



KIDS HOPE ALLIANCE
The Jacksonville Partnership
for Children, Youth & Families

**Needs
Assessment and
Gap Analysis
2022 Full Report**

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Overview

Kids Hope Alliance, in partnership with NLP Logix and the Nonprofit Center of Northeast Florida, are in the process of completing a Community Needs Assessment and Gap Analysis. This process was broken down into phases, beginning with a needs assessment, followed by a gap analysis, and comprehensive report and recommendations. Finally, this information will be disseminated throughout the community in various forums between June 15th and August 15th, 2022.



The results of phase 3, the comprehensive report and recommendations development, are provided herein.

Needs Assessment

The Community Needs Assessment works to understand the needs of the community through the lenses of perceived and expressed needs identified through community feedback and absolute and relative needs identified through data analysis. Include definition of perceived and expressed needs.

Types of Needs	Data Collection Method
<p>Perceived Needs are based on what individuals feel their needs are. These needs are very subjective, and the standard may change based on each point of view.</p>	<p>Primary Data Collection:</p> <ul style="list-style-type: none"> ● Surveys ● Interviews / Focus Groups ● Social Media
<p>Expressed Needs are defined by what individuals have already voiced as a need.</p>	
<p>Absolute Needs are deemed universal including those for survival (i.e. food, water, safety, and clothing).</p>	<p>Secondary Data Collection for current and historical trends of:</p> <ul style="list-style-type: none"> ● Population socioeconomic Data ● Educational Data ● Crime Data ● Program Utilization/funding
<p>Relative Needs are rendered necessary based on equity and depend on current circumstances and the norm. The standard may also vary based on population differences and social context.</p>	

These needs were identified through analysis of a combination of primary and secondary data collection. The primary data collection methods collected qualitative data from the local community around the resources that they currently utilize and their hopes for an ideal future community. These data were collected through a survey and through focus groups and covered parents, youth, community advocates, providers, and Kids Hope Alliance Staff.

The secondary data collection methods involved pulling multiple data sources, including the US Census Bureau, the CDC Youth Behavioral Risk Surveillance Survey, Florida Health Charts, and Florida Department of Education Data. This data was then compared to state-wide outcomes to identify areas where Duval County underperforms.

Gap Analysis

The Gap Analysis provides a community resource guide and identifies where resources do and do not overlap with the needs identified in the Needs Assessment. This process included compiling a provider inventory, creating a grouping to standardize program types to match areas of interest identified in the Needs Assessment, and identifying discrepancies between current program availability and the community's expressed and absolute needs (overall and by geography).

Comprehensive Report and Recommendations

At the conclusion of this analysis, this report was developed. This report contains recommendations for Kids Hope Alliance to best enact change that will meet the needs of the community and fill gaps. The recommendations include recommendations for changes to service areas, specific funding recommendations, and more general recommendations focused around increasing available funds and measuring program efficacy.

Introduction to Results Based Accountability

Results-Based Accountability™ (RBA) is a community framework constructed by Mark Friedman. The process is detailed in the book *Trying Hard is Not Good Enough*. The framework allows agencies to create action plans built around data-driven methods to solve problems.

Kids Hope Alliance has decided to incorporate RBA into its process. Board members and staff have received training in Results-Based Accountability™ from **Clear Impact**. On-going requests for proposals (RFPs) include an RBA-style goal-oriented framework. This report attempts to establish a set of baseline metrics and goals that can be utilized.

By tracking indicators year over year, we can measure the changes in each metric and identify if we are “turning the curve” and working toward better outcomes for the indicators. This change in the indicator value during the performance period measures the return on investment (ROI) for the community.

RBA starts at the “end” (the community goals we are trying to achieve) and works backward. By starting with the desired end state, RBA allows organizations to create plans that begin with the goal and related quantifiable metrics, identify potential partners, and create partner performance measures that will have a direct impact on the desired outcome.

The process involves measuring individual program impact through the use of three metrics: how much, how well, is anyone better off? Programs should identify performance measures that directly roll up to an indicator. Each measure should measure either: “How much?” (how many students served, etc.), “How well?” (program quality, etc.) or “Is anyone better off?” (progress toward the performance indicator).

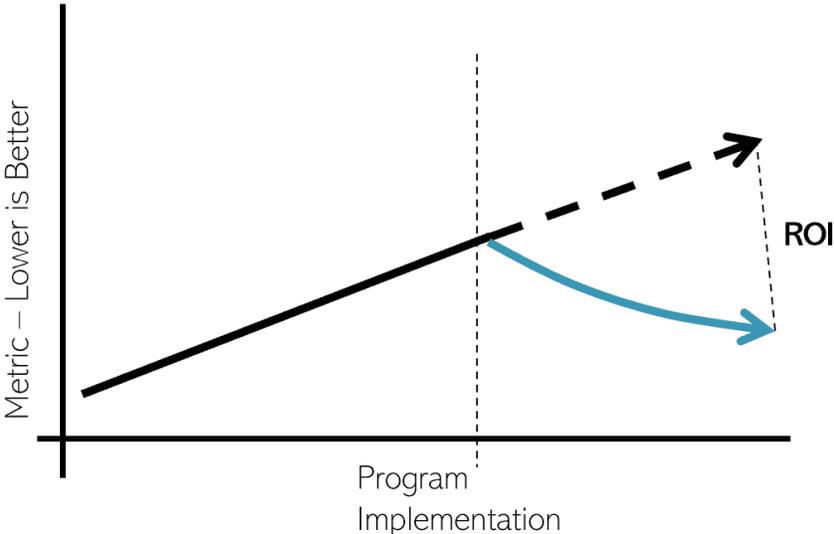


Figure 1: Measuring the Effect of “Turning the Curve”

KHA Vision



Population Result Type



Population Result



Population Indicator



Partner Identification



Performance Measures

Every child and youth will reach their academic, career, and civic potential.



Duval Children and Youth are Physically and Mentally Healthy and Safe

Building Data Partnerships	Children and Youth exercise on a weekly basis
Current KHA Initiative	
Perceived/Expressed Need	
Actual/Relative Need	

What percent of Duval County youth exercise at least 3 days per week?

Source: Youth Risk Behavioral Survey
 Frequency: Once Every two years
 Data Collection Plan: Work with DCPS to create a more frequency survey



Wee Yoga Collaborative

A made-up Jacksonville youth organization to help kids exercise

How Much?

of participants

How Well?

Participant Engagement

Is Anyone Better Off?

Improvement on the Presidential Fitness Test

Partners

Kids Hope Alliance

Founded in 2017, Kids Hope Alliance (KHA) is a funding agent for the City of Jacksonville. KHA invests millions annually in children's and youth programs and services in Duval County, simultaneously managing their implementation and monitoring their outcomes. Through the funding of third-party Providers and strategic partnerships with local nonprofit organizations, KHA is working to ensure thousands of at-risk children and youth have access to a continuum of critical services, including academics, enrichment, nutrition, and mental health.

In 2020, KHA invested \$38.3 million in local programs, funding 200+ sites in partnership with more than 90 local nonprofits. This investment served more than 21,000 children and youth in Duval County.



Every child deserves the opportunity to reach their academic, career, and civic potential.

NLP Logix

NLP Logix is an artificial intelligence/machine learning product and automation solutions provider, which has evolved over the last 10 years to one of the fastest growing teams of machine learning practitioners. The NLP Logix team of experts have extensive experience leveraging natural language processing, computer vision, predictive modeling, and analytics to help companies revolutionize how they operate. NLP Logix has been an analytics partner for the City of Jacksonville since 2015, providing services to the Kids Hope Alliance, Partnership for Child Health, Jacksonville Journey, and Jacksonville Children's Commission.



Nonprofit Center of Northeast Florida

The Nonprofit Center of Northeast Florida provides services, programs, and information resources for more than 300 members while advocating for the Northeast Florida nonprofit sector locally and at the state level. With more than 150 events a year – most free to members – in locations throughout the region, the Nonprofit Center offers something for every nonprofit employee and board member.



Advisory Committees

The authors of this report commissioned two advisory committees to provide feedback about community engagement. These committees were charged with ensuring that the analyses being completed adequately represent the community.

Advisory Committee

The advisory committee (listed below) consists of subject matter experts with extensive knowledge in nonprofits and children and youth services. The advisory committee provided expert opinions and advice pertaining to the overall strategy, communication of results, and general information on the wellbeing of children and youth in Duval County. For the Community Needs Assessment specifically, the advisory committee provided feedback on the overall approach, and the design of the focus groups and surveys. The members of the advisory committee are:

- Ms. Kerri Stewart, VP of Business Analytics and Strategic Initiatives, Miller Electric
- Ms. Jennifer Behnam, President, BRITE Consulting Services
- Ms. Conchita Robinson, CEO, C. Robinson Associates
- Ms. Selena Webster-Bass, CEO, Voices Institute

Community Feedback Group

The Community Feedback group consists of 8 people with various lived experiences in Jacksonville. The community feedback group was instrumental in reviewing the format of the survey and providing feedback in ensuring that questions were inclusive, and the survey would gather as much information as possible.

- Two Duval County parents from Parents Who Lead, description of Parents Who Lead cohorts
- Two Students from the Mayors Youth Leadership Advisory Council, description of Mayors Youth Leadership Council
- Two Faith-Based Leaders
- Two Community Advocates

Listen and Learn

Primary Data Collection and Analysis - Gathering Lived Experiences from the Community

Community feedback was solicited to ensure that the Community Needs Assessment directly reflects the needs of parents and youth in Duval County. Community feedback was gathered in three ways:

- Listening Sessions
- Parent and Youth Surveys
- Key Stakeholders Interviews

Caution was taken in all aspects to ensure community feedback was gathered in a manner that would be representative of the population of Duval County.

Listening Sessions Format

Listening Sessions consisted of between one (1) and fifteen (15) participants. Due to COVID-19 precautions, Listening Sessions were between ninety minutes and two hours. Of the sixteen (16) sessions, fourteen (14) were held via Zoom while the remaining two were hybrid, with attendees in person and via Zoom. Listening sessions were completed between October 8, 2021, and February 9, 2022. As listed below, listening sessions were split into **stakeholder groups** and **geographic groups** based on Duval County Public Schools (DCPS) School Board districts. **There is a total of seven (7) DCPS School Board districts, each made up of two City Council districts.** Potential participants were identified through various sampling strategies:

- For Nonprofit Providers, a random sampling approach was used to ensure that one type of provider was not overrepresented. A random sample of current Kids Hope Alliance service providers were identified. Additionally, a sample from service providers using 990 tax filing data was created. Oversampling was also used to ensure that each of Kids Hope Alliances' current essential service categories, Early Learning, Juvenile Justice Intervention and Prevention, Out of School Time, Pre-Teen/Teen, and Special Needs, were represented, to ensure that providers represented a variety of organizational budgets.
- Parents, youth, and volunteer participants were recruited through partnerships with established child-serving nonprofit organizations.

Listening sessions were facilitated by Deirdre Conner, Senior Director of Strategic Initiatives and Evaluation at the Nonprofit Center of Northeast Florida, and Dr. Standralyn Terry, Senior Consultant, Terry Consulting Services. Each listening session was recorded and transcribed to ensure all information was captured. Care was taken to ensure identifying, personal information was not recorded in the summary notes or transcripts.

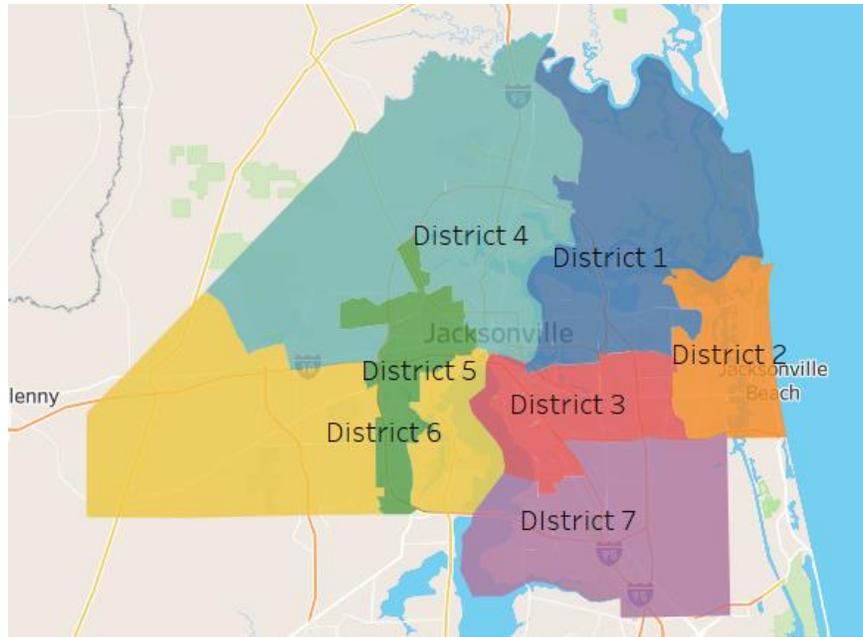


Figure 2: Map of Duval County Public School District

Analysis of the listening sessions was multifold, including manual analysis by the Nonprofit Center of Northeast Florida staff and automated analysis through natural language processing. The natural language processing approach will allow for this process to be repeated without additional need for extensive qualitative analysis.

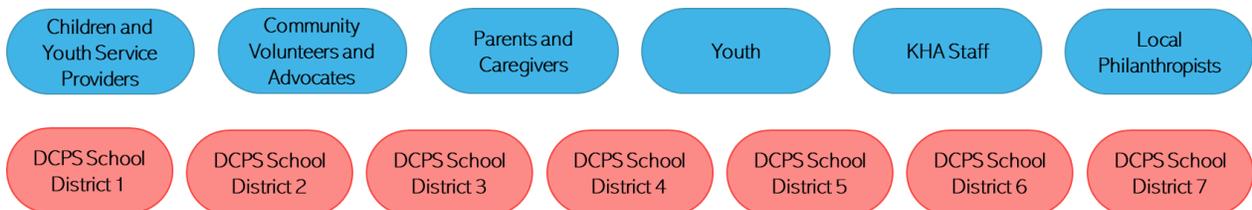


Figure 3: Makeup of Listening Sessions – **Geographic** and **by Function**

The manual analysis included a themed analysis using a grounded theory approach (a coding-based analysis) through the qualitative data analysis tool NVivo. NVivo is a tool for helping qualitative researchers organize, analyze, and find insights in text data. Coding guidelines are provided in Appendix A.

The natural language processing methodology included cleaning the text, removing “stop words”, creating an embedding of words utilized, and constructing clusters of words to identify similar topics. An analysis of the distribution of clustered topics across each session was completed to understand how sessions varied from one another.

Surveys Format

Survey Monkey, an online survey software, was utilized to administer two surveys. The first survey focused on Duval County parents and youth as respondents. The survey questions were reviewed by the community

feedback group and advisory committee prior to the deployment to ensure the questions covered a variety of life experiences. The second survey was focused on children and youth service providers.

A Spanish language version of the parent and youth survey was provided, to ensure that the Latinx community was included,

The parent and youth survey was built to take an average user no more than five minutes to complete, and consisted of 26 questions. The questions covered the following topics:

- Demographics
 - Zip code
 - Household income/employment status
 - Race and ethnicity
 - Gender
 - Sexuality
 - Age
 - Marital status
 - Language spoken at home
 - Household makeup
 - Disabilities
 - Military service rate
- Utilization of Services (need and ability to access)
 - Services birth to five years old
 - Services five to twelve years old
 - Services for thirteen to eighteen years old
 - Services for parents, caregivers, and other adults
- Exposure to service/method of finding/learning about services
- Barriers to accessing services
- City priorities to ensure children can grow up to meet their fullest potential
- Open responses around lived experiences.

Multiple methods were utilized to generate interest in the survey to ensure that no one population was oversampled. In addition to the Community Needs Assessment partners (Kids Hope Alliance, Nonprofit Center of Northeast Florida, and NLP Logix), the City of Jacksonville, KHA providers, city council candidates, and iCARE coalition of faith-based organizations as well as countless individuals shared the messaging on social media. A copy of the survey questions and of the media used to socialize the survey are provided in Appendix C.

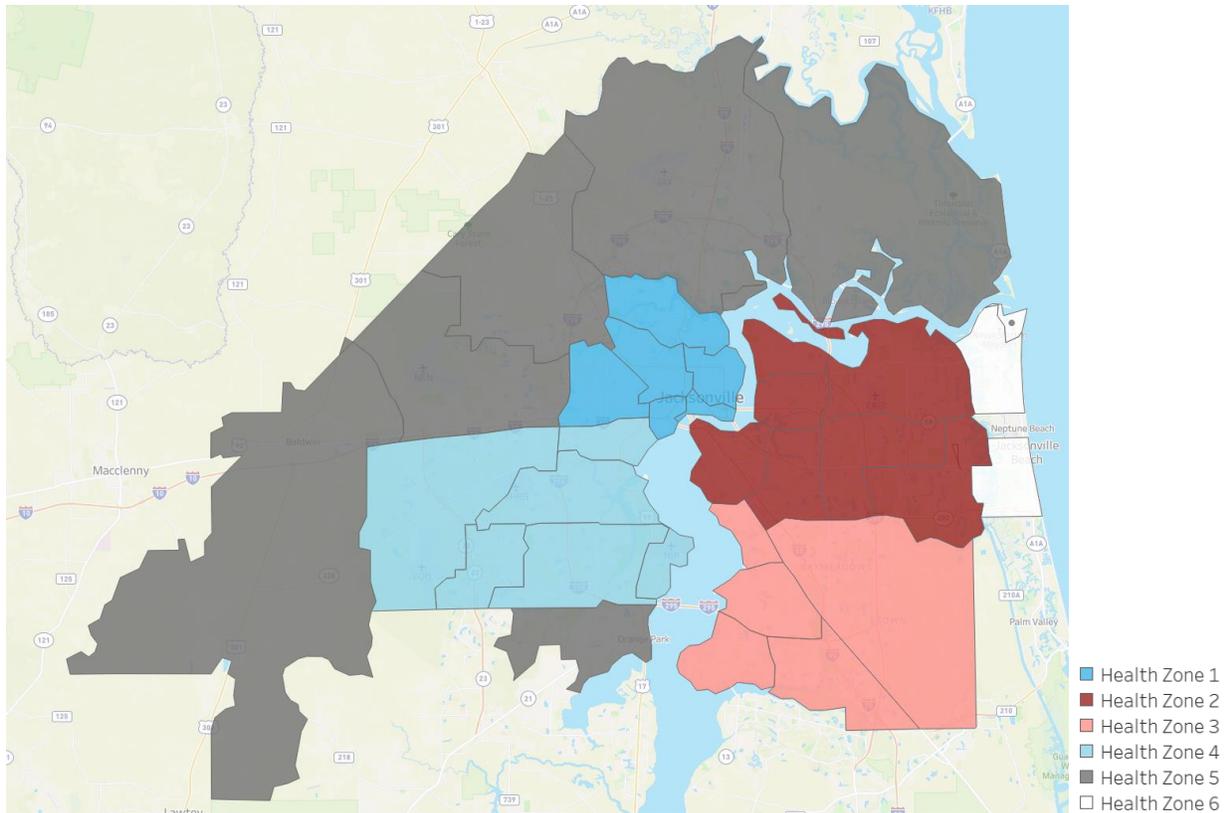


Figure 4: Map of Health Zones

Analysis of the survey was completed using Tableau, an intelligence tool for visually analyzing data, to facilitate an understanding of each question as it relates to demographics and other question responses. A supplemental workbook has been prepared and is available upon request.

Survey details are broken down geographically by ZIP Code and by Health Zone. A map of Health Zones is provided in figure 4.

Analyzing Utilization of Current Children and Youth Services

An additional method for tracking needs in the community involves understanding what services families are currently utilizing. This is tracked in two ways: the current Kids Hope Alliance Budget and feedback from local philanthropy groups about what is currently being funded.

This method of identifying expressed needs ensures that services that are vital to the community are identified. Such programs funded by the Kids Hope Alliance include the youth travel trust fund and grief counseling/child burial cost assistance.

Identifying Current Trends

Secondary Data Collection and Analysis – Gathering Social, Economic, Health and Demographic Data for the Citizens of Duval County

Statewide data was compiled in order to understand absolute and relative needs of the community. Quantitative data analysis of this data was performed to identify differences and statistically significant differences. This analysis focused on understanding data sets where Duval County has significantly unfavorable average outcomes as compared to the state of Florida.

Data Sources:

- US Census Bureau – American Community Survey Data (ACS)
 - Income
 - Population
 - Household makeup (size, number of parents present)
 - Employment
 - High school graduation rates
 - Teen parent rates
 - English as a second language
 - Health insurance coverage
 - Household mobility
- Florida Department of Health Health Charts Data (HC)
 - Maternal healthcare / Birth details
 - Deaths of youth (suicide, drowning, motor vehicle, drug overdose, and firearm)
 - Tobacco use
 - Self-harm
 - Eating disorders
- Youth Risk and Behavioral Survey (YRBS)
- Office of Early Learning VPK readiness
- Florida Department of Juvenile Justice
 - Interactive data dashboards
 - Delinquency dashboard
 - Civil citations and pre-arrest diversion dashboard
- Florida Department of Education
 - School environmental safety incident reporting
 - Counts of incidents related to gangs, alcohol, bullying, etc.
 - Retention rates
 - Graduation rates
- Jacksonville Sheriff's Office
 - Public data incidents
- City of Jacksonville
 - Park locations

Each metric above is available at either the census tract, school, or county level. For county level metrics, such as the data available for Health Outcomes, data is provided as comparisons between the Duval County rate and the state of Florida as a whole. The comparisons will allow identification of areas that Duval County can work to improve and serve as a baseline for future research in the identified area. Where possible, data is provided beyond the county level. This may include providing information at the census tract, City of Jacksonville council district, or individual provider/school level.

Perceived and Expressed Needs in Duval County

Overall, there was significant participation in the Community Needs Assessment from varying demographics of Duval County stakeholders. Participants represented Duval County both in demographics, lived experiences, and geographic location. Community feedback included stakeholders with a variety of lived experiences, including learning and physical disabilities, foster care, navigating childcare subsidies, juvenile justice experiences, difficulty in school, challenges in health care access, and a need for mental healthcare. Representatives have experienced life in Jacksonville's Northside, Southside, Westside, and Urban Core.



The results below are separated into three sections – focused on each of the community feedback methods. The Actionable Insights section provides an overall summary of the combined results.

Listening Session Results

Overall, a total of eighty-nine (89) community members participated in the listening sessions. A total of sixteen (16) listening sessions were conducted, with two listening sessions being eliminated due to interference. Interference included “spam” participants joining and making noises to prevent other participants from being able to speak and hear. The listening sessions represented 23 hours of content.

Listening sessions included an introduction (not included for automated processing), and then dialogue in response to the following questions:

- Imagine a child turning 18 and graduating from high school, ready for success, and taking a wide view of what success can look like. What support did that child have over those previous 18 years that allowed them to reach their full academic, career, and civic potential?

- What must a child have in place for optimal wellbeing? What must be in place in the community to allow for that?
 - Physical
 - Economic
 - Psychological
 - Cognitive
 - Social
- If you were to wave a magic wand, what would you change first, either for your own child or for the children in our community?
- Thinking about the gaps between what we want for our children and our community, and what we currently have, what are most important gaps our city needs to tackle?

Table 1 – Description of Listening Sessions:

Listening Session	Location/Partner	Attendees
Providers	Zoom	6
Volunteers and Advocates	Zoom	5
Parents and Caregivers	Zoom	4
City Council or DCPS School? District 5	Northside Community Involvement	3
City Council or DCPS School? District 5 (2)	Zoom and In Person / The Giving Closet Project, Inc.	7
Youth	Zoom / Center for Children's Rights, Inc.	1
Parents and Caregivers (2)	Zoom	3
City Council or DCPS School? District 4	2 nd Mile Ministries, Inc.	6
City Council or DCPS School? District 4 (2)	Police Athletic League of Jacksonville, Inc.	15
City Council or DCPS School? District 6	Communities in Schools of Jacksonville, Inc. – Riverside High School formerly Robert E. Lee High School	10
City Council or DCPS School? District 1	Communities in Schools of Jacksonville, Inc. – Terry Parker High School	11
KHA Staff	Kids Hope Alliance	8
KHA Staff (2)	Zoom / Kids Hope Alliance	2
City Council or DCPS School? District 2	Zoom / The Beaches Emergency Assistance Ministry, Inc. (BEAM)	8

General Manually Identified Themes:

Each group was asked about the five domains of well-being: 1) physical, 2) psychological, 3) cognitive, 4) social, and 5) economic.

Three main themes were identified within the domain of physical well-being, 1) access to fresh foods, 2) safe access to outdoor resources such as parks, and 3) access to dental and wellness care for their children.

"If you have a park that isn't really interactive or it's not really safe, they're not going to use that space."

– Provider Listening Session

Mental health was at the forefront for a majority of the focus group participants. Topics, such as stigmas around mental health, staffing constraints causing a lack of accessibility for social and mental health workers, and a need for trauma informed/mental health informed educators/other people who come into contact with kids repeatedly surfaced. Positive interactions with adults and the opportunity to develop relationships through play were identified as needs around the psychological wellbeing of children and youth. Multiple participants also identified a need to provide intervention and support to children at a younger age in order to allow children to develop.

"A trauma-informed lens is working with kids around what happened to you instead of what's wrong with you?"

– Kids Hope Alliance Staff Listening Session

Cognitive topics were more widely varied. Generally, participants focused on the correlation between basic needs and cognitive growth, exposure (ranging from career options to cultural and art experiences), parent/guardian inclusivity, and a focus on early childhood literacy. Additionally, the participants highlighted the need for early identification and implementation of Individualized Education Programs, IEPs.

"My husband has been deployed, and we found out I could call Military One Source, because there was a resource for military families, and I could get 12 counseling sessions for free...Once you have the knowledge as a parent, it is up to us to apply that knowledge."

- Parent Listening Session

Participants were then asked about the social wellbeing of children and youth. Participants noted the adage "it takes a village." During this discussion, the need for safe communities was repeatedly reiterated – without a safe place to play outdoors, children and youth are less able to build a foundation for establishing relationships. Social acceptance, the influence of bad examples, and isolation were topics that spanned between social and mental well-being. Parents highlighted the need for role models, mentoring, and exposure to arts and culture. Additionally, parents highlighted the need for children and youth to participate in sports and community clubs but noted that the financial burden of multiple children participating in sports, even those sponsored by schools, can be extensive. The impact of technology and social media was discussed frequently. Parents discussed the need for activities outside social media and youth additionally identified the potentially detrimental impact of social media on their lives.

"[We need] A true community sport or some true community club where parents don't have to pay – just have a child so the child can build social relationships and learn a skill set like discipline and sportsmanship."

- Parent Listening Session

Economic wellbeing topics focused in two directions – support for the parent/family finances and financial literacy for children. Supporting parents includes access to jobs, stable housing that is safe and clean, living wages, support during parental leave, and affordable childcare. Ideas around financial literacy includes literacy education for children, programs that allow kids to have a bank account that is their own, and exposure to

entrepreneurship. Additionally, teaching high school students about scholarships, internships and career options was a repeated topic.

"How do we step away from finances being the thing that shackles us to every conversation?"

- *Provider Listening Session*

Participants were asked about gaps, barriers, resource availability, and problems to which there are no clear solutions. Providers, volunteers, and parents alike highlighted the need for reliable and affordable childcare, public transportation, and hiring passionate staff that are paid sufficiently. Providers and Kids Hope Alliance staff brought up the need to provide professional development and training (general and trauma-informed) for those who interact with children and a need for access to resources around resource mapping and "google for social programs". Providers noted that they want to work together in a less competitive environment, allowing them to provide wraparound services for a child, but don't always know who provides what services, so it can be difficult to provide referrals, especially when they're crossing between school-based services and out of school services. Similarly, parents highlighted the need to communicate with parents more effectively – communication with parents in the places they attend every day rather than through separate events.

"I have a kid that goes to this school, what services are in that circle it on a school that can help that kid."

- *Provider Listening Session*

"The community needs to communicate more with parents, not just where they think they might show up. What if there was a sign at Winn Dixie, for example. Like, where are parents going every day that we can educate them about access to health care, access to dental. ... I just I just feel like we need to meet the parents where they are like wherever they are, there needs to be a sign up to educate parents."

— *Parent Listening session*

Parents highlighted the need for care outside of the school system, noting the lack of activities for children on Saturdays and Sundays. Parents and youth also highlighted the need for programs that incorporate local businesses – from bank account for youth to understanding what skills that children can learn that will help them be more employable in our local market. Additionally, parents expressed their expectation of local businesses helping support the community through mentoring and sponsoring local sports teams.

"When I had just graduated from college – was working at an income-based apartment complex, there was an 18-year-old who had never been to Arlington. He thought we were out of town. A lot of kids who have never been to the beach, never been to the Cummer [Museum]. People need to know that they can be beyond their community."

- *District 4 Listening Session*

When asked "if you could wave a magic wand, what would you change first", parents and youth identified a variety of topics which needed improvement. One parent also identified the need for a place to go to vent and learn about parenting techniques while their children are able to do activities, homework, and learn with each other. Exposure to the community was also identified as a need, with one participant noting that a lot of

children have never seen beyond their own neighborhood. Without this exposure, children and youth don't understand that life can be different in different places.

Multiple youth identified the need for children and youth to have safe places outside to go, and noted that violence and verbal abuse, regardless of the target, harm children. One youth also identified a need for services to assist children who are experiencing hardships such as being homeless or not having the ability to clean their clothes. Topics additionally identified were a reduction in teacher turnover, increased access to mentorship, parent advocacy tools, and more active school counselors.

"You've got to get them to see places that life can be different. There's so much to learn on the other side of that coin. Not all of us are going to be Shad Khan. Some of us are going to have a roof over our head and our kids are fed and loved, and that's a good life."

- District 4 Listening Session

Manually Identified Topics – Coding

Topics were identified through coding and summary notes. Detailed coded reference counts in each segment are provided in Appendix A. Overall, when considering childhood wellbeing, Psychological and cognitive wellbeing had the most mentions.

Table 2 – Coded outcomes from listening sessions:

Area of Childhood Wellbeing	Ordered Subcategory (sorted by total references)
Physical	Safe and Free from Violence, Healthy Movement and Outdoor Activities, Nutrition, Health Care, Prenatal Care/Education, and Sleep
Psychological	Mental Health Support, Supportive and Present Caregivers, Positive Structure at Home, Stigma Around and Awareness of Mental Health
Cognitive	Post-graduation Planning, Individualized and Engaging Education Practices, Building Soft-Skills and Motivation, Quality K-12 Education, Early Education, Community Involvement, Homework Help, Drop-in Centers, Leadership Opportunities for Youth
Social	Positive and Caring Adults, Opportunities for Play and Social Development, Positive use of Social-Media and Technology, Healthy Relationships with Peers, Activities Beyond Sports
Economic	Family Supports and Multigenerational Solutions, Financial Literacy and Life Skills, Financial Resources Available to children, youth, and Families, Equity of Resource Availability, Exposure Outside Neighborhood, Clean and Safe Housing, Access to Quality Employment

Additional themes were identified outside the need from the areas Kids Hope Alliance prevue such as decreasing the rent burden on families and increasing financial wellbeing.

It is important to note that not all topics in the code book are things that Kids Hope Alliance can address. Items such as "Quality K-12 Education" and "Safety and Freedom from Violence" were identified as expressed needs but must be supported through partnerships with other local organizations, such as Duval County Public Schools (DCPS) and Jacksonville Sheriff's Office.

There were six themes repeated in thirteen of the fourteen listening sessions. These needs are 1) positive and caring adults, 2) mental health support, 3) supportive and present caregivers, 4) emotional learning and development, 5) healthy movement and outdoor activities, and 6) access to programming.

Table 3 - Consolidated Themes from the Listening Session:

Theme
Children have access to services and opportunities for optimal psychological wellbeing.
Parents and caregivers are supported with evidence-based strategies.
Children are equipped to enter adulthood with daily life and social skills.
Children are safe and free from violence at home and in the community.
Children have opportunities for healthy movement, play, and outdoor activities.
Children have positive, caring adults as role models and mentors.

Automated Topic Identification

Fifteen (15) clusters were made in order to understand topics that arose within the listening sessions. Of those fifteen (15) clusters, nine (9) were retained. The six (6) remaining clusters included nouns around time, verbs, infinitives, and named entities (such as Tanya or YouTube) and were thus excluded.

These categories were reviewed, and topics were identified. The categories are opportunities and barriers, family and mental health, social needs, resource availability, sports and play places, basic needs, community and spaces, education, resources and access. The distribution of term utilization for nouns in each of the categories is shown in Figure 5.

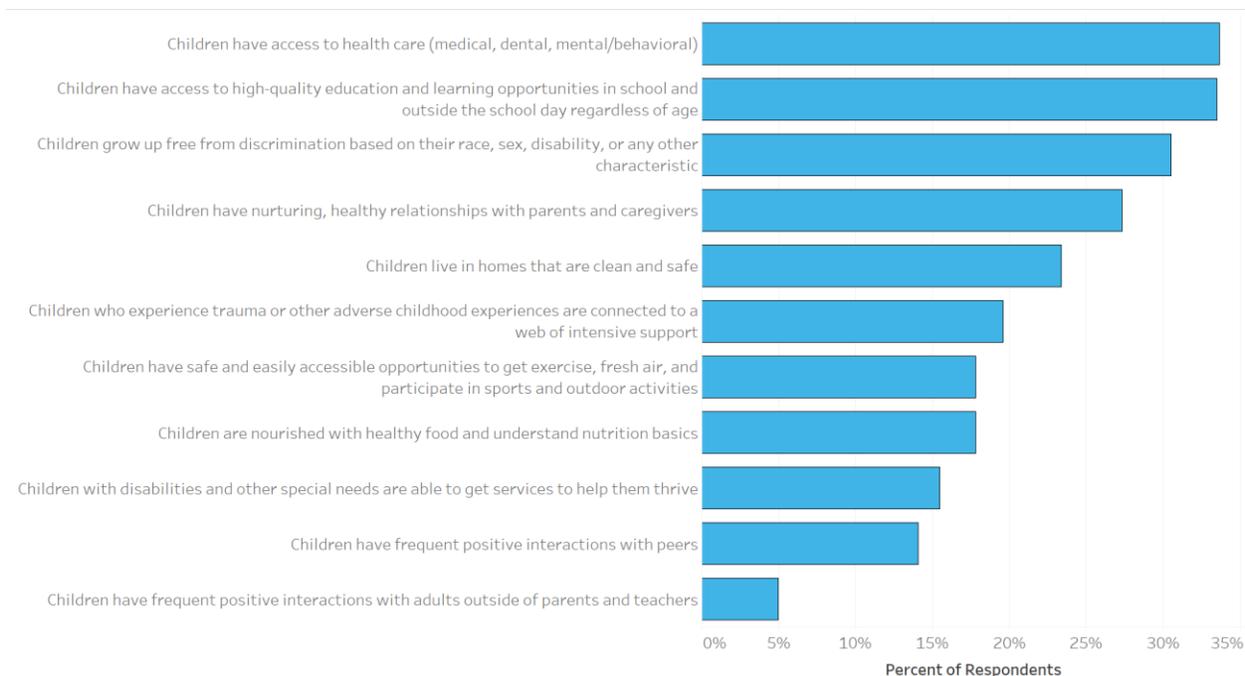


Figure 13: Survey Respondent Priorities

Need based questions were separated into age groups, birth to five years, five to twelve years old, thirteen to eighteen years old, and parents and caregivers, to identify how specific needs relate to each of the age groups. Each question was only asked of parents.

Generally, across all categories, the subset of the population requiring services did not find services easily, with 37% of needed services being labeled as “accessed easily” and the remaining 63% expressing that they had some difficulty accessing services, were unable to access, or unaware of available examples.

Expressed Needs for Children Birth to Five Years Old

The most needed services for families with children between birth and five years old, was childcare/daycare and pre-k/early learning services. However, these services were also identified as most easily accessible. Given need, 77% of families expressed that they were able to access pre-k/early learning services without difficulty. In comparison, only 62% of families needing financial assistance/vouchers for early learning either received financial assistance/vouchers with difficulty, were unable to access financial assistance/vouchers, or did not know financial assistance and vouchers were available. Families requiring services for children under five with disabilities faced similar issues, with 73% saying they were either unable to access services or did so with difficulty.

Expressed Needs for Children Five to Twelve Years Old

Summer camps and after school care were listed as needed services by the largest number of respondents in this category. Of families needing afterschool care, fifty-five percent (55%) said they were able to easily access

afterschool care and only twenty-three percent (23%) were either unaware or unable to access afterschool care. Families were more likely to be unaware of summer camps available for children 5-12 years old (25% of respondents).

Ease of Access - Needed Services for Children Aged 5-12

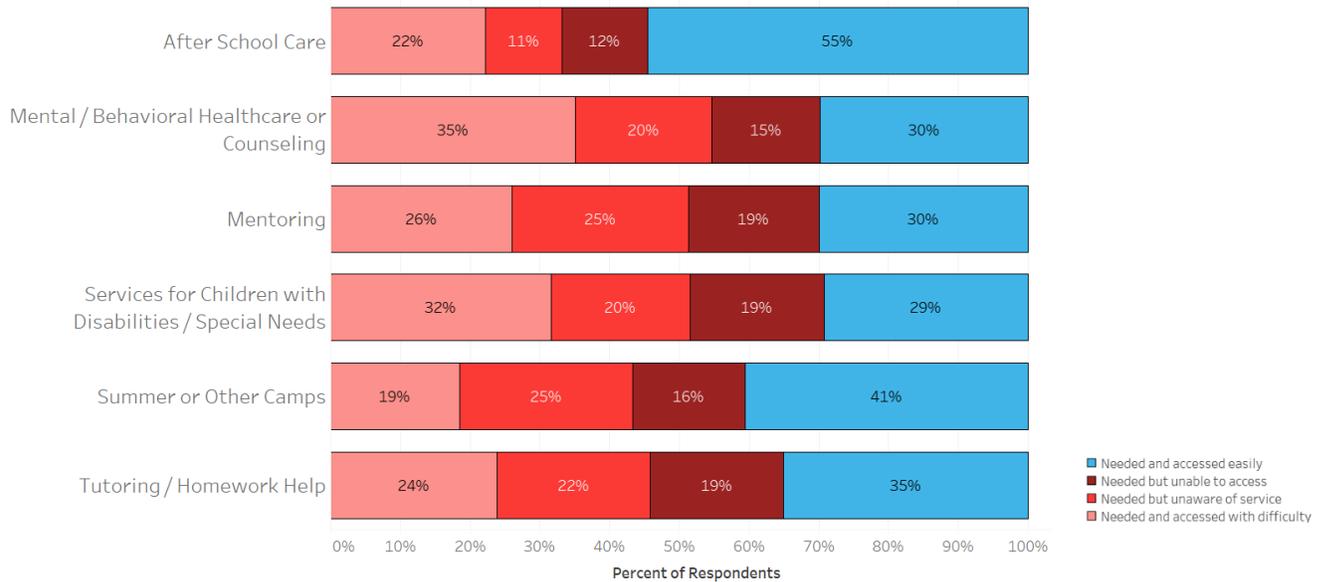


Figure 14: Availability of Services Identified as Needs

Families reported difficulties in accessing services for mental/behavioral health (69%) and for children with special needs(70%).

Expressed Needs for Youth Thirteen to Eighteen Years Old

Four hundred and ninety-six (496) respondents answered the question regarding needs for teenagers. Overall, college preparation and homework help were the services most needed, followed by mentoring and job services (skills training or placement help). A full breakdown of service needs is shown in Figure 15.

Families had the most difficulty finding services for substance abuse/addiction treatment, given that services were needed, with only 29% of families stating the services had been easily to find. Additionally, services for youth with disabilities and services for youth in need of diversion were also labelled as difficult or unable to access.

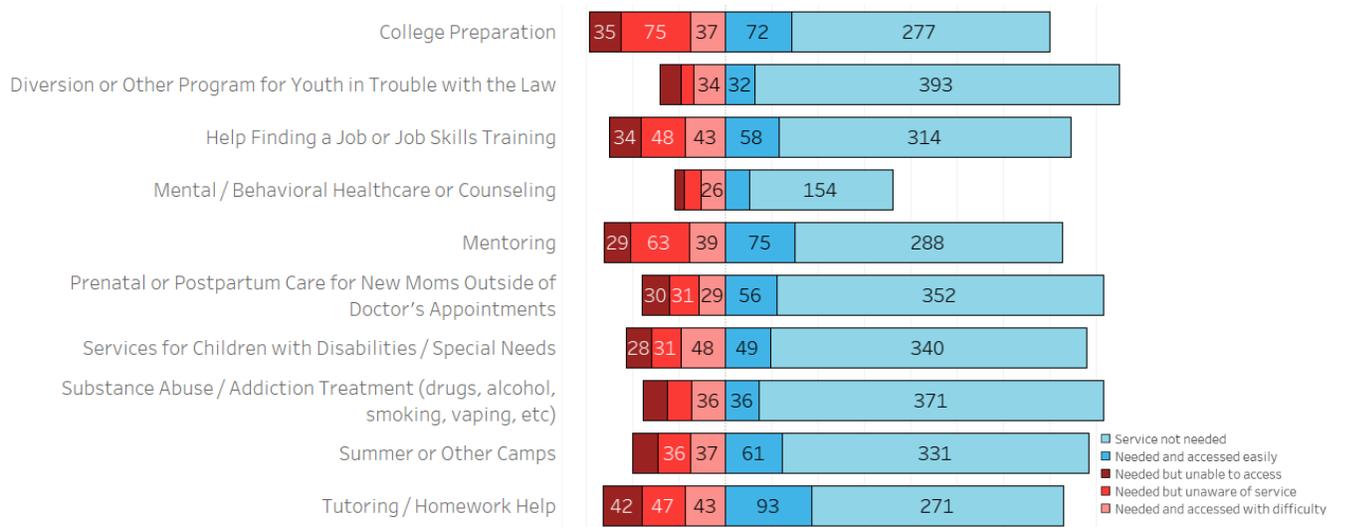


Figure 15: Services Utilized for Teenage Family Members

Homework help (41% accessible), prenatal/post-partum care (38% accessible), summer camps (38% accessible), and mentoring were the most easily accessible services given the needs of this age group.

Parents and Caregivers Expressed Needs

Parents identified nutrition services (SNAP, WIC, Food Pantry, or other) as their most needed service. This is followed by job search help (skills training or placement) and legal services. Given that parents expressed needs, nutrition services were easily able to access. Parents had the most difficulty finding services for children with disabilities or finding services to help serve basic needs.

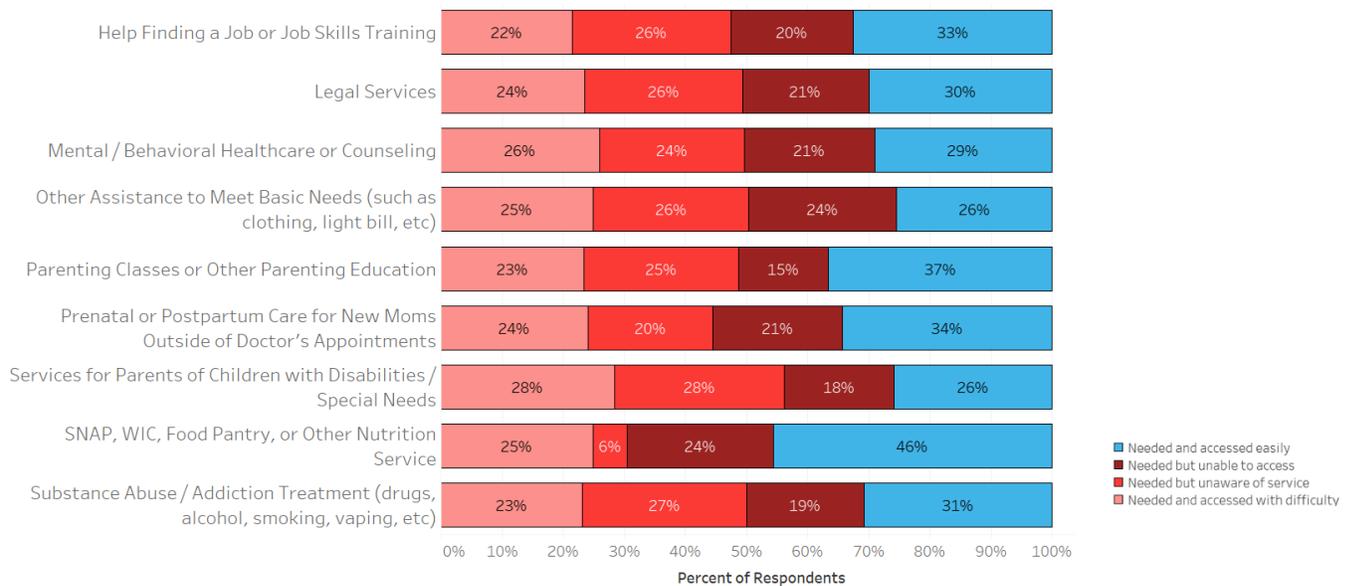


Figure 16: Ease of Access for Needed Parental/Care-giver Services

Self-identified Needs of Teenagers

Teen respondents noted the most needed service is help in planning for the future. Teen respondents also noted help with children and legal aid are needed services. Financial assistance was the fourth highest need, with no teens saying they had been able to attain help with financial needs and literacy without difficulty. The majority of teens (8 of 13) who expressed a need for financial help said they were unable to access or unaware of services that could help them.

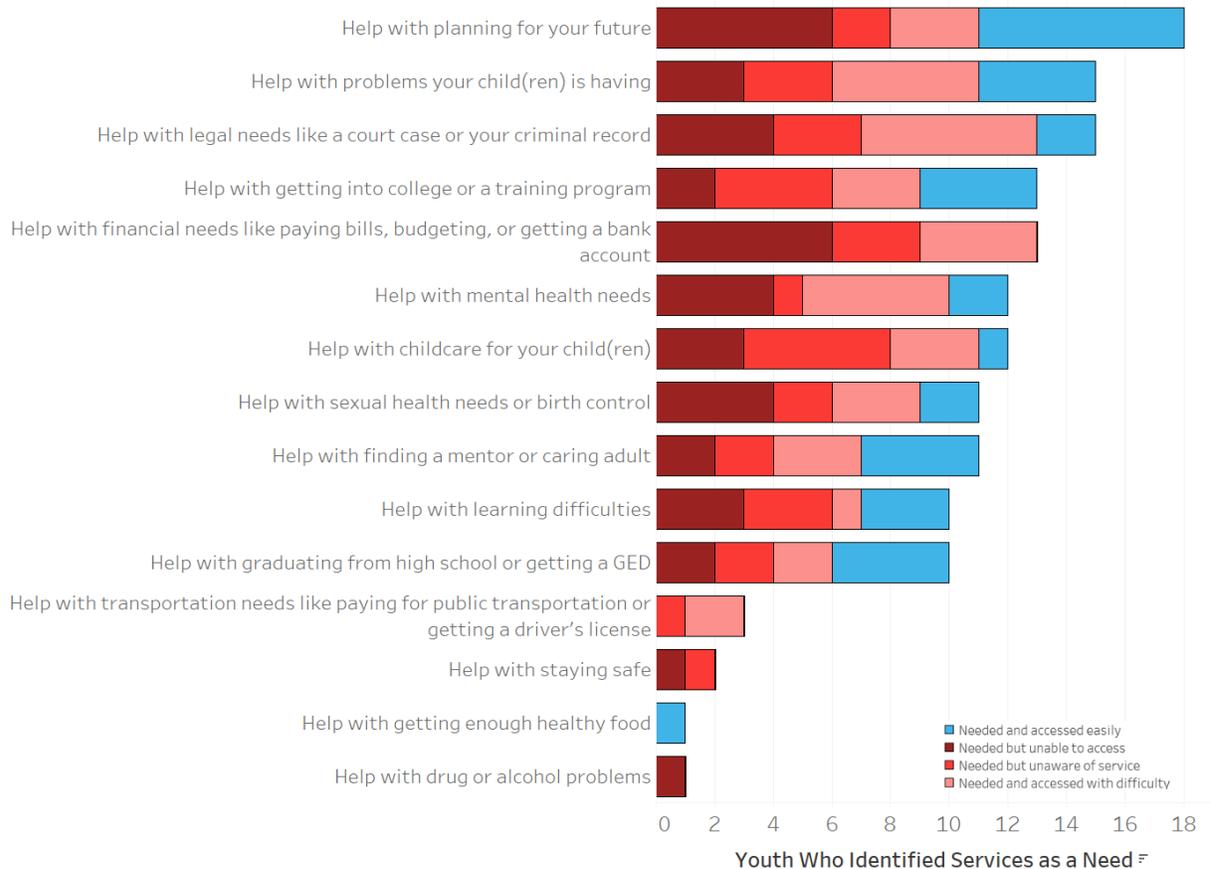


Figure 17: Services Identified as Needs by Youth Respondents

Access Barriers

Respondents were asked if they were unable to access services, and what obstacles typically prevent their family from accessing services. Participants were able to choose one or more responses.

Typically, families struggled due to not qualifying for a service (35% of families) or being unable to pay for a service (28% of families).

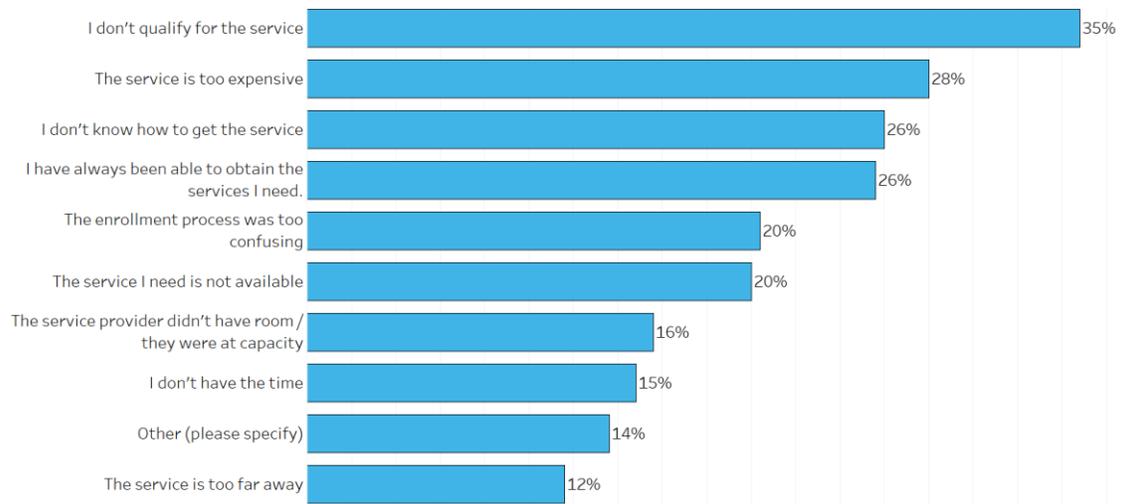


Figure 18: Self-identified Barriers to Access for Children and Youth Services

The “Other” option wasn’t frequently selected, but for those that selected other, the barriers included:

- Services being unable to accommodate for allergies
- Long wait lists
- Mismatch between hours the service is available versus hours the family is available
- A lack of response from providers
- Not qualifying – earning too little to pay, but too much to receive free services
- A lack of trust in the public school system

The barriers faced by families vary significantly by geographic location. Survey participants in Health Zones 2 and 4 (the Arlington/Southside and Southwest Jacksonville) are most likely to have reported never facing obstacles in accessing services. Participants from Health Zones 1 and 4 (Urban Core and Southwest Jacksonville) were more likely than average to report being unable to qualify for a service. Participants from Health Zone 1 (Northwest Jacksonville and the Urban Coredon) were significantly more likely to report requiring services that are not currently provided. Participants in Health Zone 6 (Beaches) and Health Zone 3 (Mandarin) were most likely to report a service being too far away. A detailed breakdown of barriers by geographic location is provided in Figure 19.

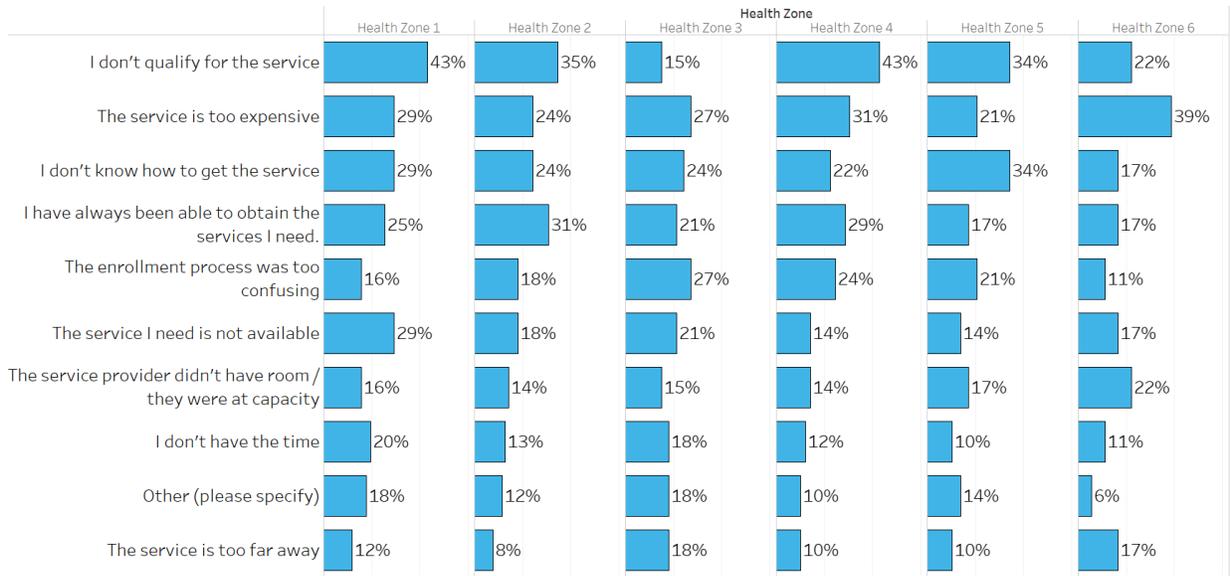


Figure 19: Service Barriers by Health Zone

How do Parents and Youth Find Services?

Generally, youth are more likely to find services through referrals from schools, agencies, or service providers. Parents are equally likely to find services through google and through referrals. Overall, social media is rarely utilized to find services for children and youth.

Such results are relatively standard throughout the geographic regions, with no one particular area being more or less likely to have received information about services through google, media, or referral.

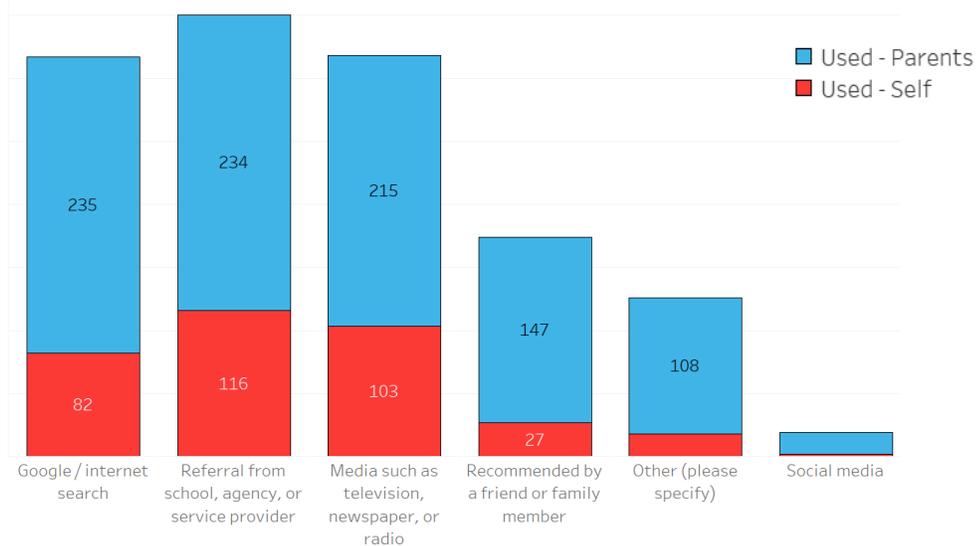


Figure 20: How Parents and Youth Find KHA Services

Absolute and Relative Needs in Duval County

To understand the absolute needs of the county, specific outcomes were tracked and compared to the state of Florida. A comparison of Duval County statistics to the state of Florida statistics for the most recent year of data available is contained in Appendix B. Overall, these by county comparisons are grouped into categories below: Maternal and Natal Health, Healthcare, Accidents, Self-Harm and Suicide, Early Childhood Education, Public Education, Safety, Teen Idleness, and Home Life.

The statistics that most broadly represent issues that are faced by Duval County are highlighted in detail below.

Maternal and Natal Health

Early Age Pregnancies

Births to Mothers Aged 0-20 in Duval County and Florida

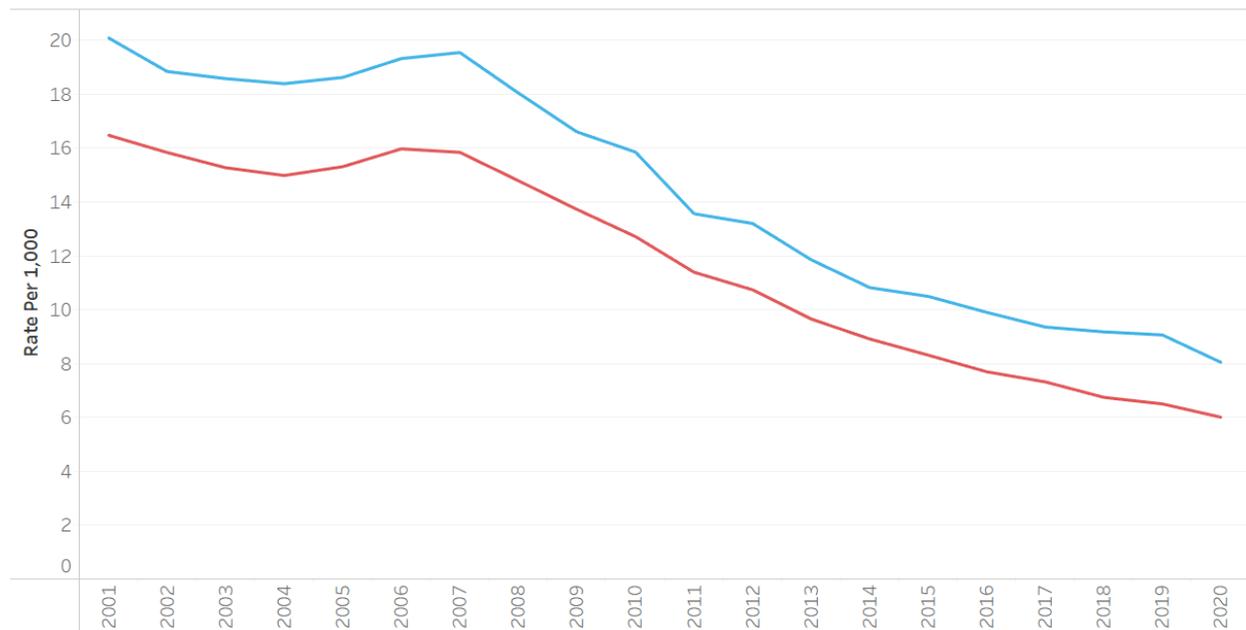


Figure 21: Rate of Teen Births per 1,000 Females Aged 0-20

Across all maternal and fetal health metrics, Duval County has struggled, with lower-than-average rates of pre-natal care and higher than average teen pregnancy rates. The rate of teen pregnancy, while dropping significantly from 2001, remains significantly higher in Duval County (8.0 per 1,000 females in the age group) as compared to the state of Florida as a whole (6.0 per 1,000 females in the age group).

Duval County ranks 31st of the 67 counties in Florida. The 2020 rate of births per 1,000 females between the age of 0 and 20 was 4.0 in Miami-Dade County (64rd of 67 counties), 6.5 in Hillsborough County (46th of 67 counties), and 5.3 in Orange County (59th of 67 counties).

Rates of pregnancy for mothers ages 10-14 are 0.3 per 1,000 females for Duval County as compared to 0.2 per 1,000 females for the state of Florida. Rates for mothers aged 15-17 were 9.0 and 6.1 for Duval County and the state of Florida respectively.

Health and Wellness

Childhood Health Insurance

Children in Duval County have health insurance at a higher rate than the rest of the state of Florida. In 2020, the percent of children aged 0-5 with health insurance was 0.6% higher in Duval County (95.3%) as compared to the state of Florida as a whole (94.7%). Similarly, the percent of children aged 6-18 with health insurance is 1.2% higher in Duval County (92.6%) versus the state of Florida (91.4%) for 2020. The highest rates of children and youth without health insurance in Duval County are in the Southside/Mandarin Council Districts 4, Council District 5, Council District 6, and in the Southwest Council District 12 .

Health Insurance Utilization by City Council District

Council Districts Approximated by Census Tract

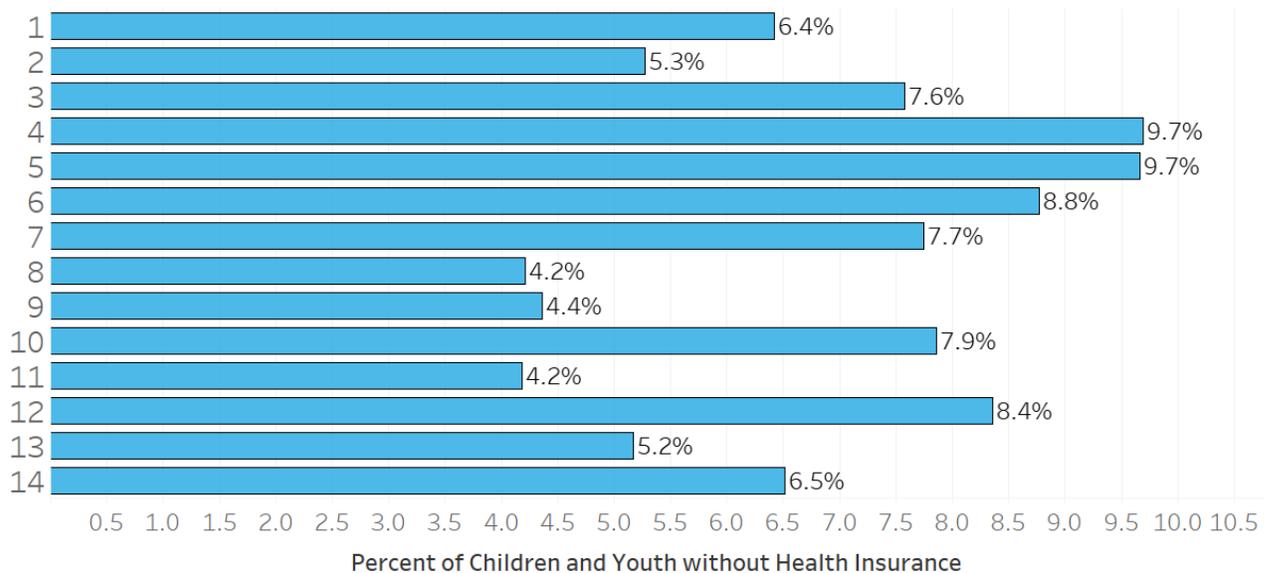


Figure 22: Distribution of Health Insurance Utilization for Youth by Council District

Physical Wellbeing of High School Students

The Youth Risk Behavioral Survey (YRBS) provides statistics on high school students in Duval County. Three (3) metrics around physical health are highlighted here – 1) student Body Mass Index (BMI), 2) student participation in exercise, and 3) student participation in sports.

BMI is calculated by a person’s weight in kilograms divided by the square of height in meters, and provides a measurement summary with ranges defined for underweight, normal weight, overweight and obese. The

average BMI for a Duval County high school students was 23.6 in 2019. A breakdown of proportion for each category is provided in Table 5. Overall, the proportion of youth that are overweight or obese has increased.

Table 5 – BMI of students in DCPS:

BMI Grouping	Range of Values	2019	10 Year Average
Underweight	<18.5	11.3%	11.8%
Normal Weight	18.5-24.9	59.2%	61.3%
Overweight	25-29.9	17.9%	17.7%
Obese	30+	11.6%	9.23%

In addition to BMI, the analysis identified that Duval County high school students are less likely than their state of Florida peers to have exercised for sixty minutes during any day of the previous week. In 2019, 26% of Duval students had not exercised for 60 minutes in any of the last seven days. This number has steadily risen from 21% in 2009. The average Duval County high school student exercises 60 minutes or more on 2.8 days per week. The rate of sports enrollment is equal in Florida and Duval County, with 45.5% of students participating in at least one sports team. This has decreased from 49% in 2009.

Participation in **Sports** and **Exercise** for Duval County Youth

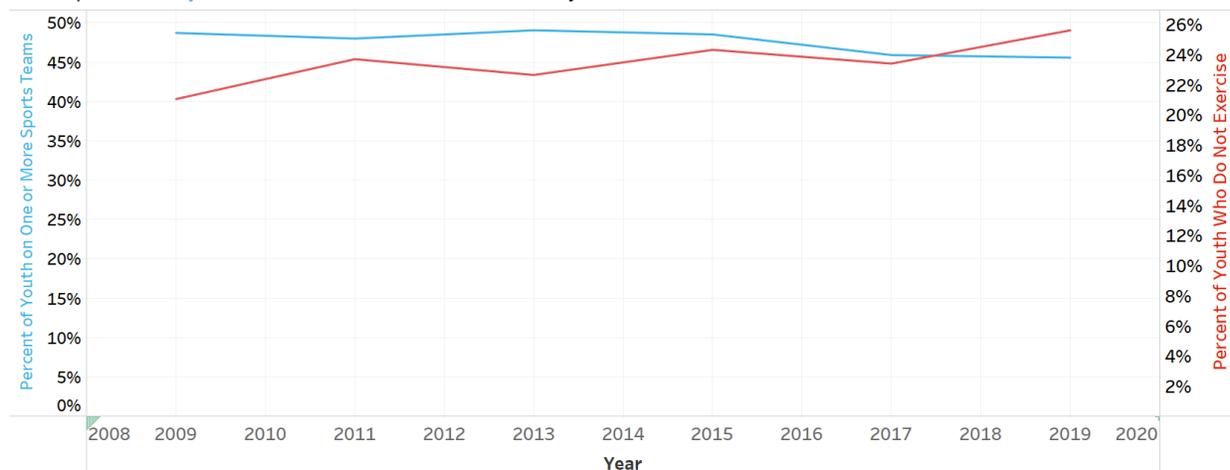


Figure 23: Percent of High School Students Participating in Sports and Exercise

Food Insecurity

Tracking food insecurity can be difficult, as there is no single metric. However, Feeding America is able to generate an estimated rate of food insecurity at a county level utilizing information around poverty, unemployment, and other metrics to create an estimate.

In the six years (2013 – 2020) that food insecurity has been tracked, the rate has been decreasing, both in Duval County and the state of Florida. In 2019, Duval ranked 34th out of 67 counties in Florida for rate of

food insecurity, with 13% of the population estimated to be food insecure as compared to 12% in the state of Florida.

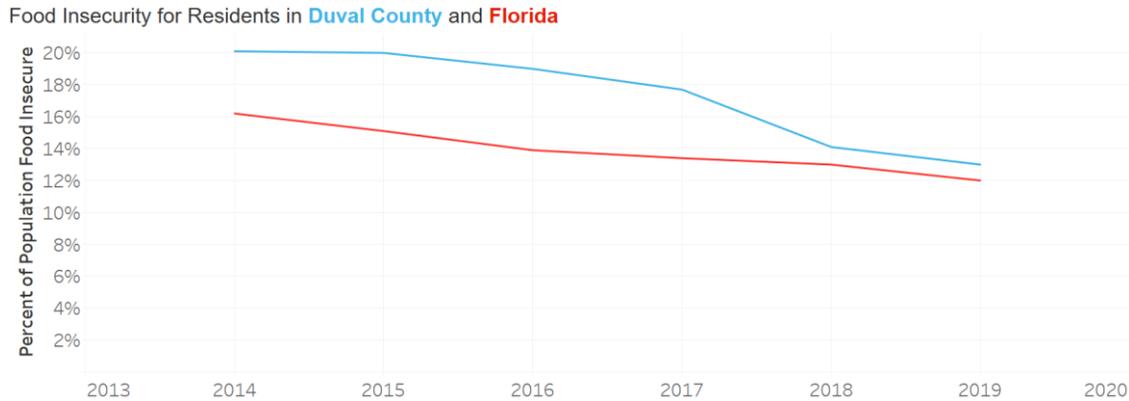


Figure 24: Rate of Food Insecurity

Mental Health

Suicide Deaths in Children and Youth

Between 2001 and 2018, suicide rates for residents under the age of 18 in Duval County has fluctuated around a mean rate of 1.2 per 100,000 (range: 0.4-2.8). However, between 2018 and 2020, the rate has more than doubled to 4.7 suicide deaths per 100,000. In comparison, the rate in the state of Florida has been steadily increasing to its peak of 2.6 suicide deaths per 100,000 residents aged 0-18 in 2020.

In terms of absolute numbers, this correlates to 11 Duval County youth who died by suicide in 2020.

Suicides Per 100,000 Residents Aged 0-18 in Duval County and Florida

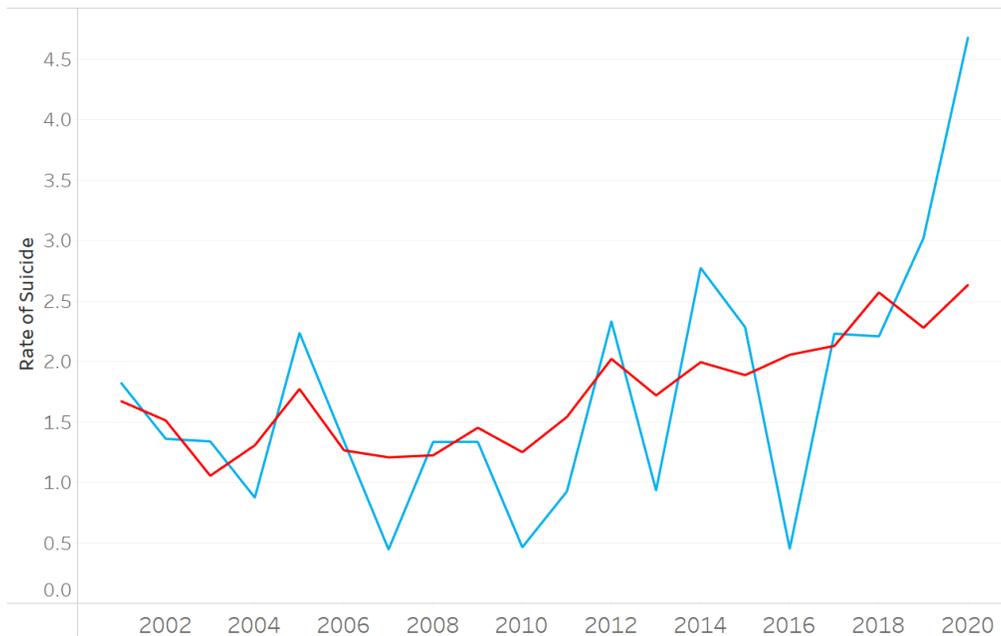


Figure 25: Suicide Rates Among Children and Youth

Feelings of Hopelessness

The Youth Risk Behavior Survey (YRBS) asks high school students if in the last twelve (12) months had they experienced a period of two (2) weeks or more where they felt sad or hopeless to the point where they stopped doing some usual activities. In 2019, 40% of Duval County high school students responded they felt this way. This number has increased significantly over the last 10 years, from 27% in 2009 to 40% in 2019.

Female students were more likely to feel this way versus male students (49% and 29% respectively). Additionally, higher rates of hopeless feelings were experienced by Lesbian, Gay, Bi-Sexual, Transgender, Queer (LGBTQ) students and students who are sexually active. Although Duval County trends were higher than the state of Florida, Duval County trends by sexual demographics were consistent.

Group	Percent of Students Feeling Hopeless
Heterosexual	33.6%
Homosexual	51.3%
Bisexual	66.3%
Unsure	53.0%

Drug Use

Use of Illicit Substances by High School Students

Overall, the use of selected illicit substances, cocaine, heroin, methamphetamine, and ecstasy, by high school students is significantly higher in Duval County than the state of Florida. Students in Duval County were more

than twice as likely to have tried cocaine or heroin at least once in comparison to their peers in other Florida Counties. Overall, the rate of usage has been stable over the last four years.

Substance	Percent of Students in Florida	Percent of Students in Duval County
Cocaine	4.1%	9.1%
Heroin	3.3%	7.4%
Methamphetamine	4.2%	7.4%
Ecstasy	7.6%	8.8%

Students who are not sexually active very infrequently try illicit drugs. Further LGBTQ students are significantly more likely to have used drugs when compared to their Duval County peers.

Juvenile Justice

Juvenile Arrests

Across the state of Florida, Juvenile Justice aged 10-17 arrests per 1,000 youth have decreased steadily from fiscal year 2016. In fiscal year 2020-2021, the juvenile arrest rate for the state of Florida was 16.0 per 1,000. Duval County had a fiscal year 2020-2021 arrest rate of 13.5 per 1,000 youth aged 10-17, decreasing from 32.5 per 1,000 in fiscal year 2016-2017.

Arrests per 1,000 Youth Aged 10-17 in **Duval County** and in **Florida**

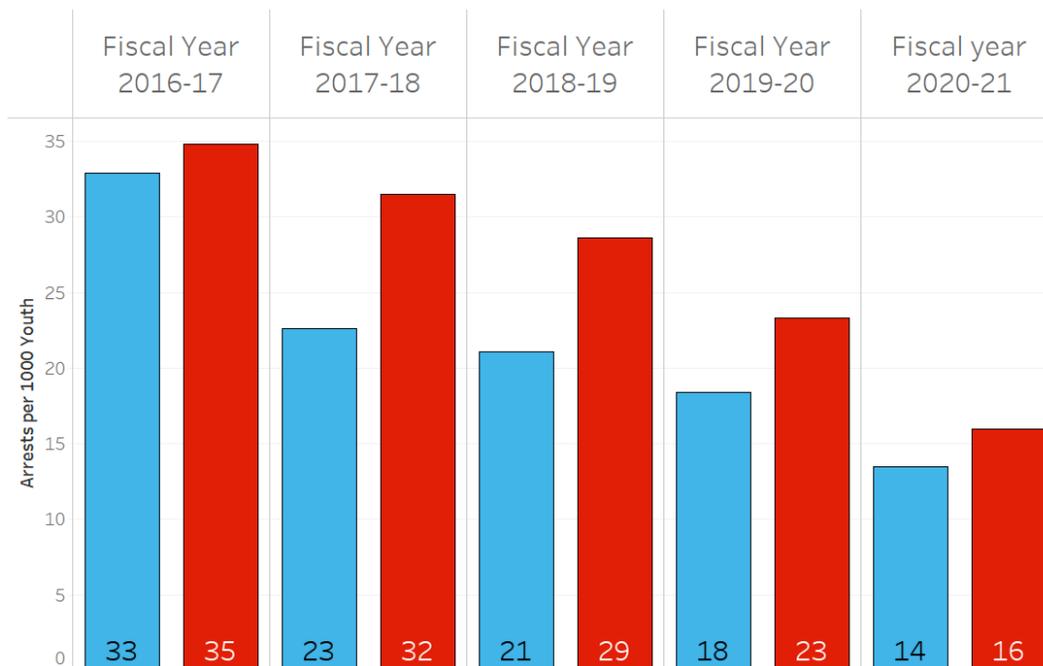


Figure 26: Arrests per 1000 Youth

Utilization of Civil Citations

The Florida Department of Juvenile Justice implemented civil citations as an innovative alternative to arrest or police custody of children and youth who commit minor delinquent acts. These methods of prearrest diversion give misdemeanor offenders an opportunity to receive early intervention without entering the Juvenile Justice system.

The Florida Department of Juvenile Justice tracks the rate at which law enforcement officers offer eligible first-time offenders civil citations. In the Fiscal Year 2021, 79% of Duval County youth who were stopped by law enforcement received civil citations as compared to the overall rate of 62% receiving civil citations for eligible youth in the state of Florida.

Early Childhood Education
School Enrollment for 3- and 4-Year-Olds

Percent of Children Aged 3-4 Who Attend School

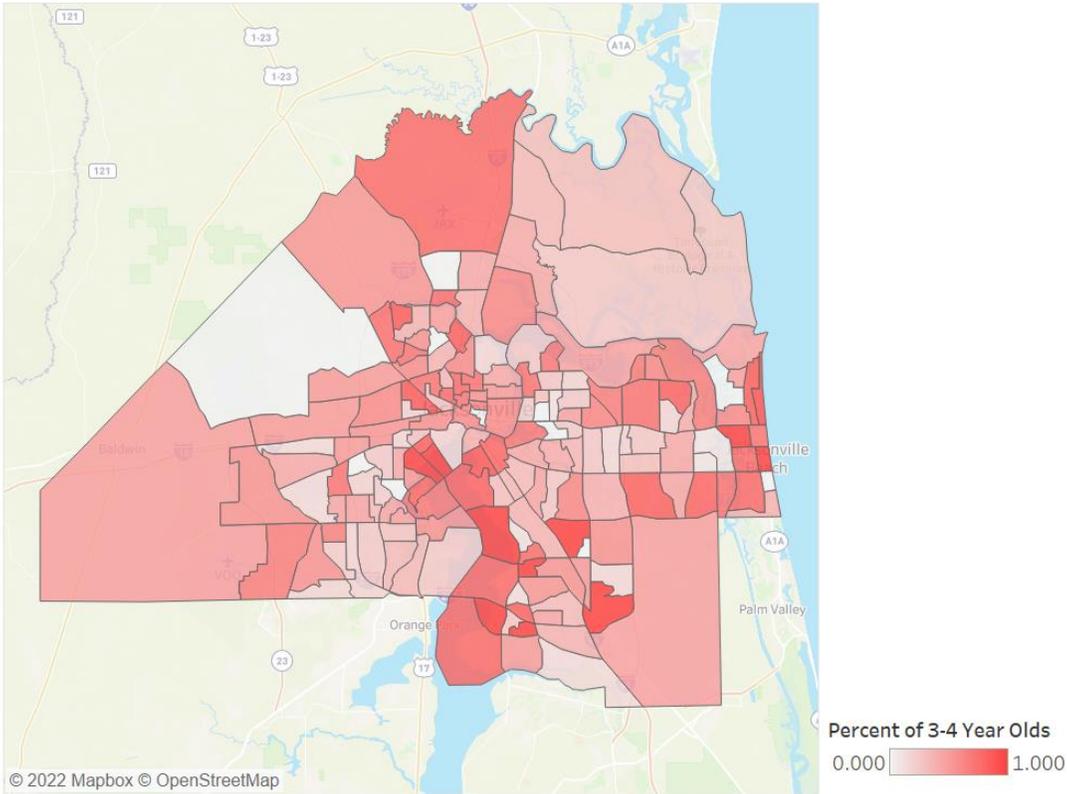


Figure 27: Enrollment of 3- and 4-Year-Olds in School by Census Tract

Early learning enrollment of 3- and 4-year-olds in Duval County is lower (45%) compared to the state of Florida (53%). There is no specific pattern to early learning utilization throughout Duval County. As shown in

Figure 28, the rate of children enrolled in early learning has been stable throughout Florida, but steadily decreased in Duval County with a sharp decline between 2018 and 2019.

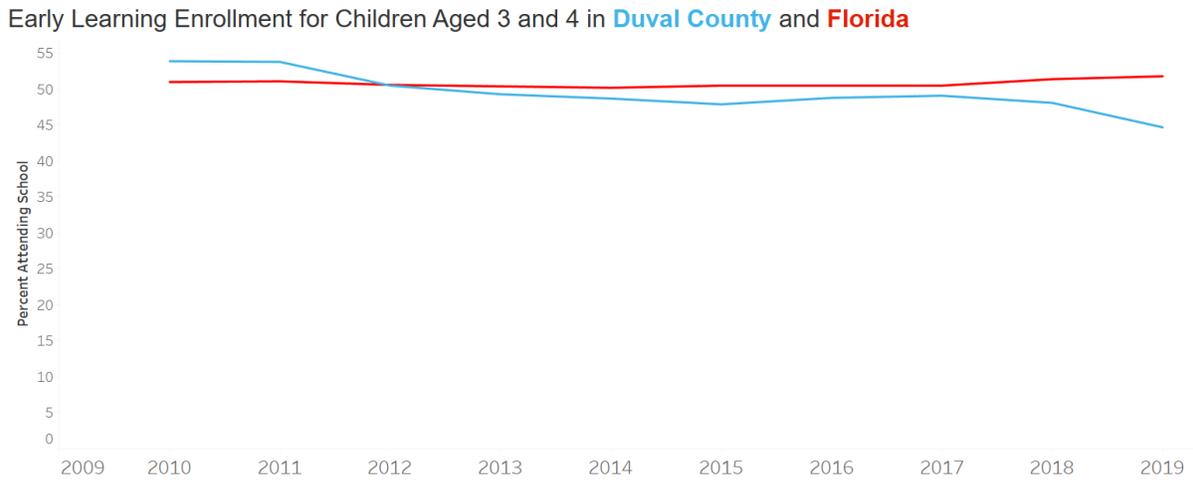
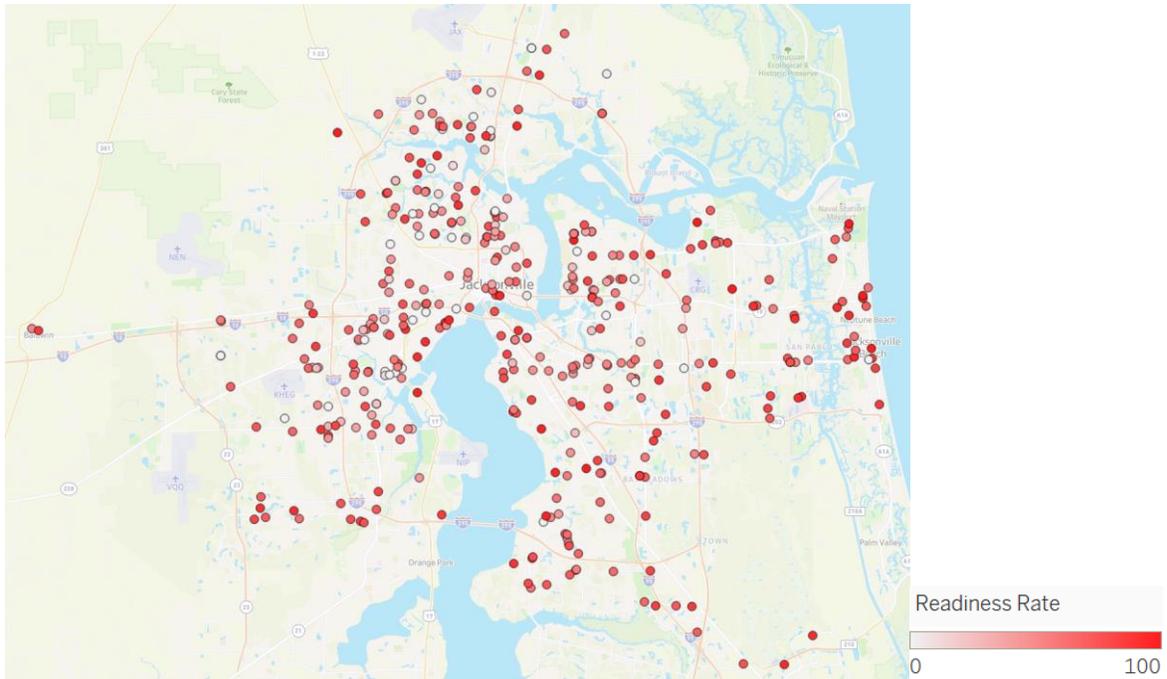


Figure 28: Early Learning Enrollment Over Time

Kindergarten Readiness

As children enter kindergarten, their readiness is assessed, testing skills including phonological awareness, letter sound awareness, and comprehension (listening and sentence). Overall, 34% of Duval County children enter kindergarten from a Voluntary Pre-Kindergarten (VPK) program unprepared. This compares to a statewide rate of 33% of children entering kindergarten unprepared. Within Duval County, the distribution of readiness rates does not follow a distinct pattern. No particular geography has significantly higher or lower rates of readiness for their VPK-readiness rates. School year VPK programs have significantly higher readiness rates (64%) as compared to summer programs (40%). Family care centers have low rates of readiness. Private and public school-based programs show the highest rates of success.



Program Readiness by VPK Program

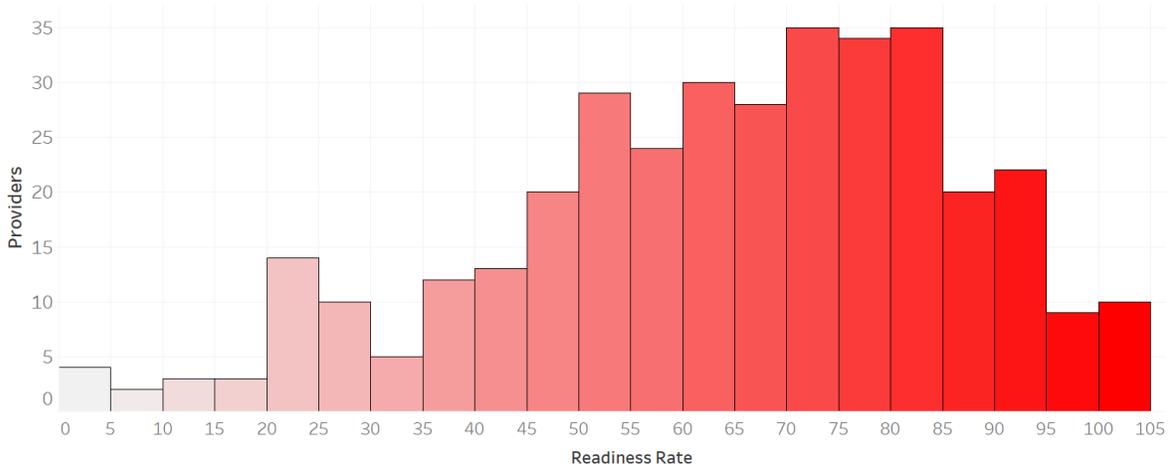


Figure 29: Distribution of Readiness Rate by Provider in Duval County

Public Education

Percent of Days Present in School

For the 2020-2021 school year, Duval County Public School students were present an average of 91% of total school days as compared to 92.5% across all Florida schools. Duval County ranks below 49 school districts for the average percent of days present. For summer school, Duval County Public Schools (DCPS) percent of days present increased to 92.5%, ranking below 30 Florida school districts.

Retention

Duval County Public Schools (DCPS) had a third-grade retention rate of 1.4% during the 2019-2020 school year, as compared to 1.7% retention rate for the state of Florida. This translates to 150 students being retained over the course of the single school year in Duval County.

Third grade retention affects male and female students equally. Third grade retention disproportionately affects African American and multiracial students. A breakdown of third grade retention by race is given in table 6.

Table 6 – Third Grade Retention by Race:

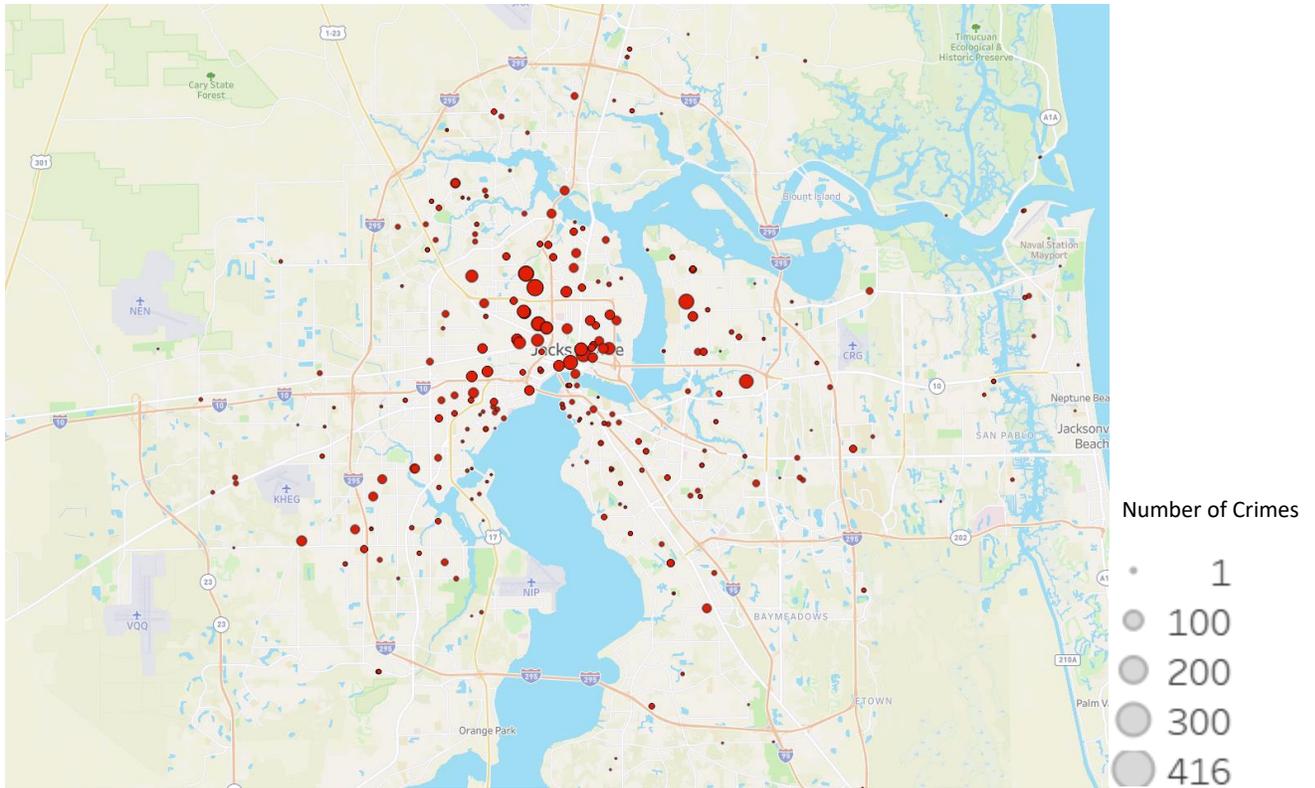
Race	Percent of Retained Children	Percent of Population
White	24.7%	32.1%
Black or African American	54.7%	41.2%
Hispanic or Latino	11.3%	16.2%
Two or More Races	8.0%	5.2%

Safety

Violent Crimes within ½ Mile of City of Jacksonville Parks

The need for safe places to play and interact was repeatedly highlighted in listening sessions and in the survey responses. Data from the Jacksonville Sheriff’s Office for fiscal year 2020 was pulled and the number of violent crimes within ½ a mile of each park was calculated to identify the areas where parks are least safe,

Parks in the urban core and Northwest side had the highest level of violent crime surrounding the parks. Over the course of FY2020, 416 violent crimes happened within ½ mile of Simonds-Mattson Park. Emmett Reed Park and Community Center (330) and Hemming Plaza (302) were the second and third highest; a table of the top 20 is provided in Figure 30.



Parks with Highest Number of Adjacent Violent Crimes In Duval County

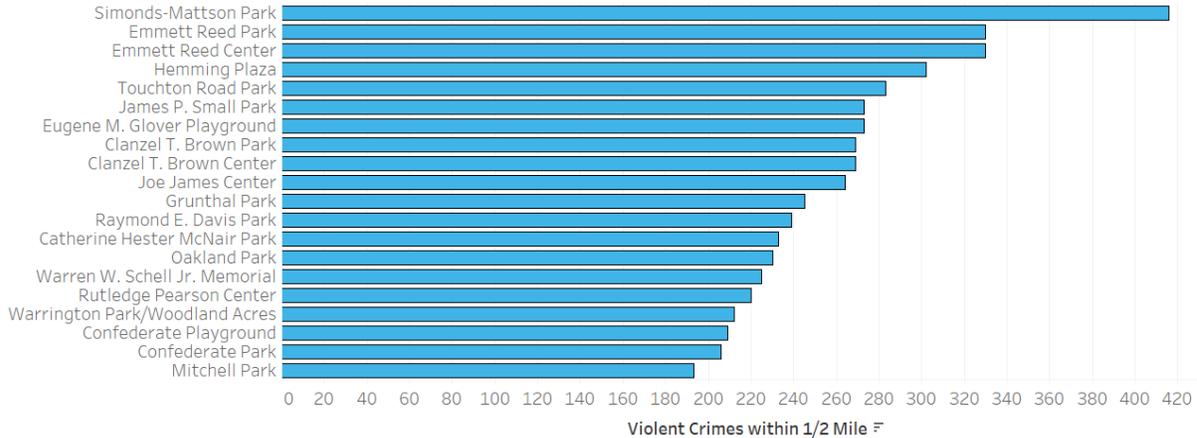


Figure 30: Number of Violent Crimes within a Half Mile of City of Jacksonville Parks (FY2020) and Parks with the Highest Number of Adjacent Violent Crimes in Duval County (bottom)

Feelings of Safety in School and on the Way to or from School

The Youth Risk Behavioral Surveillance Survey (YRBS) asks high school students whether they have stayed home from school one or more days in the last 30 days because they felt unsafe at school or unsafe on the way to or from school. In 2019, 21.8% of Duval County high school students stated that they had missed one or more days due to safety concerns, increasing from 12.7% in 2017. In comparison, the state of Florida

reported 14.6% of high school students stated that they had missed one or more days of school for safety concerns.

Safety concerns at or on the way to or from school disproportionately affect minorities and LGBTQ youth. The breakdowns are shown in Table 7 below.

Table 7 – Breakdown of Safety Concerns by Demographic Groups:

Demographic	Group	Rate of Unsafe Feelings
Race	Mixed Race	25.2%
	Hispanic or Latino	24.8%
	Black or African American	20.6%
	White	18.3%
Sexual Identity	Gay or Lesbian	36.1%
	Bisexual	26.4%
	Heterosexual	17.9%

Deaths to Gun Violence

In the last 20 years, Duval County has consistently had higher rates of death due to firearm discharge than the state of Florida. In 2020, Duval residents were killed at a rate of over 25 per 100,000 people, as compared to 14 per 100,000 in the rest of Florida. These statistics are provided for residents of all ages.

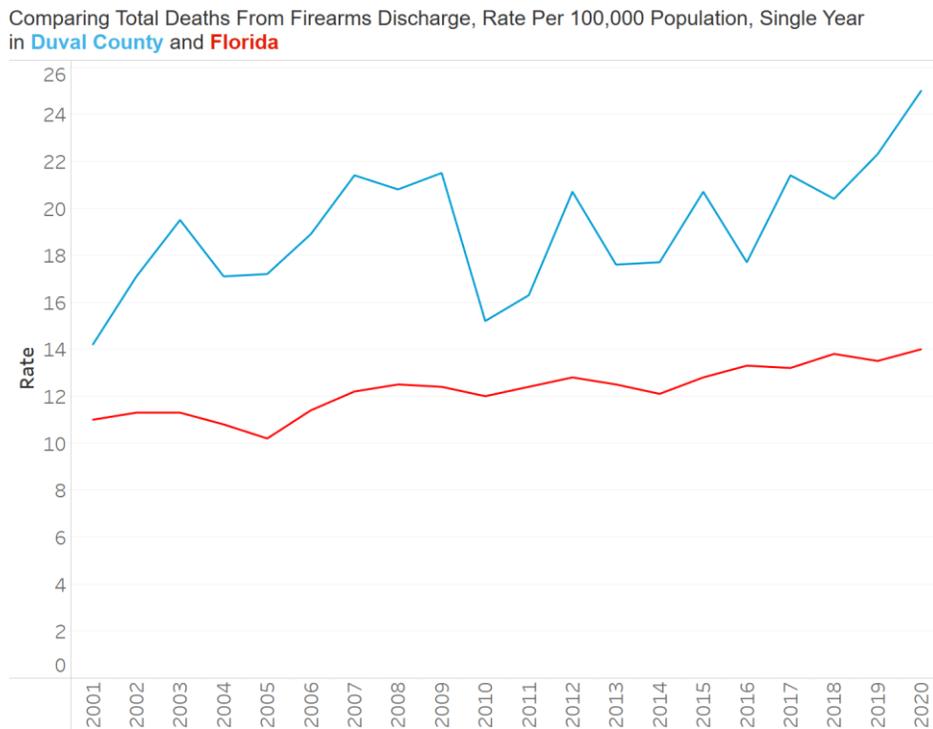


Figure 31: Comparing Firearm Deaths in Duval County and Florida

Career and College Readiness

Teen Idleness

Idleness in teens is defined as the number of youth 16-19 that are neither enrolled in an educational institution nor employed. From 2011 through 2018, Duval County experienced continuous decreases in teen idleness rates, almost reaching the state of Florida average rate. In 2019, Duval County experienced a slight increase in teen idleness reaching 6% of youth idle versus 5.4% in the state of Florida.

Teen Idleness in **Duval County** and **Florida**

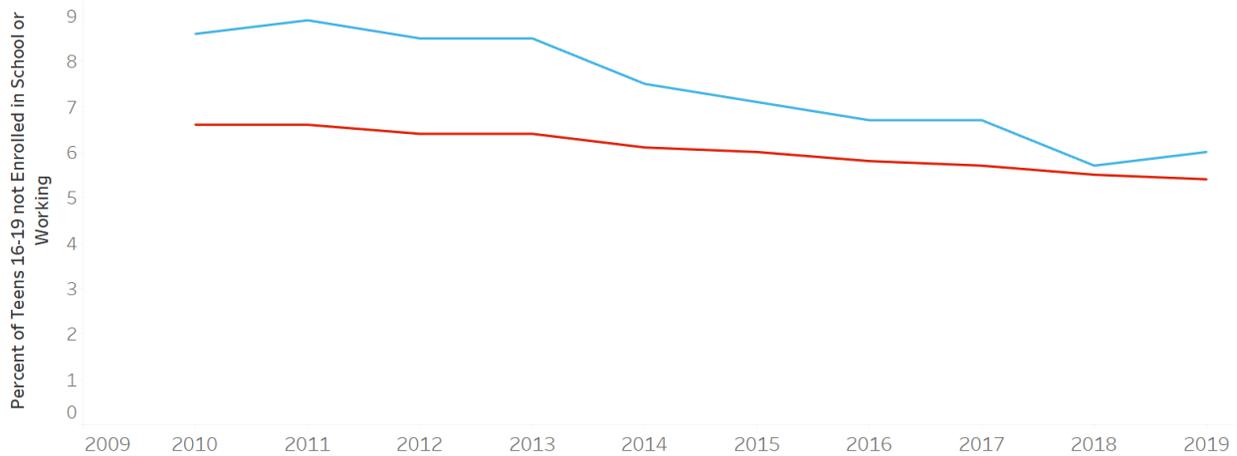


Figure 32: Teen Idleness Over Time

Graduation Rate

NOTE: Due to COVID-19, standards for graduation were temporarily changed, with standardized assessment requirements removed due to emergency order. When comparing year on year trends, it is vital to recognize this difference.

High school graduation rates have been steadily increasing from 2016 in the state of Florida and in Duval County. In 2016, the high school graduation rate (federal definition) was 82% in Florida and 81% in Duval County. For the 2020-2021 school year, the graduation rate was 90% in both the state of Florida and Duval County. In 2020, the Duval County graduation rate decreased for the first time in 5 years with a 0.6% decrease.

Graduations were the highest at Stanton College Preparatory (100%), Darnell Cookman Middle/High School (100%) and Douglas Anderson School of the Arts (99%). Each of the schools with the highest graduation rates are magnet schools. Graduation rates were the lowest at Englewood High School (86%), Baldwin Middle/High School (90%), Westside High School (90%), William M. Raines High School (90%).

Graduation Rates at Duval County High Schools

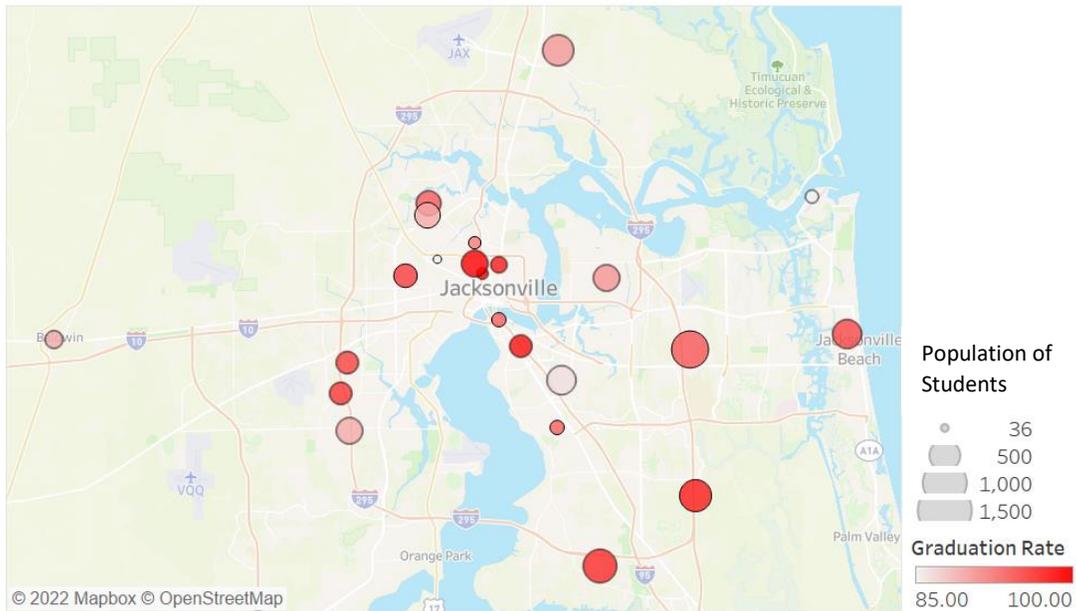


Figure 33: Graduation Rates at Local High Schools

Home Life

Percent of Homes without Internet Access

Overall, Duval County outperforms the state of Florida regarding the rate of families with no internet access (11.5% versus 13.0%) but underperforms the state of Florida with regard to families whose internet access is only a smartphone (17.4% vs 11%).

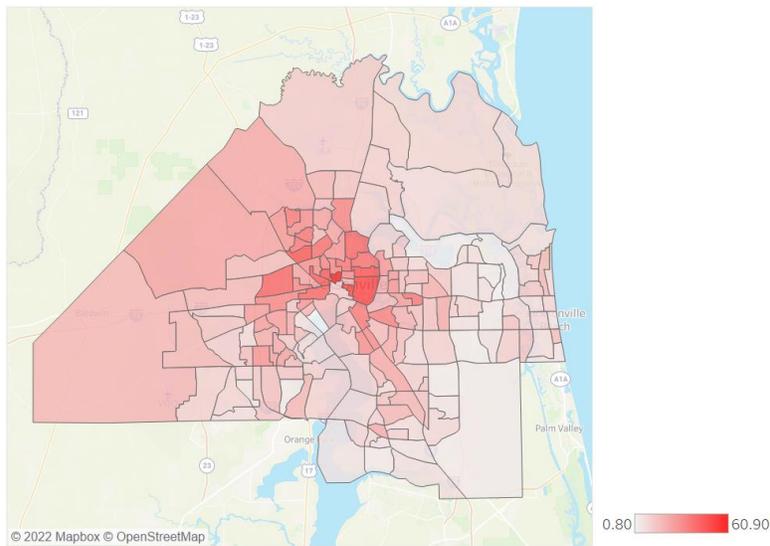


Figure 34: Percentage of Households with Only a Smart Phone

The distribution of families relying on smartphone access as their only source of internet is concentrated in the urban core, with the “Out East” (between Tallyrand Blvd. and Main Street) and Durkeeville neighborhoods reaching a maximum of 61% of the population having only smartphone access.

Children and Youth Abuse and Neglect

Duval County has significantly higher rates of Child Abuse and Neglect (CAN) than the state of Florida. In 2020, there were 819 cases of substantiated CAN per 100,000 Duval County children aged 5-11, compared with 584 cases per 100,000 in the state of Florida. The rate of CAN in Duval County for children 5-11 has declined from a peak of 1,359 cases per 100,000 children in 2013 reaching a low of 789 in 2019. An increase in (Duval County or state of Florida? CAN was evident in 2020. Duval County ranks 26th out of the 67 Florida Counties in 2020.

Duval County sexual abuse cases are also higher than the state of Florida average, with 53 and 43 cases per 100,000 children respectively.

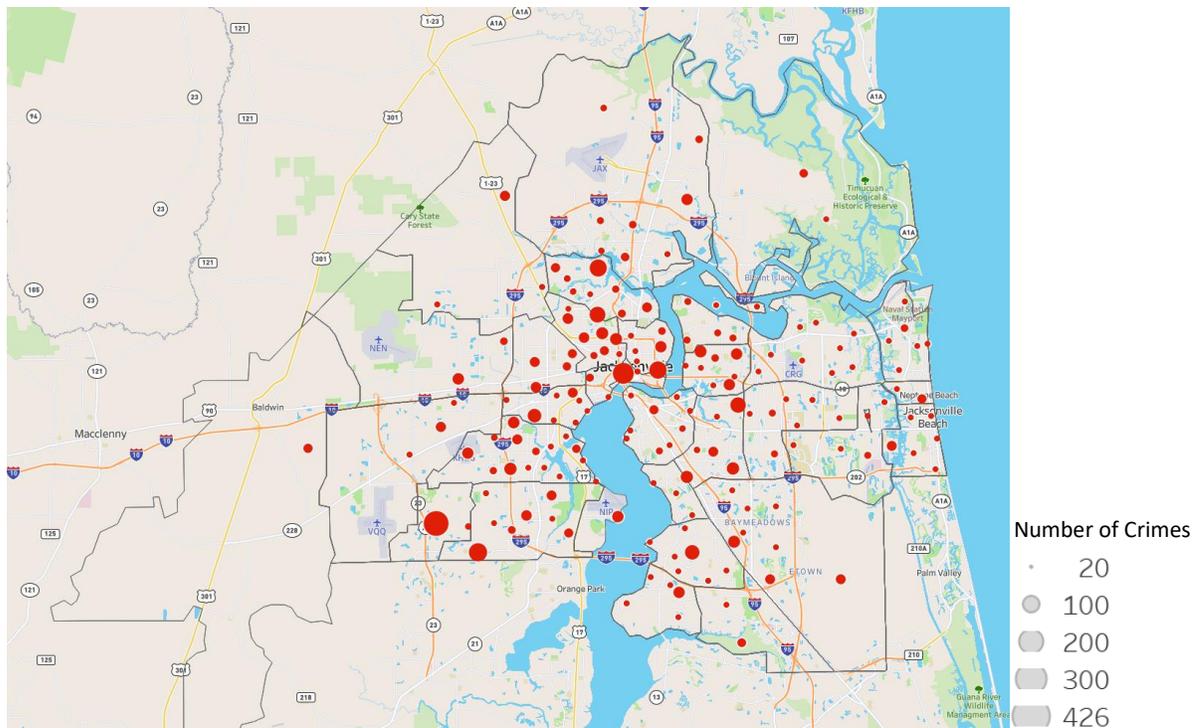


Figure 35: Distribution of Child Abuse and Neglect in Duval County

Current Program Funding

Kids Hope Alliance

An important measure in tracking the needs of the community is the current utilization of services. Those services that are currently funded and being utilized are needs in the community but are often not identified in the other section of the Needs Assessment analysis, due to a smaller demand or due to satisfaction in the current state of the service. Smaller demand programs include vital services, such as grief counseling and burial cost for families of deceased children and youth.

Evaluating the availability of KHA

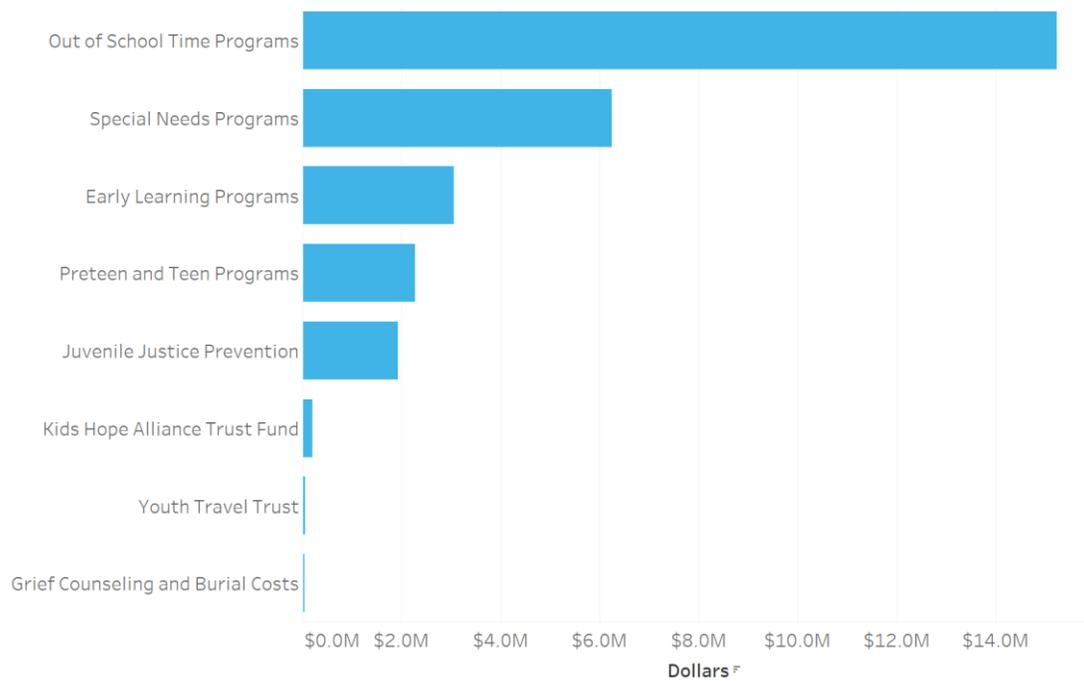


Figure 36: Kids Hope Alliance Funding for 2021-2022

Based on the analysis of afterschool programming in Duval County Public Schools (DCPS) performed by Kids Hope Alliance, more than 95% of programs are serving more engaged students (students who attend at least 60 days of programming) than contracted.

Comparing Kids Hope Alliance Funding to Other Children's Service Organizations (CSC's)

Kids Hope Alliance is one member of the Florida Alliance of Children's Councils and Trusts, which is made up of nine county-based children's service organizations. These organizations include larger counties, such as Miami-Dade and Hillsborough, and smaller counties, such as Manatee and Alachua.

Kids Hope Alliance budget for 2021-2022 was \$42,164,028. Of this \$42 Million, \$35 Million was received from the city budget and the remaining was based on grant funding. Based on the 2019 US Census Bureau estimates of 215,545 residents under the age of 18 in Duval County, this equates to \$196 per child OR \$953 per child in poverty. In comparison, other large county (at least 100,000 children and youth) members of the FAACT average \$353 per child, ranging from \$175 in Hillsborough to \$731 in Pinellas. When considering only children in poverty, the other large counties provide between \$972 (Hillsborough) and \$4,712 (Pinellas) per child.

Of such organizations, Kids Hope Alliance is the only organization that receives its funding from the city budget. Other organizations received ad valorem funding from property taxes at set millage rates (shown in table 8). If KHA received ad valorem tax revenue at a millage rate of 0.5 (below the large county average of 0.58), the ad valorem budget would be approximately \$10M more in funding.

Table 8: Funding for Large CSCs/Trusts in Florida in the Most Recent Available Budget Year

Children's Service Organization	Children and Youth	Children and Youth Below Poverty Rate	Millage Rate (per \$1000)	Ad-Valorem Budget	Budget	Dollars per Child	Dollars Per Child in Poverty
Kids Hope Alliance	215,545	44,223	NA	\$35,006,663	\$42,164,028	\$196	\$953
Kids Hope Alliance - IF MILLAGE BASED	215,545	44,223	0.5	\$45,563,636	<u>\$52,721,001</u>	\$245	\$1,192
The Children's Services Council of Broward County	409,938	68,446	0.4882	Unknown	\$104,537,451	\$255	\$1,527
The Children's Board of Hillsborough County	325,423	58,449	0.4589	\$53,833,708	<u>\$56,786,342</u>	\$175	\$972
The Children's Trust of Miami	549,679	115,028	0.5	\$161,528,706	<u>\$196,124,622</u>	\$357	\$1,705
The Children's Service Council of Palm Beach	283,872	45,918	0.6225	\$131,607,881	<u>\$139,214,691</u>	\$490	\$3,032
The Juvenile Welfare Board of Pinellas County	155,438	24,121	0.8981	\$82,340,645	<u>\$113,653,985</u>	\$731	\$4,712

An additional difference between Kids Hope Alliance and other organizations is their utilization of alternative funds. Approximately 17% of KHA's annual budget comes from grants. Other organizations with budgets that significantly outweigh their ad-valorem budget typically do so through roll-over funds and interest on carried balances.

Funding by Local Philanthropy Organizations

Note, due to the limited sample size, philanthropic organizations are not identified by name. Their valuable feedback is listed below, with quotes attributed to “Local Philanthropy Organization”. Understanding the way philanthropic organizations fund is vital to completing this analysis.

"[In terms of ensuring collaboration and eliminating duplication] Jacksonville as a community is much further advanced than other municipalities and areas, I think in part because of consolidation. In many places, there is no overarching entity like KHA."

-Local Philanthropy Organization

The primary data collection included interviews with leadership staff at four major local philanthropic grantmaking organizations whose grantmaking totals approximately \$75 million annually. Organizations interviewed provide funding to organizations that are working to support children and families but do not focus only on those areas. Interviews focused on what the grantmaking organizations are doing in the space related to children and families, views on major needs for children and youth, and interest in collaborating with Kids Hope Alliance.

"Children live in families, and you cannot fix a child and expect everything to stay good unless the family is doing well."

-Local Philanthropy Organization

There was universally positive sentiment about this Needs Assessment and Gap Analysis and the philanthropic community is eager to learn about the findings. Organizations highlighted that that philanthropic grantmaking cannot be seen as a way to “fill in the gaps” for children’s services. No interviewees feel that the landscape of children’s services has duplication, but rather that organizations are under-resourced and often operate on thin margins.

"When we have the data, the first thing I want to know is, what are the nonprofits' views on this? What do nonprofits need to do the work?"

-Local Philanthropy Organization

Interviewees suggested that the manner of funding KHA requires public education about how both KHA and other CSCs throughout the state receive and allocate funding, and what other opportunities potentially exist. This is discussed throughout this report and will be included in public dissemination of the results. NLP Logix additionally suggests further review of other avenues for educating the public about funding options.

"We have not adequately educated taxpayers about the options [for funding the KHA]. We have seen that the community is ready to support children. [Philanthropy] cannot fill the gaps. [Our government] has chosen this highly unusual route for funding compared to the rest of Florida, and our kids are suffering as a result. We have to decide, how do we want to fix that?"

-Local Philanthropy Organization

In addition to public dissemination, the need for close communication of these results with nonprofits and philanthropy organizations was identified. Many organizations expressed that they often study plans of government-based funding with the intention of aligning their grantmaking to ensure it is complimentary. Through increased communication about the big picture, KHA and philanthropic organizations can better align. A facilitated presentation of these results was suggested, allowing for additional conversation based on these results around how KHA and philanthropic grantmakers can best collaborate. Including the nonprofits that do the work was an additional point of concern for multiple participants.

"The more Kids Hope Alliance and grantmaking organizations can align around common data sets and common measures and, to some extent, common goals, then the community will do a better job of leveraging the investments that we're making."

- Local Philanthropy Organization

Finally, grantmakers expressed interest in whether KHA could participate in creative funding projects that would allow for pooled funding between both KHA and local philanthropic organizations to allow for reductions in the restrictions that can create barriers for particular organizations to be funded.

Actionable Insights from the Needs Assessment

Generally, there are five (5) categories of need that have been identified for Duval County. For each category, a description is provided below including a set of metrics that could be used as baseline metrics.

Population Result	Example Services
Duval children and youth are physically and mentally healthy and safe	Healthy Families, Safe Outdoor Parks, Nutrition Programs, FSS Plus
Duval children and youth are supported by their families and community	Juvenile Justice Diversion and Prevention Programs, Foster Child Support, Parental Education
Duval children and youth have the tools to succeed in school	Early Learning Support, Jax Kids Book Club, Afterschool Programs
Duval youth graduate high school prepared for college and/or the workforce	College Preparation, Mayors Youth at Work, Mentoring
Duval families have access to the services they need	Grief/Burial Funding, Financial Literacy Training, One Stop Community Centers

Duval County Children and Youth are Physically and Mentally Healthy and Safe

Children and Youth Have a Safe Outdoor Place to Play and Build Relationships

The need for safe outdoor areas for children to play, build relationships, and exercise was highlighted as an expressed need in both the listening sessions and surveys. This concern was raised by providers, youth, and parents alike.

Potential Performance Measure: Number of Crimes Occurring within 1/2 Mile of COJ Parks

Performance Measure Source: Jacksonville Sheriff's Office

Granularity: Through Geocoding, This Can be Recorded at Any Granularity

Children and Youth Have Access to Healthy Food

The need for access to healthy food was identified in the survey, in the listening sessions, and in the secondary data analysis. Reducing food access concerns and increasing access to healthy food is pivotal to ensuring children and youth in Jacksonville are physically healthy and able to succeed.

Potential Performance Measure: Rate of Food Insecurity

Performance Measure Source: Florida Health Charts via Feeding America

Granularity: County Level, Annually

Children and Youth Exercise on a Weekly Basis

The need for children and youth to exercise on a weekly basis was identified in all segments of analysis. Listening session participants highlighted the need for exercise and the role of sports in building critical life skills. The secondary data analysis identified the relative need for exercise through information about childhood obesity, a lack of childhood exercise, and a lack of participation in sports by local youth as compared to the state.

Potential Performance Measure: Percent of Youth Exercising at Least 3 Days a Week

Performance Measure Source: Youth Risk Behavioral Survey (YRBS)

Granularity: County Level, Once Every Two Years

Data Action Plan: In conjunction with Duval County Public Schools (DCPS), a more frequent and concentrated survey than the YRBS could be implemented, though it would likely require an IRB review.

Children, Youth, and Families Have Access to Mental Health Services

A key theme of the Needs Assessment was mental health. When asked about emotional wellbeing, parents, students, and providers all highlighted the need for accessible mental health services for children, youth, and families.

Potential Performance Measure: Hours of In-School Mental Health Services per Student

Performance Measure Source: Student Population through DCPS

Granularity: Monthly for Hours Available, Annually for Student Count

Potential Performance Measure: Percent of Youth who Report Feeling Hopeless

Performance Measure Source: Youth Risk Behavioral Surveillance Survey

Granularity: County, Bi-annually

Potential Performance Measure: Wait Time for Service at the County's Largest Mental Health Providers

Data Action Plan: Work with system of care to identify providers and available metrics.

Children and Youth Providers Have Access to Trauma-informed Care Training

Many listening session participants, from KHA staff to providers and parents, discussed the importance of having children and youth providers receive trauma-informed training.

Potential Performance Measure: Percent of Children and Youth Providers (Staff) Who Have Completed Trauma Informed Training

Performance Measure Source: Survey of Providers

Granularity: By Provider

Data Action Plan: Kids Hope Alliance could work with KHA funded agencies/ providers to establish a baseline metric to measure how many providers currently are trauma-informed trained.

Pregnant Women Will Give Birth to Healthy Children

In the secondary data analysis, a relative need for improved maternal and fetal health outcomes exists in Duval County. Duval performs below the state of Florida for all of the maternal and fetal health metrics that were reviewed. The potential performance measure was identified as it predicates many of the other negative outcomes.

Potential Performance Measure: Percent of Expectant Mothers Who Receive Some Prenatal Care in the First Trimester.

Performance Measure Source: Florida Health Charts

Granularity: County Level, Annually

Data Action Plan: KHA partners with the Florida Department of Health to establish a data sharing agreement/memorandum of understanding to allow for data collection at a more granular level.

Duval County Children and Youth are Supported by their Family and Community

Children, Youth, and Families in Jacksonville Have Safe Homes in Safe Communities

Safety concerns were repeatedly highlighted as an issue in all aspects of the analysis. Parents and providers discussed the need for safe homes and safer communities. Safe homes and safe communities were the fifth highest priority within the survey. Statistics in the secondary data analysis, including youth who felt unsafe in school and the rate of deaths due to gun violence, confirm the need for safe homes and communities through data.

Potential Performance Measure: Percent of Students Who Felt Unsafe at School or on their Way to or From School

Performance Measure Source: Youth Risk Behavior Survey (YRBS)

Granularity: County-wide, Bi-annually

Data Action Plan: In conjunction with Duval County Public Schools (DCPS), a more frequent and concentrated survey than the YRBS could be implemented, though it would likely require an IRB review.

Children and Youth Live without Abuse

This factor was identified in all aspects of analysis. When asked “If you could wave a magic wand to improve the life of children and youth in Jacksonville, what is the first thing you would do?” Multiple children and youth identified reducing abuse experienced by children and youth as their first thought. Additionally, in the secondary analysis, children and youth in Duval County were found to be significantly more likely to experience child and sexual abuse than youth in the state of Florida.

Potential Performance Measure: Rate of Children and Youth Experiencing Child Abuse and Neglect

Performance Measure Source: Florida Health Charts

Granularity: County-wide, Annually

Data Action Plan: Kids Hope Alliance (KHA) partners with Department of Children and Families (DCF) and /Family Support Services (FSS) to create a data sharing agreement/memorandum of understanding to allow for more granular reporting of this data.

Children and Youth That Interact with the Juvenile Justice System Will Successfully Re-enter Society

This indicator was not as strongly identified in the perceived and expressed needs analysis, but extensive prior research into the topic of juvenile justice occurs in the city of Jacksonville. Duval County currently performs better than statewide average regarding juvenile justice measures.

Potential Performance Measure: Recidivism Rate of Arrested Youth in Duval County

Performance Measure Source: Florida Department of Juvenile Justice

Granularity: County-wide, by Month

Data Action Plan: KHA partners with the Department of Juvenile Justice (DJJ) to establish a new data sharing agreement to receive data at a more granular level.

Potential Performance Measure: Rate of Eligible Youth Receiving Civil Citations

Performance Measure Source: Florida Department of Juvenile Justice

Granularity: County-wide, by Month

Duval County Children and Youth Have the Tools to Succeed in School

Children Enter Kindergarten Ready to Succeed

Early childhood education is a factor that was identified in each aspect of the Needs Assessment. Ensuring access for children to have early intervention for needs, building relationships, and creating a foundation for literacy was a factor that was paramount in many listening sessions. The secondary data analysis supports the need for increased attention to this topic in Duval County.

Potential Performance Measure: Kindergarten Readiness Rate

Performance Measure Source: Early Learning Coalition of Duval

Granularity: Geographic Location of Center, Annually

Potential Performance Measure: Kindergarten Retention Rate

Performance Measure Source: Florida Department of Education (FDOE)

Granularity: By District, Race, and Gender, Annually

Children and Youth Can Read at Grade Level

Childhood literacy was a concern for parents and providers in the listening sessions. Literacy, and specifically grade three (3) literacy, has historically been a significant factor for measuring educational success. We need to establish a metric to track literacy. Promotion rates at grade three (3) are provided by the Florida Department of Education (FDOE). Based on the secondary data analysis, additional goals around third grade success could be established to close the gap between African American students and white students.

Potential Performance Measure: Promotion Rate for Grade 3

Performance Measure Source: Florida Department of Education

Granularity: District-wide, Annually

Data Action Plan: KHA partners with Duval County Public Schools (DCPS) to establish metrics by school to better analyze this data at a school level.

Duval County Public School Students Will Be Engaged at School

For Duval County Public School students to be successful, they must be engaged and able to attend their courses. This means the students must both attend school and behave appropriately to engage in their courses and avoid disciplinary referrals.

Potential Performance Measure: Average Daily Attendance Rate for DCPS Students

Performance Measure Source: Florida Department of Education

Granularity: District-wide, Annually

Potential Performance Measure: Percent of DCPS Students with One or More Referrals (by Class of Referral).

Performance Measure Source: Florida Department of Education

Granularity: District-wide, Annually

Duval Youth Graduate High School Prepared for College and/or the Workforce

Youth in Duval County Public Schools (DCPS) Will Graduate High School

Youth must first graduate from high school to ensure a successful transition to adulthood. Tracking high school performance is an integral component in measuring the success of this goal.

Potential Performance Measure: DCPS Graduation Rate

Performance Measure Source: Florida Department of Education

Granularity: By School, Annually. Additional Breakdowns by Race, English Language Learners, Gender, and Economically Disadvantaged

Duval County Youth (16-19) Will be Enrolled in School or the Workforce.

Youth survey participants and listening session participants both identified a need for help in transitioning to the workforce, preparing for college, and accessing college scholarship information. Tracking the percent of youth who successfully enroll in college or join the workforce will help identify whether this goal is being met.

Potential Performance Measure: Teen Idleness

Performance Measure Source: US Census Bureau American Community Survey

Granularity: By County, Annually

Duval Families Have Access to the Services They Need

Families Requiring Services Will be Able to Access Them without Difficulty

Of the families that identified as needing services in the survey, a majority stated that they had either encountered difficulty in accessing a service or had been unaware that services were available. In the listening sessions, parents and providers also reported access issues, due to lack of knowledge, a lack of a service network within the county, or issues with service availability due to transportation or hours available.

Potential Performance Measure: Rate of Families Identifying Services as "Accessed with Difficulty", "Unable to Access", and "Unaware of Service".

Performance Measure Source: Repeat Needs Assessment Survey Annually (Potentially with fewer questions).

Granularity: ZIP Code, Ad Hoc Data Collection

Data Action Plan: Utilize JaxYouthSurvey.com to repeatedly distribute the survey.

Providers Have Access to Community Asset Maps

Throughout the listening sessions, the need for providers and families to understand which service providers are available in Duval County, services offered by each provider, and capacity for each provider. Establishing a resource list and tracking utilization will allow for both providers and the community to better connect with services.

Potential Performance Measure: Provider Utilization of KHA Provided Resource Guides/Maps

Performance Measure Source: Web Traffic to Community Asset Map/Resource Guides

Granularity: Annual

Data Action Plan: The community asset map and resource guide will be published on a webpage with Google Analytics active.

Duval Children, Youth and Families Have Access to Financial Literacy Education

Financial literacy education was identified by children and youth survey respondents as the service they were least able to access given need. Additionally, providers, parents, and youth stated that financial literacy programs, such as bank accounts for youth, budgeting and finance education, and access to information about financing college were needs within the community.

Potential Performance Measure: Percent of Teenagers with a Bank Account

Performance Measure Source: TBD (See Data Action Plan)

Data Action Plan: KHA partners with Duval County Public Schools (DCPS) to establish metrics by school to better analyze data at a school level.

Established Needs and Resources

Resource Types

Resource types are grouped based on feedback from the Needs Assessment. Established resources may fall into one or more of these categories.

Resource Needs	Level of Need	Ease of Access (Community Defined)
Afterschool Care	Highest	Well met
Basic Needs	Medium	Some difficulty
Childcare	Medium	Well met
College Prep	Highest	Some difficulty
Diversion	Low	Some difficulty
Job Skills Training/Job Searching	High	Some difficulty
Legal aid	High	Large difficulty
Mental Health	High	Large difficulty
Mentoring	High	Some difficulty
Nutrition	Highest	Well met
Parenting Classes	Low	Some difficulty
Pre-K and Early Learning	Medium	Well met
Prenatal/Maternal Health	Medium	Some difficulty
Services for Parents of Special Needs Children and Youth	High	Large difficulty
Services for Special Needs Children and Youth	Medium	Large difficulty
Substance/Alcohol Abuse Treatment and Prevention	Low	Large difficulty
Summer Camp	Highest	Some difficulty
Tutoring	Highest	Little Difficulty
Other	Low	Some Difficulty

Other needs include services expressed in the community feedback, such as cultural and art exposure for local children and financial counseling/education for teens, and services currently reaching at or beyond their capacity in current funding circumstances, such as bereavement and burial funds for local children. To ensure these organizations are properly counted, additional categories were added to the provider list as necessary.

Gap Analysis Data Sources

To generate a complete provider list, a variety of data sources were needed. This initial analysis included gathering information about both organizations currently funded by Kids Hope Alliance and organizations that exist in the community but do not receive KHA-based funding. This includes local nonprofits as well as for profit centers that provide early learning and childcare services.

Information about providers was generated in multiple ways:

- Current and former Kids Hope Alliance providers
- Providers were surveyed
 - 80 responses
- Nonprofit providers were identified through IRS exempted organizations data
 - Subset based on those that have services overlapping with community needs and current service providers from Kids Hope Alliance
- Providers of early learning were identified through the Early Learning Coalition

Understanding Provider Needs

A provider survey was utilized to identify local provider assets, capacity, and barriers for growth. The survey was posted on SurveyMonkey from October 2021 to February 2022. To ensure participation, the survey was advertised to Nonprofit Center of North Florida members, Kids Hope Alliance providers, and via social media for Kids Hope Alliance and the City of Jacksonville.

The survey covered the following topics/questions:

- Provider Information
 - Name
 - Location
 - Contact Information
- Expenditures/Revenue/Cash Reserves
- Revenue Sources
 - Federal
 - State
 - Local
 - Kids Hope Alliance
 - United Way
 - Foundation Grants
 - Contributions
 - Corporate Sponsors
 - Fee for Service
 - Other
- Number of Children, Youth, and Families Served
- Mission Statement
- Types of Services Provided
 - Childcare
 - Pre-K and Early Learning
 - Afterschool Care
 - Mentoring
 - Special Needs
 - Tutoring
 - College Prep
 - Substance Abuse

- Summer Camp
- Diversion
- Nutrition
- Parenting Classes
- Services for Parents of Special Needs Children
- Mental Health
- Legal
- Pre-natal/Maternal Health Services
- Job Search and Job Skills Training
- Basic Needs
- Other Services
- Age Group Served
 - 0-5 Years Old
 - 5-12 Years Old
 - 13-19 Years Old
 - Parents
 - Providers and Volunteers
 - Others
- Barriers to Service
 - Lack of Community Interest
 - Insufficient Funding
 - No Barriers
 - Lack of Qualified Workers
 - Lack of Space
 - Other
- Organizational Priorities
 - Coalitions
 - Communication and Advocacy
 - Evaluations
 - Finances
 - Fundraising
 - Leadership
 - Recovering from COVID
 - Recruiting Staff
 - Strategic Planning
 - Training
 - Updating Business Model
- Additional Information to Share

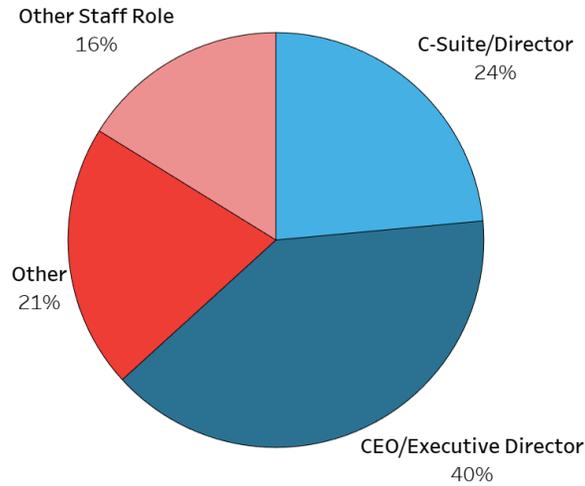


Figure 37: Respondents Level within Organization

A total of 80 respondents representing 75 Duval County organizations responded to the survey. Respondents were primarily CEO/Executive Director (40%) or C-Suite/Director Level (24%), but other staff level roles, such as FSS counselors and caseworkers, also provided input. Most providers serve children, youth, or both.

Table 9 – Age Groups Served by Responding Providers:

Age Group	Represented Organizations
Birth-5	24
5-12	42
13-19	47
Parents	32
Volunteers and Providers	15

The types of services provided by respondents varied. Mentoring was the most frequently provided, followed by summer camps, mental health services, and college/career preparation. Though afterschool care agencies were fewer, many are multi-site operations.

Table 10: Services Provided by Survey Respondents

Type of Service Provided	Represented Organizations	Percent Receiving KHA Funding
Afterschool Care	17	100%
Basic Needs	20	45%
Childcare	6	50%
College Prep	20	70%
Diversion	11	64%
Job Skills Training/Job Search	20	65%
Legal Aid	3	0%
Mentoring	34	53%
Mental Health	22	64%
Nutrition	10	80%
Parenting Classes	20	60%
Parenting for Special Needs Children and Youth	11	55%

Pre-K and Early Learning	11	64%
Prenatal Care	3	33%
Services for Special Needs Children and Youth	13	69%
Substance Abuse	5	60%
Summer Camp	25	80%
Tutoring	19	84%
Other	34	47%

Of the respondents, thirty-nine (39) agencies receive some proportion of their funding from Kids Hope Alliance. A percent of organizations receiving KHA funding is provided in Table 10. Respondent organizations offering afterschool programs, tutoring, and college preparation were most likely to also receive KHA funding. Total funding for organizations that responded ranged from thousands of dollars to \$92 million. The most frequent source of funding for respondent organizations was philanthropy/contributions and foundation grants, followed by KHA funding. When considering cash on hand, 29% of organizations had more than 6 months of reserves, 29% had 3-6 months of reserves, and 29% had fewer than 30 days of reserves.



Figure 38: Funding Sources for **All Respondent Organizations** and Those Funded by **Kids Hope Alliance**

Providers were also asked about their barriers to serving additional children, youth, and families. 10% of providers state that the number of children served was equal to the need, with 3% stating that community

interest did not warrant increased participation. Overwhelmingly the most frequent barrier identified by providers was financial constraints, followed by a need for more space and more workers.

Type of Barrier	Represented Organizations
Insufficient Building Size/Physical Space	38.60%
Insufficient Funding to Meet the Need	62.90%
Too Few Qualified Workers	37.10%
Community Interest Doesn't Warrant Increased Participation	2.90%
No Barriers: The Number of Children Served Already Matches the Need	10%
Other	21.40%

Generating a Community Resource List

To build a community resource list, multiple data sources were pulled. These data sources ensured that we have built the most comprehensive list of resources possible. The following resources were utilized:

- Current and former providers funded by Kids Hope Alliance
- Providers that responded to the provider survey
- Nonprofit providers were identified through IRS exempted organizations data
 - Subset based on those that have services overlapping with community needs and current service providers from Kids Hope Alliance
- Providers of early learning were identified through the Early Learning Coalition

The community resource list is provided as a separate Excel sheet. The Excel file can be filtered by organization type, size, and the information source,

Tax-exempt Organizations

The IRS publishes data on all organizations identified as tax-exempt. For each organization an NTEE (National Taxonomy of Exempt Entities) code is provided. These codes consist of one letter (a major category such as S = Community Improvement and Capacity Building) and two letters (a minor category such as 11 = Single Organization Support). The complete list of codes is provided in Appendix E with an identifier that denotes whether a category was considered in the provider list or excluded. In addition to NTEE codes, older organizations provided activity codes, which identified up to 3 types of services provided by the organization.

The exempt organization file provides an address for the organization and details around the assets and revenue for the current tax year. For each organization identified, associated contact information was scraped from google to incorporate into the resource list.

Deduplication of the Organizations

The list compiled was deduplicated based on exact and fuzzy-matched names. Additionally, the provider survey respondents were manually deduplicated.

Classification of Resources

Tax-exempt Organizations



Each entry in the organization database is assigned to a category based on NTEE code. Due to the diverse nature of those entities coded under Youth Development or Multiservice, they were assigned categories individually based on what was estimated to be their primarily provided resource. This was determined by using their respective tax filing codes where available and searching for the entity via Google and following results to whatever resources were returned.

In most cases where usable results were available, entities either had their own website or a listed Facebook page. In cases where more than one result was available for an entity of a given name, the category was listed 'Null' unless it was clear from the context that those results were related to the entity in the Jacksonville area. Examples of context include a listed address on the resource that matches the entity address in the database, references to Duval or JAX, pictures where clear landmarks were visible, etc.

Due to the nature of this method, entities with no presence on the web were generally categorized as 'Null'. Several entities were vague in their provided resources description(s), or offered more than one category of resource. In those cases, what appeared to be the primary purpose of the entity was used to place it as best as possible into the appropriate category(ies).

Kids Hope Alliance Providers

Many Kids Hope Alliance providers can be easily classified into one of the selected categories. Afterschool, summer camp, and diversion providers offer a service that fits into a single category of need. Providers of teen and special need services can often provide more than one of the service categories, such as college prep, tutoring, and mentoring.

Kids Hope Alliance worked to categorize the services provided by each organization into one or more of the applicable categories based on their knowledge of the program's operation.

Early Learning Coalition Listed Providers

All providers listed on the Early Learning Coalition's list of childcare providers were categorized as early learning centers.

Survey Participants

Survey participants were able to self-select into their appropriate categories.

Availability of Resources County-wide

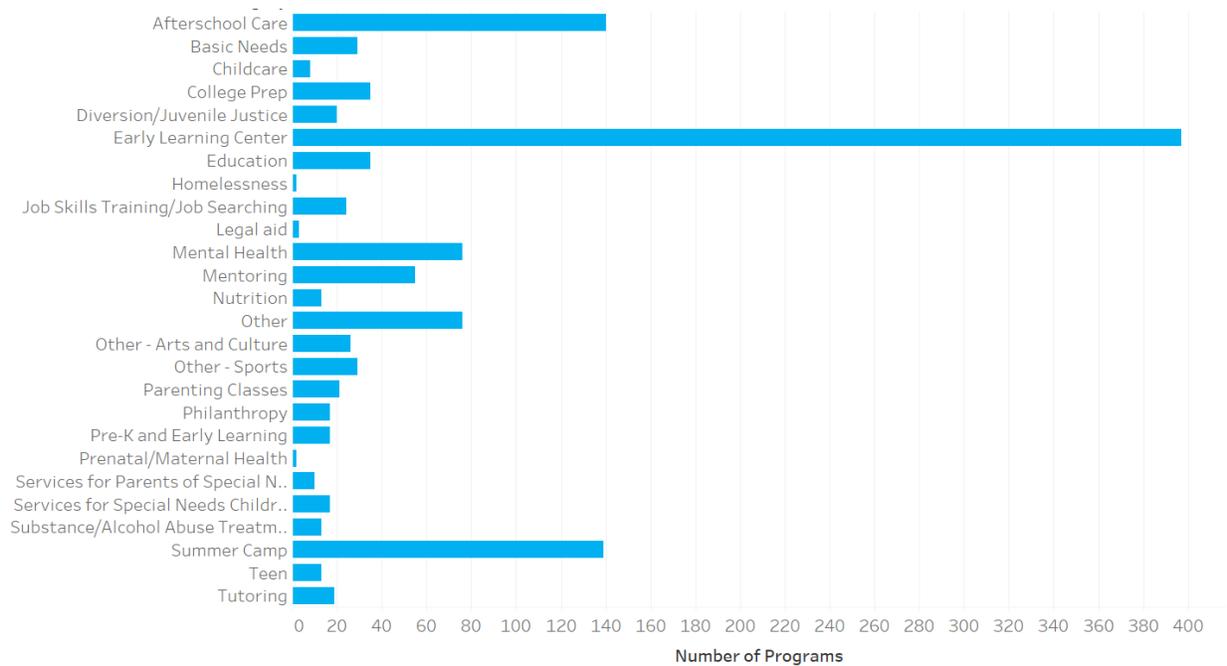


Figure 39: County-wide Programs

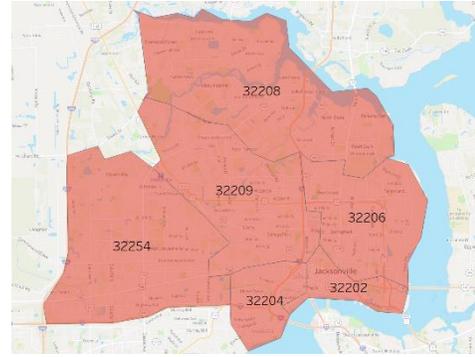
Mapping Resources Geographically for All Nonprofits

Mapping out the resource list required first gathering the latitude and longitude of each location. This was done by using the census geocoding tool. While data was not returned for every location, 86% of entries did have data available. These were compiled and used to build an interactive map in Tableau. Zip codes are then categorized into groups based on the Duval County health zones, of which there are six. Null values for zip codes, as well as those not located inside of one of the health zone regions, are excluded. Please note, single organizations can identify as one or more category types. Totals should not be calculated for each column as this will result in duplicates.

Table 11 – Resources by Category and Health Zone:

Category	Zone 1	Zone 2	Zone 3	Zone 4	Zone 5	Zone 6
Afterschool Care	61	39	6	21	12	3
Basic Needs	14	19	5	4	4	4
Childcare	2	3	2	5		
College Prep	21	30	29	8	6	
Diversion/Juvenile Justice	12	9	2	3		
Early Learning Center	84	112	50	85	44	22
Education	7	24	22	9	3	
Homelessness	1	1				
Job Skills Training/Job Searching	14	17	4	3	1	4
Mental Health	29	35	4	12	7	2
Mentoring	38	37	14	15	10	2
Nutrition	13	5	3	7	3	
Other	125	149	92	79	70	2
Other - Arts and Culture	30	41	24	17	7	2
Other - Sports	21	48	35	30	24	2
Parenting Classes	6	9	2	2	1	1
Philanthropy	37	51	167	24	5	3
Pre-K and Early Learning	8	8	3	2		1
Prenatal/Maternal Health	3					
Services for Parents of Special Needs Children and Youth	1	8	1			
Services for Special Needs Children and Youth	5	11	1			2
Substance/Alcohol Abuse Treatment and Prevention	4	9		2		2
Summer Camp	65	36	8	23	9	3
Teen	10			2	1	
Tutoring	9	6	2	3	1	1

Health Zone 1 is comprised of zip codes 32202, 32204, 32206, 32208, 32209, 32254. The service breakdown for Health Zone 1 is as follows:

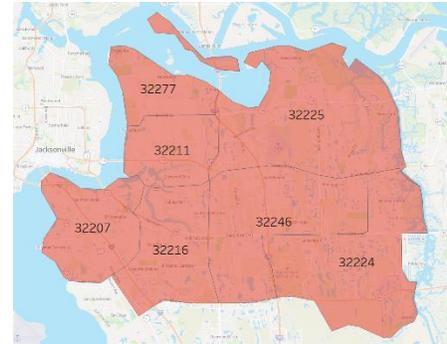


- The largest available categories are Early Learning Center, Summer Camp, Afterschool Care, Mental Health, and Other.
- The smallest available categories are Homelessness, Services for Parents of Special Needs Children and Youth, Childcare, Prenatal/Maternal Health, and Substance/Alcohol Abuse Treatment and Prevention. Zone 1 has no listed entries in the category of Legal Aid
- Zone 1 holds the largest count in Summer Camp, Afterschool Care, Other, Job Skills Training / Job Searching, Other – Arts and Culture (tied with Health Zone 2), Teen, Diversion / Juvenile Justice, Tutoring, Nutrition, Philanthropy, Prenatal / Maternal Health, Childcare (tied with Health Zones 2, 3, and 4), and Homelessness (tied with Health Zone 2).

Table 12: Resource Availability in Health Zone 1

Health Zone 1							
Category	32202	32204	32206	32208	32209	32254	Total
Afterschool Care	3	1	15	13	17	12	61
Basic Needs	2	1	2	6	2	1	14
Childcare					2		2
College Prep	6		4	9	1	1	21
Diversion/Juvenile Justice	4		3	3	1	1	12
Early Learning Center	7	5	16	23	19	14	84
Education	1	1	1	1	2	1	7
Homelessness	1						1
Job Skills Training/Job Searching	2		6	4	2		14
Mental Health	4	2	10	4	5	4	29
Mentoring	13		8	8	8	1	38
Nutrition	1	1	5	1	2	3	13
Other	27	9	28	27	26	8	125
Other - Arts and Culture	13	8	7	1	1		30
Other - Sports	8	4	1	3	4	1	21
Parenting Classes	3			3			6
Philanthropy	18	9	5	1	3	1	37
Pre-K and Early Learning				3	2	3	8
Prenatal/Maternal Health			1	2			3
Services for Parents of Special Needs Children and Youth				1			1
Services for Special Needs Children and Youth	2			1	1	1	5
Substance/Alcohol Abuse Treatment and Prevention	2			2			4
Summer Camp	4	1	15	15	21	9	65
Teen	1		4	1	3	1	10
Tutoring	3		3	2	1		9

Health Zone 2 is comprised of zip codes 32207, 32211, 32216, 32224, 32225, 32246, and 32277. The service breakdown for Health Zone 2 is as follows:

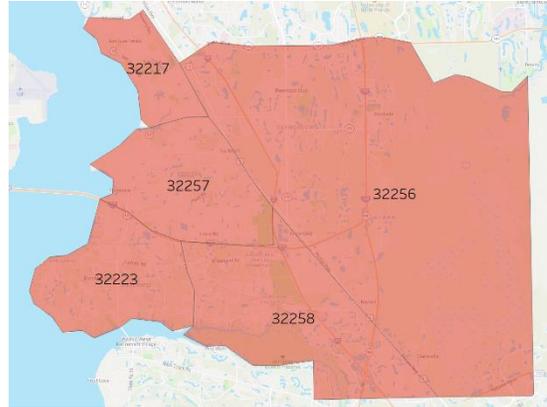


- The largest available categories are Early Learning Center, Afterschool Care, Summer Camp, Mental Health, and Mentoring.
- The smallest available categories are Homelessness, Childcare, Legal Aid, Nutrition, and Philanthropy.
- Zone 2 holds the largest count in Early Learning Center, Mental Health, Mentoring, College Prep, Basic Needs, Education (tied with Health Zone 3), Other – Arts and Culture (tied with Health Zone 1), Services for Special Needs Children and Youth, Parenting Classes, Services for Parents of Special Needs Children and Youth, Substance / Alcohol Abuse Treatment and Prevention, Pre-K and Early Learning, Legal Aid, Childcare (tied with Health Zones 1, 3, and 4).
- Zone 2 has no listed entries in the following categories: Teen and Prenatal/Maternal Health

Table 13: Resource Availability in Health Zone 2

Health Zone 2								
Category	32207	32211	32216	32224	32225	32246	32277	Grand Total
Afterschool Care	6	12	6	1	3	6	5	39
Basic Needs	8	3	4	1	2	1		19
Childcare		1	2					3
College Prep	7	6	5	5	4		3	30
Diversion/Juvenile Justice	4	2	2				1	9
Early Learning Center	17	20	21	14	16	11	13	112
Education	4	7	4	4	2	2	1	24
Homelessness			1					1
Job Skills Training/Job Searching	6	4	2	2	1	2		17
Mental Health	11	7	10		2	4	1	35
Mentoring	12	5	6	3	8	2	1	37
Nutrition	3	1				1		5
Other	32	16	22	29	19	21	10	149
Other - Arts and Culture	16	3	6	2	9	2	3	41
Other - Sports	4	5	5	10	13	7	4	48
Parenting Classes	5		3			1		9
Philanthropy	21	3	7	7	5	6	2	51
Pre-K and Early Learning	3	1	3		1			8
Services for Parents of Special Needs Children and Youth	4		3		1			8
Services for Special Needs Children and Youth	4	1	5			1		11
Substance/Alcohol Abuse Treatment and Prevention	3	1	5					9
Summer Camp	8	11	6	1	4	3	3	36
Tutoring	4	2						6

Health Zone 3 is comprised of zip codes 32217, 32223, 32256, 32257, and 32258. The service breakdown for Health Zone 3 is as follows:

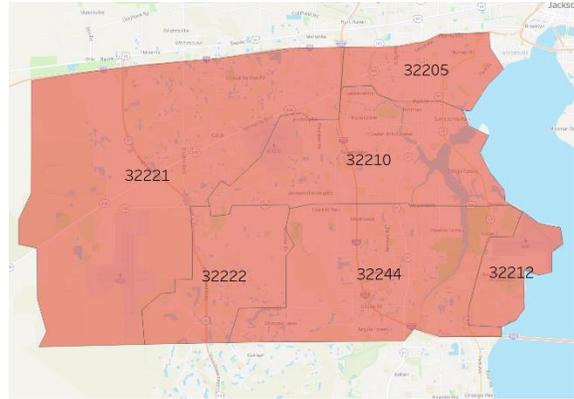


- The largest available categories are Early Learning Center, Other, Education, and Summer Camp.
- The smallest available categories are Basic Needs, Diversion/Juvenile Justice, Job Skills Training/Job Searching, Mental Health, Nutrition, Tutoring, Services for Special Needs Children and Youth, and Services for Parents of Special Needs Children and Youth. All of these have a total count of one.
- Zone 3 holds the largest count in Education (tied with Health Zone 2) and Childcare (tied with Health Zones 1, 2, and 4).
- Zone 3 has no listed entries in the following categories: Teen, Prenatal/Maternal Health, Legal Aid, Homelessness, Substance/Alcohol Abuse Treatment and Prevention.

Table 14: Resource Availability in Health Zone 3

Health Zone 3						
Category	32217	32223	32256	32257	32258	Grand Total
Afterschool Care	3		2		1	6
Basic Needs	1	1	1		2	5
Childcare	1			1		2
College Prep	1	4	16	6	2	29
Diversion/Juvenile Justice			2			2
Early Learning Center	8	7	12	13	10	50
Education	2	2	15		3	22
Job Skills Training/Job Searching	1	1		1	1	4
Mental Health	3		1			4
Mentoring	1	3	8	1	1	14
Nutrition		1	1		1	3
Other	13	10	40	17	12	92
Other - Arts and Culture		6	6	5	7	24
Other - Sports	2	3	13	9	8	35
Parenting Classes	2					2
Philanthropy	9	6	146	6		167
Pre-K and Early Learning			1	2		3
Services for Parents of Special Needs Children and Youth	1					1
Services for Special Needs Children and Youth	1					1
Summer Camp	5		1		2	8
Tutoring					2	2

Health Zone 4 is comprised of zip codes 32205, 32210, 32212, 32212, 32221, 32222, and 32244. The service breakdown for Health Zone 4 is as follows:

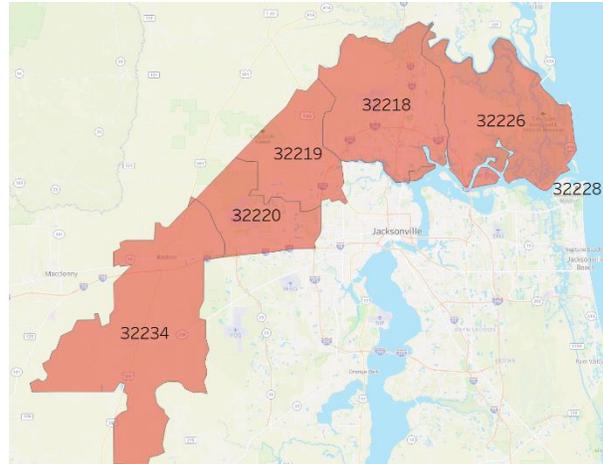


- The largest available categories are Early Learning Center, Other, Other – Sports, and Philanthropy.
- The smallest available categories are Parenting Classes, Pre-K and Early Learning, Substance/Alcohol Abuse Treatment and Prevention, and Teen.
- The most overall categorically dense region is zip code 32210 with a total count of 132.
- The least overall categorically dense region is zip code 32212 with a total count of 2. (This is the area of NAS JAX)
- Zone 4 has the largest count among all zones for Childcare.
- Zone 4 has no listed entries in the categories of Services for Special Needs Children & Youth, Services for Parents of Special Needs Children & Youth, Prenatal/Maternal Health, and Homelessness.

Table 15: Resource Availability in Health Zone 4

Health Zone 4							
Category	32205	32210	32212	32221	32222	32244	Grand Total
Afterschool Care	4	9		1		7	21
Basic Needs	2	2					4
Childcare	2					3	5
College Prep	3	2		2	1		8
Diversion/Juvenile Justice	1	1		1			3
Early Learning Center	22	37	1	7	4	14	85
Education	2	3		2	2		9
Job Skills Training/Job Searching		1		1		1	3
Mental Health	3	6			1	2	12
Mentoring	2	9		1	1	2	15
Nutrition		3			1	3	7
Other	14	24		14	9	18	79
Other - Arts and Culture	4	7		3	1	2	17
Other - Sports	5	6	1	5	4	9	30
Parenting Classes		1				1	2
Philanthropy	5	13		3	1	2	24
Pre-K and Early Learning	1					1	
Substance/Alcohol Abuse Treatment and Prevention	1				1		
Summer Camp	10	7		2		4	
Teen	2						
Tutoring		1			1	1	

Health Zone 5 is comprised of zip codes 32218, 32219, 32220, 32226, and 32234. The service breakdown for Health Zone 5 is as follows:



- The largest available categories are Other, Early Learning Center, Other-Sports, and Afterschool Care.
- The smallest available categories are Job Skills Training/Job Searching, Parenting Classes, Teen, and Tutoring.
- The most overall categorically dense region is zip code 32218 with a total count of 125.
- The least overall categorically dense region is zip code 32234 with a total account of 5.
- Zone 5 does not hold the largest count in any category. In nine categories it has entries with a count of five or less.
- Zone 5 has no listed entries in the following categories: Pre-K and Early Learning, Diversion/Juvenile Justice, Childcare, Services for Special Needs Children and Youth, Services for Parents of Special Needs Children and Youth, Substance/Alcohol Abuse Treatment and Prevention, Prenatal/Maternal Health, and Homelessness.

Table 16: Resource Availability in Health Zone 5

Health Zone 5						
Category	32218	32219	32220	32226	32234	Grand Total
Afterschool Care	10	2				12
Basic Needs			1	2	1	4
College Prep	4			2		6
Early Learning Center	30	5	4	3	2	44
Education	1	1		1		3
Job Skills Training/Job Searching			1			1
Mental Health	6				1	7
Mentoring	6	2		2		10
Nutrition	1	1		1		3
Other	43	8	1	18		70
Other - Arts and Culture	3	1		3		7
Other - Sports	9	2	2	10	1	24
Parenting Classes			1			1
Philanthropy	3	1		1		5
Summer Camp	7	1		1		9
Teen	1					1
Tutoring	1					1
Grand Total	125	24	10	44	5	208

Health Zone 6 is comprised of zip codes 32233, 32250, and 32266. The service breakdown for Health Zone 6 is as follows:

- The largest available categories are Early Learning Center, Job Skills Training/Job Searching, and Basic Needs.
- The smallest available categories are Parenting Classes, Pre-K and Early Learning, and Tutoring.
- The most overall categorically dense region is zip code 32233 with a total count of 22.
- The least overall categorically dense region is zip code 32266 with a total account of 5.
- Zone 6 is the least categorically dense Health Zone with a total count of 56.
- Zone 6 does not hold the largest count in any category. With the exception of Early Learning Center, at a count of 22, counts for all other categories with entries are below five.
- Zone 6 has no listed entries in the following categories: College Prep, Education, Nutrition, Diversion/Juvenile Justice, Childcare, Services for Parents of Special Needs Children and Youth, Teen, Prenatal/Maternal Health, and Homelessness.

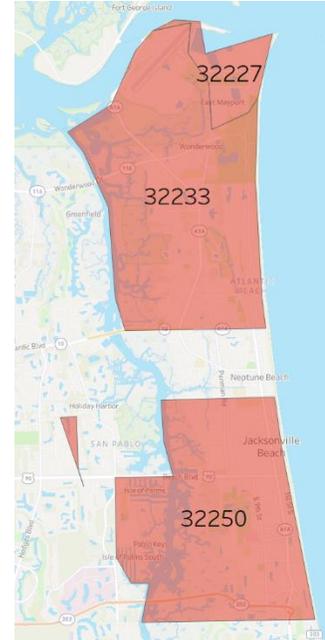


Table 17: Resource Availability for Health Zone 6

Health Zone 6				
Category	32233	32250	32266	Grand Total
Afterschool Care	1	2		3
Basic Needs	1	3		4
Early Learning Center	8	10	4	22
Job Skills Training/Job Searching	3	1		4
Mental Health		1	1	2
Mentoring	1	1		2
Other	1	1		2
Other - Arts and Culture		2		2
Other - Sports	1	1		2
Parenting Classes	1			1
Philanthropy		3		3
Pre-K and Early Learning	1			1
Services for Special Needs Children and Youth	1	1		2
Substance/Alcohol Abuse Treatment and Prevention		2		2
Summer Camp	2	1		3
Tutoring	1			1
Grand Total	22	29	5	56

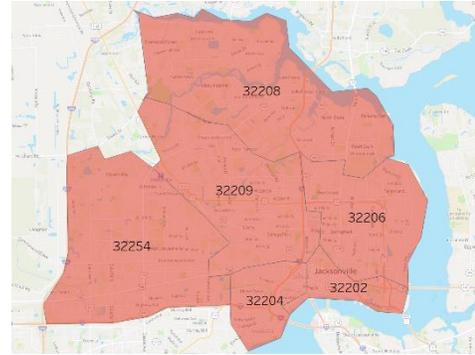
Mapping Resources Geographically (Including only for Nonprofits that File 990s)

In addition to the data provided in the prior section, we consider the same breakdown, but only reviewing organizations that file 990s. These organizations have budgets of at least \$50,000 per year. Such organizations are typically of the scale to handle government funds, and thus may be more representative of organizations that partner with Kids Hope Alliance.

Table 18: Resources by Category and Health Zone

Category	Zone 1	Zone 2	Zone 3	Zone 4	Zone 5	Zone 6
Afterschool Care	61	38	6	20	12	3
Basic Needs	8	15	1	3		2
Childcare	2	2	2	2		
College Prep	11	16	4	3	1	
Diversion/Juvenile Justice	10	9	1			
Early Learning Center	84	112	50	85	44	22
Education	5	13	13	4		
Homelessness	2	2	1		3	
Job Skills Training/Job Searching	1	1				
Mental Health	12	7	1	1		3
Mentoring		3				
Nutrition	27	33	1	10	3	2
Other	20	23	6	4	1	1
Other - Arts and Culture	7	3	1	1	1	
Other - Sports	26	18	16	9	7	
Parenting Classes	11	11	3	1		
Philanthropy	6	6	6	2	9	
Pre-K and Early Learning	6	9	2	2	1	1
Prenatal/Maternal Health	5	3	4	4		1
Services for Parents of Special Needs Children and Youth	5	6	3	2		1
Services for Special Needs Children and Youth	2					
Substance/Alcohol Abuse Treatment and Prevention	1	8	1			
Summer Camp	5	10	1			1
Teen	4	7				2
Tutoring	65	35	8	21	7	3

Health Zone 1 is comprised of zip codes 32202, 32204, 32206, 32208, 32209, 32254. The service breakdown for Health Zone 1 is as follows:

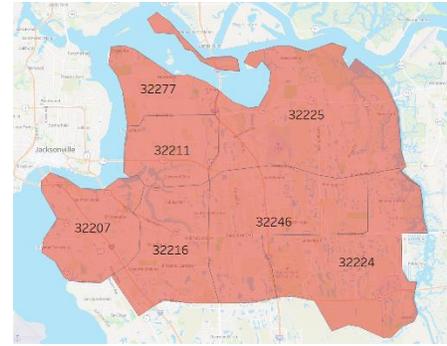


- The largest available categories are Other, Early Learning Center, Summer Camp, and Afterschool Care.
- The smallest available categories are Services for Special Needs Children and Youth, Homelessness, Childcare, Prenatal/Maternal Health, and Substance/Alcohol Abuse Treatment and Prevention.
- The most overall categorically dense regions are zip codes 32206 and 32208, which both have a total count of 134.
- The least overall categorically dense region is zip code 32204 with a total count of 42.
- Zone 1 has the largest count among all zones for Summer Camp, Afterschool Care, Diversion/Juvenile Justice, Mentoring, Nutrition, Pre-K and Early Learning (tied with Zone 2), Prenatal/Maternal Health, and Tutoring.

Table 19: Resource Availability in Health Zone 1

Health Zone 1							
Category	32202	32204	32206	32208	32209	32254	Total
Afterschool Care	3	1	15	13	17	12	61
Basic Needs	1	1	2	3	1		8
Childcare					2		2
College Prep	4		3	3	1		11
Diversion/Juvenile Justice	3		3	3	1		10
Early Learning Center	7	5	16	23	19	14	84
Education	1			1	2	1	5
Homelessness	1						1
Job Skills Training/Job Searching	2		5	3	2		12
Mental Health	4	1	9	4	5	4	27
Mentoring	9		5	4	2		20
Nutrition			4	1	1	1	7
Other	12	2	3	2	6	1	26
Other - Arts and Culture	7	3	1				11
Other - Sports	3	1			2		6
Parenting Classes	3			3			6
Philanthropy	3	2					5
Pre-K and Early Learning				2	2	1	5
Prenatal/Maternal Health				2			2
Services for Parents of Special Needs Children and Youth				1			1
Services for Special Needs Children and Youth	2			1	1	1	5
Substance/Alcohol Abuse Treatment and Prevention	2			2			4
Summer Camp	4	1	15	15	21	9	65
Teen	1		4	1	3	1	10
Tutoring	3		3	2	1		9

Health Zone 2 is comprised of zip codes 32207, 32211, 32216, 32224, 32225, 32246, and 32277. The service breakdown for Health Zone 2 is as follows:

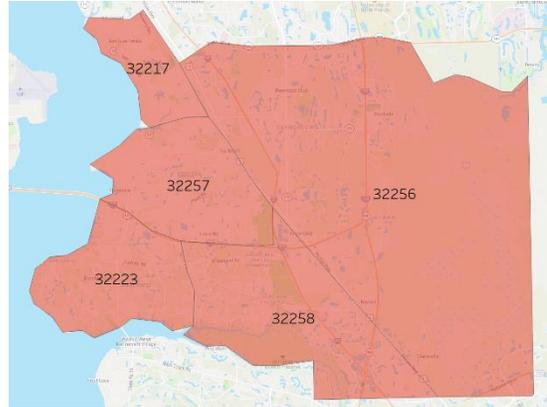


- The largest available categories are Other, Early Learning Center, Philanthropy, and Other – Sports.
- The smallest available categories are Homelessness, Childcare, Nutrition, and Tutoring.
- The most overall categorically dense region is zip code 32207 with a total count of 182 and the least overall categorically dense region is zip code 32277 (47)
- Zone 2 has the largest count among all zones for all categories of 'Other': General, Arts & Culture, and Sports. It has the largest count for Early Learning Centers and no listed entries in the categories of 'Teen' and 'Prenatal/Maternal Health'.

Table 20: Resource Availability in Health Zone 2

Health Zone 2								
Category	32207	32211	32216	32224	32225	32246	32277	Grand Total
Afterschool Care	6	12	6	1	3	6	5	39
Basic Needs	8	3	4	1	2	1		19
Childcare		1	2					3
Afterschool Care	6	11	6	1	3	6	5	38
Basic Needs	7	3	4	1				15
Childcare		1	1					2
College Prep	5	4	2		3		2	16
Diversion/Juvenile Justice	4	2	2				1	9
Early Learning Center	17	20	21	14	16	11	13	112
Education	2	3	3	2	1	1	1	13
Homelessness			1					1
Job Skills Training/Job Searching	3	4						7
Legal aid	2	1						3
Mental Health	10	7	10		1	4	1	33
Mentoring	10	3	3	1	4	2		23
Nutrition	3							3
Other	8	1	4	2	2		1	18
Other - Arts and Culture	6		1	1	2	1		11
Other - Sports	1	1	1	1	1	1		6
Parenting Classes	5		3			1		9
Philanthropy	1		1	1				3
Pre-K and Early Learning	2	1	2		1			6
Services for Parents of Special Needs Children and Youth	4		3		1			8
Services for Special Needs Children and Youth	4		5			1		10
Substance/Alcohol Abuse Treatment and Prevention	3		4					7
Summer Camp	8	11	6	1	3	3	3	35
Tutoring	4	2						6

Health Zone 3 is comprised of zip codes 32217, 32223, 32256, 32257, and 32258. The service breakdown for Health Zone 3 is as follows:

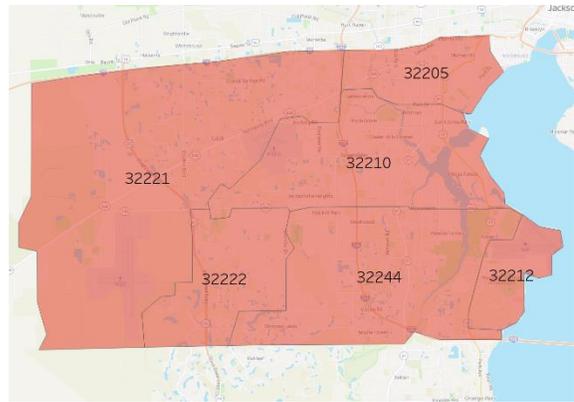


- The largest available categories are Philanthropy, Other, Early Learning Center, and Other – Sports.
- The smallest available categories are Services for Parents of Special Needs Children, Services for Special Needs Children, Childcare, and Diversion/Juvenile Justice.
- The most overall categorically dense region is zip code 32256 with a total count of 265.
- The least overall categorically dense region is zip code 32223 with a total account of 44.
- Zone 3 has the largest count among all zones for Philanthropy. It has counts close to those of Zone 2 for College Prep and Education.
- Zone 3 has no listed entries in the categories of Teen, Substance/Alcohol Abuse Treatment and Prevention, Prenatal/Maternal Health, and Homelessness.

Table 21: Resource Availability for Health Zone 3

Health Zone 3						
Category	32217	32223	32256	32257	32258	Grand Total
Afterschool Care	3		2		1	6
Basic Needs					1	1
Childcare	1			1		2
College Prep		1		1	2	4
Diversion/Juvenile Justice			1			1
Early Learning Center	8	7	12	13	10	50
Education	2	2	7		2	13
Job Skills Training/Job Searching					1	1
Mental Health	1					1
Mentoring	1	2	2		1	6
Nutrition		1				1
Other	4	2	8	1	1	16
Other - Arts and Culture		1	1		1	3
Other - Sports			1	4	1	6
Parenting Classes	2					2
Philanthropy	1		3			4
Pre-K and Early Learning			1	2		3
Services for Parents of Special Needs Children and Youth	1					1
Services for Special Needs Children and Youth	1					1
Summer Camp	5		1		2	8
Tutoring					1	1

Health Zone 4 is comprised of zip codes 32205, 32210, 32212, 32221, 32222, and 32244. The service breakdown for Health Zone 4 is as follows:



- The largest available categories are Early Learning Center, Other, Other – Sports, and Philanthropy.
- The smallest available categories are Parenting Classes, Pre-K and Early Learning, Substance/Alcohol Abuse Treatment and Prevention, and Teen.
- The most overall categorically dense region is zip code 32210 with a total count of 132.
- The least overall categorically dense region is zip code 32212 with a total count of 2. (This is the area of NAS JAX)
- Zone 4 has the largest count among all zones for Childcare.
- Zone 4 has no listed entries in the categories of Services for Special Needs Children & Youth, Services for Parents of Special Needs Children & Youth, Prenatal/Maternal Health, and Homelessness.

Table 22: Resource Availability for Health Zone 4

Health Zone 4							
Category	32205	32210	32212	32221	32222	32244	Grand Total
Afterschool Care	4	8		1		7	20
Basic Needs	2	1					3
Childcare						2	2
College Prep		1		2			3
Early Learning Center	22	37	1	7	4	14	85
Education	1	1		1	1		4
Job Skills Training/Job Searching						1	1
Mental Health	2	6			1	1	10
Mentoring	2	1				1	4
Nutrition		1					1
Other	3	3		1		2	9
Other - Arts and Culture		1					1
Other - Sports		1		1			2
Parenting Classes		1				1	2
Philanthropy	2	2					4
Pre-K and Early Learning	1					1	2
Summer Camp	9	7		2		3	21
Teen	2						2
Tutoring		1				1	2

Health Zone 5 is comprised of zip codes 32218, 32219, 32220, 32226, and 32234. The service breakdown for Health Zone 5 is as follows:

- The largest available categories are Other, Early Learning Center, Other-Sports, and Afterschool Care.
- The smallest available categories are Job Skills Training/Job Searching, Parenting Classes, Teen, and Tutoring.
- The most overall categorically dense region is zip code 32218 with a total count of 125.
- The least overall categorically dense region is zip code 32234 with a total account of 5.
- Zone 5 does not hold the largest count in any category. In nine categories it has entries with a count of five or less.
- Zone 5 has no listed entries in the following categories: Pre-K and Early Learning, Diversion/Juvenile Justice, Childcare, Services for Special Needs Children and Youth, Services for Parents of Special Needs Children and Youth, Substance/Alcohol Abuse Treatment and Prevention, Prenatal/Maternal Health, and Homelessness.

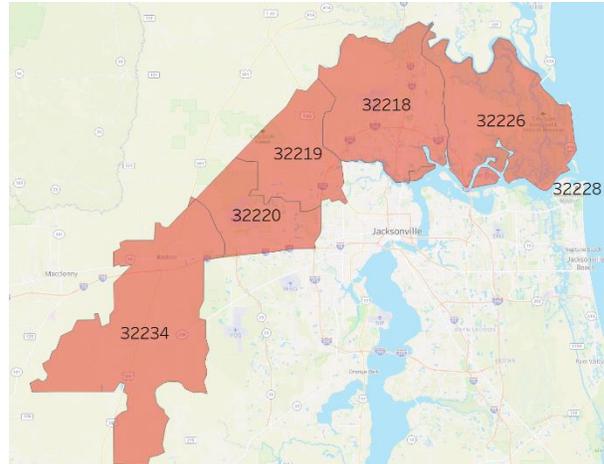


Table 23: Resource Availability for Health Zone 5

Health Zone 5						
Category	32218	32219	32220	32226	32234	Grand Total
Afterschool Care	10	2				12
College Prep				1		1
Early Learning Center	30	5	4	3	2	44
Mental Health	3					3
Mentoring	1					1
Nutrition	1					1
Other	1	2		4		7
Other - Sports	2			7		9
Parenting Classes			1			1
Summer Camp	6	1				7
Teen	1					1

Health Zone 6 is comprised of zip codes 32233, 32250, and 32266. The service breakdown for Health Zone 6 is as follows:

- The largest available categories are Early Learning Center, Summer Camp, Job Skills Training / Job Searching, and Afterschool Care.
- The smallest available categories are Tutoring, Services for Special Needs Children and Youth, Pre-K and Early Learning, Philanthropy, Parenting Classes, and Mentoring.
- The most overall categorically dense region is a tie between 32233 and 32250 with a total count of 19.
- The least overall categorically dense region is 32266 with a total count of 5.
- Zone 6 has no listed entries in the following categories: Teen, Services for Parents of Special Needs Children and Youth, Prenatal/Maternal Health, Other – Sports, Other – Arts and Culture, Other, Nutrition, Legal Aid, Homelessness, Education, Diversion/Juvenile Justice, College Prep, and Childcare.

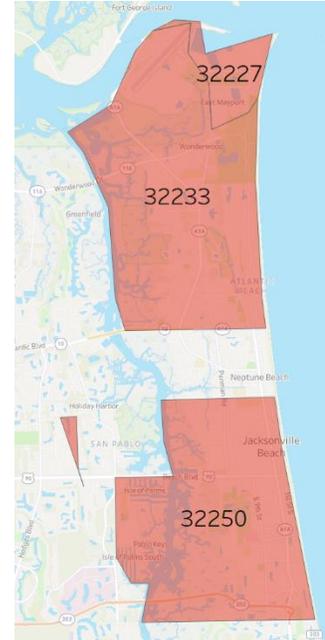


Table 24: Resource Availability for Health Zone 6

Health Zone 6				
Category	32233	32250	32266	Grand Total
Afterschool Care	1	2		3
Basic Needs	1	1		2
Early Learning Center	8	10	4	22
Job Skills Training/Job Searching	2	1		3
Mental Health		1	1	2
Mentoring	1			1
Parenting Classes	1			1
Philanthropy		1		1
Pre-K and Early Learning	1			1
Services for Special Needs Children and Youth	1			1
Substance/Alcohol Abuse Treatment and Prevention		2		2
Summer Camp	2	1		3
Tutoring	1			1

Currently Unfunded or Underfunded Areas of Need

Based on the analysis performed, no category of children and youth services in Duval County appears to be over funded. Even the services that community members identified as easily accessible (VPK, Nutrition, and Afterschool Care) are utilizing all their available funding and often service more children and youth than their funding allocates. However, there are areas of need that were identified by the community and through data analysis that are lacking in funding.



These areas of need include services that Kids Hope Alliance can directly fund, such as mental health and services for children with disabilities as well as areas that will require additional partnership to provide to the community. Some services could be folded into currently offered services or offered as resources within a community resource center.

Community Feedback Requests	Currently Difficult to Access	Additional Needs From Data
Financial Literacy Lessons/Services for Underbanked youth and Families	Mental Health	Specific Mental Health Needs (Suicide Prevention)
Spaces – Safe Outdoor and One Stop Shops for Children and Family Services	Services for Children and Youth with Special Needs	Child Abuse Prevention and Family Unification
Sports and Recreation Fee Sponsorships/Business Partnerships	Legal Aid	Maternal/Fetal Health
Exposure to arts, culture, and other neighborhoods	Substance Abuse Treatment and Prevention	Teen Pregnancy Prevention

General Recommendations

Changes to the Essential Service Category Framework

The essential service category (ESC) framework established at the initiation of Kids Hope Alliance does not follow the needs of the community identified in the Needs Assessment portion of this analysis. The current ESC framework includes five categories: Early Learning, Out of School Time, Pre-teen/Teen, Juvenile Justice, and Special Needs. Both the data analysis and community feedback identified areas of need that do not fit within one or more of these categories, such as financial literacy education, foster child support, and parental education. Further, the creation of the provider list identified a significant number of organizations that provide services to youth in Duval County outside of the current ESC.

Additionally, the structure of the current essential service category framework allows for a variety of programs with non-standardized goals to function within one program category, which leads to difficulty in measuring program efficacy. For instance, a teen program focused on civic service should not be measured in the same manner as a program focused on successful transitions for teens aging out of foster care.

Based on this, the authors of this analysis suggest that Kids Hope Alliance implement an essential service category framework more in line with both the community needs and the Results-based Accountability framework. This includes creating categories of programming based on the expected population results rather than on the service type provided. The suggested categories are identified on pages 49-56 and examples of current and new programs for each category are provided in table 25 below.

Table 25 – Distribution of Services through suggested categories:

Population Result	Currently Funded Kids Hope Alliance Services	Example New Services
Duval Children and Youth are Physically and Mentally Healthy and Safe	Healthy Families (Grant), Breakspot Nutritional Programs, FSS Plus	Safe Outdoor Spaces, Sports Leagues (Facilitate Business Partnerships, Fee Coverage), Therapy Services (Art, Family)
Duval Children and Youth are Supported by their Families and Community	Juvenile Justice Diversion Programs, Juvenile Justice Prevention Programs, Homeless Youth Services	Parental Education, Direct Foster/Kinship Service, Community Provider Training
Duval Children and Youth Have the Tools to Succeed in School	Early Learning Support, Jax Kids Book Club, Afterschool/Summer Camp Programs, Exposure to Art and Culture	Drop-in Centers, IEP Assistance

Duval Youth Graduate High School Prepared for College and/or the Workforce	Teen and Pre-Teen Programming, Mentoring, Mayors Youth at Work Program	Scholarship Services
Duval Families Have Access to the Services they Need	Grief/Burial Funding, Youth Travel Trust Fund	Financial Literacy and Accounts for Youth, Creation of One-Stop Community Centers, Racial Equity, Community Exposure for Programming

I think that's the key – having some free or low-cost opportunities in different categories like sports and arts and having things at the library and clubs...just opportunities for different ways to get kids to socialize outside of a school setting.

- Parent Listening Session Participant



Creating this framework will allow Kids Hope Alliance to create requests for proposals (RFPs) that fund programs with the same measurable outcomes and more targeted goals. This will allow for consistency in reporting and targeted action throughout Duval County.

A detailed breakdown of population results, sub results, and suggested population indicators is provided in the conclusion of the Needs Assessment.

Leverage and Seek New Funding Sources

Based on the results of this analysis, it is evident that the current Kids Hope Alliance funding alone cannot be utilized to serve all of the needs of children, youth, and families in Jacksonville. There are multiple recommended paths to additional funding, detailed below.

Funding for Kids Hope Alliance should be restructured to better mirror the funding that other similarly scaled organizations receive. This would involve funding Kids Hope Alliance through millage. This could be accomplished through either codifying a millage-based funding amount through council or through a change

to the overall funding structure. If KHA were funded this way and received a mill rate equal to the average for other large CSCs, an additional \$14 million would have been added to the FY22 budget.

Additional local funding, through local philanthropy organizations, faith-based organizations, grants, foundations, and business partnerships will be necessary to address the needs identified herein. Kids Hope Alliance currently works as a partner with organizations to ensure funding within the boundaries of the Essential Service Categories.

Kids Hope Alliance could serve as a city-wide hub for children and youth service funding.

- Facilitate business partnerships:
 - KHA can act as a hub for organizations
 - Sports league sponsorships were repeatedly discussed at the Needs Assessment listening sessions
 - Foundations have expressed the need
- Assistance with grants:
 - KHA can identify and make available grant information
 - KHA could aid in writing and reviewing grant proposals
 - By maintaining a bank of data within the research department, KHA could provide assistance with data necessary to further enhance grant proposals
- Referrals
- Philanthropy hub

By working to seek and leverage new funding, Kids Hope Alliance can provide significant additional service to the community.



"We have not adequately educated taxpayers about the options [for funding the KHA]. We have seen that the community is ready to support children. [Philanthropy] cannot fill the gaps.

-Local Philanthropy Organization

Build and Maintain Data Partnerships

To best utilize the RBA framework, Kids Hope Alliance needs a robust framework of data sources. This involves data collection strategies (described below) and partnerships with local data collectors. Kids Hope Alliance currently maintains data relationships with the Florida Department of Juvenile Justice, the Jacksonville Sheriff's

Office, and Duval County Public Schools (DCPS). Keeping these partnerships and increasing engagement where available, such as through the DCPS IRB process, will allow for better monitoring of community measures and performance indicators.

Utilize Performance-based RFPs

Kids Hope Alliance can further integrate the RBA framework into their operations through incorporating RBA measures as requirements in RFPs. Kids Hope Alliance has already begun this process, but through incorporating the new framework, RFPs can be specifically tied to goals that align with community goals and can be measured using standardized metrics.



Maintain the Provider Inventory

Annual utilization of the provider inventory methodology will allow Kids Hope Alliance to create and maintain a list of service providers in the county. With this maintained inventory, KHA will have additional visibility into what services are provided outside of direct KHA funding. Additionally, this list can be used to provide a list of available services both internally, for providers, and for the public. This data availability was requested in multiple listening sessions.

Finalize a Data Collection Strategy for Indicators and Performance Measures

The data collected for the perceived and relative needs comes from multiple sources. Automation around the collection of these metrics would allow KHA to rerun the secondary data analysis as data becomes available. Additionally, standardization of performance measures for similar programs will allow KHA to perform regular analysis of program performance.

Kids Hope Alliance can additionally utilize these indicators and measures to share with providers for the purpose of enhancing grant writing capacity throughout Jacksonville organizations.

Build Hope Centers/Community Resource Centers

Community members and providers expressed a need for spaces that provide multiple services and allow for drop-in services. Through partnerships between KHA, partners, DCPS, and City of Jacksonville Parks and Recreation Department, one or multiple providers can offer multiple services. Some of the community needs that were identified could be solved through incorporation of specific curriculum in programming.

Similar formats have been highlighted in other areas. In Hillsborough County, Family Resource Centers are funded through the Children's Board and provide literacy, afterschool care, legal services, STEM education,

mentoring, and ESOL courses in a single location. Multiple partners serve the community from this single location. Oklahoma Community Hope Centers provide enrichment activities, virtual learning help and tutoring, DHS employees to facilitate getting families access to TANF, SNAP, and workforce programs, and provide snack and meals to children in need.



“Children live in families, and you cannot fix a child and expect everything to stay good unless the family is doing well.”

-Local Philanthropy Organization

Utilizing Additional Funding

This section focuses on how Kids Hope Alliance could utilize additional funding as it's received to ensure that the children and youth of Duval County have a successful transition to adulthood. There are not areas of Kids Hope Alliance's budget that appear to be excessive. Funding is being utilized on an annual basis in each category indicating need. However, given additional funding, there are specific recommendations for additional budget priorities. These recommendations should not be interpreted as replacements for current funding, but rather enhancements. Additional funding could result from change in the manner of funding for KHA, through additional grants (such as 21st Century Schools), or through partnerships.

A Successful Transition to Adulthood

For a child to successfully transition to adulthood, there are a large number of components, each of which provide building blocks for success in future steps.

To give a child the best odds of becoming a successful adult, positive early indicators including a healthy start with early exposure to reading, are needed. Pre-term and lower weight babies have significantly worse social outcomes than their peers, indicating a significant need to provide prenatal and infant health incentives. Additionally, one of the factors that most highly correlates with reading success is the number of books available in a child's home. These factors, in conjunction with entering kindergarten prepared to learn, enable a child to make their initial transition from early childhood into elementary school.

Once a child is in elementary school, reading at grade level is important. Providing children the tools they need to achieve age-appropriate literacy is important for a child’s future progression. Children who cannot read at grade level in the third grade are four times more likely to drop out of school. Evidence-based methods for improving a child’s reading skills include early exposure to reading, as stated earlier, as well as school and out of school time dedicated to reading.

Once a child makes the transition from early school to the pre-teen and teen ages, exposure to workforce development and civic engagement result in better outcomes for youth. Teens engaged in workforce development and civic engagement have better outcomes in the workplace and in their mental health throughout their teenage years and into adulthood.

Additionally, consideration must be given to children and youth who encounter special circumstances. A successful transition to adulthood for a child with special needs may focus more on building independence and basic life skills or the provision of respite care for caregivers. A youth touched by the juvenile justice system may need access to things such as legal aid or diversion to ensure that they have adequate resources to make a successful transition to adulthood. Similarly, preventative and prescriptive mental health services are required to ensure children and youth thrive.

At every stage of development, there are potential negative consequences to not providing the necessary funding and services (and equivalently, positive benefits to providing such services to children and youth).

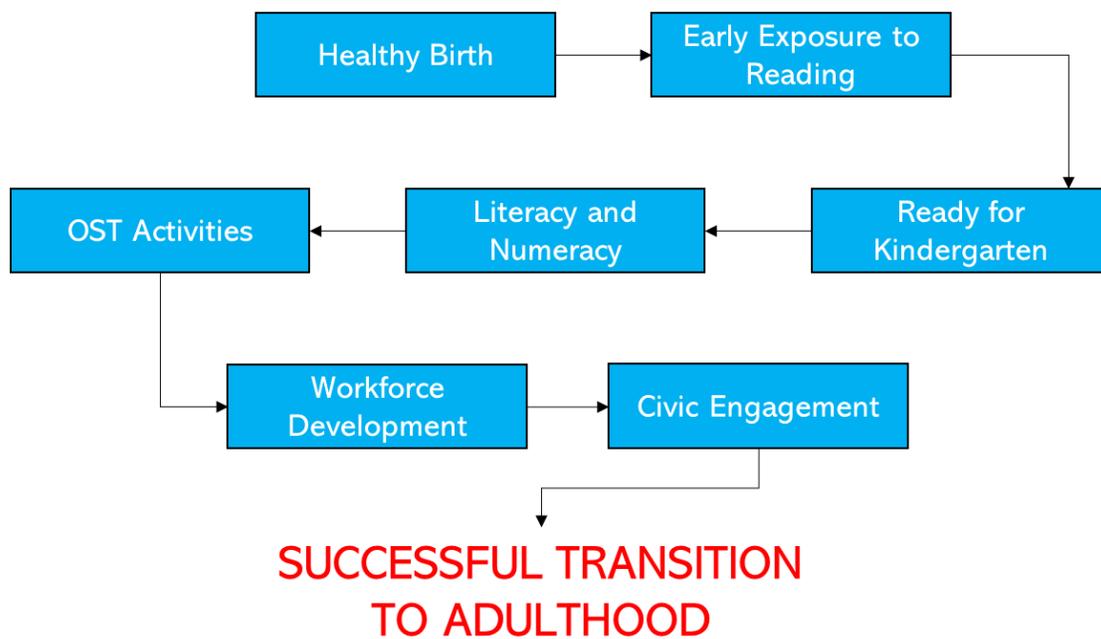


Figure 40: A Selection of Steps Leading to a Successful Transition to Adulthood

A Holistic Approach to Funding

The current funding for Kids Hope Alliance allocates a large percentage of funding to out of school time, including after-school and summer camp activities. These activities are vital and have been shown to significantly improve outcomes for engaged participants. However, this disproportionate funding in out of school time funding means that there are areas of need that do not receive adequate funding.

The budget for Kids Hope Alliance must reflect a holistic approach to funding services for children, youth, and their families. This budget should cover the needs ranging from birth to the transition to adulthood. Services including early intervention, career readiness, mental health, and wrap-around services are vital and should receive additional prioritization.

Recommendations for Priorities with Additional Funding

Given that KHA is able to secure additional funding, we have identified three priority areas that could provide significant impact.

Early Intervention Programming

Funds are utilized in two manners: to increase quality of early learning and ensure access to pre-natal care for pregnant women and post-natal care for young children in the community.

Teen pregnancy prevention programs, and programs such as Healthy Families can aid in reducing the rate of births to mothers with inadequate pre-natal care and improve outcomes for infants and young mothers.

Funds could be utilized to build capacity in early learning centers through evidence-based practices and through enabling access, leading to better social and reading outcomes for children.



Holistic Services at Community Hope Centers

Funds are utilized to cover the support and creation of resource centers throughout the city. These centers will house currently funded KHA programs, mental health resources, and additional community resources in single locations. Kids Hope Alliance can utilize relationships with the city, the faith-based community, and the public schools to identify potential spaces for this purpose. This will allow KHA to support smaller organizations, as identified in the Gap Analysis, while also providing the community with their needs.

There are several communities throughout the nation that have implemented similar centers:

- Community Hope Centers – Oklahoma
 - Oklahoma Department of Human Services created Hope Centers to serve vulnerable children by partnering with existing community partners (including Boys & Girls Clubs, YMCAs, Urban League, etc.). These centers provide support and resources to children and their families by serving for the needs of children aged 5-18, including mental health professionals, DHS

employees to help families connect to resources (TANF, SNAP, etc.), tutoring, snacks, and social/emotional enrichment activities.

- Community Resource Center - Hillsborough County, Florida



- o Five centers throughout the county provide services including head start childcare, computer labs, and services for adults (financial assistance, senior centers, etc.) while also providing space for community partners.

- Community Hope Center – Osceola County, Florida

- o The center serves low income and poverty level families and individuals in Osceola Counties by providing everything from clothing and food to interview and job services and homelessness barriers

- Community Resource Centers – Miami Dade County

- o Twelve community resource centers provide services to residents of all ages, including head start/early head start, financial assistance, domestic violence assistance, and senior citizen care. Select centers also provide food, family development, and employment aid.

- Shell Sweet Community Resource Center – Duval County, Florida

- o The Schell Sweet Center provides wrap-around services for seniors in the community including food assistance, job finding assistance, healthcare, computer training, and physical exercise classes.

Mental Health Resources

Funds are utilized to provide increased access to mental health through schools and in community locations. Partnerships, such as full-service schools, provide vital services to children in the county. Supporting community partners in accessing trauma-informed training can also create a significant impact for children affected by trauma. Additional funds can be used to build capacity for practices that support mental health, such as civic engagement, safe outdoor time, and recreation.

Appendix A: Coding Guide and Frequency of Codes

Name	Description	Files	References
Psychological Wellbeing	<i>Parent Node.</i> Psychological wellbeing refers to dimensions of mental health, emotions, self-esteem, etc.	14	195
Cognitive Wellbeing	<i>Parent Node.</i> Cognitive wellbeing includes dimensions of academic achievement, creativity, critical thinking skills, concentration, etc.	14	181
Social Wellbeing	<i>Parent Node.</i> Social wellbeing refers to children's relationships with family and peers, availability of support, interpersonal behavior and skills, communication, and other ways that children interact with others.	14	172
Economic Wellbeing	<i>Parent Node.</i> Economic wellbeing centers around the resources a child's family has, and experiences of economic hardship.	14	139
Physical Wellbeing	<i>Parent Node.</i> Physical wellbeing refers to all of the dimensions of the physical health of children and youth.	14	124
Positive, Caring Adults	Statements referring to the need for children and youth to have relationships with non-caregiver adults, including mentors, role models, extended family, and a "village" of adults they can trust.	13	68
Mental Health Support	Statements regarding the need for and access to mental health care, such as counseling, therapy, and psychiatric care.	13	67
Supportive, Present Caregivers	Statements referring to the importance of loving, supportive, and present caregivers in the role of a child's life.	13	49
Emotional Learning and Development	Statements referring to the need to educate children about emotions and how to handle them. Includes references to appropriate communication and relationship building with family and others.	13	44
Healthy Movement and Outdoor Activities	Statements referring to the need for and availability of opportunities for movement and activities needed to sustain physical health, such as sports, parks and outdoor spaces, and other types of recreation.	13	33
Access to Afterschool and Other Programs	Statements referring to access to afterschool and other community programming for children and youth.	13	32
Family Supports & Multigenerational Solutions	Statements referencing the need for supports for parents, grandparents, caregivers, and families as a route to improving conditions for children.	12	57
Post-Graduation Planning	Statements that reference post-graduation plans such as college, career education, and other skills or resources related to planning for life after graduation.	12	41
Financial Resources Available to Kids and Families	Statements about the costs of providing for children's needs. Includes remarks about poverty and the expenses of providing for children and youth, as well as in-home resources such as internet access.	12	37
Communication, Collaboration & Connection of Services	Statements regarding the need for the existing service providers and the Kids Hope Alliance to better collaborate with and communicate with one another and with parents/caregivers, and to ensure vulnerable families understand what is available to them.	12	31
Nutrition	Statements referring to the consumption and availability of nutritious food.	12	27
Exposure Outside Neighborhood	Statements referring to children and youth experiencing life outside home and school, showing them a wide variety of possibilities that exist, and providing opportunities to build social skills and interact with new people and places.	12	22
Financial Literacy & Life Skills	Statements around the opportunity that families and children/youth have to learn personal finance skills, and other life skills required to run a household as an independent adult.	11	46
Individualized and Engaging Education Practices	Statements referencing the need for individualization in education, strategies to make school and other learning programs engaging, relevant and personalized to children and youth, and activities that accommodate different learning styles.	11	36
Safety & Freedom from Violence	Statements regarding the need for children and youth to have safe places to be and to play, and the overall need to be free from violence or bodily harm or threats of the same. Content warning: Includes references to experiences of violence and abuse.	11	36
Building Soft Skills and Motivation	Statements referencing the cultivation and development of a child's "soft skills" and internal drive, such as motivation to succeed, gratitude, and other skills and characteristics that contribute to success in adulthood. Includes references to how adults interact with youth in a way that contributes to the development of those skills.	11	33
Opportunities for Play and Social Development	Statements referring to the need that children and youth have for play (both structured and unstructured) and other purely social time, and the role those activities play in social-emotional development.	11	32

Equity of Resource Availability	Statements referring to the availability and access — or lack thereof — to programs and resources across different neighborhoods and demographics.	11	28
Activities Outside Sports	Statements regarding activities and resources in the community outside of school and sports, such as arts, libraries, museums, debate leagues, clubs, etc.	11	22
Community Involvement and Pride	Statements relating to the need for strong community bonds, community investment in youth, and pride in neighborhoods.	11	20
Clean and Safe Housing	Statements regarding the need for children and youth to have a stable, safe, and clean place to live.	11	15
Caregivers and Providers Who Are Well Equipped	This refers to the access to information that parents and service providers need to give the best care to children, such as: training for providers and teachers on practices like trauma informed care, or educating parents on evidence-based parenting methods.	10	31
Structure at Home	Statements generally referring to the extent to which a child's home life has structure, routine, and positive priorities.	10	22
Early Intervention	Statements referring to the need for children who experience challenges that interfere with learning or academic achievement — regardless of the reason — to be addressed early, before school failure and its negative sequelae.	10	21
Health Care	Statements regarding access to health care services for children and youth.	10	17
Use of Social Media and Technology	Statements regarding the use of widely available technology (such as phones, computers and tablets) and social media and their impact on children.	9	28
Quality K-12 Education	General and specific statements related to the need for high-quality K-12 schools for all children.	9	24
Healthy Relationships with Peers	Statements referring to the need for children and youth to develop healthy, positive relationships with peers and make friends.	9	22
Quality Affordable Early Learning Opportunities	Statements regarding the need for childcare for children birth to 5 that is safe, high-quality, nurturing, and affordable/accessible.	9	20
Access to Quality Employment	Statements regarding the need for parents, caregivers, and youth to have access to good quality employment opportunities. Includes references to living wage, job training programs and working conditions.	9	14
Homework Help	Articulated needs for children and youth to have opportunities for assistance with homework where parents may be unable or unwilling to help. Includes references to tutoring.	8	13
Stigma Around and Awareness of Mental Health	Statements referring to the need to eliminate the stigma around talking about mental health or seeking mental health care, as well as to increase awareness of the importance of talking about and caring for the mental health of children and youth. Content warning: Includes references to personal experiences with mental health including suicide.	8	13
Clean Clothing and Hygiene	Statements regarding access to clean clothing and basic hygiene.	8	10
Transportation	References to the need for transportation for families to be able to access all that the community has to offer.	6	8
Drop-In Community Centers	Statements that concern the need for drop-in community centers where children can have access to safe spaces for sports, activities, homework assistance, etc.	5	10
Meeting the Needs of Children with Disabilities	Statements referring to the specific needs of children with disabilities, and ease of access to services and opportunities for them.	5	10
Supportive Employers	Statements referring to the characteristics of employers and workplaces that are beneficial for parents and caregivers. Includes references to flexibility and parental leave.	5	9
Guidance Counselors	Statements referring to the need for more or more active guidance counselors and social workers in schools and elsewhere in the community.	5	7
Leadership Opportunities for Youth	Statements referring to the need for opportunities for children and youth to have leadership roles, give back to others, and have a role in decision making.	5	6
Prenatal Care and Education	Statements referring to the need for prenatal care and education for expecting families and pregnant people.	3	7
Pay for Provider Employees	Statements regarding low pay rates for employees who work with children and youth (such as provider employees and teachers).	3	4
Sleep	Statements regarding the need for adequate sleep.	3	4

Appendix B: Secondary Data Analysis

NOTE: Dots didn't transfer...working on adding them.

Category	Metrics	Duval County	State Of Florida		Data Source	Data Year
Maternal and Natal Health	Births by Mothers Age 0-20 (Per 1,000)	8.0	6.0		Florida Health Charts	2020
	Births to Mothers 10-14 (Per 1,000)	0.3	0.2		Florida Health Charts	2020
	Births to Mothers 15-17 (Per 1,000)	9.0	6.1		Florida Health Charts	2020
	Percent of Births to Mothers without 2nd Trimester Prenatal Care	11.0	7.3		Florida Health Charts	2020
	Pre-term Births (Per 1,000)	11.6	10.5		Florida Health Charts	2020
	Percent of WIC Eligible Persons NOT Served by WIC	46.1	34.3		Florida Health Charts	2020
	Fetal Deaths (Per 1,000 Live Births and Fetal Deaths)	8.0	6.8		Florida Health Charts	2020
	Percent of Births to Unwed Mothers	49.6	47.2		Florida Health Charts	2020
	Percent of Births to Mothers with No Prenatal Care	4.1	2.4		Florida Health Charts	2020
	Low Birth Weight Births	10.1	8.7		Florida Health Charts	2020
Births To Mothers Who Smoked	4.2	3.7		Florida Health Charts	2020	
Healthcare	Percent of Children Under 6 without Health Insurance	4.7	5.3		Census Bureau	2019
	Percent 6-18 without Health Insurance	7.4	8.6		Census Bureau	2019
	Percent of High School Students with 0 Days of Exercise in the Last 7 days	26.9	21.8		YRBS	2019
	Percent of High School Students Classified as Obese	15.4	14.0		YRBS	2019
	Percent of High School Students with No Prior STD/HIV Testing	16.2	13.7		YRBS	2019
	Preventable Hospitalizations Under 65 from Nutritional Deficiencies (Per 100K)	134.8	80.2		Florida Health Charts	2020

Accidents	Unintentional Drownings (Per 100K)	1.7	2.2		Florida Health Charts	2020
	Deaths from Motor Vehicle Crashes, Age 0-18 (Per 100K)	3.8	5.1		Florida Health Charts	2020
Self-Harm and Suicide	Suicide Deaths Age 0-18	4.7	2.6		Florida Health Charts	2020
	Percent of High School Students Who Have Felt Sad or Hopeless Almost Every Day for 2 or More Weeks	39.6	33.7		Florida Health Charts	2020
	Non-fatal Hospitalizations for Eating Disorders Ages 12-18 (Per 100K)	49.0	46.7		Florida Health Charts	2020
	Non-fatal Hospitalizations for Self-Harm Injuries Ages 12-18 (Per 100K)	83.3	70.8		Florida Health Charts	2020
Drug Use	Drug Poisoning Deaths	52.5	33.0		Florida Health Charts	2020
	Percent of High School Students Who Currently Use Marijuana	24.2	19.6		YRBS	2019
	Percent of High School Students Who Have Ever Used Cocaine	9.1	4.1		YRBS	2019
	Percent of High School Students Who Have Ever Used Ecstasy	8.8	4.2		YRBS	2019
	Percent of High School Students Who Have Ever Used Heroin	7.4	3.3		YRBS	2019
	Percent of High School Students Who Have Ever Used Methamphetamine	7.4	4.2		YRBS	2019
Juvenile Justice	Arrests Per 1,000 Youth	13.5	16.0		FLDIJ Interactive Data	FY2021
	Percent of Eligible Youth Not Issued a Civil Citation	21.0	38.0		FLDIJ Interactive Data	FY2021
Early Childhood Education	Percent of 3 and 4 Year Olds Not Enrolled in School	55.3	46.9		Census Bureau	2019
	Percent of VPK students Not Ready for Kindergarten	33.6	32.8		ELC	2018-19
	Percent of Kindergarteners Retained	1.8	2.3		FLDOE	2020-21
Public Education	Graduation Rate	90.2	90.1		FLDOE	2020-21
	Percent of Days Absent	9.0	7.5		FLDOE	2020-21
	Percent of Students Receiving Free or Reduced Lunch	67.0	62.1		FLDOE	2021-22
	English Language Learners	6.1	10.1		FLDOE	2020-21

	Percent Retained 6th Grade	1.4	0.8		FLDOE	2020-21
	Percent Retained 3rd Grade	1.4	1.7		FLDOE	2020-21
	Percent of High School Students Who Have Been Bullied on School Property	17.5	14.9		YRBS	2019
	Percent of High School Students Who Have Been Bullied Online	14.3	11.8		YRBS	2019
	Stability Rate (Percent)	96.6	96.7		FLDOE	2020-21
Safety	Percent of Students Who Missed One or More Days of School Due to Feeling Unsafe in School or on the Way Home from School	21.8	14.6		YRBS	2019
	Percent of Students Who Have Carried a Weapon in the Last 30 Days	15.6	12.7		YRBS	2019
	Deaths From Firearms Discharge (Rate Per 100K)	25.0	14.0		YRBS	2019
Teen Idleness	Percent of Youth 16 to 19 Years Old Idle	6.0	5.4		Census Bureau	2019
	Percent of Youth 16 to 19 Years Old in the Labor Force	36.2	33.4		Census Bureau	2019
	Percent of 18-24 Year Olds Not Enrolled in Higher Education	66.6	57.8		Census Bureau	2019
	Percent of Females 15 to 19 Years Old Ever Married	2.4	1.3		Census Bureau	2019
Home Life	Percent of Homes without Internet Access	11.5	13.0		Census Bureau	2019
	Percent of Homes with No Internet Access Beyond a Cellular Data Plan	17.4	11.1		Census Bureau	2019
	Percent of Homes with No Computer or Smart Phone	6.3	5.5		Census Bureau	2019
	Rate of Children Aged 5-11 Experiencing Child Abuse and Neglect (Per 100K)	819.3	583.9		Florida Health Charts	2020
	Rate of Children Aged 5-11 Experiencing Sexual Abuse (Per 100K)	53.1	42.5		Florida Health Charts	2020
	Percent of Families in the Different House than Prior Year	18.3	15.0		Census Bureau	2019
	Percent of Children and Youth in Single Parent Households	0.4	0.4		Census Bureau	2019

Appendix C: Listening Session Facilitator Guide

Visioning for Children

Listening Session Facilitator Guide

Part 1: Introduction and Level Set

15 minutes

Introduce the moderators

Purpose of the day

Today's session is designed to kick off a project with the Kids Hope Alliance to better understand and allocate of resources, funding, and services provided to children, youth and their families here in Jacksonville.

Goals of the project are to:

Identify the needs of children, youth, and their families in Duval County

Document and categorize the resources available to children, youth, and the agencies that serve them

Identify the gaps between those needs and services, as well as gaps in available funding

Form recommendations for filling those gaps

This listening session is one of 12 that will take place over the next month. These sessions are design to kick the project off by helping to frame a clearer understanding of what our city must to become a community that supports every child to reach their full potential and begin to identify the critical needs of children and youth that must be addressed for that future to be realized.

A diverse array of people and stakeholder groups will participate in the listening sessions and even more in a subsequent survey. We will also ask for your input around the overall project strategy.

Your time is valuable! Make sure that we have your email address or cell number so that we can get you a \$20 gift card to thank you. Treat yourself!

Today's conversation will be recorded and automatically transcribed by Zoom. After introductions, we'll turn on the recording. I want to assure you that what you say today will not be attributed to you in any way, and no information that identifies you or your organization will be shared. The transcripts of all of the listening sessions will be analyzed using a technique known as topic modeling to gain a greater understanding of the themes that unite everyone across stakeholder groups. And your feedback will also be used to design the survey and collection strategy for that and other sources of information.

Conversation norms for this session

No right or wrong answers, only differing points of view

One person speaking at a time

First name basis

You don't need to agree with others, but you must listen respectfully as others share their views

Accept and expect non-closure

My role as moderator will be to guide the discussion

Talk to each other!

What else should we add?

Introductions

Ask each person to share their name, organization, and role within their organization

Following introductions, start the recording

Part 2: Ideal Future State

50 minutes

The first part of our conversation will focus on what it looks like for our community to best support every child reaching their full potential — what is our ideal future state? The next part of our conversation will focus on barriers.

Ok, let's get started. Our overarching question today is:

Imagine a child turning 18 and graduating from high school, ready for success, and taking a wide view of what success can look like. What support did that child have over those previous 18 years that allowed them to reach their full academic, career, and civic potential?

Allow time for everyone to think if needed. Ensure everyone has spoken.

Great. Let's talk about what we know about child wellbeing. Experts have developed five commonly used areas of wellbeing that we're going to talk about one by one: physical, psychological, cognitive, social, and economic.

First let's talk about physical wellbeing. What must a child have in place for optimal physical wellbeing? What must be in place in the community to allow for that?

Probing questions:

What does that look like at

Birth to 5 years old?

5 to 12 years old?

For teenagers?

Next, let's talk about psychological wellbeing, and by that we mean dimensions of mental health, emotions, self-esteem, and so on. What must a child have in place for optimal psychological wellbeing? What must be in place in the community to allow for that?

Probing questions:

What does that look like at

Birth to 5 years old?

5 to 12 years old?

For teenagers?

Now let's talk about cognitive wellbeing — which means academic achievement, creativity, critical thinking skills, concentration, and the like. What must a child have in place for optimal cognitive wellbeing? What must be in place in the community to allow for that?

Probing questions:

What does that look like at

Birth to 5 years old?

5 to 12 years old?

For teenagers?

Next, let's talk about social wellbeing, and by that we mean children's relationships with family and peers, availability of support, interpersonal behavior and skills, communication, and other ways that children interact with others. What must a child have in place for optimal social wellbeing? What must be in place in the community to allow for that?

Probing questions:

What does that look like at
Birth to 5 years old?
5 to 12 years old?
For teenagers?

Finally, let's talk about economic wellbeing. This is kind of a weird term, but it centers around the resources a child's family has, and experiences of economic hardship. What must a child have in place for optimal economic wellbeing? What must be in place in the community to allow for that?

Probing questions:
What does that look like at
Birth to 5 years old?
5 to 12 years old?
For teenagers?

Part 3: Barriers and Resource Gaps 20 minutes

Wonderful and important ideas, thank you! (If needed: Let's take a five-minute break and come back together for the next part of the conversation.)

So, we've talked about the five domains of child wellbeing, and what the ideal looks like to you all. (Review a few highlights of the conversation.) Now let's talk about what our community currently looks like, and what we would want to change to reach those future goals.

Let's dive in with a question that is specific to your expertise as [parents, providers, youth, volunteers]. If you could wave a magic wand, what would you change first, either for your own child or for the children in our community?

Thinking about the gaps between what we want for our children and our community, and what we have currently, what are most important gaps our city needs to tackle?

Part 4: Final thoughts and wrap-up 5 minutes

Thank you for this! To close our session today, I want to share a little bit about the next steps for these listening sessions. They will take place by stakeholder group (such as parents/caregivers, youth, advocates, etc.) and by geography. Following these listening sessions, a survey will be issued to all community members who wish to participate. We will make sure to share it with you!

Does anyone have any feedback or advice about these next steps?

I want to thank all of you for such a valuable and insightful conversation. What you shared today will play an important part in the work to support children in our community

If you haven't yet, please make sure that Dr. Terry has your email or mobile number so we can get you a gift card as a small token of our thanks.

If you have any questions at all or want to add something that we didn't have a chance to cover today, please reach out to me via phone or email, and we'll make sure it's included!

Appendix D: Marketing Materials for Community Feedback



What do children need to succeed?

Share your ideas
Parents, caregivers,
youth 13+ – make your
voice heard!

Participate today at
jaxyouthsurvey.com



Your voice is needed!

Take the Kids Hope Alliance survey to weigh in on the future of services for children, youth and families in Jacksonville.

 **SCAN ME**



What do children need to succeed?

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jaxyouthsurvey.com**

Share your ideas

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voice heard!



Your voice is needed!

Take the Kids Hope Alliance survey to weigh in on the future of services for children, youth and families in Jacksonville.

Toolkit for Partners: Kids Hope Alliance Survey

Kids Hope Alliance (KHA) is seeking to better understand the needs of children, youth, and their families in Duval County, as well as the potential gaps that exist between these needs and what is currently being provided. In partnership with the Nonprofit Center of Northeast Florida and NLP Logix, KHA is conducting a survey and listening sessions to gather input about the needs of children in our community.

How to participate:

Step 1: Take the Provider Survey. A part of this work is to learn more about the organizations that serve children, youth, and their families in Duval County regardless of whether you are a KHA provider or not. This 10-minute questionnaire will provide a chance both for you to provide information about your organization's work with children and families, as well as anonymously share your perspectives and feedback. Take the survey at jaxyouthsurvey.com.

Step 2: Encourage Parents, Caregivers, and Youth to Participate. Empower those you serve to have a voice in this process! The information below with your constituents.

All survey participants will be kept in the loop about results of the project. If you have comments, questions, or ideas, please reach out to Deirdre Conner at dconner@nonprofitctr.org.

For Email or Social Media:

What do children need to succeed? Share your ideas!

Attention youth (13+), parents, caregivers, service providers and volunteers: Your voice is needed! The Kids Hope Alliance, in partnership with the Nonprofit Center of Northeast Florida and NLP Logix, are conducting a survey and listening sessions to gather community input about the needs of children in our community. Visit jaxyouthsurvey.com to learn more and participate.

Attention teenagers! Your ideas can shape the future of our city!

Are you 13-19? The Kids Hope Alliance wants to hear from you. How can we create a community that supports you in succeeding in the future? Share your ideas and learn more at jaxyouthsurvey.com.

Download Links for Visuals:

[Social Media Graphic 1](#) (PNG) and [Social Media Graphic 2](#) (PNG)

[Video](#) (mp4)

[Flyer](#) (PDF) – Half letter size

Download all (ZIP file)

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- Survey Participants
- All Who Took to Social Media to Share