COMMUNITY HUMAN SERVICE PARTNERSHIP
Needs Assessment

Leon County, Florida
November 2019
(Re-Submitted)

Submitted to:
City of Tallahassee & Leon County, Florida
September 13, 2019

Submitted by:
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I.   LIST OF ABBREVIATIONS USED IN THIS REPORT

ACE	Adverse Childhood Experiences
ACS	American Community Survey
ALICE	Asset Limited, Income Constrained, Employed
ACS	American Community Survey
ACS	U.S. Census, American Community Survey
CC	Capital Circle
CFIR	Child Food Insecurity Rate
CHE	The Center for Health Equity
CHSP	Community Human Service Partnership
CoC	Continuum of Care
CPS	U.S. Census, Community Population Survey Official National Poverty Rate
CRT	Citizens Review Team
EDR	Economic and Demographic Research
ELA	English Language Arts
ES	Elementary School
FIR	Food Insecurity Rate
FLDOE	Florida Department of Education
FLKRS	Florida Kindergarten Readiness Screener
FPL	Federal Poverty Level
FSA	Florida Standards Assessment
HH	Household
FY	Fiscal year
HUD	United States Housing and Urban Development
LCS	Leon County Schools
MOA	Memorandum of Agreement
MOU	Memorandum of Understanding
PIT	Point in Time
PZ	Promise Zone
SAIPE	U.S. Census, Small Area Income Poverty Estimates
SESIR	School Environmental Safety Incident Report
STD	Sexually Transmitted Diseases
YPLL	Years of Potential Life Lost per 100,000

II.   LIST OF TABLES AND FIGURES

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III.   EXECUTIVE SUMMARY

Leon County and the City of Tallahassee have jointly partnered with the Center for Health Equity (CHE) to conduct a community human services needs assessment. The primary purpose of the assessment is to evaluate the Community Human Service Partnership (CHSP) program. Since 1997, CHSP has served as a joint initiative of the County and City for the planning and funding of human services in the community. Human service agencies and their programs are funded in 10 CHSP categories, which have been in place for over 20 years. The results of the needs assessment will include recommendations to the existing CHSP funding categories and their respective allocations. In addition, the study will recommend potential uniform outcome measures to evaluate the effectiveness of programs funded through CHSP and establish a process to continually realign funding to meet changing community needs and desired community outcomes.

To ensure the development of the most comprehensive picture of needs, data was gathered through multiple methods and from a variety of data sources. In the CHSP Community Needs Assessment, the six data collection methods used were focus groups, interviews, community surveys, secondary data sets from valid sources, inventory of existing services, and services gaps questionnaire. When results from multiple methods and data sources are in accord, trends and themes identified are reinforced.

Key Findings
- Poverty, affordable housing, mental health, and homelessness emerge as the highest need areas
- The census tracts with the highest poverty are 4, 6, 10.01, 10.02, 11.01, 11.02, 12, 14.01, 14.02, 19.01, 19.02, 20.03, 20.04, 20.05, 20.06, 21.03, 21.04
- College student population highly impacts the poverty rate calculated for 32304 zip code
- The need to educate the community about available resources, collaborate and coordinate services more consistently, and make services more accessible to the community emerged as clear service system issues

Recommended Funding Categories and Respective Allocations
- Emergency Services and Basic Needs (15%)
- Mental Health and Substance Abuse (10.5%)
- Job Prep, Placement and Adult Education (5.5%)
- Education and/or Enrichment Services for 3-5-year-old/Pre-K (7%)
- Education and/or Enrichment Services for K through 12th grade (8%)
- Physical Health (8%)
- Transitional Housing and Supportive Services and/or Permanent Housing (14%)
- Care Populations- Persons with disabilities and/or seniors/older adults (10%)
- Family and/or Community Support (7%)
- Promise Zone/High Poverty (15%)

The recommended outcome measures and supplemental recommendations are found in the Pulling It All Together Section of the Report.

IV.   COMMUNITY HUMAN SERVICE PARTNERSHIP (CHSP)

Leon County and the City of Tallahassee have jointly partnered with the Center for Health Equity (CHE) to conduct a community human services needs assessment. The primary purpose of the assessment is to evaluate the Community Human Service Partnership (CHSP) program. Since 1997, CHSP has served as a joint initiative of the County and City for the planning and funding of human services in the community. Human service agencies and their programs are funded in 10 CHSP categories, which have been in place for over 20 years. The results of the needs assessment will include recommendations to the existing CHSP funding categories and their respective allocations. In addition, the study will recommend potential uniform outcome measures to evaluate the effectiveness of programs funded through CHSP and establish a process to continually realign funding to meet changing community needs and desired community outcomes.

Community Human Service Partnership (CHSP) Program

The CHSP Program Description Manual says: In 1997, the City of Tallahassee Commission and the Leon County Board of County Commissioners collaborated to form the Community Human Service Partnership (CHSP), which was granted a best practice award by the U.S. Department of Housing and Urban Development. The overall purpose of the partnership is to provide a more efficient and effective method for allocating human services grant funds. Prior to CHSP, the City and County conducted separate grant review processes, resulting in agencies having to apply to two different processes. Furthermore, recognizing the need to make improvements in the overall approach to funding human services, CHSP was formed to address various systems' challenges that resulted due to the lack of coordination among the local funding entities. This initiative, which requires greater coordination and cooperation between funding partners and agencies, affords easy recognition of duplication and gaps in service delivery and provides the ability to target funds accordingly.

Each year, the City and County commissions dedicate funds to support the CHSP process. The City of Tallahassee provides this support by allocating general revenue funds, Change for Change contributions, and a portion of the Community Development Block Grant (CDBG); while Leon County allocates general revenue funds. The City and County, like many other local governments, provide funding to area nonprofits as a matter of public policy which considers the overall benefit to the community, the costs of not having these services available in our community, and the cost of providing them as a government function if not provided by the nonprofit sector.

The City and County work collectively through a governing body made up of representatives from each partner's organization. This partnership utilizes a joint staff and community volunteers to implement the grant distribution process, resulting in funding recommendations that translate into a more comprehensive service delivery system.

Agencies providing direct human services to City of Tallahassee and Leon County residents may apply for funding to support a specific program. Funding is allocated through a grant review process that utilizes a team of citizen volunteers to review, rank, and award funding to applicant agencies; the team is referred to as the Citizens Review Team (CRT). Volunteers are solicited through partnerships with neighborhood associations, local universities, area businesses, churches, civic groups, and professional associations, to name a few. Extensive efforts are made to ensure that each Citizens Review Team is representative of the community's demographics. Individuals who participate as volunteer grant reviewers must attend training facilitated by the joint staff of the respective CHSP partners. The role of staff is that of advisors to the CRT; staff provides overall administrative support. The CRT makes all decisions regarding funding levels

utilizing a zero-based award methodology that requires the CRT to come to consensus on all decisions. (2020/2021 CHSP Program Description Manual, pages 3).

Funding began in fiscal year (FY) 2012-2013 and has remained fairly steady except for an increase in FY 2016-2017, and a significant decrease in FY 2018-2019. The decrease experienced in FY 2018-2019, coincided with the United Way removing itself as a CHSP funding partner in that same year. United Way also shifted its mission; in doing so, it decided not to include health care in its five funded focus areas. The loss of a funding source for the CHSP allocation and a loss of funding, particularly to health-care related agencies, may put a strain on CHSP's ability to meet human service needs. (See Table 1.)

There were some changes to funding categories over the years. Initially, FY 2012-2013 through FY 2017-2018 funding was provided through a partnership between the City, the County, and the United Way. During FY 2012-2013 to 2014-2015 emergency and basic needs were separate categories; in FY 2015-2016 these categories were combined. For FY 2015-2016, a mini-grant category was added; it was funded by the City and the County.

In FY 2015-16, the Promise Zone (PZ) category was introduced to address the human service needs in the newly identified PZ area in the County. The PZ area developed under the PZ initiative, which
> pairs federal government partners with local leaders to streamline resources across agencies and deliver comprehensive support. PZ designation allows local leaders in high-poverty communities to create jobs, increase economic activity, improve educational outcomes, increase access to affordable housing, reduce serious and violent crime, and other locally-defined priorities. (The White House, June 6, 2016).

After a CHSP project is funded, the recipient is required to submit fiscal and program reports quarterly and submit an annual report. CHSP uses the fiscal and program reports to review program progress and to approve project expenditures and reimbursements. On program reports, CHSP project recipients submit demographic data on persons served, total number of people served, program accomplishments, program obstacles/challenges, major accomplishments and sustainable partnerships. A response to CRT findings is also submitted if it is applicable. At the City/County level, CHSP has limited capacity to check on data veracity, which hampers CHSP's ability to determine if individual CHSP funded programs and the CHSP program overall is effective in meeting outcomes.

In addition to analyzing trends with total allocation and funding by category in FY 2012-2013 through 2019-2020, the various types of programs funded within categories during the same timeframe was reviewed. These programs represent existing and available services and resources that work to address human service needs. The number of programs funded changes only slightly from fiscal year to fiscal year, except for a jump in FY 2015-16, followed by a drop in FY 2016-17, then a jump back up in FY 2017-2018.

Table 1.   CHSP Funding Categories by Fiscal Year

Funding Category	FY 2012-2013			FY 2013-2014			FY 2014-2015			FY 2015-2016		
	Total Allocation: **$4,777,131** Total Programs Funded: **75** % of total allocation contributed by UW: **59%**			Total Allocation: **$4,421,174** Total Programs Funded: **73** % of total allocation contributed by UW: **56%**			Total Allocation: **$4,272,495** Total Programs Funded: **67** % of total allocation contributed by UW: **54%**			Total Allocation (*does not include PZ or mini-grant*): **$4,184,854** Total Programs Funded: **89** % of total allocation contributed by UW: **53%** Additional Mini-Grant Allocation: **$226,973** Additional PZ Allocation: **$480,651**		
	# Programs Funded	Total Category Allocation	% of Total Allocation	# Programs Funded	Total Category Allocation	% of Total Allocation	# Programs Funded	Total Category Allocation	% of Total Allocation	# Programs Funded	Total Category Allocation	% of Total Allocation
Children's Services	9	695,552	15%	6	618,964	14%	4	649,888	15%	6	646,881	15%
Community Support	9	337,772	7%	9	353,693	8%	10	441,869	10%	9	426,700	10%
Services to Disabled	8	294,893	6%									
Persons with Disabilities				8	265,270	6%	8	278,523	7%	8	277,234	7%
Emergency Services	5	543,737	11%									
Basic Needs	4	250,400	5%	9	795,811	18%	8	611,573	14%			
Emergency Services & Basic Needs										8	578,882	14%
Family Support	5	395,280	8%	6	353,693	8%	7	397,613	9%	9	395,773	9%
Physical Health	6	593,701	12%	6	486,329	11%	6	489,739	12%	5	487,473	12%
Senior Services	5	464,121	10%	5	442,117	10%	5	464,206	11%	5	462,058	11%
Substance Abuse	3	229,000	5%	2	199,450	5%						
Youth Recreation & Character Building	10	608,241	13%	13	574,752	13%	11	642,000	15%	12	631,886	15%
Youth Education	11	364,434	8%	9	309,482	7%	8	297,084	7%	8	277,968	7%
Mini-Grant										9	226,973	100%
Promise Zone										10	480,651	100%

NOTE: Fiscal Year 2012-2013 through 2017-2018 were funding through partnership between City, County, and United Way. 2015-2016 Mini-Grant Category funded by City and County only. 2015-2016 Promise Zone category funded by City and County only.

Table 1.   CHSP Funding Categories by Fiscal Year (continued)

Funding Category	FY 2016-2017			FY 2017-2018			FY 2018-2019			FY 2019-2020		
	Total Allocation (*does not include PZ*): **$5,223,232** Total Programs Funded: **69** % of total allocation contributed by UW: **41%** Additional PZ Allocation: **$300,044**			Total Allocation including PZ: **$5,204,938** Total Programs Funded: **81** % of total allocation contributed by UW: **13%**			Total Allocation including PZ: **$3,449,303** Total Programs Funded: **87** % of total allocation contributed by UW: **0%**			Total Allocation including PZ: **$3,449,303** Total Programs Funded: **87** % of total allocation contributed by UW: **0%**		
	# Programs Funded	Total Category Allocation	% of Total Allocation	# Programs Funded	Total Category Allocation	% of Total Allocation	# Programs Funded	Total Category Allocation	% of Total Allocation	# Programs Funded	Total Category Allocation	% of Total Allocation
Children's Services	6	768,819	15%	7	710,291	14%	10	408,775	12%	10	408,775	12%
Community Support	9	480,512	9%	10	443,932	8%	7	273,116	8%	7	273,116	8%
Services to Disabled												
Persons with Disabilities	8	336,358	6%	9	310,752	6%	8	175,120	5%	8	175,120	5%
Emergency Services												
Basic Needs												
Emergency Services & Basic Needs	9	1,115,979	21%	9	996,069	19%	11	661,433	19%	11	661,433	19%
Family Support	9	576,614	11%	9	532,719	10%	10	318,487	9%	10	318,487	9%
Physical Health	5	503,415	10%	6	488,325	9%	6	317,926	9%	6	317,926	9%
Senior Services	5	528,563	10%	5	488,325	9%	9	275,189	8%	9	275,189	8%
Substance Abuse												
Youth Recreation & Character Building	11	624,665	12%	10	577,112	11%	7	325,223	10%	7	325,223	10%
Youth Education	7	288,307	6%	8	266,359	5%	9	251,383	7%	9	251,383	7%
Mini-Grant												
Promise Zone (PZ)	9	300,044	100%	8	391,054	8%	10	442,651	13%	10	442,651	13%

NOTE: 2016-2017 through 2019-2020 Promise Zone category funded by City only. Fiscal Year 2018-2019 and 2019-2020 funded with City and County only.

V.   NEEDS ASSESSMENT DATA

To ensure the development of the most comprehensive picture of needs, data was gathered through multiple methods and from a variety of data sources. In the CHSP Community Needs Assessment, the six data collection methods used were focus groups, interviews, community surveys, secondary data sets from valid sources, inventory of existing services, and services gaps questionnaire. When results from multiple methods and data sources are in accord, trends and themes identified are reinforced.

A. Focus Groups/Interviews

Focus groups and interviews allow stakeholders an opportunity to provide input regarding community needs and suggestions for addressing those needs. This type of qualitative data helps deepen understanding of the quantitative data collected via the community surveys and secondary data sets.

The Process

1. **Develop the focus group/interview questions.**
   The questions were used to moderate and facilitate the focus group discussion and conduct interviews; the information sheet was used to collect demographic information about the focus group participants. The focus group questions were reviewed with staff from the City and the County. (See Appendix A for the Focus Group/Interview Questions and the Focus Group Participant Information Sheet.)

2. **Identify the participants.**
   The City and the County staff assisted in identifying a diverse set of persons to include in focus groups and interviews. The focus groups participants included representatives from CHSP, CRT, United Partners for Human Services, health and mental health professionals, funding sources/agencies, faith-based organizations, community residents, and education/business sector representatives. (See Appendix B for a list of persons who participated in the focus groups, interviews and/or CHSP Stakeholder/Agency Survey.)

3. **Schedule focus groups and interviews.**
   To help facilitate participation in focus groups and interviews and ensure the City and the County at large were aware of the community needs assessment, the County and the City issued a press release entitled "Human Services Needs Assessment Underway." The news release was sent on December 27, 2018. The news release said the City and the County were partnering with CHE to conduct a community human services needs assessment, identified the primary purpose of the needs assessment, and listed the expected deliverables.

   Focus groups were 1.00 to 1.25 hours in length. Focus groups were scheduled 1.0 to 1.5 months prior to commencing. All focus groups were conducted in February and March 2019. Focus groups were conducted in centralized City-based facilities that provided conference/training room settings. Tables and chairs were set-up in conference-table format.

   Interviews were conducted by phone or at locations convenient for the interviewee. Interviews were scheduled at dates and times convenient for the interviewee. All interviews were conducted in February, March and April 2019.

4. **Invite the participants.**

    Focus group and interview participants received an email invitation which was followed by two email reminders. The invitation and the reminders identified the importance of the individual's participation as well as the purpose, date, time, and location for the focus group/interview.

5. **Moderate the focus groups and conduct the interviews.**

    CHE staff moderated all focus groups and conducted all interviews. Focus group participants signed in when they arrived. With the participants' permission, focus groups and interviews were recorded. Written notes were also taken during focus groups and interviews. The focus groups and interviews opened with a statement of the purpose of the community needs assessment. At the end, participants were thanked and given CHE contact information if they had more feedback or questions.

6. **Analyze and summarize the data.**

    Qualitative data analysis approach used in this study is primarily inductive with an intent to identify important categories in the data by unearthing patterns, themes and relationships. See the Results and Discussion section for an in-depth summary of the data.

The Participants

A total of 55 persons participated in the focus groups and four participated in the interviews. The four interviewees and four focus group participants did not complete a Participant Information Sheet. The participants were diverse in the residential ZIP codes (see Figure 1), race (see Figure 2), gender (see Figure 3) and age ranges (see Figure 4). The majority (88%) of participants was non-Hispanic, and 12% did not identify an ethnicity. Two participants did not provide a ZIP code and one person did not identify their race. About 96% (49) of focus group participants identified as residents of the County and the City, 67% (34) reported they volunteer in the City and the County, and 91% (46) reported they work in the County or the City.

Figure 1. Number of Focus Group Participants by Residential Zip Code (missing data for 2 persons)

Zip Code	Number of Participants
32317	4
32312	9
32311	4
32310	3
32309	7
32308	5
32305	4
32304	1
32303	10
32301	2
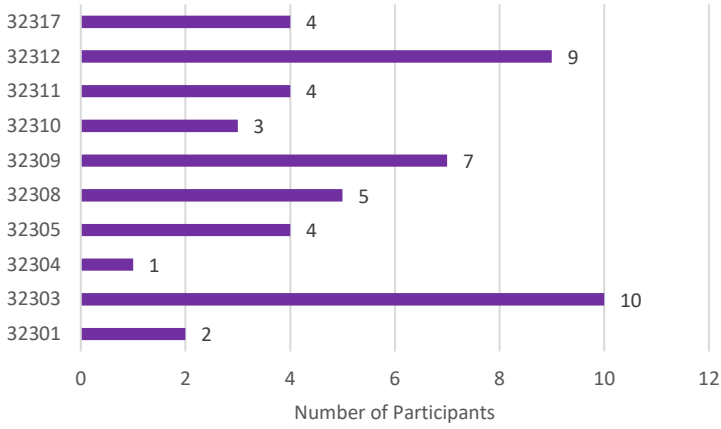
Figure 2. Number of Focus Group Participants by Race (missing data for 1 person)

Other/Mult-Racial, 1
White, 28
Black, 21

■ Black ■ White ■ Other/Mult-Racial
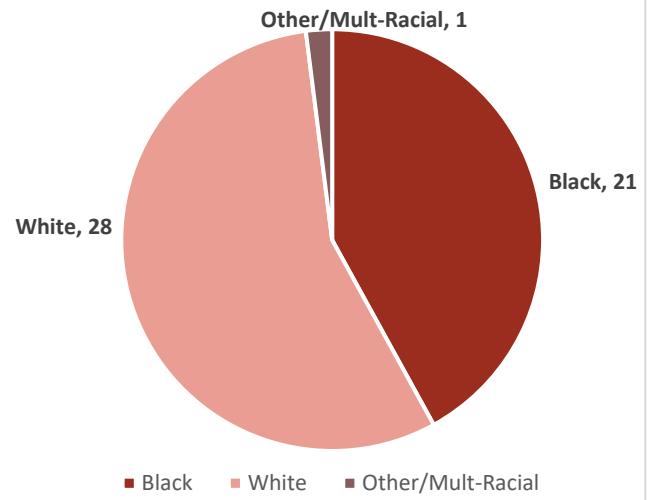
Figure 3. Number of Focus Group Participants by Gender

Male 16
Female 35

■ Female ■ Male
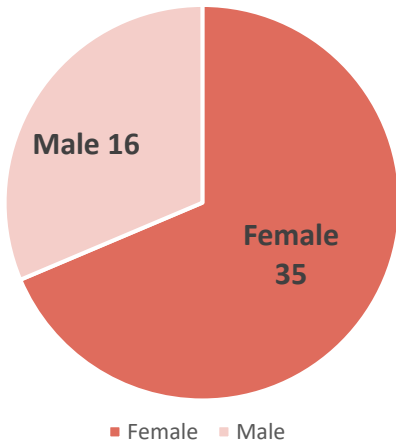
Figure 4. Number of Focus Group Participants by Age

Age Range	Number of Participants
18-24	3
25-34	6
35-44	6
45-54	14
55-64	11
65+	11
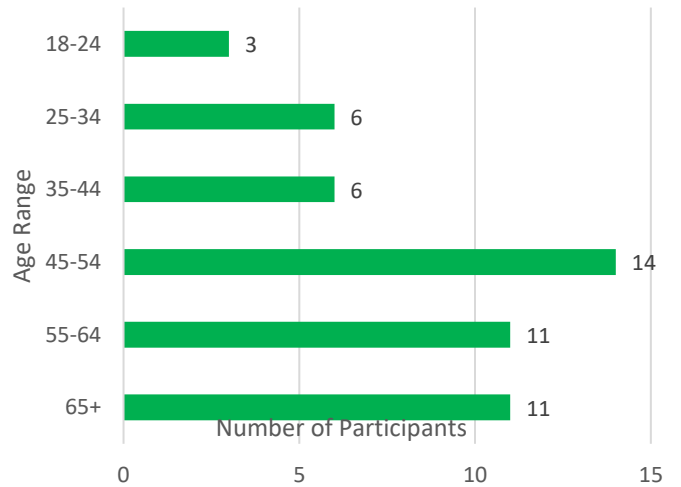
Key Recurring Themes from Focus Groups/Interviews

In analyzing focus group and interview data, recurring themes and key relationships were identified. Key themes are those that are repeatedly mentioned by focus group participants/interviewees and rise as more prominent than others. Key relationships are those derived from connections found between and among key themes. Focus group data and interview responses were used to inform the development of the CHSP 2019 Stakeholder/Agency Community Needs Assessment Survey (see Appendix A) and the CHSP Resident Community Needs Assessment Survey (see Appendix C)

- In Tallahassee/Leon County, there are significant barriers to quality of life and receiving needed services. Poverty is the most prominent barrier; however, poverty is evident in some areas more than others. The economic disparity is extreme. Some high-poverty areas identified by key informants include 32304, 32305, 32308, 32310, South City, southwest side of Tallahassee, Bond, Frenchtown, State Street, Westside. Other barriers to achieving a high quality of life and/or obtaining needed services identified by key informants include:
    - Little or no transportation. Consumers are often asked to go to multiple geographic locations to get services, but they may not have a car, and the bus is not efficient, so transportation is difficult
    - Little or no childcare. Consumers with children may find it more difficult to access services when they need to arrange for childcare, especially if there is a cost associated with the childcare
    - Lack of awareness of resources. Some insight shared as to why there is lack of awareness of where to get services or help include, lack of trust in providers, misinformation, ineffective communication, not enough outreach or marketing, and low literacy in some areas.
    - It is difficult and complex to navigate the system of care. The difficulty stems from lack of coordination in how services delivered, eligibility criteria for service unclear or too restrictive, frustration with having to answer same set of questions for various service providers, and agencies' hours of operation not convenient for consumers who work or juggle priorities and family responsibilities (e.g. many agencies are not open past 5:00 pm or on weekends).
    - The high cost of housing, which often makes eviction more probable.
    - Consumers have no health insurance or ability to pay for service(s). Consumers are often unemployed with little to no income.
    - Consumer pride and/or embarrassment in admitting they need help.
    - Stigma related to seeking mental health or substance abuse support services though the consumer may suffer from trauma, adverse childhood experiences, depression, substance abuse, and/or addiction.
    - When making referrals, service providers lack real-time awareness of the availability of other referred services. For example, they do not know when other service providers are at capacity or run out of funds. Consumers waste their time when referred to a service that is not available, and it is more devasting to a consumer during an emergency.

- According to key informants, there are populations that struggle economically more than others, which include the working poor, ALICE population, Title I school attendees, children living in poverty, homeless, limited-income seniors, people in need of mental health services, youth, teenagers, veterans,

the uninsured, disabled, people who experience racial and sexual discrimination, and women who are single mothers with children.

- Per key informants, the most critical human services needed in Tallahassee/Leon County are mental health, housing that a low-income person can live in while being able to cover expenses for other necessities, access to nutritious food, early learning, elder care and other services for populations that struggle economically.

- All but two key informants indicated that the resources available in Tallahassee/Leon County are not sufficient to meet consumers' needs. Agencies/providers need additional funding to enhance their capacity to meet the current needs. Elected leaders can assist in making decisions that increase funding.

Furthermore, key Informants shared their ideas and suggestions to help address the existing human service needs in Tallahassee/Leon County. Those ideas/suggestions in their own words include:

- "Consider packaging service for someone in need to go to one place; like one-stop shopping. Maybe create a virtual one-stop shopping building."
- "Get the elderly devices that help them access care and allows them to stay in their homes."
- "Continue to fund CHSP projects, maybe consider Tier-level funding. Find ways for successful, more established programs help smaller, newer programs."
- "Large agencies fundraise with smaller ones to help leverage dollars and partnerships."
- "Consider refining a Social Service Database, build off of HMI [Homeless Management Information] system (expand it). Need to maintain confidentiality."
- "Flow more dollars to prevention."
- "Providers need to work more collaboratively; create better safety nets for the population."
- "Create more public-private relationships (corporate giving to City/County)."
- "Make Change-for-Change an "opt-out" program, not "opt-in." Continue to use raised money for CHSP funding."
- Other ideas for where money for programs can originate: "Annual fundraising", "food tax/luxury entertainment tax (cigarettes, liquor)", "Children Services Council (once formed)", "more general revenue dollars to CHSP", "greater collaboration and sharing of resources among funded projects", "City and County work with human service sector to identify several foundation programs that can work collaboratively to draw down other dollars, get universities engaged as funding partners", "CHSP can become a stand-alone funding agency and fund all non-profits, not just human care."

Key Relationships from Focus Groups/Interviews

Additional funding is needed to meet needs across all the human services. The need for additional funding to address the gaps in human services was repeatedly raised throughout focus group/interview discussions. According to study participants, there are not enough dollars to meet human service needs, needs that are often multifaceted and overlapping. While human service needs have not decreased, CHSP funding has decreased. During focus groups, it was repeatedly suggested and hoped that elected leaders and decision makers understand the current landscape of human service needs with this lens in mind and allocate funds that more fully match the need.

Problems that impact poverty are intertwined. Focus group/interview discussions revealed that many believe it is common for the poor and working poor to experience more than one issue simultaneously. For example, an unemployed person may have no transportation nor housing. A person in a job that does not pay a livable wage, struggles with paying utilities and maintaining a job due to the lack of child care. The working poor are one paycheck away from being homeless and food insecure.

Healthy emotional well-being permeates social problems. Feeling a lack of hope, a lack of joy, unworthiness, and struggles with self-esteem were often mentioned by focus group/interview respondents to describe the population served. Study participants pointed out that those feelings get more pronounced over time when poverty persists. As problems become more chronic, mental health problems get more severe and potentially debilitating.

Issues that impact effective service delivery. The analysis of focus group/interview data reveals two recurring areas that seem to impact effective service delivery: a lack of awareness of where to get services/help and the challenge with navigating the system of care/lack of access to services. Both issues were frequently identified as barriers to receive needed services and improve a person's quality of life.

Focus group/interview participants suggest if the system does not change, efforts to improve the system can be likened to putting band-aids on problems; this will likely increase the cycles of poverty, generational and intergenerational problems, and recidivism.

B. Stakeholder and Resident Surveys

Two community surveys were developed for the CHSP Needs Assessment: the CHSP 2019 Stakeholder/Agency Community Needs Assessment Survey and the CHSP 2019 Resident Community Needs Assessment Survey.

Questions/items on the surveys are based on information obtained from the focus group results, adapted items from other community-based needs assessment surveys, and best practice in community needs assessment survey development.

CHSP 2019 Stakeholder/Agency Community Needs Assessment Survey

Description of the Stakeholder/Agency Survey Instrument. The CHSP Stakeholder/Agency Community Needs Assessment survey is a 30-item questionnaire covering the responding agency's contact information; ZIP code service area; issues that affect health, well-being and quality of life in the City and the County; reasons why the issues exist in six categories (Health, Essential Needs, Jobs/Employment, Specific Population Services, Support Services, Human Service Delivery System), and ZIP code; open-ended questions; and stakeholder/agency demographics questions.

An online and printed version of the survey was developed to increase stakeholder access to the survey. An email including the purpose of the study, importance of stakeholder feedback, instructions on how to access the survey, the web link, the amount of time it will take to complete the survey, the end date for the survey, and CHE contact information for respondent questions. Reminder emails were also sent. The email was distributed in the following ways:

- Via the CHSP portal
- From the Executive Director of the United Partners for Health Services (UPHS) to UPHS agency list serv
- To all persons invited to participate in the focus groups
- Via a faith-based organization mail-out list (email group included 379 County/City faith-based organizations)
- To funding agencies for the City/County area
- From the President of 2-1-1 Big Bend to recipients in the 2-1-1 Big Bend agency email group
- To the Leon County School Board with a request to forward it to the schools for completion
- To a host of community-based agencies and representatives with a request to send it to their agency's email groups (e.g. Catholic Charities of North Florida, Oasis Center for Women and Girls, Florida State University, Florida A & M University, Apalachee Center, Capital Area Community Action Agency, and to the Coordinator for 32304 Prosperity for All Summit

Some printed copies were hand-delivered or sent via United States Postal Service to CHE from some of the sources above. The survey was available April to June 2019.

Demographics of the Stakeholder/Agency Respondents. Sixty-eight stakeholders/agencies responded to the survey. Four of the questions on the survey asked for the person completing the survey to identify his/her gender, ethnicity, age and race. Of the 68 stakeholders/agencies, the three/quarters of the respondents were female, more than half were age 45-64, 94% were not Hispanic/Latino and almost 71% were White. More than 60% of the respondents represented non-profit social service agencies (see Table 2). These stakeholders/agencies provide services in all County residential ZIP codes (see Figure 5). Almost 80% of the agencies said they also provide services in ZIP code 32344; however, this is Monticello, Florida, in adjacent Jefferson County.

Table 2. Distribution of Stakeholders by Gender, Ethnicity, Age, Race, and Type of Organization Served					
Gender	%	Ethnicity	%	Type of Organization	%
Male	25.0	Hispanic/Latino	5.9	Non-profit Social Service	64.7
Female	75.0	Not Hispanic/Latino	94.1	Faith-based Agency	7.4
				Non-profit Health/Medical	7.4
Age	%	Race	%	For-profit Health/Medical	2.9
18-24	5.9	Black	20.6	Local Business	1.5
25-34	7.4	White	70.6	Foundation/Grant Giving	2.9
35-44	13.2	Asian	1.5	Local/State Government	4.4
45-54	29.4	More than One Race	4.4	University/School	4.4
55-64	29.4	Other Race	2.9	Other	4.4
65+	14.7				

Figure 5. ZIP CODES WHERE SERVICES ARE PROVIDED
Stakeholder Survey, Spring 2019
n=68 Respondents

ZIP	%
32301	92.7%
32303	91.2%
32304	94.1%
32305	89.7%
32308	86.8%
32309	89.7%
32310	91.2%
32311	86.8%
32312	86.8%
32317	83.8%
32344	77.9%
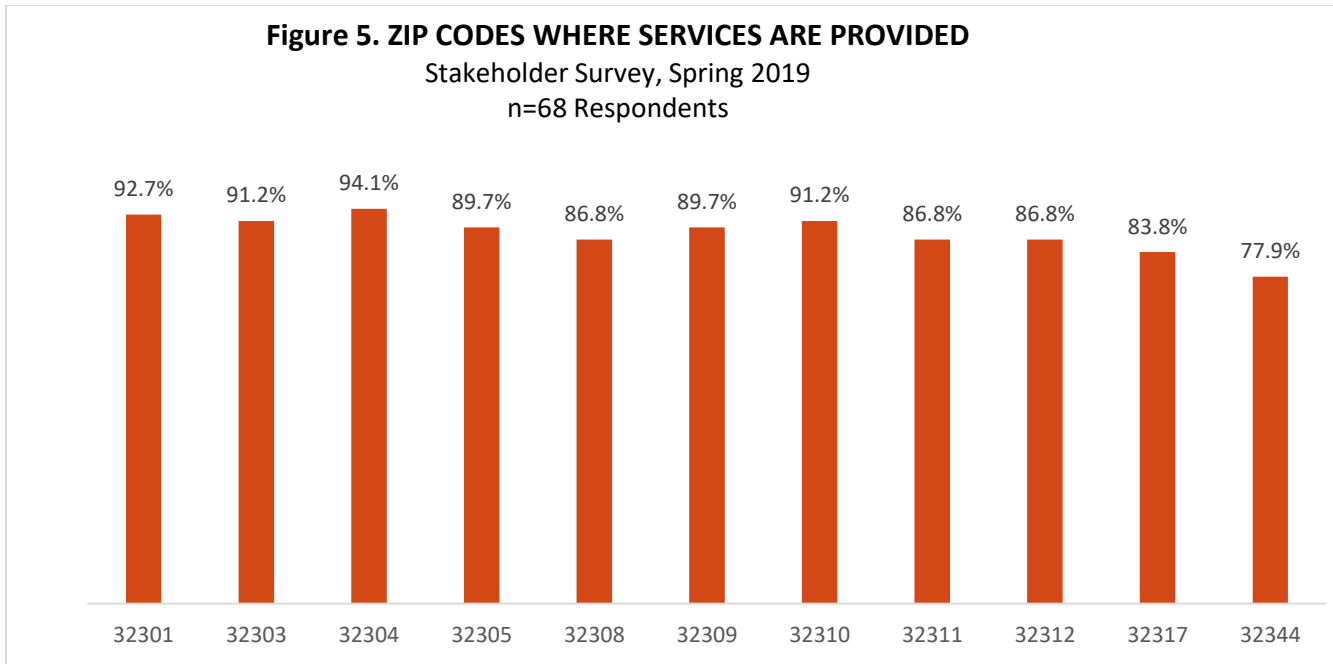
CHSP 2019 Resident Community Needs Assessment Survey

Description of the Resident Survey Instrument. The CHSP 2019 Resident Community Needs Assessment Survey is a 28-item questionnaire covering ZIP code of residence, important issues that affect health, well-being and quality of life in the City/County; a breakdown of the reasons why issues exist by six categories (Health, Essential Needs, Jobs/Employment, Specific Population Services, Support Services, Human Service Delivery System); open-ended questions; questions on social determinants of health; and a demographics section.

An online and printed version of the survey was developed to increase residents' access to the survey. The survey was conducted via telephone and distributed via email and print. An email including the purpose of the study, importance of the residents' input, instructions on how to access the survey; the web link; the amount of time it would take to complete survey; the end date for the survey; and contact information for questions. The email was distributed in the following ways:
- Via the CHSP portal
- To all persons invited to participate in the focus groups
- Via a faith-based organization mail-out list (email group included 379 City/County faith-based organizations) with a request to share the questionnaire with congregations/parishioners
- To the Leon County School Board with a request to ask schools to share it with the parents
- To a host of community-based agencies (e.g. Catholic Charities of North Florida, Oasis Center for Women and Girls, Florida State University, Florida A & M University, Apalachee Center) with a request to share it with their consumers/program participants/students

Some printed copies were hand-delivered or sent via United States Postal Service to CHE from some of the sources above.

The resident survey was also completed by telephone. A telephone list comprised of over 15,000 City/County land lines and cell phone numbers, scrubbed against a Do Not Call list, was used to contact residents. Fifteen persons received training on conducting the telephone survey. Phone calls were made on different days and times to obtain the best response rate. Trained staff completed the survey online. The survey was available April to June 2019. A total of 408 residents completed the survey. Four of the residents indicated they resided in 32344 which is not a city/county residential ZIP code; therefore, the responses from these surveys were not included.

Demographics of the Resident Respondents. The 404 respondents represent each of the residential ZIP codes in the County. As many as 74 live in 32303, and as few as eight in live in 32317. (See Table 3.) The majority (78.5%) of the respondents were female. The age groups 25-34 and 35-44 together accounted for almost 46% of the respondents. With respect to race and ethnicity, most of the respondents were Black and non-Hispanic. (See Table 4.)

Respondents also represented a diverse group with respect to educational attainment levels and household income. Most respondents were college graduates and earned $25,000 to $49,999. (See Table 5.)

For additional descriptive data about the resident respondents (i.e., relationship status, living arrangements, employment status) see Appendix C.

Table 3. Distribution of 404 Respondents to 2019 CHSP Resident Survey by Zip Code			
Zip	# of Respondents	Percent of Respondents	Percent of Total Population in Leon County, Florida
32301	69	17.1%	10.4%
32303	74	18.3%	17.4%
32304	57	14.1%	16.7%
32305	39	9.7%	7.2%
32308	37	9.2%	7.9%
32309	36	8.9%	10.8%
32310	30	7.4%	5.7%
32311	26	6.4%	7.3%
32312	28	6.9%	11.3%
32317	8	2.0%	5.2%

Table 4. Distribution of 404 Respondents to 2019 CHSP Resident Survey by Gender, Age, Ethnicity & Race

Attribute	# of Respondents	Percent of Respondents	Percent of Total Population in Leon County, Florida
Gender			
Female	317	78.5%	52.4%
Male	85	21.0%	47.6%
Other	2	0.5%	
Age			
18-24	70	17.3%	22.6%*
25-34	91	22.5%	14.3%*
35-44	93	23.0%	10.7%*
45-54	70	17.3%	10.8%*
55-64	48	11.9%	11.0%*
65+	32	7.9%	11.9%*
Ethnicity			
Hispanic	26	6.4%	6.1%
Non-Hispanic	378	93.6%	93.9%
Race			
Asian	2	0.5%	3.3%
Black	288	71.3%	30.7%
White	89	22.0%	57.2%
More than 1 race	14	3.5%	2.2%
Other	11	2.7%	0.5%

*Source for Population: U.S. Census Bureau, American Community Survey, 2013-2017 5-year Estimates. *Column does not sum to 100% of population since the under 18-year-old population is not included who make up 18.8% of the total population*

Table 5. Distribution of 404 Respondents to 2019 CHSP Resident Survey by Educational Attainment Levels and Household Income

Educational Attainment	Number of Respondents	Percent of Respondents
Less than High School	9	2.2%
High School Graduate or GED	48	11.9%
Some college/vocational school	99	2.5%
College graduate	131	32.4%
More than college	107	26.5%
Declined to answer	10	2.5%
Household Income	Number of Respondents	Percent of Respondents
$0 to $24,999	73	18.1%
$25,000 to $49,999	98	24.3%
$50,000 to $74,999	73	18.1%
$75,000 to $99,999	40	9.9%
$100,000 to $149,999	41	10.1%
$150,000 and up	22	5.4%
Prefer not to answer	57	14.1%

Stakeholder/Agency and Resident Survey Results

Stakeholders/agencies and residents were asked a similar set of questions.   The stakeholders/agencies were asked a follow-up question regarding which ZIP code(s) was affected by each issue posed in the survey. The overwhelming result is that 32301, 32303, 32304, 32305 and 32310 were the most affected. ZIP code area 32311 also received several responses on some issues.

All respondents were asked to select the five most important issues that affect health, wellbeing and quality of life in the City/County. The top choices for both groups of respondents were poverty and affordable housing. To round out the top five, residents chose crime, mental health, and homelessness; the stakeholders/agencies rounded out their choices with mental health, homelessness, and substance abuse. (See Table 6 and Figure 6.)

When asked what health reasons contributed to the existence of these issues, the residents' said access to or a lack of preventive health services (62.6%) and access to or a lack of health insurance (62.1%) were the top health-related reasons these issues exist. Stakeholders/agencies said access to or a lack of mental health providers was the top reason (70.6%) these issues exist (see Table 7). The stakeholders/agencies said ZIP code 32304 was most affected; however, fewer than half of the residents in 32304 felt this was an issue.

Respondents were asked what essential needs reasons contributed to the issues that were selected. The choices were access to food, access to or lack of affordable housing, lack of or no child care, and lack of and/or challenges with transportation. For both groups, affordable housing was the top reason chosen to explain what essential needs contributed to the issues. Affordable housing was an issue for 90% of the respondents who live in 32310. More residents in 32309 and 32312 responded that child care and transportation were reasons for Essential Needs Issues than the group. (See Table 8.)

Residents (72.3%) and stakeholders/agencies (75.0%) said the lack of jobs or opportunities to make a living wage was the reason for the employment issue (see Table 9). This result was fairly consistent across ZIP codes with residents in ZIP code areas 32305 and 32309 having a lower percent of respondents at 62% and 61% respectively.

For all respondents, the top specific population services reason why the previously identified issues exist is access to or a lack of teen/youth enrichment and prevention services. Sixty-four percent said for the elderly and the residents chose this response and 73.5 % of the stakeholders/agencies chose this answer. The second and third most popular reasons chosen by stakeholders/agencies were programs for ex-convicts (67.6%) and aid for the elderly and the disabled (66.2%). Residents also chose programs for ex-convicts as their second reason (53.2%), and K-12 after-school academic programs were the residents' third choice (51.5%). Access to or a lack of services to support early learning for children 0-4 years old (32.9%) and access to or a lack of support services for veterans (32.9%) were the least popular reasons why these issues exist for residents. Adult literacy (33.8%) was the least popular choice as a reason these issues exist for stakeholders/agencies. (See Table 10.)

To explain why support services contributed to the issues raised, residents and stakeholders/agencies chose different reasons (see Table 11). Residents (55.9%) said access to or a lack of free/reduced legal services was a contributing factor. Stakeholders/agencies (55.9%) said not enough social service providers was the reason. For residents, access to or a lack of immigration services was the least popular contributor to the issues raised (23%), and for stakeholders/agencies, a lack of services/programs on environmental exposure (26.5%) was at the bottom of their list. For the resident surveys, ZIP code areas 32305 and 32308 had a higher response to the need for more social service providers; ZIP code areas 32301 and 32303 had higher response to lack of free/reduced legal services.

Respondents were asked what reasons contributed to the issues raised in the human services delivery systems category. The prevailing responses were: community residents do not know where to go to get help or are not aware of available services, and the service system was confusing and challenging regarding eligibility requirements, access, and completing forms. Both reasons appear to be compelling contributions to the identified issues. (See Table 12.) Across all ZIP codes, over 50% of residents felt that these two reasons contributed to the Human Service Delivery System issue.

When stakeholders/agencies were asked which population's health and well-being was most at risk due to the lack of or access to human services available in the County/City, the working poor and children 0-5 years old were selected more than any other populations. (See Figure 7.)

Table 6. Five Most Important Issues Affecting Health, Wellbeing and Quality of Life				
2019 CHSP Community Needs Assessment	# of Responses	% n= 404	# of Responses	% n=68
Five Most Important Issues Affecting Health, Wellbeing and Quality of Life in Tallahassee/Leon County	Resident		Stakeholder	
Poverty	224	55.4%	54	79.4%
Affordable Housing	207	51.2%	50	73.5%
Crime	160	39.6%	12	17.6%
Mental Health	154	38.1%	33	48.5%
Homelessness	151	37.4%	33	48.5%
Unemployment	148	36.6%	13	19.1%
Food and/or Nutrition	115	28.5%	16	23.5%
Substance Abuse	112	27.7%	32	47.1%
K-12 Education	111	27.5%	10	14.7%
Health Care for Ongoing Problems	103	25.5%	18	26.5%
Preventive Health Care	81	20.0%	12	17.6%
Child/Adult Obesity, Physical Activity	78	19.3%	5	7.4%
Post High School Education or Career Training	69	17.1%	7	10.3%
Juvenile Delinquency	66	16.3%	10	14.7%
Emergency Assistance	64	15.8%	17	25.0%
Bullying / Harassment	61	15.1%	1	1.5%
Early Learning / Adult Literacy	58	14.4%	6	8.8%
Maternal and Child Health	45	11.1%	2	2.9%
Oral Care	43	10.6%	4	5.9%
Environmental Exposures	20	5.0%	2	2.9%

Figure 6. Top Issues Affecting Health, Wellbeing & Quality of Life
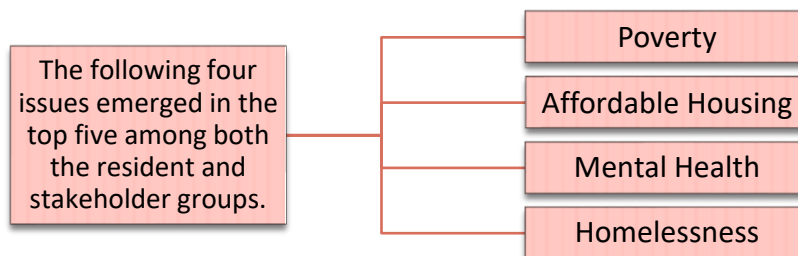
Table 7. Health Related Reasons Why Issues Exist	Residents (n=404)	Stakeholders (n=68)	Zip Codes with highest resident response 323-
Access to or lack of Preventive Health Services	62.6%	60.3%	12
Access to or lack of Health Insurance	62.1%	60.3%	03, 12
Access to or lack of Mental Health Providers	51.7%	70.6%	12, 17
Access to Ongoing Healthcare	47.0%	55.9%	17
Access to or lack of Medicaid Mental Health Providers	41.6%	51.5%	09, 11, 17
Little to no Physical Activity	38.6%	38.2%	11, 12, 17
Access to or lack of Oral Health services	33.7%	60.3%	01
Access to or lack of Maternal, Infant & Child Health	25.0%	25.0%	12, 17
Access to or lack of Reproductive, sexual health support	24.8%	29.4%	01, 10, 17

Table 8. Essential Needs Reasons Why Issues Exist	Residents (n=404)	Stakeholders (n=68)	Zip Codes with highest resident response 323-
Access to or lack of affordable housing	79.2%	91.2%	10, 17
Lack and or challenges with transportation	53.7%	80.9%	09, 12
Lack of or no childcare	50.1%	61.8%	09, 12
Access to food	58.2%	60.3%	12

Table 9. Jobs/Employment Reasons Why Issues Exist	Residents (n=404)	Stakeholders (n=68)	Zip Codes with highest resident response 323-
Not enough jobs/opportunities to make living wage	72.3%	75.0%	03, 17
Access to career/job training and higher learning	62.4%	64.7%	10, 11
Not graduating from high school	41.6%	50.0%	09, 11

Table 10. Specific Population Services Reasons Why Issues Exist. Access to or lack of:	Residents (n=404)	Stakeholders (n=68)	Zip Codes with highest resident response 323-
Teen/Youth Enrichment and Prevention	60.4%	73.5%	10, 11
Programs for Ex-convicts	53.2%	67.6%	17
K-12 Afterschool Academic	51.5%	48.5%	12, 17
Aid for Elderly/Disabled	43.1%	66.2%	12, 17
K-12 Enrichment (civic engagement, leadership)	42.8%	41.2%	03, 12
Adult Literacy	37.1%	33.8%	10, 11
Early Learning	32.9%	39.7%	11, 12
Support for Veterans	32.9%	35.3%	05, 12

Table 11. Support Services Reasons Why Issues Exist	Residents (n=404)	Stakeholders (n=68)	Zip Codes with highest resident response 323-
Access to or lack of free/reduced Legal Services	55.9%	44.1%	01, 03
Not enough Social Service Providers	51.0%	55.9%	05, 08
Support for Substance Abuse/Tobacco Use	43.1%	48.5%	09, 10, 17
Access to or lack of support for Child Abuse/Neglect	40.1%	47.1%	01
Access to or lack of support for Domestic Violence	38.4%	45.6%	11, 17

Table 11. Support Services Reasons Why Issues Exist	Residents (n=404)	Stakeholders (n=68)	Zip Codes with highest resident response 323-
Lack of services/programs on Environmental Exposure	25.0%	26.5%	10, 12, 17
Access to or lack of Immigration Services	23.0%	27.9%	01, 03, 10

Table 12. Human Service Delivery System Reasons Why Issues Exist	Residents (n=404)	Stakeholders (n=68)	Zip Codes with highest resident response 323-
Residents do not know where to get help or not aware of available services	74.3%	75.0%	09, 10, 17
Service System Confusing	64.6%	72.1%	05, 17

Figure 7. Population Most At Risk Due to Lack of Services in Leon County
Stakeholder Survey Results (n=68), 2019
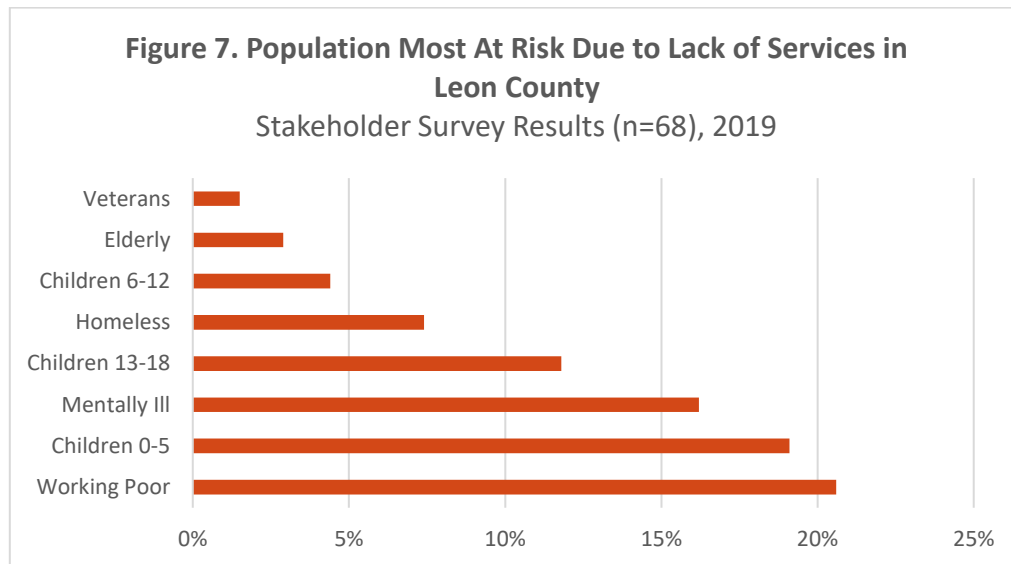
General Information from the Residents. Additional data (see Table 13) reveal three areas that stand out as contributing factors to the issues raised in this survey. Nearly all (83.4%) of the residents said they do not have enough food to eat in the household. Also, more than half (59.2%) of the residents said people in their neighborhoods or communities help each other out; that leaves almost half who do not feel their neighbors or communities help each other out. Finally, while 76% of the residents feel safe in their neighborhood or community, that leaves 24% who do not feel safe.

Table 13. General Information from Residents			
Resident Survey (n=404 residents completed survey)	% Yes Responses	Zip Codes with lowest resident response 323--	Zip Codes with highest resident response 323--
I have health insurance	83.4	01, 04, 10	08, 17
Lack of transportation has kept me from accessing and receiving social, mental or behavior health services (*note: 23% selected Not Applicable*)	10.6	11, 17	01, 04, 10
I feel safe in my neighborhood or community	76.0	10	08, 11
People in this neighborhood or community help each other out	59.2	17	08, 09, 12
I use the hospital emergency room as my primary source of health care	17.8	11, 12, 17	01, 04, 10
The neighborhood or community I live in has parks, places to walk, bike or exercise	67.3	17	No large departure from the overall 67.3%
There is a grocery store in my neighborhood or community that I can get to	78.0	10	03, 08
In my neighborhood or community, it is easy to get affordable fresh fruits and vegetables	66.8	05, 10, 17	08, 12
I/We do not have enough food to eat in my household	83.4	10	08, 17
My child has health insurance (*note: 181 participants selected N/A thus percent represents the 'yes' responses among the remaining 223 participants*)	83.0 (n=223)	04	11

C. Community Data from Existing Data Sets

In addition to the focus group data, interview data and survey data (primary data), a review of data from various existing data sources (secondary datasets) was conducted. Whenever possible, data was gathered from original datasets from National and State entities rather than from organizations that summarized the data in a report.

Data from secondary sources are predominantly presented by census tracts as census tracts are non-overlapping geographic regions. Furthermore, CHSP requires all programs to report data at the census tract level. At times, data from secondary sources is presented by zip code as the data is only disaggregated by zip code. Furthermore, zip codes included in some of the secondary data charts as well as the presentation of primary data results as they are more recognizable geographic indicators to the general public.

When data from the United States Census Bureau is used (population, educational attainment, poverty, etc.), the most recent 5-year estimates available at the tract level are used (2013-2017) except in cases where the sample size was too small to provide estimates with a reasonable degree of certainty (i.e., low margin of error). Data from Florida Department of Health, Florida Health Charts, is presented as three-year rolling averages. Other secondary data is displayed for the timeframe of its most recent data release during the time of the information gathering phase of this assessment but was not averaged if the data custodian did not present the data in that manner.

Populations and Demographics – Leon County

A summary of Leon County's population characteristics is provided in this section. A detailed review of Leon County's population characteristics at the ZIP code and census tract levels is found in the Population Addendum to this report.

Population

The County's population has almost doubled since 1980 (see Figure 8). From the 2010 census until the 2018 estimate, there has been a 6% increase in the county's population compared with 11% statewide. Between 2014 and 2018, the population size for Leon 280,882 and 292,502, respectively, increased by 4%. Compared to Florida, the 2014 to 2018 population, 19,361,792 and 21,299,325, respectively, increased by 10.0%. (See Table 14.)

Figure 8. Leon County Population by Census Year

Year	Population
1980	148,655
1990	192,493
2000	239,452
2010	275,487
2018*	292,332
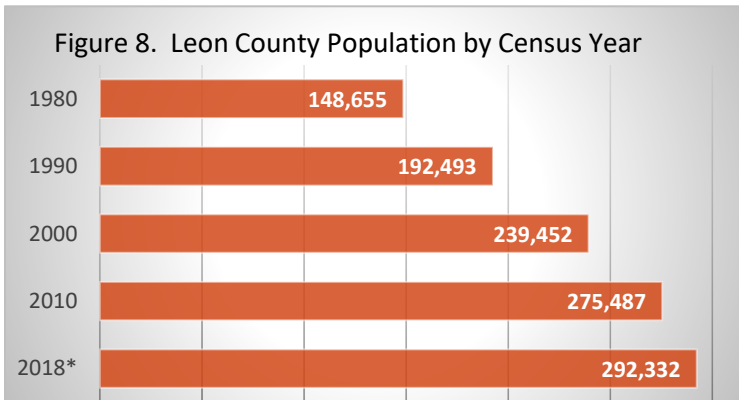
Source: Florida Legislature's Office of Economic and Demographic Research (EDR)

Table 14. Population Change, 2014 to 2018			
	Year		
	2014	2018	% Change
Florida	19,361,792	21,299,325	10.0%
Leon County	280,882	292,502	4.1%

Source: U.S. Census Bureau, American Community Survey, 2014 5-year estimate (2010-2014) & 2018 Annual Estimate, Table S0101

EDR data is available at the county level but not at the ZIP code or census-tract level. For this specificity, the U.S. Census Bureau was used as the major data source. In particular, the U.S. Census Bureau's American Community Survey (ACS) 5-year estimates will be the major source of data for most factors in this report. The ACS provides many data elements at the state, county, ZIP code and census tract levels.

The most recent available 5-year estimates for the ACS is the 2017 estimate (2013-2017), and this will be the estimates used for the remainder of the report.

Age and Gender

Leon County's median age is more than 10 years lower than the State of Florida's median age. The age distribution also varies for age groups 18-24, 45-64 and 65+ between Leon County and the State (see Table 15). Leon County has 22.6% of its population in the 18-24 age group compared with only 8.7% of residents of Florida in the 18-24 age group. Another difference is the percent of seniors (age 65 and older). While 19.4% of the State's population is 65 and older, only 11.9% of Leon County residents are 65 and older.

Table 15. 2017 Population Estimates by Age Group							
	Median Age	under 5 years	5-17 years	18-24 years	25-44 years	45-64 years	65+ years
Florida Percent	41.8	5.5%	14.8%	8.7%	25.0%	26.6%	19.4%
Leon County Percent	30.5	5.2%	13.6%	22.6%	25.0%	21.7%	11.9%
Leon County Number	285,890	14,868	38,982	64,556	71,482	62,000	34,002

Source: U.S. Census Bureau, American Community Survey, 2017 5-year estimate, Table S0101

This distribution has been stable when compared with the 2014 estimates (see Figure 9). The 65 and older population increased 1.6% while the 45-64-year-old population decreased 0.8%.
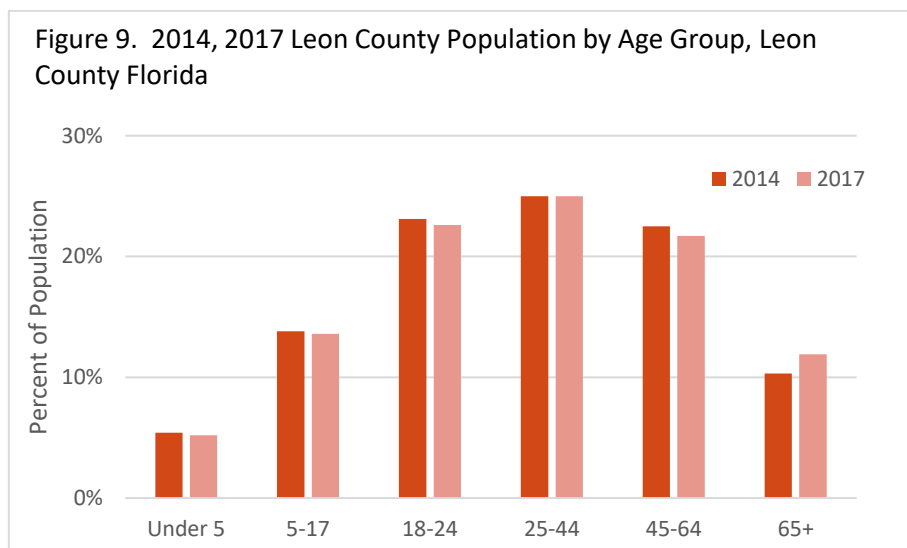
Figure 9. 2014, 2017 Leon County Population by Age Group, Leon County Florida

Source: U.S. Census Bureau, American Community Survey, 2014 5-year estimate (2010-2014) & 2018 Annual Estimate, Table S0101

Statewide, 51.1% of the population is female. Leon County has a slightly higher percentage of females at 52.4% based on the 2017 American Community Survey estimates.

Race/Ethnicity

The County's racial make-up is distinctly different from the State's (see Table 16). The 2017 estimates show that Florida was close to 25% Hispanic, and during this same period the County's Hispanic population was 6%. The County has about 31% Black (non-Hispanic) residents; Florida has 15%.

Table 16. 2017 Population by Race						
	White	Black	Hispanic	Asian	2+ Races	Other
Florida Percent	54.9	15.4	24.7	2.6	1.8	0.6
Leon County Percent	57.2	30.7	6.1	3.3	2.2	0.5
Leon County Number	163,461	87,888	17,506	9,556	6,181	1,298

Source: U.S. Census Bureau, ACS 5-year Estimates, Table DP05, Hispanic includes any race, Others are non-Hispanic

Census Tracts

Census tracts are small, relatively permanent statistical subdivisions of a county. They are uniquely numbered in each county with a numeric code. Census tracts average about 4,000 inhabitants with a minimum population of 1,200 and a maximum population of 8,000. Census tracts are designed to be relatively permanent over time. Any changes are documented so data can be compared from decade to decade. Census tracts with more than 8,000 people are split into 2 or more tracts and are given an extension to their existing numeric code. Census tracts with less than 1,200 people are merged with a neighboring tract and are given a new numeric code. (U.S. Census Bureau)

The County has 68 census tracts. See Table 17 for geographic description of each tract's location. Profiles for each of the 68 census tracts is provided in the Population Addendum.

Table 17. Demographic Summary by Census Tract, Leon County, 2017									
Tract	Description	2017 Pop	Median Age	% Age <18	% Age 65+	% White	% Black	% Hispanic	% Female
2	Capital Area	3,845	34.3	14	15	84	8	7	53
3.01	Myers Park	1,487	34.3	13	20	65	23	4	50
3.02	Rickards HS	2,141	44.2	16	22	73	17	3	53
3.03	Hilaman Golf	4,225	27.3	23	4	36	56	2	53
4	FAMU Area	2,439	19.8	10	3	27	62	7	66
5	Civic Center	2,408	21.1	0	1	69	14	10	56
6	French Town	3,984	29.8	11	8	29	63	4	47
7	Lake Ella	1,927	34.0	9	12	62	32	4	55
8	Glendale-Midtown	3,236	32.1	20	12	78	14	4	50
9.01	Miccosukee Hills	8,535	35.0	18	15	64	23	6	54
9.03	Inglewood	2,236	31.2	11	9	61	32	4	52
9.04	East Park Ave	3,436	31.9	12	10	64	24	8	57
9.05	Bonaventure	3,147	28.5	14	8	49	35	11	51
10.01	South City	2,863	22.3	27	6	7	84	3	60
10.02	Apalachee Ridge	2,519	22.3	21	4	8	90	1	60
11.01	Bond	2,510	20.7	17	7	9	83	5	60
11.02	Nims Middle	2,363	27.3	20	17	7	84	8	49
12	Capital Cascades Park	1,026	24.0	3	13	10	84	5	41
13	FSU	5,054	19.0	1	0	64	15	16	60
14.01	Griffin Heights	1,892	26.9	10	19	25	61	3	55
14.02	Outer Griffin Heights	5,305	22.2	13	3	31	54	4	49
15	Town & Country	4,681	26.2	17	10	60	34	5	54
16.01	Macon Comm	5,213	28.1	22	8	43	39	11	53

Tract	Description	2017 Pop	Median Age	% Age <18	% Age 65+	% White	% Black	% Hispanic	% Female
16.02	Lakeshore Dr N of I-10	3,181	52.8	14	27	84	9	3	53
17	Inside I-10 and CC* NE	7,249	48.5	21	26	81	11	6	53
18.01	Ridge Rd S to CC* SW	4,814	27.1	34	9	16	70	8	51
18.02	Fairground to CC* SE	6,006	28.7	27	6	31	59	2	54
19.01	FAMU-FSU Engineering	2,143	28.6	25	10	11	81	2	53
19.02	Tallahassee Museum	4,494	27.5	30	6	27	66	3	55
20.03	TCC / Jail	2,852	30.5	2	5	31	59	6	33
20.04	SAIL HS	6,666	21.7	6	1	46	35	9	56
20.05	FSU Area	3,391	21.4	2	0	57	19	18	51
20.06	Pensacola to Plant	4,404	21.9	3	2	63	24	7	34
21.01	Hartsfield to Tharpe	4,619	28.6	8	13	52	39	2	49
21.03	Godby HS	4,157	22.0	6	2	44	36	7	54
21.04	Gretchen Everhart	8,479	21.9	6	3	59	26	11	52
22.01	Inside CC* NW	5,663	26.1	20	4	36	52	7	49
22.05	Settler's Creek	5,924	30.3	25	10	49	43	4	49
22.06	Huntington Estates	3,236	42.1	21	16	66	28	4	52
22.07	N HWY 27 Outside I-10	2,465	32.3	12	19	60	41	0	61
22.08	Lake Jackson St Park	5,452	34.6	20	15	64	32	1	52
23.02	Fairbanks Ferry	3,330	49.7	18	16	68	24	4	53
23.03	Ochlockonee River Mgmt N	4,230	32.3	25	11	49	42	9	53
23.04	Ochlockonee River Mgmt S	3,211	30.9	19	10	45	39	10	47
24.03	CC* NE to Centerville	2,562	36.0	27	12	66	23	2	55
24.08	Killearn Acres	7,599	44.9	24	15	82	5	6	54
24.10	Sawgrass Plantation	6,201	36.8	24	13	62	20	7	56
24.11	Lake Iamonia Lodge	1,340	47.1	20	19	74	9	7	47
24.12	Killearn Lakes Golden Eagle	9,655	37.7	28	12	82	5	6	52
24.13	Foshalee Lake	2,661	43.5	25	15	91	5	3	52
24.14	Killearn Country Club	4,393	47.4	22	28	85	4	10	54
24.15	Forsythe Way	4,169	43.2	25	20	81	6	7	52
24.16	Maclay Gardens	2,861	53.9	20	29	85	6	4	54
24.17	Summerbrook / Ox Bottom	7,497	42.6	27	13	72	4	8	51
25.05	Buck Lake Road / Mahan Dr	6,016	43.7	18	27	56	29	8	60
25.07	Capitola	2,371	46.5	22	17	72	21	5	52
25.08	NE / GA State Line to I-10	9,776	43.5	24	16	63	28	6	52
25.09	Lincoln High School	4,425	31.6	19	7	37	38	13	60
25.10	Apalachee Reg Park	6,228	40.9	21	17	60	29	2	51
25.11	Miccosukee Rd	1,314	53.1	18	26	75	18	1	53
25.12	Buck Lake Woods	3,683	44.2	25	15	75	10	6	49
25.13	Avondale	4,786	42.9	25	13	74	8	5	50
26.03	Tallahassee / Woodville	4,529	40.5	23	13	51	49	0	52

Table 17. Demographic Summary by Census Tract, Leon County, 2017

Tract	Description	2017 Pop	Median Age	% Age <18	% Age 65+	% White	% Black	% Hispanic	% Female
26.04	Woodville	3,130	42.7	26	15	78	17	2	51
26.05	SE CC* Outskirts	5,121	36.3	26	10	65	17	5	50
26.06	W. W. Kelly	3,336	47.6	19	16	77	14	7	53
27.01	Hwy 20	5,066	34.1	20	12	50	37	9	53
27.02	SW Leon Co	4,733	39.9	24	16	81	6	11	51

Table 17. Demographic Summary by Census Tract, Leon County, 2017

*U.S. Census Bureau, 2017 American Community Survey, 5-year Estimates, 2013-2017, *Capital Circle*

Education

Attainment Levels

The County exceeds the State in the percentage of 25 and older residents who have some college or higher, but there are some census tracts that have much lower percentages, e.g. 18.01, 6, 10.01, 20.06, 12, 14.01, 11.02, 14.02, 19.02, 23.04, 27.02, 18.02, 26.03, 26.04 have a higher percentage of residents with a high school diploma or lower attainment. (See Table 18.)

Table 18. 2017 Educational Attainment Levels Among Residents 25 and Older								
	Population 25 Years and Older	% Less than 9th Grade	% 9th-12th No Diploma	% High School*	% Some College, No Degree	% Assoc Degree**	% Bachelor's Degree	% Graduate or Professional Degree
Florida	14,396,066	5.1	7.3	29	20.4	9.8	18.2	10.3
Leon Co.	167,484	2.1	4.7	18.6	19.5	9.6	25.6	19.9
20.03 (TCC/Jail)	1,848	9.5	22.0	26.7	28.6	6.2	5.4	1.6
18.01	2,508	5.4	14.6	34.8	20.4	4.9	11.6	8.2
6	2,343	11.4	8.0	29.6	21.0	15.8	9.1	5.1
10.01	1,253	4.9	13.5	26.3	22.6	11.2	14.0	7.4
20.06	1,000	6.8	11.4	21.1	12.9	13.5	13.2	21.1
11.01	914	1.8	15.8	23.9	24.7	11.2	17.2	5.6
27.01	3,033	4.2	13.2	27.3	27.1	5.9	18.4	3.9
12	448	4.2	12.9	35.0	18.8	8.3	19.0	1.8
7	1,388	0	16.9	14.1	25.6	6.9	18.4	18.1
14.01	1,044	6.6	9.2	31.4	22.0	9.8	11.8	9.2
11.02	1,307	3.7	10.9	32.9	18.1	11.9	13.1	9.4
14.02	1,330	6.0	8.3	19.5	16.8	2.8	32.9	13.7
19.02	2,344	3.9	10.2	37.3	19.2	10.2	11.2	8.0
23.04	1,952	8.0	6.1	35.1	19.3	13.6	13.2	4.7
27.02	3,257	5.9	7.9	35.2	22.7	8.6	11.8	7.9
22.07	1,470	6.1	7.2	22.2	32.4	11.0	16.4	4.7
25.09	3,085	4.6	7.6	24.4	28.6	7.7	12.2	14.8
18.02	3,414	4.0	7.8	18.3	16.6	14.1	22.4	16.8
26.03	3,096	2.5	8.0	37.5	27.5	8.2	11.6	4.6
20.05	483	0	10.4	10.4	17.8	23.6	26.5	11.4
26.04	2,111	3.0	7.3	36.0	25.3	4.2	16.7	7.5

U.S. Census Bureau, 2017 American Community Survey, 5-year Estimates, 2013-2017, PZ=Promise Zone Tract

*High School Diploma or Equivalent   **Associates Degree

Early Learning

Children whose families are below 150% of the Federal Poverty Level (FPL) are enrolled in Leon County Schools (LCS) school readiness programs at rates higher than the State. The number of students enrolled in these programs have increased from 2013-2014 through 2017-2018, and the LCS has consistently ranked in the top three Florida school districts with the number of students enrolled in these programs. (See Table 19.)

"The purpose of the Florida Kindergarten Readiness Screener (FLKRS) is to gather information about a child's overall development and address each student's readiness for kindergarten based on the Florida Early Learning and Developmental Standards for 4-Year-Olds to Kindergarten" (EarlyLearning.com). Florida. Beginning with the 2017-18 school year, the FLKRS assessment was changed to the Star Early Literacy®, which is an online, adaptive instrument that students complete independently in approximately 15-20 minutes.

LCS students improved from fall 2017 to fall 2018, and the district now exceed the State in the percentage of students ready for Kindergarten (see Table 20). The school district with the highest school readiness scores in 2017 and 2018 was St. Johns County with 2,584 test takers in 2017 and 2,514 test takers in 2018.

Based on the results of the 2018 FLKRS, nine LCS schools fell short of the State's readiness rate, less than 40% of the students. Of the nine schools, seven serve students from high poverty tracts (see Table 21). A complete list of elementary schools in LCS with their corresponding fall 2018 FLKRS results is included in Appendix D.

Table 19. Enrollment in School Readiness Programs					
Fiscal Year	Percent of Children enrolled in School Readiness Compared to Number Below 150% of Federal Poverty Level			Leon County Rank Among 67 Counties (1=highest percent in readiness)	Highest Ranked Counties
	State	Leon County			
2017-18	25%	50%	2,983*	2	Bradford
2016-17	22%	40%	2,409	3	Bradford, Monroe
2015-16	22%	38%	2,477	2	Monroe
2014-15	24%	41%	2,651	2	Monroe
2013-14	12%	17%	2,586	11 (tied with 2 other counties)	Jackson, Jefferson, Gadsden, Putnam, Madison

*Source: Office of Early Learning Annual Reports from fiscal years 2013-14 through 2017-18; *Number enrolled*

Table 20. Florida Kindergarten Readiness Screener (FLKRS) Results	Fall 2017		Fall 2018	
	State	Leon District	State	Leon District
Number of Test Takers	187,056	2,466	185,252	2,419
Percent Ready for Kindergarten	54.0%	53.0%	52.7%	55.7%
District with Highest Readiness	St. Johns 72.6% 2,584 Test Takers		St. Johns 70.7% 2,514 Test Takers	

Source: Florida Department of Education

Table 21. Elementary Schools that Did Not Meet the State's FLKRS Benchmark, Leon District			
Leon District Elementary School	# of Test Takers	Percent Kindergarten Ready Fall 2018	Census Tracts in School Zone
Bond	98	28.6%	2, 3.02, 4, 5, 6, 10.01, 10.02, **11.01**, 11.02, 12, 18.02
Frank Hartsfield	60	31.7%	2, 3.01, **3.02**, 4, 9.01, 9.03, 9.05, 10.01
John G Riley	85	32.9%	5, 6, 13, 14.01, **14.02**, 19.02, 20.03, 20.04, 20.05, 20.06, 21.01, 21.03, 21.04, 22.01
Oak Ridge	65	33.8%	18.01, **18.02**, 27.01
Pineview	52	34.6%	11.01, 11.02, 12, 18.01, **19.01**, 19.02, 20.06, 27.01, 27.02
Fort Braden	61	36.1%	19.02, 20.03, 27.01, **27.02**
Astoria Park	84	38.1%	15, 21.01, **22.01**, 22.05, 22.07
Ruediger	69	39.1%	4.02, 6, **7**, 8, 15, 16.01, 22.01
Sabal Palm	98	39.8%	**19.02**, 20.03

Source: Florida Department of Education

Florida Standards Assessment (FSA)

The measure of assessment used for this report is third-grade reading level as it is thought to be linked to later educational outcomes. From a University of Chicago Study[1], researchers determined that:

- Third-grade reading level is a significant predictor of eighth-grade reading level.
- Eighth-grade reading in turn is a significant predictor of ninth-grade outcomes and differences in graduation and college enrollment rates, although the school a student attends in ninth grade is also significantly related to these outcomes.

To measure students' education gains and progress, Florida students in grades 3–10 take the English Language Arts (ELA) portion of the FSA; and students in grades 3–8 take the Mathematics FSA. Student performance on Florida's statewide assessments is divided into five achievement levels. Table 22 provides information regarding student performance at each achievement level; this information is provided on student reports so that students, parents, and educators may interpret student results in a meaningful way. (A list of all LCS elementary schools and the performance of students in grades three and five on the Spring 2018 ELA is in Appendix D.)

Table 22. Definitions of FSA Achievement Levels				
Level1	Level 2	Level 3	Level 4	Level 5
Inadequate: Highly likely to need substantial support for the next grade	Below Satisfactory: Likely to need substantial support for the next grade	Satisfactory: May need additional support for the next grade	Proficient: Likely to excel in the next grade	Mastery: Highly likely to excel in the next grade

Source: Florida Department of Education

Since 2015, LCS has exceeded the State in achievement on the Grade 3 ELA, but there has been a slight decline in LCS performance since 2015. St. Johns County School District outperformed all school districts in 2015-2019. (See Table 23.)

Table 23. Percentage Achievement Level 3 or Above, Florida Standards Assessment, English Language Arts, **Grade 3**					
District	2015	2016	2017	2018	2019
Florida	53%	54%	58%	57%	58%
Leon	63%	61%	62%	61%	61%
Highest* District St. Johns	73%	77%	80%	78%	78%

*Source: Florida Department of Education, *Does not include FAU, FSU, FAMU, UF Lab Schools, Florida Virtual, or Deaf/Blind*

Grade 3 LCS students out-perform the State; yet there are several schools within LCS that fall significantly behind the State. On the 2019 grade 3 ELA, students at five LCS schools had fewer than 40% scoring at level 4 (see Table 24). A list of results for all LCS schools is included in Appendix D.

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[1] https://www.chapinhall.org/research/third-grade-reading-level-predictive-of-later-life-outcomes/

Table 24. 2019 English Language Arts – Grade 3, Florida Standards Assessment Results			
Leon District Elementary School*	# of Test Takers **Grade 3**	Percent **in Level 3 or Higher**	**Census Tracts in School Zone**
John G Riley	98	22%	5, 6, 13, 14.01, **14.02**, 19.02, 20.03, 20.04, 20.05, 20.06, 21.01, 21.03, 21.04, 22.01
Bond	116	23%	2, 3.02, 4, 5, 6, 10.01, 10.02, **11.01**, 11.02, 12, 18.02
Oak Ridge	70	30%	18.01, **18.02**, 27.01
Pineview	64	31%	11.01, 11.02, 12, 18.01, **19.01**, 19.02, 20.06, 27.01, 27.02
Frank Hartsfield	74	34%	2, 3.01, **3.02**, 4, 9.01, 9.03, 9.05, 10.01

Source: Florida Department of Education

Leon County Schools and School Grades

LCS has consistently earned a grade of B over the past several years; however, five of the elementary schools are on the list of the 300 lowest performing schools in the State (300 Lowest Performing Schools in the State, Florida Department of Education Accountability Report, 2017-18).

Oak Ridge Elementary is also on the list of 48 Persistently Low Performing Schools (includes elementary, middle and high schools) in the State due to having school grades below C for 3 consecutive years (2016-2018), but the 2019 grade improved to a C. Pineview Elementary had the greatest improvement from an F in 2018 to a C in 2019. (See Table 25.)

Table 25. 2017-2018 Three-Year Average Sum of ELA Learning Gains and School Grades 2016-2019						
Elementary School	Census Tracts in School Zone	2017-18 3-year Average Sum of English Language Arts Achievement Learning Gains	School Grade by Year			
			2019	2018	2017	2016
Pineview	11.01, 11.02, 12, 18.01, **19.01**, 19.02, 20.06, 27.01, 27.02	63	C	F	C	D
Bond	2, 3.02, 4, 5, 6, 10.01, 10.02, **11.01**, 11.02, 12, 18.02	74	D	D	C	C
Frank Hartsfield	2, 3.01, **3.02**, 4, 9.01, 9.03, 9.05, 10.01	79	C	D	C	D
John G Riley	5, 6, 13, 14.01, **14.02**, 19.02, 20.03, 20.04, 20.05, 20.06, 21.01, 21.03, 21.04, 22.01	79	D	C	D	C
Oak Ridge	18.01, **18.02**, 27.01	81	C	D	D	D

Source: Florida Department of Education Accountability Report, 2017-2018; Bolded tracts indicate location of schools.

LCS falls behind the State on the percentage of schools with grades of C or better, but school grades have improved since last school year, (see Table 26.) A detailed list of LCS school grades is provided in Appendix D.

Table 26. 2019 School Grades for Leon District Schools						
School Level	# of Schools	A	B	C	D	F
Elementary	23	6	4	11	2	0
Middle	8	3	2	2	1	0
High	6	2	3	1	0	0
Combo	5	2	1	2	0	0
Virtual	1	1	0	0	0	0
TOTAL LEON DISTRICT	43	14	10	16	3	0
% of Leon District		32.6%	23.3%	37.2%	7.0%	0%
STATE TOTAL	3,293*	1,167	901	1051	156	15
% of State		35.4%	27.4%	31.9%	4.7%	0.5%

*Source: Florida Department of Education; *Number of schools receiving a grade of A, B, C, D, or F*

Title I Schools

Title I, Part A is a federal program designed to provide children significant opportunities to receive a fair, equitable, and high-quality education, and to close educational achievement gaps. Title I, Part A funding is awarded through a grant and is allocated under the Elementary and Secondary Education Act (ESEA) of 1965, as amended by Every Child Succeeds Act (ESSA) of 2015. Funds are provided to eligible traditional and charter public schools, to sites serving neglected or delinquent youth, and to support homeless children as well as Leon County Schools Title I program in eligible non-public (private) schools that choose to participate.

In Leon County Schools, twenty-three (23) public schools (twenty-one traditional schools and two charter schools) qualify for Title I, Part A funding based on free or reduced lunch (F/RL) percentages. Public schools with 75.01% or higher F/RL are eligible to receive Title I funding, as per the school district's Title I plan. (*Excerpted from Leon District Schools, https://www.leonschools.net/Page/171*)

The three schools with an asterisk were added to the list of Title I schools within the past five years per the Title I Coordinator at Leon District Schools. (See Table 27.)

Level	2019-20 TITLE I Schools Leon District	Census Tract of School	Census Tracts in School Zone	2018-19 School Enrollment
	Table 27. 2019-20 Title I Schools, Leon District			
Elementary	Apalachee	25.09	3.02, 3.03, 9.03, 9.04, 9.05, 25.09, 25.10	615
	Astoria Park	22.01	15, 21.01, 22.01, 22.05, 22.07	591
	Bond	11.01	2, 3.02, 4, 5, 6, 10.01, 10.02, 11.01, 11.02, 12, 18.02	687
	Chaires*	25.13	25.07, 25.08, 25.10, 25.12, 25.13, 26.06	518
	Hartsfield	3.02	2, 3.01, 3.02, 4, 9.01, 9.03, 9.05, 10.01	443
	Oak Ridge	18.02	18.01, 18.02, 27.01	516
	Pineview	19.01	11.01, 11.02, 12, 18.01, 19.01, 19.02, 20.06, 27.01, 27.02	330
	Riley	14.02	5, 6, 13, 14.01, 14.02, 19.02, 20.03, 20.04, 20.05, 20.06, 21.01, 21.03, 21.04, 22.01	615
	Ruediger	7	4.02, 6, 7, 8, 15, 16.01, 22.01	497
	Sabal Palm	19.02	19.02, 20.03	552
	Sealey*	16.01	16.01, 16.02, 22.07	494
	Springwood	22.05	22.05, 22.06, 22.07	592
K-8	Fort Braden	27.02	19.02, 20.03, 27.01, 27.02	774
	Woodville	26.04	26.03, 26.04	518
Middle	Fairview*	18.02	2, 3.03, 18.02, 19.03, 19.04, 25.09, 25.10, 26.05, 26.06	837
	Griffin	14.01	6, 13, 14.01, 14.02, 15, 21.01, 21.03, 21.04, 22.01, 22.05, 22.06, 22.07, 22.08	636
	Nims	11.02	4, 5, 11.01, 11.02, 12, 13, 18.01, 19.01, 19.02, 20.03, 20.04, 20.05, 20.06, 26.03, 26.04, 27.01	503
High	Godby	21.03	5, 13, 14.01, 14.02, 15, 19.02, 20.03, 20.04, 20.05, 20.06, 21.01, 21.03, 21.04, 22.01, 22.05, 22.06, 22.07, 22.08, 27.01, 27.02	1,385
	Rickards	3.02	2, 3.01, 3.02, 3.03, 4, 9.03, 9.04, 9.05, 10.01, 11.02, 12, 18.01, 19.01, 19.02, 20.04, 20.06, 25.09, 25.10, 26.03, 26.04, 26.05, 26.06, 27.01	1,495
	Success Academy	20.03	All Tracts	220
Combination	Governors Charter	25.05 – all tracts	All Tracts	479
	Second Chance at AMI Kids/Ghazvini	21.01 – all tracts	All Tracts	101
	Tallahassee School of Math and Science	22.07 – all tracts	All Tracts	422

Source: 2018-19 School Enrollment, Florida Department of Education, Final Survey 2

Retention

LCS exceeded the State's retention rates for the following grade levels: kindergarten, first, second, and sixth through eleventh. The retention rates for ninth, 11th, and 12th were, in some cases, double the state's retention rate. (See Table 28.)

Table 28. 2017-18 Retention Rates by Grade, Leon District			
	2017-18 Retention Rate		Highest and Lowest Retention Districts	
Grade	Leon District	Florida	Highest Retention*	Lowest Retention*
Kindergarten	4.86%	3.20%	Union	Hendry
First	6.60	3.53	Jefferson	Manatee
Second	2.76	2.30	Jefferson	Manatee
Third	4.43	8.00	Jefferson	Hendry
Fourth	0.68	1.19	Madison	9 Districts**
Fifth	0.28	0.77	Madison	10 District**
Sixth	2.47	1.17	Gadsden	7 Districts**
Seventh	1.63	1.54	Liberty	6 Districts**
Eighth	2.21	2.14	Hamilton	Franklin & Jefferson
Ninth	6.04	3.09	Washington	20 Districts**
Tenth	4.02	3.68	Duval	17 Districts**
Eleventh	6.35	3.21	Taylor	14 Districts**
Twelfth	0.61	5.18	Gadsden	Hamilton, Lafayette, Suwannee, & Taylor

Source: Florida Department of Education

*Excludes: FAMU, FAU, FSU & UF lab schools; Florida Virtual School; Deaf & Blind School   **Indicates the number of districts with no retentions

Graduation

The Florida Department of Education's March 2018 report, "Florida's High School Cohort 2017-18 Graduation Rate", states:

- Florida uses Federal guidelines for the graduation rate which includes standard diplomas but excludes GEDs, both regular and adult, and special diplomas
- Florida's graduation rate is a cohort graduation rate.
- The graduation rate measures the percentage of students who graduate within four years of their first enrollment in ninth grade.

Florida's high school graduation rate has steadily increased over the past five years. LCS's rate has also increased but experienced a dip in 2016-17. The LCS rate has consistently been higher than the State rate. (See Table 29.)

Table 29. Five Year Cohort Graduation Rate Using Federal Guidelines					
District	2013-14	2014-15	2015-16	2016-17	2017-18
FLORIDA	76.1%	77.9%	80.7%	82.3%	86.1%
Leon	83.5	87.2	92.3	88.6	93.0
Highest* District	95.4 Gilchrist	96.9 Dixie	97.7 Gilchrist	93.4 Gilchrist	97.4 Lafayette

Source: Florida Department of Education

*Excludes: FAMU, FAU, FSU & UF lab schools; Florida Virtual School; Deaf & Blind School

The 2017-18 cohort graduation rate by high school and race/ethnicity is shown in Table 30. Excluding the Ghazvini Center, all rates exceed the State. The rate for Black students is lowest at Leon and Lincoln high schools, and the rate at Ghazvini Center is 65% for Black students. For Hispanic students, the rate is lowest at Godby and Rickards high schools although the number of Hispanic students in the cohort is very low at those two high schools.

Table 30. 2017-2018 Cohort High School Graduation Rate Using Federal Guidelines									
	White			Black			Hispanic		
	Grads	Cohort	%	Grads	Cohort	%	Grads	Cohort	%
Florida	75,322	84,605	89.0	37,977	46,921	80.9	55,260	64,926	85.1
Leon District**	1,004	1,045	96.1	825	928	88.9	118	127	92.9
Leon	272	280	97.1	148	160	92.5	30	31	96.8
Rickards	18	19	94.7	225	241	93.4	18	20	90.0
Godby	42	43	97.7	207	223	92.8	20	22	90.9
Lincoln	200	212	94.3	157	174	90.2	24	26	92.3
Lawton Chiles	397	398	99.7	42	43	97.7	19	20	95.0
Ghazvini Center	*	*	*	21	32	65.6	*	*	*
Sail	58	61	95.1	17	17	100	*	*	*

Source: Florida Department of Education   *Indicates less than 10 students in group   **Does not include FAMU, FSU lab schools, School of Deaf and Blind. Other schools not listed due to small numbers in each racial group.

Dropout

> The cohort-based dropout rate is the percentage of students who drop out of school within four years of the first enrollment in ninth grade. A dropout is defined as a student who withdraws from school for any of several reasons without transferring to another school, home education program, or adult education program (Florida's High School Cohort 2016-17 Dropout Rate, February 2018, Florida Department of Education).

LCS had the lowest 2016-2017 cohort dropout rate in the State at 0.4% compared with 4.0% statewide. (See Figure 10.)

Figure 10. Cohort-Based Dropout Rates

Source: Florida Department of Education
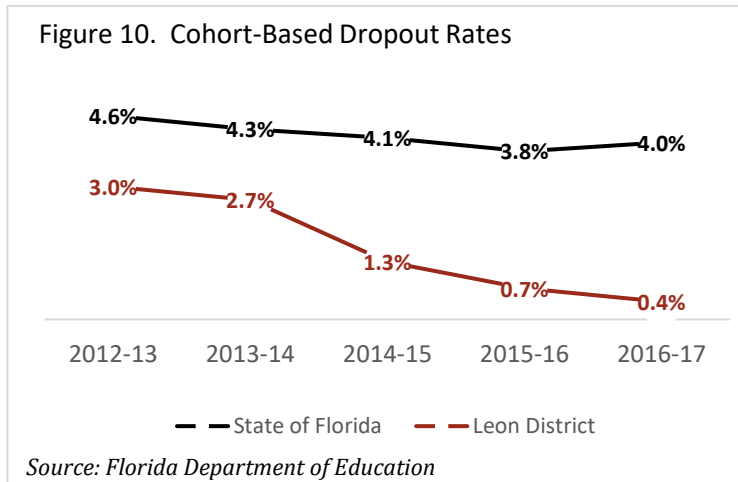
Juvenile Delinquency

The school related arrest rate (per 1,000 school population) for the State and for Leon County has declined over the years, but the Leon rate continues to exceed the State. (See Table 31.) This rate includes felony and misdemeanor arrests.

Table 31. School Related Arrest Rate per 1,000 School Population* 2013-14 through 2017-18					
	2013-14	2014-15	2015-16	2016-17	2017-18
Florida Rate	7.3	6.8	5.6	5.0	5.0
Leon Rate	7.0	9.6	9.6	8.7	7.9
Leon Number of Arrests	118	160	163	149	136

Source: Florida Department of Education, Grades 6-12, Survey 2 Data; Florida Department of Juvenile Justice, Juvenile Justice Information System; *Only includes Misdemeanor and Felony Arrests.

For all offenses, the Leon delinquency arrest rate per 1,000 population age 10-17 has surpassed the State rate in recent years and the gap between Leon and the State has widened for the 2017-18 fiscal year with the Leon arrest rate at 41.5 per 1,000 youth and the State at 35.6 per 1,000 youth. (See Table 32.)

Arrest Rate per 1,000 Population Age 10-17, 2013-14 through 2017-18

Table 32. Delinquency Arrest Rate per 1,000 Population Age 10-17, 2013-14 through 2017-18					
	2013-14	2014-15	2015-16	2016-17	2017-18
Florida Rate	44.5	43.7	40.8	39.0	35.6
Leon Rate	40.8	40.6	38.6	41.0	41.5
Leon Number of Arrests	978	981	938	1,006	1,019
Leon Number of Felony Arrests	353	346	398	422	368

Source: Florida Department of Juvenile Justice, Juvenile Justice Information System

Economic Factors

The United States Census Bureau has several programs that provide estimates of population and socio-economic data. The programs do not use the same sampling methodology, so comparisons among geographies must be done with care. See Table 33 for an example of the disparities that can result from the different methodologies. The official national poverty rate is provided by CPS which is designed for the larger population of the United States. The ACS is best used for local rates (states, counties, ZIP codes and census tracts).

2017 Poverty Rate Among Individuals from US Census Bureau Programs

Table 33. 2017 Poverty Rate Among Individuals for US Census Bureau Programs			
	ACS 5-yr[+]	CPS*	SAIPE**
United States	14.6	12.3	
Florida	15.5	13.7	14.1
Leon County	20.5		18.0

[+]U.S. Census, American Community Survey: provides census tract, zip code, county, state level data
*U.S. Census, Community Population Survey: Official National Poverty Rate
**U.S. Census, Small Area Income Poverty Estimates program: provides school district, county, and state level

Poverty

Following the Office of Management and Budget's (OMB) Statistical Policy Directive 14, the Census Bureau uses a set of money income thresholds that vary by family size and composition to determine who is in poverty. If a family's total income is less than the family's threshold, then that family and every individual in it is considered in poverty. (excerpted from Census.gov).

The poverty figures provided in the report represent 100% poverty, i.e., poverty is determined if income is less than threshold with the exception of the early learning enrollment previously discussed as the Early Learning Coalition uses 150% poverty to determine eligibility for programs (income is less than 1.5 times poverty threshold).

Poverty status cannot be determined for people in:
- Institutional group quarters (such as prisons or nursing homes)
- College dormitories
- Military barracks
- Living situations without conventional housing (and who are not in shelters)

In the 3-year period between 2014 and 2017, the U.S. Census, ACS estimates the percent of individuals in poverty has declined in Florida from 16.7% to 15.5% and in Leon County from 23.7% to 20.5%. This is true of many ZIP codes in the County with the exception of 32312 and 32317 where the rate has increased slightly in the same time period. (See Table 34.)

Table 34. ACS Estimates of People in Poverty, 2014 and 2017				
	2014 Poverty Estimate		2017 Poverty Estimate	
	Percent in Poverty	Number in Poverty	Percent in Poverty	Number in Poverty
Florida	16.7	3,159,259	15.5	3,070,972
Leon Co.	23.7	63,535	20.5	56,180

Source: U. S. Census Bureau, American Community Survey, 5-year Estimates, 2010-2014 & 2013-2017, Table DP03

A look at poverty rates by age group, shows that children and senior adults have a lower poverty rate in the County than Statewide, but the 18-64-year-old population has a higher poverty rate in Leon County compared with the State. This is driven by the 18-24 age population of which Leon County has a significant percent (22.6%) compared to the State (8.7%). The percent of this age group who are below the poverty level is 67.3%, but poverty status is not determined for over half of this age group. (See Table 35.)

The poverty rate by educational attainment among aged 25 and older shows that those individuals with lower educational attainment have the highest poverty rate. Of note is the higher poverty rate among those with less than high school (or GED) attainment in Leon County as compared with the State. (see Table 36).

Table 35. 2017 ACS Percent Poverty Estimates by Age Group				
	All Individuals	0-17 years	18-64 years	65 and older
Florida	15.5	22.3	14.8	10.3
Leon County	20.5	18.8	23.6	6.3
Leon County People in Poverty	56,180	9,985	44,119	2,076

Source: U. S. Census Bureau, American Community Survey, 5-year Estimates, 2013-2017, Table DP03
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Table 36. 2017 Percent Poverty by Educational Attainment Levels Among 25 and Older					
	% Poverty Aged 25 and older 2017	Educational Attainment			
		Less than High School	High School Graduate or Equivalent	Some College or associate degree (A.A.)	Bachelor's Degree or Higher
Florida	12.7	26.9	15.6	10.7	6.0
Leon County	11.6	35.2	18.6	12.6	5.0
Leon County Estimated Number in Poverty	19,181	3,736	5,668	6,005	3,772

Source: U.S. Census Bureau, 2013-2017 American Community Survey, 5-year Estimates, Table S1701

Table 37 contains a list of the census tracts in the Promise Zone in addition to other high poverty census tracts that are not in the Promise Zone. Census Tracts 5 (Civic Center) and 13 (FSU) have been removed as poverty could not be determined for the majority of the population in those tracts. Other tracts with a lower percentage of known poverty status are highlighted.

Many of the higher poverty tracts are associated with much lower median ages than Leon County's median age. Several of these tracts also have a high 18-24 age population suggesting college student concentration.

Table 38 contain five of Leon County's ten zip codes where people reside: 32301, 32303, 32304, 32305, 32310, although all tracts in these zip codes are not represented in the table. The following demonstrates that the majority of tracts in zip codes 32304 and 32310 are part of the promise zone/high poverty areas.

Table 37. Median Age and Poverty for Promise Zone and Other High Poverty Tracts						
Census Tract	Tract Location Description	Median Age	Total Population	% Poverty	% Population Age 18-24	Zip Code(s)
Promise Zone Tracts						
4	FAMU Area	19.8	2,439	54.4	71.2	01, 10
6	French Town	29.8	3,984	56.9	30.5	01, 03, 04
10.01	South City	22.3	2,863	45.9	29.2	01
10.02	Apalachee Ridge	22.3	2,519	28.2	40.9	01
11.01	Bond	20.7	2,510	37.1	46.9	01, 05, 10
11.02	Jake Gaither/Nims	27.3	2,363	28.0	24.4	01, 05, 10
12	Capital Cascades Park	24.0	1,026	48.7	53.2	04, 10
14.01	Griffin Heights	26.9	1,892	49.7	34.9	04
14.02	Griffin Heights Outer	22.2	5,305	69.3	62.1	03, 04
19.01	FAMU/FSU Engineering	28.6	2,143	32.5	17.5	05, 10
Non-Promise Zone Tracts						
19.02	Black Swamp	27.5	4,494	43.7	17.9	04, 05, 10
20.03	TCC / Jail	30.5	2,852	61.6	32.9	04
20.04	Proctor Honda	21.7	6,666	58.8	69.4	04
20.05	FSU Area	21.4	3,391	65.9	83.6	04
20.06	Pensacola	21.9	4,404	62.2	74.1	04
21.03	Godby HS	22.0	4,157	43.7	66.7	04
21.04	Gretchen	21.9	8,479	57.2	67.4	03, 04
Leon County		30.5	285,890	20.5	22.6	n/a

Source: U. S. Census Bureau, 2017 American Community Survey, 5-year Estimates. Highlighted poverty % indicates that poverty status was not determined for a large portion of population. Tracts 4, 11.01 and 20.03 have 42.9%, 60.9%, and 60.0% respectively of the population with known poverty status.

Table 38. Crosswalk Between High Poverty Tracts and Corresponding Zip Codes		
Zip Code	Tracts in Promise Zone/High Poverty	Other Tracts in Zip Code that are not in Promise Zone/High Poverty
32301	4, 5, 6, 10.01, 10.02, 11.01, 11.02	2, 3.01, 3.02, 3.03, 7, 9.03, 9.04, 9.05, 18.01, 25.09, 26.05
32303	6, 14.02, 21.04	2, 7, 8, 15, 16.01, 17, 21.01, 22.01, 22.05, 22.06, 22.07, 22.08, 23.02, 23.03, 23.04
32304	5, 6, 12, 13, 14.01, 14.02, 19.02, 20.03, 20.04, 20.05, 20.06, 21.03, 21.04	22.01, 23.04, 27.01, 27.02
32305	11.01, 11.02, 19.01, 19.02	18.01, 18.02, 26.03, 26.04, 27.01, 27.02
32310	4, 5, 11.01, 11.02, 12, 19.01, 19.02	27.01, 27.02

Poverty Summary by Census Tract and Age Group. The poverty rate for children (less than 18 years old) and seniors (65 and older) for each of the 68 census tracts is included in Appendix E. Table 39 is a list of the top ten tracts with highest poverty for these group as determined by the number of persons in poverty.

Table 39. Tracts with High Number of Children or Seniors in Poverty					
Children (< 18 years)			Seniors (65+ years)		
Tract	% Poverty	# in Poverty	Tract	% Poverty	# in Poverty
10.01	57.7	446	6	52.0	170
14.02	78.8	539	9.01	5.9	77
15	37.1	290	10.01	41.1	72
18.01	48.6	791	14.01	32.8	115
18.02	31.1	510	17	5.5	104
19.02	65.9	888	18.02	18.7	71
22.01	40.9	468	21.01	14.5	86
22.05	26.2	385	25.05	8.9	145
27.01	39.0	397	26.03	11.0	64
27.02	25.5	293	27.02	14.6	108
Other tracts with 200 or more estimated children in poverty: 4, 6, 11.02, 16.01, 19.01, 21.04, 23.03, 23.04, 25.09			Other tracts with 50 or more estimated seniors in poverty: 2, 16.02, 25.08		

Source: U. S. Census Bureau, 2017 American Community Survey, 5-year Estimates.

Median Household Income. The median household income has increased in the State and for Leon County, but the County's median is lower than the State. The percent of households receiving Food Stamp/SNAP benefits is lower for Leon County than for the State and while the percentage for the State has remained stable from the 2014 estimates to the 2017 estimates, the Leon County percent has declined. (See Table 40.) Table 41 summarizes the economic indicators for the census tracts in Leon County with low median household income (<$30,000). In census tracts 4, 5, 6, 10.01, 11.01, 12, 14.01, 14.02, 19.01, 19.02, 20.04, 20.05, 20.06, 21.04, 45% or more of the residents who rent spend 35% or more of the household income on rent. The majority of the occupied household units in these tracts are renter occupied. A complete listing of all 68 census tracts in provided in Appendix E

Table 40. Median Household Income and SNAP Benefits				
	Median Household Income		% Households with Food Stamps / SNAP Benefits	
	2014 ACS	2017 ACS	2014 ACS	2017 ACS
Florida	$47,212	$50,883	14.3%	14.4%
Leon County	$46,620	$49,941	13.1%	12.5%
Leon County Number Occupied Housing Units		110,669		112,373

Source: U.S. Census Bureau, American Community Survey, 2014 and 2017 5-year estimates; Table DP03

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Table 41. 2017 Household Information for Census Tracts with Median Household Income < $30,000								
Tract	Description	# of Households or Housing Units	% Occupied Units	% Renter Occupied Units (among occupied)	Rent is 35% or more of Household Income (%)	Median Household Income	% Households with SNAP Benefits	% Households with no Vehicle
4	FAMU Area	627	74.6	78.8	65.6	$ 27,071	32.5	22.0
5	Civic Center	1,131	78.6	100.0	81.2	$ 11,039	7.8	11.1
6	French Town	1,691	83.0	70.7	56.6	$ 24,231	32.5	21.2
10.01	South City	1,137	88.9	81.8	48.3	$ 25,208	49.7	27.4
11.01	Bond	978	70.3	70.8	61.4	$ 24,250	45.3	27.6
12	Capital Cascades Park	728	64.6	81.1	65.0	$ 20,161	27.9	17.4
14.01	Griffin Heights	1,158	78.7	74.2	71.0	$ 18,630	23.3	16.4
14.02	Outer Griffin Heights	2,230	85.8	90.5	68.2	$ 16,313	23.1	19.3
19.01	FAMU-FSU Engineering	1,555	62.9	72.8	60.6	$ 24,500	25.9	24.2
19.02	Black Swamp	1,995	82.1	64.3	68.5	$ 27,156	44.2	7.7
20.04	SAIL HS	3,818	78.3	95.6	77.1	$ 18,309	14.2	10.1
20.05	FSU Area	1,705	84.7	99.2	76.1	$ 14,113	8.1	12.7
20.06	Pensacola to Plant	2,215	82.6	92.9	68.5	$ 21,088	9.5	9.0
21.04	Gretchen Everhart	3,930	86.7	81.9	70.6	$ 25,552	17.1	6.7

Source: U.S. Census Bureau, American Community Survey, 2017 5-year estimates; Tables DP03 & DP04

Food Insecurity

The United States Department of Agriculture defines food insecurity as "access by all people at all times to enough food for an active, healthy life" (Household Food Insecurity in the United States in 2017). The Food Insecurity Rate (FIR) is the percentage of the population that experienced food insecurity at some point during the year. The Child Food Insecurity Rate (CFIR) is the approximate percentage of children (under 18 years old) living in households in the United States that experienced food insecurity at some point during the year.

The FIR for the top 12 counties in Florida, counties that have the highest percentage of the population that experienced food insecurity, is shown in Table 42. Although the County is the fourth highest, the County has one of the lowest FIRs for children when compared with other counties in Florida.

In 2017, 19.7% persons and 19.4% children were food insecure in Leon County. (See Table 43.). Based on the 2018 Map the Meal Gap Report, it is estimated that 40% of food insecure children are likely not income-eligible for federal nutrition assistance

Table 42. Top 12 Food Insecure Counties in Florida, 2017							
County	% F.I. 2015	% F.I. 2016	% F.I. 2017	Child % F.I. 2015	Child % F.I. 2016	Child % F.I. 2017	2017 Rank Child% F.I.
Statewide	15.1	13.9	13.4	22.7	20.7	20.4	
Gadsden*	24.6	23.9	22.2	26.7	25.5	25.3	4
Madison*	22.2	22.5	22.2	25.2	25.9	29.0	1-highest
Hamilton	21.6	21.5	20.2	28.2	26.4	24.6	11
Leon*	22.1	21.1	19.7	21.0	19.9	19.4	53
Jackson*	20.4	20.1	18.8	26.6	25.5	23.9	14
Alachua	20.4	19.8	18.7	21.8	20.9	20.1	42
Putnam	20.4	19.4	18.7	30.3	27.8	27.6	2
Union	19.3	19.2	17.9	25.5	25.4	24.0	13
Duval	20.0	19.0	17.7	23.2	21.8	21.1	35
Holmes	19.2	18.4	17.6	30.0	27.3	26.5	3
Jefferson*	19.5	18.7	16.9	22.0	22.4	20.0	43
Escambia	19.2	18.0	16.9	24.0	21.9	21.4	27

*Feeding America.org   *Part of Service Area of America's Second Harvest of the Big Bend, Inc.*

Table 43. Food Insecure Persons and Children, 2015-2017		
Year	Estimated Number of Food Insecure Persons (F.I. %) Leon County	Estimated Number of Food Insecure Children (F.I. %) Leon County
2015	62,390 (22.1)	11,390 (21.0)
2016	60,150 (21.1)	10,670 (19.9)
2017	56,310 (19.7)	10,460 (19.4)

Feeding America.org. Feeding America provides rounded estimates.

ALICE Households – The Working Poor.
ALICE is comprised of households with income above the Federal Poverty Level but below the basic cost of living. A household consists of all the people who occupy a housing unit but does not include those living in group quarters such as a dorm, nursing home, or prison.

The ALICE threshold is the average income that a household needs to afford the basic necessities defined by the Household Survival Budget for each county in Florida. Households earning below the ALICE threshold include ALICE and poverty-level households.

The County has the fifth lowest ALICE ranking at 24.8%. Since 2010, the percent of ALICE and poverty households has shown little change with the exception of a dip in 2012 (45% in 2010, 39% in 2012, 43% in 2014, and 43% in 2016). Combining the ALICE households with the poverty households, makes the County the 21st lowest county in the State. However, the data indicates that over 40% of Leon County households struggle to afford basic needs when you combine the poverty households with the ALICE households. (See Table 44.) When you look at ALICE by ZIP code, there are several --- 32301, 32303, 32305 and 32310 --- with the percentage of ALICE households above 30%. (See Appendix E for ALICE data by ZIP code.)

Table 44. Leon County Poverty and ALICE Households, 2010, 2012, 2014, and 2016							
Year	Total Households	Poverty Households		ALICE Households		Poverty + ALICE Households	
		Number	Percent	Number	Percent	Number	Percent
2010	108,439	26,494	24.4	23,180	21.4	49,674	45.8
2012	108,915	22,724	20.9	19,674	18.1	42,398	38.9
2014	112,145	25,317	22.6	22,426	20.0	47,743	42.6
2016	112,119	20,277	18.1	27,771	24.8	48,048	42.9

Source: United Way ALICE Report 2018.

Unemployment

Statewide and countywide, the unemployment rate has decreased over the 3-year period 2014 to 2017. (See Table 45.) Table 46 shows the census tracts with the highest civilian unemployment rate for 2017 (> 14%). There are several other tracts that exceed 10% unemployment. Those tracts are: 3.03, 11.02, 15, 16.01, 19.01, 21.04, 22.01, 22.06, and 24.11. The tracts with the highest civilian unemployment rate for residents 16 and older in 2017 was the tracts/ZIP codes surrounding the colleges and universities. Once the colleges and universities are taken out of the picture, the French Town area has the highest unemployment rate for civilians 16 and older. The unemployment rate for all 68 census tracts is found in Appendix E.

Table 45. Unemployment Rate, 2014 and 2017				
	25-64-year-old Civilian Population		16 and older Civilian Population	
	2014	2017	2014	2017
Florida	9.5	6.2	10.9	7.2
Leon	7.1	5.6	11.2	8.8
Leon County Estimated Number Unemployed	7,659	5,980	17,201	13,890

Source: U.S. Census Bureau, American Community Survey, 2017, 5-year estimates, Table S2301

Table 46. Unemployment Rate and Median Age for Tracts with High Unemployment				
Census Tract	Tract Location Description	Median Age	% Civilian 16+ Unemployed	Zip Code(s)
4 PZ	FAMU Area	19.8	29.5	01, 10
5 PZ	Civic Center	21.1	17.6	01, 04, 10
6 PZ	French Town	29.8	23.6	01, 03, 04
10.01 PZ	South City	22.3	19.9	01
10.02 PZ	Apalachee Ridge	22.3	16.5	01
11.01 PZ	Bond	20.7	14.4	01, 05, 10
14.01 PZ	Griffin Heights	26.9	15.0	04
14.02 PZ	Griffin Heights N&W Outer	22.2	18.1	03, 04
18.01	Ridge Rd South to Capital Circle SW	27.1	18.7	05
19.02	Tallahassee Museum / Black Swamp	27.5	14.1	04, 05, 10
20.03	TCC / Jail	30.5	24.4	04
20.04	Proctor Honda/SAIL High	21.7	14.6	04
20.05	FSU Area	21.4	18.0	04
20.06	Pensacola	21.9	17.5	04
22.07	N Hwy 27, Outside I-10	32.3	16.5	03, 12
23.04	Ochlockonee River Mgmt, S of I-10	30.9	14.1	03, 04
25.11	Miccosukee Rd / Greenway Thorton	53.1	15.1	08
27.01	Airport Outskirts / Hwy 20	34.1	14.3	04, 05, 10

Source: U.S. Census Bureau, American Community Survey, 2017, 5-year estimates, Table S2301.

Home Ownership, Rent, and Transportation

Leon County has a lower percentage of housing units that are owner-occupied than the State, although this is not surprising due to the high college student population in Leon County. In addition, a slightly higher percentage of households in Leon County are spending 35% or more of their household income on rent. This percentage of households has declined by 3.5 percentage points alongside the decline witnessed statewide from the 2014 to the 2017 estimates. Housing units with no vehicles has also declined from the 2014 estimates to the 2017 estimates. (See Table 47.)

Table 47. Home Ownership, Rent and Transportation, 2014 and 2017						
	Owner Occupied Housing Units		Rent is 35% or more of Household Income		Housing Units with no Vehicles	
	2014	**2017**	**2014**	**2017**	**2014**	**2017**
Florida	66.1%	64.8%	49.5%	47.4%	7.1%	6.7%
Leon County	53.1%	52.6%	53.1%	49.6%	6.7%	5.9%

Source: U.S. Census Bureau, ACS, 2010-2014 & 2013-2017, 5-year estimates, Table DP04.

Uninsured

The percentage of uninsured residents in the County is lower than in the State among the non-institutionalized population and among children (< 19 years old) and among those employed, ages 19-64. (See Table 48.) A comparison of uninsured residents in Census Tracts and their employment rates also shows that in tract 6, French Town has almost 32% of its residents uninsured with an almost equal percentage of unemployed residents among the 19-64 years old (see Table 49). The percent uninsured for each census tract is provided in Appendix E.

Table 48. Uninsured Among Population, Children and Employed, 2017			
Uninsured	Among Non-Institutionalized Population	Among Children (< 19 years)	Among Employed (19-64 years)
State	14.9%	8.5%	19.5%
Leon County (percent)	9.1%	4.9%	10.1%
Leon County (number)	25,778	2,988	13,478

Source: American Community Survey, 5-year estimates, 2013-2017, Table DP03

Table 49. Uninsured Among Population, Children and Employed for High Uninsured Tracts, 2017			
Percent Uninsured by Census Tract for High Uninsured Tracts in each subpopulation	Among Non-Institutionalized Population	Among Children (< 19 years)	Among Employed (19-64 years)
20.03 TCC / Jail	33.9%		24.0%
6 French Town	31.9%	13.1%	32.4%
12 Capital Cascades Park S to Kissimmee	21.1%		21.5%
22.07 North Hwy 27 Outside I-10	20.2%	29.4%	14.9%
10.01 South City	20.0%		25.6%
18.01 Ridge Road South to Capital Circle SE	16.7%		24.2%
27.02 Toe of Boot – SW Leon County	16.6%	16.5%	18.2%
3.03 Hilaman Golf East to Capital Circle	16.5%		17.5%
19.02 Tallahassee Museum / Black Swamp	16.5%		22.0%
27.01 Airport Outskirts / Hwy 20	16.3%	9.5%	17.0%
25.09 Lincoln High School	15.3%		
10.02 Jack L. McLean Park/Apalachee Ridge	15.2%		18.8%
16.01 Macon Community	15.2%	17.8%	15.5%
20.04 Proctor Honda – SAIL High School	15.2%	13.7%	18.4%
21.03 Godby H.S. to Mission San Luis		14.4%	

Source: American Community Survey, 5-year estimates, 2013-2017, Table DP03

Health

Leon County Health Rankings

Findings from the Robert Wood Johnson County Health Rankings are presented in Table 50 for the County. The County's rankings in both Health Outcomes (length of life and quality of life) and Health Factors (health behaviors, clinical care, social and economic factors and physical environment) have improved since the 2016 rankings. A detailed comparison of 2019 data with previous years is discouraged due to changes in the ranking determination.

Table 50. Rankings of Health Outcomes and Factors				
	Health Outcomes Rankings		Health Factors Rankings	
Year	2016	2019	2016	2019
St. Johns	1	1	1	1
Alachua	25	31	10	6
Gadsden	67	63	65	65
Leon County	**23**	**15**	**24**	**14**

2019 Robert Wood Johnson County Health Rankings

For the measures presented in Table 51, Alachua County data is presented for comparison because it is like the County, and St. Johns County is included as the overall top ranked county. The County ranks near the top in Length of Life, Clinical Care and Social/Economic Factors. The County is ranked in the middle of all counties on Quality of Life and Health Behaviors but ranks almost last in Physical Environment.

For the length of life measure (see Table 52), the County fairs better than the State, but the years of potential life lost per 100,000 Black residents in the County exceeds the State.

Table 51. Robert Wood Johnson County Health Rankings, 2019			
Health Outcomes and Factors	Leon Rank	Alachua Rank	St. Johns Rank
Length of Life	5	12	3
Quality of Life	32	51	1
Health Behaviors	32	22	6
Clinical Care	5	1	2
Social & Economic Factors	8	11	1
Physical Environment	64	38	52

Table 52. Length of Life Measure, Premature Death				
Length of Life Measure – Premature Death	Leon	Florida	Alachua	St. Johns
Years of Potential Life Lost per 100,000 (YPLL)	6,133	7,200	6,894	5,719
Black	8,594		10,919	9,453
Hispanic	3,754		3,390	4,034
White	5,243		6,479	5,789

2019 Robert Wood Johnson County Health Rankings

In clinical measures, the County fairs better or close to the State measures except in the following categories: ratio of the population to one dentist; preventable hospital stays per 100,000 Black Medicare enrollees; and Black and Hispanic Medicare enrollees who receive an influenza vaccination. (See Table 53.)

In Table 54, the County has a smaller percentage (14.8%) of residents in poor or fair health than the State (19%). In Table 55, excessive drinking, alcohol-impaired driving deaths and newly diagnosed Chlamydia

cases are the measures where the County fairs worse than the State. The air pollution measures for the County exceed the State and the other comparison counties. (See Table 56.)

Table 53. Clinical Care Measures				
Clinical Care Measures	Leon	Florida	Alachua	St. Johns
Ratio of Population to 1 Primary Care Physician	1,199	1,390	672	1,049
Ratio of Population to 1 Dentist	2,216	1,700	587	1,920
Ratio of Population to 1 Mental Health Provider	490	670	171	917
Preventable Hospital Stays per 100,000 Medicare enrollees	4,633	5,066	5,336	4,097
Black	8,220		10,344	7,604
Hispanic	5,666		5,234	5,082
White	3,634		4,476	3,906
% of female Medicare enrollees ages 65-74 that receive mammography screening	41	42	46	49
% of Medicare enrollees who receive an influenza vaccination	39	41	45	47
Black	23		32	31
Hispanic	30		40	38
White	43		46	47

2019 Robert Wood Johnson County Health Rankings

Table 54. Quality of Life Measures				
Quality of Life Measures	Leon	Florida	Alachua	St. Johns
% Poor or Fair Health	14.8	19	19.3	11.3
Poor Physical Health Days (average)	3.9	3.8	4.4	3.4
Poor Mental Health Days (average)	4.0	3.8	4.3	3.4

2019 Robert Wood Johnson County Health Rankings

Table 55. Health Behavior Measures				
Health Behaviors Measures	Leon	Florida	Alachua	St. Johns
Adult Smoking (% adults who are current smokers)	14.3	15	14.9	13.4
Adult Obesity (% adults reporting MBI >30)	28.8	27	25.3	22.8
Physically Inactive (% adults 20+ reporting no leisure-time physical activity)	21.5	25	23.3	19.5
% with Access to Exercise	85.9	88	86.3	88.9
Excessive Drinking (% reporting binge or heaving drinking)	21.9	18	20.6	21.4
% Alcohol-Impaired Driving Deaths among Driving Deaths	31.8	25	28.9	19.6
Chlamydia Rate (newly diagnosed per 100,000)	1,153.4	467.4	860.5	264.3

2019 Robert Wood Johnson County Health Rankings

Table 56. Physical Environment Measures				
Physical Environment Measures	Leon	Florida	Alachua	St. Johns
Air pollution – particulate matter	10.5	8.2	8.3	8.4
Drinking Water Violations	No	--	Yes	Yes
Severe Housing Problems	23%	21%	21%	16%
Driving Alone to Work	81%	79%	75%	81%
Long commute – Driving Alone	22%	40%	23%	43%

2019 Robert Wood Johnson County Health Rankings

Florida Health CHARTS Measures

The remaining health factors that were reviewed for the report were obtained through the Florida Department of Health, Division of Public Health and Statistics and Performance Management. The Florida Health CHARTS tool provides data on Maternal and Child Health Indicators, Chronic Disease Death and Hospitalization Rates, Sexually Transmitted Diseases, and other social, economic, behavioral and health factors. Excerpts from the most recent County Health Status Summary Profile (2018) provided by the Department of Health is included in Appendix F.

The largest departure from the State rates for the County is in the area of bacterial sexually transmitted diseases (STD). As shown in Figure 11, the 3-year rolling bacterial STD rate for the County far exceeds the rate for Florida. Contributing to this is the high number of Chlamydia and Gonorrhea cases (see Table 57). Syphilis cases are on the rise in Tallahassee with an increase of "134% from 2017 to 2018 compared to Florida at 50% increase." – *Florida Department of Health, Leon County, Stomp Out Syphilis*

Figure 11. Bacterial STDs, 3-Year Rolling

Source: Florida Department of Health, Florida Health CHARTS
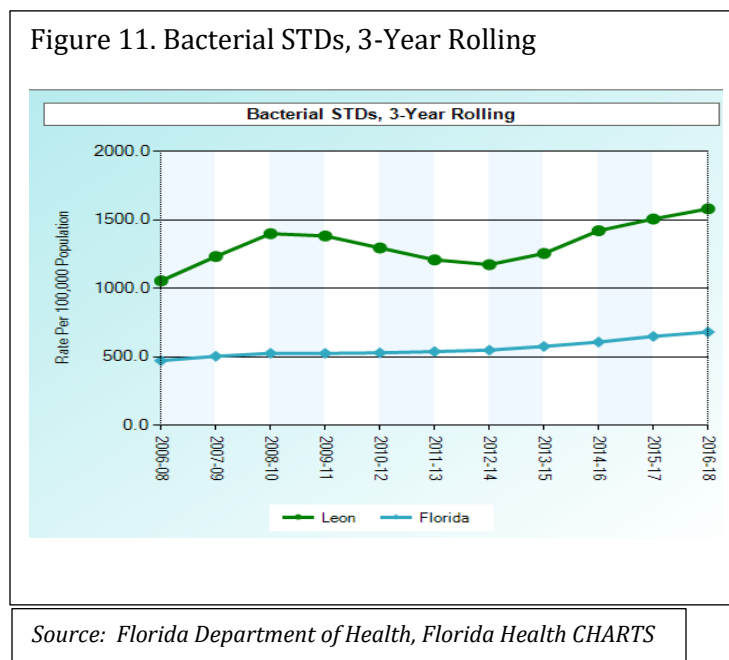
Table 57. Reportable and Infectious Diseases, Leon County, Florida 2016-2018				
		County		**State**
Diseases	Data Year	Number of Cases	3-Yr Rate Per 100,00	3-Yr Rate Per 100,00
Sexually Transmitted Diseases				
Early Syphillis Cases	2016-18	285	32.7	28.0
Infectious Syphillis Cases	2016-18	115	13.2	12.4
Gonorrhea Cases	2016-18	3,416	392.4	149.9
Chlamydia Cases	2016-18	10,005	1,149.2	485.5
Total Gonorrhea, Chlamydia and Infectious Syphillis	2016-18	3,416	392.4	149.9
Note. Adapted from Leon County Health Status Summary Profile 2018.				

Maternal, Infant, & Youth Child Health. Another area of concern is the Maternal, Infant & Young Child Health area where Leon County has worse rates than the State based on the three-year rolling rates, for a few indicators including preterm low birth rate (Leon 6.9%, State 6%), repeat births to mothers 15-19 (Leon16.7%, State 15.4%), and infant death rate (Leon 6.9, State 6.1), neonatal death rate (Leon 4.5, State 4.1), and post-neonatal death rate (Leon 2.3, State 2.0). (Florida Department of Health, 2018 County Health Status Summary Profile).

Dental Health. Dental Health is another area of concern as the rate of preventable emergency room visits and hospitalizations due to dental conditions for persons under 65 years old is significantly higher in Leon County as compared with the State of Florida rate per 100,000 per the Florida Department of Health. (see Table 58)

Table 58. Treatment for Preventable Dental Conditions, 2016-2018 Rolling Rates per 100,000 Population		
Dental Indicator	Leon County	Florida
*Preventable ER Visits from Dental Conditions, under 65 years old, per 100,000	973.0	809.1
*Preventable Hospitalizations from Dental Conditions, under 65 years old, per 100,000	17.0	12.5

*Source: Florida Department of Health, Florida Health CHARTS; *Significant difference between county and state.*

Involuntary Examinations and Institutionalization (Baker Act)

The Florida Mental Health Act of 1971, commonly known as the Baker Act, allows for involuntary examinations and institutionalizations. Over the past five years, the number of examinations and institutionalizations performed has increased statewide and in the County. While the overall rate per 100,000 in the County is less than the State's rate, the rate per 100,000 children (<18 years old) in the County is much higher than the State (see Table 59).

Table 59. Involuntary Baker Act Examinations			
LEON COUNTY	2015-16	2016-17	2017-18
Total Number	2,209	2,240	2,766
Rate per 100,000 population	777	779	961
Rate per 100,00 Children (< 18)	1,037	1,101	1,617
Rate per 100,000 Adults (65+)	311	307	350
STATEWIDE	2015-16	2016-17	2017-18
Total Number	194,354	199,944	205,781
Rate per 100,000 population	981	992	1,005
Rate per 100,00 Children (< 18)	1,097	1,092	1,186
Rate per 100,000 Adults (65+)	370	372	381

Source: Baker Act Reporting Center FY17/18 Annual Report   https://www.usf.edu/cbcs/baker-act/

Stress

In 2015, United Way of the Big Bend, Florida Agriculture and Mechanical University (FAMU), and Florida State University (FSU) conducted community-wide stress and anxiety prevalence survey in spring and summer of 2015. The Perceived Stress Scale, a validated and normed measure of stress was administered to 381 residents of Leon County, of which 65% were female. The results of the survey indicated that

- "Leon County residents perceive slightly greater stress levels than people nationally."[1]
- "ZIP codes 32305, 32303, and 32317 reported the highest levels of stress/anxiety, with 32311 just above the reported mean at 15.8."[2]
- "Frenchtown, South Leon County, and South City have the highest levels of anxiety, perceived stress and emergency department utilization which indicates that these areas experience greater than average (either local or national) levels of anxiety, and they utilize the emergency department to treat those issues in an absence of access to, or utilization of, more preventive resources."[3]

Other Factors & Subpopulations

Computers/Internet

Most households in the County (93.5%) have a computer and a broadband internet subscription (84.2%). These figures exceed the State figures by about 5.5 percent. Households in ZIP codes 32305 and 32310 are much lower than the County and the State with respect to having a broadband internet subscription in the households and are lower than the State on the percentage of households with a computer. (See Table 60.)

Table 60. Households with Computers and Internet Subscriptions				
	% of Households with:		Census Tracts with less than 88% of Households with computer*	Census Tracts with less than 78.6% of Households with Broadband Internet Subscription*
	Computer	Broadband Internet Subscription		
Florida	88.1%	78.6%	Not Applicable	Not Applicable
Leon Co.	93.5%	84.2%	Not Applicable	Not Applicable
Zip Codes 32301	94.2	84.0	6, 7, 10.01, 11.01, 11.02	6, 7, 10.01, 11.01, 11.02, 18.02
32303	93.7	80.8	6, 7, 23.02, 23.04	6, 7, 14.02, 16.01, 22.07, 23.02, 23.04
32304	93.4	81.6	6, 12, 14.01, 19.02, 20.03, 23.04, 27.01	6, 12, 14.01, 14.02, 20.03, 23.04, 27.01, 27.02
32305	85.5	69.7	11.01, 11.02, 18.01, 19.01, 19.02, 26.03, 27.01	11.01, 11.02, 18.01, 18.02, 19.01, 26.03, 26.04, 27.01, 27.02
32308	93.3	87.3	None	None
32309	95.9	91.8	None	None
32310	85.4	69.9	11.01, 11.02, 12, 19.01, 19.02, 27.01	11.01, 11.02, 12, 19.01, 27.01, 27.02
32311	96.6	90.9	None	18.02, 26.04
32312	96.0	91.3	None	16.01, 22.07
32317	96.5	92.5	None	None

U.S. Census Bureau, 2017 American Community Survey, 5-year Estimates

*Benchmark percent represents State of Florida percent for Computers and Broadband Internet (88.1% and 78.6% respectively)

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[1] *Stressing the Facts: What We Know about Stress and Health in Our Community*. United Way presentation by Tyra Dark, PhD, MA and Leslie Beitsch, MD, JD. (August 2015)
[2] Report of the Mental Health Council of the Big Bend (January 2018), page 6.
[3] Report of the Mental Health Council of the Big Bend (January 2018), page 6.

Crime and Justice

The County ranks in the top 10 in the State for several of the Florida Department of Law Enforcement's Violent Crimes (rape, robbery and aggravated assault). (See Table 61.)

The County's total 2017 population represents 1.4% of the State's 2017 population. Based on data from the Office of the State Courts Administrator, evictions filings in the County represent 2.4% of the total statewide filings. Two percent of statewide filings for protection against domestic violence are filed in the County. (See Table 62).

Table 61. Florida and Leon County Crime Rate per 100,000 Population, 2018					
Crime Category	Leon County Rate*	Leon Co Rank (1=highest)	Florida Rate	Highest Rate	Lowest Rate
Violent Crime	612	4th	393.0	Levy 1208.2	101.0 Liberty
Murder	6.8	16th	5.3	13.6 Jefferson	0.0 8 counties
Rape	85.9	2nd	40.5	108.2 Alachua	0.0 Calhoun Lafayette
Robbery	120.1	5th	80.9	143.6 Duval	0.0 4 counties
Aggravated Assault	399.2	7th	266.3	1127.8 Levy	0.0 Liberty
Domestic Violence	550.7	26th	503.4	1317.8 Levy	134.6 Liberty

*Source: FDLE, 2018 Uniform Crime Reporting (UCR) Statistics. *Rate per 100,000 population*

Table 62. 2017 Population and 2017-18 Court Filings			
	State	Leon County	Leon County % of State
Population, Year 2017			
Total	20,278,447	285,890	1.4%
Children (0 – 17 years)	4,111,582	53,850	1.3%
Adults (18-64)	12,239,976	198,038	1.6%
Senior Adults (65+)	3,926,889	34,002	0.9%
Court Filings, Fiscal Year 2017-18			
Evictions	131,575	3,101	2.4%
Small Claims	306,665	2,584	0.8%
County Civil	91,030	813	0.9%
Child Support	17,267	234	1.4%
Orders for Protection Against Violence	84,984	1,686	2.0%
Paternity	17,510	228	1.3%
Juvenile Delinquency	34,335	642	1.9%
Juvenile Dependency	13,909	152	1.1%
Driving Under the Influence	29,926	317	1.1%
Probate	126,068	2,482	2.0%

Source: Population – U.S. Census Bureau, American Community Survey, 2017, 5-year estimates
Court Filings – Florida Office of the State Courts Administrator, Summary Reporting System, 2017-18

Disabled and Seniors

Across difficulty types, the County's percent of persons with difficulties among the non-institutionalized population is lower than the State. (See Table 63.) Zip Code areas 32305 & 32310 are higher than the State for most difficulty types. (See Appendix F for disabilities by ZIP code.)

Table 63. Non-institutionalized Population with Various Difficulties, 2017							
	With Disability	Hearing Difficulty	Vision Difficulty	Cognitive Difficulty	Ambulatory Difficulty	Self-care Difficulty	Independent Living Difficulty
Florida %	13.4%	3.8%	2.5%	5.2%	7.7%	2.8%	6.0%
Leon County %	11.1%	2.8%	2.1%	4.9%	5.4%	2.0%	4.0%
Leon County #	31,240	7,867	5,896	13,181	14,418	5,239	9,197

Source: American Community Survey, 5-year estimates, 2013-2017, Table S1810

For children (< 18) in the County, the cognitive difficulty type of disability impacts more children than at the State level. (See Appendix F for disability data for children.) This is particularly true in ZIP codes 32305 and 32311. See Appendix F for disability data for children and persons 18-64 by ZIP code and type of difficulty. For seniors (age 65 and older), a similar trend exists where the County values are lower than the State's for most difficulty types, except hearing (see Table 64). There are several ZIP codes that greatly exceed the State, e.g. ambulatory difficulties in ZIP codes 32304, 32305, and 32310. Table 65 lists the tracts with over 700 disabled persons among the civilian non-institutionalized population. Census tracts 6, 26.03, and 27.02, have the highest percent (over 18%) of people with a disability. The total number and percent of the non-institutionalized population of Leon County with a disability for all 68 census tracts is provided in Appendix F. At the census tract, the data is not provided by disability type due to the larger margin of error.

Table 64. Non-Institutionalized Population (65 and older) With Various Difficulties, 2017							
	With Disability	Hearing Difficulty	Vision Difficulty	Cognitive Difficulty	Ambulatory Difficulty	Self-care Difficulty	Independent Living Difficulty
Florida Percent	33.4	13.6	6.2	8.6	21.1	7.4	13.3
Leon County Percent	33.8	14.8	5.9	7.4	20.4	6.5	12.2
Leon County Number	11,229	4,896	1,966	2,458	6,763	2,172	4,048

Source: American Community Survey, 5-year estimates, 2013-2017, Table S1810

Tract	Description	Total Tract Population	Civilian Non-Institutionalized Population	# with Disability	% with Disability	Estimated # of Seniors (65+) with Disability
6	French Town	3,984	3,977	732	18.4	139
9.01	Miccosukee Hills	8,535	8,267	959	11.6	283
16.01	Macon Comm	5,213	5,213	735	14.1	160
17	Inside I-10 and CC* NE	7,249	7,191	1,000	13.9	620
18.02	Fairground to CC* SE	6,006	6,006	895	14.9	171
21.04	Gretchen Everhart	8,479	8,474	703	8.3	158
24.08	Killearn Acres	7,599	7,599	912	12.0	409
25.05	Buck Lake Rd / Mahan Dr	6,016	5,597	778	13.9	444
25.08	NE / GA State Line to I-10	9,776	9,749	1,004	10.3	485
25.10	Apalachee Reg Park	6,228	6,228	816	13.1	365
26.03	Tally / Woodville	4,529	4,529	1,010	22.3	362
27.01	Hwy 20	5,066	5,000	745	14.9	200
27.02	SW Leon Co	4,733	4,733	861	18.2	305

Table 65. Non-Institutionalized Population with Disability, 2017

Source: American Community Survey, 5-year estimates, 2013-2017, Table S1810

Seniors Living Alone. Seniors, 65 and older, living alone is a concern. With the higher percent of seniors in Florida (19.4%) compared with the United States (14.9%), this presents a bigger challenge. As shown in the population section of this report, Leon County has a lower percent of seniors aged 65 and older (11.9%) but a larger percent than the State who live alone.

Although many grandparents are not seniors, among grandparents who live with their minor grandchildren (< 18 years old), the 2017 estimated percent who are responsible for those grandchildren is 31.0 Statewide. In Leon County, this percent is 50.1 and has increased from 47.2% in 2014, while the State percentage decreased from 34.7% in 2014. (See Table 66.)

Table 66. Seniors Living Alone and Grandparents Responsible for Grandchildren, 2017

	Living Alone Among 65 and Older Population		Grandparents (any age) Living with Minor (< 18) Grandchildren	Responsible for Grandchildren Among those living with grandchildren	
	Number	Percent	Number	Number	Percent
Florida	945,363	24.1	488,941	151,572	31.0
Leon County	9,665	28.4	3,953	1,980	50.1

Source: U.S. Census Bureau, American Community Survey, 5-year estimates, 2013-2017, Table B09020

Homelessness

"A Continuum of Care (CoC) is made up of all stakeholders in a geographic area that are working together to address homelessness with a focus on persons experiencing 'literal' homelessness" (Florida's Council on Homelessness 2019 Annual Report).   The National Alliance to End Homelessness estimates the 2018 Homeless Rate for the Big Bend Continuum of Care (Leon CoC) to be 20.5 per 10,000 of the general population which is greater than the State's rate (15 per 10,000) (See Figure 12). The County's CoC covers Franklin, Gadsden, Jefferson, Leon, Liberty, Madison, Taylor and Wakulla counties. Alachua County's CoC covers Alachua, Bradford, Gilchrist, Levy and Putnam counties.

Figure 12. 2018 Homeless Rate Per 10,000 in General Population

Florida	Leon CoC	Alachua CoC
15	20.5	17.8
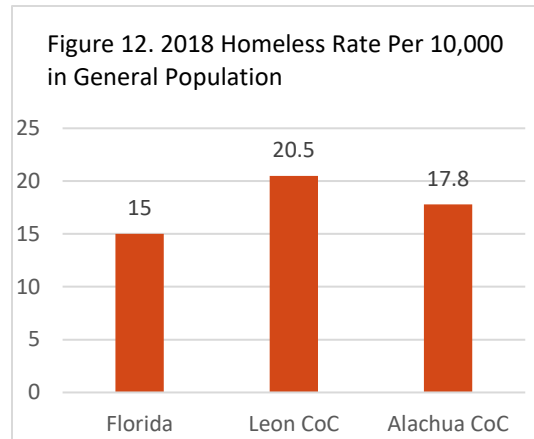
Source: National Alliance to End Homelessness

The homeless rate by race for 2018 shows that the rate for Black residents is about three times higher than that for White residents in the State as well as in the Leon CoC (see Figure 13). For 2018, the National Alliance to End Homelessness estimated that among all homeless persons in Florida, 38.1% were Black compared with 60% in the Leon CoC.

Figure 13. 2018 Homeless Rate per 10,000 in General Population for Black, White and Hispanic Populations

	Black	White	Hispanic
Florida	36.1	11.6	8.6
Leon CoC	39	11.3	18
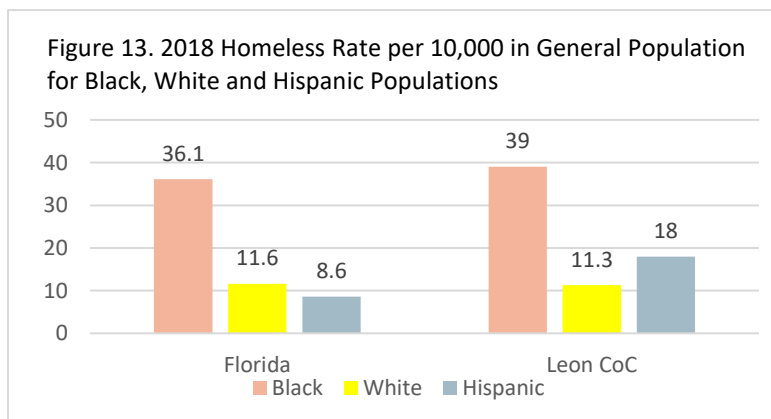
Source: National Alliance to End Homelessness

According to the <u>Florida's Council on Homelessness 2019 Annual Report</u>,

> A common source of data about literal homelessness is the annual Point in Time (PIT) count required by the U.S. Housing and Urban Development (HUD). HUD requires each Homeless CoC to conduct an annual count of homeless persons (as defined by HUD) on a single night during the last 10 days of January... The objective of the PIT count is to produce an unduplicated count, or relatively reliable estimate, of the number of homeless individuals in the community on a single night.

The 2019 report also shows that the Leon CoC has the lowest 2019 Percent Unsheltered at 9% of the homeless population. This figure is significantly lower than the State percent of 44% and the Alachua CoC percent unsheltered of 62%.

PIT homeless counts over the past five years reveal that the County's homeless numbers have increased 17.7% from 2015 to 2019, and Florida's numbers have dropped by 20.5%. (See Table 67.)

Table 67. Point-in-Time Homeless Counts, 2015 - 2019		
Year	Florida	Leon County
2015	35,964	808
2016	33,502	768
2017	32,109	1,022
2018	29,717	903
2019	28,590	951
% Change 2015 to 2019	-20.5%	17.7%

Source: Florida's Council on Homelessness, 2019 Annual Report

Veterans and Homelessness. For the 2017 estimates, veterans represent 6.8% of Leon County's population which is a smaller percent than the Statewide representation. (See Table 68.) The percent of veterans for each of the 68 census tracts is provided in the Population Addendum to this report. Homelessness among veterans in Florida has consistently declined since 2015. In 2015, the number of homeless veterans was 3,926 and in 2019 it was 2,384. (Florida's Council on Homelessness, 2019 Annual Report.) The Leon County Continuum of Care also reports a decline. (See Figure 14.)

Table 68. Number and Percent of Veterans		
	Number of Veterans	Percent of Veterans among Civilian 18 and older population
Florida	1,454,632	9.0%
Leon County	15,676	6.8%

Source: U.S. Census Bureau, ACS, 5-year Estimate, 2013-2017, Table S2101

Figure 14. Number of Homeless Veterans, 2015-2019, Leon Continuum of Care
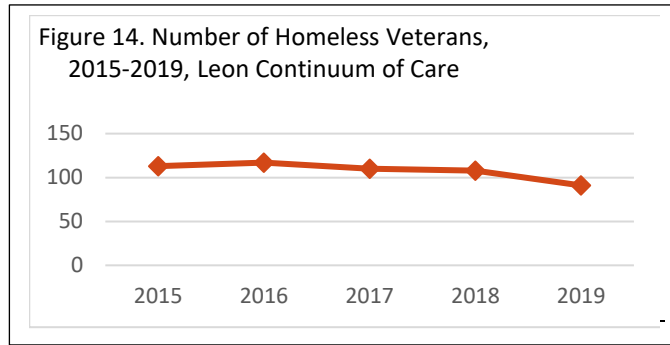
Leon District School Environmental Safety Incidents

Among the total incidents reported by LCS on the FLDOE's School Environmental Safety Incident Report (SESIR), 18.11% of the incidents are for drug use/possession compared with 9.57% of all incidents statewide. Other incidents that represent a larger percentage of all incidents in the County than the State include bullying, sex offenses, weapons possession and alcohol incidents. (See Table 69.)

The schools and the number of reported bullying incidents are shown in Table 70. Over half of the 64 Bullying Incidents in LCS were reported by elementary schools.

Table 69. Percent of Total Leon District Safety Incidents, 2017-2018		
Incident	Florida	Leon District
Fighting	27.19	24.79
Physical Attack	12.91	2.44
Tobacco	11.62	5.61
Drug Use/Possession – Except Alcohol	9.57	18.11
Threat/Intimidation	6.90	10.17
Disruption on Campus	4.71	8.69
Bullying	4.16	6.78
Other Major	3.44	0.11
Battery	3.26	2.01
Sexual Harassment	3.03	1.06
Harassment	2.33	4.45
Sex Offenses	2.10	3.92
Larceny/Theft/Motor Vehicle	1.98	1.06
Weapons Possession	1.89	4.87
Alcohol	1.74	2.75
Total Number of Incidents*	71,246	944

*Source: Florida Department of Education School Environmental Safety Incident Report (SESIR) 2017-18. *Also includes incidents each of which account for less than 1% of all incidents. Those incidents include drug sales, vandalism, robbery, arson, hazing, trespassing among others.*

Table 70. Number of Bullying Incidents Reported by Leon District Schools, 2017-2018								
Elementary	#	Zip	Middle	#	Zip	Combination	#	Zip
Springwood	11	32303	Griffin	7	32304	2nd Chance at Ghazvini	2	32304
Apalachee	9	32311	Elizabeth Cobb	1	32308	School of Arts & Science on Thom	1	32308
Heritage Trails	6	32311	High	#	Zip			
John G. Riley	3	32304	Lincoln	4	32311	Total Incidents	64	District Wide
DeSoto Trail	2	32309	Godby	4	32303	Elementary	35	54.7%
Ruediger	1	32303	Leon	3	32308	Middle	8	12.5%
Kate Sullivan	1	32308	Rickards	3	32301	High	18	28.1%
J Michael Conley	1	32311	Lawton Chiles	2	32312	Combination	3	4.7%
Chaires	1	32317	Success Ghazvini	2	32304			

Source: Florida Department of Education School Environmental Safety Incident Report (SESIR) 2017-18.

Zip Code 32304

Recently the 32304-zip code area has received attention due to its high poverty rate.[2] Community leaders are holding summits to discuss the poverty rate in 32304.[3]

The County has a large 18-24-year-old population with 22.6% of the population representing this age group. Statewide, this age group represents 8.7% of the total population. In ZIP code 32304, 63.1% of the area's total population is represented by the 18-24 age group. (See Figure 15.)

The 18-24-year-old population is comprised of many college students. A review of housing units advertised as student housing was conducted and the results recorded by ZIP codes and census tracts can be found in Appendix H. The list was populated using information from various sites including, but not limited to:
- http://www.studenthousingsolutions.com/apartments.php
- https://www.shshouses.com/vacancies
- https://www.americancampus.com/student-apartments/fl/tallahassee
- https://www.student.com/us/tallahassee
- Advertisements under "Cheap Student Apartments
- Florida State University Housing
- Office Campus Housing, LLC

The list of student housing options is not exhaustive, nor is it intended to imply that only students live in the places contained in the list, but it does serve to help understand the 32304 ZIP code and see that many student housing units are in 32304.

A review of the 17 census tracts in 32304 also reveals that 12 of the tracts each have at least 30% of their population in the 18-24-year-old age group (see Table 71). Four of these tracts (20.04, 20.05, 20.06, and 21.04) are wholly contained in 32304 and have over 65% of the population in the 18-24 age group. Among

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[2] https://www.wtxl.com/news/zip-code-in-tallahassee-has-highest-concentration-of-poverty-in/article_39758c98-c81a-11e8-b13b-172b1ba85d0c.html
[3] https://www.wctv.tv/content/news/Community-leaders-meet-for-second-summit-discussing-poverty-in-32304-zip-code-510349161.html

these 18-24-year-olds, over 80% are enrolled in college in tracts 20.04, 20.05, 20.06, and 21.04. The combination of these factors indicates that the college student population highly impacts the poverty rate calculated for the 32304 ZIP code.

To understand the poverty rate in 32304, it would be important to consider the effect of the college student population and different types of poverty. Residual poverty is when an individual is born poor and remains poor with limited opportunities due to barriers in education, health, employment, and other inequities. Transitional poverty is when an individual is not born poor but transits into poverty, frequently temporarily. College students generally experience transitional poverty whereas generations of families who remain poor experience residual poverty. Given this, when human services are provided in 32304, especially in a census tract that contains college students, services need to be adjusted to meet the distinct needs of those in residual poverty from those experiencing transitional poverty.

Figure 15. 18-24 Year-olds as a Percent of Total Population

32304 Zip Code	63.1%
Leon County	22.6%
Florida	8.7%

Source: U.S. Census Bureau, ACS 2017, 5-year estimates; Tables S0101

Tract #	Tract Description	Median Age	% White non-Hispanic	% Poverty	% 18-24 Years	% Enrolled in College* Among 18-24	Other Zip Codes in Tract
5 PZ	Civic Center	21.1	69%	68.6%	87.4%	87.2%	01, 10
6 PZ	French Town	29.8	29%	56.9%	30.5%	64.1%	01, 03
12 PZ	Cap Cascades	24.0	10%	48.7%	53.2%	47.4%	10
13	FSU	19.0	64%	66.7%	98.1%	100%	--
14.01 PZ	Griffin Heights	26.9	25%	49.7%	34.9%	73.6%	--
14.02 PZ	Outer Gr. Hgts.	22.2	31%	69.3%	62.1%	80.0%	03
19.02	Black Swamp	27.5	27%	43.7%	17.9%	46.5%	05, 10
20.03	TCC / Jail	30.5	31%	61.6%	32.9%	51.4%	--
20.04	Proctor Honda/SAILS	21.7	46%	58.8%	69.4%	83.3%	--
20.05	FSU Area	21.4	57%	65.9%	83.6%	88.0%	--
20.06	Pensacola	21.9	63%	62.2%	74.1%	84.0%	--
21.03	Godby H.S.	22.0	44%	43.7%	66.7%	75.1%	--
21.04	Gretchen E	21.9	59%	57.2%	67.4%	82.9%	03
22.01	Inside CC NW	26.1	36%	32.3%	27.9%	60.7%	03
23.04	S of I-10 Och	30.9	45%	30.9%	20.7%	40.2%	03
27.01	Hwy 20	34.1	50%	21.2%	20.0%	53.5%	05, 10
27.02	SW Leon Co	39.9	81%	15.5%	6.8%	12.3%	05, 10
32304 Zip Code		21.8	48%	54.8%	63.1%	81.7%	N/A
Leon County		30.5	57%	20.5%	22.6%	68.9%	
Florida		41.8	55%	15.5%	8.7%	41.8%	

Table 71. Characteristics of the Population in Census Tracts in Zip Code 32304

Source: U.S. Census Bureau, ACS 2017, 5-year estimates; Tables S0101, S1401, DP03
*Percent enrolled in college or graduate school. High Margin of Error at the tract level for some of the tracts with lower 18-24 population. Highlighted poverty % indicates that poverty status was not determined for a large portion of population. Tract 13 has 0.1% of population with known poverty status.

Based on the results of the primary data (focus group and interview data and CHSP Needs Assessment Surveys data) as well as the secondary data, prominent groupings or categories of need areas emerged. Those categories are: 1) Emergency and Basic Needs; 2) Mental Health and Substance Abuse; 3) Job Prep, Placement and Adult Education; 4) Education and Enrichment for 3-5-year-old/Pre-K; 5) Education and Enrichment for K-12th Grade; 6) Physical Health; 7) Transitional Housing/Permanent Housing; 8) Care Populations (Persons with Disabilities and/or Seniors; 9) Family and/or Community Support; and 10) Promise Zone/High Poverty Areas. These need areas evolve into the recommended funding categories.

VI.   SERVICES GAP ANALYSIS

A. Inventory of Services

There are many programs and resources in Tallahassee/Leon County that offer a host of services to a variety of target populations. An Inventory of Existing Services was developed and included in Appendix I. The inventory identifies entries by Service Category, Agency/Resource name, Address & Phone Number, Description, Services, and Target Population Served (by who is served and service area). Table 72 lists the service categories included in the inventory.

Table 72. Service Categories		
AIDS/HIV/STD Services	Financial/Tax Assistance	Law Enforcement/Public Safety
Clothing/Household Goods	Food	Legal Services
Community Groups Development	Grief and Loss	Mental Health/Counseling Services
Community Services	Health – Diseases	Persons with Disabilities Services
Criminal Justice Services	Health Facilities	Services for Seniors
Crisis Intervention	Health Screening/Diagnostic Services	Social Assistance Programs
Disaster Services	Health Services	Substance Abuse Services
Education	Help Me Grow/Developmental	Transportation
Employment Assistance	Housing/Shelter	Veteran/Military
Ex-Offender Services	Individual/Family Support Services	Volunteer/Donation Services
Family Planning/Maternal Services	Information Services	

The development of the Inventory was informed by the following sources:
- Input from key informants participating in focus groups and interviews
- Input from Stakeholder and Resident CHSP Needs Assessment Surveys
- Community directories including:
  - Helpline 2-1-1 Big Bend Community Resource Directory Online https://www.211bigbend.org/findhelp
  - Adult and Community Education – Leon County Transitions Resource Guide 2019-2020 http://www.aceleon.org/files/137/Transitions/ACE-Leon-Human-Services-Resource-Guide-2019-2020.pdf
  - Leon County: https://cms.leoncountyfl.gov/Home/Departments/Office-of-Human-Services-and-Community-Partnership/Veterans-Services/Resource-Information#Housing
  - Area Agency on Aging of North Florida https://www.navigateresources.net/psa02/Detail.aspx?c32312;tallahassee;8863;79;f;0;0;0;12782;4;legal%20/%20immigration;complaints;0;complaint%20issuance
  - Elder Affairs – Leon County http://elderaffairs.state.fl.us/doea/CRG/2011/CRG_%207th_Edition_directory.pdf
  - Florida APD Resource Directory for persons with disabilities https://resourcedirectory.apd.myflorida.com/resourcedirectory/
  - Florida Department of Corrections Re-Entry Resource for Leon County http://dc.state.fl.us/resourcedirectory/Search.aspx
  - FSU Student Veterans Center resource directory https://veterans.fsu.edu/resources/off-campus-resources/
  - Justia Lawyers – Leon County legal services https://www.justia.com/lawyers/florida/leon-county/legal-aid-and-pro-bono-services

Table 73 identifies the number of human services programs available in Tallahassee/Leon County.

Table 73. Number of Tallahassee/Leon County Programs by Target Population & Service Needs			
Food/Meals		**Clothing and Household Goods**	
Service Provided	**Number of Programs**	**Service Provided**	**Number of Programs**
Emergency Food	4	Bedding/Linen	6
Food Banks/Food Suppliers	2	Clothing	30
Food Cooperatives	2	Furniture	6
Food Pantries	46	Household Goods (Donations)	8
Food Vouchers	4	Thrift Shops	25
Formula/Baby Food	3	**Shelter**	
Government Surplus Food	2	**Service Provided**	**Number of Programs**
Grocery Delivery	3	Homeless Shelter	2
Home Delivered Meals	4	Runaway/Youth Shelter	3
Meals	6	Transitional Housing/Shelter	16
Soup Kitchens	2		
Mental Health Services		**Alcohol and Substance Abuse Services**	
Depression	13	Alcohol Chemical Treatment	2
Mental Health Evaluation	19	Alcoholic Dependency Support	1
Mental Illness/Emotional Disability	5	Inpatient Alcohol and Drug Detoxification	1
Outpatient Mental Health	12	Medication Assisted Treatment for Alcohol and Opioid Dependence	1
Post-Traumatic Stress Disorder	4	Outpatient Substance Abuse Disorder Treatment	4
Psychiatric Inpatients Units	3	Recovery/Halfway Houses	1
Psychiatric Medication Services	9	Relapse Prevention Programs	1
Psychological Testing	3	Residential Substance Abuse	9
Stress Management	5	Substance Abuse Education/ Prevention	2
		Substance Abuse Screening	1
Counseling		**Counselling (continued)**	
Abusive Individuals	1	General Counseling Services	12
Adolescent/Youth Counseling	12	Geriatric Counseling	3
Anger Management	11	Group Counseling	18
Anxiety Disorder	11	Individual Counseling	32
Behavior Management	26	Intimate Partner Violence Counseling	11
Bereavement Counseling	18	Marriage/Couples Counseling	10
Career Counseling	14	Nutrition Counseling	14
Caregiver Counseling	6	Parent Counseling	10
Crisis Counseling	5	Personal Finances/Budget Counseling	11
Death and Dying Counseling	7	Prenatal Counseling	2
Disability Related Counseling	10	Pregnancy Counseling	18
Divorce Counseling	3	Runaway/Homeless Youth Counseling	4
Domestic Violence Survivors	2	Sexual Assault Counseling	7
Ex-Offender Counseling	2	Substance Abuse Disorder Counseling	4
Faith-based Counseling	42	Truancy Counseling	3
Family Counseling	24	Terminal Illness Counseling	3

Support Groups	
Service Provided	**Number of Programs**
Bereavement Support Groups	4
Codependents Support Groups	7
Crime Victim Support Groups	3
Drug-Use Disorder Support Groups	4
Mental Health Support Groups	8
Parent Support Groups	6
Parenting/Family Support Groups	5
Separation & Divorce Support Group	3
Suicide Survivor Support Group	1
Women's Support Group	7

Pre-K, School Readiness, and Child Care	
Child Care Centers	54
Child Care Provider Referrals	5
Developmental Disabilities	24
Infants/Toddlers	20
Preschools	20
School Readiness	10
VPK	4

Physical Health	
College Student Health Services	3
Dental Care	7
Health Clinics (stationary and mobile)	16
Health Insurance Assistance	3
Hospice Care	9
Hospitals	3
In-Home Support, Home Health Care	4
Prescription Assistance Services	9
Wellness/Fitness Programs and Nutrition Education	8
Women Health, Health Center	6
Urgent Care Clinics	12

AIDS/HIV and STD-related Services	
AIDS Drug Assistance Program	3
AIDS/HIV Clinic	1
AIDS/HIV Testing	17
HIV Case Management	2
HIV Prevention, Education and Outreach	3
HIV plus Client Care	2

Education/Vocational	
Service Provided	**Number of Programs**
Adult Education	9
Childbirth Education	5
Consumer Education	3
Educational Testing	6
ESOL/ESL	10
GED Instruction	12
Health Education	16
Independent Living Skills	8
Learning Disabilities	32
Life Skills Education	15

Youth	
Afterschool/Tutoring	11
College Extension & Reach-out	3
Juvenile Delinquency/Drop-Out Prevention	25
Youth Community Service	5
Youth Enrichment/Mentoring	21

Housing	
Assisted Living Facilities	19
Home Purchase Assistance	4
Home Purchase Loans	3
Home Rehabilitation Programs	7
Homeless, Drop-in Center	3
Independent Living Community	8
Landlord/Tenant Assistance	8
Older Adult/Disabled Housing	18
Public Housing	9
Rent Payment Assistance	6
Rent Deposit Assistance	4
Utility and Utility Deposit Assistance	11

Older Adult/Senior Care and Support	
Daycare Services	3
In-Home Assistance	8
Personal Care	5
Respite Care	10

B. Services Gaps Questionnaire Process

The Services Gaps Questionnaire was conducted (September and October 2019) as a follow-up to obtain more detailed information from human service agencies regarding program capacity, waitlists, and gaps in services. The set of questions included in the Services Gaps Questionnaire can be found in Appendix J. To obtain responses to the survey, key agency personnel (executive directors, program directors, program coordinators, etc.) were contacted using multiple methods. The list of 49 agencies representing 53 programs that responded to the questionnaire is found in Appendix K. The methods used to gather information from agencies include:

- phone calls and emails to agencies listed in the Inventory of Services
- distribution of the survey via UPHS email group with encouragement from UPHS board members to complete
- distribution of the survey via the CHSP portal with encouragement from City and County CHSP personnel to complete

C. Services Gaps Questionnaire Results

A services gap analysis was conducted to determine gaps in services in Tallahassee/Leon County. The service gap analysis was informed by and involved the following:

- Assessment of Services Gaps Questionnaire results - Information gathered from key agency personnel (executive directors, program directors, program coordinators, etc.)
- Review of available fiscal and program documents/reports from many agencies listed in the Inventory of Services including CHSP, UPHS, and United Way funded agencies.
- Review of available local, state, and federal data related to service gaps

The Services Gaps Questionnaire indicates 94% (46/49) of the agencies reported that they need more money. The ways the agencies would use additional funds they received follow (the number of programs that provided the response is identified in parenthesis):

- Hire more staff to respond to more complex needs or growing needs (26)
- Purchase needed supplies, materials and/or equipment (16)
- Address unmet needs of the people on waitlist or people the agency unable to serve (15)
- General expansion of services or enhance programming (15)
- Increase internal capacity for resource development and outreach (3)
- Capital improvements (3)
- Provide more training to existing staff (2)
- Increased funding to reduce agency's current reliance on other regions for assistance, which is an unsustainable model (2)
- Operational expenses (1)

Table 74 displays the results of the agencies who responded to the Services Gaps Questionnaire. These agencies shared information regarding capacity of their programs and whether they have a waitlist. The programs of the responding agencies were organized by funding category and the percent of the programs with a waitlist was calculated. The percent of the programs with a waitlist is an indicator for gaps in service, as those on a waitlist represent unmet need. The Waitlist Value for the Percent Allocation Model was determined by:

> 1 = 0% - 33% of the agencies/programs who responded to questionnaire have a wait list
> 2 = 34% - 67% of the agencies/programs who responded to questionnaire have a wait list
> 3 = 68% - 100% of the agencies/programs who responded to questionnaire have a wait list

The waitlist value is applied later as part of the formula for determining allocation.

Table 74. Count of Agencies Reporting They Are at Capacity and Have Waitlist					
Funding Category	# Agencies/ Programs	# At Capacity	# Have Waitlist	% Agencies With Waitlist	Waitlist Value for Percent Allocation Model
Emergency and Basic Needs Services	10	5	--	--	3*
Mental Health and Substance Abuse	6	5	3	50%	2
Job Prep, Placement & Adult Education	3	1	1	33%	1
Education and/or Enrichment for 3-5-year-old/PreK	1	**	Yes	--	1
Education and/or Enrichment for K-12th grade	6	1	1	17%	1
Physical Health	5	2	1	20%	1
Transitional Housing and Permanent Housing	4	4	2	50%	2
Care Populations (Persons with Disabilities &/or Seniors)	9	6	6	67%	2
Family and/or Community Support	9	7	3	33%	1
Promise Zone/High Poverty Areas	All responding agencies have programs that affect high poverty areas.				3*
Total Programs	53	31	17		

* The nature of Emergency Services makes a waitlist non-applicable as one respondent noted. Furthermore, some Emergency Services have mandates. One respondent noted, "We are mandated (unfunded mandate!) by Congress to help during disasters so if we don't have the resources locally, we obtain them from other regions. Do we need more local volunteers and local financial resources, absolutely!" Though not all Emergency Service and Basic Needs providers have mandates, the agencies that serve the largest number of people operate with a similar model of obtaining resources from other regions to address unmet local need when there are not enough resources in Tallahassee or Leon County. Therefore, based on the nature of Emergency Services and Basic Needs as well as the service gap data obtained through the questionnaire and Emergency Services and Basic Needs agency reports (data follows), a value of three (3) was given to this category.

*All the responding agencies have programs that also affect the Promise Zone and/or high poverty areas. This category continues to be a critical need area across all programs and thus a value of three (3) was given to this category.

** The Education and/or Enrichment for 3-5-year-old/PreK category represents one non-direct service coalition agency representing multiple direct service providers. The coalition agency indicated in the questionnaire that there is a waitlist. However, in the absence of knowing the number of direct service providers, a percent of agencies/programs waitlisted cannot be calculated, therefore the value defaults to one (1).

For each funding category, available services and gaps in services are presented.

The bullets listed under **Gaps in Services** that follow reflect what Tallahassee/Leon County human service agencies/programs specifically reported as services and resources that:
- ✓ people need but agencies are unable to provide because they are at capacity
- ✓ people on waitlist are waiting to receive
- ✓ agency unable to provide because dealing with financial constraints

The Services Gaps Questionnaire is the primary data source for the items listed under **Gaps in Services**; otherwise, the sources for the identified gaps in services are cited in footnotes.

Emergency Services / Basic Needs Funding Category
Available Services (see detailed service information in Inventory of Service in Appendix I and Table 73):
- Food Pantries, Shelters, Rent Assistance, Utility Assistance, Clothing, Household Goods

Gaps in Services - Services/items agencies are unable to provide because they are at capacity, services and items people on waitlist waiting to receive or agency unable to provide because dealing with financial constraints:
- Financial assistance for rent (waitlist)
- Financial assistance for utilities (waitlist)
- Financial assistance for deposits (waitlist)
- Less than 15% of persons who need financial assistance (rent, utilities or deposits) receive it (at capacity, financial constraints)
- Emergency shelter – (e.g., On an average night, homeless shelter operates at 152% capacity. On cold nights and inclement weather, shelter operates at 186% of capacity) (at or above capacity)
- Basic needs and household supplies (at capacity)
- Outreach to homeless who avoid mainstream services – ideal to have 24-hours drop-in center to help save lives (at capacity, financial constraints)
- Shelter operating at deficit due to significant cost of food and shelter. Case management staff cut from 8 to 4 persons, which means clients do not have traditional case management plans and services are limited primarily to assisting clients with finding housing (at capacity, financial constraints)
- Cuts to shelter service staff also occurred, which run risk of resulting in security issues from lack of sufficient staff on a campus at night (at capacity, financial constraints)
- About half of shelter clients (51%) report no income, which means the shelter is in dire need of a legal team to assist these clients to access SSDI, which is typically a 12-month process (financial constraints)
- More food is needed. Leon County has an unmet need of about 4.1 million meals (financial constraints)

In addition to service gaps listed above that were identified in the questionnaire, emergency service and basic need agency data indicate that:
- About 200 sleeping outside; roughly 12% of persons go unsheltered[4]
- Annual food budget shortfall is $32,330,000[5]

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[4] Based on Big Bend Homeless Coalition Homeless Management Information System (HMIS) agency reports.
[5] Feeding America, Food Insecurity in Leon County – Map the Meal Gap
(footnote continued)

Mental Health[6] and Substance Abuse Funding Category

Available Services (see detailed service information in Inventory of Service in Appendix I and Table 73):

- Mental Health and Substance Abuse Providers:
  - Ratio of Leon County population to mental health providers is 540:1
  - Providers include psychiatrists, psychologists, licensed clinical social workers, counselors, marriage and family therapists, mental health providers that treat alcohol and other drug abuse, advanced practice nurses specializing in mental health[7]
  - In-patient services, residential services, outpatient recovery services

Gaps in Services - Services/items agencies are unable to provide because they are at capacity, services and items people on waitlist waiting to receive or agency unable to provide because dealing with financial constraints:

- Individual counseling (waitlist)
- Group counseling (waitlist)
- Support groups (waitlist)
- Social-emotional learning (waitlist)
- Intervention services for mental health (waitlist)
- Residential placement for mental health services (waitlist)
- Substance abuse and trauma/victim services, substance abuse treatment (waitlist)
- Intensive counseling (daily) for substance abuse and mental health (waitlist)
- Drug tests and drug test supplies (waitlist)

In addition to service gaps listed above that were identified in the questionnaire, mental health and substance abuse agency data indicate that:

- Lack of in-home counseling and out-patient substance abuse counseling particularly for youth.[8]
- Lack of Medicaid accepting psychiatric providers.[9]

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[6] Ferrans CE. Definitions and conceptual models of quality of life. In: Lipscomb J, Gotay CC, Snyder C, editors. Outcomes assessment in cancer. Cambridge, England: Cambridge University; 2005. p. 14–30.

[7] Report of the Mental Health Council of the Big Bend (January 2018)

[8] Florida Department of Juvenile Justice 2018 Service Continuum Analysis.

[9] Big Bend Community Based Care and Florida Department of Health-Leon County, Community Health Assessment

Job Prep, Placement and Adult Education Funding Category

Available Services (see detailed service information in Inventory of Service in Appendix I and Table 73):

- Job Prep
- Job Placement
- Adult Education
- Post-secondary Education
- Workforce Training/Apprenticeships

Gaps in Services - Services/items agencies are unable to provide because they are at capacity, services and items people on waitlist waiting to receive or agency unable to provide because dealing with financial constraints

- Tuition Assistance – no more funds available until next fiscal year (financial constraints)
- Basic reading and English tutoring (waitlist)
- GED Prep (waitlist)

In addition to service gaps listed above that were identified in the questionnaire, job prep, placement, and adult education agency data indicate that:

- Adult and Community Education is no longer free; it now cost $30 per semester plus additional fee to cover cost of GED test[10]
- In Tallahassee, there are over 57,000 16-24-year old persons.[11] "According to the Measure of America Research on Social Science calculations, approximately 7,000 of those youth have dropped out of school and are not in the labor market." [12]
- TCC reports gaps in A.A. degree and A.S. degree completion rates for their Black students.[13]

Education and/or Enrichment Services for 3-5-year-old/Pre-K[14] Funding Category

Available Services (see detailed service information in Inventory of Service in Appendix I and Table 73):

- Pre-kindergarten/school readiness/childcare programs

Gaps in Services - Services/items agencies are unable to provide because they are at capacity, services and items people on waitlist waiting to receive or agency unable to provide because dealing with financial constraints:

- The State Office of Early Learning indicates approximately 3,000 more Leon County children living in families below 150% of the federal poverty guidelines could receive School Readiness services from ELC were sufficient funding available (financial constraints)
- Currently 1,687 children in VPK and 2,747 children in School Readiness (4,262 unduplicated children total); ELC currently has a wait list of 854 children (waitlist)

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[10] Adult and Community Education (ACE) http://www.ace-leon.org/ged-faq
[11] American Community Survey.
[12] TEMPO-Tallahassee https://www.talgov.com/neighborhoodservices/tempo-tallahassee.aspx
[13] Tallahassee Community College 2017-2018 Equity Report Update.

[14] Vitaro F, Brendgen M, Tremblay RE. Early predictors of high school completion: The developmental interplay between behavior, motivation, and academic performance. In: Boivin M, Bierman K, eds. *Promoting school readiness and early learning: The implications of developmental research for practice*. NY, NY: Guilford Press.

Education and/or Enrichment Services for K through 12th Grade Funding Category

Available Services (see detailed service information in Inventory of Service in Appendix I and Table 73):

- Tutoring/Academic Support
- Mentoring
- Enrichment
- Juvenile Delinquency Prevention
- Leadership and Life-skills Training

Gaps in Services - Services/items agencies are unable to provide because they are at capacity, services and items people on waitlist waiting to receive or agency unable to provide because dealing with financial constraints:

- Homework assistance (waitlist and at capacity, unable to serve more)
- Admission to after school program (waitlist)
- Case management (at capacity, unable to serve)
- Whole school services based on needs assessment (at capacity, unable to serve)
- Backpack and school supplies (at capacity, financial constraints)

Physical Health[15 & 16] Funding Category

Available Services (see detailed service information in Inventory of Service in Appendix I and Table 73):

- Preventive Health Education and Support (smoking cessation, losing weight, physical activity, HIV/AIDS/STD education, dental hygiene, etc.)
- Preventive Health Services (physicals, mammograms, well woman visits, well-child visit, hearing/vision exams, immunizations, STD screening, teeth cleaning, etc.)
- Medical Care
- Dental Care

Gaps in Services - Services/items agencies are unable to provide because they are at capacity, services and items people on waitlist waiting to receive or agency unable to provide because dealing with financial constraints:

- Tobacco outreach services (at capacity, unable to serve more)
- Referral restrictions for dental services. About 500 more clients per year could be served if could accept all referrals (at capacity, unable to serve more)
- Need for dentures. Provide two dentures per month; the need is more like 10 per month (financial constraints)
- Limited patient assistance fund, which pays for transportation, medication, dentures, and durable medical equipment (financial constraints)
- Currently, 200 dental cases per case manager, which is not sustainable, unless add an additional case manager position with increased funding (financial constraints)
- Specialty dental treatment (financial constraints)
- HIV Prevention, education and testing (at capacity, at times)
- HIV+ client care – in past have set limits on some of the services agency provides; if funding did not increase, with the current client numbers the services and units of service would decrease (financial constraints)

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[15] Ferrans CE. Definitions and conceptual models of quality of life. In: Lipscomb J, Gotay CC, Snyder C, editors. Outcomes assessment in cancer. Cambridge, England: Cambridge University; 2005. p. 14–30.

[16] National Partnership for Action: HHS Action Plan to Reduce Racial and Ethnic Health Disparities, 2011; and The National Stakeholder Strategy for Achieving Health Equity, 2011. Available from: https://www.minorityhealth.hhs.gov/omh/content.aspx?ID=8843
(footnote continued)

In addition to service gaps listed above that were identified in the questionnaire, physical health agency data indicate that:

- Shortage of primary care healthcare providers on federal exchange for north Florida[17]

Transitional Housing and Supportive Services and/or Permanent Housing[18] Funding Category

Available Services (see detailed service information in Inventory of Service in Appendix I and Table 73):

- Temporary housing (3-18 months residency)
- Permanent housing such as
  - Habitat for Humanity homes (10-12 homes built each year and about 40 applications in process of review)[19]
  - Housing for persons with low to moderate incomes through Housing Choice Voucher (HCV/Section 8) and Public Housing[20]

Gaps in Services - Services/items agencies are unable to provide because they are at capacity, services and items people on waitlist waiting to receive or agency unable to provide because dealing with financial constraints:

- Permanent housing slots (waitlist)
- Leon County Housing Services completed 81 projects to eligible households with an additional 64 households supported with down payment assistance to purchase a home in Leon County; 127 unable to be served due to capacity issues (at capacity)
- Aid with home rehabilitation (financial constraints)
- Transitional housing (at capacity, unable to serve more, financial constraints)

Care Populations (Persons with Disabilities and Seniors) Funding Category

Available Services (see detailed service information in Inventory of Service in Appendix I and Table 73):

- Adult day program
- Companion or In-Home support
- Independent/Supported living
- Older adult/disability related supportive housing
- Personal care services
- Respite care
- Volunteer Opportunities
- ADA Implementation Assistance
- Home/Community-based developmental disabilities programs
- Life skills instruction
- Behavioral health, health and active living services
- Sign language instruction
- Support groups for seniors, persons with disabilities and their caregivers

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[17] Florida Department of Health-Leon County, Community Health Assessment

[18] *Predicting Staying In or Leaving Permanent Supportive Housing That Service Homeless People with Serious Mental Illness*, Prepared by Yin-Ling Irene Wong, Trevor R. Hadley, Dennis Culhane, Steve R. Poulin, Morris R. Davis, Brian A. Cirksey, James L. Brown, M. Davis and Company, Inc and University of Pennsylvania, Center for Mental Health Policy and Services Research, March 2006.

[19] Big Bend Habitat for Humanity

[20] Tallahassee Housing Authority, Florida

Gaps in Services - Services/items agencies are unable to provide because they are at capacity, services and items people on waitlist waiting to receive or agency unable to provide because dealing with financial constraints:

- In-home respite - request for in-home respite increase every day (waitlist)
- Facility respite – need fluctuates due to the nature of population (waitlist)
- Brain stimulation programs– currently not enough money to cover these services which is needed for people to improve function and prevent progression of disease or debilitating condition (financial constraints)
- Wheelchair access ramps (waitlist)
- Power wheelchairs, scooters, rollators, bath benches/chairs, other durable medical equipment (waitlist)
- Disposable medical supplies, incontinence products (waitlist)
- General expansion of services to address disabilities and senior/older adult needs (at capacity, financial constraints)
- 500+ persons with disabilities and/or seniors on waitlist to receive independent living assistance (waitlist)
- Full day developmental preschool for infants and one-year-olds (at capacity, unable to serve more)
- 600+ persons on waitlist to receive home and community-based services such as meals, house making, personal care, transportation, and shopping assistance (waitlist)

In addition to service gaps listed above that were identified in the questionnaire, care population (persons with disabilities and seniors) agency data indicate that there is:

- Limited Health Dollars to Assist Elder Population: More than a one-fourth of the elder population delay filling a prescription, receiving dental care or receiving eye care. Over 10% split a pill or skip medication because of cost. More than a quarter of the elder population delays care because their insurance does not cover all they need (29%) or because they cannot afford the expense (26%).[21]

Family and/or Community Support Funding Category

Available Services *(see detailed service information in Inventory of Service in Appendix I and Table 73):*

- Helplines
- Hotlines
- Case management and referrals for services
- Maternal and child health services
- Parenting
- Supportive services and education for families and children
- Money management and budgeting
- Neighborhood/community and personal safety
- Legal Services for civil legal problems related to family, housing and income maintenance (e.g. unlawful evictions, negotiations of reasonable terms, wills, obtain financial relief for public housing residents, resolution of tax controversies for low-income taxpayers, obtain injunctions for protection, dissolution of marriage for victims of domestic violence, recovery of social security benefits for those with disabilities, representation for children in foster care system, provide specialized services for veterans experiencing homelessness)

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[21] Florida Department of Elder Affairs, Assessing the Needs of Elder Floridians.

Gaps in Services - Services/items agencies are unable to provide because they are at capacity, services and items people on waitlist waiting to receive or agency unable to provide because dealing with financial constraints:

- Crisis intervention (at capacity, financial constraints)
- Systems advocacy with medical, law enforcement, employer, landlord network (at capacity, financial constraints)
- Limited civil legal help: 86% of civil legal problems reported by low-income individuals go unmet and 71% of low-income individuals have faced at least one civil legal problem in the past year (at capacity, unable to serve more)
- Anger-management classes (waitlist)
- Car seats (at capacity, unable to serve more)
- Of 21,748, 2-1-1 Helpline caller "Needs," 2,280 were "Unmet." Of the "Unmet," 724 unmet because no programs found to meet the need. The most common Unmet needs were Rent Payment Assistance (287), Disaster Relief Services (213), Utility Service Payment Assistance (178), Homeless Shelter (158) and Food Pantries (107) (at capacity, unable to serve more)
- Family Home Program (at capacity, unable to serve more)

In addition to service gaps listed above that were identified in the questionnaire, family and community support agency data indicate that:

- Coordination barriers contribute to gaps in service delivery.[22]

Promise Zone/High Poverty Funding Category

Available Services *(see detailed service information in Inventory of Service in Appendix I and Table 73):*

- Any and all services listed under the other funding categories, particularly those that contribute to breaking the cycle of poverty.

Gaps in Services - Services/items agencies are unable to provide because they are at capacity, services and items people on waitlist waiting to receive or agency unable to provide because dealing with financial constraints:

- Any and all gaps listed under the other funding categories, particularly those indicating disparity in or lack of access to services for low-income/poor populations.

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[22] Florida Department of Health, Community Health Assessment

VII.   DETERMINING ALLOCATION

A ranking metric was developed to determine the percent of allocation by funding category. Each funding category was ranked using a three-point scale on three factors (See Table 75). These factors (cost of service, gaps in services, and community input) were selected as a way to assess the scope of the funding category; in essence, to determine the extent of the area that the category deals with or to which it is relevant. Cost of Service factor is weighted at 30%, the Community Input factor is weighted at 20% and Gaps in Services weighted at 50%. Community input is one of the factors to ensure that the contribution of those who serve the community (stakeholders) and those who receive services (residents) are included. The higher the score means a larger scope, which in turn means a higher percent of allocation (See Table 76). A ranking methodology was used due to the variability in the types of data available among the funding categories. This allows a comparison of relative standing among the categories without inferring a set difference between values.

Table 75. Description of Factors and Scales Used in Ranking Metric	
FACTOR	**THREE-POINT SCALE**
Cost of Service (based on possible range of services per client. Data source is based on industry and Tallahassee/Leon County service provider information.)	1 = low cost per client 2 = medium cost per client 3 = high cost per client **NOTE:** Since there is a wide variety in level and type of services provided in each category, the mid-point of the range in cost of service is used to rank this factor.
Gaps in Services (based on results from Service Gaps Questionnaire and service gap analysis)	1 = 0% - 33% of the agencies who responded to survey have a wait list 2 = 34% - 67% of the agencies who responded to survey have a wait list 3 = 68% - 100% of the agencies who responded to survey have a wait list NOTE: *For Emergency Services and Basic Needs category, wait lists are generally not applicable as services are delivered in crisis or emergency situations. To identify gaps in services, Emergency Services and Basic Needs data form agencies' information systems used as an alternative.*
Community Input (based on consensus as found in the primary data between community residents and stakeholders about the importance of the problem)	1 = low level consensus about the problem 2 = medium level consensus about the problem 3 = high level consensus about the problem

Table 76. Factor Scores by Funding Category		
Emergency Services / Basic Needs Funding Category		
Factor	**Data Indicator / (Data Source)**	**Score**
Cost per client	$500-$2,000 / (The range of cost per client obtained from emergency and basic needs industry data.)	2
Gaps in Services	Large – As indicated by the following gaps in services: • Financial assistance for rent (waitlist) • Financial assistance for utilities (waitlist) • Financial assistance for deposits (waitlist) • Less than 15% of persons who need financial assistance (rent, utilities or deposits) receive it (at capacity, financial constraints) • Emergency shelter – (e.g., On an average night, homeless shelter operates at 152% capacity. On cold nights and inclement weather, shelter operates at 186% of capacity) (at or above capacity) • Basic needs and household supplies (at capacity) • Outreach to homeless who avoid mainstream services – ideal to have 24-hours drop-in center to help save lives (at capacity, financial constraints) • Shelter operating at deficit due to significant cost of food and shelter. Case management staff cut from 8 to 4 persons, which means clients do not have traditional case management plans and services are limited primarily to assisting clients with finding housing (at capacity, financial constraints) • Cuts to shelter service staff also occurred, which run risk of resulting in security issues from lack of sufficient staff on a campus at night (at capacity, financial constraints) • About half of shelter clients (51%) report no income, which means the shelter is in dire need of a legal team to assist these clients to access SSDI, which is typically a 12-month process (financial constraints) • More food is needed. Leon County has an unmet need of about 4.1 million meals (financial constraints) (Based on analysis of services and services gaps questionnaire.)	3
Community Input	Consensus: High (Supporting primary data from residents and stakeholders include: Residents and stakeholders ranked homeless in the top five most important issues affecting health/wellbeing. About 60% of residents and stakeholders indicated access to food was an essential need.)	3
Mental Health and Substance Abuse Funding Category		
Factor	**Data Indicator / (Data Source)**	**Score**
Cost per client	$120-$800 (The range of cost per client obtained from mental health and substance abuse industry data)	1
Gaps in Services	Medium – As indicated by the following gaps in services: • Individual counseling (waitlist) • Group counseling (waitlist) • Support groups (waitlist) • Social-emotional learning (waitlist) • Intervention services for mental health (waitlist) • Residential placement for mental health services (waitlist) • Substance abuse and trauma/victim services, substance abuse treatment (waitlist) • Intensive counseling (daily) for substance abuse and mental health (waitlist) • Drug tests and drug test supplies (waitlist) (Based on analysis of services and services gaps questionnaire.)	2

Community Input	Consensus: High (Supporting primary data from residents and stakeholders include: Residents and stakeholders ranked mental health in the top five most important issues affecting health/wellbeing. Stakeholders ranked substance abuse in the top five; it ranked 7th for residents out of 20 issues.)	3

Job Prep, Placement and Adult Education Funding Category

Factor	Data Indicator / (Data Source)	Score
Cost per client	$50-$250 (The range of cost per client obtained from job prep/job placement/adult education industry data.)	1
Gaps in Services	<u>Small</u> – As indicated by the following gaps in services: • Tuition Assistance – no more funds available until next fiscal year (financial constraints) • Basic reading and English tutoring (waitlist) • GED Prep (waitlist) (Based on analysis of services and services gaps questionnaire.)	1
Community Input	Consensus: Low (Supporting primary data from residents and stakeholders include: Residents ranked unemployment in the top five most important issues affecting health/wellbeing and stakeholders ranked it 8th out of 20 issues. 75% of stakeholders and 72% of residents identified not enough job/opportunities to make living wage as an issue. Furthermore, 65% of stakeholders and 62% of residents indicated that access to career/job training and higher learning was an issue.)	1

Education and/or Enrichment Services for 3-5-year-old/Pre-K Funding Category

Factor	Data Indicator / (Data Source)	Score
Cost per client	$500-$2,000 (The range of cost per client obtained from education and enrichment for 3-5-year-old/pre-K industry data.)	2
Gaps in Services	<u>Small</u> – As indicated by the following gaps in services: • The State Office of Early Learning indicates approximately 3,000 more Leon County children living in families below 150% of the federal poverty guidelines could receive School Readiness services from ELC were sufficient funding available (financial constraints) • Currently 1,687 children in VPK and 2,747 children in School Readiness (4,262 unduplicated children total); ELC currently has a wait list of 854 children (waitlist) (Based on analysis of services and services gaps questionnaire.)	1
Community Input	Consensus: Low (Supporting primary data from residents and stakeholders include: 33% of residents and 40% of stakeholder identified access to or lack of early learning as an issue.)	1

Education and/or Enrichment Services for K through 12th Grade Funding Category

Factor	Data Indicator / (Data Source)	Score
Cost per client	$200-$900 (The range of cost per client obtained from education and enrichment for K-12th grade industry data.)	1
Gaps in Services	<u>Small</u> – As indicated by the following gaps in services: • Homework assistance (waitlist and at capacity, unable to serve more) • Admission to after school program (waitlist) • Case management (at capacity, unable to serve) • Whole school services based on needs assessment (at capacity, unable to serve) • Backpack and school supplies (at capacity, financial constraints) (Based on analysis of services and services gaps questionnaire.)	1
Community Input	Consensus: High (Supporting primary data from residents and stakeholders include: 60% of residents and 73% of stakeholder identified services for teen/youth enrichment and prevention as a priority need and 51% of residents and 48% of stakeholders identified K-12 afterschool academics as a high need.)	3

Physical Health Funding Category		
Factor	**Data Indicator / (Data Source)**	**Score**
Cost per client	$200-$1,000 (The range of cost per client obtained from physical health/medical/dental service industry data.)	1
Gaps in Services	<u>Small</u> – As indicated by the following gaps in services: • Tobacco outreach services (at capacity, unable to serve more) • Referral restrictions for dental services. About 500 more clients per year could be served if could accept all referrals (at capacity, unable to serve more) • Need for dentures. Provide two dentures per month; the need is more like 10 per month (financial constraints) • Limited patient assistance fund, which pays for transportation, medication, dentures, and durable medical equipment (financial constraints) • Currently, 200 dental cases per case manager, which is not sustainable, unless add an additional case manager position with increased funding (financial constraints) • Specialty dental treatment (financial constraints) • HIV Prevention, education and testing (at capacity, at times) • HIV+ client care – in past have set limits on some of the services agency provides; if funding did not increase, with the current client numbers the services and units of service would decrease (financial constraints) (Based on analysis of services and services gaps questionnaire.)	1
Community Input	Consensus: High (Supporting primary data from residents and stakeholders include: 63% of residents and 60% of stakeholders identified access to or lack of preventative health services and lack of health insurance as high health needs.)	3
Transitional Housing and Supportive Services and/or Permanent Housing Funding Category		
Factor	**Data Indicator / (Data Source)**	**Score**
Cost per client	$9,000 - $50,000 (The range of cost per client obtained from transitional housing/permanent housing industry data.)	3
Gaps in Services	<u>Medium</u> – As indicated by the following gaps in services: • Permanent housing slots (waitlist) • Leon County Housing Services completed 81 projects to eligible households with an additional 64 households supported with down payment assistance to purchase a home in Leon County; 127 unable to be served due to capacity issues (at capacity) • Aid with home rehabilitation (financial constraints) • Transitional housing (at capacity, unable to serve more, financial constraints) (Based on analysis of services and services gaps questionnaire.)	2
Community Input	Consensus: High (Supporting primary data from residents and stakeholders include: Residents and stakeholders ranked access to or lack of affordable housing as the #1 essential need.)	3
Care Populations (Persons with Disabilities and Seniors) Funding Category		
Factor	**Data Indicator / (Data Source)**	**Score**
Cost per client	$500-$3,000 (The range of cost per client obtained from persons with disabilities and senior service industry data.)	2
Gaps in Services	<u>Medium</u> – As indicated by the following gaps in services: • In-home respite - request for in-home respite increase every day (waitlist) • Facility respite – need fluctuates due to the nature of population (waitlist) • Brain stimulation programs– currently not enough money to cover these services which is needed for people to improve function and prevent progression of disease or debilitating condition (financial constraints) • Wheelchair access ramps (waitlist)	2

	- Power wheelchairs, scooters, rollators, bath benches/chairs, other durable medical equipment (waitlist) - Disposable medical supplies, incontinence products (waitlist) - General expansion of services to address disabilities and senior/older adult needs (at capacity, financial constraints) 500+ persons with disabilities and/or seniors on waitlist to receive independent living assistance (waitlist) - Full day developmental preschool for infants and one-year-olds (at capacity, unable to serve more) 600+ persons on waitlist to receive home and community-based services such as meals, house making, personal care, transportation, and shopping assistance (waitlist) (Based on analysis of services and services gaps questionnaire.)	
Community Input	Consensus: Low (Supporting primary data from residents and stakeholders include: 66% of stakeholder and 43% of residents identified aid for the elderly/disabled as a high need.)	1

Family and/or Community Support Funding Category		
Factor	**Data Indicator / (Data Source)**	**Score**
Cost per client	$200-$300 (The range of cost per client obtained from family and community support industry data)	1
Gaps in Services	<u>Small</u> – As indicated by the following gaps in services: - Crisis intervention (at capacity, financial constraints) - Systems advocacy with medical, law enforcement, employer, landlord network (at capacity, financial constraints) - Limited civil legal help: 86% of civil legal problems reported by low-income individuals go unmet and 71% of low-income individuals have faced at least one civil legal problem in the past year (at capacity, unable to serve more) - Anger-management classes (waitlist) - Car seats (at capacity, unable to serve more) - Of 21,748, 2-1-1 Helpline caller "Needs," 2,280 were "Unmet." Of the "Unmet," 724 unmet because no programs found to meet the need. The most common Unmet needs were Rent Payment Assistance (287), Disaster Relief Services (213), Utility Service Payment Assistance (178), Homeless Shelter (158) and Food Pantries (107) (at capacity, unable to serve more) - Family Home Program (at capacity, unable to serve more) (Based on analysis of services and services gaps questionnaire.)	1
Community Input	Consensus: Medium (Supporting primary data from residents and stakeholders include: 56% of stakeholders and 51% of residents indicated that there are not enough social service providers. Over 40% of residents and stakeholders indicated that lack of support for child abuse/neglect and/or for domestic violence are needed supportive services. 81% of stakeholders and 54% of residents indicate that lack and/or challenge with transportation is an issue. 56% of residents and 44% of stakeholders identified access to or lack of free/reduced legal services as a needed supportive service.)	2

Promise Zone/High Poverty Funding Category		
Factor	**Data Indicator / (Data Source)**	**Score**
Cost per client	$500 - $3,000 (The range of cost per client obtained from promise zone/high poverty area industry data.)	2
Gaps in Services	<u>Large</u> – As indicated by the following gaps in services: • Any and all gaps listed under the other funding categories, particularly those indicating disparity in or lack of access to services for low-income/poor populations. (Based on analysis of services and services gaps questionnaire.)	3
Community Input	Consensus: High (Supporting primary data from residents and stakeholders include: Residents and stakeholders ranked poverty in the top five most important issues affecting health/wellbeing. Residents and stakeholders identified poverty as a problem in certain areas of Leon County.)	3

Table 77 displays the weighted sum of the scores for each funding category that was used to calculate the recommended percent allocation. The weighted sum in each category is divided by the total to obtain the percent of allocation for that category.

Table 77. Calculation of Allocation					
Proposed Funding Category	**FACTORS (Weight)**			Sum of Weighted Scores	% of Overall Total = Recommended Percent of Allocation
	Cost of Service (30%)	Gaps in Services (50%)	Community Input (20%)		
Emergency Services and Basic Needs	2	3	3	2.7	**15.0**
Mental Health/Substance Abuse	1	2	3	1.9	**10.5**
Job Prep, Placement and Adult Education	1	1	1	1.0	**5.5**
Education and/or Enrichment Services for 3-5-year-old/PreK	2	1	1	1.3	**7.0**
Education and/or Enrichment Services for K-12th grade	1	1	3	1.4	**8.0**
Physical Health	1	1	3	1.4	**8.0**
Transitional Housing/Permanent Housing	3	2	3	2.5	**14.0**
Care Populations (Persons with Disabilities and/or Seniors)	2	2	1	1.8	**10.0**
Family and/or Community Support	1	1	2	1.2	**7.0**
Promise Zone / High Poverty	2	3	3	2.7	**15.0**
TOTAL				17.9	100

VIII.   PULLING IT ALL TOGETHER

A. Recommended Funding Categories, Allocation, and Outcome Measures

Information including identification of prevalent community needs with supporting data, existing services, and gaps in services were utilized to determine the recommended funding categories. In addition, the recommended percent of funding allocation and recommended outcome measures for the funding category are identified. Results from primary (P) and secondary (S) data is used to determine prevalent community needs. Primary data results are found in the Focus Group/Interviews and Resident and Stakeholder Surveys sections of the report. Details relevant to secondary data are cited for each prevalent need. For more detailed results and citations related to analysis of gaps in services see Services Gap Analysis section of report. To review the analysis used to determine the percent funding allocation see Determining Allocation section of report. The recommended outcome measures identified in the report purposefully align closely with the prevalent needs associated with the funding category and are research-informed (see corresponding citations).

Emergency Services / Basic Needs Funding Category
Programs funded under this category are those that provide emergency assistance/services and/or meet basic needs. For example, temporary shelter, food, clothing, utility assistance, rental assistance, etc.

Prevalent Community Need:
Emergency / Basic Needs as supported by the following data:
- Residents and stakeholders ranked homeless in the top five most important issues affecting health/wellbeing. About 60% of residents and stakeholders indicated access to food was an essential need. (P)
- In 2017, Leon County for total food insecurity is 19.7% and statewide it is 13.4%.[23] (S)
- Leon County's food insecurity improved between 2015 to 2017, however 20% of the population and 20% of children are still food insecure.[24] (S)
- Over 40% of Leon County households struggle to afford basic needs when you combine the poverty households with the ALICE households [25] (S)

Gaps in Services - Services/items agencies are unable to provide because they are at capacity, services and items people on waitlist waiting to receive or agency unable to provide because dealing with financial constraints:
- Financial assistance for rent, utilities, and deposits (waitlist). Less than 15% of persons who need financial assistance (rent, utilities or deposits) receive it (at capacity, financial constraints)
- Emergency shelter (at or above capacity)
- Basic needs and household supplies (at capacity)
- Outreach to homeless who avoid mainstream services – ideal to have 24-hours drop-in center to help save lives (at capacity, financial constraints)
- Shelter operating at deficit due to significant cost of food and shelter.
- Cuts to shelter service staff also occurred, which run risk of resulting in security issues from lack of sufficient staff on a campus at night. (at capacity, financial constraints)

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[23] See Food Insecurity under Economic Factors section of report.
[24] See Food Insecurity under Economic Factors section of report.
[25] See ALICE Households – Working Poor under Economic Factors section of report.

- Shelter in dire need for a legal team to assist clients to access SSDI (financial constraints)
- Leon County has an unmet need of about 4.1 million meals. (financial constraints)

In addition to service gaps listed above that were identified in the questionnaire, emergency service and basic need agency data indicate that:
- About 200 sleeping outside; roughly 12% of persons go unsheltered
- Annual food budget shortfall is $32,330,000

Recommended Percent Allocation: 15%

Recommended Outcome Measures:
Per the City of Tallahassee and Leon County, programs funded in this category must address the three outcome measures[26] listed below using the measure/tool identified or measures/tools that are evidence-based and/or research informed. Appendix L list sources for locating evidence-based and/or research informed measures/tools.
- Children, adults and families' crisis and fundamental needs are met[27] (e.g., food, clothing, housing, economic support, household supplies, and utility assistance) as measured by a tracking log that identifies the list of people in need, type of need(s) they have, and whether the participant reports their need(s) were met. (*Use measure/tool that is evidence-based and/or research informed*)
- Contribute to adult and family self-sufficiency as measured by the number/percent of persons served who report the services helped them achieve self-sufficiency as indicated by a program assessment. (*Use measure/tool that is evidence-based and/or research informed*)
- Contribute to community awareness of disaster planning (preparation for major weather and other catastrophic events) and/or crisis preparedness (e.g., establishing action steps/plan, managing personal funds/budgeting, balancing priorities) by the end of the program as measured[28] by new website visitors (*indicated by Google Analytics or other tool*), social media reach (*indicated by Tweetreach, Sumail shares/reposts per post. number of likes/favs per post or other tool*), media mentions, or pre- and post-assessments with community groups. (*Use measure/tool that is evidence-based and/or research informed if conducting community groups*)

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[26] United States Department of Agriculture, Economic Research Services, Food Security in U.S. Measurement https://www.ers.usda.gov/topics/food-nutrition-assistance/food-security-in-the-us/measurement.aspx
[27] Kushel MB, Gupta R, Gee L, Haas JS. *Housing instability and food insecurity as barriers to health care among low-income Americans*. J Gen Intern Med. 2006;21(1):71-7. doi: 10.1111/j.1525-1497.2005.00278.x.
[28] How to Measure Community Awareness https://bizfluent.com/how-5939489-measure-consumer-awareness.html

Mental Health[29] and Substance Abuse Funding Category

Programs funded under this category are those that provide behavioral health services and/or substance abuse services.

Prevalent Community Need:

Mental Health as supported by the following data:

- Residents and stakeholders ranked mental health in the top five most important issues affecting health/wellbeing. Stakeholders ranked substance abuse in the top five; it ranked 7th for residents out of 20 issues.[30] (P)
- Based on key information feedback, as problems with poverty and feelings of lack of joy, hope, and unworthiness become more chronic, mental health problems get more severe and debilitating. Stigma related to seeking mental health or substance abuse support services though the consumer may suffer from trauma, adverse childhood experiences, depression, substance abuse, and/or addiction (P)
- The number of involuntary examinations (Baker Act) residents of Leon County steadily increased from 2,209 (2015-2016) to 2,766 (2017-2018). The increase is evident among children (<18) and adults, but stark among children as it increased from 1,037 to 1,617.[31] (S)
- 21.9% persons in Leon and 18% in Florida report excessive drinking (% binge or heavy drinking)[32] (S)
- 31.8% of persons in Leon and 25% in Florida report alcohol-impaired driving deaths among driving death[33] (S)
- "Utilization of emergency mental health services has increased significantly in recent years. Utilization of hospital emergency departments for treatment of mental health emergencies, particularly by residents of "high impact neighborhoods" has especially increased."[34]

Available Services (see detailed service information in Inventory of Service in Appendix I and Table 73):

- Mental Health and Substance Abuse Providers:
  - Ratio of Leon County population to mental health providers is 540:1
  - Providers include psychiatrists, psychologists, licensed clinical social workers, counselors, marriage and family therapists, mental health providers that treat alcohol and other drug abuse, advanced practice nurses specializing in mental health
  - In-patient services, residential services, outpatient recovery services

Gaps in Services - Services/items agencies are unable to provide because they are at capacity, services and items people on waitlist waiting to receive or agency unable to provide because dealing with financial constraints:

- Individual counseling (waitlist)
- Group counseling (waitlist)
- Support groups (waitlist)
- Social-emotional learning (waitlist)
- Intervention services for mental health (waitlist)
- Residential placement for mental health services (waitlist)

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[29] Ferrans CE. Definitions and conceptual models of quality of life. In: Lipscomb J, Gotay CC, Snyder C, editors. Outcomes assessment in cancer. Cambridge, England: Cambridge University; 2005. p. 14–30.
[30] The twenty issues identified in Survey Results section of report.
[31] See Baker Act under Health section of report.
[32] See Leon County Health Rankings under Health section of report.
[33] See Leon County Health Rankings under Health section of report.
[34] Report of the Mental Health Council of the Big Bend (January 2018), page 2.

- Substance abuse and trauma/victim services, substance abuse treatment (waitlist)
- Intensive counseling (daily) for substance abuse and mental health (waitlist)
- Drug tests and drug test supplies (waitlist)

In addition to service gaps listed above that were identified in the questionnaire, mental health and substance abuse agency data indicate that:
- Lack of in-home counseling and out-patient substance abuse counseling particularly for youth.
- Lack of Medicaid accepting psychiatric providers.

Recommended Percent Allocation: ***10.5%***

Recommended Outcome Measures:
Per the City of Tallahassee and Leon County, programs funded in this category must address the three outcome measures[35] listed below using the measure/tool identified or measures/tools that are evidence-based and/or research informed. Appendix L list sources for locating evidence-based and/or research informed measures/tools.
- Improve life management skills as measured by the number/percent of people in program with mental health and/or substance abuse issues who show improvement in decision-making and/or problem-solving skill by the end of the program as indicated by a pre- and post-assessment. (*Use measure/tool that is evidence-based and/or research informed*)
- Increase the proportion of persons with mental health and/or substance abuse issues who report sufficient social and emotional support by the end of the program as measured by a pre and post-assessment. (*Use measure/tool that is evidence-based and/or research informed*)
- Improve behavioral/mental health as measured by the number/percent of people in program with mental health and/or substance abuse issues who show improvement in their mental health status and/or discontinue abusing substances by the end of the program as indicated by a pre- and post-assessment. (*Use measure/tool that is evidence-based and/or research informed*)

Job Prep, Placement and Adult Education Funding Category

Programs funded under this category are those that provide job preparation training and placement, GED prep, adult literacy education, financial literacy education.

Prevalent Community Need:
Unemployment as supported by the following data:
- Residents ranked unemployment in the top five most important issues affecting health/wellbeing and stakeholders ranked it 8th out of 20 issues. 75% of stakeholders and 72% of residents identified not enough job/opportunities to make living wage as an issue. Furthermore, 65% of stakeholders and 62% of residents indicated that access to career/job training and higher learning was an issue. (P)
- Key informants identified that persons who are unemployed and have little to no income struggle with quality of life. (P)

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[35] Sturgeon, S. (2006). Promoting mental health as an essential aspect of health promotion. Health Promotion International, 21(suppl 1), 36-41.

(footnote continued)

- The unemployment rate for the 16 and older civilian population is 8.8% for Leon and 7.2% for FL, however, census tracts 4, 6, 10.01, 14.02, 18.01, 20.03, 20.5 have an unemployment rate for the 16 and older civilian population that is twice as high as Leon.[36] (S)
- Educational attainment has a significant impact on poverty. The percent poverty for persons aged 25 or older with less than high school is 35.2%, it is 18.6% for high school graduate or equivalent, 12.6 % for those with some college or associate degree, and 5.0% for those with a bachelor's degree or higher.[37] (S)

Available Services *(see detailed service information in Inventory of Service in Appendix I and Table 73):*
- Job Prep
- Job Placement
- Adult Education
- Post-secondary Education
- Workforce Training/Apprenticeships

Gaps in Services - Services/items agencies are unable to provide because they are at capacity, services and items people on waitlist waiting to receive or agency unable to provide because dealing with financial constraints
- Tuition Assistance – no more funds available until next fiscal year (financial constraints)
- Basic reading and English tutoring (waitlist)
- GED Prep (waitlist)

In addition to service gaps listed above that were identified in the questionnaire, job prep, placement, and adult education agency data indicate that:
- Adult and Community Education is no longer free; it now cost $30 per semester plus additional fee to cover cost of GED test
- In Tallahassee, there are over 57,000 16-24-year old persons.[38] "According to the Measure of America Research on Social Science calculations, approximately 7,000 of those youth have dropped out of school and are not in the labor market."
- TCC reports gaps in A.A. degree and A.S. degree completion rates for their Black students.

Recommended Percent Allocation: ***5.5%***

Recommended Outcome Measures:
Per the City of Tallahassee and Leon County, programs funded in this category must address the three outcome measures[39] listed below using the measure/tool identified or measures/tools that are evidence-based and/or research informed. Appendix L list sources for locating evidence-based and/or research informed measures/tools.
- Increase job readiness skills as measured by the number/percent of program participants who demonstrate ability to do a job search on their own, create a resume, apply for a job, be reliable on time, fill out basic job paperwork, and pass GED-only where applicable- by the end of the program as

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[36] See Unemployment under Economic Factors section of report.

[37] See Poverty under Economic Factors section of report.

[38] American Community Survey.

[39] Clymer, C., Maguire, S., Miles, M., Woodruff-Bolte S.. (2010). Putting Data to Work: Interim Recommendations From the Benchmarking Project [Data file]. Philadelphia, PA: Public\Private Ventures.
(footnote continued)

indicated by a pre- and post-assessment. (*Use measure/tool that is evidence-based and/or research informed*)

- Transition program participants into postsecondary/career education, trade/technical school and/or employment[40] as measured by the number/percent of program participants who enroll in postsecondary education program or trade/technical school or obtain a job by the end of the program as indicated by official education entity and/or job placement (e.g. check stubs) records.
- Increase earning potential and job marketability[41] as measured by the number/percent of program participants who maintain employment for one year or more, or obtained a certificate in a trade/technical, or completed at least one year of postsecondary education by the end of the program as indicated by official education entity and/or job placement records (e.g. check stubs).

Education and/or Enrichment Services for 3-5-year-old/Pre-K[42] Funding Category

Programs funded under this category are those that provide early learning and emergent literacy services for children ages 3 through 5 years old/pre-K.

Prevalent Community Need:
Early Childhood Education as supported by the following data:
- Key informants identified children in poverty as a population struggling economically and childcare as a barrier to quality of life and accessing needed services. (P)
- 53% of FL and 56% of Leon test takers were assessed as ready for kindergarten; though Leon is higher than state, the percent assessed as ready is low. The percent ready significantly drops to below 35% in Bond, Frank Hartsfield, John G. Riley, Oak Ridge, Pineview, Fort Braden, Astoria Park, Ruediger, and Sabal Palm school zones.[43] (S)

Available Services *(see detailed service information in Inventory of Service in Appendix I and Table 73):*
- Pre-kindergarten/school readiness/childcare programs

Gaps in Services - Services/items agencies are unable to provide because they are at capacity, services and items people on waitlist waiting to receive or agency unable to provide because dealing with financial constraints:
- The State Office of Early Learning indicates approximately 3,000 more Leon County children living in families below 150% of the federal poverty guidelines could receive School Readiness services from ELC were sufficient funding available (financial constraints)
- Currently 1,687 children in VPK and 2,747 children in School Readiness (4,262 unduplicated children total); ELC currently has a wait list of 854 children (waitlist)

Recommended Percent Allocation: 7%

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[40] Day, J. C. and Newburger, E. C. (July 2002). The Big Payoff: Educational Attainment and Synthetic Estimates of Work-Life Earnings. Current Population Reports.

[41] Andersson, F., Holzer, H., and Lane, J. (2005). Moving Up or Moving On? Who Advances in the Low-Wage Labor Market? New York: Russell Sage Foundation.

[42] Vitaro F, Brendgen M, Tremblay RE. Early predictors of high school completion: The developmental interplay between behavior, motivation, and academic performance. In: Boivin M, Bierman K, eds. *Promoting school readiness and early learning: The implications of developmental research for practice*. NY, NY: Guilford Press.

[43] See Early Learning under Education section of report.
(footnote continued)

Recommended Outcome Measures:
Per the City of Tallahassee and Leon County, programs funded in this category must address the three outcome measures[44] listed below using the measure/tool identified or measures/tools that are evidence-based and/or research informed. Appendix L list sources for locating evidence-based and/or research informed measures/tools.

- Improve language/reading milestones as measured by the child's ability, to speak 250-500 words, answer simple questions, speak in sentences of five to six words, and write some letters and numbers by the end of the program as indicated by language/reading milestone assessment. (*Use measure/tool that is evidence-based and/or research informed*)
- Improve cognitive milestones as measured by the child's ability to sort objects by shape and color, count and understand the concept of counting, and follow three-part commands by the end of the program as indicated by cognitive milestone assessment. (*Use measure/tool that is evidence-based and/or research informed*)
- Improve movement milestones as measured by the child's ability to walk up and down stairs (alternating feet, one foot per step), kick, throw and catch a ball, hop and stand on one foot for up to five seconds by the end of the program as indicated by movement milestone assessment. (*Use measure/tool that is evidence-based and/or research informed*).

Education and/or Enrichment Services for K through 12th Grade Funding Category
Programs funded under this category are those that provide afterschool academic services and/or provide opportunities for enrichment and recreation activities where youth can explore and experience areas of interest, build skills, character and relationships, and establish community connections for children/youth in K through 12th grade.

Prevalent Community Need:
Youth Education and Enrichment as supported by the following data:
- 60% of residents and 73% of stakeholder identified services for teen/youth enrichment and prevention as a priority need and 51% of residents and 48% of stakeholders identified K-12 afterschool academics as a high need. (P)
- Key informants identified teenagers as a population struggling economically. (P)
- The percentage of Grade 3 students who achieved Level 3 or above for English Language Arts on the Florida Standards Assessment for Leon is 61% and for FL it is 58%. Though Leon is higher than the state, only two-thirds of Grade 3 students are reading at grade level in Leon County. In addition, school zones with less than 40% of third grader scoring level 3 or higher are John G. Riley, Bond, Oak Ridge, Pineview, and Frank Hartsfield.[45] (S)
- Many Title I schools located in and/or serve children from high poverty tracts.[46] (S)
- The school related arrest rate per 1,000 school population (only includes misdemeanor and felony arrests) is 7.9 for Leon and 5.0 for FL.[47] (S)
- The juvenile delinquency arrest rate per 1,000 population for youth 10-17 years old in Leon is 41.5 and in FL it is 35.6.[48] (S)

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[44] U.S. Department of Education. Race to the Top - Early Learning Challenge (RTT-ELC) Program - Definitions: Essential domains of readiness. https://www.ed.gov/early-learning/elc-draft-summary/definitions. Accessed July 18, 2017.

[45] See Assessment under Education section of report.

[46] See Title I Schools under Education section of report.

[47] See Juvenile Delinquency under Education section of report.

[48] See Juvenile Delinquency under Education section of report.

Available Services (*see detailed service information in Inventory of Service in Appendix I and Table 73)*:
- Tutoring/Academic Support
- Mentoring
- Enrichment
- Juvenile Delinquency Prevention
- Leadership and Life-skills Training

Gaps in Services - Services/items agencies are unable to provide because they are at capacity, services and items people on waitlist waiting to receive or agency unable to provide because dealing with financial constraints:
- Homework assistance (waitlist and at capacity, unable to serve more)
- Admission to after school program (waitlist)
- Case management (at capacity, unable to serve)
- Whole school services based on needs assessment (at capacity, unable to serve)
- Backpack and school supplies (at capacity, financial constraints)

Recommended Percent Allocation: ***8%***

Recommended Outcome Measures:
Per the City of Tallahassee and Leon County, programs funded in this category must address the three outcome measures[49] listed below using the measure/tool identified or measures/tools that are evidence-based and/or research informed. Appendix L list sources for locating evidence-based and/or research informed measures/tools.
- Increase child interpersonal strengths[50] as measured by improvement in children/ youths' self-esteem and/or self-efficacy by the end of the program indicated by a pre- and post-assessment. (*Use measure/tool that is evidence-based and/or research informed*)
- Improve academic performance as measured by the number/percent of children/ youths who improved their overall academic performance by the end of the program indicated by the child/youth's school report cards (GPA or letter grades).
- Reduce involvement in school disciplinary actions[51] (detention, suspension, expulsion) as measured the number/percent of children/youths who reduced or had no disciplinary actions (detention, suspension, expulsion) by the end of the program as indicated by child/youth's official school records.

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[49] Redd Z., Brooks, J. & McGarvey, A. M. (2001). Background for Community Level Work on Educational Adjustment in Adolescence: Reviewing the Literature on Contributing Factors. Washington, D.C.: Child Trends.
[50] Bandura, A. (1997). Self-efficacy: The exercise of control. New York:W. H. Freeman.
[51] Baker, M. L., Sigmon, J. N., & Nugent, M. E. (September 2001). Truancy reduction: Keeping students in school. Juvenile Justice Bulletin. Washington, DC: Office of Juvenile Justice and Delinquency Prevention. Retrieved February 7, 2011.

Physical Health Funding Category

Programs funded under this category are those that provide physical, medical, or dental health services, support, education and/or prevention.[52]

Prevalent Community Need:

Health as supported by the following data:

- 63% of residents and 60% of stakeholders identified access to or lack of preventative health services and lack of health insurance as high health needs. (P)
- On the Robert Wood Johnson (RWJ) County Health Rankings, Leon ranks 32 out of 67 Florida counties on Health Behaviors. The ratio of population to one dentist in Leon is 2,216, higher than FL at 1,700.[53] (S)
- The percent of adults who are current smokers in Leon is 14.3 and FL is 15.[54] (S)
- The percent of adults reporting BMI > 30 (adult obesity) is 28.8% for Leon and 27% for FL.[55] (S)
- Preventable Hospital Stays per 100,000 Black Medicare enrollees is almost double the County
- The Chlamydia rate (newly diagnosed per 100,000) is 1,153.4 for Leon and 467.4 for FL. The three-year rolling bacterial STD rate for Leon County far exceeds the Florida rate.[56] (S)
- Early Syphilis rate is 32.7 for Leon and 28% for FL.[57] in 2018, 78% of syphilis cases were beyond the most infectious state when reported. In 2018, 36% coinfection rate with HIV. Syphilis spread to reproductive age women and the risk to infant. Zip code areas most at risk 32301, 32303, 32304, 32310.[58] Significant increase in Tallahassee, "134% from 2017 to 2018 compared to FL at 50% increase." - FDOH Leon County "Stomp Out Syphilis". (S)
- Education and awareness of HIV risk is needed. 38% of cases reported partners through on-line dating apps. The majority of women living with HIV in Leon County are infected through heterosexual contact and unaware that they'd been exposed. [59]
- The rate for preventable ER visits from dental conditions for persons <65 years old is 973.0 per 100,000 in Leon and 809.1 per 100,000 in FL.[60] (S)

Available Services (see detailed service information in Inventory of Service in Appendix I and Table 73):

- Preventive Health Education and Support (smoking cessation, losing weight, physical activity, HIV/AIDS/STD education, dental hygiene, etc.)
- Preventive Health Services (physicals, mammograms, well woman visits, well-child visit, hearing/vision exams, immunizations, STD screening, teeth cleaning, etc.)
- Medical Care
- Dental Care

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[52] National Partnership for Action: HHS Action Plan to Reduce Racial and Ethnic Health Disparities, 2011; and The National Stakeholder Strategy for Achieving Health Equity, 2011. Available from:
https://www.minorityhealth.hhs.gov/omh/content.aspx?ID=8843
[53] See Leon County Health Rankings under Health section of report.
[54] See Leon County Health Rankings under Health section of report.
[55] See Leon County Health Rankings under Health section of report.
[56] See Florida Health CHARTS Measures under Health section of report.
[57] See Florida Health CHARTS Measures under Health section of report.
[58] Florida Department of Health, Syphilis Prevention Coalition.
[59] Florida Department of Health, Syphilis Prevention Coalition.
[60] See Florida Health CHARTS Measures under Health section of report.

Gaps in Services - Services/items agencies are unable to provide because they are at capacity, services and items people on waitlist waiting to receive or agency unable to provide because dealing with financial constraints:

- Tobacco outreach services (at capacity, unable to serve more)
- Referral restrictions for dental services. About 500 more clients per year could be served if could accept all referrals. (at capacity, unable to serve more)
- Need for dentures. Provide two dentures per month; the need is more like 10 per month. (financial constraints)
- Limited patient assistance fund, which pays for transportation, medication, dentures, and durable medical equipment. (financial constraints)
- Currently, 200 dental cases per case manager, which is not sustainable, unless add an additional case manager position with increased funding. (financial constraints)
- Specialty dental treatment (financial constraints)
- HIV Prevention, education and testing (at capacity, at times)
- HIV+ client care – in past have set limits on some of the services agency provides; if funding did not increase, with the current client numbers the services and units of service would decrease (financial constraints)

In addition to service gaps listed above that were identified in the questionnaire, physical health agency data indicate that:

- Shortage of primary care healthcare providers on federal exchange for north Florida

Recommended Percent Allocation: ***8%***

Recommended Outcome Measures:
Per the City of Tallahassee and Leon County, programs funded in this category must address the three outcome measures[61] listed below using the measure/tool identified or measures/tools that are evidence-based and/or research informed. Appendix L list sources for locating evidence-based and/or research informed measures/tools.

- Ensure participation in preventive health/dental care education or counseling as measured by the number/percent of children, youth and/or adults who are identified as in need of preventative health/dental care education or counseling that receive preventive health/dental care education or counseling (e.g. smoking cessation, losing weight, eating healthfully, physical activity, STD education, dental hygiene) by the end of the program as indicated by program initial and ongoing assessments. (*Use measure/tool that is evidence-based and/or research informed*)
- Ensure utilization of preventive medical/health/dental care services as measured by the number/percent of children, youth, and/or adults who are identified in need of preventive medical/health/dental services will receive at least one preventive medical/health/ dental service (e.g. physicals, mammograms, well-woman visit, well-child visit, colonoscopies, hearing exam, eye exam, blood pressure test, diabetes screen, cholesterol test, vaccines against diseases, HIV/AIDS testing, STD screening, dental x-rays, teeth cleaning) by the end of the program indicated by program initial and ongoing assessments. (*Use measure/tool that is evidence-based and/or research informed*)

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[61] Healthy People 2020 Health-Related Quality of Life and Well-Being https://www.healthypeople.gov/2020/topics-objectives/topic/health-related-quality-of-life-well-being

- Ensure establishment of a regular medical home as measured by the number/percent of children, youth, and/or adults who are identified as using the emergency room or urgent care as the primary place to obtain medical/healthcare establish a primary physician/medical office as their medical home (regular and primary place to obtain medical/healthcare) by the end of the program indicated by program initial and ongoing assessments. (*Use measure/tool that is evidence-based and/or research informed*)

Transitional Housing and Supportive Services and/or Permanent Housing[62] Funding Category

Programs that provide transitional housing and supportive services and/or permanent housing to populations needing opportunities[63], for example, homeless, veterans, runaways, and persons previously incarcerated.

Prevalent Community Need:

Homelessness / Affordable Housing as supported by the following data:
- Residents and stakeholders ranked access to or lack of affordable housing as the #1 essential need. (P)
- Between 2015 to 2019, the point-in-time homeless count has increased by 17.7% in Leon and decreased by 20.5% in Florida. On average, 900 homeless people are served per day.[64] (S)
- In census tracts 4, 5, 6, 10.01, 11.01,12, 14.01, 14.02,19.01, 19.02, 20.04, 20.05, 20.06, 21.04, 45% or more of the residents who rent spend 35% or more of the household income on rent. The majority of the occupied household units in these tracts are renter occupied.[65] (S)

Available Services (see detailed service information in Inventory of Service in Appendix I and Table 73):
- Temporary housing (3-18 months residency) such as Springfield Apartments, Patrick Avenue Apartments, Tiny homes, etc.[66]
- Permanent housing such as
  - Habitat for Humanity homes (10-12 homes built each year and about 40 applications in process of review)[67]
  - Housing for persons with low to moderate incomes through Housing Choice Voucher (HCV/Section 8) and Public Housing[68]

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[62] *Predicting Staying In or Leaving Permanent Supportive Housing That Service Homeless People with Serious Mental Illness*, Prepared by Yin-Ling Irene Wong, Trevor R. Hadley, Dennis Culhane, Steve R. Poulin, Morris R. Davis, Brian A. Cirksey, James L. Brown, M. Davis and Company, Inc and University of Pennsylvania, Center for Mental Health Policy and Services Research, March 2006.

[63] National League of Cities, Center for City Solutions, Homeward Bound-The Road to Affordable Housing, 2019

[64] See Homelessness under Other Factors and Subpopulations section of report.

[65] See Median Household Income and SNAP Benefits under Economic Factors section of report.

[66] Leon County Division of Housing Services, City of Tallahassee Housing Division, and City of Tallahassee Housing Authority

[67] Big Bend Habitat for Humanity

[68] Tallahassee Housing Authority, Florida

Gaps in Services - Services/items agencies are unable to provide because they are at capacity, services and items people on waitlist waiting to receive or agency unable to provide because dealing with financial constraints:

- Permanent housing slots (waitlist)
- Leon County Housing Services completed 81 projects to eligible households with an additional 64 households supported with down payment assistance to purchase a home in Leon County; 127 unable to be served due to capacity issues (at capacity)
- Aid with home rehabilitation (financial constraints)
- Transitional housing (at capacity, unable to serve more, financial constraints)

Recommended Percent Allocation: ***14%***

Recommended Outcome Measures:

Per the City of Tallahassee and Leon County, programs funded in this category must address the three outcome measures[69] listed below using the measure/tool identified or measures/tools that are evidence-based and/or research informed. Appendix L list sources for locating evidence-based and/or research informed measures/tools.

- Improve life management skills[70] as measured by the number/percent of program participants who show improvement in decision-making, problem-solving, and/or managing personal finances skill by the end of the program as indicated by a pre- and post-assessment. (*Use measure/tool that is evidence-based and/or research informed*)
- Improve independent living/home care skills as measured by the number/percent of program participants who show improvement in at least one independent living/home care skill (managing finances, cooking, and cleaning) by the end of the program as indicated by a pre- and post-assessment. (*Use measure/tool that is evidence-based and/or research informed*)
- Ensure placement in transitional or permanent housing[71] as measured by the number/percent of program participants who are homeless at program entry who are placed in transitional or permanent housing by the end of the program as indicated by initial and ongoing assessment. (*Use measure/tool that is evidence-based and/or research informed*)

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[69] Wellesley Institute Advancing Urban Health, *Critical Characteristics of Supported Housing: Findings from the Literature, Residents and Service* Providers by Bonnie Kirsh, Rebecca Gewurthz, Ruth Bakewell, Brenda Singer, Mohamed Badsha, Nicole Giles, August 2009.

[70] Botvin, G.J., Mihalic, S.F., & Grotpeter, J.K. (1998). Life Skills Training: Blueprints for Violence Prevention, Book Five. Blueprints for Violence Prevention Series (D.S. Elliott, Series Editor). Boulder, CO: Center for the Study and Prevention of Violence, Institute of Behavioral Science, University of Colorado.

[71] Joint Center for Housing Studies. The state of the nation's housing 2016 [Internet]. Boston: Harvard University; 2016 Jun 22 [cited 2017 Nov 27]. Available from:
http://www.jchs.harvard.edu/sites/default/files/jchs_2016_state_of_the_nations_housing_lowres_0.pdf
(footnote continued)

Care Populations (Persons with Disabilities and Seniors) Funding Category
Programs that provide services for persons with disabilities[72] and/or seniors (older adults[73]).

Prevalent Community Need:
Disability and Senior Services as supported by the following data:
- Key informants identified disabled and low-income seniors as populations struggling economically. (P)
- 66% of stakeholder and 43% of residents identified aid for the elderly/disabled as a high need. (P)
- 11.1% of Leon and 13.4% of FL non-institutionalized population has a disability (S). For children (<18) in Leon County, the Cognitive Difficulty type of disability impact more children in Leon than at the state level.[74] (S)
- 33.8.1% of Leon and 33.4% of FL non-institutionalized population (65 and older) has a disability. For seniors (age 65 and older), the most prevalent disabilities are ambulatory difficulty, hearing, and independent living.[75] (S)
- 28.4% of persons 65 and older in Leon and 24.1% in FL are living alone.[76] (S)
- The percent of Medicare enrollees who receive the influenza vaccination in Leon County is 39%, lower than the state at 41%.[77] (S)
- The percent of female Medicare enrollees ages 65-74 that receive mammography screening is 41% for Leon and 42% for FL.[78] (S)

Available Services (see detailed service information in Inventory of Service in Appendix I and Table 73):
- Adult day program, Companion or In-Home support, Independent/Supported living, Older adult/disability related supportive housing, Personal care services, Respite care, Volunteer Opportunities, ADA Implementation Assistance, Home/Community-based developmental disabilities programs, Life skills instruction, Behavioral health, health and active living services
- Sign language instruction, Support groups for seniors, persons with disabilities and their caregivers

Gaps in Services - Services/items agencies are unable to provide because they are at capacity, services and items people on waitlist waiting to receive or agency unable to provide because dealing with financial constraints:
- In-home respite - request for in-home respite increase every day (waitlist)
- Facility respite – need fluctuates due to the nature of population (waitlist)
- Brain stimulation programs– currently not enough money to cover these services which is needed for people to improve function and prevent progression of disease or debilitating condition (financial constraints)
- Wheelchair access ramps (waitlist)
- Power wheelchairs, scooters, rollators, bath benches/chairs, other durable medical equipment (waitlist)
- Disposable medical supplies, incontinence products (waitlist)

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[72] Healthy People 2020, Disability and Health https://www.healthypeople.gov/2020/topics-objectives/topic/disability-and-health
[73] Healthy People 2020, Older Adults https://www.healthypeople.gov/2020/topics-objectives/topic/older-adults
[74] See Disabled, Seniors and Grandparents under Other Factors and Subpopulations section of report.
[75] See Disabled, Seniors and Grandparents under Other Factors and Subpopulations section of report.
[76] See Disabled, Seniors and Grandparents under Other Factors and Subpopulations section of report.
[77] See Leon County Health Rankings under Health section of report.
[78] See Leon County Health Rankings under Health section of report.

- General expansion of services to address disabilities and senior/older adult needs (at capacity, financial constraints)
- 500+ persons with disabilities and/or seniors on waitlist to receive independent living assistance (waitlist)
- Full day developmental preschool for infants and one-year-olds (at capacity, unable to serve more)
- 600+ persons on waitlist to receive home and community-based services such as meals, house making, personal care, transportation, and shopping assistance (waitlist)

In addition to service gaps listed above that were identified in the questionnaire, care population (persons with disabilities and seniors) agency data indicate that there is:

- Limited Health Dollars to Assist Elder Population: More than a one-fourth of the elder population delay filling a prescription, receiving dental care or receiving eye care. Over 10% split a pill or skip medication because of cost. More than a quarter of the elder population delays care because their insurance does not cover all they need (29%) or because they cannot afford the expense (26%).

Recommended Percent Allocation: 10%

Recommended Outcome Measures:
Per the City of Tallahassee and Leon County, programs funded in this category must address the three outcome measures[79] listed below using the measure/tool identified or measures/tools that are evidence-based and/or research informed. Appendix L list sources for locating evidence-based and/or research informed measures/tools.

- Ensure utilization of primary and/or preventive medical/health/dental care services as measured by the number/percent of persons with disabilities and/or seniors (older adults) identified as in need of primary and/or preventive medical/healthcare services will receive at least one new primary and/or preventive medical/health/dental service (e.g. physicals, colonoscopies, mammograms, well-woman/adult visit, cancer screening, hearing exam, eye exam, blood pressure test, diabetes screen, cholesterol test, immunizations, dental x-rays, teeth cleaning) by the end of the program indicated by program initial and ongoing assessments. (*Use measure/tool that is evidence-based and/or research informed*)
- Reduce injury and/or abuse/neglect of persons with disabilities and/or seniors (older adults) as measured by the number/percent of persons with disabilities and/or seniors who had no or reduced number of reported incidents of injury or abuse/neglect by the end of the program as indicated by pre- and post-assessment. (*Use measure/tool that is evidence-based and/or research informed*)
- Increase daily living integration activities (participation in leisure, social, religious or community activities) of persons with disabilities and/or seniors (older adults) in community as measured by the number of program participants who increased participation in leisure, social, religious or community activities by the end of the program as indicated by a pre- and post-assessment. (*Use measure/tool that is evidence-based and/or research informed*)

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[79] L. Palmer, K.LLanos, C. Tobias, and M Bella, Integrated Care Program: Performance Measures Recommendations. Center for Health Care Strategies, June 2006.

Family and/or Community Support Funding Category

Programs that provide family and/or community supportive services and education, for example maternal and child health, case management, referral and linkages, legal services.

Prevalent Community Need:

Family / Community as supported by the following data:

- Key informants identified women who are single mothers with children as a population struggling economically. In addition, little or no transportation identified as a barrier to accessing services. Per key informants, consumers are often asked to go to multiple geographic locations to get services, but they may not have a car, and the bus is not efficient, so transportation is difficult. Residents ranked crime in the top five most important issues affecting health/wellbeing; stakeholders ranked it 8th. (P)
- 56% of stakeholders and 51% of residents indicated that there are not enough social service providers. Over 40% of residents and stakeholders indicated that lack of support for child abuse/neglect and/or for domestic violence are needed supportive services. 81% of stakeholders and 54% of residents indicate that lack and/or challenge with transportation is an issue. 56% of residents and 44% of stakeholders identified access to or lack of free/reduced legal services as a needed supportive service. (P)
- On the Robert Wood Johnson (RWJ) County Health Rankings, Leon ranks 32 out of 67 Florida counties on Quality of Life.[80] (S)
- Low birth rate births (births <2500 grams) is 9.8% for Leon and 8.7% for FL.[81] (S)
- Repeat births for mothers 15-17 years old is 10.9% for Leon and 7.2% for FL.[82] (S)
- Leon's infant mortality rate is 6.9 compared to 6.1 for FL.[83] (S)
- The court filings of evictions were 3,101 for Leon (2.4% of the state percent) and 131,575 for FL and filings of orders of protection against women was 1,686 for Leon (2.0% of state percent) and 84,984 for FL.[84] (S)
- Leon County's rape rate is 85.9 compared to FL at 40.5; Leon robbery rate is 120.1 compared to FL at 80.9; and Leon aggravated assault rate is 399.2 compared to FL at 266.3.[85] (S)

Available Services (see detailed service information in Inventory of Service in Appendix I and Table 73):

- Helplines, Hotlines, Case management and referrals for services, Maternal and child health services, Parenting, Supportive services and education for families and children, Money management and budgeting, Neighborhood/community and personal safety, Legal Services for civil legal problems related to family, housing and income maintenance (e.g. unlawful evictions, negotiations of reasonable terms, wills, obtain financial relief for public housing residents, resolution of tax controversies for low-income taxpayers, obtain injunctions for protection, dissolution of marriage for victims of domestic violence, recovery of social security benefits for those with disabilities, representation for children in foster care system, provide specialized services for veterans experiencing homelessness)

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[80] See Leon County Health Rankings under Health section of report.

[81] See Florida Health CHARTS Measures under Health section of report.

[82] See Florida Health CHARTS Measures under Health section of report.

[83] See Florida Health CHARTS Measures under Health section of report.

[84] See Crime and Justice under Other Factors and Subpopulation section of report.

[85] See Crime and Justice under Other Factors and Subpopulations section of report

Gaps in Services - Services/items agencies are unable to provide because they are at capacity, services and items people on waitlist waiting to receive or agency unable to provide because dealing with financial constraints:
- Crisis intervention (at capacity, financial constraints)
- Systems advocacy with medical, law enforcement, employer, landlord network (at capacity, financial constraints)
- Limited civil legal help: 86% of civil legal problems reported by low-income individuals go unmet and 71% of low-income individuals have faced at least one civil legal problem in the past year (at capacity, unable to serve more)
- Anger-management classes (waitlist)
- Car seats (at capacity, unable to serve more)
- Of 21,748, 2-1-1 Helpline caller "Needs," 2,280 were "Unmet." Of the "Unmet," 724 unmet because no programs found to meet the need. The most common Unmet needs were Rent Payment Assistance (287), Disaster Relief Services (213), Utility Service Payment Assistance (178), Homeless Shelter (158) and Food Pantries (107).
- Family Home Program (at capacity, unable to serve more)

In addition to service gaps listed above that were identified in the questionnaire, family and community support agency data indicate that there is:
- Coordination barriers contribute to gaps in service delivery.

Recommended Percent Allocation: 7%

Recommended Outcome Measures:
Per the City of Tallahassee and Leon County, programs funded in this category must address the three outcome measures[86] listed below using the measure/tool identified or measures/tools that are evidence-based and/or research informed. Appendix L list sources for locating evidence-based and/or research informed measures/tools.
- Increase proportion of persons served who are linked to a needed service as measured by the number of persons who are in need of a service and linked to the needed service as indicated by participant's feedback and tracking log. (*Use measure/tool that is evidence-based and/or research informed*)
- Increase participant's knowledge about the topics related to their need/issue, (e.g., increase knowledge about parenting, paying a mortgage, child development, reducing stress and/or anxiety, navigating the legal system, having a healthy baby, personal and community safety) by the end of the program as measured by pre- and post-assessment. (*Use measure/tool that is evidence-based and/or research informed*)
- Increase the proportion of program participants who improve their coping skills[87] (e.g. ability to focus on resolution of legal/social/ emotional/family/health issues in their life, identify personal triggers, reduce impulsive behavior, awareness of healthy and unhealthy responses) by the end of

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[86] Downey, Geraldine, Jacquelynne S. Eccles, and Celina Chatman. (2005). Navigating the future: social identity, coping, and life tasks. New York: Russell Sage. 2005.
[87] Downey, Geraldine, Jacquelynne S. Eccles, and Celina Chatman. (2005). Navigating the future: social identity, coping, and life tasks. New York: Russell Sage. 2005.

the program as measured by a pre- and post-assessment. (*Use measure/tool that is evidence-based and/or research informed*)

For programs that focus on crime and justice consider addressing these additional outcomes.
- Reduce involvement related to unlawful acts in judicial, juvenile justice, and/or prison/jail system[88,89] as measured by the number/percent of program participants who have no involvement or no new involvement (after enrolled in program) related to unlawful acts in judicial, juvenile justice and/or prison/jail system by the end of the program as indicated by official school, judicial and police records.
- Increase resolution to program participant's legal issues/problems by the end of the program as measured by pre- and post-assessment. (*Use measure/tool that is evidence-based and/or research informed*)

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[88] Effects of Criminal Justice Involvement on Individuals, Families, and Communities." National Academies of Sciences, Engineering, and Medicine. 2017. *Improving Collection of Indicators of Criminal Justice System Involvement in Population Health Data Programs: Proceedings of a Workshop.* Washington, DC: The National Academies Press. doi: 10.17226/24633

[89] BellWether Educational Partners, Patterns and Trends in Educational Opportunity for Students in Juvenile Justice Schools: Updates and New Insights. Prepared by Hailly T.N. Korman, Max Marchitello, Alexander Brand, August 20, 2019. https://bellwethereducation.org/publication/patterns-and-trends-educational-opportunity-students-juvenile-justice-schools-updates

Promise Zone/High Poverty Funding Category

Programs funded under this category are those that serve the Promise Zone Area Tracts (4, 6, 10.01, 10.02, 11.01, 11.02, 12, 14.01, 14.02, 19.01) and/or High Poverty Tracts (19.02, 20.03, 20.04, 20.05, 20.06, 21.03, 21.04).

Prevalent Community Need:

Poverty as supported by the following data:

- Residents and stakeholders ranked poverty in the top five most important issues affecting health/wellbeing. Residents and stakeholders identified poverty as a problem in certain areas of Leon County. (P)
- The percent poverty estimate for all individuals is 20.5% in Leon & 15.5% in FL.[90] (S)
- Census Tracts 4, 6, 10.01, 10.02, 11.01, 11.02, 12, 14.01, 14.02, 19.01,19.02, 20.03, 20.04, 20.05, 20.06, 21.03, 21.04 consistently appear as high poverty areas[91] (S)
- Census Tracts 10.01, 14.02, and 19.02 have the highest percent, 58% or more, of children (<18 years) in poverty.[92] (S)
- Census Tracts 6, 10.01, and 14.01 have the highest percent, 33% or more, of seniors (65+ years) in poverty.[93] (S)

Available Services *(see detailed service information in Inventory of Service in Appendix I and Table 73):*

- Any and all services listed under the other funding categories, particularly those that contribute to breaking the cycle of poverty.

Gaps in Services:

- Any and all gaps listed under the other funding categories, particularly those indicating disparity in or lack of access to services for low-income/poor populations.

Recommended Percent Allocation: **15%**

Recommended Outcome Measures:

Per the City of Tallahassee and Leon County, programs funded in this category must address three outcome measures related to the service to be provided in the high poverty area. Match up the service to be provided to one or more of the other funding categories. Once the funding category/categories that match the service(s) to be provided in the high poverty area are identified, follow three outcome measures found under the funding category/categories.

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[90] See Poverty under Economic Factors section of report.

[91] See Poverty under Economic Factors section of report.

[92] See Poverty under Economic Factors section of report.

[93] See Poverty under Economic Factors section of report.

B. Additional Outcomes Across All Funding Categories

Some consistent themes were found throughout the focus groups, resident surveys, and stakeholder/agency surveys regarding the current human services available in the County and the City (see Table78). These themes centered around the need for educating the community about available resources, the need for existing service providers to collaborate and coordinate their services more consistently, and the need to make services more accessible to the community. Based on this data, supplemental outcomes should be used across all funding categories (see Table 79).

Table 78. Service Delivery System Issue			
Human Service Delivery System Reasons	Residents (n=404)	Stakeholders (n=68)	Outcome Issue
Residents do not know where to get help or not aware of available services	74.3%	75.0%	Education/Awareness of Services
Service system confusing and challenging regarding eligibility requirements, access, completing forms.	64.6%	72.1%	Access to Service and Education

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Table 79. Additional Outcomes Across All Funding Categories			
Additional Outcomes	Data Collection	Metric	Goal
Facilitated Access to Services	For each client/family contact, indicate whether access is an issue to receiving the service, where applicable. If access is an issue, capture the nature of the issue: transportation, time, childcare, other. If access is not an issue, state n/a. Also describe the type of assistance provided	% of clients/families helped. Calculation Number of clients/families that organization assisted with access issue divided by total number of clients/families who indicated access is an issue	Collect baseline data for 3 months. Establish a goal of increasing the baseline by 5 percentage points each year.
Educated Community about Services	For each informational item, indicate the date initially posted, the delivery method (PSA, flyer, etc.), nature of information, number of clients/families who indicated they heard about service through the informational item.	# of informational items shared with community each quarter	At least two informational items per quarter
Collaborated and Coordinated Services	MOU with other agencies for sharing information Multiple services without traveling to multiple places	MOU signed by partnering agencies	Improve seamlessness of service delivery

C. Process to Maintain Funding-to-Needs Alignment

To ensure there is alignment between what is funded and existing human service needs, the following recommendation is offered.

Conduct Community Needs Assessment every three years. The 3-year cycle is a common practice for needs assessment in health and education sectors. Examples include:
- Section 9007 of the Affordable Care Act states, "All non-profit hospitals are required to conduct a comprehensive Community Health Needs Assessment (CHNA) every three years."
- Title I federal regulations, 34 CFR 200.83 states, "State Educational Agencies and local operating agency conduct a needs assessment."
- Title I, Part C Nonregulatory Guidance (March 2017) further indicates, "State Educational Agency should conduct a comprehensive needs assessment every three years."

A community needs assessment is an extensive undertaking and takes time. It is not practical or cost-effective to conduct a full comprehensive community needs assessment annually because needs do not change significantly from year to year. Three years is a standard timeframe that allows an assessment of change in human service needs. However, the City/County maintains the ability to make appropriate adjustments to funding if a significant change in an area does occur prior to completing the next comprehensive community needs assessment.

D. Supplemental Recommendations

Recommendation 1: Increase funding allocated for CHSP.

In analyzing the trends in funding categories, percent allocation, funding patterns and the data from the 2019 CHSP needs assessment including the recent departure of United Way from CHSP, it is evident that the City and County need to increase funding allocated for CHSP. Though some progress was made, poverty persists, and the needs of the community remain great. To adequately address those critical needs, additional funding allocated for CHSP is necessary.

Recommendation 2: Enhance system-level coordination and collaboration in system of care.

Populations in most need of services often have issues that are multi-faceted and interconnected. To improve long-term effectiveness of services and perhaps move the needle on poverty, consider that multifaceted problems need comprehensive collaboration and service coordination. Collaboration among community partner agencies works best when "obligations are broadly distributed, the possibilities of cooperation are more extensive, understanding and solidarity grows among the collaborative partners, and communication is frequent and intensive" (*True Collaboration Is a Partnership: Six Ingredients for Making It So*).

Effective comprehensive collaboration is a process, not just a provision or an exchange of a resource. Characteristics of effective collaboration among community agencies include long-term commitments, shared goals and resources, formal agreement to work together on strategies and projects to address community-wide problems (Cheminais, 2009).

In the bigger picture, if effective comprehensive collaboration is the goal then more ongoing routine communication, coordinated efforts, shared goals, or formal relationships need to exist between and among CHSP service providers/agencies. Currently, the CHSP application has a collaboration section, that requires projects to describe the collaboration approach they will use as a CSHP funded project. However, it is

evident from the community needs assessment that more work in this area is needed if the goal is to enhance CHSP's abilities to create multi-agency partnerships to address community-wide problems in the City/County. Continue to require a component in the application that asks those requesting CHSP funds to describe their collaboration methods and include goal and performance outcomes that measure effectiveness of these efforts.

In addition, consider implementing these items:
- As part of the contract, require CHSP funded projects to submit a formal agreement like a MOU or Memorandum of Agreement (MOA) with other agencies regarding a communal commitment to collaborate, have shared goals, and shared resources. (See the general outcomes in Outcome Measures: Across All Funding Categories (Table 72) section of this report.
- As part of CHSP staff routine monitoring of CHSP funded projects, review collaboration and service coordination activities. Identify successful practices. Share successful practices with other CHSP projects.
- Begin a workgroup with representatives from diverse sets of CHSP projects, volunteers and other community representatives and stakeholders to create an action plan for enhancing collaboration and service coordination among agencies.

Recommendation 3: Improve access and awareness of services.

Transportation is a key barrier to access. Consider working with communities in need, particular high poverty areas, to study the bus routes and other potential forms of transportation to facilitate access to jobs, social services, healthcare, education and training opportunities, etc.

Add a section in the CSHP application regarding improving access and awareness of services. Ask respondents to describe how the project will raise the target population's and the community's awareness (including other agencies) of the services provided and facilitate access to the service(s) provided. Include question(s) on the quarterly report that allow CHSP funded projects to report on successes and areas in need of improvement with target population and community's awareness of services and facilitating access to services. Identify successful practices and share those successful practices with other CHSP projects.

Incorporate the two general outcomes related to access to and awareness of services as required elements in the CHSP application, to be used across all funding categories. These two new general outcomes found in the Table 72, Outcome Measures: Across All Funding Categories.

Recommendation 4: Improve CHSP City/County Staff Ability to Assess for Program Effectiveness

At the City/County-level, CHSP has limited capacity to check on data veracity, which hampers its ability to assess if individual CHSP funded programs and the CHSP program overall is effective in meeting desired outcomes. Consider enhancing the desktop and/or on-site program monitoring component to allow CHSP City/County staff to review the source of the program/participant/outcome data and documentation in a more comprehensive and thorough way. In the long run, this will enhance City/County-level CHSP's ability to verify veracity of data and discuss individual programs and overall program effectiveness. The results of this effort may also help inform funding decisions.

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