Franklin County YOUTH NEEDS ASSESSMENT ages 12–24 2016
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Report Partners:

City of Columbus
Franklin County Children Services
Franklin County Department of Job and Family Services
President John O'Grady and the Franklin County Board of Commissioners
United Way of Central Ohio

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Comprehensive reports are generally only successful when a great team supports a strong project lead. Becky Zwickl did an outstanding job as project lead, and had great support from her teammates Sarah Goodman and Marcus Erridge in particular, with additional assistance from Mary-Catherine Brown.
Why a youth needs assessment?

Over 200,000 young people age 12-24 live in Franklin County.

Young people between the ages of 12 and 24 comprise one-fifth of the 1.2 million population of Franklin County (OJJDP, 2013). As a large percentage of the population, the needs of these young people reflect the needs of the community as a whole. The 12 to 24 year old population is also unique because it encompasses children who are enrolled in middle school, teenagers who are at-risk for dropping out of high school, and young adults transitioning to living on their own and pursuing academic and employment opportunities. Each of these transitional periods, from middle school to high school to career or college, present distinct challenges that vary from the needs of younger children and older adults.

About this report

The needs assessment represents a long-term collaborative effort between Community Research Partners (CRP), Franklin County Children Services (FCCS), Franklin County Department of Job and Family Services (FCDJFS), President John O’Grady and the Franklin County Board of Commissioners, and United Way of Central Ohio (UWCO).

This report identifies key needs in each of four priority topic areas: academics and workforce; parent engagement and family functioning; social-emotional development; and health and wellness. Each section provides a brief overview of service gaps, and the conclusion also summarizes the current state of programs in Franklin County.

Key needs

Through a variety of sources, including meetings, focus groups, interviews, surveys, and secondary data collection CRP identified the following key needs in each of the four priority topic areas.

Academics and workforce

- High school retention and on-time grade promotion
- Individualized attention
- Knowledge about post-high school options
- Soft skills and employment-specific training
Parent engagement and family functioning
- Stable living situations
- Positive family influences
- Parent / family engagement with schools
- Transition support

Social-emotional development
- Safety
- Support and mentorship
- Culturally competent support

Health and wellness
- Higher comfort level with health care practitioners
- Decreased cost and removal of practical barriers to accessing health care
- Mitigation of risk factors
- Meeting basic needs, including transportation
Conclusions

In discussions with stakeholders the one common thread was a need for continued and improved coordination among youth-serving organizations and initiatives. A more coordinated effort between service providers, funders, and schools could improve both mentorship and high school graduation support, both of which were mentioned frequently in focus groups, surveys, and interviews. Mentorship programs should support academic improvement, and should also address any family functioning and health issues that may arise in order to be fully effective. The linkage between mentoring and academics is particularly vital, and schools and after school-type programs must be in contact with one another. Several stakeholders also referenced a noticeable lack of workforce training and occupational skills training in the county. Promoting workforce training and occupational skills in school would address many of the employability issues seen by the county’s young adults.

Franklin County youth programming can also continue to strengthen efforts with specific groups of youth with unique needs, such as LGBTQ and foster youth. Most of all, Franklin County youth need safe, stable homes, and positive influences. Youth focus group participants commented frequently on the life-altering effect that mentors, whether they are parents, teachers, or service providers, can have on their motivation and drive to succeed. This was particularly true among youth in the foster care system. If Franklin County youth services can first address basic physical, mental, social, and emotional needs, and then promote positive and engaged family relationships, other improvements in academics and workforce will be more readily accessible and successful.

Next steps

The key findings from the Youth Needs Assessment highlight a need for a comprehensive community plan that can identify community-wide best practices and designate responsibility. Any such comprehensive community plan should utilize the information, data, and findings in this report to address the identified areas of need. Best practices on an individual program level can be relatively simple to implement. However, a large-scale, coordinated community effort requires significantly more buy-in and effort. A comprehensive community plan would also allow local stakeholders to examine individual programs for duplication of effort and coordinate coverage of other areas, such as at-risk youth programs.

Community planning must also include youth voices. Ideally, community partners would establish a Youth Advisory Group to guide planning from a youth perspective. Though there are youth advisory groups for sub-populations, such as foster youth, there is no single overarching youth presence providing insight to community-wide strategic planning.
Why a youth needs assessment?

Over 200,000 young people age 12-24 live in Franklin County.

Young people between the ages of 12 and 24 comprise one-fifth of the 1.2 million population of Franklin County (OJJDP, 2013). As a large percentage of the population, the needs of these young people reflect the needs of the community as a whole. The 12 to 24 year old population is also unique because it encompasses children who are enrolled in middle school, teenagers who are at-risk for dropping out of high school, and young adults transitioning to living on their own and pursuing academic and employment opportunities. Each transitional period, from middle school to high school to career or college, present distinct challenges that vary from the needs of younger children and older adults. Franklin County’s 12 to 24 year olds encounter financial barriers to success as well; this age group is disproportionately likely to live in poverty (30.0%) when compared to younger children (25.6%) and older adults (12.6%) (ACS-1, 2013).

Most young people told Community Research Partners (CRP) that they value internal factors, such as self-motivation, hard work, and attitude as the most important factors to long-term success. Surveyed youth also referenced the importance of education and external support from mentors. Franklin County youth, overall, do not need more intrinsic motivation to succeed; what they do need are programs and services that are in place to assist them through transitions and provide guidance and mentorship. This needs assessment is designed to both describe current community needs and facilitate community-wide efforts to nurture a generation of educated, employable, and healthy adults.
Methods

The youth needs assessment utilized a mixed-methods approach including both quantitative and qualitative data collection from a variety of sources.

First, CRP facilitated two stakeholder meetings, attracting nearly 180 participants. Stakeholders discussed best practices for working with youth, components of successful youth programs, and priority issues for young people in Franklin County. Following the meetings, partners distributed a stakeholder survey, completed by 165 individuals, to further parse priority areas of focus. Simultaneously, CRP conducted a community scan of local programs and resources and gathered data from secondary sources, such as the census and the Ohio Department of Education.

Using information from the community scan, stakeholder meetings, and survey, CRP identified key discussion areas for the interviews and focus groups (focus group and interview protocol in Appendix A). In total, CRP interviewed nine individual stakeholders and hosted five focus groups with five to ten participants each, including three discussions with young people between the ages of 17-24. CRP also surveyed youth in Franklin County and received responses from 320 youth between the ages of 13-24 (full summarized results in Appendix B). The survey was conducted using a “snowball sampling”; all partners distributed the survey and requested that others forward the survey to youth groups and individual young people that they knew. Social media outreach was also utilized. CRP aimed to survey over 270 youth (based on the 2013 12-24 population in Franklin County) and exceeded that target. Additional information regarding preliminary needs assessment methodology, as well as results from the community scan, are included in an Interim Report in Appendix C.

Qualitative data collection efforts focused on inclusion of young people in the target age range since their opinions are not only valid, but vital, to addressing priority needs. Going forward, CRP recommends that youth opinion continue to be included in any expansion of services or programs.

About this report

This needs assessment represents a long-term collaborative effort between Community Research Partners (CRP), Franklin County Children Services (FCCS), Franklin County Department of Job and Family Services (FCDJFS), President John O’Grady and the Franklin County Board of Commissioners, and United Way of Central Ohio (UWCO).

This report is organized by the four priority topic areas: academics and workforce; parent engagement and family functioning; social-emotional development; and health and wellness. Each section first notes the key needs and then expands on those themes through a combination of data from stakeholder meetings, stakeholder and youth surveys, interviews, focus groups, and quantitative analysis. The conclusion includes summary data on the current state of youth-oriented needs, current resources, and gaps in Franklin County and other integral points for using this report going forward.
Source information

Note regarding all sources cited in this report: data were either downloaded directly from the source's website or requested through a public data request. Data request information is included below if requested through a third party agency.

ACS = American Community Survey, 1-year and 3-year estimates

CDC = Centers for Disease Control and Prevention

CRP = Community Research Partners

CSB = Community Shelter Board Snapshot Report

DHHS = US Department of Health and Human Services, Office of the Assistant Secretary for Planning and Evaluation

FCCS = Franklin County Children Services

FCDJFS = Franklin County Department of Job and Family Services

FCJDC = Franklin County Juvenile Detention Center

IOM = Institute of Medicine

NCANDS = Administration for Children and Families, National Child Abuse and Neglect Data System

ODE = Ohio Department of Education

ODH = Ohio Department of Health

ODRS = Ohio Disease Reporting System. Data requested from Columbus Public Health.

OJJDP = Ohio Office of Juvenile Justice and Delinquency Program, Easy Access to Juvenile Populations: County Comparisons

SAMHSA = Substance Abuse and Mental Health Services Administration

US Census = Decennial United State Census

UWCO = United Way of Central Ohio

YRBS = Youth Risk Behavior Survey, Centers for Disease Control and Prevention
High school retention and on-time grade promotion

Academics and employment were at the crux of most discussions at stakeholder meetings, focus groups, and interviews. On the initial survey, 40% of stakeholder respondents selected high school graduation as the single most important academic or workforce issue for young people in Franklin County. In 2013, the 4-year high school graduation rate for Franklin County public schools was 88% for all races combined; however, it was 81.6% for non-white students only, and those percentages varied substantially by school district (Table 1).

Table 1. High school graduation rates in Franklin County public school districts

<table>
<thead>
<tr>
<th>District Name</th>
<th>2013 White 4-Year Graduation Rate</th>
<th>2013 Nonwhite 4-Year Graduation Rate</th>
</tr>
</thead>
<tbody>
<tr>
<td>Franklin County Public School Districts</td>
<td>93.0%</td>
<td>81.6%</td>
</tr>
<tr>
<td>South-Western City</td>
<td>90.3%</td>
<td>75.9%</td>
</tr>
<tr>
<td>Columbus City</td>
<td>78.4%</td>
<td>76.6%</td>
</tr>
<tr>
<td>Whitehall City</td>
<td>89.2%</td>
<td>78.9%</td>
</tr>
<tr>
<td>Westerville City</td>
<td>94.2%</td>
<td>82.0%</td>
</tr>
<tr>
<td>Groveport Madison Local</td>
<td>88.0%</td>
<td>82.1%</td>
</tr>
<tr>
<td>Hilliard City</td>
<td>95.2%</td>
<td>90.3%</td>
</tr>
<tr>
<td>Reynoldsburg City</td>
<td>95.5%</td>
<td>90.7%</td>
</tr>
<tr>
<td>Worthington City</td>
<td>94.9%</td>
<td>91.6%</td>
</tr>
<tr>
<td>Canal Winchester Local</td>
<td>95.2%</td>
<td>92.4%</td>
</tr>
<tr>
<td>Dublin City</td>
<td>96.7%</td>
<td>93.3%</td>
</tr>
<tr>
<td>Hamilton Local</td>
<td>98.1%</td>
<td>93.3%</td>
</tr>
<tr>
<td>Bexley City</td>
<td>97.4%</td>
<td>94.1%</td>
</tr>
<tr>
<td>Gahanna-Jefferson City</td>
<td>96.1%</td>
<td>94.5%</td>
</tr>
<tr>
<td>Upper Arlington City</td>
<td>98.5%</td>
<td>97.4%</td>
</tr>
<tr>
<td>New Albany-Plain Local</td>
<td>98.7%</td>
<td>98.2%</td>
</tr>
<tr>
<td>Grandview Heights City</td>
<td>98.8%</td>
<td>NC</td>
</tr>
</tbody>
</table>

NC = no count

Source: Ohio Department of Education, 4-year cohort graduation rate, 2013.
One in ten young people in the county drop out of high school (ODE, 2010). UWCO is currently promoting a goal to increase high school graduation to 95%. Increasing graduation rates, particularly in school districts with graduation rates below 80%, will require supportive wraparound services for students that address not only academic barriers to success, but also social-emotional and family factors. At youth focus groups, participants stressed the importance of graduating from high school; all planned to graduate or had already graduated. However, participants also acknowledged the variety of potential barriers, including: needing to work to support a family; becoming a young parent; not receiving needed individualized attention; and lack of support.

A lack of individualized education was mentioned frequently by youth survey respondents and focus group participants. In particular, students noted that they are often pushed towards college, or towards a specific vocational or technical school, without understanding their options or having the opportunity to match future aspirations with their current trajectory. One young person astutely commented that she felt pushed towards participating in a vocational program simply because it exists, not because it is something that interests her. Others echoed similar sentiments. Youth also noted that when they are not interested in their classes, interest wanes and they may be more likely to consider dropping out.

There is a readily apparent, and stark, contrast in academic measures within the county. Over 160,000 pre-kindergarten through 12th grade students attend school in Franklin County on a daily basis (ODE, 2013). The public school districts supporting those students have chronic absenteeism rates ranging from 5.7% in Upper Arlington to 29.3% in Columbus City Schools (ODE, 2013). Proficiency scores on standardized tests also vary significantly by race as well as economic status; for instance, 91.1% of economically stable eighth grade students were proficient in math while only 64.5% of economically disadvantaged students were proficient (ODE, 2013). That trend exists even in the earliest standardized tests in third grade (ODE, 2013). One interviewee noted that factors tied to test scores and grades can affect on-time grade promotion, creating a domino effect that decreases the likelihood of high school graduation.

The variance in chronic absenteeism rates at Franklin County’s schools likely comes from a variety of factors, including housing instability (frequent moves make it more difficult to attend class), family and economic instability (students may miss school to watch younger siblings so parents do not have to skip work), and safety (when students feel unsafe, they will not want to attend school). In the school districts with lower chronic absenteeism rates, those instability and safety concerns are generally less prevalent.
Chronic absence in Franklin County meansmissing
NEARLY A MONTH OR MORE of the school year.

- COLUMBUS CITY SCHOOLS: 29.3%
- WHITEHALL CITY: 19.5%
- SOUTH-WESTERN CITY: 13.9%
- GROVEPORT MADISON LOCAL: 13.2%
- REYNOLDSBURG CITY: 12.0%
- CANAL WINCHESTER LOCAL: 9.2%
- HAMILTON LOCAL: 7.9%
- GAHANNA-JEFFERSON: 7.2%
- NEW ALBANY-PLAIN LOCAL: 7.0%
- WESTERVILLE CITY: 7.0%
- BEXLEY CITY: 6.8%
- WORTHINGTON CITY: 6.4%
- DUBLIN CITY: 6.3%
- GRANDVIEW HEIGHTS: 5.8%
- HILLIARD CITY: 5.0%
- UPPER ARLINGTON: 5.7%

More than 22,000 Franklin County Public School Students are
CHRONICALLY ABSENT!

Students chronically absent in Grade 6 are more likely to drop out of high school.

Chromically absent students miss more than 10% of the school year.
Individualized attention in schools

Although there are many possible contributors to the dropout and absenteeism disparities, they are exacerbated by what many providers, parents, and students see as a dearth of individualized attention in schools. Young people mentioned in focus groups that they are forced to take the same classes as their peers regardless of their eventual career or academic aspirations. Other stakeholders referenced a need to adjust teaching styles on a more individualized basis, particularly when working with students who have encountered traumatic life experiences. Individualized attention is limited, though, partially because of the current nationwide emphasis on Common Core and standardized testing.

Knowledge about post-high school options

Once students leave high school they must decide whether to pursue additional schooling or, alternately, find employment. Less than two-thirds of youth survey respondents, including those age 18-24, knew about any career/technical/vocational programs. Middle and high schools do appear to be teaching some students about alternative options, since 57.1% of youth under 18 enrolled in school were aware of at least one career/tech/vocational training program. In comparison, only one third of survey respondents age 18 and under not enrolled in school knew about training programs. Even so, many of the free text youth survey responses reflected a lack of clarity among young people regarding the specifics of pursuing career/technical/vocational training. At focus groups, youth participants knew about some alternative options for post-secondary education, but most did not have the knowledge needed to pursue those options without significant assistance.

Many students also decide to pursue college; an estimated 45.9% of the county’s 18 to 24-year olds are enrolled in a college or graduate school (38.7% public and 7.2% private) and 81% of those students are retained through the second year of college (ACS-1, 2013 & Ohio Board of Regents, 2010). In youth focus groups, most participants expressed a desire to go to college under the assumption that they would have more opportunities and higher incomes, and those assumptions accurately reflect county-wide trends. Residents without a high school degree earn about $30,000 less per year than those with a bachelor’s degree (ACS-1, 2013). Completing high school increases the median annual income by $8,000 per year, but high school graduates can still expect to make $22,000 per year less than their college graduate peers. The unemployment rate is also much higher among people with less than a high school degree (14.9%) versus those with a high school degree or equivalent (10.4%) or those with a bachelor’s degree or higher (4.4%) (ACS-1, 2013). Youth survey respondents mostly planned to pay for college through loans; therefore ensuring that those students understand their liability and the potential financial burden of loans is paramount.
Soft skills and employment-specific training

Whether young adults decide to pursue training, higher education, or employment, their future income potential is heavily influenced by their ability to effectively adapt to a professional work environment. Several focus group participants and interviewees described the essential development of soft skills, such as getting to work on time and being respectful. In their opinions, many young people first entering the workforce lack these skills and as a result may be terminated from employment for reasons other than performance. Employment options may also be severely limited based on prior involvement with the juvenile justice system, and in 2014 over 1,000 youth age 12 to 24 were charged with a felony (45.2% of all 2,524 juvenile detentions) (FCJDC, 2014).

Gaps in academics and workforce services

A detailed search of the youth-oriented programs in Franklin County revealed over 40 initiatives specifically targeted towards tutoring, study skills, and dropout prevention (Appendix D, Resource Matrix Report). However, there is a dearth of academic programs for: underemployed older youth, young adults (18-24), youth offenders, refugees, and immigrant youth. There are also few alternative education programs targeted towards at-risk youth; this speaks to the findings in this report around a need for individualized attention, as well as knowledge about post-high school options.

In career and workforce services the main gap was in services geared towards younger youth. Most programs target youth age 18-24, which is problematic since many career options benefit from planning before graduating from high school. Again, there is a lack of career-related services for at-risk youth, who would most benefit from workforce development assistance. Other programs offer exploratory sessions to middle and high schoolers, but those programs may not be sustained enough to lead to soft-skill and job skill development.

Financial literacy services are another vital gap. Although there are some community programs that teach financial literacy to youth, it is not required education in most schools. Considering the prevalence of student loans for college, understanding school debt and credit card debt is incredibly important.
KEY NEEDS

- Stable living situations
- Positive family influences
- Parent / family engagement with schools
- Transition support

Single parent households are more likely to be in poverty

Poverty rate of single mom households: 37.9%
Poverty rate of single dad households: 28.3%
Poverty rate of married couple households: 8.1%

Franklin County has nearly 7,400 more single parent households than in 2000
Each group’s change from 2000 to 2013

<table>
<thead>
<tr>
<th>Group</th>
<th>Change</th>
</tr>
</thead>
<tbody>
<tr>
<td>White non-Hispanic</td>
<td>0.8%</td>
</tr>
<tr>
<td>Black or African American</td>
<td>-0.1%</td>
</tr>
<tr>
<td>Asian</td>
<td>2.0%</td>
</tr>
<tr>
<td>Mixed race</td>
<td>5.8%</td>
</tr>
<tr>
<td>Hispanic/Latino (of any race)</td>
<td>12.9%</td>
</tr>
</tbody>
</table>
Stable living situations

Franklin County’s families are diverse. Single-parent families with children between the ages of 6 and 17 make up 41% of all families (ACS-1, 2013). Single-parents are especially prevalent among Black or African American (43.4%), mixed race (39.2%), and Hispanic or Latino (37.6%) families (US Census, 2000 and ACS-3, 2011-2013). Economic ramifications of single-parent families are clear; in married couple families, only 8.1% live below the poverty line, compared to 28.3% of male-headed single-parent families and an astonishing 37.9% of female-led single-parent families (Table 2).

Table 2. Poverty rate by family type

<table>
<thead>
<tr>
<th>Family type</th>
<th>Number</th>
<th>Percent</th>
</tr>
</thead>
<tbody>
<tr>
<td>Married couple with related children under 18 years</td>
<td>83,204</td>
<td>100.0%</td>
</tr>
<tr>
<td>Income below poverty level</td>
<td>6,763</td>
<td>8.1%</td>
</tr>
<tr>
<td>Income below 130% FPL</td>
<td>10,308</td>
<td>12.4%</td>
</tr>
<tr>
<td>Income at or above poverty level</td>
<td>76,441</td>
<td>91.9%</td>
</tr>
<tr>
<td>Male householder, no wife present, with related children under 18 years</td>
<td>11,027</td>
<td>100.0%</td>
</tr>
<tr>
<td>Income below poverty level</td>
<td>3,122</td>
<td>28.3%</td>
</tr>
<tr>
<td>Income below 130% FPL</td>
<td>4,360</td>
<td>39.5%</td>
</tr>
<tr>
<td>Income at or above poverty level</td>
<td>7,905</td>
<td>71.7%</td>
</tr>
<tr>
<td>Female householder, no husband present, with related children under 18 years</td>
<td>46,724</td>
<td>100.0%</td>
</tr>
<tr>
<td>Income below poverty level</td>
<td>17,715</td>
<td>37.9%</td>
</tr>
<tr>
<td>Income below 130% FPL</td>
<td>22,776</td>
<td>48.7%</td>
</tr>
<tr>
<td>Income at or above poverty level</td>
<td>29,009</td>
<td>62.1%</td>
</tr>
</tbody>
</table>

Source: American Community Survey 1-year estimates, 2013

Close to 50% of single mother households are below 130% of the federal poverty line (FPL), meaning that they do not technically qualify as “in poverty” but may still be eligible for assistance such as child care vouchers and food benefits. However, eligibility for assistance varies by program, so many households living below 130% FPL may not have access to all of the services and benefits they require. Living in poverty, or close to the FPL, is tied to one major factor of family instability: housing. When households struggle to pay for food and health care they often face evictions or move frequently to avoid rising rent costs; this in turn can lead to educational mobility in their children and create additional barriers to academic success.
Householders under 25 years old, who make up 5.6% of all households in Franklin County, are another group that often encounters financial struggles. Families headed by young adults are disproportionately likely to make less than $10,000 per year than households headed by older adults (22.8% vs. 7.7%) and far less likely to earn $60,000 or more (11.0% vs. 44.8%) (ACS-1, 2013).

The county also has a larger share of 11-17 year olds in foster care (52% of all youth in foster care) compared to the national average (33% of foster care youth) (FCCS, 2012-2014). CRP spoke with several youth who are currently in foster care; while some had been in stable homes for an extended period of time, most had moved frequently not only between houses but also between schools. Thus, foster care youth are especially prone to unstable living situations.

Relatedly, over 3,000 homeless children under age 18 lived in emergency shelters in 2014, and over 1,000 transition-age youth (age 18 to 24) did so in 2013 (Community Shelter Board Snapshot Report, 2014). Thirty-eight percent of those youth left shelters for the streets or other places not meant for habitation (CSB, 2014). According to the National Coalition for the Homeless, LGBTQ youth account for 20 to 40 percent of homeless youth (The National Gay and Lesbian Task Force Policy Institute, 2006). Anecdotally, CRP heard at several of the focus groups about LGBTQ youth being thrown out of their homes or running away. Homeless youth services, then, may be beneficial if they are tailored to include specific needs of the most at-risk groups. For example, a student-run youth homeless shelter in Cambridge, MA, Y2Y Harvard Square, provides a peer-based model based on the recognition that transition-age homeless youth vary significantly from other homeless individuals. There, youth are required to be respectful of one another regardless of gender identity and sexual orientation. To promote an open, inclusive atmosphere there are innovative touches such as individual sleeping pods (as opposed to gender or sex-separated rooms) and case management support. There is also a strong focus on learning from other young people, which was a recurrent theme and request among survey respondents and focus group participants for this report.

**Positive family influences**

In focus groups, interviews, and surveys participants noted how family stability issues can impact youth development. Youth focus group participants discussed both the positive and negative influences of the adults in their lives. In some cases, they view adult family members as models to emulate; in other situations, they are deterred from following the actions of adults after seeing resultant consequences. It is clear either way that the functioning of a family and peer group is highly influential. The promotion of healthy, supportive relationships with family members appears to be a key need for Franklin County youth. Columbus’ Urban League, for example, promotes a national coaching model, the African American Male Initiative, which focuses on teaching responsibility and self-sufficiency so young people can meet their family responsibilities and better engage with relatives and peers.
Parent and family engagement with schools

In the stakeholder survey 35.8% of respondents wanted to address any parental issues as a priority and 31.5% desired proactive parent engagement with schools. Parents may be less engaged than expected for a number of reasons, but the limited school hours are an important factor. When parents work 9-to-5 or longer they are generally not available to meet with teachers during school hours. More flexible scheduling at schools could mitigate this concern. Focus group participants also mentioned that parent engagement may be particularly limited with immigrant and refugee families who sometimes use their children as translators, limiting productive conversation between parent and teacher. Some parents are also hesitant to interact with school officials because of their own negative experiences when they were in school; this problem was mentioned repeatedly by stakeholders, especially those who work in academic settings.

Transition support

Assisting with transitions to independence, whether in a shift from middle to high school or out of high school, is a key need for the 12-24 age group, and one that was echoed through meetings, focus groups, interviews, and surveys. Youth expressed a need for academic transition support (e.g., learning about expectations for high school vs. middle school) as well as assistance learning about living alone. Many young people mentioned not understanding how to pay bills, or being confused about credit cards, or student loans. Some basic financial counseling, and help with finding housing and jobs, are all needed transition support services for many young people in the 16-24 age range.

However, young adults discussed an interesting dichotomy; some felt that seeking assistance denied them independence, but they also required guidance and support. Nearly all youth survey respondents also stated that being independent was “very important” (69.7%) or “important” (22.8%). This overlap between seeking independence while simultaneously relying on others is a natural one but seems to be a point of struggle for some transition-age youth. Additionally, more structured transitional programs are particularly needed for young adults with disabilities. Consequently, transitional programs often have waitlists that delay procurement of needed services.

Gaps in family life services

The Franklin County community does not have many services geared primarily towards improving family life and parent engagement. Some of the education-focused programs work to include parents (such as dropout prevention), and mentoring programs offer a positive adult influence. However, apart from more case management and social work-type services, there is little programming designed to focus on improving young people’s family life.
KEY NEEDS

- Safety
- Support and mentorship
- Culturally competent support

Safety

Social-emotional development crosses every aspect of academics and workforce, family life, and health and wellness. At one focus group when participants were asked to select the single most important need for young people, several respondents answered, “safety”. Safety, as it relates to social-emotional development, is often talked about in reference to traumatic experiences in childhood that affect a sense of safety and stability.

Franklin County’s middle and high school-age youth encounter child abuse or neglect at a higher rate than the national average with a notable increase from the 12 to 13 age range (7.86 per 1,000) to the 14 to 17 age range (9.83 per 1,000) (FCCS, 2013). In comparison, nationally child abuse is reported at a rate of 7 cases per 1,000 children age 12-15 and decreases, rather than increases, to 5 reports per 1,000 children age 16 and 17 (NCANDS, 2013). Peer abuse, in the form of bullying, is also reported at substantial rates. CRP’s youth survey found that 80.9% of respondents had witnessed some form of bullying, whether online or in person. LGBTQ youth were slightly more likely to have witnessed bullying (86.1%). About thirty percent of respondents who witnessed bullying did not take action; several people mentioned fear of retribution in their reasoning. More youth who took action chose to speak directly to the bully (28.1%) than to discuss the incident with an authority figure, such as a teacher (14.7%). On average, 18 young people age 12 to 24 commit suicide in Franklin County annually; therefore, addressing risk factors such as bullying and mental health is vital (CDC, 2004-2010).

Some interviewees and focus group participants stressed the influence of gangs in many parts of Franklin County. Gangs can create a sense of belonging and support but ultimately lead to unsafe neighborhoods, schools, and social circles. They can also create barriers to continuous school enrollment if gang members are frequently present in areas between student homes and school; some students may not feel comfortable walking to school or waiting for the bus, which may lead to increased dropouts.

These experiences, whether it’s familial abuse, bullying, or geographic proximity to a gang, can have long-term traumatic effects. Securing safe spaces for all Franklin County youth should be a priority. Young people did not note specific solutions for better safety, but a few mentioned that teachers and school administrators could pay closer attention to safety issues in and around schools and address them more readily. Additionally, safety outside of school, in the students’ neighborhoods, is vital. There is no single great solution to increasing safety, but it is a significant concern.
Support and mentorship

Mentorship can be an effective tool for thwarting the impact of negative influences. Focus group and interview participants from across the age spectrum discussed the need for positive role models in the lives of young people between the ages of 12-24. Youth themselves were split on where they would look for support and mentorship; 65.6% reported they would seek advice from a family member, 46.9% from a friend or peer, and 37.50% said it depended on the situation (note: responses do not add up to 100% because respondents could select multiple options). LGBTQ youth were far more likely to seek peer advice (61.1%) than family member advice (47.2%).

These variations in preferences speak to a need for individualized services and programs geared towards peer and adult mentorship. However, even if those programs exist, 13.8% of youth surveyed stated they would not use a resource, program, or service. There may be an opportunity to better tailor online resources to youth needs, since 78.8% of surveyed youth reported owning a smart phone and 87.2% said they go online to find information. Even if some young people would not utilize an in-person resource center they may feel comfortable with the anonymity of an online or app-based resource.

Culturally competent support

A lack of culturally competent services can also be an important barrier to finishing school and successfully finding employment or additional schooling. Several focus group participants from direct service providers noted the extreme difficulty in securing needed translators; this often leads to young children translating for their parents. In some cases, social service providers said that interpretation services are not always readily offered to parents, even when they are required by law. This creates a secondary issue where a child may, perhaps inaccurately, be in a position of translating for his or her parent at a parent teacher conference or other meeting. Additionally, promotional or educational materials are not always offered in multiple languages, an issue that can effect quality health care access.

Although nine out of every ten students in Franklin County speak English as their home language, 10.8% speak another language and often lack the translation services they need (ODE, 2013). The top non-English languages spoken at home are Spanish (35.8% of non-English speakers), Somali (16.8%), Arabic (5.9%), and Japanese (2.4%). Dozens of other languages make up nearly half of the non-English languages spoken, creating another barrier to sufficient translation services. Another related issue specific to immigrants and refugees was also noted several times; when coming from another country that has a different educational system than the United States it can be difficult to integrate at the grade level determined by age.
Gaps in social emotional services

Mentoring programs are prevalent in Franklin County, with over 30 programs offering access to continuous adult mentoring for 12 months or longer. Since this is a major need highlighted in the Youth Needs Assessment, it is also important to note that many mentors and mentees do not maintain an ongoing relationship for 12 months or more. Available support is beneficial, but short-term relationships may not provide the social-emotional support needed to thrive.

Once again, there are also few programs targeted towards immigrant and refugee youth, LGBTQ youth, foster youth, unemployed youth, and youth offenders. With the growing immigrant and refugee population in central Ohio, as well as the safety fears of many LGBTQ youth, it is clear that mentorship is most needed in the populations where it is lacking.
Higher comfort level with health care practitioners

Health and wellness encompasses a great deal more than general physical health. At the initial stakeholder meetings several participants mentioned a reluctance among young people to visit the doctor. The reasons are myriad, but youth focus group participants mentioned stigma (particularly for mental health care) and cost as the two main barriers. This perceived stigma affects the estimated 17%-20% of Franklin County residents between the ages of 0 and 24 who have a mental, emotional, or behavioral disorder (IOM prevalence estimates, 2009 & SAMHSA, 2012).

Young people also worry about discussing sensitive topics with physicians; reproductive and mental health discussions were the least comfortable for young people, with only about two-thirds of youth saying they would be very likely to discuss those concerns with a clinician (Table 3). Interestingly, young people who identified as LGBTQ said they would be more likely to discuss their health with professionals than the general population (70.6% for both reproductive and mental health). In focus groups, though, both youth and provider participants noted a level of discomfort among many LGBTQ youth with visiting the doctor, particularly when physicians ask questions and make assumptions based on a heteronormative view.

Table 3. Comfort level with health care practitioners

<table>
<thead>
<tr>
<th>How likely would you be to discuss health concerns with health care practitioner?</th>
<th>Very or somewhat likely</th>
<th>Not sure</th>
<th>Somewhat or very unlikely</th>
</tr>
</thead>
<tbody>
<tr>
<td>Physical health</td>
<td>83.2%</td>
<td>11.0%</td>
<td>5.9%</td>
</tr>
<tr>
<td>Mental health, behaviors. and feelings</td>
<td>60.4%</td>
<td>22.9%</td>
<td>16.7%</td>
</tr>
<tr>
<td>Reproductive or sexual health</td>
<td>66.4%</td>
<td>19.4%</td>
<td>14.2%</td>
</tr>
</tbody>
</table>

Source: CRP Youth Survey, Fall 2015

Both health care workers and young people referenced insufficient health classes in school. Several young people said that they learn little of use about reproductive and sexual health. As a result, many teenagers may not be comfortable discussing sensitive
topics with anyone, resulting in an increased likelihood of teen pregnancy and sexually transmitted infections (STIs). Since 2006 over 13,000 teenagers have given birth in Franklin County, which can lead to a need to drop out of school and work (ODH). Rates of common infertility-linked STIs are much higher in Franklin County for the under 25 age group than the above 25 age group; chlamydia rates are 1,309 per 100,000 in the under 25 age group and only 422.3 for those over the age of 25 (ODRS, 2014). Gonorrhea rates vary less by age but are still higher among 20-24 year olds than any other age group (899.6 per 100,000). The elevated rates of STIs among teenagers and young adults speak to the need for improved health classes and increased comfort level and communication with health care professionals for this age group.

Decreasing cost and practical barriers to accessing health care

Increasing youth comfort with health care providers may improve wellness, but cost is still an enormous barrier to care. Transition-age youth between the ages of 18-24 are less likely to have health insurance (76.4% have insurance) than adults over the age of 24 (84.2% have insurance) (DHHS, 2013). Additionally, many young people opt for plans with lower monthly premiums, resulting in the likelihood of higher out-of-pocket expenses if they encounter a health problem. Once they turn 18, many transition-age youth are unaware of low-cost insurance coverage options, such as Medicaid; recent data from the Ohio Medicaid Assessment Survey shows that 27.1% of county adults may be newly eligible for Medicaid following recent expansion efforts, but are not enrolled.

Another common barrier is finding time to go to the doctor, particularly for school-age youth who are in class during normal doctor office hours. One solution suggested at a focus group was school-based health centers, as have been promoted in other cities including New Orleans and Seattle. By bringing health care access to our young people, we decrease a major barrier to adequate care.
Mitigation of risk factors

Teenagers and transition-age youth are also particularly susceptible to a number of risk factors that adversely affect health and wellness. In Ohio, 29.5% of high school respondents had at least one drink of alcohol in the 30 days before completing the survey (YRBS, 2013). In addition, 20.7% currently use marijuana and 8.8% have used inhalants at some point in their lives. Furthermore, 19.9% were offered, sold, or given an illegal drug on school property in the 12 months before the survey, which harkens back to discussions of safety on school campuses. Students need to be educated on the risks of utilizing and abusing substances, but they also need to have better protection from these influences on places like school campuses.

Meeting basic food and transportation needs

Access to basic needs, including food and transportation, is another important wellness-related need. Franklin County’s young people must be able to depend on having enough nutritious food to eat on a daily basis. However, that is not the case. Nearly one-quarter (23%) of Franklin County’s children under age 18 are food insecure, defined by the USDA as having limited or uncertain access to adequate food (Feeding America, 2013). Of those food insecure children, one-third are not income-eligible for federal nutrition assistance. Stakeholders noted that in some cases access to food is not as great of a need as access to nutritious food. Many Franklin County families live in areas with poor access to fresh produce and unprocessed food, or do not have proper equipment or adequate time to cook with fresh ingredients. Youth would benefit from better understanding healthy eating and cooking, especially on a limited budget, when still in school.

Public transportation can also be limited in central Ohio. A lack of transportation can be a significant barrier for many young people who rely on public means to access programs and services in addition to employment opportunities. At one focus group, youth in the foster care system mused that they are often required to attend certain programs but do not have the transportation in place to do so. Franklin County providers can use this knowledge to establish programs in close proximity to public transportation that runs frequently.

Gaps in health and wellness services

The resource search conducted by CRP revealed 45 programs that focused primarily on counseling and guidance. Diagnosed mental health needs are being addressed by those services, but many youth are hesitant to access existing services because of stigma. The resource search results also showed limited programs for youth with substance abuse issues. Relatedly, there also do not appear to be many programs focused on teaching other aspects of health and wellness (including reproductive health and hygiene). Considering the rates of substance abused and STIs in the county, these are major gaps.
Conclusions

The complexity of youth needs means that there is no single solution to improving the academic, workforce, family, health, and social-emotional situation of 12 to 24-year olds.

In discussions with stakeholders the one common thread was a need for continued and improved coordination among youth-serving organizations and initiatives. There is certainly a plethora of existing programs directed towards the county’s youth; a recent resource search found well over 200 programs primarily geared towards counseling (45), work experience (44), tutoring (41), leadership (38), and mentoring (33) (see Appendix D for the full Resource Matrix Report). Many of these programs operate in programmatic siloes, however, and there is no overarching goal of the county’s youth-oriented programs. The county may benefit from a more coordinated effort, or even coordinated database, where youth could find all the information they need about available resources and programs.

The vast majority of Franklin County youth owns a smart phone and finds information online. While searching and compiling program information for the resource matrix,
information was often out-of-date or difficult to find, with the quality of information varying greatly between sources. Currently, Franklin County lacks a user-friendly central information portal or mobile app that (a) youth can use to access information and link to local programs, (b) organizations can update program information, and (c) presents information in multiple languages.

Mentorship and high school graduation support were the two needs most frequently mentioned in focus groups, surveys, and interviews. While the resource search revealed that Franklin County is not short of counseling and mentoring programs, findings from the Youth Needs Assessment suggested that youth may benefit from further specialization and outreach from these programs. Currently, mental health-related counseling programs often focus on recovery or treatment over prevention or intervention. The Youth Needs Assessment highlights a need for anti-bullying education and resources, where mental health wellness could be an important component.

Although there are already many programs in place for mentoring and tutoring, it is possible that the programs are not infiltrating the groups with the greatest need. Youth may also be hesitant to participate in face-to-face interactions, as reflected in the youth survey. Providing information and services online may be more accessible to some young people.

A more coordinated effort between service providers, funders, and schools could improve both mentorship and high school graduation support, both of which were mentioned frequently in focus groups, surveys, and interviews. Mentorship programs should support academic improvement, and should also address any family functioning and health issues that may arise in order to be fully effective. The linkage between mentoring and academics is particularly vital, and schools and after school-type programs must be in contact with one another.

Among the existing community offerings there is a noticeable lack of workforce training and occupational skills training. Throughout the needs assessment stakeholders noted that although many young people have no issue securing initial jobs, and therefore work experience, but retaining jobs is another issue altogether. Youth need to have the skills to succeed and stay employed; they also need to know that pursuing college is not the only career and/or educational path available after high school. Many paths, including but not limited to technical training, are available and lead to long term career success.

The resource data highlights possible gaps in current programming that aligns with youth needs drawn from the survey and focus groups. In terms of program numbers, the elements in greatest need of expansion are occupational skills, youth offender services, financial literacy, and entrepreneurial skills programs. Additionally, there appear to be a lack of programs that offer specific youth populations the opportunity to develop transferable soft skills and employment ready skill-sets, which would fall under both the leadership and counseling elements. Perhaps under the more holistic umbrella title of “life skills”, multi-element programs designed for transition-age youth could be beneficial.
Promoting workforce training and occupational skills in school would address many of the employability issues seen by the county’s adults. In general, moving towards a school-based model for employment, academic, and wellness needs may be beneficial. Some of the current offerings already operate in schools but, according to community members, the needed coordination among programs is not in place.

The Franklin County community can also continue to strengthen efforts with specific groups of youth with unique needs. There are a few organizations that work specifically with LGBTQ youth, but additional support is needed, especially considering the high rate of homelessness among that population. Ex-offender services are also in-demand, particularly for re-integration. Some work is already underway between FCCS, the Annie E. Casey Foundation, and FC Juvenile Court to explore juvenile justice issues, and results from this report will provide some valuable background information on the county’s youth population. Another group that was specifically mentioned numerous times is youth with developmental disabilities. Transitional programs for youth with disabilities often have long wait lists so increased programs, or improved access to information regarding programs, might be beneficial.

Most of all, Franklin County youth need safe, stable homes, and positive influences. Youth focus group participants commented frequently on the life-altering effect that mentors, whether they are parents, teachers, or service providers, can have on their motivation and drive to succeed. This was particularly true among youth in the foster care system. If the local community can first address basic physical, mental, social, and emotional needs, and then promote positive and engaged family relationships, other improvements in academics and workforce will be more readily accessible and successful.

**Next steps**

The key findings from the Youth Needs Assessment highlight a need for a comprehensive community plan that can identify community-wide best practices and designate responsibility. Any such comprehensive community plan should utilize the information, data, and findings in this report to address the identified areas of need. Best practices on an individual program level can be relatively simple to implement. However, a large-scale, coordinated community effort requires significantly more buy-in and effort. A comprehensive community plan would also allow local stakeholders to examine individual programs for duplication of effort and coordinate coverage of other areas, such as at-risk youth programs.

Community planning must also include youth voices. Ideally, community partners would establish a Youth Advisory Group to guide planning from a youth perspective. Though there are youth advisory groups for sub-populations, such as foster youth, there is no single overarching youth presence providing insight to community-wide strategic planning.
Appendix A: Focus group and interview questions

1. We’ve heard from a number of sources that finishing high school is often an important key to success. What do you see as the most common barriers to finishing high school for young people here in Franklin County?
   
   a. What resources are needed to support students in finishing high school or getting a GED?

2. Once high school is over, what opportunities exist for young people in Franklin County?
   
   a. Specifically – what are the options for pursuing additional schooling?
   
   b. What are the options for career training or getting a job?

3. How could resources and services be improved for academics?

4. How could resources and services be improved for career or workforce development?

5. What academic or career resources exist, but are underutilized?

6. We’ve heard from a number of young people that they go to an emergency department or urgent care when they are sick instead of going to a familiar primary care doctor. With that in mind…
   
   a. What are some ways of improving health care access in this age range?
   
   b. We know that there can be a number of different barriers to health care access. What are the barriers that you see or hear about most frequently? Think about overall health, mental/behavioral health, and sexual/reproductive health.

7. What are the gaps in resources for homeless or near-homeless youth?

8. What do you see as the major needs for LGBTQ youth in the county?
9. You were identified as an important community member due to your effective work with or for young people in our community.
   
a. Which aspects of your programs (or others in the community) do you think are the most successful and why?

b. Which aspects of your programs (or others in the community) do you think are the least successful and why?
   
i. How could they be improved?

10. This age group of 12-24 is often working through transitions, including scholastic transitions and becoming an independent adult. How can the community promote independence for young people while also offering supportive services?

11. Who do you think is the strongest role model or influence on young people in the community? (family members, peers, other adults, celebrities, etc.)

12. We’ve talked about a lot of possible struggles of being a young adult in Franklin County, and what resources are available to overcome those struggles. Thinking about all of these different topics…
   
a. Which of the needs we’ve discussed today do you think are most important?

b. What can Franklin County youth do to address their needs?

c. What can other adults in the community do address their needs?

13. Is there anything else you would like to add about the needs of youth age 12-24 in Franklin County?
Report for Franklin County Youth Survey

Please select the Ohio county you live in

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What is your age?

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</tr>
<tr>
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Total 320
What is your race? Please select all that apply.

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<td>White</td>
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<td>Black or African American</td>
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<td>American Indian or Alaska Native</td>
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<td>9</td>
</tr>
<tr>
<td>Asian</td>
<td>2.5%</td>
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</tr>
<tr>
<td>Native Hawaiian or Other Pacific Islander</td>
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</tr>
<tr>
<td>Other</td>
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What is your ethnicity?

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<td>Hispanic or Latino Origin</td>
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</tr>
<tr>
<td>Not Hispanic or Latino Origin</td>
<td>91.7%</td>
<td>276</td>
</tr>
<tr>
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<td></td>
<td>301</td>
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Where were you born?

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<td>Russia</td>
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<td>Somalia</td>
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<tr>
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Total 314
What is your gender identity? Your gender identity is how you feel inside about your gender - not how anyone else sees your gender.

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<tr>
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<th>Count</th>
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<tr>
<td>Female</td>
<td>51.7%</td>
<td>165</td>
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<td>Female to male transgender</td>
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<tr>
<td>Male</td>
<td>46.1%</td>
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<tr>
<td>Prefer not to answer</td>
<td>0.3%</td>
<td>1</td>
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<tr>
<td><strong>Total</strong></td>
<td></td>
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Do you identify as LGBT? LGBT might mean that you identify as lesbian, gay, bisexual, transgender, queer or questioning, or asexual.

<table>
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<tr>
<th>Value</th>
<th>Percent</th>
<th>Count</th>
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<tr>
<td>Yes</td>
<td>11.5%</td>
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<tr>
<td>No</td>
<td>85.3%</td>
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<tr>
<td>Prefer not to answer</td>
<td>3.2%</td>
<td>10</td>
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<tr>
<td><strong>Total</strong></td>
<td></td>
<td>312</td>
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</table>
What is your zip code?
Are you currently in school?

Value | Percent | Count
--- | --- | ---
Yes | 79.1% | 250
No | 20.9% | 66
Total | 316 | 316
If yes, what type of school? Select all that apply.

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<th>Percent</th>
<th>Count</th>
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<td>Public School (example: Columbus City Schools, South-Western schools, etc.)</td>
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<td>167</td>
</tr>
<tr>
<td>Private school (example: Columbus School for Girls, Catholic school, etc.)</td>
<td>5.6%</td>
<td>14</td>
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<tr>
<td>Charter (example: Columbus Preparatory Academy, Horizon Science Academy, etc.)</td>
<td>7.6%</td>
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<tr>
<td>Online school</td>
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<tr>
<td>Home school</td>
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<td>2-year college</td>
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<tr>
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<td>3</td>
</tr>
<tr>
<td>Other (please specify)</td>
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Which of the following best describes your living situation?

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<th>Value</th>
<th>Percent</th>
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<td>73.2%</td>
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<tr>
<td>I live with roommate(s) or in a college dorm</td>
<td>8.0%</td>
<td>25</td>
</tr>
<tr>
<td>I live with a romantic partner (may include boyfriend/girlfriend, wife/husband, etc.)</td>
<td>2.5%</td>
<td>8</td>
</tr>
<tr>
<td>I live by myself</td>
<td>2.9%</td>
<td>9</td>
</tr>
<tr>
<td>I stay with friends or family members for short periods of time but do not have a permanent place to live (couch surfing)</td>
<td>2.2%</td>
<td>7</td>
</tr>
<tr>
<td>I am currently homeless (select this option if you live in a shelter)</td>
<td>2.2%</td>
<td>7</td>
</tr>
<tr>
<td>Other (please specify) (click to view)</td>
<td>8.9%</td>
<td>28</td>
</tr>
</tbody>
</table>

Total 314
Can you think of any career/technical/vocational training programs in central Ohio/ the Columbus area? These might be dual enrollment (you learn a skill while also finishing high school) or could be designed for adults over the age of 18. Career/tech/vocational training generally includes both time in the classroom and time learning a specific skill. For instance, if you are training to become a plumber, you might learn in a classroom, work with an actual plumber, and get hands-on training. There is also a specific path for you to take - you usually only take classes that are related to the career you want.

<table>
<thead>
<tr>
<th>Value</th>
<th>Percent</th>
<th>Count</th>
</tr>
</thead>
<tbody>
<tr>
<td>Yes, I know about 1 career/tech/vocational training program.</td>
<td>31.7%</td>
<td>97</td>
</tr>
<tr>
<td>Yes, I know about 2 or more career/tech/vocational training programs.</td>
<td>25.8%</td>
<td>79</td>
</tr>
<tr>
<td>No, I don’t know about any career/tech/vocational training programs.</td>
<td>42.5%</td>
<td>130</td>
</tr>
<tr>
<td>Total</td>
<td></td>
<td>306</td>
</tr>
</tbody>
</table>
What are your career and/or educational goals in the next 1-3 years?

<table>
<thead>
<tr>
<th>Value</th>
<th>Percent</th>
<th>Count</th>
</tr>
</thead>
<tbody>
<tr>
<td>Finish high school or get a GED</td>
<td>12.9%</td>
<td>34</td>
</tr>
<tr>
<td>Finish high school or get a GED and then go to college</td>
<td>47.7%</td>
<td>126</td>
</tr>
<tr>
<td>Finish high school or get a GED and then get a job</td>
<td>8.3%</td>
<td>22</td>
</tr>
<tr>
<td>Enroll in a certification program</td>
<td>6.8%</td>
<td>18</td>
</tr>
<tr>
<td>Get a job without finishing high school or getting a GED</td>
<td>1.1%</td>
<td>3</td>
</tr>
<tr>
<td>Other - Please specify (click to view)</td>
<td>23.1%</td>
<td>61</td>
</tr>
</tbody>
</table>

Total 264
How important do you think it is to be independent (thinking or acting for yourself)?

<table>
<thead>
<tr>
<th>Value</th>
<th>Percent</th>
<th>Count</th>
</tr>
</thead>
<tbody>
<tr>
<td>Very important</td>
<td>71.2%</td>
<td>223</td>
</tr>
<tr>
<td>Important</td>
<td>23.3%</td>
<td>73</td>
</tr>
<tr>
<td>Not sure</td>
<td>4.8%</td>
<td>15</td>
</tr>
<tr>
<td>Less important</td>
<td>0.3%</td>
<td>1</td>
</tr>
<tr>
<td>Not at all important</td>
<td>0.3%</td>
<td>1</td>
</tr>
</tbody>
</table>

Total 313
Have you ever witnessed someone bullying someone else (either online or in person)?

<table>
<thead>
<tr>
<th>Value</th>
<th>Percent</th>
<th>Count</th>
</tr>
</thead>
<tbody>
<tr>
<td>Yes</td>
<td>82.5%</td>
<td>259</td>
</tr>
<tr>
<td>No</td>
<td>17.5%</td>
<td>55</td>
</tr>
<tr>
<td>Total</td>
<td></td>
<td>314</td>
</tr>
</tbody>
</table>
If yes, did you get involved?

<table>
<thead>
<tr>
<th>Value</th>
<th>Percent</th>
<th>Count</th>
</tr>
</thead>
<tbody>
<tr>
<td>No, because it's not my business</td>
<td>22.4%</td>
<td>58</td>
</tr>
<tr>
<td>No, because I was worried about retaliation (like being bullied myself)</td>
<td>9.7%</td>
<td>25</td>
</tr>
<tr>
<td>No, for another reason (please specify) (click to view)</td>
<td>6.2%</td>
<td>16</td>
</tr>
<tr>
<td>Yes, I told an adult or person in an authority position</td>
<td>18.1%</td>
<td>47</td>
</tr>
<tr>
<td>Yes, I talked to the person doing the bullying</td>
<td>34.7%</td>
<td>90</td>
</tr>
<tr>
<td>Yes, I did something else (please specify) (click to view)</td>
<td>8.9%</td>
<td>23</td>
</tr>
<tr>
<td>Total</td>
<td></td>
<td>259</td>
</tr>
</tbody>
</table>
How likely are you to discuss your mental health, behaviors or feelings with a doctor, nurse, or other health care provider? (For example, regarding: drug or alcohol addiction, depression, suicidal thoughts, etc.)

![Pie chart showing the likelihood of discussing mental health with a healthcare provider]

<table>
<thead>
<tr>
<th>Value</th>
<th>Percent</th>
<th>Count</th>
</tr>
</thead>
<tbody>
<tr>
<td>Very likely</td>
<td>29.4%</td>
<td>90</td>
</tr>
<tr>
<td>Somewhat likely</td>
<td>31.0%</td>
<td>95</td>
</tr>
<tr>
<td>Not sure</td>
<td>22.9%</td>
<td>70</td>
</tr>
<tr>
<td>Somewhat unlikely</td>
<td>8.5%</td>
<td>26</td>
</tr>
<tr>
<td>Very unlikely</td>
<td>8.2%</td>
<td>25</td>
</tr>
<tr>
<td><strong>Total</strong></td>
<td></td>
<td><strong>306</strong></td>
</tr>
</tbody>
</table>
How likely are you to discuss your sexual or reproductive health with a doctor, nurse or other health care provider? (For example, regarding: Sexually Transmitted Infections or Diseases (STIs/STDs), pregnancy, contraceptives like the pill, condoms, etc.)

Value | Percent | Count  
--- | --- | ---  
Very likely | 38.2% | 118  
Somewhat likely | 28.2% | 87  
Not sure | 19.4% | 60  
Somewhat unlikely | 5.5% | 17  
Very unlikely | 8.7% | 27  
Total | | 309
How likely are you to discuss your physical health with a doctor, nurse or other health care provider? (For example, regarding: your weight, smoking, pain, etc.)

<table>
<thead>
<tr>
<th>Value</th>
<th>Percent</th>
<th>Count</th>
</tr>
</thead>
<tbody>
<tr>
<td>Very likely</td>
<td>54.2%</td>
<td>168</td>
</tr>
<tr>
<td>Somewhat likely</td>
<td>29.0%</td>
<td>90</td>
</tr>
<tr>
<td>Not sure</td>
<td>11.0%</td>
<td>34</td>
</tr>
<tr>
<td>Somewhat unlikely</td>
<td>2.3%</td>
<td>7</td>
</tr>
<tr>
<td>Very unlikely</td>
<td>3.5%</td>
<td>11</td>
</tr>
<tr>
<td><strong>Total</strong></td>
<td></td>
<td>310</td>
</tr>
</tbody>
</table>
Do you have a smart phone?

- Yes: 81.3%  (252)
- No: 13.9%  (43)
- I have access to a smart phone sometimes but I share with other people or don't have it all the time: 4.8%  (15)

Total 310
Do you ever run out of data for your phone, or do you not have data in the first place? Data on a smart phone lets you connect to the internet when you're not connected to wifi.

<table>
<thead>
<tr>
<th>Value</th>
<th>Percent</th>
<th>Count</th>
</tr>
</thead>
<tbody>
<tr>
<td>Yes - I run out of data sometimes or don't have data at all</td>
<td>49.1%</td>
<td>130</td>
</tr>
<tr>
<td>No - I always have enough data to use my phone</td>
<td>43.0%</td>
<td>114</td>
</tr>
<tr>
<td>I'm not sure</td>
<td>7.9%</td>
<td>21</td>
</tr>
<tr>
<td><strong>Total</strong></td>
<td></td>
<td><strong>265</strong></td>
</tr>
</tbody>
</table>
How do you usually get information in general? You can choose more than one answer.

<table>
<thead>
<tr>
<th>Value</th>
<th>Percent</th>
<th>Count</th>
</tr>
</thead>
<tbody>
<tr>
<td>Look online for information</td>
<td>84.8%</td>
<td>263</td>
</tr>
<tr>
<td>Use an app to get the information</td>
<td>27.1%</td>
<td>84</td>
</tr>
<tr>
<td>Text someone (like a hotline) to get the information</td>
<td>20.3%</td>
<td>63</td>
</tr>
<tr>
<td>Call an information number to get the information</td>
<td>12.3%</td>
<td>38</td>
</tr>
<tr>
<td>Talk to someone in person</td>
<td>47.7%</td>
<td>148</td>
</tr>
<tr>
<td>Other - Please specify (click to view)</td>
<td>9.4%</td>
<td>29</td>
</tr>
</tbody>
</table>
If you needed some kind of professional help (like a doctor or a program or service) where would you look for information? You can choose more than one answer. For example: if you needed to learn more about mental health care, or wanted to talk to someone about how to do better in school.

<table>
<thead>
<tr>
<th>Value</th>
<th>Percent</th>
<th>Count</th>
</tr>
</thead>
<tbody>
<tr>
<td>Look online for information</td>
<td>73.7%</td>
<td>224</td>
</tr>
<tr>
<td>Use an app to get the information</td>
<td>17.8%</td>
<td>54</td>
</tr>
<tr>
<td>Text someone (like a hotline) to get the information</td>
<td>12.2%</td>
<td>37</td>
</tr>
<tr>
<td>Call an information number to get the information</td>
<td>21.4%</td>
<td>65</td>
</tr>
<tr>
<td>Talk to someone in person</td>
<td>53.9%</td>
<td>164</td>
</tr>
<tr>
<td>Other - Please specify (click to view)</td>
<td>6.9%</td>
<td>21</td>
</tr>
</tbody>
</table>
How important do you think it is to have support from other people (people to talk to, people to help you with things that you can’t do on your own)?

- Very important: 61.2%
- Important: 28.3%
- Not sure: 6.8%
- Less important: 1.3%
- Not at all important: 2.3%

<table>
<thead>
<tr>
<th>Value</th>
<th>Percent</th>
<th>Count</th>
</tr>
</thead>
<tbody>
<tr>
<td>Very important</td>
<td>61.2%</td>
<td>188</td>
</tr>
<tr>
<td>Important</td>
<td>28.3%</td>
<td>87</td>
</tr>
<tr>
<td>Not sure</td>
<td>6.8%</td>
<td>21</td>
</tr>
<tr>
<td>Less important</td>
<td>1.3%</td>
<td>4</td>
</tr>
<tr>
<td>Not at all important</td>
<td>2.3%</td>
<td>7</td>
</tr>
<tr>
<td><strong>Total</strong></td>
<td></td>
<td>307</td>
</tr>
</tbody>
</table>
If you wanted to get advice from a positive role model, who would you speak with? Select all that apply.

<table>
<thead>
<tr>
<th>Value</th>
<th>Percent</th>
<th>Count</th>
</tr>
</thead>
<tbody>
<tr>
<td>Family member</td>
<td>68.4%</td>
<td>210</td>
</tr>
<tr>
<td>Peer or friend</td>
<td>48.9%</td>
<td>150</td>
</tr>
<tr>
<td>Teacher</td>
<td>31.3%</td>
<td>96</td>
</tr>
<tr>
<td>Other adult</td>
<td>30.9%</td>
<td>95</td>
</tr>
<tr>
<td>No one</td>
<td>4.6%</td>
<td>14</td>
</tr>
<tr>
<td>Not sure</td>
<td>3.3%</td>
<td>10</td>
</tr>
<tr>
<td>Depends on the situation</td>
<td>39.1%</td>
<td>120</td>
</tr>
</tbody>
</table>
Have you ever used one of the resources, programs, or services that you listed above?

<table>
<thead>
<tr>
<th>Value</th>
<th>Percent</th>
<th>Count</th>
</tr>
</thead>
<tbody>
<tr>
<td>Yes, I have used a resource, program, or service in the past</td>
<td>38.2%</td>
<td>110</td>
</tr>
<tr>
<td>Yes, I am currently using a resource, program, or service</td>
<td>19.4%</td>
<td>56</td>
</tr>
<tr>
<td>No, I haven't used a resource, program, or service - and I would not use one</td>
<td>15.3%</td>
<td>44</td>
</tr>
<tr>
<td>No, I haven't used a resource, program, or service - but I would be open to using one in the future</td>
<td>27.1%</td>
<td>78</td>
</tr>
<tr>
<td><strong>Total</strong></td>
<td></td>
<td><strong>288</strong></td>
</tr>
</tbody>
</table>
Appendix C: Interim Report

Franklin County Youth Needs Assessment

Interim Report: Stakeholder Input and Community Scan

October 2015
Community Research Partners
Lynnette Cook, Ph.D., Executive Director
Megan Johanson, Ph.D., Director of Research and Data Services
Sarah Goodman, Senior Research Associate
Becky Zwickl, Senior Research Associate
Haleh Dolati, Research Associate
Marcus Erridge, Research Associate

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www.researchpartners.org

CRP is a non-profit research, evaluation, and data center based in Columbus, Ohio, with a mission to strengthen communities through data, information, and knowledge. CRP is a partnership of the City of Columbus, United Way of Central Ohio, The Ohio State University, and the Franklin County Commissioners. CRP is also central Ohio’s data intermediary, and a partner in the Urban Institute’s National Neighborhood Indicators Partnership. Since its inception, CRP has undertaken hundreds of projects in central Ohio, statewide, and across the country.
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1.0 Introduction

1.1 Background

Franklin County commissioned Community Research Partners (CRP) to conduct a youth needs assessment to look at the existing needs and resources and to identify the demographics, general dynamics, emerging concerns and needs in Franklin County for youth age 12 - 24. In order to do so, CRP will be collecting data through a variety of primary and secondary sources and using a mix of quantitative and qualitative methods to address the following questions:

1. What are the current demographic and social characteristics of youth in Franklin County?
   a. What are the demographic trends of youth (including population, household composition, race/ethnicity, employment status, and household income in relation to the poverty level)?
   b. What are the sociological trends of this population (including single parent households, parent education levels, child educational progress, health status, judicial system involvement, and homelessness)?

2. What programs and services currently exist to serve youth ages 12 – 24 in Franklin County?

3. What are the current and emerging needs of youth in the service area? What gaps exist for specific issues, demographic groups, or geographies?

This preliminary report summarizes results from the project launch portion of the project, which defines the main issues facing the transitional-age youth population prioritizes topics for future data collection efforts. Additionally, this project launch portion is being used to leverage the work that has already been done in Franklin County to identify the areas of greatest need, and to synthesize all relevant findings.

1.2 Stakeholder Input Process

In order to ensure widespread representation of stakeholder opinion in the needs assessment, CRP and the Franklin County (FC) partners (referred to as “partners” in parts of this report) have thus far gathered information through three distinct methods (Figure 1). Going forward, CRP will continue to collect a variety of primary and secondary research to supplement the findings of the stakeholder input sessions (Figure 2).

First, the partners convened two meetings to which they invited a variety of stakeholders who work with and develop programming for youth age 12-24. Both meetings had the same content and discussion areas so if one person was unavailable for the first meeting he or she could attend the second. Next, CRP drafted notes summarizing key themes from both meetings and, along with the FC partners, developed a survey for distribution to stakeholders. The survey was sent to many of the same people as

---

1 FC partners are: Franklin County Commissioner John O’Grady’s office; Franklin County Department of Job and Family Services; Franklin County Children’s Services; and United Way of Central Ohio.
Simultaneously with the survey development process CRP was conducting a community scan, also with input from stakeholders, to review existing needs assessments and resources in the Franklin County area. Results from the meetings, survey, and community scan follow and will all be used to inform the remainder of the needs assessment.

2.0 Stakeholder Meetings

2.1 Background

All partners wanted to be sure to engage as many stakeholders as possible through the needs assessment process. As part of this goal, CRP and the Franklin County partners held two stakeholder meetings in late July of 2015. The meetings attracted a total of around 180 individuals, each of whom has a vested interest in Franklin County youth needs. Most of the attendees were from non-profit organizations in Franklin County or from governmental offices (e.g., public health, city commissioner, etc.).

At the two stakeholder meetings participants were led through a series of small and large group discussions to define the priority issues facing youth age 12-24 in four key areas: academics/workforce; social/emotional development; health and wellness; and parent engagement/family functioning. Meeting participants were also asked to identify best practices in addressing needs in the four above topic areas and to identify currently available community resources. Participants were split up based on the age range that they wished to discuss (12-13, 14-17 or 18-24) to allow for targeted small group discussions.

Following both stakeholder meetings, CRP compiled and analyzed the notes and determined the most important elements of the four key topic areas, with input from other partners. For instance, within health and wellness the partners identified six topics that came up frequently in both stakeholder meetings and were clear priorities.

Based on the key findings from the meetings, summarized below, CRP developed a survey, with additional input from the FC partners, to help further refine the priorities of the stakeholder community.

2.2 Meeting key findings

Notes from the two stakeholder meetings were condensed into a single document (Appendix A) and organized by topic area (academics/workforce, social/emotional development, health and wellness, and family functioning/parent engagement). This section contains a summary of the most important topics that were mentioned in meetings, as determined by meeting participants as well as the quantity of comments received on a given topic. Many of the topics crystallize to a single point about the difficulties in
transitions, including transitions from middle to high school, from high school to additional schooling, and from being 17 to suddenly being an adult. The last point is of particular importance to children in the foster care system; in acknowledgment of this point, one of the youth focus groups will include children who have experience in the foster system in Ohio.

Meeting discussions were split into two parts. In the first segment, participants talked about priority topics and best practices for academics/workforce and social/emotional development in young people age 12-24. The second portion focused on health and wellness and family functioning/parent engagement.

<table>
<thead>
<tr>
<th>1) Academics / workforce</th>
<th>12-13 years</th>
<th>2) S/E development</th>
</tr>
</thead>
<tbody>
<tr>
<td></td>
<td>Testing and standardized curricula</td>
<td>14-17 years</td>
</tr>
<tr>
<td></td>
<td>Scholastic transition</td>
<td>Transitional age</td>
</tr>
<tr>
<td></td>
<td>Mentorship and engagement</td>
<td>Cultural competency</td>
</tr>
<tr>
<td>18-24 years</td>
<td>Specific challenges of transitioning to adulthood at age 18</td>
<td>Need for support in schools beyond academic</td>
</tr>
<tr>
<td></td>
<td>Family relationships</td>
<td>School attendance</td>
</tr>
<tr>
<td></td>
<td>Need to know academic and workforce/training options</td>
<td>Poverty / basic needs</td>
</tr>
<tr>
<td></td>
<td>Cultural competency</td>
<td></td>
</tr>
</tbody>
</table>

Figure 3: Priority topic areas: 1) academics/workforce and 2) social/emotional development

Figure 3 above shows the major topic areas that were brought up at both meetings, sorted by age group. Of note, in each of the age categories there were numerous comments about the importance of transitions (relevant topics highlighted in blue). For the 12-13 age group most stakeholders described a scholastic transition from middle to high school; 14-17 year olds are taking on more responsibility, and, in some cases, serving as a parental figure to either their own children or younger siblings; and 18-24 year olds are leaving high school and encountering all the struggles of being a legal adult, often with little support from parents.

One other common issue that came up not only in the academics/workforce and social/emotional development discussions, but also in later discussion (see Figure 4), was the importance of cultural competency. Several stakeholders noted that the Franklin County community lacks cultural competency in some of their youth programming and resources, including in schools.

Stakeholders also noted the importance of practical issues such as lack of access to housing and public transportation. Transportation and housing, particularly for youth between the ages of 18 and 24, are vital because without stable housing, and the ability to get from housing to work or school, barriers to success continue to mount.

In addition, a few people spoke about the need to tailor programs to the needs of youth in the community based on youth feedback. Essentially, the commenters argued that programs are strengthened by incorporating youth perspectives and desires rather than just adhering to known best practices. This
point was noted and will be addressed through a survey of youth and focus groups that include young people in the county.

### 3) Health / wellness

<table>
<thead>
<tr>
<th>12-13 years</th>
<th>Proactive parent engagement</th>
</tr>
</thead>
<tbody>
<tr>
<td></td>
<td>Transitional age</td>
</tr>
<tr>
<td></td>
<td>Emotional, mental, and physical health</td>
</tr>
</tbody>
</table>

### 4) Family functioning / parent engagement

<table>
<thead>
<tr>
<th>14-17 years</th>
<th>Emotional, mental, and physical health</th>
</tr>
</thead>
<tbody>
<tr>
<td></td>
<td>Access to services (both individual and family-based)</td>
</tr>
<tr>
<td></td>
<td>Cultural competency</td>
</tr>
<tr>
<td></td>
<td>Community factors</td>
</tr>
</tbody>
</table>

<table>
<thead>
<tr>
<th>18-24 years</th>
<th>Parenting</th>
</tr>
</thead>
<tbody>
<tr>
<td></td>
<td>Emotional, mental, and physical health</td>
</tr>
<tr>
<td></td>
<td>Stress and basic needs</td>
</tr>
<tr>
<td></td>
<td>Need for adult role models</td>
</tr>
</tbody>
</table>

*Figure 4: Priority topic areas – 3) health/wellness and 4) family functioning/parent engagement*

## 3.0 Survey

### 3.1 Methodology

Franklin County Commissioner John O'Grady's office was the main contact point for the survey and other stakeholder communication. The Commissioner's office sent the survey via e-mail to a wide ranging list of stakeholder groups including non-profit, for-profit, governmental, faith-based, and educational institutions. An initial request was sent with information that the survey would be open for two weeks. A second, follow-up email was sent to the same group of respondents the day before the survey was scheduled to close.

Survey participants were also asked to forward the survey to other people who work with youth in Franklin County. The survey was limited to adults working with youth; a separate survey will be conducted in the fall of 2015 focused on gathering the opinions of youth.
3.2 Survey content

The survey (Appendix B) consisted of three sections designed to gather:

1. Background information about the survey respondent;
2. An idea of which needs are important to the community, sorted by topic area; and
3. An assessment of the single most important need in each of the four topic areas.

The background information section asked what types of organizations respondents work for, what age groups they work with, and if they attended either of the two stakeholder meetings.

In the second section, 27 topics that were determined based on stakeholder meeting results and organized by overall topic area, were presented to the survey taker (see Table 1). Respondents were asked to rate each topic from lowest priority (1) to highest priority (5). However, there was no ranking involved in the first set of questions; in academics/workforce, for example, all five topics could be rated as lowest priority, or all five could be rated as highest priority.

**Table 1: Important topics for Franklin County youth, sorted by topic area**

<table>
<thead>
<tr>
<th>Academics / workforce</th>
<th>Social / emotional development</th>
<th>Health and wellness</th>
<th>Family functioning / parent engagement</th>
<th>Other</th>
</tr>
</thead>
<tbody>
<tr>
<td>School attendance / truancy</td>
<td>Bullying / social media</td>
<td>Behavioral and mental health</td>
<td>Intergenerational approach or two-generation strategy</td>
<td>Youth homelessness and runaways</td>
</tr>
<tr>
<td>High school graduation</td>
<td>Mentoring and/or modeling of mature behavior</td>
<td>Sexual and reproductive health and education</td>
<td>Proactive engagement with schools</td>
<td>Access to housing</td>
</tr>
<tr>
<td>Violence in schools</td>
<td>Case management</td>
<td>Substance abuse and addiction education and services</td>
<td>Flexibility with parent scheduled and individual needs, particularly in schools</td>
<td>Access to transportation</td>
</tr>
<tr>
<td>Standardized testing and teaching to the test</td>
<td>Counseling</td>
<td>Physical activity and exercise</td>
<td>Addressing any academic/workforce, social/emotional, or health and wellness issues in parents</td>
<td>Lack of financial resources</td>
</tr>
<tr>
<td>Knowledge about post-high school opportunities</td>
<td>Trauma</td>
<td>Access to and knowledge about healthy food / nutrition</td>
<td>Promoting better knowledge of available family resources</td>
<td>Transitioning to adulthood</td>
</tr>
<tr>
<td>Culturally competent services</td>
<td>Access to health services</td>
<td></td>
<td></td>
<td></td>
</tr>
</tbody>
</table>

The final section required respondents to consider all discussed topics and needs and identify the single-most important area of need in each category. The topics were the same as those listed in section two, and were also sorted by topic area.

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2 Respondents were asked about organization type (non-profit, for-profit, faith-based, education-based, government, or other) and organization classification (direct service provider, advocacy group, community action agency, educational institution, philanthropy organization, research institution and other)
3.3 Survey results

In total, 165 people responded to the survey. Most of the survey respondents (73.9%) had not attended either of the two stakeholder meetings. The rate of new respondents (those who had not attended meetings) was promising because it shows the diverse range of people who have offered opinions for the needs assessment. In total, the survey and stakeholder meetings reached about 300 individuals.

Survey respondents also reported working with a variety of age ranges. Over half (55.8%) worked with 12-13 year olds, 63% worked with 14-17 year olds, and 47.9% worked with 18-24 years. About one-third of respondents also worked with a wider age range, such as 5 to 24 year olds.

Most participants (67.9%) were from non-profit organizations and another 20% were from education-based organizations. The vast majority were also direct service providers (70.9%). And, of the many direct service providers, 78.6% worked for a non-profit. Nearly 90% of the faith-based organizations were also direct service providers, though there were only seven total faith-based organization participants. In response to the limited involvement of the faith-based community CRP will be focused on integrating faith community members into future portions of the project, such as interviews. See Figure 5 for a more detailed breakdown of the organization affiliations of respondents.

Some respondents chose to classify their organization separately from the available options. Responses in the “Other” category included:

- Funder/funding agency
- Public health
- Healthcare or health education
- Ministry
- Information referral
- Arts

![Figure 5: Types of organizations represented in survey respondents (by organization classification)](image)

3 Response totals do not add up to 100% because respondents could select multiple answers.
Academics/workforce

At the stakeholder meetings there was significant discussion about academic needs in the community, but that quickly morphed into discussions on workforce needs as well. In particular, knowledge about post-high school options seemed to be lacking among Franklin County youth. In the survey, high school graduation, school attendance/truancy, and knowledge about post-high school opportunities were all rated as "highest priority" by at least 60% of the 165 total respondents. Meanwhile, standardized testing and teaching to the test was rated as "lowest priority" by 25.5% of respondents, which is interesting because that issue came up frequently at the stakeholder meetings.

When respondents were asked to select the single most important academic and workforce related topic, 40% chose high school graduation, 23.6% chose knowledge about post-high school opportunities, and 21.2% chose school attendance and truancy. As a result of these selections, CRP will make an effort in selecting focus groups and key informant interviewees to speak with people with insight into academics and, specifically, how to encourage more youth to stay in school, graduate from high school, and have a plan for post-graduation.

Social/emotional development

In social/emotional development, there was much less consensus on the number one priority issue. Mentoring and/or modeling of mature behavior received 33.3% of the vote, trauma another 21.8%, and counseling 14.6%. Culturally competent services, bullying/social media, and case management each received around 10% of the vote.

Mentoring/modeling and trauma were also rated as "highest priority" issues by over 40% of survey respondents. Though all the other social/emotional topics were also rated as important by most respondents, case management and counseling received the most neutral responses. In other words, case management and counseling did not appear to be priorities of survey respondents, at least compared to the other topics presented.

Health and wellness

Over 60% of survey respondents selected behavioral and mental health as the number one priority health and wellness issue. Sexual and reproductive health and education was the second most frequently chosen "top priority" issue, but only 13.3% of respondents rated it as such. This result also reflects discussion at the meetings regarding the lacking behavioral and mental health care available for Franklin County youth and, perhaps more importantly, the stigma associated with accessing such care.

Parent engagement and family functioning

Addressing issues affecting the parents of Franklin County youth was the number one priority to 35.8% of survey respondents. Another 31.5% of respondents believe that proactive parent engagement with school is also very important. Part of this proactive parent engagement requires a two-way exchange, where neither teachers nor parents wait until a problem arises to obtain and maintain contact.

Other topics

Some of the important topics discussed at the stakeholder meetings could not be neatly grouped into one of the four major topic areas. Transitioning to adulthood was a clear priority at both the meetings and in the survey, with 32.7% of respondents rating transitions as the highest priority topic. Access to housing and lack of financial resources, both of which are closely tied to becoming an adult, were also high priorities according to 26.1% and 23.6% of respondents respectively.

Cross tab results

Although each set of topic area responses was examined individually, they were also analyzed in accordance with the organization type of the respondent. Interestingly, there were significant associations between ratings of importance and different organization types and classifications.
For instance, respondents who were from government organizations were far more likely to rate trauma as a highest priority issue for social/emotional development than respondents from any other type of organization. Respondents from all other organization types thought that mentoring or modeling mature behavior was the priority topic. Similarly, for-profit respondents felt overwhelmingly that addressing problems in parents was the most important family functioning or parent engagement topic; other respondents were much more mixed in their responses.

Although there is no clear pattern across all categories (e.g., direct service providers do not answer differently than advocacy groups on all questions), the associations CRP found do indicate a level of bias in prioritizing needs. Since most of the future research will be qualitative in the form of focus groups and interviews, it is paramount that all partners maintain awareness that any identified priorities are likely very influenced by personal experience. However, this does not discount the previous insight into the needs of the community, nor overall priorities, it merely provides additional context to those discussions.

4.0 Community Scan

CRP conducted an in-depth community scan of local youth programming, local needs assessments, and statewide/nationwide programming. The scan integrated documents sent directly by stakeholders as well as those found through an extensive internet search.

4.1 Local Efforts in Youth Programming

Local organizations ranging from community-focused non-profits to statewide agencies work toward understanding the current needs of youth and delivering effective services and programs to address those needs. Many of these efforts involve rigorous planning, cross-organizational cooperation, and background research. This portion of the Community Scan reviews these recent local efforts to frame the current state of service delivery for youth and to use the substantial work already done to better inform this Youth Needs Assessment. The local reports included in this review are research reports, annual reports, needs assessments, risk behavior studies, and statistical analysis of relevant indicators. Overall, approaches to understanding and addressing youth needs (ages 12-24) in Ohio, and Central Ohio in particular, can be broadly understood as falling under five main categories (through which programming, funding, and expertise are channeled): the juvenile justice system, education, workplace initiatives, public health, and nonprofit outreach and programming. Local reports are presented below according to these broad categories.

Juvenile Justice System

The numbers of incarcerated youth in Ohio has dropped by around 80% since 1992 (The Pew Charitable Trusts, 2013), largely due to the success of community-based alternatives such as RECLAIM and the Juvenile Detention Alternatives Initiative. Despite this, many challenges remain. For one, former juvenile offenders need more community-based after-care and re-engagement programs that increase educational and employment opportunities. There is also significant evidence that diverting youth from the adult detention system reduces recidivism (Children’s Law Center, 2012). Youth within the juvenile justice system are in greater need of educational opportunities as well as greater access to mental health support, counselling, and trauma-informed care4 (Ohio Dept. of Youth Services, 2015).

Ohio law allows children as young as 14 to be held in adult facilities5, and children as young as 10 to be subject to criminal sanctions. And because of Ohio’s “extended juvenile court jurisdiction”, youth can potentially stay in the juvenile system until age 21. While the numbers of Ohio’s incarcerated youth have been on the decline, Ohio’s education system is failing to provide educational services to the most

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4 75%-93% of youth entering the juvenile justice system have experienced at least one traumatic event, much higher than the nationwide average of 34%.

5 Youth in adult jails are at much higher risk of assault, trauma, recidivism, and suicide. (The Pew Charitable Trusts, 2013)
needy segment of youth involved in the justice system – those who are incarcerated in adult facilities. Ohio school districts are required to provide services for youth in jails, but 68% of the 53 districts who responded to a recent survey did not provide any educational services, including GED classes, to youth in adult jails (Children’s Law Center, 2012).

Four Ohio programs stand out as particularly effective in the juvenile justice system: the Juvenile Detention Alternatives Initiative, RECLAIM Ohio, Behavioral Health/Juvenile Justice Project, and the Ohio Youth Assessment system. These programs implement models based on the following strategies:

- Collaboration between justice system components (court, probation, prosecutors, etc.) and between community organizations
- Evidence-based decision making and policies, involving data collection and utilization
- Screenings for youth to assess individual risks and needs, including mental health assessments and appropriate referrals
- Persistent attention to racial disparities
- Community-based treatment and educational and employment opportunities

Education

Ohio’s education system is facing a number of challenges and is missing key goals from pre-K to college. In particular, Columbus City Schools are failing badly, with important educational attainment benchmarks lower than the national averages (Learn4Life/Future Ready Columbus, 2013). While the issues are well recognized, as data is readily available and widely reported, there is little reported in the way of impact for many of Ohio’s youth-specific initiatives and programs. Outside of the key educational attainment targets of pre-K readiness, 3rd grade reading, 8th grade math, and high school graduation, there is a lack of consensus and funding.

In an earlier report by Community Research Partners on youth in Franklin County (Community Research Partners, 2012) six major risk factors for youth success were identified: income-related (such as food insecurity and housing instability), abuse and neglect, lack of early education opportunities, drug use among teens, school safety among teens, and delinquency. There are several local collaborative efforts aimed at addressing these obstacles, particularly within the educational arena. Efforts made by Champions of Children programs and the United Way of Central Ohio aimed to address local youth educational needs by focusing on the following key areas:

- strengthen teaching and teachers
- involve and engage parents
- connect the schools and the community
- look at the whole child and each child’s individual needs
- help students see a positive future and build their aspirations

Additionally, the Future Ready Columbus (formerly Learn4Life) program, described as a “community-wide collaborative of educators, business leaders, colleges and universities, child and family service agencies, faith-based organizations, civic leaders, charitable foundations, and public officials” works to address academic and non-academic barriers to educational success through community initiatives. Their model uses a framework based on the work of Strive Together of Cincinnati, which consists of four pillars of “community infrastructure”:

- shared community vision
- evidenced-based decision-making
- collaborative action
- investment and sustainability

Both collaborative efforts established a variety of academic targets and commitments. Despite a broad network of determined stakeholders, however, the most recent available Future Ready Columbus Annual Report (Learn4Life/Future Ready Columbus, 2013), revealed that key academic metrics such as 8th-grade math proficiency, graduation rates, and postsecondary enrollment still remain low, and in some cases
worsened, as in post-secondary degree completion rates. Future Ready Columbus stresses that to move forward, the quality of instruction must be accompanied by “an array of learner supports” beyond the traditional school boundaries, and that further collective action should occur. Examples of these supports include connecting schools with the community and looking at each child’s individual needs.

Another transformative local organization, Learning Circle Education Services, is modeled on the foundational work on early warning indicators by Robert Balfanz of Johns Hopkins University. According to Balfanz’s work, tested, replicable results show that by using certain student-level indicators, it is possible to identify when students fall “off track” and subsequent targeted interventions can correct the course. Learning Circle implements this best practice of utilizing student data to create early warning indicators. The service allows educators and service providers to monitor, assess, and intervene at a student-by-student level (Boyd, 2015).

Workforce Development
A recent evaluation of Franklin County’s employment market for youth was commissioned by The Columbus Foundation. It provided an overview of employment challenges and gaps from an employer’s perspective. Although jobs are available, Ohio youth suffer from a serious skills gap (Altstadt, Ndiaye, Sylla, & Wright, 2015). Focusing on identifying the needs of “Opportunity Youth” (young adults who are neither attending school nor working, or are at-risk) the report states that “re-engaging Opportunity Youth is mostly left up to chance in Franklin County.” While there are some successful and innovative youth employment programs to point to, they operate independently from each other rather than coordinating and potentially improving their effectiveness.

Additionally, most degree-level and training programs offered in the County are “not geared toward engaging at-risk populations or helping them overcome barriers to employment.” The report identifies several underlying barriers: childcare, unmet basic needs, weak support networks, diagnosed and undiagnosed mental health issues, and transportation. Including these barriers, community feedback also specifically highlighted disincentives to work and personal crises as major barriers, as well as the need for greater flexibility and emphasis on alternate pathways from school to the employment sector (Altstadt, Ndiaye, Sylla, & Wright, 2015).

The broadly-themed best practices identified in the report for youth workforce development are:

- **Re-engagement:** Identify youth who are disconnected from education and careers, and connect them to programs and supports.
- **Education Momentum:** Help youth reach early and frequent education milestones in addition to attaining longer term goals such as credentials/degrees.
- **Connection to Career:** Connect youth with relevant work experiences.
- **Youth Development:** Develop the leadership skills and social/emotional skills of youth to help them become engaged and productive community members.

Other communities have used the above principles to develop “Back on Track” and accelerated opportunity program models, bridge initiatives such as Year Up, and “barrier removal first” approaches. Another recent report finds that almost a quarter of students in the Columbus City School District drop out before graduating from high school, and more than 65% who enter public college require remedial learning (Columbus Education Commission, 2013). Concerns raised by the community are that there is a lack of emphasis on different pathways to success; school counselors are stretched too thin, there are few programs in the District that are linked to job readiness, and that summer employment and internship programs have fewer openings than applicants and are not monitored/evaluated to ensure that they ultimately lead to employment.

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6 Disincentives to work include low wage or dead end jobs, lack of skills, and substance abuse
The Education Commission report recommended the following academic-focused changes:

- **The creation of a Public/Private Partnership** to work with schools, including charter schools, to provide parents and families with information, and train community members to be effective educational leaders.
- **The creation of an Office of Independent Auditor**, modeled on the existing Columbus City Auditor
- Improving the performance of Columbus City Schools by replacing the "policy governance model"
- **Appoint a Director of Education in the Mayor’s Office** to support educational excellence in the community and provide support for consensus building

**Public Health**

A 2013 high school-age risk behavior survey conducted across Ohio every couple of years identified key health risk trends, highlighting possible areas for school-intervention style programming (Ohio Department of Health, 2013). Among the key risk trends were: a high number of youth are texting or emailing when driving, only 1 in 4 students were getting enough sleep, and the same number ate fast food at least 3 times per week. Twenty five percent of youth have been the subject of bullying, a figure which has remained steady since 2011. Additionally, 14% of Ohio high schoolers have seriously considered suicide. Key obstacles for at-risk youth in Franklin County include poverty, food insecurity, housing instability, abuse and neglect, and delinquency.

Medina County undertook an extensive county-wide youth needs plan composed of feedback from a broad Community Needs Assessment, a Community Health Improvement Plan, and a Youth Summit (Living Well Medina County, 2015). Results are compiled into a report detailing youth feedback, programmatic responses to the feedback, and which programs are most effective based on evidence. This process relied on the involvement and suggestions from the county’s youth themselves; many of the programs coming out of this process were developed by students.

Programs that were expanded based on assessment recommendations include:

- A partnership between United Way of Medina County and local school districts (Alternative Paths) to implement a school-based counseling program and crisis intervention.
- A partnership between the Salvation Army and Cornerstone Psychological Services offered to a local school district (WOW – Wellness of Wadsworth) to address social and mental health issues, offering wrap-around services for students and their families. Includes partnering with school counselors and establishing a crisis response team to provide support, referral, and prevention.
- A series of new programs and community events (Imagine Peace) aimed at suicide prevention, social and emotional skills development, and bullying prevention.
- A series of events and materials aimed at suicide prevention through the Medina County Coalition to Prevent Suicide
- Drug and addiction prevention programs involving peer-to-peer mentoring and professional services, organized under the County Drug Abuse Commission and funded through an anti-drug levy.

Regarding sexual and reproductive health for youth, the most recent Planned Parenthood of Greater Ohio Program Report for 2013-2014 summarized their youth programming in these areas (Planned Parenthood, 2014). Planned Parenthood helped address the need for sex education by expanding their sex education programming for youth by 35% in 2013/2014, with 15,840 attendees to outreach events and 10,622 attendees to sex education presentations. Additionally, the organization operates a Peer Education

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7 Students had identified the following themes of the most concern: peer pressure, bullying, lack of caring or trustworthy adults, social media use, depression and suicide, and a lack of outlets for youth. Program expansion reflects these concerns.
Program, which has partnered with the LGBT Center of Cleveland to offer youth training in sexual and reproductive health, reproductive health services, and LGBTQ inclusivity. In the reporting year, this program trained 25 new Peer Educators, who in turn reached 2,287 of their peers.

**Outreach & Programming**

Nonprofits in Ohio operate some long-running and successful youth outreach and engagement programs. Notable programs include Columbus Urban League’s Summer Youth Empowerment Program and Huckleberry House’s Transitional Living (TLP) and Youth Outreach Programs (YOP) which target at-risk and hard-to-reach youth (Columbus Urban League, 2013; Huckleberry House, 2014). There is collaboration across Ohio in various compacts and referral arrangements between nonprofits, schools, and youth services and there are several examples of successful outcomes, including but not limited to those detailed below. Other significant programs and initiatives in Franklin County are: Campaign for Grade Level Reading, Columbus Kids, Partnership for Success, and the Central Ohio Compact. This section, though, focuses on Columbus Urban League and Huckleberry House because they assist primarily transition-age youth through well-documented outreach strategies and are illustrative of current community techniques. Many of the outreach programs in the county have one key thing in common: a limitation in funding and capacity.

Two recent annual reports detail the programs offered by these two local organizations, but do not provide measurable outcomes. However, we can get a sense of the service and outreach landscape in the community by the scope of these programs which is outlined in the following paragraphs.

**Columbus Urban League**

*All information in this section is from the 2013 Columbus Urban League Report.*

**Academic**

- The Columbus Urban League (CUL) after school programs includes individualized after school tutoring for 40 students in grades 3 to 12 (ages 10-17 years old) throughout the school year to bring math, reading, and science abilities within or above grade level.

**Workforce & Skills/Personal Development**

- In 2012, Huntington Bank pledged $3 million for a collaborative program to help CUL energize economic growth and create jobs in the Columbus urban core.
- The CUL Workforce Development and Career Services Department focuses on career counseling and job placement, retention, and advancement.
- Their Summer Youth Empowerment Program provided work readiness training combined with short-term employment and paid internships to 340 youth and young adults between ages of 14-24.
- Launched in 2007, the African American Male Initiative (AAMI) offers coaching programs designed to help lead men and teenage males to be more self-sufficient and meet their family responsibilities. The AAMI program includes the Urban Warriors youth mentoring scheme, which in 2012-13 saw regular engagement by 41 teens with further outreach and participation touching more than 250 at-risk youth.

**AOD (alcohol and other drugs)**

- Through Project Survival 120 students were provided with in-school counseling and mentorship (youth in middle and high school) to reduce the use of alcohol, tobacco, and other drugs.
Huckleberry House

All information in this section is from the 2014 Huckleberry House report.

- Huckleberry House is Franklin County’s primary provider of shelter and services to runaway and homeless youth.
- It runs the following programs:
  - Crisis Shelter;
  - Transitional Living Program;
  - Family Support Program; and
  - Youth Outreach Program.

Crisis Shelter
Services include one-on-one counseling, family counseling, and teen group counseling aimed at strengthening family relationships and reuniting runaway and displaced youth with their families. The crisis shelter at Huckleberry House had the following positive impact in 2014:
- 545 youth crisis episodes addressed;
- 2,514 nights of emergency shelter provided; and
- 70% of Crisis Program teens returned to living with family, another relative, or a friend. The Huckleberry House Annual Report also notes an increase in youth ages 15-17 coming to the Crisis Shelter, and adjusted its programming accordingly to incorporate more independent living skills activities, such as:
  - housing plans;
  - resume writing;
  - jobs skills training;
  - safety planning; and
  - discussions about money.

Transitional Living Program (TLP)
This is an 18-month program to help up to 28 homeless youth (aged 17-21) develop essential independent living skills before moving into independent housing
- The program provides apartments as well as a program of mentoring and counseling to help youth gain knowledge on:
  - budgeting, cooking, health, and safety knowledge;
  - addressing educational, employment, and parenting goals;
  - overcoming with mental and emotional challenges; and
  - receiving assistance in securing permanent housing upon graduating from the program.
- In 2014, 59 youth received services from the Transitional Living Program, 8,986 nights of shelter were provided in TLP apartments, as well as 2,564 hours of community support and mental health, and 130 hours of group counseling.
- 27 youth graduated from the TLP in 2014 program, 100% of program graduates secured permanent housing, 10 TLP teens landed new jobs (37% of program graduates), and 11 youth obtained a high school diploma or GED (41% of program graduates).

Family Support Program
Family Support Program counsellors help teens and families identify strengths, develop coping skills, and change negative behaviors.
- The Family Support Program partnered with The Graham School to provide counseling services to teens dealing with difficult family problems and is looking at forming additional partnerships with other city schools.
- 2014 Family Support Program summary stats: 115 families received ongoing counseling with 1,619 hours of counseling provided, 119 diagnostic assessments completed, 39% of clients
reported improvement in family functioning, and 54% of clients reported a decrease in family problems.

Youth Outreach Program (YOP)
This program actively seeks out teens in difficult situations\(^8\) in order to connect them with services and support they need to address problems with family, housing, school, and employment.

- The YOP targets youth ages 12-22 and according to the report, is the “only local program to bring counselling services and support to teens on their own turf” through one-on-one, street-based counseling.
- Funding cuts reduced YOP staff by half during FY14.
- 2014 YOP summary: 4,583 youth contacts, 555 hours of youth outreach, 459 hours of street-based individual case management, 52 new individual cases opened, 66% of individual cases linked to cases to support services.

4.2 State-wide and National Scan of Best Practices and Trends

In order to understand the current body of work in youth programming, CRP conducted a broader review of best practices and trends related to youth in the 12-24 age range, with a particular focus on the work of CLASP, and programs related to the TANF Peer Network and Governor Kasich’s case management pilot program due to previous knowledge of the funding partners regarding those programs. Additionally, the review produced notable best practice examples from organizations across the country that serve at-risk or low-income youth. A summary of the results of the review are presented below. There was, however, very little information available on the results of the TANF Peer Network, which is a notable gap in the community scan.

CLASP
CLASP is a long-standing Washington DC-based advocacy group that delivers policy solutions focused on meeting the needs of low-income people. In the context of this needs assessment, CLASP’s extensive research into effective youth workforce preparation and collaboration between youth service providers can lend insight into how to build effective models here in Franklin County. CLASP has investigated what elements make up a successful “comprehensive youth employment delivery system” which is described as a system that “pulls together the resources and funding streams - public, private, and foundation – in a strategic way and draws on the strength of public systems and community providers to create supported pathways that provide youth with the education, skills, and access to good jobs and successful careers” (Hastings, Tsoi-a-fatt, & Harris, 2010).

CLASP’s case study research into these employment systems reveals that, for low-income communities especially, the “solution lies beyond a group of independently operated programs each doing its own thing for youth. If the landscape of education and labor market outcomes is to be substantially altered for youth who are disconnected or at high risk, all of a community’s sectors, systems, and resources must come together in a more strategic way...” (Hastings, Tsoi-a-fatt, & Harris, 2010).

These systems must include the following:
- A broad range of options
- A considerable depth in support services
- The nimbleness and flexibility to connect youth to the most appropriate set of services

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\(^8\)The Huckleberry House Annual Report notes that outreach workers frequent places where teenagers hang out, including schools, community centers, and shopping centers.
Common elements of successful youth employment delivery systems are:

I. A strong convening entity to amass stakeholders, shape a community vision, maximize resource sharing, and hold systems accountable to that vision.

II. An effective administrative agent to work in partnership with the education system, other youth systems, and community providers to assure that the vision of the convening entity is effectively implemented.

III. A well-trained case management arm which is responsible for engaging youth by identifying and meeting needs in the areas of education, employment, basic skills, and wrap-around supports.

IV. Strong partnerships across systems that serve youth, such as education, juvenile justice and child welfare systems, to share resources and provide additional support to very vulnerable youth.

V. High quality work experience and career exposure components which provide hands on exposure to the work place, instill appropriate work behaviors and ethics, and allow for exploration of various occupations and career options.

At-risk youth tend to have contacts with multiple institutions and systems, including educational, child welfare, and juvenile justice. Because of this, effective collaboration across systems is vital; impactful collaboration “must address turf, share resources, and acquire trust” (Hastings, Tsoi-a-fatt, & Harris, 2010).

Key practices for collaborations across educational systems are:
- Work together to identify struggling and disconnected youth for services
- Provide the rigorous educational grounding that is complemented with relevant work experiences
- Give students access to multiple options for educational completion
- Re-engage youth who have dropped out of school through using school-work models which allow them to work while also completing their educational credentials
- Create partnerships between high schools, work programs, and community colleges to create comprehensive concurrent enrollment programs which also provide work experience
- Utilize competency-based measures to document mastery of skills required for graduation and labor market success

Model juvenile justice collaborative programs include:
- A focus on reintegration needs from the beginning of placement based on a single probation-driven plan
- A thorough assessment of the young person’s social-emotional, academic, and workforce needs
- Clear and on-going communication with the court about reintegration plans
- A dedicated staff person who works closely with probation, coordinates communication among all partners involved during and post-placement, and provides case management
- Family involvement, support, and access to community resources
- A supported transition from placement into a program that provides academic support, connections to appropriate education options, workforce preparation and experience, and subsidized or unsubsidized employment

Model youth welfare collaborative programs include:
- Educational services: basic skills instruction, GED or alternative secondary educational services, contextualized learning opportunities, and educational supports
- Work readiness training: on-going work readiness through a sequenced continuum of options, soft skills instruction, and individual coaching and support
- Work preparation and work-based opportunities: internships, work experiences, job shadowing and community service
- Youth development services: mentoring, life skills, independent living skills, physical and mental-health related services, financial literacy, computer literacy, healthy decision-making, and conflict management
To integrate workforce preparation into the above practices, CLASP recommends that employers stay engaged in the youth workforce delivery system. This engagement includes the following:

- Participate in the customizing of training content and assist teachers with contextual, hands-on learning
- Mentoring and coaching at the workplace, or e-mentoring
- Employer involvement in delivery of workshops and training
- Employers opening up workplace for exploration, internships, on-the-job-training, work experience
- Establishing workplace and occupational competencies and methods for documenting them
- Providing exposure for teachers to the business/industry sectors
- Providing access to full-time and part-time jobs
- Serving on Employer Advisory groups and serving as champions
- Assuring the quality of graduates and assuring their hire in the sector

Comprehensive Case Management and Employment Program

There is also a recent trend towards service coordination in workforce and case management. Although not yet a best practice (the program was launched July 1, 2016), the Comprehensive Case Management and Employment Program has the potential to guide best practices and emerging research going forward.

Governor Kasich established the Office of Human Services Innovation in August of 2014 to better coordinate and align existing programs and services that are designed to address poverty in the state. Using the foundational work done by the Governor’s Offices of Health and Workforce Transformation, this Office is tasked with implementing the following three objectives: 1) to create an individualized approach to case management, 2) to remove barriers to employment, and 3) to simplify and automate enrollment (Office of Human Services Innovation, 2015). Focusing on the case management objective, per the scope of this project, this review found no published results from the Office, or of the case management program to date. However, the work already conducted by the Offices of Health and Workforce Transformation helped establish the guiding strategies and goals for the program.

One of the program’s strategies is to combine TANF (Temporary Assistance for Needy Families) funds with WIOA (Workforce Innovation and Opportunity Act of 2014) funds to create a comprehensive case management and employment program to serve low-income people. County commissioners are then tasked with appointing a lead agency to administer the dollars effectively. For teens and young adults, this means integrating TANF Summer Youth programs and WIOA Youth programs into the same comprehensive system.

The Office of Human Services Innovation is to create the comprehensive case management and employment system, which includes an individualized assessment of employment and training needs for each participant in the TANF and WIOA youth programs. The assessment will determine which of the following plans are most appropriate for the participant: individualized employment plan, provision of services and benefits in support of the employment plan, support for educational attainment of a high school diploma or equivalence if needed, job placement, or job retention support.

Other Programs

A review of other youth programs nation-wide revealed several high-impact organizations that are well-regarded by philanthropy professionals and experts in the provision of social services. The impactful nonprofit organizations profiled in Appendix C address three categories of youth needs: academic achievement, workforce development, and health, all targeted toward at-risk or low-income youth. These

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9 Documentation indicates that the program would begin receiving funding in SFY 2017.
organizations are presented in greater detail in Appendix C with a summary of their impact and organizational strengths.

5.0 Key Findings to Guide Needs Assessment

Stakeholders are integral to the needs assessment process.
Both adult stakeholders and youth in Franklin County provide valuable insight into the needs and realities of people age 12-24. Experts in the field who work with young people every day can offer their years of experience and their knowledge about navigating the adult world. Young people, on the other hand, can help CRP understand what will and will not work from a practical perspective. If something is well-supported on a theoretical level, but not interesting to young people, that program or initiative will fail. In recognition of this concern, the partners plan to conduct a survey of youth, focus groups with young people, and key informant interviews with adults that will further color results from this background research.

Qualitative research should focus on academic/workforce issues and access to health care.
In reviewing the survey results and meeting notes it became clear that a primary need, at least from the perspective of adults, is a plan for post-high school and access to health care assistance. Specifically, CRP will use this information to find out why youth do not access available services related to academics/workforce and health care. The ability to make a living after high school, either due to career training or additional schooling, is vitally important; so is accessing necessary mental and physical health care. Understanding why youth do not, for instance, often enroll in career training, can help shape the needs assessment.

Bias will be apparent in all results, and needs to be assessed accordingly.
All people are biased towards their own opinions and experiences, but this is particularly important to keep in mind in a needs assessment that incorporates such a wide range of opinions. For instance, a non-profit that works primarily with trauma victims will have a clear focus on trauma, whereas a young person in the foster system may be focused mainly on that life experience. As a result, the upcoming quantitative-based demographic profile will be incredibly important as it serves to validate the results of the qualitative research.

Resources are not enough.
The community scan revealed a plethora of resources for young people in Franklin County. However, there are still youth in the community who need resources and are not accessing them. There is a two-fold issue at play: 1) knowledge about existing resources, and 2) access to resources. It can be hard to reach transition age youth, particularly after they leave school, which can make information dissemination difficult. However, even if youth do know about programs they may be reluctant to access those resources due to stigma or embarrassment; they may also lack practical access, such as lack of transportation. This information can inform the interviews, focus groups, and youth survey where CRP has the ability to ask why existing resources are not sufficient and how that can be improved.
Works Cited


Interim Report Appendix A: Stakeholder Meeting Notes

About the notes

The following notes summarize discussions held at Franklin County Children’s Services (FCCS) and Franklin County Department of Job and Family Services (FCDJFS) on July 24 and July 31, 2015, respectively. Over 115 stakeholders attended the two meetings where they discussed the priority issues for Franklin County youth age 12-24 (see appendix for a list of represented organizations). Specifically, stakeholders were asked to discuss the main issues affecting youth in four main areas: academics/workforce; social/emotional development; health and wellness; and family functioning/parent engagement.

These notes are intended only to be records of the discussion at the two stakeholder meetings and may not be indicative of the opinions or priorities of the partners involved in the needs assessment (FCCS, FCDJFS, UWCO and CRP). Rather, the notes will serve as an important starting point for the project and will be analyzed in conjunction with other qualitative and quantitative resources.

Priority Issues identified, by age group

**Topic areas:** Academics, social/emotional development (S/E)

**12-13 years old:**

**Testing and standardized curricula**

- The switch to Common Core resulted in losing school-based discussion around S/E topics, because of the focus on testing and performance.
- Common Core also doesn’t address early gaps in academic development because of lack of personalized /alternative track curriculum
  - In general, standardized testing can create a conflict
- Teachers can’t address social/emotional issues well or use flexibility because they need to meet the state testing requirements
- There is a lack of attention placed on identifying students by their individual needs
- “Teaching to the test” results in poor self-management skill development

**Scholastic transition**

- There isn’t enough time allotted to transition-building – this is the age when children start entering high school and the change from middle school to high school is significant
- Lack of awareness of middle and high school expectations. Current HS students not aware of HS requirements. Should we have mandatory meetings with counselors before starting high school?

**Mentorship and engagement**

- Not enough parent engagement
- Insufficient focus on the students’ external environment
- Lack of enjoyment in learning
- Lack of champions or mentors
- Distrust of education system within the home
- Few appropriate models of maturity

**Evidence-based models:**

- Presidential Took Kit
Asset development focus
Identify transitional needs
United Way of Greater Atlanta PACE model

14-17 years old:

Transitional age

- This age band includes siblings who must take on parenting role, and also teen parents who must take on a parenting role – can create issues in many different areas
- With this age group, by the time supportive services are delivered, it is sometimes too late and the kids have already hit rock bottom (need to reach them before age 14)
- Not enough awareness about alternative career pathways

Cultural competency

- Hostility toward Hispanic/Latino youth and families
- Language barriers can be a big issue, especially in refugee communities
- “stratification of data” is an issue: groups are placed into buckets by race/ethnicity and other census-based groups (including geographic level) which can hide important information (due to problem of population or ecological data)

Need for support in schools beyond academic

- Teachers aren’t trained in social work, but there is a significant need for social work training
- Need for support of non-traditional learners (speaks to issue with standardized tests and teaching)
- Over-medication of youth in this group (especially boys)
- Mental health is often not treated sufficiently; there is a need for non-traditional activities and service delivery
  - Particularly with certain populations (English Language Learners (ELL) / religious groups / LGBTQ)
- There is also a general lack of mental health care, sometimes stemming from damaging stereotypes around mental health
- Trauma in childhood, which has a significant overlap with lower academic performance
- Lack of support for struggling students – labels follow them throughout life
- Lack of safety at school and home – community relationships with police
- Lack of arts education / children engaged in arts
- Bullying via technology
- Lack of healthy decision making skills
- Lack of mentorships/consistent adult relationships

School attendance

- Tends to be the age group where dropping out of school occurs – both symptomatic of other issues and causes other issues
- Attendance is major issue – could make huge strides in this age group if everyone came to school every day
- Student mobility – too many moves between schools disrupts learning
• Big interrelation between Academic & S/E: attendance is related to S/E health; so, attendance issues are often found in conjunction with S/E issues

Poverty / basic needs
• Poverty and all of its facets – large, overarching issue affecting FC youth
  o Hierarchy of needs – basic needs need to be met before other needs can be addressed, and for many of Franklin County’s youth their basic needs are not consistently met
• Families have fear of the State with respect to children’s services, other agencies
• Alcohol and other drug (AOD) issues not taken seriously by kids or by parents
• Basic needs/mental health/behavioral health
• Trauma
• Lack of awareness of resources
• Lack of access to sufficient transportation and childcare

Evidence-based models:
• Trauma-informed care
• Building resources
• Cultural competency/addressing bullying
• Synchronized data informed policy
• More Than My Brother’s Keeper (MTMBK)
• Ask the kids themselves what they need (through focus groups, summits, etc.)
• Increase trauma-informed care
• Increase service coordination
• Build on individuals’ strengths instead of their weaknesses

18-24 years old:
Specific challenges of transitioning to adulthood at age 18
• Hard to reach this group because of...
  o Aging out of foster care
  o Independence
  o Instability
  o No longer in school all day most months of the year, etc.
• Many are coming out of military, which brings along its associated issues
• Barriers and gaps from earlier ages carries into this group and drives their particular challenges
• Lack of summer programming
• Lack of engagement with the community, especially the reentry population
• Transportation is a significant issue
• Mental health and basic needs are not being met adequately – can have ripple effects
• Housing instability/homelessness
• Lack of life skills (education and training, social emotional skills)

Family relationships
• Insufficiently address family culture and family trauma
• Parents can’t always guide/mentor this group if they themselves encountered challenges or had bad experiences

Need to know academic and workforce/training options
• Not enough respect for differing academic development paths
  o Other options besides 4-year college degrees (technical, vocational training – but even those can be expensive sometimes)
• Lack of awareness of opportunities beyond 4-year college (educational, vocational, workforce)
• Lack of knowledge of processes to engage services (academic, workforce)

Cultural competency
• Insufficient safe sex/reproductive health education, insufficient use of programs designed to decrease infant mortality rates (e.g., in-home post-natal follow up visits)
• Racial categorizations may not capture the whole picture
  o Cambodians are called Asian/Pacific Islander, but their HS dropout rate is much higher than others so they are overlooked by the community
  o Similar issue with Africans and African Americans being looped together
• There are more options to address the above issues within a culturally competent model

Evidence-based models:
• One-on-one mentorship programs
• Cincinnati Lighthouse Youth Services
• Buckeye Ranch
• Huckleberry House
• Parenting classes and academic navigation especially for immigrant and refugee population
• Loyola University: Employment HOPE scale
• Focus on family stability
• Direct Housing model
• Trauma informed care
• Specialty courts, case management
• Summer works program
• Legislation changing the definition of the age group

Priority overarching topics of all those discussed
• Attendance, keeping young people enrolled in school
• Feeling safe in school (bullying, lack of safe spaces, violence)
• Mentoring and case management
• Intergenerational approach / two-generation strategy is a necessity
• No one answer, one program, one player – need to address youth through systems because the issues themselves are systemic/institutional

Priority Issues identified, by age group

Topic areas: Health & Wellness, Family Function/Parent Engagement

12-13 years old:
Proactive parent engagement
• Schools don’t tend to engage with parents in a positive way – generally only interact with parents when something goes wrong
• Lack of flexibility with parents’ schedules (may need to schedule meetings or conferences before or after regular school hours)
• Lack of opportunities for continuing education for parents/families in same building as school
• Lack of communication tailored to family situation

Transitional age
• This age group has fewer targeted programs/grants/opportunities because neither “early childhood education” nor “workforce development” – creates funding and programming void
• Parents start to give more independence to this group, leading to potential for problems
• 6th grade cannot participate in organized school sports yet in CCS – there is a gap between having Physical Education classes and being able to participate in team sports

Emotional, mental, and physical health
• Early trauma leads to negative health impacts
• Preventative care drops off at 6th grade within families because not perceived as a young child anymore – can cause health issues
• Insufficient food preparation education
• Lack of medical transportation
• Insufficient vaccinations and dental care
• Lack of healthy living environment
• Lack of knowledge of prescribed medications
• Lack of (healthy) food access (sometimes food access, period)
• Lack of nutritional programs
• Lack of sexual health knowledge
• Community violence -> leads to stress and poor health
• Lack of transportation to and from providers

Evidence-based models:
• “Diplomas Now” partnership -> comprehensive case management & intervention
• Children’s Hospital vans
• Pharmacy training
• Food Matters [a program of Local Matters]
• Targeted allocation of resources

14-17 years old:
Emotional, mental, and physical health
• Costly to eat healthy – healthy food access in general is a big issue (food deserts, expense, transportation, knowledge about how to cook certain types of food)
• Insufficient physical activity
• Medicaid limitations are a problem
• Insufficient culturally inclusive sexual health ed/awareness/services
• Lack of education on healthful options
• Cultural barriers to certain food types that are provided by services – i.e., if offering free pork products to group that doesn’t eat pork
• Mental health, alcohol and other drugs (AOD), depression, sexual transmitted illnesses (STIs)
• Food deserts – can create food access issue
Access to services (individual and family)

- Bias against men/young men within services
- People don’t spend enough time asking families what they need (ideally would avoid prescriptive solutions, approaches)
- Limited definition of family that doesn’t apply to many youth in Franklin County
- Not enough services for adoptive families
- Health is not always considered a priority within families because of more pressing needs
- Underutilization of YMCA, rec centers, etc.
- Services not being accommodating to parents’ needs, schedules
- Parents’ mental health can be a big issue. Often a parent with mental health challenges will not address it because children’s needs are priority
- Missteps in services have resulted in distrust, poor communication with service professionals
- Poor customer service from agencies
- Lack of engagement with youth who may have deported or undocumented families or parents or incarcerated families or parents
- Few resources for kids

Cultural competency

- Not enough user-friendly language/forms
- Families are overwhelmed by trying to access services
- Language barriers add additional burden to accessing services

Community factors

- Not enough efforts to break generational cycles of poverty
- Community violence
- Lack of sexual health funds, legislation, and resources

Evidence-based models:

- Maryhaven
- Cognitive Behavioral Therapy
- “Multi-systemic therapy”
- Multidimensional family therapy
- More parent engagement
- Functional family therapy
- Integrated care
- Wellness walks
- Food justice, environmental justice
- Noted LACK of best practices in parent engagement
- Community cultural celebrations
- Full service schools
- Walk with a Doc (at Children’s)
- One stop shop hub models
- Train the Trainer
- Mindfulness projects
- Two generation approach
- Progressive sexual health education and programs
18-24 years old:

Parenting
- Family functioning/parental engagement hasn’t been flexible enough to meet current needs: should rethink “family” model
- Lack of effective parenting classes
- Lack of supervised visitation & safe exchange
- Bad relationships, both within and outside of family

Emotional, mental, and physical health
- Substance abuse (especially prescription drug abuse)
- Sex education is insufficient
- Access to care is an issue, especially mental health (due to wait lists *and* cultural barriers)
- Alcohol and other drugs (AOD) addiction can become extremely problematic in this age group
- Not enough knowledge about food preparation
- Not having a primary physician
- Lack of culturally competent providers

Stress and basic needs
- Poverty leads to stress which leads to other health impacts
- Lack of access to housing
- Lack of access to transportation
- Not quite ready for adulthood leads to overall distress
- Need to meet basic needs
- Feelings of inadequacy, incompetency, and high stress can lead to substance abuse
- Basic needs are not always met, and functioning comes after survival concerns – hierarchy of needs
- Violence in communities
- Homelessness big issue among youth

Need for adult role models
- Lack of coaching/mentoring
- Chronic stress
- Little knowledge about health systems
- Health illiteracy
- 18 is not always appropriate age to leave home or to enter adulthood
- Red tape involved in accessing and utilizing services
- Navigating public systems – large barrier to access

Evidence-based models:
- Peer intervention
- Geographically-targeted approach to service provision & resource allocation
- Preventative approach
- Integration of services
- Nutritional education
- ID “hot spots” – gather data
- Office of Mental Health? [within Public Health?]
• Parenting classes [variety of programs]

Priority overarching topics of all those discussed
• Hierarchy of needs
• Schools tend to be thought of as the hub of meeting needs, but it needs to be addressed through partnerships
• Sex ed should be brought to the forefront
• Bullying and cyber bullying
• Community violence – is it even talked about by responsible groups and not just tv?

Other key topics and issues mentioned:
• Human trafficking / forced labor
• Kids in homeless camps
• Emerging practice: creating healthy communities, holistic approach. Mt Carmel and others are doing it. Insurance companies look at ZIP code level indicators.
• Sexual health should not be hetero-normative, cis-gender normative
• Domestic violence
• Make current systems more adaptive, implement small changes to make big difference, changing an org’s approach slightly can make an impact
• Resist “adultism” – invite young people to lead (FreeChild.org)
• There are so many programs, but so little awareness that they exist – need to make sure our resources are available, perhaps engage more with schools

Next steps
Community Research Partners is working with FCCS, FCDJFS, and UWCO (United Way of Central Ohio) to continue assessing the needs of Franklin County youth as well as the existing resources and services that can meet those needs.

Over the next several months the research team will conduct:
• A survey of community partners designed to further prioritize key issues
• A detailed quantitative analysis looking at demographic and sociological trends in Franklin County youth
• Several focus groups with a mixture of youth and adults who work with youth
• A community scan to see other similar efforts in the community to ensure that this project does not duplicate prior efforts
• A survey of youth in Franklin County
• Key informant interviews to discuss the results of the focus groups and youth surveys and identify gaps

This project will culminate in a final report with infographics highlighting the priority needs and services identified in Franklin County for youth age 12-24.
Interim Report Appendix B: Stakeholder Survey

Franklin County Youth Needs Assessment - Partner Survey Sept 2015

1) Did you attend either of the two stakeholder meetings held on 7/24/2015 and 7/31/2015?
( ) Yes, I attended the meeting on July 24th at FCCS.
( ) Yes, I attended the meeting on July 31st at FCDJFS.
( ) Yes, I attended both meetings.
( ) No, I did not attend either meeting.

2) What age groups are you most frequently involved with? Select all that apply.
[ ] 12-13 years old
[ ] 14-17 years old
[ ] 18-24 years old
[ ] Other - please specify: __________________________

3) What type of organization do you work for? Select all that apply.
[ ] Non-profit
[ ] For-profit
[ ] Faith-based
[ ] Education-based
[ ] Government
[ ] Other - please specify: __________________________

4) How would you classify your organization? Select all that apply.
[ ] Direct service provider
[ ] Advocacy group
[ ] Community action agency
[ ] Educational institution
[ ] Philanthropy organization
[ ] Research institution
[ ] Other - please specify: __________________________
5) Academics / workforce

Please indicate where each of the following topics falls on a scale from lowest priority to highest priority.

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<td>High school graduation</td>
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<td>Violence in schools</td>
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<td>Standardized testing and teaching to the test</td>
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<td>Knowledge about post-high school opportunities (college, certifications, jobs)</td>
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6) Comments?
School attendance / truancy: _________________________________________________
High school graduation: _________________________________________________
Violence in schools: _________________________________________________
Standardized testing and teaching to the test: _________________________________________________
Knowledge about post-high school opportunities (college, certifications, jobs): _________________________________________________
7) Social/emotional development

Please indicate where each of the following topics falls on a scale from lowest priority to highest priority.

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<td>Bullying / social media</td>
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<td>Mentoring and/or modeling of mature behavior</td>
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<td>Case management</td>
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<td>Trauma</td>
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<td>Culturally competent services</td>
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8) Comments?
Bullying / social media: _________________________________________________
Mentoring and/or modeling of mature behavior: ______________________________
Case management: _______________________________________________________
Counseling: ____________________________________________________________
Trauma: ________________________________________________________________
Culturally competent services: ___________________________________________
9) Health and wellness

Please indicate where each of the following topics falls on a scale from lowest priority to highest priority.

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<td>Behavioral and mental health</td>
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<td>Sexual and reproductive health and education</td>
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<td>Substance abuse and addiction education and services</td>
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<td>Physical activity and exercise</td>
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<td>Access to and knowledge about healthy food/nutrition</td>
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<td>Access to health services</td>
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10) Comments?

Behavioral and mental health: ___________________________________________________

Sexual and reproductive health and education: _________________________________________

Substance abuse and addiction education and services: ___________________________________

Physical activity and exercise: ____________________________________________________

Access to and knowledge about healthy food/nutrition: ________________________________

Access to health services: _________________________________________________________
11) Family functioning/parent engagement

Please indicate where each of the following topics falls on a scale from lowest priority to highest priority.

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<td>Intergenerational approach or two-generation strategy</td>
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<td>Proactive parent engagement with schools</td>
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<td>Flexibility with parent schedules and individual needs, particularly in schools</td>
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<td>Addressing any academic/workforce, social emotional, or health and wellness issues in the parents</td>
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<td>Promoting better knowledge of available family resources</td>
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12) Comments?

Intergenerational approach or two-generation strategy:
_________________________________________________

Proactive parent engagement with schools: _________________________________________________

Flexibility with parent schedules and individual needs, particularly in schools:
_________________________________________________

Addressing any academic/workforce, social emotional, or health and wellness issues in the parents:
_________________________________________________

Promoting better knowledge of available family resources:
_________________________________________________
13) Other

Please indicate where each of the following topics falls on a scale from lowest priority to highest priority.

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<th>Topic</th>
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<td>Youth homelessness and runaways</td>
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<td>Access to housing (immediate, transitional, long-term)</td>
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<td>Access to transportation</td>
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<td>Lack of financial resources</td>
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<td>Transitioning to adulthood</td>
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14) Comments?

Youth homelessness and runaways: ________________________________________________

Access to housing (immediate, transitional, long-term):

_________________________________________________

Access to transportation: ______________________________________________________

Lack of financial resources: _________________________________

Transitioning to adulthood: _________________________________________________

15) Of all the below academic and workforce-related topics, which is the most important?

( ) School attendance / truancy

( ) High school graduation

( ) Violence in schools

( ) Standardized testing and teaching to the test

( ) Knowledge about post-high school opportunities (college, certifications, jobs)
16) Of all the below social/emotional-related topics, which is the most important?
( ) Bullying / social media
( ) Mentoring and/or modeling of mature behavior
( ) Case management
( ) Counseling
( ) Trauma
( ) Culturally competent services

17) Of all the below health and wellness-related topics, which is the most important?
( ) Behavioral and mental health
( ) Sexual and reproductive health and education
( ) Substance abuse and addiction education and services
( ) Physical activity and exercise
( ) Access to and knowledge about healthy food/nutrition
( ) Access to health services

18) Of all of the below family functioning /parent engagement-related topics, which is the most important?
( ) Intergenerational approach or two-generation strategy
( ) Proactive parent engagement with schools
( ) Flexibility with parent schedules and individual needs, particularly in schools
( ) Addressing any academic/workforce, social emotional, or health and wellness issues in the parents
( ) Promoting better knowledge of available family resources

19) Of all of the below additional topics, which is the most important?
( ) Youth homelessness and runaways
( ) Access to housing (immediate, transitional, long-term)
( ) Access to transportation
( ) Lack of financial resources
( ) Transitioning to adulthood

Thank You!
Appendix C: Nationwide Community Scan

An example of: Experiential learning and targeted academic support

BUILD (Businesses United in Investing Lending and Development)

BUILD targets poorly performing high school youth in under-resourced communities and aims to better equip them for high school, college, and career success. Partnering with over 20 schools in five cities, it uses a business management and microenterprise-based model in combination with mentoring and targeted academic tutoring to achieve high rates of measurable success, which include significantly improved written and oral aptitude test scores. Of program participants, 98% of students graduated from high school, 98% were accepted to college; additionally, participants have incubated over 750 youth businesses over its 15-year history. The majority of participants are the first in their families to pursue higher education. Feedback from foundation professionals and senior staff from other community nonprofits suggests that the skills gained in BUILD’s entrepreneurship model are readily transferable and have a lasting impact.

Program details

In order for the model to work, participating schools must engage in significant cooperation with BUILD programming. The first year of programming (high school freshman) is teacher-taught, in school, and offered for credit as a normal class. The second year is a teacher-facilitated after school program, and the final two years are BUILD-facilitated after school programs.

Currently, the cost per student is relatively high, at $2,400 per student. The organization is considering incorporating a fee-for-service structure rather than relying solely on annual fundraising, in order to lower the cost per student and expand the program to more cities. However, they will need to be cautious about not increasing the out-of-pocket cost for participants.

An example of: Service learning and long-term student commitment

Summer Search

Summer Search is a youth development and college access program that engages with low income, at-risk teens using a combination of intense, structured summer experiences abroad, community service, and counseling. The program works with students for 7 years, starting when a student finishes sophomore year in high school and ending upon college graduation. The first summer involves a personal-development focused wilderness expedition abroad and the second summer could include another wilderness expedition, community service in the US or abroad, or experience at a college campus. Year 3 (senior year) focuses on college counseling to prepare students for the academic, emotion, and financial challenges of college, and the following years in college include support and mentoring to assist in the difficult transition for first generation college students. Involvement in the program continues through an active alumni network.

According to foundation professionals, 99% of participating youth graduate high school, 93% attend college, and 72% earn a 4-year degree compared to 11% of their peers. An independent study funded by the Gates Foundation found that 89% of participants were college-ready after the first year, compared to 64% from the control group. Program details

Currently working in 7 cities, Summer Search is very selective with its recruiting, choosing to engage with high-potential yet at-risk students. The program targets students that have demonstrated character strengths of resilience, altruism, and determination.
Feedback from outside professionals indicates that Summer Search’s organizational strengths lie in its impact evaluation system, strong leadership, replicable model, and corporate and alumni fundraising. The organization is also perceived to partner well with other organizations, further ensuring its replicability across different communities.

An example of: **Effective youth advocacy**

**Coalition for Juvenile Justice (CJJ)**

CJJ is composed of experts spanning the juvenile justice system, including judicial leaders, practitioners, service providers, policymakers and advocates. The Coalition runs a program called the Safety, Opportunity, and Success (SOS) Project, focused on guiding states’ policies and practices regarding non-delinquent youth offenders,\(^{10}\) with the aim of diverting these youth from court involvement, eliminating the use of detention, and supporting effective family-connected and community-based continuums of service.

Evidence from researchers and nonprofits suggests that CJJ and the SOS program are effective in building state-wide collaborative capacity where it is lacking in the area of juvenile justice reform. The Coalition has successfully assisted governmental partners to improve practices and uphold high standards of care.

*Program details*

Organizational strengths include very strong leadership and dedicated staff, who are adept at bringing together disparate but necessary stakeholders. Using their inclusive approach, they focus on collaboration and education of stakeholders, and ensuring that they have the tools, information, and capacity needed to implement reform. This model has enabled the formation of new organizations that are able to carry on the work, creating a catalytic impact.

An example of: **Skill development for young adults**

**Year Up**

Year Up focuses on urban 18-24 year olds of low to moderate income who are motivated to learn technical and professional skills, connecting them with their vast network of corporate partners, and helping place them on a path to higher education. Using a dual-strategy approach, Year Up works to provide direct training to participants, while also working with employers and policy makers to broaden their hiring practices and public policies to be inclusive of urban young adults.

The organization is well-regarded by professionals within foundations and nonprofits, according to the nonprofit ranking site Philanthropedia. It maintains a 77% graduation rate and a 35% internship-to-hire rate, with an average starting wage of $16.00 per hour. Expert feedback claims that the program is highly effective, with graduates who are more employable than their peers, and that the impact is spread to participants’ families by way of breaking through of the poverty barrier.

*Program details*

Year Up is a year-long program for 18-24 year olds with a high school degree or GED and is currently active in 14 cities. It provides hands-on skill development, college credits, corporate internships including a

\(^{10}\) Non-delinquent youth include status offenders – youth whose offense, such as truancy, curfew violation, or underage possession or consumption of alcohol, is due to their status as a minor.
stipend, and support. Classes cover a variety of technical, professional, and communication skills. Participants must be available Monday through Friday for the full year of the program.

The program is sustainable because the corporate partners invest in the training. This creates a well-trained, employable workforce for the partners, covers the costs of the training components for Year Up, and creates career pathways for the participants. The organization also demonstrates a commitment to regular and transparent evaluation and benchmarking.

**An example of: Innovation using technology to engage youth**

**Youth+Tech+Health, or YTH (formerly Internet Sexuality Information Services, Inc.)**

This organization joins issues surrounding youth health and safety with technology in order to better disseminate information to youth and allowing them to make needed connections to service providers and other youth. YTH’s two major components are: 1) supporting the development of innovative new apps, messaging services, websites, and other forms of digital media, and 2) hosting an annual national conference bringing together educators, tech and health professionals, academics, and policy makers.

With a focus on youth health and wellness, the conference has fostered collaborations among youth advocates, produced impactful projects, and educated thousands of advocates in current issues in youth advocacy.

The digital services it has helped develop and support include:

- **StreetConnect**: A mobile app that assists unstably housed young people to locate, access, and rate services and resources. The prototype was evaluated and refined by youth who are not in stable housing themselves.
- **Unete Latina**: A messaging service connecting Latina women to legal, medical, and domestic violence resources that accept la matricula (Mexican ID). 1,000 women signed up in the first 3 months, and 3% accessed in-person services referred to them over the span of a two week period, which seems like a fairly low rate.
- **Today is for Tomorrow**: A Tumblr page aimed at high school-age minorities, combining pop culture and healthy living, including unplanned pregnancy prevention, job seeking tips, and mental health advice.
- **Oregon Reminders**: A health program that provides a secure way for people to set their own health reminders.
- **Just/Us**: An HIV prevention study using Facebook and Twitter, targeting ethnic minority young adults.
- **Circle of 6**: A mobile app to prevent dating violence and sexual assaults among young adults. It connects users threatened with sexual assault and relationship abuse to a network of trusted friends, using GPS technology, emergency hotlines, and community support. In 2012, there were 7,000 downloads in the first week of launch.
- **SexINFO**: A sexual health text messaging system for youth.
Resource Matrix

Methodology and Gap Analysis

March 2015

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CRP is a non-profit research, evaluation, and data center based in Columbus, Ohio, with a mission to strengthen communities through data, information, and knowledge. CRP is a partnership of the City of Columbus, United Way of Central Ohio, The Ohio State University, and the Franklin County Commissioners. CRP is also central Ohio’s data intermediary, and a partner in the Urban Institute’s National Neighborhood Indicators Partnership. Since its inception, CRP has undertaken hundreds of projects in central Ohio, statewide, and across the country.
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1.0 Background and Methodology

1.1 Project Description

Franklin County Department of Jobs and Family Services (FCDJFS) asked Community Research Partners (CRP) to create a resource matrix to identify resources and gaps related to eleven core program elements. The program elements were derived from the Workforce Innovation and Opportunity Act (WOIA) required youth program elements.

The core research questions guiding the program search were:

- What youth programs are available in Franklin County for youth aged 12 to 24?
- Which youth service “elements” do current programs address?
- Which populations are targeted?
- How are the programs funded?

Deliverables for the project include a matrix of youth programs as they align with the 11 target elements and a gap analysis of current programming that serves Franklin County youth.

1.2 Methodology

The WIOA Youth Program Elements were modified slightly to (a) include an element that focused on youth offenders and (b) remove elements that FCDJFS covers in its direct service delivery. From the initial WIOA element definitions¹ a list of key words to help search for programs was developed (see Appendix A). A resource matrix was then set up to collect the program-specific information. Data fields in the matrix included a number of categories that capture the who, where, what, when and how of youth program delivery in Franklin County. The final matrix (see Appendix B) organizes programs by element.

The scope of some programs was often broader than one core program element. Therefore, the option for secondary and tertiary elements was included in the matrix for programs with a wider scope. In order to aggregate programs by element, programs were collated by their “primary” element. The primary element was determined by CRP staff as the element that best defined the majority scope of the program, based on WIOA element definitions. A preliminary list of target audiences were developed for the program search, and expanded as more programs were identified.

¹ As defined in UMass Boston article on WIOA Youth Services: http://www.pacer.org/transition/learning-center/employment/pdf/hoff-wioa-youth-overview.pdf
2.0 Key Findings

2.1 Programs by Element

A total of 292 youth programs were identified as available to Franklin County youth. It is possible that more youth programs exist in Franklin County, but if so they do not have a web presence and are not included among the resource lists reviewed. *Figure 1* shows an overall breakdown of youth programs collated in the Resource Matrix.

*Figure 1: Number of programs by primary element*

The overall “primary element” totals (columns in blue) reveal the following:

- The elements with the highest number of programs (more than 30) were: counseling, work experience, tutoring, leadership and mentoring (*Elements 7, 3, 1, 6 and 5*)
- Mid-range elements, with between 15 and 30 programs, were: workforce training, alternative education and youth offender services (*Elements 8, 2 and 11*)
- The elements with the fewest number of programs (less than 15) were: occupational skills, financial literacy and entrepreneurial skills (*Elements 4, 9, and 10*)
- *Element 7* (comprehensive guidance and counseling – including mental health, substance abuse and services for youth aging out of foster care) had the highest number of programs (45), while *Element 10* (entrepreneurial skills training) had the fewest number of programs (7).
Table 1 combines all program elements and ranks them by total number of programs.

Table 1 Number of programs by element, combined & ranked

<table>
<thead>
<tr>
<th>Element Name (Element #)</th>
<th>Program Count: Primary Element</th>
<th>Program Count: Secondary &amp; Tertiary Elements</th>
<th>Combined Program Elements</th>
<th>Elements Ranked by # of Programs</th>
</tr>
</thead>
<tbody>
<tr>
<td>Mentoring (6)</td>
<td>33</td>
<td>21</td>
<td>54</td>
<td>1</td>
</tr>
<tr>
<td>Work Experience (3)</td>
<td>44</td>
<td>9</td>
<td>53</td>
<td>2</td>
</tr>
<tr>
<td>Counseling (7)</td>
<td>45</td>
<td>8</td>
<td>53</td>
<td>3</td>
</tr>
<tr>
<td>Leadership (5)</td>
<td>38</td>
<td>11</td>
<td>49</td>
<td>4</td>
</tr>
<tr>
<td>Tutoring (1)</td>
<td>41</td>
<td>7</td>
<td>48</td>
<td>5</td>
</tr>
<tr>
<td>Workforce Training (8)</td>
<td>23</td>
<td>22</td>
<td>45</td>
<td>6</td>
</tr>
<tr>
<td>Alternative Education (2)</td>
<td>21</td>
<td>4</td>
<td>25</td>
<td>7</td>
</tr>
<tr>
<td>Youth Offender Services (11)</td>
<td>20</td>
<td>0</td>
<td>20</td>
<td>8</td>
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<td>Occupational Skills (4)</td>
<td>12</td>
<td>4</td>
<td>16</td>
<td>9</td>
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<tr>
<td>Financial Literacy (9)</td>
<td>8</td>
<td>7</td>
<td>15</td>
<td>10</td>
</tr>
<tr>
<td>Entrepreneurial Skills (10)</td>
<td>7</td>
<td>4</td>
<td>11</td>
<td>11</td>
</tr>
</tbody>
</table>

2.2 Target Audiences

In order to better identify the populations that each program in the matrix seemed to focus on, each program was assigned a target audience value, based on publicly available program information. Where the target audience for the program seemed to fall in more than one audience category, the two most prominent categories were selected, and then coded in the matrix as primary and secondary target audiences. Table 2 (next page) shows a breakdown of programs by target audience, organized by number of programs.

- School age-youth (103 programs). Most programs do not explicitly target a specific audience and were generally aimed towards middle and high school students (ages 12 to 18).
- The second highest number of programs seemed to target out-of-school youth (43) and third highest were programs for at-risk youth (39)
- CRP identified between 12 and 19 programs that seemed to target each of the following populations: teenagers, females, young parents and ex-offenders
- The program search found around 10 programs for each of the following populations: mentally ill youth, LGBT youth, males, pregnant youth and unemployed youth
- There were fewer than 40 programs in total targeting the following audiences: traumatized youth, African-American youth, disabled youth, Hispanic youth, foster youth, homeless youth, immigrant and refugee youth
Just 1 program was identified as specifically targeting Asian-American Youth or Jewish Youth

**Table 2** lists all possible target audiences and identifies how many programs had that population as the primary or secondary target audience.

**Table 2: Number of programs by target audience**

<table>
<thead>
<tr>
<th>Populations</th>
<th>Primary Audience</th>
<th>Secondary Audience</th>
<th>Total #</th>
</tr>
</thead>
<tbody>
<tr>
<td>School-age Youth</td>
<td>87</td>
<td>16</td>
<td>103</td>
</tr>
<tr>
<td>Out of School Youth</td>
<td>39</td>
<td>4</td>
<td>43</td>
</tr>
<tr>
<td>At-risk Youth</td>
<td>38</td>
<td>6</td>
<td>45</td>
</tr>
<tr>
<td>Teenagers</td>
<td>16</td>
<td>3</td>
<td>19</td>
</tr>
<tr>
<td>Females</td>
<td>12</td>
<td>1</td>
<td>13</td>
</tr>
<tr>
<td>Young Parents</td>
<td>7</td>
<td>6</td>
<td>13</td>
</tr>
<tr>
<td>Youth Offenders</td>
<td>21</td>
<td>0</td>
<td>21</td>
</tr>
<tr>
<td>Mentally Ill Youth</td>
<td>7</td>
<td>4</td>
<td>11</td>
</tr>
<tr>
<td>LGBT Youth</td>
<td>10</td>
<td>0</td>
<td>10</td>
</tr>
<tr>
<td>Males</td>
<td>4</td>
<td>5</td>
<td>9</td>
</tr>
<tr>
<td>Pregnant Youth</td>
<td>7</td>
<td>2</td>
<td>9</td>
</tr>
<tr>
<td>Unemployed Youth</td>
<td>9</td>
<td>0</td>
<td>9</td>
</tr>
<tr>
<td>Traumatized Youth</td>
<td>6</td>
<td>1</td>
<td>7</td>
</tr>
<tr>
<td>African-American Youth</td>
<td>4</td>
<td>2</td>
<td>6</td>
</tr>
<tr>
<td>Disabled Youth</td>
<td>4</td>
<td>2</td>
<td>6</td>
</tr>
<tr>
<td>Hispanic Youth</td>
<td>5</td>
<td>1</td>
<td>6</td>
</tr>
<tr>
<td>Foster Youth</td>
<td>5</td>
<td>0</td>
<td>5</td>
</tr>
<tr>
<td>Homeless Youth</td>
<td>5</td>
<td>0</td>
<td>5</td>
</tr>
<tr>
<td>Immigrant and Refugee You</td>
<td>4</td>
<td>0</td>
<td>4</td>
</tr>
<tr>
<td>Asian-American Youth</td>
<td>1</td>
<td>0</td>
<td>1</td>
</tr>
<tr>
<td>Jewish Youth</td>
<td>1</td>
<td>0</td>
<td>1</td>
</tr>
</tbody>
</table>
2.3 Program Funding

To better understand how each organization’s programs are funded, some broad categories were applied to describe key funders: City of Columbus, Corporate Sponsor(s), Federal Funds, Franklin County, Fundraising/Donors, Grant(s) from Foundations, Grant(s) from Other, Grant(s) from Private Sector, Other, Private Funders, Public/Private Partnership and State Funds. Where possible, the names of primary funders were added in a separate field. An attempt was made to also collect funding cycle information for each program, but due to the lack of availability of information and numerous funders per program this data could not be sufficiently collected and this field was dropped from the final matrix.

The category Public/Private Partnership accounts for the highest proportion (36.7%) and applies to a combination of public and private sector funders, many of which include Franklin County and the City of Columbus. Where precise program funding information was not often available, there may be some overlap between funding categories, particularly for organizations with multiple funding sources. It may require a separate research project with direct primary data collection to get a clear and accurate breakdown of program funders.
Appendix

3.0 Gap Analysis

Using data collected for the resource matrix, the following analysis highlights key takeaways relating to each element. Sections 3.1 through 3.11 seek to identify any gaps in programming, such as ages served, target audience and frequency of programming.

3.1 Element 1: Tutoring, study skills, and dropout prevention

There were 41 Element 1 programs identified, with 7 additional programs offering aspects of tutoring, study skills, and dropout prevention programming. Of these, the majority of programs (31) were tutoring programs aimed at middle and high school students. The program scan also identified 10 dropout prevention and/or credit recovery programs, half of which seem to target at-risk youth and out of school youth. Overall, there seem to be a low number of tutoring programs for unemployed older youth, very few programs aimed at young adults (18–24) and only a couple of tutoring programs designed specifically for youth offenders, refugee and immigrant youth.

3.2 Element 2: Alternative education

The search found 21 programs offering some form of alternative education, with 4 more programs also offering aspects of Element 2. The final matrix includes online or dropout recovery charter schools, but does not contain an exhaustive list of all charter schools operating in Columbus. Only a handful of the alternative education programs found seem to cater for hard-to-reach populations, such as at-risk youth, youth offenders and homeless youth. While alternative education programs offer more opportunities for older youth compared to tutoring programs, while the majority of programs seemed designed to support students to continue their studies within the conventional HSD/GED model. Assuming that “alternative” applies also to the setting and delivery of educational programs as well as program content, there are few programs offering flexible forums of instruction that are outside the standard daytime schedule.

3.3 Element 3: Paid and unpaid work experience or funding for these activities

Of the 44 programs identified with work experience as the primary program element, the majority (31) were apprenticeships; promoted through ODJFS and offering an Ohio State Apprenticeship Council Certificate of Completion of Apprenticeship. An additional 9 programs encompassed aspects of work experience as a secondary or tertiary program element. The vast majority of apprenticeships listed through the ODJFS are open to youth offenders as they do not require a clean criminal record. However, qualifying for, or completing an apprenticeship does not necessarily result in direct employment. Employers may have additional employment policies that require a clear background check. Most apprenticeships also require a minimum age of 18 with an HSD or GED. There are 5 short-term summer work experience programs listed, but the options for year-round work experience programs, particularly targeting unemployed youth (without an HSD or GED) are very limited.
3.4 Element 4: Occupational skills training – inclusive of Post-Secondary Vocational Certificate Programs

The program search identified a dozen occupational skills training programs serving Franklin County, with 4 more programs also containing occupational skills elements. The majority of programs were available to older youth (up to the age of 24), without specifically targeting young adults. Programs seem to vary greatly in duration and appear to be quite general in content. The search could find no clear evidence of Vocational Certificate programs, other than the apprenticeship certificates noted under Element 3. Overall, there seem to be a lack of career-specific occupational skills training programs and very few programs targeting at-risk youth and youth offenders.

3.5 Element 5: Leadership development

The program scan revealed 38 leadership development programs, with a range of programs that specifically target different audiences, including LGBT youth and youth with disabilities. An additional 11 programs also contained aspects of leadership development. Many of the programs are in-school leadership programs for middle school and high school students, but there are also a number of after-school options for at-risk youth. Many of the leadership development programs are quite broad in their focus and information around direct leadership development activities, such as a community service component, is often unclear.

3.6 Element 6: Adult mentoring for 12 months

There are 33 mentoring programs listed in the matrix. An additional 21 programs contain aspects of mentoring, often in conjunction with counseling, tutoring or leadership program elements. At least 24 programs operate ongoing mentoring that is available for 12 months or longer, but only a couple of programs explicitly describe a minimum year-long program commitment. Many of the programs simply work to match a mentor with a mentee for an ongoing period of no fixed duration. More commonly, longer mentoring programs operate as onsite programs for middle schoolers. Mentoring programs that target at-risk youth as well as pregnant youth and young parents are present in Franklin County, with several race and ethnicity-specific programs. There are however a lack of adult mentoring programs tailored specifically for immigrant and refugee youth, LGBT youth, foster youth, unemployed youth and youth offenders.

3.7 Element 7: Comprehensive guidance and counseling – including Mental Health, Substance Abuse and Services for Youth Aging out of Foster Care

The community scan revealed 45 counseling programs, with an additional 8 programs containing aspects of counseling and guidance. While a number of programs exist that target a range of different audiences, there are very few programs for youth aging-out of foster care, homeless youth and unemployed youth. There are a number of specific counseling programs for different audiences, such as youth with HIV, LBGT youth and youth with a diagnosed mental health illness, but limited programs for
youth with substance abuse issues. Where counseling programs have a medical component, such as mental health or substance abuse, programs seem more treatment-based in content than guidance focused.

3.8 Element 8: Workforce preparation, career exploration activities and training

The Matrix contains 23 workforce training programs, with a further 22 programs including elements of workforce training. The majority of workforce preparation programs seem to target middle and high school youth. Many programs take the form of one-off exploratory or taster sessions, as opposed to consistent or ongoing programming. There seems to be a lack of workforce preparation and comprehensive soft-skills training programs available to Franklin County youth. In terms of target audiences, there also seems to be a lack of programs specifically tailored for youth offenders, at-risk, unemployed and out-of-college youth, who may benefit from more specialized programming.

3.9 Element 9: Financial literacy education

The program search found just 8 financial literacy programs, with financial literacy contained in aspects of 7 other programs. Most programs are designed for middle and high school students. The program search identified very few Element 9 programs for older youth living independently. In particular, financial literacy programs are lacking for youth aging-out of foster care, young parents and pregnant youth, where debt management and family budgeting program components may be especially useful.

3.10 Element 10: Entrepreneurial skills training

The program search found 7 entrepreneurial skills programs, again mostly focused on in-school youth. An additional 4 programs also contained aspects of Element 10. Entrepreneurial skills programs range in subject matter, from programs that introduce the concept of entrepreneurship to fully developed learning modules. There do seem a lack of options for unemployed youth, at-risk youth and immigrant and refugee youth, especially where programming offers instruction in transferable soft-skills.

3.11 Element 11: Youth offender services

The matrix includes 20 programs aimed at youth offenders. The matrix identified a small number of established and intensive re-entry and rehabilitative style programs. In addition, a number of diversion programs that offer alternatives to incarceration were identified. The majority of diversion programs are linked to Franklin County’s juvenile court system, offering aspects of restorative justice and reconciliation after a crime has been committed. In addition, a handful of other diversion programs operate in Franklin County that focus on learning new behaviors and community service. Overall, there seem to be a lack of pre-conviction intervention programs that are geared more for first-time offenders who have not gone through the court system.
Concurrent to the resource matrix project, FCDJFS commissioned a comprehensive Youth Needs Assessment of Franklin County youth aged 12 to 24. The study included focus groups with youth and service providers, plus a youth survey. One question on the Youth Needs Assessment survey asked if respondents knew of, and could name any community resources, programs, or services help young people to succeed. Specific youth programs that were named in responses were incorporated into the resource matrix. Feedback from the survey and related focus groups highlighted the following key themes relating to youth programming in Franklin County.

4.1 Program Awareness

The youth survey and focus groups highlighted a lack of awareness about available youth programs. Of the 320 Franklin County youth surveyed, 34.38% reported having used a youth resource, program or service in the past and just 17.50% were currently using a resource, program or service. The survey found that 38.13% of respondents had never used a resource, program or service - but of those respondents, 24.38% were open to the idea of accessing a resource, program or service in the future.

In terms of workforce development, work experience and occupational skills (Elements 3, 4 and 8), 40.63% of survey respondents were not aware of any career/technical/vocational training programs. Just 1 in 3 (30.31%) were aware of 1 program, with just a quarter of Franklin County youth (24.69%) aware of 2 of more programs. Many of the comments relating to this question on the survey seem to suggest a lack of clarity and understanding between career/technical/vocational trainings and educational programs. These findings suggest a need for greater awareness of occupational skills, work experience and workforce training programs (Elements 3, 8 and 4), especially for older youth.

Another big takeaway from the focus groups was a general sense that youth felt they were not being consulted on programming options and what opportunities would best serve their needs and interests. A lack of involvement in the process may be linked to a lack of awareness about the options available.

4.2 Program Access

In terms of accessing information, 87.19% of youth surveyed reported looking online to find general information, 26.25% reported using a mobile app, 19.69% would text an information line and just 11.88% would call for information. Alongside this, 78.75% of respondents owned a smart phone and a further 4.69% had access to a smart phone.

Feedback from the stakeholder / service provider focus groups suggested a greater need for outreach programming that was culturally sensitive and language specific. Stakeholders highlighted how language was among the biggest barriers for new Americans in Columbus. This feedback aligns with the small number of culturally-specific youth programs aimed at immigrant and refugee youth contained in the matrix.
Transportation was raised as an issue of concern for Franklin County youth in the focus groups and survey and was identified as a potential barrier by service providers in focus groups. Discussion in stakeholder focus groups highlighted how limited access to reliable transportation can act as a barrier to youth, particularly those aged 18 to 24, when accessing benefits, attending programs and accessing healthy foods. Similarly, comments from the youth in foster care focus group highlighted difficulties in attending required appointments in multiple locations across town without access to reliable transportation. From the youth survey, responses to “things to succeed in school, work, and health” showed the majority of transportation-related comments specifically mentioned the need for a car. Given that transportation can impact youth in Franklin County’s ability to access programs across all of the elements raises the question as to whether transportation needs to be a more prominent component of programs, or whether transportation itself be a focused service for youth.

4.3 Youth Needs and Program Elements

The survey asked Franklin County youth to rate the top three things needed to succeed in school, work and health. The largest proportion of comments related to aspects of self-motivation, such as hard-work, application and attitude. In terms of program elements, these needs could be positively impacted by greater linkage with leadership, mentoring and counseling programs (Elements 5, 6 and 7). The second highest number of comments related to the need for education, which relates to alternative education and tutoring programs (Elements 1 and 2). In terms of educational opportunities, feedback from focus group youth indicated that pursuing an HSD or GED was often presented to them as the only target available. Of youth surveyed, just 56.88% of survey respondents reported wanting to complete high school or get a GED, with 39.38% wanting to go to college after completing high school or getting a GED. Of the alternative education programs identified for the resource matrix, the majority were HSD or GED programs. For tutoring programs, the matrix identified limited program opportunities for young adults (18–24) and specific audiences, such as youth offenders, refugee and immigrant youth. While awareness of current programming must be taken into account, the program search suggests that current education programming is not sufficient.

The third greatest need to achieve success, as reported by Franklin County youth, was external support and encouragement. Such needs could be supported by mentoring and leadership programs (Elements 5 and 6). In addition, 85.94% of youth surveyed stated that support from other people was either “important” (27.19%) or “very important” (58.75%), highlighting the relevance of adult mentoring and peer support. Where youth focus group discussion highlighted a greater need for individualized attention in school, just 1 in 3 youth (32.40%) stated that they would seek advice from a teacher. This underlines a need for student-centered tutoring, whilst also a need for mentoring programming for school-age youth that takes place outside of the schoolroom. The program search suggests that mentoring and leadership programs could further target the most at-risk youth in their communities.

A high percentage (92.50%) of youth surveyed stated that being independent was either “important” (22.81%) or “very important” (69.69%). This suggests there could be demand for further occupational skills, financial literacy and entrepreneurial programs (Elements 4, 9 and 10) that help support
independent living. Given the relatively low number of programs under each of these elements, all could be expanded to provide more programming.

A large amount of youth (80.94%) reported having witnessed bullying (either online or in person). Of those who witnessed bullying, 30.94% did not get involved, 28.13% talked to the bully and 14.69% told an authority figure. This suggests a greater need for programming that specifically addresses bullying, perhaps linked with mentoring and counseling programs (Elements 6 and 7). The youth focus groups also revealed concerns from youth regarding stigma around mental health, which again could provide an area for increased mentoring and counseling program specialization.

The Youth Needs Assessment project established the following over-arching areas of focus: academics/workforce, social/emotional development, health and wellness, family functioning / parent engagement and “other”. Across these areas, stakeholders helped established 27 topics, which were incorporated into the stakeholder survey. Under academics/workforce; high school graduation, school attendance/truancy, and post-high school opportunities were all rated as the highest priority. Under health and wellness, behavioral and mental health was flagged by stakeholders as the highest priority. Regarding family functioning / parent engagement, addressing issues facing parents of youth and proactive parent/school engagement was identified as priorities. Among the “other” topics most commonly referenced, youth transition to adulthood alongside access to housing and financial resources were the highest priority topics.

The stakeholder priority areas seem to support the need for additional programming under the following elements: tutoring, study skills, and dropout prevention, alternative education, workforce preparation, financial literacy education, mentoring, counseling and guidance (Elements 1, 2, 8, 9, 6 and 7). Interpreting results from the youth survey alongside the stakeholder priority findings, suggests that youth placed less emphasis on the need for financial literacy (Element 9) in their responses, with additional emphasis on leadership development, mentoring and occupational skills (Elements 4, 6 and 8). Alternative education and occupational skills (Elements 2 and 4) were highlighted by both youth and stakeholders, but currently have the fewest number of programs. While a relatively high number of counseling and mentoring programs (Elements 6 and 7) exist in Franklin County, stakeholder and youth feedback suggests there could be further specialization in mental health and drop-out prevention.
5.0 Summary

Among the more startling takeaways from the Youth Needs Assessment survey was the low number of youth who were aware of, or utilized current programs and resources. While this raises questions of access to program locations, it also speaks to how program information is presented and disseminated. The vast majority of Franklin County youth owns a smart phone and finds information online. While searching and compiling program information for the resource matrix, program information was often out-of-date or difficult to find, with the quality of program information varying greatly between sources. Currently, Franklin County lacks a user-friendly central information portal or mobile app that (a) youth can use to access information and link to local programs (b) organizations can update program information and (c) presents information in multiple languages.

The resource matrix data highlights possible gaps in current programming that aligns with youth needs drawn from the survey and focus groups. In terms of program numbers, the program elements in need of expansion are occupational skills, youth offender services, financial literacy and entrepreneurial skills programs (Elements 4, 9, 10 and 11). Additionally, there appear to be a lack of programs that offer specific youth populations the opportunity to develop transferable soft skills and employment ready skill-sets, which would fall under both the leadership and counseling elements. Perhaps under the more holistic umbrella title of “life skills”, multi-element programs designed for transition-age youth could be beneficial.

While the program search revealed that Franklin County is not short of counseling and mentoring programs, findings from the Youth Needs Assessment suggested that youth may benefit in further specialization and outreach from these programs. Currently, mental health-related counseling programs often focus on recovery or treatment over prevention or intervention. The Youth Needs Assessment highlights a need for anti-bullying education and resources, where mental health wellness could be an important component.

Programs for youth offenders were introduced by ODJFS as a core program element, in addition to the existing WIOA program elements. While the Youth Needs Assessment survey did not specifically address youth offender needs, programs identified for youth offenders are mostly re-integration programs or court-linked diversion programs. All other program elements (1 through 10) could benefit from more youth offender specific pathways. There is also a noticeable deficit in pre-conviction intervention-style programs for at-risk youth, such as non-violent communication counseling programs or work experience programs with a community service aspect.

Finally, the Youth Needs Assessment focus group involvement and survey results demonstrate a willingness of Franklin County youth to engage in a consultancy process and offer their ideas. Involving youth in consultation and decision-making processes around the development, expansion and extension of youth programming may help increase program awareness and help allay youths’ feeling of exclusion from such processes.
## Appendix A: List of 11 Youth Program Elements with expanded definitions and descriptions for these activities

<table>
<thead>
<tr>
<th>#</th>
<th>Element</th>
<th>Official WIOA Definition</th>
<th>Full Description</th>
<th>Labels</th>
</tr>
</thead>
<tbody>
<tr>
<td>1</td>
<td>Tutoring, study skills, and dropout prevention</td>
<td>Tutoring, study skills training, and instruction leading to secondary school completion, including dropout prevention strategies</td>
<td>Tutoring, study skills training, instruction, and evidence-based dropout prevention and recovery strategies that lead to completion of the requirements for a secondary school diploma or its recognized equivalent (including a recognized Certificate of attendance or similar document for individuals with disabilities) or for a recognized postsecondary credential.</td>
<td>Tutoring Drop-Out Prevention and Credit Recovery</td>
</tr>
<tr>
<td>2</td>
<td>Alternative education</td>
<td>Alternative secondary school offerings or dropout recovery services</td>
<td>Alternative secondary school services, or dropout recovery services, as appropriate.</td>
<td>Alternative Education</td>
</tr>
<tr>
<td>3</td>
<td>Paid and unpaid work experiences or funding for these activities</td>
<td>Paid and unpaid work experiences with an academic and occupational education component</td>
<td>Paid and unpaid work experiences that have as a component academic and occupational education, which may include— (i) summer employment opportunities and other employment opportunities available throughout the school year; (ii) pre apprenticeship programs; (iii) internships and job shadowing; and (iv) on-the-job training opportunities</td>
<td>Work Experience</td>
</tr>
</tbody>
</table>

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2 As defined in Resource Matrix Project Scope – items in bold are new language added by FCDJFS
4 [http://www.clasp.org/resources-and-publications/publication-1/KeyProvisionsofWIOA-Final.pdf](http://www.clasp.org/resources-and-publications/publication-1/KeyProvisionsofWIOA-Final.pdf)
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<tr>
<th>#</th>
<th>Element</th>
<th>Official Definition</th>
<th>Full Description [Source: CLASP&lt;sup&gt;7&lt;/sup&gt;]</th>
<th>Labels</th>
</tr>
</thead>
<tbody>
<tr>
<td>4</td>
<td>Occupational skills training – inclusive of Post-Secondary Vocational Certificate Programs</td>
<td>Occupational skill training, with a focus on recognized postsecondary credentials and in-demand occupations</td>
<td>Occupational skill training, which shall include priority consideration for training programs that lead to recognized Postsecondary credentials that are aligned with in demand industry sectors or occupations in the local area involved.</td>
<td>Occupational Skills</td>
</tr>
<tr>
<td>5</td>
<td>Leadership development</td>
<td>Leadership development activities (e.g., community service, peer-centered activities)</td>
<td>Leadership development opportunities, which may include community service and peer-centered activities encouraging responsibility and other positive social and civic behaviors, as appropriate.</td>
<td>Leadership</td>
</tr>
<tr>
<td>6</td>
<td>Adult mentoring for 12 months</td>
<td>Adult mentoring</td>
<td>Adult mentoring for the period of participation and a subsequent period, for a total of not less than 12 months.</td>
<td>Mentoring</td>
</tr>
<tr>
<td>7</td>
<td>Comprehensive guidance and counseling – including Mental Health, Substance Abuse and Services for Youth Aging out of Foster Care</td>
<td>Comprehensive guidance and counseling, including drug and alcohol abuse counseling</td>
<td>Comprehensive guidance and counseling, which may include drug and alcohol abuse counseling and referral, as appropriate.</td>
<td>Counseling</td>
</tr>
<tr>
<td>8</td>
<td>Workforce preparation, career exploration activities, and training</td>
<td>Integrated education and training for a specific occupation or cluster</td>
<td>Education offered concurrently with and in the same context as workforce preparation activities and training for a specific occupation or occupational cluster.</td>
<td>Workforce Training</td>
</tr>
<tr>
<td>10</td>
<td>Entrepreneurial skills training</td>
<td>Entrepreneurial skills training</td>
<td>Entrepreneurial skills training.</td>
<td>Entrepreneurial Skills</td>
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<tr>
<td>11</td>
<td>Youth Offender Services</td>
<td>New element</td>
<td></td>
<td>Youth Offender Services</td>
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</tbody>
</table>

<sup>5</sup> As defined in Resource Matrix Project Scope

<sup>6</sup> As defined in UMass Boston article on WIOA Youth Services: http://www.pacer.org/transition/learning-center/employment/pdf/hoff-wioa-youth-overview.pdf

<sup>7</sup> http://www.clasp.org/resources-and-publications/publication-1/KeyProvisionsofWIOA-Final.pdf