participants and the degree to which the programs, services, and activities have been successfully used by children.

f. Information on programs, services and activities that should be eliminated; programs, services and activities that should be continued; and programs, services, and activities that should be added to the basic format of the council.

Ordinance Establishing the Escambia Children's Trust

Sec. 90 – 357. Sunshine Law and Public Records

- (1) The Council shall operate as required by the Florida Sunshine Law, Chapter 286, *Florida Statutes* (2019), as amended and the Florida Public Records Act, Chapter 119, *Florida Statutes* (2019), as amended.
- (2) The Council shall maintain minutes of each meeting, including a record of all votes cast, and shall make such minutes available to any interested person.
- (3) Meetings of the council shall be publicly noticed.

Sec. 90-358. Fiscal Year.

- (a) The fiscal year of the District shall be the same as that of the county.
- (b) On or before July 1 of each year, the council shall prepare and adopt an annual written budget of the District's expected income and expenditures, including a contingency fund. The council shall, in addition, compute a proposed millage rate within the voter-approved cap necessary to fund the tentative budget and, prior to adopting a final budget, comply with the provisions of s. 200.065, relating to the method of fixing millage, and shall fix the final millage rate by resolution of the council. The adopted budget and final millage rate shall be certified and delivered to the governing body of the county as soon as possible following the council's adoption of the final budget and millage rate pursuant to chapter 200. Included in each certified budget shall be the millage rate, adopted by resolution of the council, necessary to be applied to raise the funds budgeted for district operations and expenditures. In no circumstances, however, shall any district levy millage to exceed a maximum of 0.5 mills of taxable valuation of all properties within the county which are subject to ad valorem county taxes.
- (c) The budget of the district so certified and delivered to the governing body of the county shall not be subject to change or modification by the governing body of the county or any other authority.

Sec. 90-359. Levying of Ad Valorem Taxes.

- (1) In order to provide funds for the Escambia Children's Trust, the District may levy ad valorem taxes annually on all taxable property in the County of one-half mill for a term of 10 years, provided that the authority to levy such taxes has been approved by a majority vote of the electors of the County voting in a countywide election to be held in accordance with the requirements of the Constitution and the laws of Florida. The tax shall be assessed, levied and collected in the same manner and at the same time as is provided by law for the levy, collection and enforcement of collection of County taxes. The authority to levy the ad valorem tax must be submitted to the voters for reauthorization every 10 years commencing with the effective date of this ordinance.

Ordinance Establishing the Escambia Children's Trust

- (2) All tax money collected under this section, as soon after the collection thereof as is reasonably practicable, shall be paid directly to the council by the tax collector of the county, or the clerk of the circuit court if the clerk collects delinquent taxes.
- (3) a. All moneys received by the council shall be deposited in qualified public depositories, as defined in s. 280.02, with separate and distinguishable accounts established specifically for the council and shall be withdrawn only by checks signed by the chair of the council and countersigned by either one other member of the council or by a chief executive officer who shall be so authorized by the council.

b. Upon entering the duties of office, the chair and the other member of the council or chief executive officer who signs its checks shall each give a surety bond in the sum of at least \$1,000 for each \$1 million or portion thereof of the council's annual budget, which bond shall be conditioned that each shall faithfully discharge the duties of his or her office. The premium on such bond may be paid by the council as part of the expense of the council. No other member of the council shall be required to give bond or other security.
- (4) No funds of the district shall be expended except by check as aforesaid, except expenditures from a petty cash account which shall not at any time exceed \$100. All expenditures from petty cash shall be recorded on the books and records of the council. No funds of the council, excepting expenditures from petty cash, shall be expended without prior approval of the council, in addition to the budgeting thereof.

Sec. 90-360. Reporting.

- (1) Within 10 days, exclusive of weekends and legal holidays, after the expiration of each quarter annual period, the council on children's services shall cause to be prepared and filed with the governing body of the county a financial report which shall include the following:
 - a. The total expenditures of the council for the quarter annual period.
 - b. The total receipts of the council during the quarter annual period.
 - c. A statement of the funds the council has on hand, has invested, or has deposited with qualified public depositories at the end of the quarter annual period.
 - d. The total administrative costs of the council for the quarter annual period.

Sec. 90 – 361. Referendum.

The authority of the Escambia Children's Trust Special District to levy 0.5 mills to carry out the purposes and intent of this ordinance and to do all things necessary to fund the Children's Trust and the independent district created hereby shall be presented to the County electorate by placing a question on the November 3, 2020 general election ballot. The Supervisor of Elections of Escambia County shall place the following question on the November 3, 2020, general election ballot:

Ordinance Establishing the Escambia Children's Trust

CHILDREN'S TRUST OF ESCAMBIA COUNTY – AUTHORITY TO LEVY ONE-HALF MILL AD VALOREM TAXES

IN ORDER TO PROVIDE ADDITIONAL EARLY CHILDHOOD EDUCATION, SAFETY, DEVELOPMENTAL, PREVENTATIVE, HEALTH, AND WELL-BEING SERVICES, INCLUDING AFTER SCHOOL AND SUMMER ENRICHMENT PROGRAMS, SHOULD AN INDEPENDENT SPECIAL DISTRICT TITLED THE "ESCAMBIA CHILDREN'S TRUST" BE CREATED AND BE AUTHORIZED TO LEVY AN ANNUAL AD VALOREM TAX OF ONE-HALF (1/2) MILL FOR 10 YEARS.

 YES
 NO

Section 3. Severability.

If any section, sentence, clause or phrase of this Ordinance is held to be invalid or unconstitutional by any Court of competent jurisdiction, then said holding shall in no way affect the validity of the remaining portions of this Ordinance.

Section 4. Inclusion in Code.

It is the intention of the Escambia County Board of County Commissioners that the provisions of this Ordinance shall be codified as required by Chapter 125, Florida Statutes, and that the sections, subsections and other provisions of this Ordinance may be renumbered or re-lettered and the word "ordinance" may be changed to "section," "article," or such other appropriate word or phrase in order to accomplish such intentions.

Section 5. Liberally Construed.

The Ordinance shall be liberally construed in order to effectively carry out the purposes hereof which are deemed not to adversely affect public health, safety or welfare.

Section 6. Repeal of Conflicting Ordinances.

All Escambia County Ordinances and resolutions, or portions thereof, in conflict with this Ordinance are, to the extent of such conflict, repealed.

This Ordinance does not prohibit the County from exercising such power as is provided by general or special law to provide children's services.

Section 7. Effective Date.

A certified copy of this ordinance shall be filed with the Department of State by the Clerk of the Board of County Commissioners within ten (10) days after enactment. This ordinance shall become effective only if approved by a "yes" vote of the majority of those voting on the question posed in a November 3, 2020 referendum. If the majority of those voting do not vote "yes" to the question proposed, the District shall not be created and

Ordinance Establishing the Escambia Children's Trust

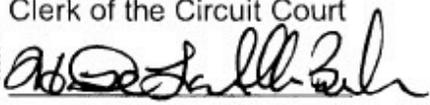
this ordinance shall be of no force and effect. The effective date of the creation of the special district, if approved by the November 3, 2020 referendum, shall be December 1, 2020.

DONE AND ENACTED this 2nd day of July, 2020.

BOARD OF COUNTY COMMISSIONERS
ESCAMBIA COUNTY, FLORIDA

By: 
Steven Barry, Chairman



Pam Childers
Clerk of the Circuit Court


Date Executed: 7/7/2020

Approved as to form and legal sufficiency.

By/Title: Kia M. Johnson, ACA

Date: 06-17-2020

ENACTED: **July 2, 2020**

EFFECTIVE DATE: **See Section 7.**



ESCAMBIA
CHILDREN'S TRUST

Our Children. Our Community. Our Future.

Address

1000 College Boulevard
Building 11
Suite 1100H
Pensacola, Florida 32504

Phone

(850) 475-4980

Email

info@EscambiaChildrensTrust.org

**Like
Us**

**Follow
Us**

**Join
Us**

EscambiaChildrensTrust.org

