



# **Community Assessment**

**2015-2016**



**Community Assessment**

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**FAMILY ENRICHMENT NETWORK, INC.**  
**Agency-Wide Community Assessment**  
**24 Cherry Street • POB 997 • Johnson City, NY 13790-0997**  
**11/01/15 - 10/31/16**

**GENERAL AREA DESCRIPTION:**

**Geographic Features**

The Family Enrichment Network offers the majority of its programs and services throughout the Southern Tier Region of New York. The Southern Tier includes two metropolitan areas, a number of smaller cities, and extensive rural areas on New York State's south-central border with Pennsylvania. It is 7,185 square miles, and it is located at the crossroads of three major New York highways (routes 17, I81, and I88) that extend north/south and east/west.<sup>1</sup>

The Agency operates over 30 programs in Broome County through four departments within the corporation, offering Head Start/Early Head Start, Child Care Resource & Referral, Family Support Services, Special Education Services, and Housing and Community Service programs for youth, adults and families. Broome County is located in south-central New York State, directly north of the Pennsylvania border in a section of the state called the Southern Tier. The Chenango River joins the Susquehanna River, which flows through the county. The County covers 706 square miles and consists of 25 municipalities. Binghamton is the largest city and serves as the county seat.

The Agency operates one program in Cortland County. Cortland County is located in the geographic center of New York State, mid-way between the City of Binghamton to the south

and Syracuse to the north. The county is relatively small, with only 503 square miles, and 127,052 acres within the county are actively farmed. The County consists of 19 municipalities. The City of Cortland, the County's largest municipality, is located in the central-western portion of the County. Most development is located in and around the City with the rest of the county mostly rural in nature. Interstate 81 bisects the county and is the major north/south route through the county. The program operated in Cortland is the Infant/Toddler Initiative that assists in promoting quality infant/toddler care in New York State.

Family Enrichment Network also operates the Infant/Toddler initiative Tompkins County, also within the Southern Tier Region of the state. The county consists of 476 square miles of land and 16 square miles of water, making the county 492 total square miles. The county is divided by Cayuga Lake. The largest industry in Tompkins County is education with Cornell University, Ithaca College, and Tompkins Cortland Community College. The City of Ithaca is the largest town and serves as the county seat.

The Agency offers Special Education Services and Child Care Resource and Referral programs in Chenango County, which is located in the center of New York State. Chenango County is also part of the Southern Tier. The county is named after its most significant waterway, the Chenango River, a tributary of the Susquehanna River. The county has a total area of 899 square miles and consists of 9 municipalities. The City of Norwich is the largest of these and serves as the county seat. The major development is located around the City of Norwich and in the Village of Greene. NY Route 12 is the major north/south route through the county.

Family Enrichment Network offers Child Care Resource & Referral services and related support programs, a Nutrition Outreach and Education Program (NOEP) a Kinship Care Referral Program, and Head Start and Early Head Start programs in Tioga County. Tioga County is located in southwest New York State, west of Binghamton and directly north of the Pennsylvania border. The Susquehanna River flows into Pennsylvania from this county. The county is part of the Southern Tier region of New York State. According to the U.S. Census Bureau, the county has a total area of 523 square miles, of which 519 square miles is land and 4 square miles is water. The largest private sector employer in the county seat of Owego is Lockheed Martin.

### **Economic Features**

Private sector employment in the Southern Tier increased over the past year by 1,500; or 0.7%, to 230,400 in February 2013. Job gains were largest in trade, education and health services (+1,400), leisure and hospitality (+1,100). Job losses were centered in manufacturing (-600) and natural resources, mining, and construction (-300). Government employment fell (-1,100) over the year.<sup>2</sup> The New York State Department of Labor's Division of Research and Statistics prepared a report for the Workforce Development System in 2011 which identified "Significant Industries" in the Southern Tier Region. These industries shared one or more of the following characteristics: rapid growth (%age basis); large growth (absolute basis); high wages (average weekly wage above the regional average of \$756 in 2009); or strong expected growth through 2016. The report identified six significant industry groups in the region: construction, manufacturing, financial activities, professional and business services, which primarily sell to other businesses, educational services, and health care.<sup>3</sup>

According to the US Census 2010, the median income in Broome County is \$44,457. Seventy-four % of the people employed were private wage and salary workers; 20 % were federal, state, or local government workers, and 6 % were self-employed. The top three industries in the county are health and social assistance (21 %), manufacturing (14 %), and retail (15%). According to Economist Gary Keith, about 22 % of total payroll income in this area comes from the manufacturing sector, compared with approximately 11 % nationally. During the fourth quarter of 2011, the county experienced a 1.1 % increase in employment. Nine hundred jobs were added, a third of which were in the manufacturing sector. The average salary in manufacturing is \$65,500. As of December 2011, the unemployment rate in Broome County was 8.2%.

According to 2010 US Census data, the median income in Tompkins County is \$52,064. Eighty-one % of the people employed were private wage and salary workers; 12 % were federal, state, or local government workers, and 7% were self-employed. The largest three industries in the county are education services (39%) due to Cornell University and Ithaca College, health and social assistance (12%), and retail trade (10%). The unemployment rate remained unchanged at 5.5% from December 2010 to December 2011.

The median income in Tioga County was \$51,886. 76% of the people employed were private wage and salary workers; 18% were federal, state, or local government workers, and 6% were self-employed. The 3 largest industries in the county are manufacturing (40%), retail (11%), and health and social assistance (10%). As of December 2011, the unemployment rate in Tioga County was 8%.



The median income in Chenango County was \$43,304. 68% of the people employed were private wage and salary workers; 20% were federal, state, or local government workers, and 11% were self-employed. The 3 major industries in the county are manufacturing (29%), retail and health & social assistance (15% each). As of December 2011, the unemployment rate in Chenango County was 8.2%.

### **Demographic Features**

The complexion of our Agency's population has changed somewhat dramatically over the past 30 years. Specifically, with people living longer and the migration of the younger population, the Southern Tier faces new challenges. Total population in the Southern Tier is 657,909, an increase of less than 1% since 2000. Persons 65 years old and over represent 15% of the Southern Tier's population, compared to 13% of the nation's population. Southern Tier residents under the age of 20 account for 24% of the population, compared to 27% nationally. Genworth Financial, source of an annual Cost of Care Survey canvassing some 15,500 providers of long-term care in 432 U.S. regions, predicts 2/3 of individuals over 65 will require home- or institutionally-based long term care during their remaining lifetimes.<sup>4</sup> The Southern Tier also realized a change in the ethnic mix of the population between 2000 and 2010. On a percentage basis, the region saw a 3% decrease in the white population, an increase of 21% in the black population, and an increase of 55% in the Hispanic population, resulting in a regional composition of white 89%, black 3%, Hispanic at 3%, with the remaining 5% falling into other minority classifications.

Even before the flood of 2011, a larger proportion of total housing units were older and had higher vacancy rates in the Southern Tier as compared with the state and the nation. Early impact

estimates suggest that about 11,000 residences were damaged as a result of Hurricane Irene and Tropical Storm Lee floods. Consequently, whole neighborhoods have been destroyed or severely damaged in affected communities and vacancy rates have risen dramatically. Until major restoration and repairs are complete, housing and revitalizing neighborhoods will remain a major Southern Tier challenge. <sup>5</sup>

According to the 2010 Census, Broome County had a total population of 200,600. Eighty-eight % of the population was identified as white, with largest ethnic groups representing blacks and Asians at 5% and 4% respectively. 17% of all individuals live below the poverty level, and 24% of individuals with related children under 18 years old were below the poverty level. Thirty-one % of all households with related children under 18 years old received Social Security Income, cash public assistance or food stamps. Ninety-eight % of the county's residents are US citizens, speaking 35 languages, with 91 % of the population speaking English only. Sixty-seven % of the housing units are owner occupied. Average housing costs are \$818 per month for homeowners and \$647 per month for renters. Ten % of the population over the age of 20 does not possess a high school diploma or equivalent.

In 2010, Chenango County had a total population of 43,304. The minority population is 3%. 15% of people live in poverty, and 21% of individuals with related children under 18 live below the poverty level.

Tioga County's population is 51,125. 97% is white, 1% is black, and the remainder claimed other minority classifications. 9% of the population lives in poverty, and 12% of individuals with related children under the age of 18 are below the poverty level. Over 99% of the residents are US citizens. The high school graduation rate is 91%. 20% of the households

with children under the age of 18 receive Social Security Income, food stamps or public cash assistance. 80% of the housing units are owner occupied, with average housing costs of \$843 for home owners and \$590 for renters.

Tompkins County’s population is 101,564. The racial diversity and population growth is in large due to the student populations of Cornell University and Ithaca College. 12% of the people living in Tompkins County in 2009 were foreign born. 83% are white, with the largest group of minorities reported as black and Asian at 4% and 9% respectively. 13% of households with related children under 18 were below the poverty level.<sup>6</sup>

The number of minority persons within Family Enrichment Network’s Head Start service area represents 16.8% of the total service area population compared to 8.5% of the population in Broome County outside the service area. (See Table 1 for 2010 Census details about minority populations.) Within Family Enrichment Network’s service area the minority population has increased substantially in 20 years. In April 1990, the service area’s minority population was 6.5%, and today it is 16.8%.

**Table I. 2013 Population Statistics For Head Start Service Area, Broome County, Tioga County, Cortland County, Chenango County and Tompkins County.**<sup>7</sup>

AREA	2013 TOTAL POPULATION	2013 MINORITY POPULATION	2013 MINORITY %AGE
City of Binghamton	46,975	10,408	22.2%
Town of Binghamton	4,914	134	2.7%
Johnson City	15,063	2,538	16.8%
Conklin	5,392	53	9.9%
Kirkwood	5,814	229	3.9%
Dickinson	5,262	660	12.5%
Port Dickinson	1,432	46	3.2%

TOTAL Service Area	84,852	14,068	16.6%
TOTAL Broome County	199,298	23,905	12%
TOTAL Tioga County	50,789	960	1.9%
TOTAL Chenango County	50,121	1756	3.5%
TOTAL Tompkins County	102,270	18,079	17.6%

Sources:

<sup>1</sup> Broome County Chamber of Commerce, Economic and Social Profile, 2000.

<sup>1</sup> New York State Department of Labor's Division of Research and Statistics, Southern Tier 2013.

<sup>1</sup> NYS Department of Labor Significant Industries: A Report to the Workforce Development System Southern Tier 2011

<sup>1</sup> Regional Economic Development Council of the Southern Tier. The Southern Tier's Approach to Economic Development, 2011

<sup>1</sup> New York State Homes and Community Renewal Office of Policy & Research : 2011 Catalogue of Need Southern Tier Region

<sup>1</sup> U.S. Census Bureau American Fact Finder interactive website

<sup>1</sup> U.S. Census Bureau American Fact Finder

# Child Care Resource and Referral Program



The Family Enrichment Network's Child Care Resource and Referral (CCR&R) program serves parents, child care providers, businesses, and the community in Broome, Chenango, and Tioga Counties.

## **QUALITY CHILD CARE**

Quality child care is a daily concern for millions of American parents. Early childhood experiences have a long lasting effect on a child's future. Studies have shown that quality child care practices in the formative years result in a greater cognitive development, improved teacher-student relationships, better classroom behavior, longer attention spans, and desirable social skills.

There is information available in the community to aid parents in finding quality child care. When parents call Family Enrichment Network's Referral Specialist, not only do they speak to a qualified and trained individual, they are also mailed information on what to look for in a quality program and questions to ask prospective providers. This information can be accessed on our website as well. The CCR&R Referral Specialist conducts presentations for parents on finding quality child care at the monthly United Health Services (UHS) "Getting Ready for Baby" prenatal classes. Child care information can also be accessed online. Parents can review violations on registered or licensed providers on the OCFS website by conducting a Day Care Facility search. Information on finding quality child care can be found online at Child Care Aware of America or the National Association for the Education of Young Children (NAEYC) websites. Links can be found on our website.

## **QUALITYstarsNY**

QUALITYstarsNY is New York's quality rating and improvement system. QUALITYstarsNY was field tested in 13 communities across New York State in 2010 and partially implemented in low performing school districts, as well as field test communities, in 2012. Since Binghamton was a field test community, there are currently 6 programs still in QUALITYstarsNY locally. Full implementation across the state has been postponed due to funding issues. In 2015, the Governor's Executive Budget included \$3 million for QUALITYstarsNY, but the legislative budgets did not include any funding. We anticipate no funding again in 2015 because of this. Many advocacy groups, including WinningBeginningNY, are asking New York State to invest at least \$3 million to show a commitment to QUALITYstarsNY.<sup>8</sup> The CCR&R staff continue to prepare child care programs for implementation with quality improvement projects.

The quality of child care programs in our community is hard to determine due to the lack of a full quality rating system. Accreditation of programs is almost non-existent due to the cost of accreditation. One licensed child care center, Campus Preschool at Binghamton University, is accredited through the National Association for the Education of Young Children (NAEYC). Another local child care center is in the process of accreditation. One nursery school program, the Endicott First Presbyterian Nursery School, is also accredited through NAEYC.<sup>9</sup> There are no family child care programs accredited through the National Association of Family Child Care.<sup>10</sup>

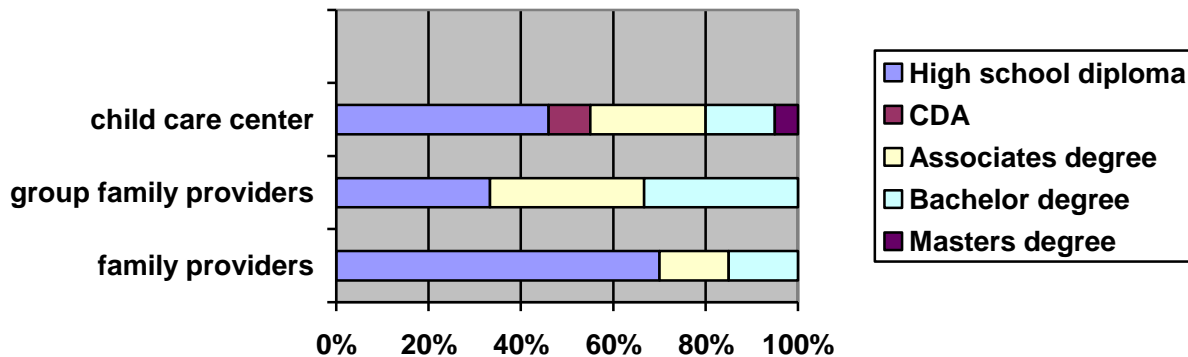
## **Education of the Child Care Workforce**

Child care programs in Broome, Chenango, and Tioga Counties are surveyed about the educational qualifications of providers and child care center staff annually. According to Child



Care Aware of America's *Child Care in America: 2012 State Fact Sheets*, 44% of family child care providers across the county have a high school diploma or lower.<sup>11</sup> Our survey shows a significantly higher percentage with 60% of family and group family child care providers having a high school diploma. Only 37% of family providers have a college degree, with an associates degree or higher.<sup>12</sup> The national average for child care center staff, teacher, or assistant teacher with a high school diploma or lower is 20%.<sup>13</sup> Locally, we are directly in line with the national averages as indicated in Chart 1.

**CHART 1: % of Education of Child Care Workforce**



**Turnover**

The most important element in a high quality child care experience is the teacher or primary provider. In these earliest years of a child's life, children are developing attachments to the adults in his or her life. Strong emotional attachments allow children to develop a sense of trust and to build healthy relationships with other people. When these attachments are not strong and secure, children may suffer the emotional consequences for the rest of their lives. Changes in a child's teacher or primary provider can interrupt a child's development and cause a period of transition and readjustment.

Staff turnover varies by program and type of program. When a program closes, a family needs to find alternate care. The nature of family child care is there is no turnover in provider. When the provider leaves, the program closes. Center based turnover is much different and varies by program. In a survey of local child care center directors, the average turnover rate is 27%, which is in line with the national average of between 25% and 40%.<sup>14</sup>

### **CCR&R Resource for Child Care Quality Improvement**

Family Enrichment Network's CCR&R offers many resources to help child care providers and program in Broome, Chenango, and Tioga Counties improve their quality.

- **Technical Assistance:** Specialists offer basic technical assistance to answer questions for providers. In 2014, Specialists offered 1072 technical assistances to 162 providers and programs. Specialist can offer onsite technical assistance visits to programs to help with best child care practices. In 2014, Specialists offered 221 onsite technical assistance visits to 59 providers and programs.<sup>15</sup>
- **Quality Improvement Partnership:** The Quality Improvement Partnership (QIP) is an intensive technical assistance project to any modality of registered or licensed child care. The QIP is limited and available only to 6 providers in Broome County, 3 providers in Tioga County, and 4 providers in Chenango County in the 2013-2014 CCR&R contract year. The QIP project is long term and consists of a minimum of 3 evening workshops, initial and final program assessments, the development of a quality improvement plan, onsite technical assistance and mentoring to reach goals of the quality improvement plan, and grant funds to purchase supplies needed for program quality improvement. In 2014,

the QIP project was offered to 13 programs. More funding is necessary to expand these services.

- Infant Toddler Project: Family Enrichment Network has an Infant Toddler Specialist as part of the Regional Infant Toddler Network. The Infant Toddler Specialist works in the 5 counties of Broome, Tioga, Chenango, Tompkins, and Cortland. The Infant Toddler Specialist offers mentoring, technical assistance, onsite intensive technical assistance, and training to parents, providers, OCFS licensing staff, CCR&R staff, and the community on infant/toddler best practices and the importance of offering quality care to those ages. The Infant Toddler Specialist also offers the SECURE project (Social Emotional Coaching towards Understanding Relationships and Environments) which is an intensive technical assistance project specifically aimed at improving the quality of programming for infants and toddlers. In 2014, the SECURE project was offered to 4 programs in the 5 counties. Table 1 below shows the breakdown of services provided by the Infant Toddler Specialist in 2014.

TABLE 1: 2014 Infant Toddler Specialist Reported Numbers<sup>16</sup>

	Quarter 1	Quarter 2	Quarter 3	Quarter 4
Basic Technical Assistance	20	12	0	0
Number of Trainings	7	2	3	2
Intensive Technical Assistance by hours	21	22	4	11
SECURE Project	4	0	0	0

Since the Infant Toddler Specialist is only funded for 20 hours a week, and funding has remained flat since it started in 2005, a limited number of programs throughout the 5 counties can be reached. Additional funding is necessary to reach all programs.

- **Legally Exempt Enrollment:** Since July 2006, the CCR&R has been the Legally Exempt Enrollment Agency for Broome, Chenango, and Tioga Counties, working collaboratively with the local Department of Social Services (DSS) in the respective counties. If a provider is not registered or licensed by OCFS, and the parents are receiving a child care subsidy to help them pay for child care, the legally exempt provider must complete the enrollment process through the CCR&R to receive the subsidy payment from DSS. There are several steps in the enrollment process, including the completion of the 15 page enrollment packet and minimal background checks. The Enrollment Agency staff assists both the parents and the providers with the often confusing paperwork that is required for this process. After the Enrollment Agency has determined that the enrollment paperwork is complete and correct, the preliminary background checks are completed, the provider is temporarily enrolled and a final check is requested from the DSS. DSS then notifies the Enrollment Agency if the provider meets or does not meet the enrollment requirements. Legally exempt providers are required to re-enroll every year they are receiving subsidy payments. Table 2 below shows the number of legally exempt providers in Broome, Chenango, and Tioga Counties

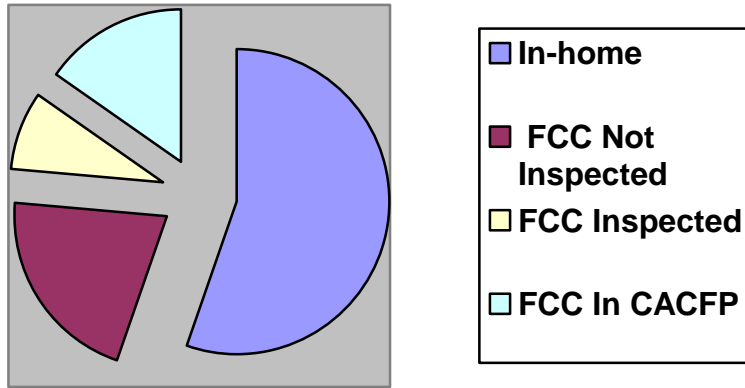
TABLE 2: Legally Exempt Enrollment By Type<sup>17</sup>.

	FCC	In Home
Broome County	85	105
Chenango County	10	14
Tioga County	41	47

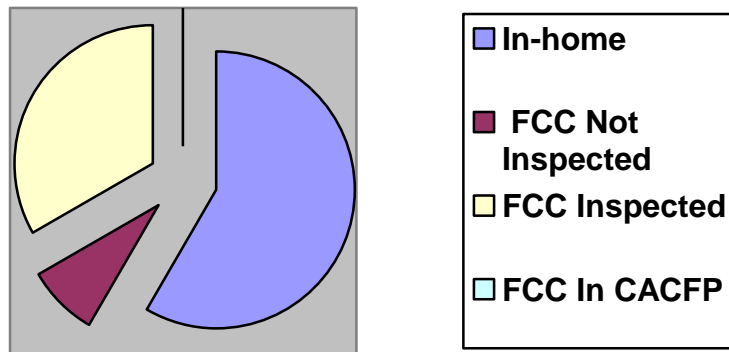
In addition to enrolling legally exempt providers, the Enrollment Agency is required to conduct home inspections of 20% of the legally exempt family child care providers, providing care in their own home, who are not participating in the Child and Adult Care Food Program (CACFP). In May 2012, CCR&R was awarded a grant through the Broome County DSS to conduct an increased number of inspections of legally exempt homes. The funding ended in May 2013. In the year, the increased inspections saved Broome County over \$165,000 in subsidy payments.<sup>18</sup> Despite these savings, the grant was not refunded past May 2013.

Chart 2 shows there is only 19% of enrolled legally exempt provider in Broome County who are inspected, by either Enrollment Agency staff or CACFP staff. Therefore, we do not know the quality of the child care provided in over 80% of the legally exempt homes in the county. With the reauthorization of the federal Child Care and Development Block Grant, which is where the subsidy funding comes from, additional inspection requirements will soon be required for the states. New York State OCFS has yet to determine how they will meet the additional requirements for inspections.

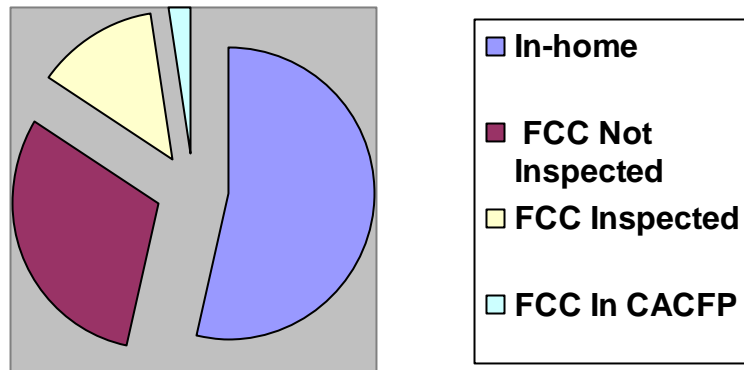
**CHART 2: Broome County LE Inspections**



**CHART 3: Chenango County LE Inspections**



**CHART 4: Tioga County LE Inspections**



As Chart 3 and Chart 4 indicate, both Chenango and Tioga Counties are similar with inspection percentages, with Chenango County being the highest. Only 14% of Tioga County legally exempt providers are inspected, while 33% of Chenango County legally exempt providers are inspected.<sup>19</sup> This shows a high number of child care arrangements receiving money from the County and State which are not inspected and there is no way to determine the quality of care provided to these children.

- The Child and Adult Care Food Program: The Child and Adult Care Food Program (CACFP) plays a vital role in improving the quality of child care. CACFP ensures that young children in child care have access to a nutritious diet and learn improved eating habits through early nutrition education. This is especially important today because childhood obesity has become a national epidemic. More than 1/3 of children in the United States are overweight or obese. The New York State Department of Health together with the United State Department of Agriculture (USDA) allocates funds to Family Enrichment Network to be the regional sponsoring agency for family child care

providers. Family Enrichment Network in turn reimburses eligible registered, licensed, and enrolled legally exempt family child care providers for nutritious meals and snacks served to children in their care. CACFP offers ongoing training to participating providers in relevant areas such as the nutritional needs of children, food safety, menu planning, and physical activities. A CACFP representative from Family Enrichment Network visits each site at least three times a year providing in-home assistance. CACFP participation slightly decreased in 2014. Tables 3 and 4 below show the numbers of providers enrolled in CACFP.

TABLE 3: CACFP Participation Numbers:<sup>20</sup>

	Registered Providers in CACFP	Licensed Providers in CACFP	Number of Registered/Licensed Providers NOT in CACFP	Percentage of Total Providers in CACFP
Broome County	35	11	24	68%
Chenango County	14	11	18	58%
Tioga County	10	8	6	66%

TABLE 4: Legally Exempt Participation in CACFP

	Legally Exempt Providers in CACFP	Legally Exempt Providers Eligible But Not in CACFP	Percentage of Total Eligible LE Providers in CACFP
Broome County	29	58	34%
Chenango County	0	10	0%
Tioga County	2	40	4%



The large percentage of Broome County legally exempt providers is due to the Broome County DSS additional standard mandating legally exempt family child care providers, caring for children in their own home, over 30 hours a week, to be enrolled in CACFP.

- **Physical Activity Project:** Through funding from the Broome County Health Department's Community Transformation Grant and the Broome County United Way, Family Enrichment Network CCR&R was able to hire a Physical Activity Specialist from June 2013 through September 2014. The goal of the Physical Activity Specialist was to work with child care programs, both family and center-based on increasing the amount of physical activity received by children in child care settings. Providers and teachers were trained using Dr. Diane Craft's book *Active Play!* as the basis for the curriculum. The Physical Activity Specialist then conducted onsite technical assistance and mentoring visits to model and coach ways to incorporate fun, easy physical activities during the day. Supplies, such as hula hoops, balls, musical CDs, and pool noodles were given to the program as well. Evaluators at the New York State Department of Health are currently analyzing assessments to determine if this model worked to increase physical activity in child care.

CCR&R staff were also trained with the Physical Activity Specialist to be able to maintain some stability to childhood obesity prevention efforts locally. The CCR&R staff still conducts *Active Play* trainings for programs.

- **Child Care Provider Professional Development and Training:** Research has shown that caregiver professional development or training has a direct correlation to the quality of child care provided. Regulated child care providers are required by the New York State

Office of Children and Family Services (OCFS) to complete 30 hours of training every two years, in nine categories of training.<sup>21</sup>

**CCR&R Training Opportunities**

CCR&R publishes a quarterly calendar of all training offered to meet OCFS requirements. The CCR&R ensures that each category is offered at least twice annually in each of the three counties in the service delivery area. CCR&R also publishes a quarterly newsletter containing Agency news, updates on regulations, best practices information, and educational articles. Table 5 shows the trainings offered by Family Enrichment Network’s CCR&R and the number of attendees in 2014, both duplicated and unduplicated numbers of providers trained.

TABLE 5: 2014 Training Attendance<sup>22</sup>

	# of sessions scheduled	Total # of providers trained	Unduplicated # of providers trained
CCR&R Trainings	74	672	497

Included in the CCR&R training calendar are stand-alone workshops and sequential trainings. At each training, participants are offered the opportunity for a follow-up onsite intensive technical assistance visit to their program by the training to further assist in the implementation of the training material. As of this time, none of the participants have chosen to take advantage of this opportunity.

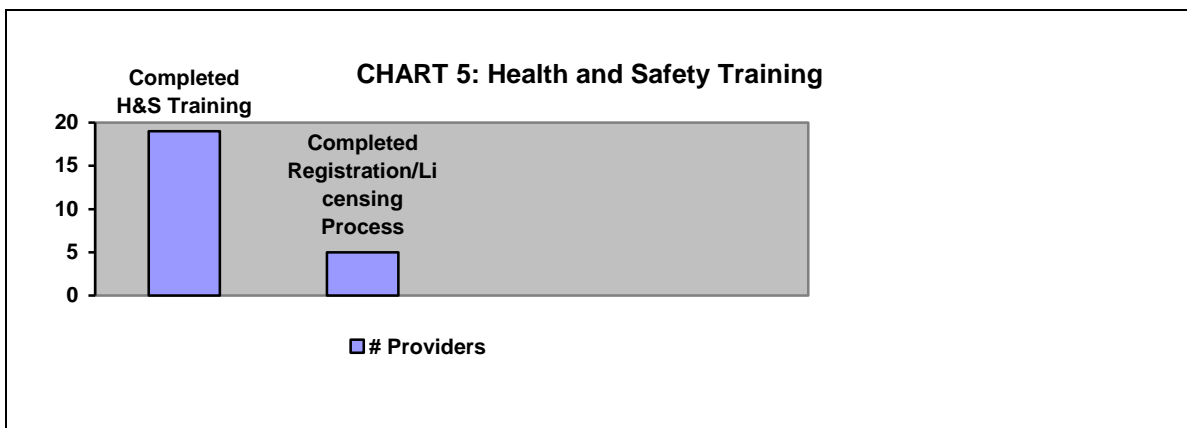
**Health and Safety Competency Training**

CCR&R offers the initial 15 hour Health and Safety Competency Training, which is required for any new family or group family child care registration/license. The OCFS-

approved curriculum requires that it be presented to a minimum of 2 and a maximum of 10 potential providers after their daycare application has been submitted to OCFS.

To meet this requirement, CCR&R staff schedule this course as needed, when there are at least 2 prospective providers eligible for the training.

CCR&R provided 4 sessions of the Health and Safety Competency Training for 19 new providers and/or provider assistants in 2014.



After completing the Health and Safety Competency Training, 5 participants across the 3 counties successfully completed the registration/licensing process, with 3 in Broome County, 1 in Tioga County, and 1 in Chenango County. All newly registered/licensed providers in our service delivery area completed this required training with Family Enrichment Network.<sup>23</sup> This is only a 38% completion rate for new providers who begin the registration process. Additional support to new providers is needed to raise the successful completion rate.

### **Online Training**

In addition to in-person trainings, CCR&R offers distance-learning or online training so providers will be able to access training from home. In 2014, there were 10 different online training courses approved by SUNY Professional Development Program (PDP) and available for providers. In 2014, SUNY PDP announced changes to the online training approval process. All previously approved trainings will need to be resubmitted and re-approved within 2 years (by January 2017). These new requirements will require a significant amount of CCR&R staff time revising existing courses and creating additional courses to keep up with the training needs of providers.

Table 6 indicates the online trainings completed in 2014.<sup>24</sup>

**TABLE 6: 2014 Online Training**

	# of providers who completed online training	# of online training courses completed
Broome County	13	21
Chenango County	0	0
Tioga County	5	10

### **Child Development Associate Credential (CDA)**

CCR&R offers Child Development Associate (CDA) credential classes. The National CDA Council updated the credentialing process in 2013. In addition to 120 hours of formal instruction, CDA candidates must also submit an application, take a test, complete classroom observations and an interview with the CDA Council Advisor, and submit a portfolio for final credentialing approval. Accordingly CCR&R has updated the CDA

curriculum and restructured the class schedule. The CDA classes are offered to coincide with the school calendar. CCR&R is exploring adding online classes to form a hybrid of in-person and online classes.

To date, 21 participants have completed the class series since it started in 2011. Of those, 3 have completed the entire process and received their CDA credential, with several more still compiling their application. For the 2014-2015 classes, there are 17 participants enrolled.

**CPR and First Aid Training**

CPR and First Aid training is mandated for every family child care provider and large programs need at least one trained staff person onsite during hours of operation. CCR&R meets the majority of the family child care community needs for this training.

**TABLE 7: CPR/First Aid Class Participation<sup>25</sup>**

	# of Trainings Offered	# of Providers Trained
Broome County	12	60
Chenango County	1	5
Tioga County	1	2

**Videoconference Training**

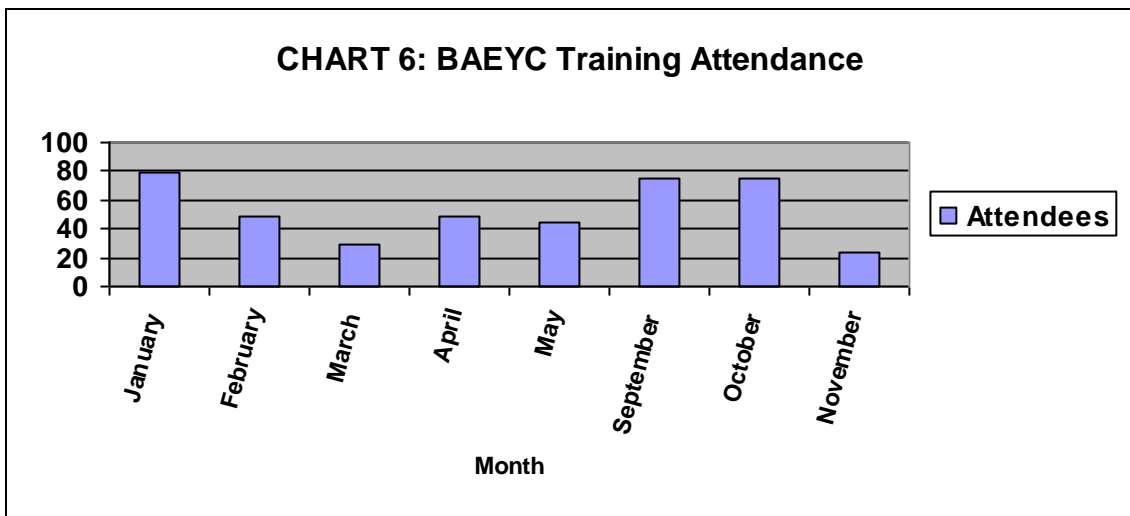
CCR&R provides a co-trainer in each of the three counties of Broome, Chenango, and Tioga for the SUNY Professional Development Program (PDP) videoconferences.

Videoconferences are free trainings presented by expert panelists, broadcast live from Albany to locations throughout the state. The CCR&R Co-trainers facilitate discussions

and activities at the local training sites during the broadcast. The videoconferences are available to child care providers of all modalities. SUNY PDP scheduled 6 videoconferences in 2014.

**Training Partnerships**

Family Enrichment Network CCR&R is a partner with the Binghamton Association for the Education of Young Children (BAEYC) Professional Enrichment Program (PEP) workshops. These workshops or trainings are primarily utilized by child care center staff and cost \$5 per training or are free for BAEYC members. Chart 6 shows the numbers of attendees at each of the 8 trainings offered in 2014.<sup>26</sup>



**Funding for Training**

Training provided by the CCR&R is a “fee for service” program. Information is provided to child care providers about the Educational Incentive Program (EIP) funds to help them pay for training. This funding is allocated yearly in the NYS budget through the Office of Children and Family Services and SUNY PDP to offer scholarships for eligible child

care providers. Providers can utilize this funding for credit or non-credit course at the college-level as well as conferences and CCR&R trainings. Despite this scholarship option, providers still indicate training costs as a barrier to professional development and additional funds are necessary for our community.

Providers can only use EIP funding for non-credit training conducted by a NYS Early Learning Trainer Credentialed trainer. Currently, CCR&R has 2 staff who are credentialed trainers and are able to present training eligible for EIP funding.

### **Training Needs**

CCR&R conducts training needs surveys annually, as well as on all evaluations distributed at trainings. A highly requested topic by family child care providers is taxes and record keeping training by Tom Copeland, the nation's leading expert on the business of family child care. A licensed attorney, CPA, and former director of Redleaf National Institute in Minneapolis, MN, Mr. Copeland is a consultant available to present workshops on a variety of business topics for family child care. Funding is needed to bring Mr. Copeland to our area.

Child care providers of all modalities continue to request training on children's challenging behaviors. This topic is offered frequently in our service delivery area. In addition, child care providers are requesting training on the topic of special needs in general, particularly on autism. One in 68 children are diagnosed with autism<sup>27</sup> and providers are looking for information on how to recognize the signs and symptoms and how to develop a curriculum that meets the needs of children with autism.

## SUPPLY AND DEMAND OF CHILD CARE

Parents needing child care while they work or go to school have various care options: child care centers, registered/licensed family child care homes, informal or legally exempt providers, school age child care programs, or in-home child care providers (nannies). Head Start, nursery schools or preschools do not typically offer full time child care and often do not meet the needs of working parents. Tables 8, 9, and 10 show the breakdown of providers in Broome, Chenango, and Tioga Counties.<sup>28</sup>

**TABLE 8: Child Care Providers in Broome County - 2014**

	Child Care Centers	Family Child Care	Group Family Child Care	SACC Programs
Binghamton	9	18	9	12
Endicott/Endwell	4	14	2	5
Johnson City	2	9	1	2
Vestal	3	3	1	5
Surrounding Areas	2	6	4	3
Broome County Totals	20	50	17	27

**TABLE 9: Child Care Providers in Chenango County - 2014**

	Child Care Centers	Family Child Care	Group Family Child Care	SACC Programs
Afton	0	2	0	0
Bainbridge/Guilford	0	0	0	0
New Berlin	0	1	1	0
Norwich	0	10	6	2
Oxford	0	2	2	1



Sherburne	0	3	4	0
Greene	0	8	1	1
Surrounding Areas	0	2	0	0
Chenango County Totals	0	29	14	4

**TABLE 10: Child Care Providers in Tioga County - 2014**

	Child Care Centers	Family Child Care	Group Family Child Care	SACC Programs
Apalachin	0	2	1	2
Candor	0	4	0	0
Newark Valley	0	2	1	1
Owego	1	4	2	1
Waverly	1	2	3	0
Surrounding Areas	0	3	5	1
Tioga County Totals	2	17	12	5

When comparing the local child care numbers with U.S. Census data, there is a great need for child care in our area. To meet the demand for child care for children under age 5, 1,751 more slots are needed in Broome County, 630 slots in Chenango County and 701 slots in Tioga County(See Tables 11, 12, and 13). To address the demand for school age child care for children ages 5 to 12, 3,484 more slots are needed in Broome County, 1,192 in Chenango County and 1,314 slots in Tioga County.

**TABLE 11: Broome County Unmet Need**

	Under 5	5-12 Years
# of Children <sup>29</sup>	10,480	17,707
Demand for Child Care <sup>30</sup>	(63%) 6,602	(53%) 9,384
Regulated Capacity <sup>31</sup>	1,953	1,875
Using Relative/In-Home Care <sup>32</sup>	(43.9%) 2,898	(42.9%) 4,025
Total Unmet Need (Slots Needed)	1,751	3,484

**TABLE 12: Chenango County Unmet Need**

	Under 5	5-12 Years
# of Children <sup>33</sup>	2,735	5,078
Demand for Child Care <sup>34</sup>	(63%) 1,723	(53%) 2,691
Regulated Capacity <sup>35</sup>	337	345
Using Relative/In-Home Care <sup>36</sup>	(43.9%) 756	(42.9%) 1,154
Total Unmet Need (Slots Needed)	630	1,192

**TABLE 13: Tioga County Unmet Need**

	Under 5	5-12 Years
# of Children <sup>37</sup>	2,973	5,399
Demand for Child Care <sup>38</sup>	(63%) 1,873	(53%) 2,861
Regulated Capacity <sup>39</sup>	350	320
Using Relative/In-Home Care <sup>40</sup>	(43.9%) 822	(42.9%) 1,227
Total Unmet Need (Slots Needed)	701	1,314

The 4 biggest areas in which the demand is greater than the supply are:

1. Infant Toddler Care
2. Children with Challenging Behavior or Special Needs
3. School Age Child Care
4. Care in Outlying Areas

1. Infant Toddler Care: According to reports of Family Enrichment Network's NACCRRAware database, 1,229 children were served using the referral services in Broome, Chenango, and Tioga Counties in 2014. 44% of the care needed in Broome County were under the age of 3, 54% of the care needed in Chenango County was under the age of 3 and 50% of the care needed in Tioga County was for infants and toddlers.<sup>41</sup> Referral Specialists state that infant and toddler spaces fill quickly when they are available in programs. In family child care, a child is considered an "infant" until the age of 2. A family child care provider can only care for 2 children under the age of 2 (without an approved assistant), so spots are limited. Child care centers lose money in infant classrooms due to the needed staffing ratios, so there is no incentive to open more classrooms for this age. More care for infants is needed in the community.

2. Children with Challenging Behavior or Special Needs: Finding care for children with special needs or challenging behavior can be difficult. These children may be especially challenging to work with in a group setting, often times being disruptive, exhibiting negative behaviors, or needing one-on-one attention. Most providers may not have the experience or training to work with these children and may not be equipped to handle their particular needs. CCR&R finds children with challenging behaviors may be expelled from programs due to their behaviors and

the program is not be willing to put in the extra time needed to help the child with challenging behaviors.

In 2014, Family Enrichment Network CCR&R started tracking the calls received from parents requesting child care for children with behavior issues, emotional concerns, autism, educational disabilities, or developmental delays. In Broome County, 13 families with children exhibiting ones of these needs were looking for care, 9 families in Chenango County, and 9 families in Tioga County.<sup>42</sup>

3. School Age Child Care: According to the U.S. Department of Labor and U.S. Bureau of Labor Statistics report “Women in the Labor Force: A Databook” from February 2013, 70.9% of mothers with children under 18 years of age are in the workforce. Mothers with children 6 to 17 years of age are more likely to participate in the labor force (76.5%) than mothers with children under 6 years of age (64.2%).<sup>43</sup> Each day, more than 7 million children between the ages of five and fourteen go home to an empty house and are unsupervised, placing them at a higher risk for a range of problems, including school failure or risk taking behaviors, such as smoking, drug experimentation, drinking, and early sexual experimentation. Studies also show that school days between the hours of 3pm and 7pm are the peak times for children to commit crimes or become crime victims.<sup>44</sup>

Because of the lack of after school care and the cost, families often turn to unregulated care, such as relatives, friends, or self-care, which can include the oldest child providing care for the younger siblings or some children home alone. Most states do not have regulations or laws that clarify when a child is considered old enough to care for him/herself or to care for other children.<sup>45</sup>

School age care has been recognized as a local issue. Assemblywoman Donna Lupardo was instrumental in developing the Early Learning Network of Broome and Tioga, a local chapter of the New York State After School Network (NYSAN) to address this age.

According to Family Enrichment Network's NACCRRAware database, 1,229 children were served using the referral service in 2014. Of these children, 35% needing care in Broome County were ages 5-12, 30% in Chenango County were school age, and 27% in Tioga County were school age.<sup>46</sup>

4. Care in Outlying Areas: Rural areas often have unique needs and challenges far different from urban settings. According to the Carsey Institute, the top challenges facing rural child care are: affordability, accessibility and availability, quality, and other specific rural issues, such as the lack of regulated care, lack of resources for families, or the lack of transportation.<sup>47</sup>

As shown in Tables 8 through 10, there are 10 family/group family child care providers in the rural areas of Broome County, 2 in Chenango County, and 8 in Tioga County. There is only 2 centers in the rural areas of Broome County and none in Chenango or Tioga Counties.

## **MARKET RATES OF CHILD CARE**

Child care is expensive, especially high quality child care. Low income families traditionally have lower access to higher quality, affordable child care. The welfare to work movement created its own set of issues for working parents. Many of the jobs that welfare recipients have entered pay very low wages with no benefits. They also frequently involve non-traditional hours (evenings, weekends, or overnights). According to the Annie E. Casey Foundation's 2013 Kids

Count Data Book, 23% of children in New York State live in poverty. National 22% of children live in poverty.<sup>48</sup>

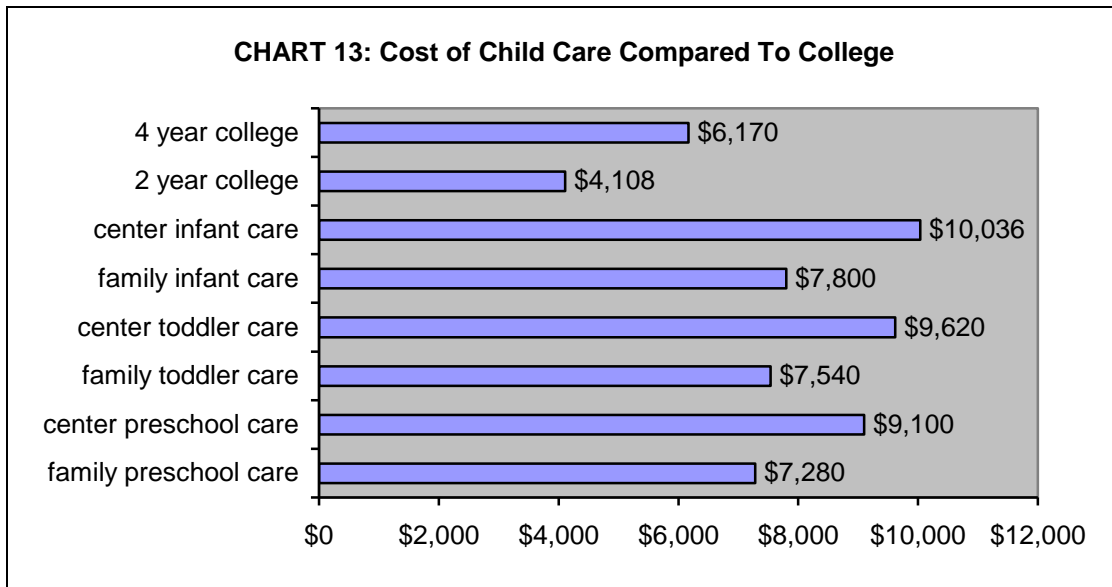
A total of 3,403 families in Broome County are on public assistance.<sup>49</sup> There are 50 families in Chenango County on public assistance<sup>50</sup>. There are 238 families in Tioga County on public assistance.<sup>51</sup> The New York State Child Care Block Grant (NYS CCBG) projected allocation is \$4,057,382 to Broome County from 2014-2015<sup>52</sup>, \$529,121 to Chenango County for 2013-2014,<sup>53</sup> and \$1,709,000 to Tioga County for 2014-2015.<sup>54</sup>

The average cost of full-time child care for infants in Broome County is \$7,800 per year per child in family child care and \$10,036 for center based child care. The average cost of full time child care for a preschooler in Broome County is \$7,280 per year per child for family child care and \$9,100 per year for center based child care.<sup>55</sup>

**TABLE 14: Subsidized Rate (Market Rate) Versus Private Pay Rates for Child Care<sup>56</sup>**

	DSS Market Rate Center-based Weekly Rate	Private Pay Rate Center-based Weekly Rate	DSS Market Rate Family care Weekly Rate	Private Pay Rate Family care Weekly Rate
Infants	\$190	\$193	\$150	\$150
Toddlers	\$180	\$185	\$140	\$145
Preschool	\$170	\$175	\$140	\$140
School Age	\$160	\$156	\$140	\$138

Both the subsidized/market rate and the private pay rate is more than the cost of public college tuition in New York: \$6,170 per year for a four year state college<sup>57</sup> or \$4,108 for a local two year college.<sup>58</sup>

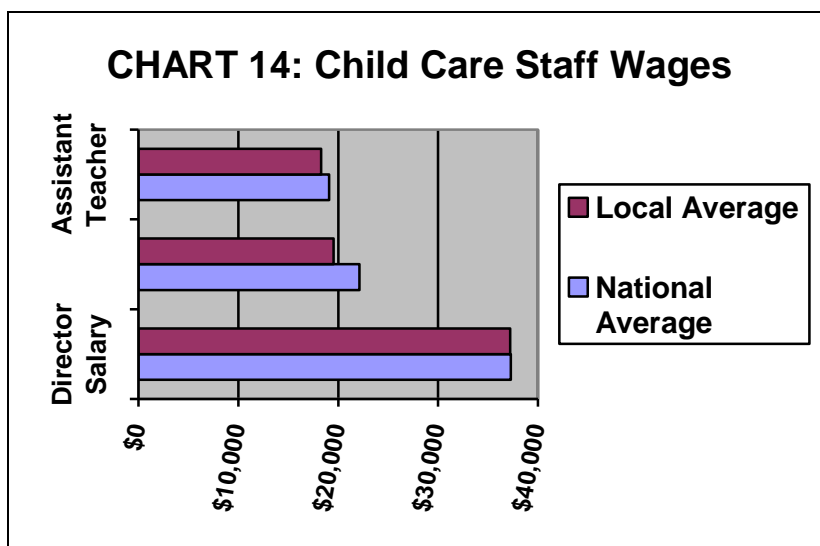


According to a report published by Child Care Aware of America titled “Parents and the High Cost of Child Care: 2014 Report”, New York State ranks #1 in a list of least affordable states for infant care in child care centers and #1 for the least affordable state for preschool age care in child care centers.<sup>59</sup>

The price parents or DSS pays for child care is high, but does not accurately reflect what providing quality child care costs, especially for child care centers. Center Directors indicate that parent or DSS payments alone are not enough to operate a quality program. Additional funding is necessary. In the last 2 years, 3 child care centers in Broome County have closed due to financial issues and the cost of operating a quality program.

The biggest cost for a program is salaries for staff. NYS OCFS regulations dictate required staff-child ratios. Even if a program can accommodate more children in the physical space, it is often not cost effective to add additional staff. Knowing the importance of high quality child care, the qualifications of the child care providers are critical. However, the people we entrust to provide quality child care for our children are often not highly compensated. On average, in center-based care, an assistant teacher earns \$8.80 per hour, while a lead teacher earns \$9.40 per hour.<sup>60</sup> The increase in minimum wage from \$7.25 to \$8.00 in New York in December 2014 affected many child care centers. Many are only paying minimum wage. The next increase in December 2015 to \$9.00 an hour will again affect centers.

The hourly rate teachers are paid is often determined by what a center can afford and not based on teacher qualifications or education. OCFS regulations determine the qualification and educational requirements for lead teachers or assistant teachers in centers. Higher education for a teacher may not necessarily mean higher compensation, especially enough to repay student loans for obtaining a degree. The pay for child care providers across the country is an issue, but as indicated in Chart 14, local child care professionals earn slightly below the national average.





## **ECONOMIC IMPACT**

Across the US, there is increasing recognition of the economic importance of child care. Early care and education is being recognized as an important economic sector in its own right, and as a critical piece of social infrastructure that supports children's development and facilitates parents' employment.

Locally, the importance of child care is being discussed due to the closing of several child care centers over the last 2 years. In August 2014, an Early Care and Learning Summit was held to highlight the local issues with child care centers closing and to discuss the importance of looking at child care differently. Committees were formed following the summit to continue the conversations. The Advocacy Committee moved under the Building Brighter Futures for Broome Coalition and met toward the end of 2014. More results from this committee will be seen in 2015 with the planning of a media awareness campaign and business leader summit.

The local numbers of the child care industry show the importance to the local economy.

**200 Small Businesses:** Child care centers, school age child care programs, and family child care programs are small businesses and contribute to the economic activity of our region.

**42.5 Million Dollars:** The yearly cost of all regulated child care spots in our region is over \$42.5 million in child care payments.

**1000 Workers:** Early care and education workers, directors, teachers, assistant teachers, and providers is a large employment sector.

**6,000 Children of Working Parents:** Parents are able to work because their children are in a child care program. Child care keeps other businesses running. Employers need child care to support their working parents.

While the cost of child care has increase, funding for child care has decreased. We need businesses to understand the importance of investing in early childhood education. WinningBeginningNY has developed the video “It’s Our Business: Why New York State Business Leaders Support Early Childhood Education” showcasing business leaders discussing the importance of early care and learning to our current and future workforce. The video is designed to help others understand that investments in early childhood have short and long-term economic benefits for our State, its families, and future workforce. The video can be viewed on the WinningBeginningNY website at [www.winningbeginningny.org](http://www.winningbeginningny.org).

The community needs to continue to engage business leaders and focus on early learning and education as an investment in workforce development. We need to provide information to the business committee at the local level so it can actively engage in advancing policies that support high quality early childhood education programs.

## **IDENTIFICATION AND PRIORITIZATION OF CCR&R ISSUES**

This assessment indicates that the following community priorities need to be addressed by CCR&R programming:

1. Need to engage the community, providers, parents, and businesses to the importance of high quality child care and the need for more community and business support.
2. Need to support child care providers and programs to improve the quality of their programming by offering trainings, mentoring, and grants.
3. Need to expand child care services in all areas of Broome, Chenango, and Tioga Counties through outreach and media.

4. Need to expand services for infant and toddler care throughout the service area.
5. Need to expand services for children with challenging behaviors and special needs.

Endnotes:

- <sup>1</sup> *WinningBeginningNY Executive Agenda, 2015, <http://winningbeginningny.org/>*
- <sup>1</sup> *The National Association for the Education of Young Children (NAEYC) Program Accreditation search at [www.naeyc.org](http://www.naeyc.org).*
- <sup>1</sup> *The National Association for Family Child Care Program Accreditation search at [www.nafcc.org](http://www.nafcc.org).*
- <sup>1</sup> *Child Care Aware of America Report "Child Care in America: 2012 State Fact Sheets" for New York.*
- <sup>1</sup> *Family Enrichment Network's Family/ Group Family Child Care Provider Needs Assessment Survey, December 2014.*
- <sup>1</sup> *Child Care Aware of America Report "Child Care in America: 2012 State Fact Sheets" for New York.*
- <sup>1</sup> *The National Association for Child Care Resource and Referral Agencies 2012 Report: The Child Care Workforce.*
- <sup>1</sup> *Family Enrichment Network's NACCRRAware Database search, January 2015.*
- <sup>1</sup> *Family Enrichment Network's Infant Toddler Network Reports, January 2014-December 2014.*
- <sup>1</sup> *Child Care Facility System (CCFS) Legally Exempt Database search, January 2015.*
- <sup>1</sup> *Family Enrichment Network Broome County Integrity/Fraud Grant Final Report, May 2013.*
- <sup>1</sup> *Child Care Facility System (CCFS) Legally Exempt Database search, January 2015.*
- <sup>1</sup> *CACFP Database, Minute Menu and CIPS search, January 2015.*
- <sup>1</sup> *New York State Office of Children and Family Services Child Care Regulations: [www.ocfs.state.ny.us](http://www.ocfs.state.ny.us)*
- <sup>1</sup> *Family Enrichment Network CCR&R Training Spreadsheet, 2014.*
- <sup>1</sup> *Child Care Facility System (CCFS) Registered/Licensed Provider Database search, January 2015 and Family Enrichment Network's NACCRRAware Database search, January 2015.*
- <sup>1</sup> *Family Enrichment Network CCR&R Training Spreadsheet, 2014.*
- <sup>1</sup> *Family Enrichment Network CCR&R Training Spreadsheet, 2014.*
- <sup>1</sup> *Binghamton Association for the Education of Young Children workshop attendance records, received by Program Committee Co-Chair Jennifer Perney, January 2015.*
- <sup>1</sup> *[www.cdc.gov/ncbddd/autism/data.html](http://www.cdc.gov/ncbddd/autism/data.html)*
- <sup>1</sup> *Child Care Facility System (CCFS) Database search, January 2015 and Family Enrichment Network's NACCRRAware Database search, January 2015.*
- <sup>1</sup> *U.S.Census Bureau: State and County QuickFacts: [www.factfinder2.census.gov](http://www.factfinder2.census.gov).*
- <sup>1</sup> *2003 Kids County Data Book*
- <sup>1</sup> *Family Enrichment Network's NACCRRAware Database search, January 2015.*

- <sup>1</sup> *Who's Minding the Kids? Child Care Arrangements: Spring 2005/Summer 2006.*
- <sup>1</sup> *U.S.Census Bureau: State and County QuickFacts: [www.factfinder2.census.gov](http://www.factfinder2.census.gov).*
- <sup>1</sup> *2003 Kids County Data Book*
- <sup>1</sup> *Family Enrichment Network's NACCRRAware Database search, January 2015.*
- <sup>1</sup> *Who's Minding the Kids? Child Care Arrangements: Spring 2005/Summer 2006.*
- <sup>1</sup> *U.S.Census Bureau: State and County QuickFacts: [www.factfinder2.census.gov](http://www.factfinder2.census.gov).*
- <sup>1</sup> *2003 Kids Count Data Book*
- <sup>1</sup> *Family Enrichment Network's NACCRRAware Database search, January 2015.*
- <sup>1</sup> *Who's Minding the Kids? Child Care Arrangements: Spring 2005/Summer 2006.*
- <sup>1</sup> *Family Enrichment Network's NACCRRAware Database search, January 2015.*
- <sup>1</sup> *Family Enrichment Network's NACCRRAware Database search, January 2015.*
- <sup>1</sup> *The Children's Defense Fund Report "The State of America's Children", 2005.*
- <sup>1</sup> *Who's Minding the Kids? Child Care Arrangements: Spring 2005/Summer 2006.*
- <sup>1</sup> *Who's Minding the Kids? Child Care Arrangements: Spring 2005/Summer 2006.*
- <sup>1</sup> *Family Enrichment Network's NACCRRAware Database search, January 2015.*
- <sup>1</sup> *National Association of Child Care Resource and Referral Agencies (NACCRRRA) report "Child Care in Rural America: From Challenges to Solutions", 2010.*
- <sup>1</sup> *Kids Count Data Book, 2013.*
- <sup>1</sup> *Interview with Peter Ames, Day Care Unit Supervisor at Broome County Department of Social Services, January 2015.*
- <sup>1</sup> *Interview with LeVon Garofalo at Chenango County Department of Social Services, January 2015.*
- <sup>1</sup> *Interview with Katherine Garrison at Tioga County Department of Social Services, January 2015.*
- <sup>1</sup> *Interview with Peter Ames, Day Care Unit Supervisor at Broome County Department of Social Services, January 2015.*
- <sup>1</sup> *Interview with LeVon Garofalo at Chenango County Department of Social Services, January 2015.*
- <sup>1</sup> *Interview with Katherine Garrison at Tioga County Department of Social Services, January 2015.*
- <sup>1</sup> *Family Enrichment Network's NACCRRAware Database search, January 2015.*
- <sup>1</sup> *NYS OCFS/DSS Market Rates, April 2014.*
- <sup>1</sup> *[www.suny.edu](http://www.suny.edu), 2014-2015*
- <sup>1</sup> *[www.sunybroome.edu](http://www.sunybroome.edu), 2014-2015.*
- <sup>1</sup> *Child Care Aware of America "Parents and the High Cost of Child Care: 2014 Report"*
- <sup>1</sup> *Family Enrichment Network's Annual Child Care Center Survey, December 2014.*

# Family Support Services Programs



## **Family Support Services Program Descriptions**

### **Family Support Services**

Over the past year, 2014, the Family Support Services Department of Family Enrichment Network offered six programs: The Courthouse Children's Center, the Kinship Caregiver's Program, Nutrition Outreach and Education Program (NOEP) expanded into two counties, Broome & Tioga, Clinic Plus and the Housing Program. The housing program eventually developed into a new department, but at the start of 2014 it was rolled in with the Family Support Services Department. Following is a brief description of each program:

**Clinic Plus** is a new program for Family Enrichment Network and the contract was awarded from Broome County Mental Health to FEN as the sub-contractor. The start-up services began in August 2014 with the questionnaires being sent to families in September 2014. Clinic Plus provides every school child from Kindergarten to 8<sup>th</sup> grade in Broome County (except for those in the Deposit School District) with a free, confidential social, emotional, behavioral screening to identify any behaviors that could indicate slight or more serious mental health issues. Research has shown that many children with mental health diagnoses go untreated for at least 10 years\* losing valuable treatment time and creating detrimental behaviors and learning problems that can have lifelong effects.

**The Courthouse Children's Center** is a free drop-in childcare facility at the Broome County Family Courthouse and is a partnership between Family Enrichment Network and Broome County Family Court funded through the Office of Court Administration. Professional early childhood staff cares for children 6 weeks to 12 years of age while their adult caregivers attend to business in the courthouse. Changes in the Governor's budget in 2013 resulted in the

opening times of the Center being changed three times and finally in June 2013 the funding was stabilized to provide four and a half days of childcare a week. The Center is now open full day Monday through Thursday and half day Friday morning. The Children's Center staff offer a monthly curriculum to provide children with fun, educational and safe experiences away from the high tensions that can erupt in the family court waiting room. Adults who leave children in the center are also offered a variety of community referrals and resources.

In 2014 the Courthouse Children's Center averaged 115 children a month an increase from the year before and a reflection of an entire year of 4 ½ days a week of operation. . The statistics for 2014 are as follows: 1386 child visits, 1145 families served including 338 new families who had never used the center before and 90% of families were at the poverty level or no more than 200% above the poverty income guidelines<sup>61</sup>. Throughout this time the Children's Center has also been involved in the Permanent Judicial Commission on Justice for Children, Literacy Program. This program promotes literacy by distributing free books and literacy activities to all the children cared for in the center. In 2014 the staff distributed 1430 books and 1033 Literacy Packets. Distributing over 1400 quality books a year is a challenge for the agency and the Children's Center relies heavily on donations and fundraisers to achieve this goal.

**The Kinship Caregiver's Program** was funded in 2014 through the Kinship Navigator's, Children's Bureau Grant which began in October 2012. Initial funding included money for a Kinship Navigator Coordinator. This position was primarily to work with Kinship Navigator in Broome County to distribute and collect *Permission to Contact* forms that funneled families needing kinship care first to the Kinship Navigator phone banks and then onto the FEN



Kinship Program. In late summer of 2013 this funding was more than doubled so that starting October 1, 2013 the Kinship Navigator Program provided extra funds to allow the program to continue to provide direct kinship services to kinship families through the Kinship Advocate and Kinship Counselor positions.

In September 2014 the Kinship Navigator Children's Bureau grant was refunded by Congress but for a smaller amount of funding, cutting one third of our program's grant amount. This resulted in the loss of the Kinship Navigator Program Coordinator and a reduction in the hours for the Broome County Kinship Advocate and the Broome County Kinship Counselor.

"Kinship" families, refer to those families that are raising someone else's child, generally because of upheavals or unhappy circumstances' in a child's original family group. The responsibility of taking on the task of raising children from fractured families or families in crisis often falls on those outside of the nuclear family unit. Kinship families are frequently headed by grandparents, however aunts, uncles, great aunts, great uncles, siblings, cousins, great grandparents, or other family members and family friends can also take on this task. The sudden addition of children to a family group and the task of parenting a second time around can create unexpected financial hardship and emotional turmoil for these newly blended kinship families.

The numbers of children being raised by someone other than their parents has been steadily growing. As of the U.S 2010 census, in New York State 129,522 grandparents are responsible for the grandchildren living with them and over 439,654 children under the age of 18 live in households headed by a grandparent or other relative.<sup>62</sup> In Broome County there are 2,371 grandparents reported as caregivers in a home with grandchildren under the age of 18 years. Of those, 1221 or 51.5 percent are fully responsible for 2,226 grand children. This is well above the

state level of 35 percent. Nearly 19 percent of grandparent caregivers live below the poverty level.<sup>63</sup> Grandparents and non parent caregivers can have many questions about raising children in today's society and many may not know where to turn for guidance and support.

In our community, the Kinship Caregiver's Program, was one of the original funded Kinship Programs through the Office of Children's and Family Services. The Kinship Program services included an informational help-line and a friendly ear, advocacy, referral services, monthly workshops and up-to-date information on the legal rights of kinship caregivers. The PASTA (Parenting A Second Time Around) workshop series, designed specifically to address the needs of kinship caregivers, was offered along with social activities and community awareness events.

Through 2014 the Kinship program was able to continue to offer in-house counseling services with the Kinship Counselor in Broome County. Through a small mini grant received from a Tioga County Foundation a very limited number of counseling hours were available for Tioga County kinship families. Individual counseling, family counseling, and a few adult support groups were options for kinship families. The mission of the program was to help grandparents and other kinship caregivers cope with today's challenges while working towards a stable future for themselves and the kinship children they care for. One of the benefits of the Kinship Navigator funding was that again kinship families of any income level were eligible for all the kinship program services. From the program's beginning in November 2005 through to December 2014 the Kinship Program served 1062 kinship families with 1685 kinship children. This included 156 new families with 247 kinship children (an increase from the previous year)

added to the database in 2014.<sup>64</sup> Please note that on average, the kinship program works with 40 families a month; this includes both new families and those already in the database.

## **Nutrition Outreach Education Program (NOEP)**

The Supplemental Nutrition Assistance Program (SNAP) (as the Food Stamp Program is now called) is the nation's premiere defense against hunger, designed to support low-income households in need of nutrition assistance. Permanently authorized by Congress in 1964, the SNAP Program is an entitlement program, which means that any individual who applies and meets the established eligibility requirements may receive benefits. Eligibility standards are uniform nationwide, as a result of Federal legislation in 1977.

In New York State, the SNAP Program is funded and governed by the United States Department of Agriculture and administered by the Office of Temporary and Disability Assistance (OTDA), local county Departments of Social Services, and the Human Resources Administration in New York City.

Eligibility for the SNAP Program is based on factors such as household income, immigrant status, and meeting work requirements. SNAP also has special eligibility rules for households that contain a senior or disabled member or a working family with dependent child care or adult care costs. In order to receive SNAP benefits, certain guidelines must be met. A household *without* an elderly or disabled member must have monthly gross income below 130% of poverty guidelines. Elderly and/or disabled households and/or working families with dependent child care or adult care costs must have a monthly gross income below 200% of poverty guidelines. In January 2008, OTDA greatly expanded New York's categorical eligibility

program so that many more households who are income eligible for SNAP are now also categorically eligible. The resources of any household who is categorically eligible *are not* counted during the SNAP application process.

Individuals may apply for SNAP Program benefits at the Department of Social Services at any time during regular business hours, and approval or denial of SNAP is required within 30 days of the intake interview. Applications eligible for expedited service (emergency SNAP benefits) must have a determination made within five calendar days. Benefits in New York State are now issued in the form of an Electronic Benefit Transfer (EBT) card, used like a debit card at grocery stores, retail locations and senior centers. SNAP can be used to purchase Meals on Wheels, and Farmers Markets are authorized to redeem SNAP benefits as well.

Like most counties, Broome County's SNAP participation has been steadily increasing over the past couple of years. In 2013 Broome County Department Social Services Report that was released in 2014, SNAP benefits for that year were provided to 14,109 SNAP only households compared to 2,805 temporary assistance households. Thus, just over 50% of SNAP households have a source of income other than public assistance. Measuring this data would suggest that Broome County's participation in SNAP Program is largely comprised of the working poor, disabled and/or senior citizens.<sup>65</sup>

Within Broome County, hunger is definitely on the rise. The Broome County United Way has reported the number of sites that provide free Thanksgiving and Christmas dinners throughout the county increased to ten. Also the Salvation Army and Catholic Charities team up to provide holiday assistance by providing Thanksgiving and Christmas Baskets to needy families.<sup>66</sup>

In December 2014 in Broome County there was an increase in the numbers of households and individuals receiving SNAP from the previous December with 16,989 households consisting of 31,349 individuals being approved for SNAP benefits<sup>67</sup>. Please note that many more households applied for SNAP but were not approved because they did not meet the eligibility requirements, however these families were still facing food/hunger insecurities. Hunger Solutions New York states that 40 percent of SNAP recipients are children.<sup>68</sup>

Family Enrichment Network's Nutrition Outreach Education Program (NOEP) offers free assistance with the SNAP process in Broome County, and has been doing so since 2003. The NOEP Coordinator at the FEN provides confidential prescreens for SNAP eligibility over the phone or in person. If the applicant appears to be eligible after the prescreening process, an application packet is given or mailed and an intake interview appointment is scheduled with the Department of Social Services. If necessary, an appointment is made for the individual at FEN to receive assistance in completing the application, at which time photocopies are made of the required supporting documentation. For individuals who would otherwise not be able to get to the Department of Social Services for the intake appointment, or for those who feel unable to attend the interview alone, the NOEP Coordinator provides transportation and accompanies the individual through the appointment; however the NOEP coordinator is not the applicant's representative. The NOEP provides technical assistance regarding the application and educates individuals about their rights and responsibilities, regarding the SNAP Program. After four weeks, the NOEP Coordinator follows up with the individual about the process and to determine if they received SNAP benefits.

The Nutrition Outreach Education Program Coordinator answers any questions about SNAP through presentations and outreach efforts at area Senior Citizens Centers, Disabled Housing Facilities, WIC Sites, local food pantries and the Mobile Food Pantry. This is only a partial list of the outreach sites at which the NOEP Coordinator attempts to address the application process, reduce the stigma attached to SNAP, and remove any other barriers to participation in SNAP. Over the course of 2014 the NOEP Coordinator provided 690 prescreens (24 more than the previous year) and enabled 391 households (55 more than the previous year) to receive SNAP. These efforts resulted in \$1,351,296 SNAP dollars coming into Broome County an increase of \$190,080 dollars.<sup>69</sup> These numbers show that hunger in Broome County is not improving.

During 2014 FEN had to reapply for the NOEP contract in Broome County and also applied to operate the NOEP program in Tioga County. These proposals were successful and the Broome NOEP contract was re awarded from July 2014 to June 2018 – four years. A huge addition to the Family Support Services Department in 2014 was the addition of the contract for Tioga County NOEP which also started in July 2014. From July 2014 to December 2014 109 Tioga County Households were screened and 45 households were successful in receiving SNAP. Face to face outreach was conducted with 792 individuals, and 8 agency collaborations<sup>70</sup> were formed as this new NOEP program was becoming established in the county.

### **Emergency Food Assistance**

Originally intended as a last resort for those in need of immediate assistance, more and more working families, single adults, students, children, and senior citizens are relying on the emergency food system as a regular source of food. State guidelines determining who may

receive emergency food do not currently exist; however individual emergency food providers often establish their own income guidelines and may limit the number of allowed visits.

For over the past 25 years, Health Hunger Prevention and Nutrition Assistance Program (HPNAP) provided State and Federal funds to improve the quality of food distributed to an estimated total of 2,600 Emergency Food Relief Organizations (EFRO) such as food banks, food pantries, soup kitchens and emergency shelters in New York State which provide over 195 million meals each year to people who are in need.<sup>71</sup>

Eight regional food banks in New York, responsible for the solicitation, warehousing and distribution of bulk food donations, also provide technical support and mini-grant funding to emergency food providers. The NOEP at Family Enrichment Network works closely with the staff of the Food Bank of the Southern Tier and the local food pantries to ensure that each client who utilizes the food banks, but does not receive SNAP benefits is referred to the NOEP. Likewise, individuals who learn about NOEP from other sources are referred by NOEP to food resources in the community. These collaborative efforts account for many referrals to the NOEP Program.<sup>72</sup>

In 2014 the Food Bank of the Southern Tier (FBST) distributed 2,851,609 pounds of food, 34% of the Food Bank's total (an increase of 9 % from the year before). It is important to note that the FBST serves 6 Southern Tier counties. There were 148 Mobile Food Pantry distributions in Broome County at 25 sites. The FBST served 432,477 individuals consisting of 208,816 children, 200,903 adults and 22,758 elderly.<sup>73</sup> The Broome County Council of Churches manages the Community Hunger Outreach Warehouse (CHOW) with 30 participating food

pantries and 35 soup kitchens and community meals<sup>74</sup> Catholic Charities of Broome County also oversees two food pantries in Binghamton and Endicott. In 2014 the Binghamton site served 15,019 households consisting of 38,878 people of which 17,052 were children, 19,502 were adults and 2,324 were seniors. The Endicott site, Mother Teresa's Cupboard served 6,398 households consisting of 15,413 individuals of which 6,198 were children, 8,336 adults, and were 879 seniors.<sup>75</sup> Please note that these numbers do not include all the food assistance programs, however they do cover the majority of food pantries in Broome County. Keeping this in mind, the number of people struggling to find enough food to eat in Broome County is staggering and the numbers have continued to increase from last year.

### **Working Families SNAP Initiative (WFSI).**

In June 2008 the Working Families SNAP Initiative (WFSI) was instituted, the goal was to add 100,000 new households, representing some 215,000 individuals, to the SNAP population in New York by the end of 2008. That goal was exceeded at the end of 2008 and enrollment in the SNAP Program reached a state wide all time high in December 2012 with 1.66 million households – consisting of 3.09 million individuals receiving benefits.<sup>76</sup>

The United States Department of Agriculture (USDA) approved a request to waive the face-to-face interview requirement at application for Working Families SNAP Initiative qualifying households. In concert with the plan to remove the asset test for the SNAP Program through the expansion of categorical eligibility, more working households can now see the SNAP Program as a valuable work support rather than a program where the benefit is



outweighed by the difficulty of applying. Working applicants are no longer forced to take time from work to apply, and local district staff can focus on the integrity of the case rather than the logistics of the on-site interview. The Broome County Department of Social Services arranges telephone interviews for all NOEP referrals unless applicants are seeking Expedited SNAP. In this case a face-to-face interview must be held.

To support the Working Families SNAP Initiative, an online SNAP application has been introduced to provide the public with an online application available on the internet. The Broome County Department of Social Services implemented the online application in October 2010. The NOEP at Family Enrichment Network has been collaborating with Broome County Department of Social Services to ensure both agencies are partnering effectively to bring this initiative to the community.

## **Family Support Services Identification of Unmet Programs Needs**

### **Courthouse Children's Center**

1. *Restored Funding for Full Operation.* During 2014 funding for the Courthouse Children's Center only allowed the center to be open four and a half days a week. Restoring funding to allow for Center services for a full five days a week would be of the most benefit to families who need to use the Center. This will more critical from January 2015 as Broome County has been awarded another Family Court judge and when all judges and magistrates are in session there are seven courtrooms in operation.

2. Provide a display of community program brochures in the waiting room. Currently this information is available within the Children's Center but not all parents use the Center and therefore are not able to access this community information.

### **Kinship**

1. Legal and Pro Bono Legal Services. Legal Assistance for Kinship Caregivers has been an ongoing unmet need identified in the last six community assessments. Many of the families in the kinship database indicated a need for legal information or legal services to help them with their kinship situation. Some Kinship families are still being told that they must seek temporary custody before they can apply for cash assistance. For other families SSI payments or the amount of SNAP can be impacted when kinship children are added into a family. Kinship families need legal advice to protect their incomes and many kinship providers talk of spending thousands of dollars for lawyers to help them negotiate the legal system and protect their kinship children while seeking full custody or working toward a permanent living situation. When kinship children's parents are unable to pay for an attorney, family court can appoint one, but unfortunately if the kinship provider cannot afford an attorney, there is generally no court appointed attorney available unless the kinship provider is disabled. This means that many kinship providers can be pulled into court and no have recourse but to use life savings or take out loans to pay for necessary legal representation or else run the risk of losing custody of their kinship children. With the new funding for the Kinship Care Program beginning in May 2012 the Kinship Program was funded to provide free one-time legal consultation for up to 50 Kinship Families. The plan was designed to

offer one legal consultation so that a kinship caregiver could determine if they needed a lawyer to pursue their case in family court and establish how much legal representation they would need. However, experience has shown that in too many cases one consultation was not enough as kinship custody issues are complicated and protracted and most of the kinship families could not then afford the lengthy legal fees. Kinship caregivers need Pro Bono legal services to help them resolve their complicated custody issues.

2. Transportation for families in rural areas remains this year as an unmet need for many kinship families. Access to services is a problem for families that live in rural Broome and Tioga counties as public transportation is mainly limited to the urban core and the country services are very limited if not non-existent in some areas. Even though Medicaid can provide medical transportation for medical appointments, therapies and substance abuse counseling, this does not help kinship families get to all the counseling appointments, support groups, workshops and appointments they must attend. Without reliable, available transportation children can miss out on the help they really need.

3. Teens Aging out of Kinship Care Coverage was identified as a new unmet need in 2009; this remains an unmet need for 2014. Kinship foster care families can receive financial support for longer than those teens in the informal kinship care setting. In many instances once a teen turns 18 years of age the family can no longer collect the Non-Parent Caregiver subsidy even if the teen is still in high school. There are exceptions to this, however the eligibility requirements are complicated to understand and do not cover every situation

4. Respite Care is very important and often unavailable for kinship families. In this program respite care is defined as the opportunity for kinship caregivers to spend an extended period

of time away from their kinship children. This does not apply to babysitting offered during a meeting to allow a caregiver to participate. Family Enrichment Network's Kinship Program has been unable to fulfill any requests received from kinship caregivers for daylong, overnight or weekend respite care. Currently in our community respite care is available through Catholic Charities for families who have children with a mental health diagnosis. The type of respite care is provided in a number of formats: community- based, out of home, recreational or group. However kinship families whose children do not have a mental health diagnosis have no extended respite care available to them at all. Based on responses from local kinship caregivers at support group meetings there is a strong need for this service. The extended family that generally is available to help family members with occasional child care is over utilized once these same family members become kinship caregivers. Since the tables have been turned for kinship families there are often no other family resources available to help out.

5. Family Court Proceedings Workshops. Many kinship families are not aware of the Family Court process particularly regarding custody hearings. This is valuable information that could be provided through the use of written materials, videos or workshops.

## **NOEP**

1. Access to healthy affordable fruit /vegetables in food deserts and rural areas. This problem goes hand in hand with the lack of grocery stores, however in 2014 the addition of the CHOWbus, a mobile community food market that provides healthy, low-cost foods

to the public has helped improved access for fresh fruits and vegetables for some of those located in food deserts.

2. Assist More College Students to obtain SNAP Although there are special rules that limit the eligibility of students, NOEP must continue to develop collaborations to educate and advocate for eligible college students in Broome County at the local University, the Community College and Business Schools.
3. Remove the Stigma of SNAP particularly for the elderly. Continuing education is needed to help people realize that SNAP is an entitlement and not a hand out. Also to increase community awareness that SNAP actually helps strengthen the economy of the community by putting federal dollars into our local businesses.
4. Access to Specialized Food for those with Medical Conditions Those who suffer from Celiac Disease (gluten intolerance), Diabetes or other medical conditions requiring specific types of food, are particularly vulnerable when faced with hunger. These individuals have a difficult time finding the correct food at local Food Pantries and can have no other option but to eat food that is harmful for their medical condition. Currently there is no system in place to provide for those with a nutritional/dietary condition. *Please note:* this does not refer to people who are trying to lose weight, but those with serious food allergies and/or food restriction.
5. Food Budgeting Education. Provide information on food budgeting, nutrition and food preparation to teach people how to get the most food out of their SNAP benefits.

## **Reentry Programs – To Restore**

1. *Funding for PEAP for Incarcerated Mothers.* Incarceration forces parents to deal with custody and visitation and the Parent Education and Awareness Program (PEAP) provides important information on coping with these issues. Participants from the *Looking Back and Moving Forward* program stated that they wished they had been given the information from the PEAP workshops and kinship families have indicated the need for these classes for mothers who are incarcerated. Often times the person the mother is in conflict with about custody or visitation is a kinship caregiver and preparing mothers to cope with these issues before they are released is a healthy step toward mending parent-child relationships. Offering the PEAP classes in the women's pod at Broome County Correctional Facility (BCCF) is a positive step for the Re-Entry community.
2. *Continued funding for Looking Back Moving Forward.* the reentry program for formerly incarcerated mothers was only funded for 2010 and based on the evaluations of the participants was a well received and much needed program. Participants reported that it was essential having a group facilitator who was supportive, would advocate on their behalf and understood their struggles from a personal perspective.

## **IDENTIFICATION & PRIORITIZATION OF FAMILY SUPPORT SERVICES**

### **COMMUNITY WIDE NEEDS**

#### **1. Housing**

- a. *Increase safe, affordable, permanent, low-income housing options.*

- b. *Increase transitional housing and expand housing options* for vulnerable populations to include:
  - Developmentally Delayed
  - Domestic Violence Survivors
  - Homeless
  - Mentally Ill
  - Reentry populations from jails and prisons
  - Seniors
- c. *Provide temporary housing facilities for mentally ill and/or chemically dependent individuals who are acting out or off their medications.* There is a serious lack of housing in the community for these individuals, because if they are not a danger to themselves or others, they cannot be admitted to a psychiatric ward and very few other options are available for them. Under these conditions they cannot be accepted at the SOS Shelter, the YMCA, the YWCA and other temporary housing shelters
- d. *Provide transitional housing facilities for parents obtaining their children from placements.* Parents in this situation may benefit from supportive onsite services as they transition back to their roles as fulltime parents.
- e. *Increase housing for sex offenders.* There is an acute lack of acceptable, legal housing for sex offenders in our community. This also becomes a problem for our re-entry population.

## **2. Transportation**

- a. *Restore and Improve Bus Service County-wide.* Last year the community assessment noted that the county bus service needed to be improved. This year 2014, the bus service needs to be reinstated to at least the services offered in

2010. In 2012, the County increased the cost of bus fares, combining this with the 2011 reduction in bus routes and bus schedules has created a weakened bus system. For many low income residents, employment options are limited by the availability of bus routes and the frequency of the bus schedules. Broome County did not have a strong bus schedule for second shift workers, had no schedule for third shift workers and a limited schedule for weekends. Many outlying regions in Broome County did not have a regular bus service at all. In 2014 the situation has not improved. The reductions created a loss of fundamental transportation services for our county and an added burden for our residents.

- b. *Restore funding for the Wheels for Work program.* The loss of OTDA funding for the Wheels for Work program has reduced the ability of families to move out of poverty by providing cars and repairs for low income working parents.

### **3. Food Insecurity**

- a. *Increase the number of supermarkets in Binghamton.* Currently the Center City and North Side of Binghamton do not have any supermarkets, creating a food desert. The only place families can purchase food are at some Dollar Stores and the more expensive small corner markets and gas stations. People must use public transportation (if it is available and they have the funds) to access the proper supermarkets.
- b. *Offer Mobile Food Pantries in Western Broome.* Endicott and Johnson City are underserved by the Mobile Food Pantry and both these towns have large populations of low income households.



- c. *Increased evening hours at food pantries.* More food pantries need to offer evening hours for those people who work during the day, as the number of individuals suffering food insecurity has increased in the county.
- d. *WIC needs evening hours as well to give families more accessibility.*
- e. *Reduce social stigma and increase participation in the SNAP program.* The elderly population in particular needs more education about the SNAP program and that they are not denying anyone else food if they apply for the program.
- f. *Provide allergy free foods at Food Pantries.* Individuals facing food allergies have limited options at food pantries.
- g. *Increase education on SNAP benefits for eligible college students*
- h. *Expand nutrition education programs to include budgeting, shopping and food preparation.*

#### **4. Mental Health**

- a. *Increased access to no cost mental health medications.* The community has seen a small improvement in access to medications for those without insurance or those under insured with the opening of the Hope Dispensary an off-site service of Lourdes Hospital. However, specific psychotropic medications are not always available at this location which can be problematic for those who require a specific medication to keep their mental illness in check.
- b. *Increased access to mental health counseling and support services for the uninsured and underinsured.* An increase in the availability of mental health/counseling services is needed community wide. Without proper mental

health resources, individuals can become involved in the substance abuse arena and/or become involved with the criminal justice system. The substance abuse occurs as they attempt to self medicate and the criminal justice involvement can occur because their mental illness/addictions may make it difficult to follow social norms. This places the individual into a downward spiraling situation. Serious gaps also exist in mental health services for the 18 through 21-year-old age group.

- c. *Increased community wide education about mental health resources.* There is a definite lack of awareness about the mental health services that are available in the community. This particularly affects middle class families who are not familiar with accessing services.
- d. *Increased access to mental health advocates.* This goes hand in hand with the larger lack of awareness of mental health services.

## **5. Adult Education/ Job Training Programs**

- a. *Provide financial aid for adult job training programs.* At this time financial aid can be received for those who are taking a two or four year degree at the local community college but not for those who wish to take adult education/job training programs at BOCES such as welding, cosmetology or a nursing assistant. This inequity in access to further education prevents many low-income people from being able to achieve a level of work-based training that would allow them to move from minimum wage paying jobs

- b. *Increase availability of independent living skills training for adults.*
- c. *Provide a perpetrator's Domestic Violence program.* Broome County used to have a program for men who abuse through a local not-for-profit agency. However this program is now only available through a private practice. The financial requirements are different and the program is not available to as wide an audience as in the past. Broome County should have a low to no cost option.
- d. *Anger management classes.* Currently the only class in Broome County is geared toward parents; however there is a need for a general anger management class for adults as well.

## **6. Family Court Liaison**

- a. *Restore Funding for the Family Court Petition Intake Clerk.* This position provided the general public with assistance when completing the family court petitions pertaining to child custody, child support, emergency hearings, kinship cases and PINS. This fulltime position was funded through ACCORD and the funding was lost in April 2011 with cuts from the Governor's budget. Some child support petitions can be sent to DSS for assistance and the SOS Shelter and Crime Victim's Assistance Center provide volunteers on a daily basis to help those with domestic violence problems. Other wise all other individuals must muddle through the family court paperwork by themselves. Family Court employees are not allowed to assist as it would constitute a legal conflict of interest.

## **7. Formerly Incarcerated Individuals.**

- a. *Continued support for formerly incarcerated individuals.* Last year, six areas of concern existed however the expansion of the Reentry Task Force to include advocacy services for those returning to the area after completing their sentencing has helped. This year there are four areas that still need assistance:
- b. *Income.* Those just released must wait 45 days before they are eligible for cash assistance through Broome County DSS. This becomes an immediate hardship for an individual who is trying to start their reintegration in a positive manner.
- c. *Paid Transitional Employment* to allow the individual to gain work experience, build their resume and receive a source of income. Too many parolees are underemployed or lack any employment for many years after being released.
- d. *Employer Education* to encourage more local employers to consider hiring those with criminal histories and to keep them up to date on the incentives available for hiring felons.
- e. *Legal Aid* to help formerly incarcerated with issues of custody and parental rights hearings that often were started after their incarceration. Child support amendments can be very difficult when the court of origin is in another county or state.

## **8. Rural Communities**

- a. *Increased support and services to the rural areas of Broome County.* Family Support Services programs work with many rural-based families who do not have

reliable transportation. Requiring families to travel to city hubs for services, leads to many needy families missing out on important support and assistance

## **9. Services for Teens /Young Adults**

- a. *Increase services for teens and those 18-21 years old.* The 18-21 year old population straddles the gap between the world of minors and adults. In some instances, 18 year olds are considered adults but legally, parents are still financially responsible for them. This is a huge problem for families with out of control teenagers, or those dealing with teens with mental illness or substance abuse. In these situations the medical field or community agencies may choose to treat the teen as an adult, but their illness or addiction make it very difficult for the teen to function as an adult and they need the advocacy services of a parent. There is a lack of services in Broome County that specifically address the needs of this age group when it comes to mental illness and substance abuse.
- b. *Pregnancy and Dating Violence Prevention Program.* The LU2 curriculum provides a series of fun informative classes on healthy relationships for teens and tweens. The curriculum also incorporates pregnancy prevention and healthy life choices. This curriculum has been used very successfully with teens and tweens from Head Start families and the Kinship Program. Funding is needed to increase the opportunity for all middle and high school students to be able to participate in these classes.

- c. *Support Groups* for children & adolescents dealing with adverse childhood experiences such as those from households with Domestic Violence, substance abuse, mental illness, physical abuse or neglect.
- d. *Drug Prevention Programs*. Prescription drug addiction has led to a sharp increase in Heroin usage in the area. More successful drug prevention programs are needed. The number of deaths from heroin overdoses is being combatted by local police forces having Narcan ( an opiate antidote) available for their officers. Introduction of this medication has started to reduce the number of fatalities from heroin over-doses however the sheer numbers of heroin users has not yet abated.
- e. *Independent Living Skills Programs* to teach teens and young adults successful independent living skills. Teens from dysfunctional households often do not learn the necessary skills to move into adulthood successfully.
- f. *Education related to services and waivers* available for learning disabled and mentally ill teens and young adults. Again there is a lack of information about available resources in the community.

## **10. Parenting Classes**

- a. *Increased options for parenting classes*. This continues to be a need in the community as there are not enough options for parents. Currently there seems to be a shortage of parenting classes in the community. Program participants that have been court ordered find they are on waiting lists for months for this service or the few classes are offered at a time and location that is not convenient for

parents. To fully meet the needs of parents in our community there needs to be a variety of classes offered at different times ( day & evening) and in different locations

- b. *Increased Sites for Supervised Visitation.* There is a lack of options for supervised visitations in the community. Parents who are hoping to regain custody of their children may be required to have supervised visitations. Offering more options in family friendly locations would be helpful.
- c. *Parent Education classes for parents of special needs children.* Currently there are no parenting classes available for parents with special needs children. Attending a discipline class designed for children with normal development is not useful for parents whose children may have Autism or other special needs.
- d. *Parent Support groups for At-Risk Parent and Child* populations. More options are needed in the community.

## **11. Financial Supports for Low Income Households**

- a. *Vouchers for personal care and hygiene items.* Low-income families can find the cost of these items overwhelming as they cannot be purchased with SNAP. Many social service agency personnel reported that families have to rely on donations to receive many essential items. Last year Catholic Charities was able to assist families reducing some of the burden in the community, however the problem still exists.
- b. *Increase the number of Food Pantries* providing assistance with personal care & hygiene items. West Presbyterian Church on Chenango Street Binghamton runs a

Care & Share Program the second Wednesday of the month. Any person with a benefit card can receive personal care, hygiene and laundry items. More of these programs are needed county wide.

- c. *Accessibility to and the cost of laundry* is a problem when these items are not covered by SNAP and families must dip into the small amount of cash they receive. Some families seek out clothing donations because they cannot afford to wash the clothing they have
- d. *Diapers are expensive.* Decisions on potty training by parents can be based on cost rather than a child's developmental stage which can add to the stress of parenting and potty training

## **12. Moving Assistance**

- a. This problem continues to be an issue in our community as there is never any funding to address the stressors around moving for low-income families. When they are required to move from one address to another they are often forced to leave all their belongings behind. This becomes an ongoing burden on the donation community as the same families have to repeatedly collect new donations to furnish their apartments and clothe their children. This may occur because of one of the following reasons:
  - a. *Lack of finances* to pay for a moving service
  - b. *Lack of credit cards* and driver's licenses necessary to rent a moving truck.
  - c. *Lack of physical manpower* necessary to lift and carry large items. This is particularly true for single mothers, elderly and those with disabilities.



### 13. Head Lice and Bedbugs Education.

- a. *Head Lice*. Many families are stigmatized because they are not given the correct information for getting rid of lice. Common knowledge on the methods for getting rid of lice are inaccurate and based on research completed in the 1920's on body lice and fleas. Misinformation abounds. Without correct information families are doomed to being stigmatized by Head Lice and their children can be kept out of school erroneously<sup>77</sup>
- b. *Bedbugs* have been a growing problem in the county over the past couple of years and again this has impacted low income families even more as their resources are limited. It also affects the ability of agencies to obtain second hand beds for people as the fear of bed bugs has restricted the acceptance of good second hand beds and bedding.

#### Endnotes

<sup>1</sup> Courthouse Children's Center Database 12/2014 and [www.labor.ny.gov/workforcenypartners/ta/TA11-1AttA.pdf](http://www.labor.ny.gov/workforcenypartners/ta/TA11-1AttA.pdf) - 2011-02-08 for the poverty guidelines

<sup>1</sup> AARP <http://www.aarp.org/relationships/friends-family/grandfacts-sheets>

<sup>1</sup> U.S. Census Bureau 2003 publication

<sup>1</sup> Broome County Kinship Caregivers Program Data Base 12/2014

<sup>1</sup> Broome County Annual Report 2013 - <http://gobroomecounty.com/files/dss/pdfs/2013%20Annual%20Report.pdf>

<sup>1</sup> United Way of Broome County , First Call for Help

<sup>1</sup> OTDA Caseload Report <https://otda.ny.gov/resources/caseload/2014/2014-12-stats.pdf>

<sup>1</sup> Hunger Solutions New York

<sup>1</sup> NOEP Online Hunger Solutions New York Database 2014

<sup>1</sup> Family Enrichment Network Tioga NOEP Database 2014

<sup>1</sup> NYS Department Health Hunger Prevention and Nutrition Assistance Program website

<http://www.health.state.ny.us/prevention/nutrition/hpnap/>

<sup>1</sup> Family Enrichment Network Broome NOEP Database 2014

<sup>1</sup> Food Bank of the Southern Tier [http://www.foodbankst.org/usr/FBSTBroome\\_2014.pdf](http://www.foodbankst.org/usr/FBSTBroome_2014.pdf)

<sup>1</sup> Broome County Council of Churches <http://broomecouncil.net/>

<sup>1</sup> Broome County Council of Churches, Community Hunger Outreach Warehouse 2011

<sup>1</sup> Catholic Charities of Broome County Food Pantries 2011

<sup>1</sup> Office of Temporary and Disability Assistance website <http://otda.ny.gov/main/resources/caseload>

<sup>1</sup> The Nitty Gritty of Head Lice, Pat Beck Cortland Area Child Care Council and Karen Mastronardi , Prevention Services for Youth 2000



# HOUSING

## **Housing Department Program Description**

Family Enrichment Network's annual Community Assessment has identified safe and affordable housing as a community need multiple years in a row.<sup>78</sup> Due to this chronic need, Family Enrichment Network has made strides to address this issue, which led to the creation of our Housing Department in July, 2013. The Housing Department currently consists of 2 programs: the Caring Homes program and our Section 8 property located at 11 Roberts Street, Johnson City. The following is a brief description of each program, followed by identified needs in our community.

### **Caring Homes Program**

The Caring Homes Program is a housing assistance program funded with Emergency Solutions Grant funds through the City of Binghamton. The goal of this program is to prevent homelessness through financial assistance and supportive services for homeless individuals/families and those at risk of becoming homeless. For those who meet eligibility requirements, financial assistance can be obtained for security deposits, utility arrears or rent arrears. In addition, case management services are provided to create a plan for housing stability. These plans may include finding stable employment, furthering education, finding childcare, enrolling children in educational programs, improving budgeting skills, and access to additional resources within our community.

During Caring Homes first grant year (Feb 1, 2013 – Jan 31<sup>st</sup>, 2014), 13 families were provided financial assistance. Of the 13 families, 9 homeless families were provided security deposits to obtain permanent housing and 4 families at risk of becoming homeless were able to maintain their housing due to financial assistance for shut off notices &/or rent arrears. A total of 340 phone screenings were completed.

In addition to financial support, our client families were provided with case management. Included in that we were able to make direct referrals to services within FEN. 21 referrals were made to FEN's Headstart & Early Headstart, Child Care Resource & Referral program, and our Supplemental Nutritional Assistance Program (SNAP).

Caring Homes ensures that all callers, regardless of program eligibility, are provided referrals. There were 193 outside referrals. Those needing emergency shelter are referred to local resources such as the YWCA Emergency Shelter, YMCA shelter, RISE domestic violence shelter, Volunteers of America (VOA) shelter, and Broome County Department of Social Services for emergency assistance to secure their shelter stay. Other referrals related to physical and emotional well-being are made to resources such as:

- Lend A Hand (through both Broome County Urban League & Opportunities for Broome)- emergency financial assistance.
- Jewish Family Services- emergency financial assistance.
- Mental Health Association of the Southern Tier- emergency financial assistance.
- Mother Theresa's Cupboard- food pantry and emergency financial assistance.
- Community Hunger Outreach Warehouse (CHOW)- food pantry resource.
- Women, Infants & Children- food and nutrition service for families with infants and small children.
- American Civic Association- citizenship resources and English as a Second Language (ESL) classes.
- United Health Services Mental Health Center- mental health services.
- Samaritan House- household items.
- Family Resource Center- parenting classes, children's clothing closet.
- Nearly New Shop- vouchers for clothing.
- United Way of Broome County 211- centralized system for community resources and referrals.
- Get There Call Center- transportation education and coordination.
- Southern Tier Independence Center- services and resources for people with disabilities.

The City of Binghamton recently renewed our Caring Homes program for another year (Feb 1, 2015 – Jan 31, 2016). Family Enrichment looks forward to continuing their efforts to assist homeless families and those at risk of becoming homeless.

### **11 Roberts Street property**

In April 2013 Family Enrichment began its commitment to address the need for safe and affordable housing. FEN purchased a property in Johnson City.

The 2-family property consists of a first floor 2 bedroom apartment and a second floor 1 bedroom apartment. FEN collaborates with Binghamton Housing Authority working together to gain housing for those approved for Section 8. This helps to ensure we are providing outstanding housing to those in direct need. Since occupancy in late Fall 2013 we have had consistent tenants. Binghamton Housing Authority is happy to have another property available to their clients, as their current Section 8 wait list of over 500 + families.<sup>79</sup>

### **Looking to the future**

Family Enrichment Network is committed to on-going efforts to address our community's need for safe and affordable housing. We have found that the need for housing amongst the developmentally delayed population is growing at a rapid rate. Our newest endeavour is the acquisition of 52 Sherman St Johnson City, NY. The home was donated to FEN by Wells Fargo with a stipend of \$15,000 for renovations. The home will be rehabbed in the upcoming months with a completion date in late summer. Our intention is to house individuals with developmental disabilities that will live independently. We look forward to working directly with STIC, and

other interested agencies, to providing safe and affordable housing for those with developmental disabilities.

### **Housing Program Identification of Unmet Needs**

Although Caring Homes successfully assisted many families find permanent housing and/or divert homelessness, the need in our area exceeds what our program is able to provide. Strict guidelines limit the amount of families we are able to assist through this program. For example, during our first year

(2013-2014), only 105 out of 200 phone screens were determined eligible. Our second year (2014-2015), only 138 out of 340 phone screens were determined eligible. Strict eligibility guidelines for the use of Emergency Solutions Grant funds come from two sources: the City of Binghamton and the government's Housing and Urban Development (HUD).

To be eligible, clients must be residing within Binghamton city limits, have an income below 30% of the area median income, and a situation that categorizes them under HUD's very specific definitions of "Homeless" or "At Risk of Homelessness."<sup>80</sup>

Other barriers to providing financial assistance appear to contribute the low number of actual intakes completed on those determined eligible. Out of the 138 callers determined eligible, only 35 qualified for an intake appointment. And of those intakes, only a small portion (13) resulted in financial assistance. Many clients no-showed or determined they were no longer interested. Other issues identified as barriers include landlords who were unwilling to comply with program expectations regarding code inspections or make repairs cited by code enforcement during inspections.

### **Unmet Needs, As Identified by Clients and Local Agencies**

(1). *Security deposits*- As mentioned previously, due to strict eligibility guidelines for use of Emergency Solutions Grant funds, Family Enrichment Network's Caring Homes Program is only able to serve a limited number of families in Binghamton. Our program frequently receives calls from those in surrounding areas, such as Johnson City, Endwell, Endicott, Chenango Forks, Maine, Whitney Pointe, Conklin, etc. In addition, calls also come from people who are considered "over income" for our program (per HUD guidelines) yet due to their limited income they often find themselves vulnerable to homelessness and other hardships.

At this time we are unaware of programs other than Caring Homes that provide financial assistance for security deposits. Mental Health Association of the Southern Tier had previously assisted chronically homeless individuals/families with ESG funds for security deposits, but their grant ended on February 1, 2013 and they did not seek renewal. In addition, Broome County Department of Social Services rarely provides assistance for security deposits; usually only in cases where a natural disaster has caused an individual or family to relocate.<sup>81</sup> Other agencies that provide emergency financial assistance (Lend-A-Hand, Jewish Family Services, Mother Theresa's Cupboard) do not authorize their funds for security deposits.

(2). *Safe and affordable housing*- Clients and agencies, including the homeless shelters, cite the lack of safe and affordable housing as a continued problem in our area. Many housing options are considered sub standard and clients frequently complain about absentee landlords and/or maintenance repairs that go unattended to. In addition, many complain that options in their income range are typically located in unsafe, drug-infested neighborhoods. Families are especially concerned with this, as they fear for the safety of their children.

(3). *Moving assistance*- When low income families are required to move from one address to another they are often forced to leave their belongings behind. This causes the family to have to start over again. This occurs due to one or more of the following:

- a. *Lack of transportation* to move belongings, especially large furniture items.
- b. *Lack of finances* to pay for moving services or storage fees.
- c. *Lack of the physical manpower* needed to move belongings, especially larger furniture items.

To add to their challenges, very few local resources offer furniture due to the threat of bed bug infestations. When furniture is found clients often face the difficulties listed above to purchase, transport & move the needed items. This is particularly true for single mothers, elderly and those with disabilities.

In conclusion, Family Enrichment Network continues to work to prevent homelessness and support those at risk of becoming homeless. We have identified the need to provide safe and affordable housing for those with developmental disabilities allowing them to live independently in the community. We will continue to develop and grow as the needs in our service area warrant our support.

#### Endnotes:

<sup>1</sup> *Family Enrichment Network Annual Community Assessment*

<sup>1</sup> *Conversation with Kim Mitchel/Section 8 Housing Coordinator, Binghamton Housing Authority, March 2014*

<sup>1</sup> *Electronic Code of Federal Regulations website- Emergency Solutions Grant*

<http://www.ecfr.gov/cgi-bin/retrieveECFR?gp=1&SID=3c51f2ee7e89a1f0800c6de1337781b0&ty=HTML&h=L&n=24v3.1.1.3.8&r=PART>

<sup>1</sup> *Conversation with Rita Meatley/Head Social Services Examiner, Broome County Department of Social Services, March 2014*





Head Start, Early Head Start  
&  
Early Achievers Programs

## **Child Development and Adult Education Needs**

When looking at Child Development and Adult Education, there are many topics to be considered. There have been many changes to education in recent years that have impacted how we work with children and adults. The development of the Common Core State Standards that have incorporated the 21<sup>st</sup> Century College and Career readiness skills have driven the change in curriculum used from preschool through adult education. Through our Community Assessment this year we are going to look at vital cornerstones to the foundation of child and family development as well as Head Start and Early Head Start. While assessing the needs of Adult Education and families developing self-sufficiency, we cannot move forward without taking an in-depth look at families' financial literacy skills and staff preparing children for essential math skills that they will need for their future education and life.

In order to ensure that children in our community are school ready when entering Kindergarten, we are going to explore how the common core standards play an essential part in how we plan for our children right from infancy. Educating our parents on the common core will not only assist them in understanding what is required of children in Kindergarten and beyond, but will help them with their own educational pursuits in shoring up a financial future for their children.

## **Adult Literacy**

According to the 2003 National Assessment of Adult Literacy (NAAL), literacy is defined as "Using printed and written information to function in society, to achieve one's goals, and to develop one's knowledge and potential."<sup>82</sup> This definition implies that literacy goes beyond simply being able to sound out or recognize words and understand text. A key feature of

the definition is that literacy is related to achieving an objective and that adults often read for a purpose.<sup>83</sup>

Literacy begins with the ability to read and understand the written language and the use of numbers. Reading and math skills are the foundation for all other learning. What's most disturbing about adult non-literacy is its legacy. According to Gary Rice, Ph.D., Assistant Professor of Education at the University of Missouri-St. Louis, "There's a lineage of illiteracy, you can unravel this thing all the way back." He goes on to say that the "key to improving childhood literacy may be improving adult literacy."<sup>84</sup> Studies show that the higher the parents' level of education, the more likely that the child will pursue further studies. According to a study by Patrice de Broucker and Laval Lavalée, "Young adults aged 26 to 35 were close to three times more likely to earn postsecondary credentials (college diplomas) if their parents had a postsecondary education than if their parents had not completed high school."<sup>85</sup> Obtaining an education is important not only because it permits a person to flourish and thrive, but also because it allows a person to develop other capabilities.

In 2003, the National Assessment of Adult Literacy (NAAL), commissioned by the U.S. Department of Education's National Center for Education Statistics assessed the literacy of over 19,000 adults (representing the entire population of the U.S. adults age 16 and older) in three different areas: prose literacy (the knowledge and skills needed to search, comprehend, and use continuous texts), document literacy (the knowledge and skills needed to search, comprehend, and use noncontinuous texts in various formats), and quantitative literacy (the knowledge and skills required to identify and perform computations, either alone or sequentially, using numbers embedded in printed materials). Literacy levels were separated into four levels of achievement:

*Below Basic, Basic, Intermediate, and Proficient.* Results indicated “twenty-two percent of adults were *Below Basic* (indicating that they possess no more than the most simple and concrete literacy skills) in quantitative literacy, with 14 percent in prose literacy and 12 percent in document literacy.”<sup>86</sup> Breaking this down in terms of financial capabilities, 22% of adults are unable to perform the very basic of tasks, including, balancing a checkbook or creating a monthly household budget.

The benefits of possessing an education go beyond the direct benefits of employability and earning potential to the indirect benefits which include social well-being (family and community life), personal well-being (self esteem, life satisfaction), and physical well-being (health and access to health care). Parents who complete a high school education, an Adult Secondary Education program High School Equivalency/Test Assessing Secondary Completion (HSE/TASC), attempt college, or job training provide a first hand example to their children of the importance of an education. They contribute to their child’s education by passing on attitudes and expectations, providing encouragement and opportunities to learn, helping outside the classroom, and standing as positive role models. According to the NAAL, 36% of parents with *Basic* prose literacy read to their children 5 or more days compared with 27% of parents with *Below Basic* prose literacy and 23-25% of parents with *Basic* and *Below Basic* prose literacy reported that they had been involved in their children’s schools (volunteering to help out, going to parent/teacher meetings, spoken individually with a teacher, and or sent food for parties or snacks). In comparison, 50% of parents with *Proficient* prose literacy and 44% of parents with *Intermediate* prose literacy read to their young children 5 or more days a week, and 40% and 29% of parents with *Proficient* prose literacy and *Intermediate* prose literacy respectively,

had been involved in all four school activities measured (volunteering to help out, going to parent/teacher meetings, spoken individually with a teacher, and or sent food for parties or snacks).<sup>87</sup> Parental well being directly affects the rest of the family. According to research conducted by Barbarin et al. (2006), “the skills children need to meet the demands of school (in the domains of language and numeracy) are linked to resources present in the child’s familial environment. Being able to meet the material needs of the child and having the human and social capital associated with higher Social Economic Status may lower strain and equip parents to cope with expected and unexpected life events.”<sup>88</sup>

In the United States 25.7 million (13 percent) of people between ages 18 and 64 are without a high school diploma or equivalent.<sup>89</sup> This number is expected to increase as the number of high school dropouts, especially minority populations, increases. Added to the dropout rate, an impact of the 2008-2012 economic recessions, many states have seen an increase in the number of older, unemployed or underemployed adults who are returning to school to obtain their high school equivalency diploma to in order to upgrade their future employability. According to the United States Census Bureau’s Demographic, 2010 American Community Survey for Broome County, 23,470 (11.7%) residents age 25 and older do not possess a High School Diploma or Equivalency Diploma. Of those residents, 7,817(16.5%) reside in Binghamton and 2,200(14.5%) reside in Johnson City.<sup>90</sup> According to New York State Education Department, in 2010 the statewide graduation rate was 73%. In Broome County, the city of Binghamton had the lowest graduation rate in the county at 67%. It also has one of the highest dropout rates, along with Harpursville Central School District.<sup>91</sup>

Narrowing in on the Head Start/Early Head Start population, this 2014-2015 program year 30% of Head Start/Early Head Start families reported at least one member of the household lacking a High School diploma down 2% from last year and 20.7 % of the children's parents lacking a High School diploma or HSE/TASC diploma. Sixty-one percent of the families reported that they were interested in continuing their education.<sup>92</sup> With 22.5% of Head Start/Early Head Start families reporting education as their goal for the 2014-2015 Head Start/Early Head Start Program Year, up 3.7% from last year,<sup>93</sup> it is obvious that continuing education and literacy are important areas for our agency to explore.

### **Financial Education**

But to be “literate” in today’s world, we must also include having a firm grasp on problem-solving, higher-level reasoning skills, and financial literacy which includes financial capability. Financial literacy as defined by Lois Vitt and colleagues (2000) is “the ability to read, analyze, manage, and communicate about the personal financial conditions that affect material well-being.” Financial capability, according to Atkinson et al. (2006), “incorporates skills, behavior, and knowledge in five areas: making ends meet, keeping track, planning ahead, choosing products, and staying informed.” “The JumpStart Coalition for Personal Financial Literacy, a national group of organizations promoting financial literacy at all grades, notes on its Web site that the average student who graduates from high school ‘lacks basic skills in the management of personal financial affairs. Many are unable to balance a checkbook and most simply have no insight into the basic survival principles involved with earning, spending, saving and investing.” According to a final report of the President’s Advisory Council on Financial Capability (Jan. 29, 2013), “Financial education should take its rightful place in American

schools. More specifically, it recommended integrating ‘important aspects of personal finance into teaching of math and English language arts Common Core State Standards for K-12 education as well as other subjects.’<sup>94</sup>

With approximately 22% of adults in the United States possessing no more than the most simple and concrete of knowledge in quantitative literacy and our School Districts focusing so heavily on higher level mathematic reasoning, financial literacy and basic concepts of budgeting are going by the wayside. According to State Financial Education Requirements, JumpStart Coalition for Personal Financial Literacy, “personal finance instruction in the K – 12 curriculums is not required in 52% of states, and only 8% require at least a one-semester course.”<sup>95</sup> Although personal finance is a requirement in New York State (Economics, the Enterprise System and Finance offered in twelfth grade) there is no assessment to pass that requires proficiency, <sup>96</sup>and for those who want to obtain a High School Equivalency (HSE) diploma, there is no personal finance test required. Even in the newly adopted Test of Adult Secondary Completion (TASC), the current assessment tool for receiving a HED based on the new common core standards does not include a section on personal finance. In the 2014-15 program year 42.5% of Head Start/Early Head Start families reported finances as a family need,<sup>97</sup> down 1.7 % from 2013-2014 survey<sup>98</sup>, with 17.1% of those families working on that as a family goal<sup>99</sup>up 3.8% from 2013-2014 survey<sup>100</sup>

### **Adult/Parent Education**

Recent Federal and State legislation regarding upcoming education changes has created more of a need to educate Head Start/Early Head Start parents both for their own educational goals and those of their children. The Obama Administration in an effort to reforming America’s

public schools, has developed a competitive challenge to schools called “Race to the Top”, to provide every child access to a complete and competitive education. States had an opportunity to develop an education reform plan and submit it for funding support in a two round competition. The goal is to help prepare American students to graduate ready for college and career, and enable them to out-compete any worker, anywhere in the world.<sup>101</sup> His challenge embraces four key areas of reform: (1) Standards and assessments that prepare students to succeed in college and the workplace and compete in the global economy; (2) Build data systems that measure student growth and success, and inform teachers and principals about how they can improve instruction; (3) Recruiting, developing, rewarding, and retaining effective teachers and principals; and (4) Turning around our lowest-achieving schools.<sup>102</sup> In August 2010, New York State became one of ten states to be awarded funds for “Race to the Top” educational reform.<sup>103</sup> According to the 2014 federal budget, President Obama continues to prioritize funding to ensure that four year-olds across the country have access to a high-quality preschool Education through a landmark new initiative in partnership with the States.<sup>104</sup> Prioritizing early education is also a state goal. The 2014 New York State’s Executive Budget reflects a strong commitment to improved student outcomes, with a key initiative of an investment of \$1.5 billion over five years to implement a statewide Universal Full-Day Pre-Kindergarten program and an investment of \$720 million over five years to expand afterschool programs.<sup>105</sup> With financial support from the “Race to the Top” initiative and the investment in Universal Full-Day Pre-Kindergarten programs, New York State has moved forward and has adopted PreK-12 Common Core Standards.<sup>106</sup> “The Common Core State Standards Initiative is a state-led effort coordinated by the National Governors Association Center for Best Practices (NGA Center) and the Council of



Chief State School Officers (CCSSO)”, which “provide teachers and parents with a common understanding of what students are expected to learn. Consistent standards will provide appropriate benchmarks for all students, regardless of where they live.”<sup>107</sup> New York State plans to implement the common core learning standards in all schools in 2011-12 with full classroom instruction fully aligned to the new standards by the 2012-13 school year.<sup>108</sup> This new legislation will affect all of our parents and their children. Standards have been developed for our Pre-Kindergarten children and a new High School Equivalency test has been developed to be implemented in 2014 for our parents who wish to pursue their High School Equivalency Diploma.

Currently, in the Binghamton area, there are three primary organizations that offer HSE/TASC and/or ESOL classes. Binghamton High School offers Adult Basic Education (ABE) and HSE/TASC classes during the day Monday through Friday at the First Presbyterian Church on Chenango Street. They also offer ESOL classes daily at the American Civic Association and evening classes on Tuesdays and Wednesdays at Saratoga Terrace apartments in Binghamton. The second organization to offer classes, Broome-Tioga BOCES, offers classes at First United Methodist Church in Endicott Wednesday through Friday mornings, at Carlisle Apartments mornings Mondays through Thursdays, at Broome County Workforce full days Monday through Fridays, at Leslie F. Distin Education Center three evenings a week, at the Tioga Workforce Center twice a week, and at Johnson City Learning Center Mondays through Fridays. Broome-Tioga BOCES offers ESOL classes mornings at the Johnson City Learning Center four days a week. And finally, Literacy Volunteers of America of Broome and Tioga Counties (LVA) currently has 54 tutors that work individually with students on ABE (students

with a reading level that is lower than a 5<sup>th</sup> grade level), TASC, and ESOL. According to the Broome County Department of Social Services, personal finance classes are available and recommended to clients who obtain jobs, but are not required.

In the Tioga area, Broome/Tioga BOCES offers classes at the Tioga Workforce Employment Center, Mondays & Wednesdays from 1 – 4 in Owego. This is the only adult education offered in the Tioga county area.

The Family Enrichment Network offers adult TASC classes, Monday and Wednesday mornings and Monday and Thursday evenings, along with adult ESOL classes Monday mornings and Monday and Thursday evenings during the academic calendar year. Family Enrichment Network is currently the only Agency that offers a no cost College Transition class (Transition Writing and Math) in the community and many of the recent graduates from our Adult Education program have decided to participate in the program prior to enrolling in post-secondary education classes. Family Enrichment Network is also the only TASC/ESOL program that offers no cost child care and transportation for students attending the adult education program. Students attending classes have transportation and/or childcare available to them at no cost. Many of the students utilize the transportation and/or childcare available to them and state that they wouldn't be able to attend if those services were not available. We currently do not offer classes in Tioga County.

Financial Education Workshops have been a top priority this PY. Family Enrichment Network in conjunction with Ever Evolving Enterprises has offered classes throughout this school year that educate parents in practical steps to move their families toward financial

security. Many families have worked toward their goal of finances by attending these classes and working on the strategies discussed.

Although there are three main organizations that offer adult literacy and TASC programs, Binghamton High School and Broome-Tioga BOCES, and LVA, along with The Family Enrichment Network, there are many organizations referring adults for assistance. Center City Coordination (C<sup>3</sup>), Cornell Cooperative Extension, Department of Social Services, and the Refugee Resettlement Program are just a few. Family Enrichment Network is currently serving 58 students in the adult HSE/TASC and ESOL programs. Statistics presented earlier showed that 10,017 people age 25 and older in the Binghamton and Johnson City areas do not possess a high school diploma or equivalency diploma up 52% from the United States Census Bureau's Demographic, 2005-2009 American Community Survey 5-Year Estimates for Broome County<sup>109</sup>. Based on this information 95% of the population of people who do not possess a high school diploma is not being served.

Research shows a clear-cut and unquestionable need for Adult Education programs, but funding for such programs is limited and dwindling on a yearly basis. According to Latta, "the degree to which adult education programs are given such low priority is made clear by the discrepancy in federal and state funding."<sup>110</sup> Latta goes on to report that according to the Digest of Education Statistics, the K-12 system spends close to \$7,500 for every child enrolled in school, and the higher education system spends around \$16,000 per student enrolled, but the adult education system (which enrolls and serves the most difficult to educate segments of our adult population) spends an average of \$310 on each student.<sup>111</sup> With federal and state funding shrinking for adult education programs, the new Common Core Standards raising the

expectations and level of education preparedness of future High School graduates entering the labor force, and the need for a technology literate society increasing, adult education programs have been forced to become more creative in their pursuit to find new avenues to secure continued funding for their programs.

New York State identified three main barriers to why the people who need the TASC do not always succeed in obtaining one; cost, access, and most importantly, preparation programs. The New York State Board of Regents recommends “expanding instructional programs, including basic literacy and adult education programs; enhancing the quality of programs available; and building on promising models of instruction.”<sup>112</sup>In order to prepare people for post-secondary education, the HSE/TASC assessment is being revamped for 2014. The content of the new 2014 TASC assessment test will align with the Common Core Standards and contain a five-test format reading, writing, math, science and social studies. A big change to the test is that it is now going to be completely computer based, which presents a new challenge to existing preparation programs and testing centers that now have to supply the computers for instruction and assessment. With the new requirements for preparation programs and testing centers, with little funds to back them, more programs will disappear causing a greater problem to the population trying to further their education and consequently, their financial stability.

The amount of adult education classes in the Binghamton area is declining with the needs and benefits of the classes rising especially in Adult Basic Education. Lack of funding and a decrease in participation have caused Broome-Tioga BOCES to restructure and scale down adult education services and even close centers. Many programs find that program location, hours of service programs are offered, lack of transportation, and lack of childcare services are

among a few problems preventing adults in need of literacy, ESOL, and TASC education from attending classes. According to the United States Department of Labor Bureau of Labor Statistics Employment Projections, people that possess a high school or high school equivalency diploma earn \$174 dollars more a week<sup>113</sup> and \$200,000 more a lifetime<sup>114</sup> than a person who hasn't received a diploma. According to The Condition of Education 2014, in 2012 young adults with a High School Diploma or Equivalency earned on average \$7,100 (or 24%) more than their counter parts that had less than high school completion.<sup>115</sup> And furthermore, "Between 2002 and 2012, the median earnings for young adults without a high school credential declined by 10% from \$25,500 to \$22,900; \$2,600 a year.<sup>116</sup> According to Broucker and Lavallee, parents with higher education levels are more likely to set their children on the path to educational success. They state, "Parental education plays a significant role in children's ability to match or improve upon their parents' educational attainment. Most probably, this occurs because the learning environment in the home reflects the parents' own academic background."<sup>117</sup> Support for the 95% of Binghamton and Johnson City residents that do not have a high school or high school equivalency diploma are imperative for the economical and educational growth of our area.

When we review the percentages of families that are in need of completing their high school education, or the equivalent (TASC), continuing ESOL classes and raising their own literacy levels through Adult Basic Education classes, we can see that there are many families that may have difficulties in supporting and enhancing their children's educational experiences both at home and at school. As indicated previously, parents who have a lower level of education have a greater chance of their children not being as successful in school as those children who do have families with a High School Equivalency Diploma. This can also go for families who have a

greater understanding of the English language. With vital agencies that supply these courses decreasing, it is becoming more difficult to meet the demand.

### **Advancing Thinking**

According to the 2007 Head Start Act, family Literacy encompasses four components: interactive literacy activities between parents and their children, training for parents on how to be the primary teacher for their children and full partners in the education of their children, parent literacy that leads to economic self-sufficiency and financial literacy, and age-appropriate education approaches that prepare children for success in school and life experiences. Family Enrichment Network hires highly qualified staff for its Head Start and Universal Pre-Kindergarten classrooms that are trained in providing age-appropriate instruction throughout the program. Teaching staff are encouraged to continue their training through professional development opportunities that are based on goals they develop each year. Goal setting behavior is an essential human activity in which a person can identify an area in need of improvement and then works towards an acceptable solution, which may not be apparent at first.<sup>118</sup> Reflection on teaching practices and goals can be useful in learning from any experience and can be used as a mechanism for both improving teaching and turning experiences into knowledge about teaching. Reflection, as defined by Dewey, is “the kind of thinking that consists in turning a subject over in the mind, and giving it serious thought.”<sup>119</sup> Reflection extracts any combination of formally taught knowledge, reading, implicit knowledge, experience, critical incidents, and emotions to create new knowledge that enhances the capacity to visualize new realities and outcomes.<sup>120</sup> Often there is little time for reflection in our daily schedules. A basic challenge with finding time for reflection is the lack of understanding of its importance and the gains from

its practice. Through reflective practices, we can acknowledge the “aha” moments that occur in our program to build on the success, and recognize the short comings of our instruction in order to seek out alternative approaches. Through reflection, we each become mentors for the rest of our colleagues. Embracing reflective practices and goal setting throughout our program will enhance all four parts of family literacy.

### **Implications**

In order to better meet the needs of children and the families in our community, there needs to be increased numbers of TASC, ABE, and ESL classes for non-English speaking families and an addition of classes to the Tioga County area. A variety of course days and times would accommodate working families who would like to pursue further education within our service area. Sixteen percent (14%) of our families that completed the Parent Questionnaire for the 2014-2015 program expressed the need of either TASC Services, educational tutor, or ESL classes in order to complete their education.<sup>121</sup> It is vital that services be available for these families in order to increase the economical outlook for our service area as well as quality of life and education for the families and children that we serve. The programs we offer must be in alignment with the Common Core Standards and with the future TASC test in mind.

In addition to providing more adult education opportunities, our community needs to provide dependable and high quality transportation and childcare in conjunction with these courses to allow families to fully take part and not have the worries of how they are going to be able to get there and who is going to care for their children. This may include increasing low-cost or no-fee program slots to for these families. Additional full-day slots for two-, three-, and four-year-old Head Start children would allow more families to attend the programs that they need to attend in order to pursue further education. As an added bonus to the attending children, they would be

engaged in HSE/TASC in language rich environments that would build on their language and literacy skills as well as the families.

Along with offering more adult education classes, and extending Head Start and Early Head Start offerings to more children, our families need continued exposure to sound financial literacy. Household budgeting, credit counseling, and programs that explore the benefits of banking and keeping checking/savings accounts would help our families not just in the present, but in planning for their future and their children's futures. According to Johnson and Sherraden, people who had an allowance, bank account, or investment when they were children saved more of their income as adults.<sup>122</sup>

As we continue to build on our programming, one thing that remains strong is our connections with families that we work with. Our staff works with parents to organize opportunities for their involvement in their child's education. In this process, we are understanding of parents' needs and views of education, and reflect on their own motivation and desired outcomes for home-school initiatives.

### **Child Education**

The National Council of Teachers of Mathematics (NCTM) and the National Association for the Education of Young Children (NAEYC) affirm that "high-quality, challenging, and accessible mathematics education for 3 to 6 year old children is a vital foundation for future mathematics learning".<sup>123</sup> "Mathematics helps children make sense of their world outside of school and helps them construct a solid foundation for success in school".<sup>124</sup> Children naturally notice mathematics in their everyday life by exploring quantities, finding patterns, sorting, and problem solving; such as sharing an equal amount of snack with another child, noticing a child



has more than they do, or balancing a block on another. Children in elementary and middle school do not only use mathematics in math courses; Math is found in science, social studies, and other subject areas as well as in social interaction and problem solving. In high school, students need mathematical proficiency to succeed in course work that provides a gateway to technological literacy and higher education. Once out of school, all adults need a broad range of basic mathematical understanding to make informed decisions in their jobs, households, communities, and civic lives.<sup>125</sup> In mathematics as in literacy, children who live in poverty and who are members of linguistic and ethnic minority groups demonstrate significantly lower levels of achievement.<sup>126</sup> If progress in improving the mathematics proficiency of Americans is to continue, much greater attention must be given to early mathematics experiences and this knowledge needs to be in the hands of early childhood educators in a form that will effectively guide their teaching.

Currently ninety five percent of the children that are served by Family Enrichment Network are living in poverty and fifty nine percent are from a minority group. Over the last three years mathematics has been an area of improvement in our agency. During the 2012-2013 program year there were ten pre-k classrooms below expectations in math in the fall; more than any other developmental area. By winter, there were still five pre-k classrooms still below expectations while all other developmental areas had only one classroom below expectations. At the last assessment, spring, there were two classrooms still below expectations in mathematics while all other areas of development were meeting expectations or exceeding expectations except one classroom in cognitive development. During the 2013-2014 program year the trend continued; the fall data showed 10 classrooms below expectations, 7 classrooms below in the

winter, and 2 below in the spring; with no other classrooms with any area below expectations by the spring assessment. Our agency is seeing the same trend with 11 of the 12 pre-k classrooms in mathematics in Broome County and all 4 of the pre-k classrooms in Tioga County being below expectations; which is once again more than any other developmental area. While the good news is, by spring last year, we were seeing a majority of the classrooms at the meeting expectations level however the unfortunate reality is that they are just barely making the cut-off. We are not seeing classrooms entering into the exceeding expectations level which we as an agency feel is obtainable for pre-k children with the right teaching practices and resources.

### **Within the Classroom**

What should early childhood mathematics look like in an early childhood classroom? Children have a natural interest in mathematics and it helps them make sense of their world. Teachers should positively encourage this in a child's daily routine. It is vital for young children to develop confidence in their ability to understand and use mathematics; to see mathematics as within their reach. Positive experiences with mathematics to solve problems help children to develop dispositions such as curiosity, imagination, flexibility, inventiveness, and persistence that contribute to their future success in and out of school.<sup>127</sup> Teachers need to have a sense of developmentally appropriate practices along all areas of development to be able to successfully teach mathematics. Knowing how children think in terms of mathematical concepts is important, for example, young children tend to believe that a long line of pennies has more coins than a shorter line with the same number. Teachers also need to be aware of children's social emotional abilities; understanding their level of persistence and frustration. Problem solving, reasoning and making connections are the basis of mathematics. Children's development and use of these processes are among the most long-lasting and important achievements of

mathematics education.<sup>128</sup> The process of making connections deserves special attention. When children connect number to geometry (for example, by counting the sides of shapes, using arrays to understand number combinations, or measuring the length of their classroom), they strengthen concepts from both areas and build knowledge and beliefs about mathematics as a coherent system.<sup>129</sup> Mathematical concepts need to be intentional and have a logical order. A lot of mathematics education in early childhood is random or unplanned, making fleeting appearances in the classroom. “Effective programs need to include intentionally organized learning experiences that build children’s understanding over time. Thus, early childhood educators need to plan for children’s in-depth involvement with mathematical ideas, including helping families extend and develop these ideas outside of school”.<sup>130</sup> Mathematics should be integrated into other activities and developmental areas. Young children do not see the world in separate lenses such as “literacy” or “mathematics”. The everyday classroom routines hold the potential to introduce many and develop many mathematical concepts. Just by lining up for a transition, teachers can talk about patterns, measurement (tallest and shortest), sorting by attributes, and counting. Planned, intentional incorporation of mathematics into all areas of development; motor skills, literacy, language, art, movement and music, science, social studies, and social emotional development is crucial for success in early childhood mathematical learning. These planned concepts should be introduced in a variety of different formats; including large and small groups, learning centers, free play, and one on one. In addition to planned, intentional teaching there must be an emphasis on taking advantage of the unplanned opportunities that arise during conversations and through play. The last crucial piece of developing an effective mathematics program is assessment. “Early childhood mathematics assessment is most useful

when it aims to help young children by identifying their unique strengths and needs so as to inform teacher planning”.<sup>131</sup> Currently, Family Enrichment Network uses curriculum goals developed by the *Creative Curriculum* and *Teaching Strategies Gold*. We also have a set of School Readiness Goals that are aligned to Head Start Standards, curriculum goals, and the NYS Common Core Standards. These are a set of goals to help teachers understand the knowledge and abilities children should have upon entering Kindergarten. Family Enrichment Network was the recipient of a \$15,000 STEM grant from United Way that enabled us to purchase the My Math Mathematics curriculum from McGraw Hill. The kit will be given to all preschool and pre-k classrooms. While this curriculum is designed for pre-k children, it will benefit the three year olds to have early exposure to the mathematics skills and concepts. We are anticipating that with many children have two years under this curriculum we will see a great improvement in the mathematics abilities of our Head Start children by the time they are Kindergarten age. The curriculum includes a teacher manual, aligned with the Common Core State Standards, broken down into the following chapters: Attributes, Sort & Classify, Position & Direction, Shapes, Numbers 0 to 5, Patterns, Numbers to 10, Measurement, Data & Graphs, and Adding & Subtraction. Each chapter has many lessons on a variety of topics with each lesson including vocabulary words, literature connections, assessment opportunities, lesson extensions, center activities, how to differentiate instruction, English language learner activities, snacks, transition activities, and real world investigations. To go along with the teacher manual there is a large flip book with large, colorful visuals to go along with each lesson. Some other resources that are included are alphabet cards with mathematical songs, vocabulary picture cards, math activities on-the-go cards, manipulative kit, and a CD with math songs. In addition to these resources, our

teachers will have access to an online database where they can find more activities and resources. All of these resources were delivered to the agency in February of 2015. The Head Start and Early Head Start Child Development Coordinator will begin to train the teachers and give them time to explore the curriculum so it will be fully implemented for the 2015-2016 program year. The My Math Curriculum is being used all over the nation and schools and programs are finding success in the area of Mathematics; Family Enrichment Network is hoping we can join those who are helping children reach a higher level of achievement in all areas of development.

### **Beyond the Classroom**

“Essential as this knowledge is, it can be brought to life only when teachers themselves have positive attitudes about mathematics. Lack of appropriate preparation may cause both pre-service and experienced teachers to fail to see mathematics as a priority for young children and to lack confidence in their ability to teach mathematics effectively”. Family Enrichment Network will continue to provide our own professional development and mentoring to staff as well as taking advantage of outside opportunities for professional development to reach the goal of having a quality and effective mathematics program.

### **Health/Nutrition Needs**

#### **Health Insurance**

As of December 2014, the following children were receiving Medicaid:

- 2997 TANF Children on Medicaid and Assistance;
- 12,948 Medicaid only Children;
- 0 Family Health Plus (ages 19-20) – Program Ended
- 17,033 *Total Children on Medicaid*<sup>132</sup>

As of 2009-2011, 5.1% of children in Broome County are uninsured, many of whom may be eligible for Medicaid.<sup>133</sup> Although access to primary and preventive care has improved in this community, it remains a concern for Head Start families. Private and hospital-based clinics provide health services to the majority of Head Start families. Historically, low Medicaid reimbursement rates have played a role in restricting health care accessibility.

The Broome County Department of Social Services has operated under a mandatory managed care program since 1998, as a way to increase accessibility to primary and preventive health care and to reduce the cost of health care in general. About 33,138 of the 46,527 Medicaid eligible individuals are in Medicaid Managed Care. Approximately 51 percent of the enrollees are under 21 years of age. At this time, enrollment occurs during the certification and renewal process. It is crucial that families receive assistance in the selection of the best-managed care plan for themselves and their families. Eligible applicants/recipients decide on a plan based on subscribing doctors, location of the physician's office, preferred hospital, location of participating pharmacies, and availability of all services at a convenient site.

Currently, the choice of Medicaid Managed Care plans in Broome County includes Excellus, Fidelis, and United Health Care. With the implementation of a Medicaid Redesign Team proposal beginning 7/1/12, dental services were added to the plan benefit package and Medicaid managed care enrollees access dental care from participating dental providers in their plan network.

With the enactment of the Affordable Care Act along with the state takeover of the administration of the Medicaid program from the local Department of Social Services, all new enrollees applying for Medicaid will now go through the New York State of Health. An

applicant can apply over the phone, online, or receive assistance through a Navigator or Certified Application Counselor. All these insurance affordability programs were moved to Modified Adjusted Gross Income (MAGI) based on IRS tax rules.

### **Child Health Plus:**

Child Health Plus, the New York State children's insurance program, is available to those who are not eligible for Medicaid. Depending on the family's income, they may or may not pay a small monthly premium - from \$9 - \$60 per child and limited to \$27 - \$180 per family. In September 2008, eligibility for Child Health Plus was expanded from 250% to 400% of the Federal Poverty Level in an effort to provide affordable, comprehensive insurance coverage to nearly every child. As of January 2013, there were 2969 Broome County children enrolled in Child Health Plus (Excellus FLBCBS -2449, CDPHP - 138, FIDELIS 382). Benefits offered under Child Plus are:

- Well-child care
- Physical exams
- Immunizations
- Diagnosis and treatment of illness and injury
- X-ray and lab tests
- Outpatient surgery
- Emergency care
- Prescription and non-prescription drugs if ordered
- Inpatient hospital medical or surgical care
- Short-term therapeutic outpatient services (chemotherapy, hemodialysis)
- Limited inpatient and outpatient treatment for alcoholism and substance abuse, and mental health
- Dental care
- Vision care
- Speech and hearing
- Durable medical equipment
- Emergency ambulance transportation to a hospital
- Hospice<sup>134</sup>

Child Health Plus will remain an option for parents even with the implementation of the Affordable Care Act.

**Family Health Plus**

As of December 2014 this program has been discontinued due to the increase in income levels for Medicaid eligible under the new ACA Guidelines. The ACA established a new eligibility category called the “adult group” (ages 19-64) that provide coverage to individuals with modified adjusted gross income up to 138 percent (%) of the federal poverty level (FPL). For 19 and 20 year olds, their income will be compared to up to 138% of the FPL if they are living alone or up to 154% of the FPL if they are living with parents. For parents or caretaker relatives, their income will now be compared to 138% (a reduction from 150%) of the FPL.

Table IV. Health Care Visits of Head Start Families<sup>135</sup>

HEALTH CARE	PERCENTAGE OF CHILDREN		PERCENTAGE OF PARENTS	
	2013-2014	2014-2015	2013-2014	2014-2015
<b>Medical Visits</b>				
Every two years	0%	0%	1%	3%
Once a year	21%	19%	15%	18%
Twice a year	13%	7%	9%	4%
As Needed	65%	74%	71%	72%
Never	1%	0%	4%	2%
<b>Dental Visits</b>				
Every two years	0%	0%	3%	4%
Once a year	16%	11%	19%	20%
Twice a year	34%	47%	25%	26%
As Needed	45%	38%	46%	46%
Never	5%	4%	7%	4%
<b>Vision Exams</b>				
Every two years	6%	6%	16%	15%
Once a year	20%	12%	19%	20%
Twice a year	5%	6%	4%	3%
As Needed	43%	45%	41%	43%
Never	26%	31%	20%	19%



## **Oral Health/Health Plan Coverage**

According to the Economic Opportunity Report, June 5, 2000, nearly 30 percent of low-income children received no dental care and nearly 60 percent failed to receive the recommended minimum level of care. Broome County Department of Social Services has operated a mandatory managed care program with several different product lines since 1998. There are currently over 33,000 individuals enrolled in these plans. As a result of a Medicaid Redesign Proposal, dental care was added to the Medicaid managed care benefit package and those enrollees access dental care through their plan's dental network. Child Health Plus and Family Health Plus offer dental care. While local data is not available for health plans supporting the safety net populations, in the Quality Reports for HMO's statewide (QARR, available at NYSDOH website), the plans reported the following: for CHP B: one annual dental visit per child; CDPHP 59%, Fidelis 54%, GHI-HMO 53%, and Excellus 62%. Access to dental care improved in 2008 with the opening of two new offices – Wilson Dental and Binghamton Dental. These practices were formed especially to accommodate Medicaid patients. As of October 1, 2009, Medicaid reimburses a maximum of four annual fluoride varnish applications for covered children from birth until seven years of age.<sup>136</sup>

In 2006, The Broome County Health Department (BCHD) received re-designation as a Dental Health Professional Shortage Area for low-income populations, which allows Article 28 facilities in Broome County to apply for National Health Service Corps approved site status. In an effort to reduce Medicaid costs for dental care, the BCHD improved local access to dental care for the Medicaid population through an innovative dental services grant with the New York State Dental Bureau and Our Lady of Lourdes Hospital.

In response to a long-standing community need, Our Lady of Lourdes established the Center for Oral Health in January of 2005. Basic oral health care is an important factor in overall health, yet access to it remains a challenge. This program was established to meet the oral health care needs of vulnerable populations who are unable to obtain access to dental services in private dental practices. An article 28 clinic with a focus on restoring and maintaining dental health for children and adults the center targets those who are uninsured, on Medicaid, or enrolled in New York's Child Health Plus or Family Health Plus program, a population that is underserved for dental services in the Broome County area. Lourdes also offers a Patient Financial Assistance Program to help patients who meet specific guidelines and are not eligible for any other available program.

In October of 2006 Mobile Dental Services were added and in 2012 a School Based Sealant Program offering a well-rounded realm of services to community sites and local school districts. Lourdes Dental Services has provided free screenings, oral health education, preventive and restorative dental services and provides a dental home to all children enrolled in the Family Enrichment Head Start program and Broome County Head Start programs whose families may find it difficult to access needed dental services elsewhere in the community. Currently dental services are provided by Lourdes at 22 community sites, serving 7 school districts and 5 Head Start sites.<sup>137</sup>

There are approximately 1,500 children enrolled at the Article 28 Clinic operated by United Health Services Hospitals (UHS) at Binghamton General Hospital. UHS operates two school-based health centers (Benjamin Franklin and Roosevelt elementary schools in the Binghamton City School District) and provides screening and sealants to children in those two

schools, and restorative care referrals. The UHS clinic is currently taking new patients. The insurances that UHS Dental Clinic accepts are: Medicaid, Healthplex (including CDPHP and Excellus Blue Cross/Blue Shield), Fidelis (Dentaquest), and private insurance and self pay.<sup>138</sup>

The Dental Hygiene program at SUNY Broome Community College offers a dental clinic for preventive services such as various cleanings, x-rays, local anesthesia and health teaching. The clinic is during the fall and spring college semesters. Fees for service are 30 dollars per adult and 20 dollars for children from ages 6 to 17 years and senior citizens over the age of 65. Children from ages 3 to 5 years are seen in the spring semester. Medicaid patients with proof of proper qualification and BCC students are not charged. The clinic served approximately 1800 people in August to May 2013.<sup>139</sup> The Clinical Campus at Binghamton University, in collaboration with health professionals who volunteer their time, at space provided by the Broome County Health Department, offer a free primary care clinic for uninsured adults. Services include dental screenings and referral for follow-up care only for individuals age 18 and over. Approximately 10 clients per week are screened and referred out for restorative care.

Tioga County has been designated as a Dental Health Professional Shortage Area for the Low-Income population since 1997. This designation continues to this day due to a very limited number of dentists in Tioga County, especially those that accept NYS funded insurance programs. According to a recent publication by the Robert Wood Johnson Foundation, Tioga County has the greatest need for dental providers in the State of New York with a ratio of one dentist to 7,374 people; New York State average is 1: 1,414. Neighboring counties are also deficient dental providers, specifically for low-income clients.

Furthermore, majority of Tioga County lacks the benefits of fluoridated public water systems. Additionally, a substantial percentage of the population has private wells as their source of water which makes fluoridating water a moot point. This heavily researched method of prevention is lost on the residents of Tioga County.

In response to the documented need and lack of services, Tioga County Health Department obtained and operates a mobile dental van, Tioga Mobile Dental Services. The 53 foot long trailer is designated by the NYSDOH as an Article 28 Dental Clinic for the community and a School-Based Dental Clinic for students of Tioga County. The dental van travels to 13 Tioga County school buildings and is available during non-school hours and the summer break for community members. Services provided via the dental van include routine dental exams, prophys, radiographs, sealants, fluoride treatments, restorations and extractions. The program accepts all dental insurances plus offers a Sliding Fee Scale for those without insurance coverage.

Additional services provided via the Tioga County Health Department include a Fluoride Varnish Program. The intent of this program is to provide children with a high risk for dental caries, the benefit of fluoride through use a Fluoride Varnish application which is proven effective in preventing dental caries. This program reaches the children of Tioga County through the school-system, WIC clinics and Head Start classrooms. All children that participate in the program receive a tooth brushing kit, whether or not they receive the fluoride varnish application.

In an effort to promote dental visits by the age of one, postcards are mailed to all families of one year olds in Tioga County. Also, information regarding children's oral health is included

in all birth packets mailed to new parents. The hope is that these efforts will lead to early awareness of the importance of good oral health and entry into the dental care before problems arise.<sup>140</sup>

Children entering the Family Enrichment Network Head Start Program must have a professional dental exam within ninety days of entry. Children who are unable to obtain a professional dental exam receive an oral health screening by a Registered Dental Hygienist from The Lourdes Mobile Dental Unit. Lourdes Center for Oral Health provided 51 screenings for the Head Start children in the 2013-2014 program year, and will continue to provide this service in the coming year. In addition, dental services (preventative and restorative treatment) were provided for 81 children, for a total of 168 visits.<sup>141</sup> Of the 358 children attending Family Enrichment Network Head Start during the 2013-2014 program year 60% accessed routine preventive care, 20% were identified as needing treatment and 50% of those children received treatment. (2013-2014 PIR). The partnership between Family Enrichment Network and the Lourdes Mobile Dental unit has enhanced our ability to obtain dental care for children on Child Health Plus and Medicaid. Since opening in January 2005 Lourdes Center for Oral Health has been accepting referrals and providing a dental home to Head Start children on Child Health Plus and Medicaid.

In June, 2010, the Family Enrichment began its Early Head Start Program. The American Academy of Pediatric Dentistry recommends that children have their first dental visit at the age of one year. In order to provide families to an introduction to dental care for their infants and toddlers, Dr. Michael Wilson has agreed to do dental screens on the children in the Early Head Start Program. Forty-one children were screened in February 2015. Three children were found to

have tooth decay. The Early Head Start Nurses were working with the families to get the children treated.

In Broome County, approximately 121,658 residents are served by fluoridated water. This accounts for approximately 62% of the population<sup>142</sup>. There is no fluoridated water supply in Tioga County. The New York State Fluoride Supplementation Program was discontinued in the Spring of 2012. Family Enrichment Network purchased fluoride tablets in order to continue offering it to the children. Families are also encouraged to obtain fluoride through their primary care physicians or private dentists.

### **Immunizations**

One of the Healthy People goals for 2020 is to increase immunization rates and reduce preventable infectious diseases. Vaccines prevent disease and are among the most cost-effective clinical preventive services.

Despite progress, approximately 42,000 adults and 300 children in the United States die each year from vaccine preventable diseases.

There is currently a large measles outbreak involving 14 states and Mexico which is associated with travel to Disneyland. In 2014, there were 644 cases of measles in the USA. Most of the people who contracted measles were un- and under vaccinated.

New York State law requires vaccinations or other documentation of immunity as a condition of child care, school, and college attendance. The purpose of the law is to reduce the incidence of vaccine preventable diseases and associated morbidity and mortality by increasing vaccination rates. In July 2014, the school requirements were updated to more closely reflect the ACIP (Advisory Committee on Immunization Practices) recommendations changes include

verification that all immunizations were given in the correct intervals, as well as two doses of varicella and a booster dose of polio after the age of 4, for all Kindergarten and 6<sup>th</sup> grade students. In subsequent years, this requirement will be extended to new Kindergarten and 6<sup>th</sup> graders, as well as the students in the next grade (for example, in the 2015-2016 school year these requirements will apply to grades K,1,6, and 7).

Effective July 1, 2014, the following vaccine doses are required by New York State for school entrance into Day-Care, Nursery, Head Start, or Pre-K:

- 4 Diphtheria and Tetanus Toxoid-Containing Vaccine and Pertussis vaccine (DTaP/DPT)
- 3 Polio Vaccine (IPV and/or OPV)
- 1 Measles, Mumps, Rubella (MMR)
- 1-4 Haemophilus Influenza Vaccine (Hib) (number of doses varies with age of child at the time of immunization)
- 3 Hepatitis B (Hep B)
- 1 Varicella (chicken pox)
- 1-4 Pneumococcal Conjugate Vaccine (PCV-13) Children starting their series on time and at appropriate intervals should receive 4 doses. (Number of doses varies with age of child at the time of immunization)

\*Children must complete the Hepatitis B vaccine series in order to enter school. This includes pre-K, licensed childcare or nursery school.

One dose of Varicella (chicken pox) vaccine is required on or after the child's first birthday. Children will need 2 doses for entrance into Kindergarten. Diagnosis by a physician, physician assistant, or nurse practitioner that a child has had varicella disease is acceptable proof of immunity for varicella. In New York State, students born on or after January 1, 1994, and who enroll in the grades 6 through 12 for the 2014-2015 school year, must be immunized against Varicella. Centers for Disease Control data from 2008 show an 89% decrease in Varicella cases due to vaccination.

One dose of the Measles, Mumps, and Rubella (MMR) vaccine is required on or after the child's first birthday. This can be given at the same time as the varicella vaccine. The second dose should be received when the child is 4 to 6 years of age. Children 7 years of age or older must have their second dose of the MMR vaccine for school attendance.

With some exceptions, all parents are advised that four doses of polio vaccine (IPV) is the preferred schedule. ACIP recommends four doses of the inactivated polio vaccine (IPV) given by injection at two months, four months, and 6-18 months and at four to six years prior to school entry. Although we no longer see polio in our country, it continues to be endemic in Afghanistan, Pakistan, and Nigeria. In 2008, 14 additional countries reported cases of polio as a result of importations. These countries are only a plane ride away!

In New York State, effective January 1, 2005, all children born on or after January 1, 2005, must be immunized against tetanus and pertussis for entry to any school. The DTaP vaccine prevents against infection from diphtheria, tetanus and pertussis. These are serious and even life threatening infections, especially in young children. Children should receive four doses of DTaP by the time that they are eighteen months old and a booster dose at their fourth birthday.

The Tdap vaccine provides protection against tetanus, diphtheria, and pertussis. The recommendation from the Centers for Disease Control is to administer Tdap as a single dose booster to adolescents and adults in place of the Td vaccine. New York State requires that children born on or after January 1, 1994 and enroll in grades 6 through 12 receive the Tdap booster. The primary objective of the Tdap vaccination is to protect adolescents against pertussis. It is especially important for adolescents and adults to receive the Tdap booster if they will come into contact with infants. Babies that aren't fully protected against pertussis



(whooping cough) are more likely to contract the disease, develop serious complications, and die. In 2010, a pertussis outbreak in California took the lives of 10 infants. Tdap may be given as young as 7 years of age. For children enrolling in grades 6 to 12 who received a dose of Tdap at 7 years of age or older, the booster dose of Tdap is not required in 6<sup>th</sup> grade.

New York State now requires immunization against pneumococcal disease of every child born on or after January 1, 2008. Immunization must be obtained beginning with enrollment in any public, private, or parochial child care center, day nursery, day care agency and nursery school. The purpose of this vaccine is to protect against serious forms of pneumococcal disease such as meningitis, pneumonia, and blood stream infections. Other vaccine recommendations from the Centers for Disease Control include the following: Hepatitis A Vaccine for babies age 12-23 months; the rotavirus vaccine for babies at two, four, and six months of age; and the influenza vaccine for babies age six months through the age of eighteen. The rotavirus vaccine success is shown in the 85% reduction of babies and young children needing ER care or hospitalization for rotavirus disease. Vaccine information sheets and verbal information must be available at all provider sites.

New York State requires that all public and private schools (including pre-K programs, licensed child care centers, nursery schools, and Head Start programs) complete an immunization survey. This survey assesses the immunization rate for children within New York State. According to the 2011-2012-school survey, 94 percent of Broome County children entering Head Start programs and 97.7 percent of Tioga County children entering the Owego Head Start programs were completely immunized. There must, however, continue to be an ongoing community effort to promote immunizations. Vaccine myths must be dispelled through

education and promotion of reputable sources of information such as the Centers for Disease Control, and the American Academy of Pediatrics. Vaccine safety is continually monitored by the Vaccine Adverse Reporting System. This National Government Program encourages anyone to report any adverse event that happens after getting a vaccine.

Two legislative items make required vaccines available to all New York children regardless of ability to pay. The Child Health Insurance Reform Program (CHIRP), passed in April 1994, requires New York-based insurance companies offering major-medical comprehensive coverage to:

- provide for well-child (preventive visits) until age 19;
- provide for required childhood immunizations until age 19.

This mandate should make more children eligible to receive immunizations at the primary care provider's site during well-child physical examinations instead of requiring a second visit to a public immunization site. However, not all families are affected. New York families covered by companies based outside New York and those covered through corporate policies may still be vulnerable.

- The Vaccine for Children program also supplies free public vaccine to private providers for non-insured, under-insured, or Medicaid-insured children until age 19. This program enables children to receive vaccines at a regular visit to their primary care provider.
- *Child Health Plus* should make access to health care, dental, and immunization services available to all N.Y. State children without alternative insurance.

In addition, the Broome County Health Department has immunization clinics, which provide childhood immunizations on a sliding fee scale and also provides information pertaining

to immunizations and the Tioga County Health Department has publically funded immunizations (Vaccine for Children [VFC]) available for uninsured or uninsured children on an appointment basis. They also provide information and education pertaining to immunizations. As of October 1, 2012, publicly funded vaccine, either state or federally funded, may not be used for routine vaccination of any privately insured children Child Health Plus, HMO, or other managed care insurances must receive immunization at their primary care providers.

As of January 1, 2008, providers must enter all immunizations administered to children less than 19 years of age into the New York State Immunization Information System (NYSIIS). This is a free, web-based statewide immunization registry.<sup>143</sup>

### **Lead Poisoning Prevention**

Lead is a common environmental contaminant. Exposure to lead is a preventable risk that exists in all areas of the United States. Like other counties in New York, Broome County has older housing stock, major highways and industries that have historically contributed to lead contamination. The risk to Broome County children is real. Reduced lead use in paint, gasoline and other products has helped to decrease rates of lead poisoning, but research has found that even very low levels of lead can have serious irreversible effects on children. Young children and pregnant women are especially vulnerable to the harmful effects of lead exposure. Lead poisoning can cause many problems with growth, behavior, and ability to learn.

The Broome County Health Department offers services to all children with elevated blood lead levels through the Lead Poisoning Prevention Program (LPPP). LPPP's role is to survey and coordinate appropriate follow up for lead poisoned children. Staff members inform

parents about strategies to prevent and reduce exposure to lead hazards. They can provide home visits to educate parents about lead hazards and perform environmental investigations. Referrals are made to Maternal Child Health and Development for home visits by a public health nurse to offer lead poisoning prevention guidance, child developmental assessments, and specific nutritional recommendations. LPPP coordinates communications and activities between the Regional Lead Poisoning Resource Center, health care providers and parents. In Broome County, 3424 blood lead tests for children were performed and tracked in 2014. Blood lead levels of 10 mcg/dl or greater are elevated and require action. Blood lead levels of 5 mcg/dl are at the CDC “reference value”. The reference value level is based on the U.S. population of children ages 1-5 years who are in the highest 2.5% of children when tested for lead in their blood. The following chart shows the results by blood lead levels.

Elevated blood lead levels (mcg/dl) 2014	Total number of blood lead test results (2014)	Number of test results from those having their first screening (2014)
5-9	227	Data not available
10-14	48	11
15-19	20	5
20 and above	64	8

LPPP strives to increase lead testing rates to better identify and serve those children with elevated blood lead levels. Staff prepares and presents information to health care providers, day care directors, parents and other organizations with ties to children’s health. Presentations emphasize recognizing lead hazards, preventing lead poisoning and clarifying the New York State Public Health Laws which state that every child shall be tested for lead at age one and again at age two by their health care provider. Each child shall be assessed for their risk to lead exposure at each routine well-child visit at least until age six. Pregnant women also should be assessed for their risk to lead exposure.

In addition, the Health Department has the Childhood Lead Poisoning Primary Prevention Program (CLPPP). Primary Prevention is defined as the identification and correction of lead based paint hazards in high-risk housing prior to the lead poisoning of a child. High risk housing is defined as any dwelling unit that is likely to impact a child's blood lead level based on specific housing and neighborhood characteristics. Referred homes that meet program criteria are tested for lead based paint hazards. Then the Health Department works with property owners to correct the lead based paint hazards that are identified.

In January 2013, CLPPP entered into a partnership with Broome County Women, Infants and Children (WIC) Supplemental Food Program to test children for blood lead while at their WIC appointment. While it remains the responsibility of the child's physician to test for blood lead, this program is performing limited blood lead testing in an effort to catch those that have not been tested. An evaluation of the program revealed that over 50% of children tested in WIC had never been tested before. In the first 16 months of the program, 29 children with capillary were identified with blood lead levels  $\geq 10\mu\text{g/dL}$  and 151 children were identified with capillary blood lead levels  $\geq 5\mu\text{g/dL}$ . All parents were provided information and services to help keep blood lead levels as low as possible. The website [www.gobroomecounty.com/eh/lead](http://www.gobroomecounty.com/eh/lead) has additional information about the Broome County Health Department Lead Poisoning Prevention Programs<sup>144</sup>.

### **Prenatal Care**

“Babies of mothers who do not get prenatal care are three times more likely to have a low birth weight and five times more likely to die than those born to mothers who do get care.”<sup>145</sup>

There were 2071 live births to residents of Broome County in 2012, approximately 38.1% to teenagers between the ages of 15-19. Nearly 77% of pregnant women accessed prenatal care in their first trimester<sup>146</sup>. Most Broome County private obstetric care providers do not accept Medicaid. Two clinics in Broome County focus their care on this population. They are the Lourdes deMarillac Clinic and United Health Services Perinatal Center. In addition to providing Perinatal care, they employ social workers to identify areas of psycho-social need in pregnant women, to connect them with resources to assist them beyond just physical care. The other obstetric care providers in the area use the social workers in these clinics to assist their patients as well.

Mothers and Babies Perinatal Network supports individuals in making healthy childbearing choices and promotes healthy pregnancies and relationships with their children. They offer education on health pregnancy, pregnancy risk factors and child spacing, child safety, and effective parenting the general public and professionals working with individuals and families. They have programs for teenagers to increase their awareness of sexual choices and increase their understanding about the effects of relationships, nutrition, employment, financial literacy and other issues have on their decision making. Insurance Navigators are available to assist individuals and families in enrolling in Medicaid. The PAL Family Resource Centers provide an alternate play setting for stay-at home parents and child caregivers, as well as opportunities to improve their parenting skills and connect with community resources. MBPN is currently looking for funding to continue the PAL Centers operations, since New York State Office of Children and Family Services cut their funding at the end of their fiscal year.<sup>147</sup>

The Family Enrichment Network Early Head Start program includes recruiting pregnant women, to assist them in identifying their needs and support them throughout their pregnancy, with the intent that the infant will be placed in an educational day care setting when they are six weeks of age. The sequestration cuts of April 2013 were restored in August 2014, restoring the number of pregnant women served to 12 from 8. The expectant mothers are visited monthly by a Socialization Specialist, who supports them in meeting needs that they've identified. She also conducts monthly group sessions that offer a variety of educational activities intended to allow the pregnant women to connect with each other and share common experiences.

Fifty infants have been enrolled in Early Head Start through the pregnant mothers tract since the beginning of the program.<sup>148</sup>

### **Asthma**

Asthma is the leading chronic illness in the pediatric population. According to the American Lung Association (2012), prevalence rates for children less than 5 years of age have consistently increased yearly since 1999, with a current prevalence of 82.7 per 1000. Approximately 29% of the asthma discharges in 2010 were in those under 15 years, although only 21% of the U.S. population was less than 15 years old. Early detection and intervention are crucial to reduce the adverse outcomes associated with this chronic disease. While asthma cannot be cured, it can be controlled through proper management. Nationally, children ages 0-4 years have the highest proportional impact of emergency room visits and hospitalization rates for asthma. Many other children are undiagnosed making it difficult to track the effects of their symptoms. In addition, asthma may limit a child's ability to play, learn and sleep, as well as necessitate complex and expensive interventions that can result in both direct medical costs and indirect costs in terms of lost school days and lost work days.

Asthma burden is seen at the state and local level. Asthma in New York State is considered epidemic by the New York State Department of Health. During 2006-2011, asthma prevalence for children ages 0-17 years was 10.4%. Asthma prevalence was highest for the 5-9 year age group. Prevalence rates for middle school children and high school students were reported as 23.3% and 23.0%, respectively. Experiencing an asthma attack within the past 12 months was reported by 28.2% of middle school students with asthma and 30% of high school students with asthma. Emergency room utilization and hospitalization rates for asthma in New York State were higher than national rates for all age groups and exceed the goals of Healthy People 2020. In addition, asthma continues to be an economic burden. The total cost for asthma hospitalizations in New York State increased 61% from 2002 to 2011, with the average cost per hospitalization increasing 78 %, ( NYSDOH, 2013). Broome County has seen a rise in emergency room visits for children 0-4 years, with rates increasing from 68.8 per 10,000 in 2009 to 90.3 per 10,000 in 2012. The hospitalization rate also increased from 29.1 per 10,000 in 2009 to 38.1 in 2012 (NYSDOH, 2014). While emergency room visits for children ages 5-11 years showed a decline from 2009-2012, hospitalizations increased from 12.1 per 10,000 to 14.8 per 10,000. The most recent data from Family Enrichment reveals an asthma rate at almost 18% of enrollees in Head Start and Early Head Start, well above the national, state and local rates.

Several demographic factors are associated with poor asthma outcomes including ethnicity, education, and income (Grant, Lyttle, & Weiss, 2000). A negative correlation is noted between education and income: as literacy and income status decrease, adverse asthma outcomes increase. Ethnicity was found to be an independent factor from income and education.



Black persons had worse asthma outcomes than white persons when controlled for education and income. These factors are often characteristic of Head Start and Early Head Start families.

Determining whether or not asthma is under control is difficult. If a child is experiencing mild asthma symptoms that are not disruptive to the family life, there may be little impetus to seek care, increasing the risk for future airway remodeling and poor outcomes. According to a survey conducted by the American Lung Association (2009), most parents of asthmatic children state that their child's asthma is easy to control or manage. However, this concept of "control" included a high tolerance for recurring asthma symptoms, lifestyle accommodations and negative family impact. Responses on the survey indicated that parents report frequent symptoms, unexpected trips to the doctor and admissions to the hospital resulting in lost time from work or school. Parents also reported that asthma creates significant quality of life problems and lifestyle accommodations not just for the person with asthma, but his or her entire family. Based on the results of this survey, there appears to be a disparity between perceived conceptions of asthma control and the reality of children and families.

In October 2011, Judith Quaranta, Clinical Associate Professor at Binghamton University's Decker School of Nursing began a study on the prevalence of asthma in the children attending Family Enrichment Network Head Start and Early Head Start. The Family Advocates assisted families in completing a 9 question questionnaire. Out of 293 children, Frequencies were calculated for each item on the questionnaire. While 14% of the children were reported as having an asthma diagnosis, only two indicated asthma under control. For children with an asthma diagnosis, 95% had difficulty breathing; 90% had a cough that lasted more than one week; 93% used medicine for wheezing; 78% had trouble sleeping because of coughing; and 49% had been

treated in an ER or hospital for breathing problems. For children without an asthma diagnosis, 31% had difficulty breathing; 37% had a cough that lasted more than one week; 17% used medicine for wheezing; 30% had trouble sleeping because of coughing; and 9% had been treated in an ER or hospital for breathing problems. These findings illustrate that there is a high likelihood of undiagnosed as well as undertreated cases of asthma in Head Start and Early Head Start. The Health Services Coordinator was provided with the identities of the children with these health issues, but follow up had not been accomplished, due the shortage of nurses in the Health Office. The Health Services Coordinator plans to use the Asthma questionnaire to survey children on an ongoing basis and provide instruction and support to parents/guardians whose children show symptoms.

In addition to the survey, the Asthma Case Finding Project includes education.

In April, 2012, Judy and several Binghamton University Nursing Students presented American Lung Association's "A is for Asthma" DVD, which uses Sesame Street characters to teach children asthma symptoms and how to react if they or a friend has asthma symptoms.

In June 2012, an asthma educational session was provided for the classroom staff. Pre and Post testing was done at the time of the training, at 4 months post training and 8 months post training. Asthma knowledge significantly increased from the pretest to posttest immediately following the session ( $p=.000$ ), posttest at 4.5 months ( $p=.006$ ), and at posttest at 8 months ( $p=.004$ ). There was no significant difference in knowledge scores between the 4.5 and 8 month posttest, indicating that subjects retained all the knowledge. These results indicate that providing an educational session to faculty and staff significantly increases asthma knowledge.

An educational session was offered for parents/caregivers of children with asthma in May 2013. A total of seven parents attended. Pre and post testing indicated no statistically significant change in asthma knowledge after attending the session ( $p=.07$ ). However, three items demonstrated significant improvement: (1) Coughing a lot can mean someone has asthma ( $p=.003$ ); (2) It may take 1-4 weeks to notice improvement in breathing when someone with asthma starts using inhaled steroid medication ( $p=.033$ ); and (3) Getting rid of cockroaches in the home may help improve asthma ( $p=.033$ ).

Current asthma initiatives include application to the National Institutes of Health RFA-HL-15- ) 28 *Creating Asthma Empowerment Collaborations to Reduce Childhood Asthma Disparities* (U34). This will be a transdisciplinary community collaboration with Binghamton University ( Decker School of Nursing, Graduate School of Education, Geography Department, College of Community and Public Affairs), Broome County Health Department (Environmental Health) and Opportunities for Broome. Letter of intent for the grant application was submitted on January 20, 2105. Funding application is due February 20, 2015.<sup>149</sup>

### **Vision Care**

The Department of Social Services has worked with vision providers in the community to increase the number who participate in the Medicaid Program. Medicaid Managed Care and Child Health Plus plans offer vision benefit; therefore all families of Medicaid eligible children are encouraged to enroll in them managed care. The number of providers who accept Medicaid has increased, but is still limited. The Johnson City and Binghamton Lions Club provide vouchers to the Family Enrichment Network Health Office for children who do not have insurance. The Lions Clubs will consider bearing the cost of repairing or replacing broken

glasses that Medicaid will not pay for on an individual basis with consideration to the availability of their funds and the child's need. The Tioga County Boys and Girls Club provide Sight for Students vouchers to children without insurance. Head Start parents learn of the availability of these programs through Family Advocates, and health staff.

### **Food Insecurity**

CHOW (Community Hunger Outreach Warehouse) the hunger relief and advocacy program of the Broome County Council of Churches, serves individuals and families in need of emergency food assistance. Recipients are referred to CHOW by First Call for Help, a program of the United Way, though some are referred by congregations and other agencies. Individuals and families can get food assistance every four weeks or 12 times a year. Currently, CHOW stocks 32 pantries and distributes food to approximately 30 shelters, soup kitchens, and distribution sites.

When a client visits a CHOW pantry, they are given enough food for five days. The food packages are based on family size and are designed to give adequate nutrition. CHOW has seen an increase in the number of individuals and families who are food insecure in Broome and surrounding counties. In 2014, CHOW and its sub-program Broome Bounty, the area's only food recovery program, served approximately 1,000,000 meals through its pantries and soup kitchens. Over 40% of the people served by CHOW are children. The need for food assistance for families is especially acute during the summer months when children who receive subsidized meals in school are eating all their meals at home.

CHOW is a member of the Broome Food Coalition, a committee developed by the Food Bank of the Southern Tier. This coalition allows area food pantries and meal programs to collaborate on issues surrounding hunger.

The CHOW Farm uses land in the Town of Conklin that was rendered uninhabitable by the flood of 2006. In 2014 the project harvested over 7,000 pounds of fresh produce to those who lack food security. This year, CHOW will partner with VINES at the farm and begin production farming with the hope of growing larger amounts of fresh produce to reduce food insecurity and prevent long-term chronic disease. The CHOW bus is CHOW's new low-cost/no-cost year-round farmers market that focuses on communities that lack access to affordable fresh produce have high levels of food insecurity. The proceeds from this project combat childhood hunger by providing USDA lunches and supplemental pantry meals to children and their families in rural communities.

The goal of CHOW is to alleviate hunger in Broome County by providing food to those who need it and by increasing awareness of the growing number of families and individuals facing food shortages. With the support of the community and our partners, we are working to improve the lives of those in need of assistance by providing immediate help and by assisting them in accessing the various programs that are available in the community to help them better manage their lives.<sup>150</sup>

Food insecurity in Tioga County is addressed by the Community Services Department at Tioga Opportunities, Inc., which serves as the coordinating and oversight entity between the Food Bank of the Southern Tier in Elmira and 8 pantries and soup kitchens throughout the county, located in Berkshire, Candor, Nichols, Newark Valley, Apalachin, Spencer, and Owego.

The mobile food pantry is a converted beverage truck used to deliver fresh produce, dairy products and other food and grocery products directly to distribution sites where people are in

need of food. When the truck arrives at the site, volunteers place the food on tables surrounding the truck and clients can choose the items they need.<sup>151</sup>

## **WIC**

Parents with low incomes are challenged to provide proper nutrition for their families. The Broome and Tioga County Women, Infants and Children (WIC) Supplemental Food Programs provides nutrition assessment, nutrition education and counseling, as well as health referrals and vouchers for healthy foods to pregnant, breastfeeding and postpartum women, infants, and children up to the age of five. Families must meet financial and nutritional needs to be eligible. The main goal of the Broome Tioga County WIC Program is to promote optimal nutrition and health practices among low-income families to reduce infant morbidity and mortality as well as decrease the incidence of childhood obesity. WIC also supports those participants with special needs by working closely with health care providers in the area to provide for certain food allergies, for example soy milk and tofu is available for those with milk protein allergies.

In 2009, Broome County Health Department was awarded the RFA to continue WIC services for the next five year period. During which time the focus is to build on three core services to include growing the breastfeeding program, providing nutrition education with a participant centered focus, and providing greater client accessibility to include providing all anthropometric and hematological testing on site and offering extended clinic hours to better meet the needs of our working families. The current RFA is set to expire in October 2015 and Broome County WIC recently applied for a new RFA to continue providing WIC services for the next five years.

	<b>WIC Site</b>	<b>Individuals</b>	<b>Families</b>	
The works to meet providing	Newark Valley	27	18	Broome County WIC Program the needs of its clients by services at one permanent and
	Owego	707	618	
	Richford	20	14	
	Spencer	62	45	
	Waverly	242	168	
	Total	1,056	863	

five outreach clinics throughout Broome County. There are over 5,400 participants enrolled in the program, with a no show rate of 15-18 percent each month. Generally, participants are scheduled to receive checks four times a year. In 2011, New York State changed the recertification requirement for children. Children are now required to recertify only one time per year. This reduces the number of times a child is required to be present for reassessment and allows anthropometric information and hematologic information to be obtained from acceptable referral sources during the Health and Nutrition Update (mid-point reassessment). This change was made to help increase participant retention and decrease participant barriers to service. Additionally, to help accommodate working families the WIC Program also has extended hours of operation to include early morning, evening and Saturday appointments as scheduled.

According to the FFY 2014 participation figures report, the Broome County WIC Program is reaching an estimated 55 percent of the eligible women, infants and children in the area. In the past year, Broome County WIC discontinued in-hospital certifications due to flat funding from the NYS DOH. All anthropometric and hematologic information is obtained on-site, no referral is necessary for service. In addition, the WIC Program collaborates with PCAP, Head Start, healthcare providers and area school districts, as well as the department of social services and many other community advocates to reach eligible families in need.<sup>152</sup>

The Tioga County WIC Program provides services throughout the county with four outlying clinic sites. The FFY 2014 breakdown for the average number of individuals served monthly by WIC in the county over a 12 month period is 1,058 for individuals and 863 for families. In addition to participation rates, the staff never lost sight of the nutrition education component of the program. This year's focus was participant centered services and assessment and the continuance of group appointments for our prenatal and breastfeeding women. The staff focused on "Healthy Lifestyles" encouraging families to increase their consumption of vegetables, fruits, whole grains and physical activity. The program also feels that literacy is just as important as a healthy diet, thus support the efforts of the Owego-Apalachin Reading Partnership, by offering space for a Red Bookshelf that provides free books for WIC participants as well as new books for Owego-Apalachin school district families.

Tioga County's reported WIC eligible population has leveled off with approximately 2,071 eligible within Tioga County borders. The program continues their efforts to reach out to those that are eligible, which includes extended clinic/office hours offered in Waverly, Spencer and Owego, the use of the auto dialer, with texting ability (automated phone/text messages for appointment reminders), lunch time appointments, and Saturday morning appointments continue to be offered once a month as well as a radio sixty second commercial units and weekly advertisements in the Owego Penny Saver. These combined efforts were instrumental in keeping the no-show rate to an average of 11.5 percent. More importantly, TOI's WIC program continues to serve a high percentage 52% of the WIC-eligible population within the county boundaries.



The Enhanced Breastfeeding Peer Counselor Program continues to be a success with two part-time peer counselors, which reinforces TOI WIC's commitment to breastfeeding. The goal of the peer counseling program is to promote breastfeeding so as to increase the breastfeeding initiation and duration rates among the WIC population. As a result of the peer counselor program the agency is able to offer a Breastfeeding Support Group, in Owego with the peer counselor co-facilitating the group along with the program's Breastfeeding Coordinator. The program works with the Cornell Cooperative Extension's Family Resource, which supplies the space as well as child care for these groups. These programs also help to cement the relationships between staff and clients.

The Breast Pump Program is instrumental in supporting moms who are returning to work or school. Over the past year 23 manual pumps have been given to breastfeeding moms and 29 electric hospital grade pumps have been loaned free of charge.

Farmers Market coupons were offered June through September in Tioga County; 633 coupon booklets, a value of \$24 per booklet, were issued to eligible WIC families, on a first come, first serve basis. This was a \$15192 boost to the local economy and nutrition benefits for families.<sup>153</sup>

As a result of recommendations by the Institute of Medicine, the WIC program has updated its food packages to reflect current nutrition recommendations. As of January 2009, allowances include fresh/frozen/canned fruits, vegetables, whole grain options (including breads and brown rice), and jars of baby food for infants older than 6 months. The juice allowance has also been decreased. In addition, in January of 2010 more new food items were added including

whole grain tortillas, soymilk and increased dollar amounts on the fruit and vegetable checks for women.<sup>154</sup>

### **Medication Administration in Child Care Settings**

On January 31, 2005, the New York State Office of Children and Family Services regulations pertaining to the administration of medication in day care setting went into effect. These regulations require all day care programs that choose to administer medication, other than over-the-counter topical ointments, sunscreen and topically applied insect repellent to meet certain conditions including having staff who are certified Staff members selected to administer medication. The OCFS regulations are as follows:

An individual must either:

- Be at least 18 years of age;
- Be literate in the language(s) in which health care provider instructions and parental permissions are received;
- Have a valid cardio-pulmonary resuscitation (CPR) and first aid certification that covers the age group(s) to whom they will administer medication; and
- Successfully complete the medication administration training (MAT) course. Medication Administration Training (MAT) is a competency-based course approved by New York State Office of Children and Family Services to train day care providers to safely administer medication in their programs. The course is eight (8) hours of training and includes a video training component as well as hands-on demonstrations.

or:

- Have a valid New York State license to practice as a physician, physician assistant, nurse practitioner, registered nurse, licensed practical nurse, certified first responder, emergency medical technician or advanced emergency medical technician.

Providers must find a health care consultant, update their program's health care plan to include the program's policy for administering medication and submit to their licensor/registrar for approval.

- The health care consultant must have a valid New York State license as a physician, physician assistant, nurse practitioner, and registered nurse. The health care

- consultant must sign the updated plan indicating his/her approval and also provide his/her license information.
- The health care plan must specifically name the staff selected as the medication administrators for the program.

Once the health care plan is approved and signed by the health care consultant, it must be submitted to their licensor for approval.<sup>155</sup>

The Family Enrichment Network has 4 certified MAT trainers. Sixty-nine agency staff persons are certified to administer medication to children.

### **CPR/AED/First Aid Certification**

Training in CPR/AED/First Aid is a valuable asset, especially for individuals caring for children, providing advanced preparation for dealing with emergencies. The Family Enrichment Network has 2 Certified CPR/AED/First Aid Trainers. There are 70 classroom staff persons, 39 childcare givers and transportation staff and 4 additional Family Enrichment Network employees certified in CPR/AED/First Aid through the American Safety and Health Institute.

### **Mental Health**

Mid – year 2014, it was announced that the Broome County Mental Health Clinic would be closing once all clients were connected to other mental health services. The Broome County Mental Health Clinic is scheduled to close on February 27, 2015.

Lourdes Center for Mental Health, Greater Binghamton Health Center and Family & Children's Society serve both children and adults as licensed NYS OMH Clinics. United Health Services also operates a NYS OMH Clinic serving adults. The Promise Zone initiative and NYS Success Broome County System of Care (BCSOC-> Bringing Community Services to Our Children) kicked off with collaborative partner meetings and the implementation of the community school model. Promise Zone has 5 School Coordinators on location at Whitney Point, Johnson City, Binghamton, Union Endicott and BOCES. There are plans to open NYS

OMH Clinics in 4 schools located at Maine Endwell, Windsor, Whitney Point, & Union Endicott in the near future utilizing Family & Children's OMH license for satellite clinics. In the fall of 2014, Promise Zone hosted two events that helped bring together provider partners: the NYS Success Orientation event in October with the NYS Success Initiative Team, and in December, community providers/partners were brought together for the NYS Success Branding Session hosted by the Ad Council of Rochester. Promise Zone goals are to reduce violence and bullying and to improve attendance and academic achievement in all schools in Broome County. The KYDS Coalition initiative continues under the Promise Zone umbrella whereas the Prevention Needs Assessment survey will continue to be administered every other year to 8+ Broome County School Districts. The Clinic Plus program is run by the Family Enrichment Network but housed and monitored by Broome County Mental Health. The program provides free and confidential emotional wellness screenings for children in grades kindergarten through 8<sup>th</sup> grade in 12 of the Broome County School Districts and to Head Start children through collaboration with FEN.<sup>156</sup>

Mental Health services in Tioga County are more limited. Families must travel long distances to access services at Tioga Co. Mental Health Clinic in Owego or in Waverly. Both facilities offer family and individual counseling, and will see children as young as 5 years of age. Many of the Broome Co. facilities cited above are utilized by Tioga Co. families upon referral. Franziska Racker Center provides play therapy for preschool children after they've completed the evaluation process has been completed approval from their school district's Committee on Preschool Special Education.

While the Clinic Plus emotional wellness screening program has been of benefit to the many Head Start families who have utilized it, the lack of mental health services for preschoolers under the age of 5 continues to be an area of need. Children and Families not in need of a psychiatrist have several options available. Family Enrichment Network Head Start and Early Head Start programs retain the services of Mental Health Consultants who provide counseling services to families on a short term basis and then facilitate referrals to other Community resources which accept Medicaid, Child Health Plus, or have a sliding fee scale, for those in need in need of long-term services.

The ability of a family to be successful in obtaining and maintaining mental health services is largely dependent on their ability to overcome problems with transportation, childcare, and financial concerns. They often request intervention when the family is in crisis. In addition to FEN's short term services, several case management services are available that will help a family with all of their hurdles, making them more likely to achieve success over all. These include The Mental Health Association of the Southern Tier, Broome Co. SPOA, and Family Enrichment Network's Kinship Caregiver's Program. The Kinship Caregiver's Program has provided vital support and counseling for Head Start and Early Head Start families in Broome and Tioga Counties who have taken on the responsibility for the care of grandchildren, nieces and nephews, etc., but state funding is frequently in jeopardy, rendering its future uncertain.

Broome County SPOA continues to see an increase in its services to a younger population. These numbers indicate that more clinics are seeing children four, five, and six years old, and more schools are identifying them. SPOA reports that services have become more

accessible recently with decreased waiting times at local agencies such as Greater Binghamton Health Center (which recently added walk-in hours), Lourdes Center for Mental Health, and Family and Children's Society. Families in need of medication for their children are encouraged to utilize one of these three facilities where psychiatrists and psychiatric nurse practitioners are able to prescribe medication.<sup>157</sup>

The 2010 U.S. Census data indicates that 20 percent of the local population speaks a language other than English at home, and approximately 13 percent of the population is foreign born. According to the 2001 Mental Health Surgeon Report, the non-white population including immigrants and refugees are less likely to use mental health services for systematic reasons, which include language and financial barriers, mistrust, stigma and shame, perception of racism and discrimination, lack of culturally appropriate treatment, and differences in conceptions of health and treatment. In order to reduce and eliminate mental health disparities, education and prevention are extremely important. Through education, trust building, and feeling connected to the mental health community, immigrant populations may be more inclined to receive needed services. The Mental Health Association of the Southern Tier provides agencies who serve English Language Learning families with interpreter and translation services.<sup>158</sup>

### **Social Services Needs**

According to Broome County Child Protective Services, in 2014, there were approximately 4,119 reports made of alleged abuse or maltreatment which is up 526 reports from 2013.<sup>159</sup> In 2013 there were 3,593 reports of alleged abuse or maltreatment in Broome County. Approximately 32% of the reports are indicated, which means that child protective services finds<sup>160</sup> credible evidence that abuse or maltreatment has occurred. In the last few years the most

frequent risk factors associated with children who are found to be abused or neglected are (in order): unreasonable expectations of children by caregiver; primary caregiver does not meet all children's needs; and domestic violence. Child Protective Services continues to have two advocates from RISE Inc. that continue to work closely with families where domestic violence is or has been an issue. In Tioga County in 2013, there were 629 reports of maltreatment. 148 were indicated, 344 unfounded, and 137 participated in Family Assessment Response.<sup>161</sup>

Head Start families, through their participation in our program, work in partnership with Family Advocates to identify, assess and address their personal and family goals. Head Start families are actively working on progression toward individualized goals. The top three goal areas identified as a priority for Head Start families participating in the 2014-2015 program year are parenting/family/discipline education and support, finances, and employment.<sup>162</sup>

Parenting/family/discipline education is, by far, the most requested area of interest for our families, and this year was no exception. Fifty-seven percent of Head Start families indicated having a need for parenting, family and discipline education and support, and almost forty percent are working on this goal.<sup>163</sup> Through their participation in Head Start, families are offered an assortment of parenting workshops and groups. In addition, there are many opportunities for parents to network with other parents who have children in Head Start and Early Head Start. One opportunity available for mothers is our "Just Moms" group which began five years ago. This year, we have also started a parenting group for fathers based on our previous Nurturing Fathers Program we offered through Families Together. Each month, Head Start and Early Head Start mothers have an opportunity to attend a workshop geared toward issues they face as moms to young children. The group focuses on child abuse prevention by

offering workshops on stress management techniques and conscious discipline techniques for challenging behavioral issues. The group also provides moms with networking opportunities and a social outlet.

The Fathers Group is offered to fathers and other male role models in our children's lives. A father's role in their child's life can have an enormous impact on the child's development, self-esteem, and future success in life. The group explores common parenting issues among fathers and male role models, as well as finances, employment. The facilitator helps these men to learn about and strengthen their relationships with their children and their families. In addition, they focus on other areas of interest such as employment skills.

We continue to partner with community organizations to provide information about Conscious Discipline techniques. Our Family Community Partnership staff routinely refers our Head Start and Early Head Start parents to Conscious Discipline workshops throughout the community. In addition, we continue to provide training and support to Head Start and Early Head Start staff so that they continue to share these techniques with the children and families we serve.

There are a variety of household make-ups that exist in our Head Start community; 50.1% are Two-Parent households, 41.3% are Single-Parent female households, 2.0% are Single-Parent male households, 5.6 % are Kinship families, and 1% is Foster Homes.<sup>164</sup>

On this year's Community Assessment Parent Questionnaire Head Start families reported that 3% percent of them have themselves or have family members who have been or are currently involved with the criminal justice system.<sup>165</sup> There has been no change in the percentages of families that have reported experience with of drug (1%) or alcohol (1%)



rehabilitation.<sup>166</sup> Six families reported involvement with domestic violence on this year's community assessment questionnaire and only one family reported being involved with emotional abuse.<sup>167</sup>

Through the family partnership process, we learned that 42.5% of Head Start families have financial issues, and of that, 17.1% of families are actively working on addressing it as a family goal by making an effort to improve their financial stability.<sup>168</sup> According to the responses on our Community Assessment Parent Questionnaire again this year, 25% of Head Start families indicated that payment of rent is their most significant housing issue. Interestingly, 25% of families also indicated that the large number of major housing repairs was also a concern for them.<sup>169</sup> Lack of furniture was reported as a concern for 24% of families who responded to the questionnaire.<sup>170</sup> Overall the housing concerns most often reported by Head Start families continue to be affording rent, paying and affording utilities, lack of furnishings, and not feeling safe in their neighborhood.<sup>171</sup>

The community we live in is still an important issue to our families. Many of our families still have concerns with crime, drugs, and violence in their neighborhoods. The percentage of families concerned about crime in neighborhoods is 20% and concern about drug use is up just a little at 28%.<sup>172</sup> Thirty-two percent of families reported being concerned about violence and/or gang violence in their neighborhoods as well.<sup>173</sup> When asked the question, "What would you do to improve your community?" Head Start families in both counties provided responses that are very similar. The most common responses were related to reducing crime and/or violence, decreasing drug activity, providing more opportunities for young people, and providing more employment opportunities.

Finally, 33.7% of Head Start families identified education as a priority for their family and 22.5% of them are actively working toward increasing or completing their education.<sup>174</sup> In addition, a significant number of Head Start families indicated that employment is a goal for their family. With the support from Head Start Family Community Partnership staff, 20.8% of those families are currently addressing it as a goal.<sup>175</sup> (See the Employment Section for specific information.)

### **Employment Needs**

True welfare reform comes from a climate that encourages work, and it is necessary to have support systems in place so the environment is conducive to entering the workforce. A need still exists for low skill/entry level jobs for people with little or no work experience and limited education. The Welfare Reform Act of 1996 requires most public assistance recipients to be involved in job-related activities and/or working in order to receive benefits, requiring 50 percent of a state's TANF caseloads meet work requirements. The same law also includes time limits, which affect part-time workers and other families of low income now receiving partial public assistance. In July 2013, HHS released a memo notifying states of the ability to apply for a waiver of the work requirements. President Obama's administration hoped the change would allow states greater flexibility to operate welfare programs and increase TANF applicant's ability to find employment. Broome County Department of Social Services' Welfare to Work Unit consisting of the Safety Net and Welfare to Work Family Assistance Divisions offers a variety of programs and services to public assistance and food stamp recipients, designed to help families gain and retain employment and self-sufficiency. Programs and services include trainings and workshops pertaining to employability assessments, job readiness, and employment searches,

WORKFARE/Community Work Experience as well as on the job opportunities. In May of 2012, the TANF Work Experience Program opened, collaborating with the Broome County Urban League and the STAR Group. An opportunity for work experience and job skills is available for TANF recipients at a recycling center and Thrift Store, serving a total of 667 clients through 2013.<sup>176</sup>

According to the latest available statistics, the Broome County Department of Social Services Annual Report - 2013, Temporary Assistance caseloads decreased from 3513 to 3356 in all categories, as of December 31, 2013. Family Assistance, Safety Net, and Emergency programs saw an increase in applications by 491 with a decrease in approved cases by 639; denied and/or withdrawn cases increased by 451; additionally, an increase of 465 other cases were open/closed or reopened or reactivated. Medicaid and Medicaid-SSI caseloads increased by 1775, 5.5 percent, contributing factors include increasing numbers of elderly residents and state policy changes are causes for increased caseloads. Maintaining medical services for incarcerated and in-hospital psychiatric individual cases also factored into increased case loads. Non-public assistance Supplemental Nutrition Assistance Program (SNAP, formally known as Food Stamps) applications decreased by 25, with an overall decrease of 1082 applications approved/opened from 2012 to 2013. Additionally, of the 4256 (a decrease of 889) households screened for Expedited Food Stamps, 2651 were found to be eligible, or 62%. The Department of Social Services (DSS) implemented The Safety Net Front End Project hoping to decrease the number of Safety Net applications as well as booking dates, as measures of reducing Safety Net expenditures. The Safety Net Housing Project ensures appropriate housing placement and program integrity. Overall, hotel stays decreased by 11.5%, with lengths of stays averaging less

than 8 days. Also, during 2013, 1130 TANF and Safety Net recipients entered employment. The total numbers of front desk contacts during 2013 totaled 179,332, an increase of 7935.<sup>177</sup> Tioga County does not provide access to their Department of Social Services Annual report online.

Currently, 55 percent of Broome County Head Start and Early Head Start families work full-time or part-time; 27 percent receive either partial or full public assistance; and 18 percent have other sources of income (SSI/SSD/SS). This demonstrates a 5 percent increase in Broome County Head Start and Early Head Start working families while public assistance services remained the same last year.<sup>178</sup> Of Broome County Head Start and Early Head Start working families, 24 percent state they are ineligible to receive public assistance and 14 percent state they are ineligible to receive other benefits due to employment. Broome County Head Start and Early Head Start parents stated 8 percent take advantage of insurance through their employer, 2 percent have private insurance and 5 percent have no insurance at all; the remaining 85 percent use various managed care programs, such as Medicaid, Medimax, and Child/Family/Health Plus. The majority of Broome County Head Start and Early Head Start families named dental and eye care as the most difficult services to obtain for their families. Twenty-four percent of Broome County Head Start and Early Head Start families said too few providers were the number one reason for the difficulty in obtaining care. Broome County Head Start and Early Head Start families stated they found it difficult to find providers who accept their insurance.<sup>179</sup> This information on Tioga County Head Start and Early Head Start families is not yet available.

Broome County Transit buses cover approximately 80 square miles with 20 routes throughout the urban sectors of the Triple Cities with over 700 bus stops. Many of these routes operate seven days a week with weekday hours continuing until approximately 10:00 p.m.;

Saturday hours end by 7:00 p.m. and Sunday hours end by 5:00 p.m. Broome Transit services include specialized routes to corporate/industrial plants, shopping centers and recreational parks, having added three new stops at the Parkway Plaza in February 2014. Although current fares remain the same for this coming year, Broome County Transit raised fees significantly in January 2013: fixed one-way routes increased \$.50 to \$2.00 with senior and disabled rider fees increasing \$.25 to \$1.00. Thirty-one day bus passes have risen to \$70.00 for a regular pass and \$44.00 for students, elderly, disabled riders, and current medicare recipients. Interested riders can purchase a 12-single-ride pass for \$20.00 or a 22-single-ride pass for \$40.00. B.C. Lift and rural rider's cost remained the same at \$2.50 each ride.<sup>180</sup> Broome County Legislators continue to struggle with how to offer the current level of public transportation without raising property taxes. Increased budgetary challenges result from diesel fuel increases, employee benefit and wage increases, as well as older buses in need of repairs. In July 2014, US Senator Charles Schumer urged the Federal Transportation Administration to award \$4 million to Broome County for the purchase of 10 new, clean diesel buses. Funding would come from the Federal Transportation Administration's Ladders of Opportunity Initiative, designated to help modernize and expand local bus services for veterans, elderly and youth in their effort to find employment and/or employment training.<sup>181</sup> Broome County Department of Public Transportation's modern Congressman Maurice Hinchey Hub at Broome County Transit Junction provides access to local and long distance carriers Greyhound and Shortline/Coach USA bus lines. Riders are able to make connections to other local transit routes and/or longer distance transportation needs to out of the area in the comfort of a spacious facility. Broome County moved the offices for the Department of Motor Vehicles from the old Clinton Street site to the transportation hub in

January 2014 to provide greater convenience for residents. In an article in the Press and Sun Bulletin September 15, 2014, Tioga County Legislators voted unanimously to halt public transportation as of November 30, 2014. The decision was made after legislators were unable to find an alternate resolution to the drop in ridership, after rescheduling and changing routes in hopes of providing better services to residents. New York State took over scheduling transportation for Medicaid patients in 2013, preferring to use taxi services over public transportation. This change of Medicaid services caused a drop in ridership from approximately 1000 per month to zero in January 2014. The state agreed to offset unexpected costs as a result of the change for 2014, but was not expected to go beyond that.<sup>182</sup>

While a majority of Broome County Head Start and Early Head Start families have achieved a HSE/TASC or high school diploma, 42 percent do not have a diploma and the job market for those without this basic level of education is limited.<sup>183</sup> Tioga County Head Start and Early Head Start parent education information is not yet available. Not having a high school diploma, HSE/TASC, or specialized skill does hinder a job seeker from obtaining employment, which would enable them to become self-sufficient. Minimum wage was increased to \$8.75 per hour, as a January 2015.

### **Labor Market Trends**

Total non-agricultural job counts in the Binghamton Metro Area (Broome and Tioga Counties) rose by 400 over the year to 107,800 in December 2014. Job gains were experienced in natural resources, mining and construction (+600), leisure and hospitality (+500), professional and business services (+300) and other services (+200). Declines were found in the following industries: manufacturing (-400), education and health services (-200), financial activities (-

200), trade, transportation and utilities (-200) and government (-100). The jobless rate in Broome County decreased from 7.0 percent in December 2013 to 6.1 percent in December 2014. During the same time period, the jobless rate went from 6.7 percent to 6.0 percent in neighboring Tioga County.

### **Job Openings**

The number of job openings registered with the New York State Department of Labor in Binghamton Metro area (Broome and Tioga Counties) stood at 1,653 in February 2015. Most openings were found in the following occupational groups: Healthcare Practitioner and Technical (271 jobs, 16.4%); Office, Clerical and Secretarial (233 jobs, 14.1%); Sales and Related (202 jobs, 12.2%), Computer and Mathematical (103 jobs, 6.2%), Production (103 jobs, 6.2%) and Transportation and Material Moving (100 jobs, 6.0%).

### **Developing Trends**

Employment in New York State is expected to increase by over a million positions (11.1 percent) from 2012 to 2022, according to projections developed by the New York State Department of Labor, Division of Research and Statistics. Approximately 328,000 jobs are expected to be filled on an annual basis over this time period, nearly two-thirds of which will be due to replacement need as individuals separate from their current employment due to retirement, advancement or other career opportunities. As of 2013, the average wage for all occupations within the New York State stood at \$55,130 annually.

#### **Fastest Growing Jobs (Growth Rate)**

- Industrial-Organizational Psychologists (52.1%)
- Home Health Aides (45.3%)

- Meeting, Convention, and Event Planners (41.7%)
- Interpreters and Translators (40.5%)
- Diagnostic Medical Sonographers (40.2%)
- Skincare Specialists (38.7%)

### **Most Annual Job Openings (Number of Jobs)**

- Retail Salespersons (13,380)
- Combined Food Preparation and Serving Workers, Including Fast Food (11,210)
- Waiters and Waitresses (9,700)
- Cashiers (9,540)
- Home Health Aides (8,320)

### **Selected Higher Paying Growth Occupations Requiring Minimal Skill for Entry**

- Refuse and Recyclable Material Collectors (\$56,030)
- Material Moving Workers, All Other (\$44,380)
- Pipelayers (\$39,820)
- Construction Laborers (\$39,800)
- Insulation Workers, Floor, Ceiling, and Wall (\$39,290)

### **Skill Needs**

Each company looks for a different mix of skills and experience depending on the business it's in. Yet it's no longer enough to be a functional expert. To complement these unique core competencies, there are certain "soft skills" every company looks for in a potential hire.

"Soft skills" refer to a cluster of personal qualities, habits, attitudes and social graces that make someone a good employee and compatible to work with. Companies value soft skills because



research suggests and experience shows that they can be just as important an indicator of job performance as hard skills.

Some of the most common soft skills employers are looking for and will be assessing you on include:

1. Strong Work Ethic

Are you motivated and dedicated to getting the job done, no matter what? Will you be conscientious and do your best work?

2. Positive Attitude

Are you optimistic and upbeat? Will you generate good energy and good will?

3. Good Communication Skills

Are you both verbally articulate and a good listener? Can you make your case and express your needs in a way that builds bridges with colleagues, customers and vendors?

4. Time Management Abilities

Do you know how to prioritize tasks and work on a number of different projects at once? Will you use your time on the job wisely?

5. Problem-Solving Skills

Are you resourceful and able to creatively solve problems that will inevitably arise? Will you take ownership of problems or leave them for someone else?

6. Acting as a Team Player

Will you work well in groups and teams? Will you be cooperative and take a leadership role when appropriate?

7. Self-Confidence

Do you truly believe you can do the job? Will you project a sense of calm and inspire confidence in others? Will you have the courage to ask questions that need to be asked and to freely contribute your ideas?

#### 8. Ability to Accept and Learn From Criticism

Will you be able to handle criticism? Are you coachable and open to learning and growing as a person and as a professional?

#### 9. Flexibility/Adaptability

Are you able to adapt to new situations and challenges? Will you embrace change and be open to new ideas?

#### 10. Working Well Under Pressure

Can you handle the stress that accompanies deadlines and crises? Will you be able to do your best work and come through in a pinch?

### **Employment and Training Resource**

All persons should be informed about employment and training programs provided by the Broome-Tioga Workforce New York office, housed at the Broome Employment Center, 171 Front Street, Binghamton, New York. Individuals seeking new or better jobs are provided with job leads and job search training to be able to compete for jobs meeting their qualifications. Short-term training programs are offered to individuals pursuing employment in selected fields, such as health care, manufacturing and customer service, while others could be considered for longer-term educational/vocational training.<sup>184</sup>

## **Child Care Needs**

One of the many goals of Head Start Families indicate they are working on is finding reliable and affordable child care. 49 percent of Head Start families indicate that they are working, while 90.5 percent of Head start families currently have incomes of \$15,000 or less per year. Childcare affordability is an issue with 2 percent of families, stating that expense is their greatest childcare concern. While childcare expenses have continuously risen, Head Start families' incomes have not risen at the same rate. Daycare subsidies are often available to these families; however there is usually a portion that the parent/guardian must pay. At least one family was forced to keep their child in an inadequate setting with friends rather than having the ability to utilize child care that would offer a safe and structured environment. 61 percent of families stated they are interested in continuing, or are currently working on their education, yet childcare subsidies are not available to families who choose to further their education instead of obtaining a job.<sup>185</sup>

Family Enrichment Network Head Start serves 321 children. Of these, 214 are in half day classrooms and 107 are in full day classrooms. There are three sites for Broome County Head Start including Cherry Street, Saratoga and Woodrow Wilson Elementary School. There are also 15 children in a half day Universal Pre-Kindergarten class at the Cherry Street site. The Agency's Early Head Start serves 40 infants and 40 toddlers in full day settings, and 12 pregnant women with pre- and post-natal services and programs. There are three sites for Early Head Start, including Cherry Street, Saratoga and Carlisle<sup>186</sup>.

Tioga County Head Start has three new sites as of September 2014. These sites are located in Waverly, Newark Valley and Owego NY. Tioga County Head Start has the capacity to serve 90 children. Of these, 60 are half day classrooms and 30 are full day classrooms. Tioga County Universal Pre-Kindergarten has the capacity to serve 14 children. Tioga County Early Head Start has the capacity to serve 16 infants and 16 toddlers in full day settings. Recruitment and enrollment for Tioga sites are ongoing.<sup>187</sup>

Two percent of families cite lack of availability and flexibility of caregivers as their main concern. Many Head Start families work non-traditional shifts. Nine percent of families state that childcare provided between 3pm and 11pm would best meet their childcare needs, and additional 4 percent of families need child care during hours other than 7am to 4pm. Two percent of families state that their hours vary. Families express concerns that childcare is difficult to obtain for these times and worry about lack of licensed/registered providers and centers during these off hours. One Head Start mother continues to send her children to a provider who is inconsistent and does not provide adequate structure because she is available second shift when the mother works. The lack of available providers also leads more families to rely on family and friends to provide care. Twenty two percent of Head Start families still utilize child care outside of Head Start. Of these families, 73 percent utilize friends or family, and 23 percent report that they are only somewhat satisfied with their provider. Three percent of Head Start families utilize after school programs.<sup>188</sup>

Of Head Start families, 43.3% are single parent households. Especially in single parent households, childcare is a means to obtain and sustain employment. While non-traditional hours

pose a concern, nine percent of families state that their need for childcare is between the 7:00 am and 4:00 pm range. A number of parents have expressed frustrations with the transition from the Early Head Start full day program to the Head Start half day program. There presents a need for full day programs and wrap around child care.<sup>189</sup> Head Start gives families referrals and information for Family Enrichment Network’s Child Care Resource and Referral to help with childcare needs. (For more information on Child Care Resource and Referral see section on CCR&R).

### **Section 3. RESOURCES TO ENHANCE THE OPERATION OF THE PROGRAM**

#### **Enrichment Programs for Children**

Enrichment programs provide young children with experiences that allow them to express feelings, gain new skills, and grow in confidence. Within Broome and Tioga Counties, numerous programs offer enrichment activities for preschoolers. Many require an admittance fee, which often prohibits families of low income from participating. Accessibility for families without transportation also presents an additional challenge. The following is a list of the programs within the county, which offer special enhancements activities for young children.

#### **Children’s Museums**

**Roberson Center of Arts and Sciences** 30 Front Street Binghamton 772-0660  
 Permanent and changing exhibits of art, history, folk life and natural history, hands-on science gallery, planetarium shows are featured. Many special activities are organized.

Cost:	Hours:
Children 4 and under with an adult = free	Tues-Thurs. 9:00-5:00 p.m.
Children 5 to 18/Any Student = \$6.00	Fri. 9:00-9:00 p.m.
Adults = \$8.00	Sat & Sun. 12:00-5:00 p.m.
Seniors (62 & up) = \$6.00	

**Kopernik Space Education Center** 698 Underwood Road Vestal 748-3685

Kopernik is an astronomical observatory. Special science programs are offered for children and families. Summer institutes are held for children from 1<sup>st</sup> to 12<sup>th</sup> grade.

Cost:

Public Nights (Friday) Under 4 years = free  
Students & Seniors = \$3.00 Adults = \$5.00  
Family Maximum = \$16.00 10 or more = \$2.00 for senior/students \$3.00 for adults

March-November

Friday-Open to public. Doors open at 7:30 p.m.

December-February

Special weekend nights once a month.

**Workshops for 4's and Under**

**Discovery Center of the Southern Tier** 60 Morgan Road Binghamton 773-8661

The Discovery Center is an interactive hands-on museum for children and their families.

Cost:

Hours:

Under 1 year = free                      Tues.-Fri. 10 a.m.- 4 p.m.  
1 – 17 years = \$6.00                      Sat.            10 a.m.-5 p.m.  
Adults 18 and over = \$5.00           Sun.            12 p.m.-5 p.m.  
Mon.            10 a.m.-3 p.m. (Birth-Pre-K)

**Messy Masterpiece Mondays at the Discovery Center**

Guided art projects will focus on sensory experiences and ideas from science and nature. Let your tot's fingers do the work practicing fine motor skills and putting imagination to paper.

Cost: Free with Admission

Thursday's at 11:00 a.m.

**Explore and More at the Discovery Center**

Visit our Explore & More Station each weekend for special crafts, science experiments and hands on fun.

Cost: Free with Admission

Saturday's from 11:00 a.m.to 1:00 p.m .Sundays from 1:00 p.m.to 3:00 p.m.

**Reading Avengers at the Discovery Center**

Imaginations will soar as we put on our Reading Avengers capes and enter the magical world of books.

Cost: Free with Admission

Tuesday's at 11:00 a.m.

### **Little Hand Science at the Discovery Center**

Pop, Fizz, whoosh! Explore science through play on Wednesdays and try your hand at science experiments that will amaze and entertain through learning fun!

Cost: Free with Admission

Wednesday's at 1:00 p.m.

### **Funday Mondays Toddler Day at the Discovery Center**

Big fun awaits our littlest playmates on Mondays as children birth through preschool age are given their own special time to explore the museum, enjoy special activities and make new friends without the big kids around. Join us for **Messy Masterpiece** program at 11:00am and let us do the clean up as we explore sensory art activities. On Mondays during Binghamton City School District days off from school, the museum will be open to all ages. Check our Special Events programming for dates and program themes.

### **Waterman Conservation Education Center** 403 Hiltlen Road Apalachin 625-2221

Anyone is free to use the trails and walk through the Education buildings.

Hours: Mon. – Fri. 9 a.m.-4 p.m.

Sat 10 a.m.-4 p.m.

### **Finch Hollow Nature Center** 1394 Oakdale Road Johnson City 729-4231

Fun for 3's through 5's. Natural history museum with approximately 1 mile of scenic, easy to walk nature trails winding through field, pond, and wooded habitats.

Games, crafts, videos, and other activities introduce children to the wonders of nature.

Cost: Free

Open daily from sunrise to sunset

### **Libraries and Story Hours**

#### **Broome County Public Library** 185 Court Street Binghamton 778-6400

Offer weekly programs incorporating books, finger plays, songs, and rhymes for children.

Story Hours:

Ages 0-3 years Tues. & Thur. 10:00 a.m.

Ages 3-5 years Mon.. 3:00 p.m.

Cost: Free with library card

#### **George F. Johnson Memorial Library** 1001 Park Street Endicott 757-5350

Story Time:

Mother Goose (birth-2) Thurs. 9:30 a.m. or 10:30 a.m.

Toddler Wed. 9:30 a.m. or 10:30 a.m.

Preschool Tues. 10:00 a.m.

Cost: Free with library card

**Vestal Public Library** 320 Vestal Parkway Vestal 754-4244

Story Times:

Toddler and Preschool story times available-call the library for details

Cost: Free with library card

Coburn Free Library, 275 Main St, Owego

Phone:687-3520

Hours:

Mon, Weds, and Fri 10:00 a.m.- 5:00 p.m.

Tues and Thurs 1:00 p.m.- 5 p.m. and 6:30 p.m.- 8:30 p.m.

Sat 1:00 p.m. - 5:00 p.m. (no Sat hours in July and Aug)

Preschool Story Hour: every Wednesday at 10:15 a.m.

**Barnes & Noble** 2443 Vestal Parkway Vestal 770-9505

Story time for preschoolers: 10:30 a.m. on Wednesday's.

Cost: Free/open to public.

## **Parks**

### **County**

Aqua-Terra Park – Maxian Road – Town of Binghamton 778-2193

Cole Park- Colesville Road, Harpersville 693-1389

Greenwood Park- Greenwood Road, Nanticoke 778-2193

Otsinigo Park- Bevier Street, Binghamton

Hawkins Pond- Windsor 693-1389

Dorchester Park-Whitney Point 692-4612

Round Top Picnic Area 778-6541

Cost: All Broome County Parks are free

Hickories Park, 359 Hickories Park Rd, Owego

Marvin Park, Rt. 17C (Main Street), Owego

Nichols Park, Main St. Spencer

Parks of Newark Valley, 9 Park Street, PO Box 398, Newark Valley

**Ross Park Zoo** 185 Park Avenue Binghamton 724-5461

More than 200 birds, reptiles, and mammals on the 25-acre site. Zoo includes Carousel museum, playground, and picnic pavilion.

Cost:

2 years and Under = free

3 to 11 years = \$5.00

Cost to ride carousel = free with admission

Open Everyday April-Sept

10:00 a.m.-5:00 p.m.



Picnic and Playground = free  
Adults = \$7.00  
Senior (over 55) = \$6.00  
College Student & Military ID = \$6.00  
Group Rate = \$4.50 per person if 10 or more people

October-November  
Limited days  
10:00 a.m. -4:00 p.m.  
\*Last ticket sold one hour prior to closing

### **Large Motor Activities**

**Trike, Trot, and Roll @ Skate Estate:** 3401 Old Vestal Road; Vestal 797-9000  
Wed-Sun 10:00 a.m.-1:00 p.m.  
Cost: \$5.00

**Putt Estate: Mini Golf @ Skate Estate:** 3401 Old Vestal Road; Vestal 797-9000  
Cost: 12 & under \$4  
13 & up \$5  
Opens in May

**Jumping Jungle:** 720 Azon Rd Suite 716; Johnson City 238-7565  
Exercise hidden in inflatable fun with these indoor bouncy houses  
Friday 7:30 p.m.- 9:00 p.m. \$8 per hour

**Hidy Ochiai Foundation:** 317 Vestal Parkway West; Vestal 748-8480  
Classes for Karate and Cardio Kickboxing offered throughout the week.

**FMK Karate:** 782 Chenango St; Binghamton 723-9624  
[www.fmkkarateschool.com](http://www.fmkkarateschool.com)  
Classes for Karate, Cardio Kickboxing and Zumba offered throughout the week.  
Karate Monthly dues: \$79 Adults Family Discounts Available!  
\$69 Children  
Cardio Kickboxing: \$45 per month  
Zumba: \$4 per class for members or \$8 for non-members

**Fairbanks Tang Soo Do:** 604 Vestal Pkwy west; Vestal 372-0936  
Pre-K Karate

**Dance Scapes:** 14 Willow St.; Johnson City 729-4783  
[www.dancescapes.com](http://www.dancescapes.com)

Fee varies depending on the number of classes taken  
**Chenango Ice Rink:** 614 River Rd.; Binghamton 204-5075  
[www.chenangoicerink.com](http://www.chenangoicerink.com)  
Selected Fri. and Sat. 8:00 p.m.- 10:00 p.m.  
Public Skate = \$5.00 with \$2.00 skate rental  
November-March

**BCC Ice Center:** 901 Front St; Binghamton (Broome Community College) 348-6055

Cost: Adults: \$6  
Students (17 & under): \$5  
Skate Rental: \$3

**Chenango Gymnastics:** 120 Chenango Bridge Rd (rt 12-A); Binghamton 648-7366  
Mom Pop and Tot (9 months-3 yrs)  
Tumbling Tots (3-5 yrs)  
All Ability (5 & up)  
Call for fees and schedules

**Owego Gymnastics:** 748 State Route 38; Owego 687-2458  
Classes for children ages 1 (must be walking) and up; prices and schedules vary

### **Community-Based Play Group**

#### **Parent Resource Centers**

Designed as a place for children and parents to engage in a variety of activities while providing support, resources, and parenting topics.

PAL Family Resource Center at 457 State Street in Binghamton 771-6334  
Family Resource Center at 601 Columbia Drive in Johnson City 763-1243  
Family Resource Center at 200 Jefferson Ave in Endicott 785-4331  
Family Resource Center at 228 Main St in Owego 687-1571  
Family Resource Center at 505 Clark St in Waverly 565-2374  
Lourdes PACT 584-4570 (Broome County) and 687-6145 (Tioga County)  
Cost: Free

### **Additional Programming for Children**

Workshops and classes are offered for children of all ages at the following locations.  
Cost for participation varies.

- Boys and Girls Club of Binghamton
- Boys and Girls Club of Western Broome
- Tioga County Boys and Girls Club
- Broome Community College Classes for Kids
- Jewish Community Center
- Town of Union Recreation Department
- Town of Vestal Recreation Department
- The Art Mission
- Kindermusik
- Community Music Center
- Southern Tier Gymnastics Academy
- Aero Gymnastics
- Binghamton YMCA

- Johnson City YMCA
- Cornell Cooperative Extension
- Binghamton YWCA
- Indoor Playground at Southern Tier Sports Center
- Fine Arts Studio (Endicott)
- Endicott Performing Arts Center
- Bricks 4 Kidz

### **Retail Resources**

Activities for children offered at local retail stores.

- The Home Depot: Woodworking workshop for children ages 5-12. Takes place the first Saturday of every month from 9:00 a.m. to 12:00 p.m.  
Cost: Free
- Michael's: Kid's Club Saturday's 10 a.m. to 12:00 p.m. drop in basis. Make and Take Crafts  
Cost: \$2 per child for 30 minutes

### **Educational Services for Adults**

There is a wealth of educational programs and opportunities in the Broome County area. The programs most frequently used by Family Enrichment Network's Head Start families are as follows:

#### **ESL Opportunities**

- American Civic Association Tuesday and Thursday 6:00 p.m. to 8:00 p.m.  
Winter Classes Monday through Friday 9:00 a.m. to 12:00 p.m.; Summer Classes Monday through Thursday 9:00 a.m. to 1:00 p.m.
- ESL at Family Enrichment Network: Collaborative effort with Literacy Volunteers of Broome/Tioga that provides instruction in speaking, reading and writing the English language.
- Literacy Volunteers of Broome/Tioga: Provides literacy tutoring and trains literacy volunteers.
- BOCES: ESL offered.
- Chapin Street Learning Center & BOCES main Education Building.
- Saratoga Apartments

#### **HSE/TASC Programs**

- Binghamton High School: HSE/TASC program two times a week in evenings, five times a week during the day (9 a.m. – 3 p.m. at Columbus School)
- Four Seasons (Catholic Charities): HSE/TASC program offered.
- Susquehanna Regional Partners for HSE/TASC on TV: Provides HSE/TASC courses through PBS and offers free and confidential telephone tutoring and course materials.

- BOCES: Provides technical training, educational counseling, HSE/TASC, ESL, and high school equivalency classes, at Redemmer Church, Owego Free Academy and Endicott Learning Center.
- American Civic Association offers HSE/TASC Tuesday and Thursday 6:00 p.m. to 8:00 p.m.
- Broome Tioga BOCES: Tioga Workforce Employment Center Monday and Wednesday from 1:00 p.m. to 4:00 p.m.

### **Vocational Opportunities for Families with Children 0-5 Years**

- **BCC's Services and Training Resources for Individual Vocational Education (STRIVE):** a collaborative program between BCC and DSS to assist public assistance recipients toward economic and education self-sufficiency.
- **Board of Cooperative Educational Services (BOCES):** Adult comprehensive Education and Support Services (ACCESS)-offers career planning workshops and vocational guidance.
- **Binghamton One Stop:** Broome Employment Center, 171 Front Street, Binghamton, 778-2136 offers job search, career development, eligible training providers, assistance in establishing eligibility for various programs.
- **Talent Search:** Assists persons in obtaining college grants/loans, provides job training and HSE/TASC classes.
- **Electrical Workers No. 325:** Apprenticeship opportunities 607-729-6171. Applications taken the first working Monday of every month.
- **Plumbers and Pipefitters Local Union 112:** Apprenticeship opportunities 607-723-9593. High School Diploma and over 18.
- **Carpenters Local No. 281:** Apprenticeship opportunities 607-729-0224. Taking applications Monday-Friday (Monday-Thursday 12:00-12:30 p.m. and Fridays 12:00-1:00 p.m. the office is closed).

### **Undergraduate Programs**

- **Binghamton University:** Public University offering numerous undergraduate and graduate programs.
- **Broome Community College (BCC):** Community college offering numerous associate programs as well as non-degree classes.
- **Broome Community College Educational Opportunities Program (BCCEOP):** A BCC program designed to assist students who meet specific academic criteria and economic guidelines.

### **Counseling Services**

- **ACCORD (Broome and Tioga)** – lends support to families involved in the court system. Court Appointed Special Advocate program provides services to families navigating the family court system; families are assigned by the court. Also provides Mediation services.

- **Binghamton General Hospital** – provides outpatient mental health services for adults only.
- **Broome County Mental Health Child and Family Clinic Plus** – provides services for children ages 5-18 as well as for 3 and 4 year old children referred via Family Enrichment Network Head Start.
- **Broome County Mental Health Services** – provides services to adults for mental health, mental retardation and developmental disability, alcohol and substance abuse.
- **Catholic Charities Functional Family Therapy** – provides short-term home-based counseling services for families with children ages 11 – 18 who are at risk of placement.
- **Catholic Charities Gateway Center for Youth** – provides short-term individual counseling, group counseling and anger management group for youth.
- **Catholic Charities Family Counseling Program** – provides psychotherapeutic counseling to individuals and families.
- **Community Connections Center- Endicott-** provides counseling, advocacy, and community supports for UE students and their families.
- **Family and Children’s Society of Broome and Tioga Counties** – provides family and mental health counseling, sexual abuse treatment program, school based family support centers. Now accepting Medicaid.
- **Greater Binghamton Health Center** – provides counseling and support services for children and adults.
- **Mental Health Association of the Southern Tier, Inc.** – provides depression/suicide/substance abuse prevention services, community education, and information and referral services.
- **Men’s Work** – Batterers Intervention Program
- **Lourdes Mental Health Juvenile Justice** – identifies youth within the criminal justice system with mental health and substance abuse issues and coordinates needed services.
- **Samaritan Counseling Center** – provides individual, family and marital counseling.
- **Lourdes Center for Mental Health** – specializes in services for adolescents age 12 – 21.
- **Tioga County Mental Hygiene** - Offers Tioga County residents a comprehensive continuum of counseling services and supports for individuals of all ages and families coping with emotional problems, mental illness, marital issues, depression, alcoholism and substance abuse.

### **Support for Victims of Violence**

- **Rise**– emergency housing, counseling, advocacy and support for those experiencing domestic violence.
- **Crime Victims Assistance Center** – counseling, advocacy, and support for victims of violence. Also provides community-wide education about child abuse, sexual assault, rape, elder abuse, and domestic violence.
- **Crime Victims Assistance Center CAP (Child Assault Prevention)** – offers education to elementary school children, teachers and parents about children’s rights to be safe, strong and free. Provided in local schools.

- **Crime Victims Assistance Center**– Girls Circle and Safe Date programs offers youth education for teens emphasizing personal safety, healthy dating relationships and positive self-esteem.
- **Family & Children’s Society** – provides clinical counseling services to battered women and children.
- **Broome County Family Violence Prevention Council** – coordinates child abuse, elder abuse and domestic violence education, intervention and prevention services through the efforts of a multi-disciplinary council and other subcommittees.
- **A New Hope Center** - provides hotline, counseling, advocacy and shelter. Soon they will also be providing supervised visitation.

### Alcoholism & Substance Abuse

- **A.A., Alanon & Alateen programs** – provide peer support for alcohol and substance abusers and their families.
- **Addiction Center of Broome County** – provides substance abuse outpatient treatment for individuals and families.
- **Fairview Recovery Services** – provides supportive services to individuals with chemical addictions including intensive case management, supportive living and crisis center.
- **Mental Health Juvenile Justice** - identifies youth within the criminal justice system with mental health and substance abuse issues and coordinates needed services.
- **Salvation Army Adult Rehabilitation Center** – provides in-house, long-term drug and alcohol rehabilitation program for men.
- **United Health Services New Horizons program** – provides substance abuse in-patient treatment for individuals, outpatient services, and six-month follow-up services.
- **Tioga County Mental Hygiene Substance Abuse & MICA (Mentally Ill Chemical Abuser) program** -provides Intensive Outpatient program, beginning treatment and education, and ongoing care.

### Youth Programs

- **Mothers & Babies Perinatal Network Youth Services**- provides 6<sup>th</sup>, 7<sup>th</sup>, and 8<sup>th</sup> grade classroom presentations addressing topics of “building healthy relationships”, “parenting can wait”, and “making good decisions”.
- **The Haven** – After-school program for youth in grades 7 – 12 who are in school or in a HSE/TASC program.
- **Broome County Urban League** – operates an after school youth enrichment center providing youth development activities and tutoring. Also provides a summer enrichment program for youth ages 5-11.
- **Boys & Girls Club of Binghamton** – provides youth development activities for youth of all ages, school-age child care program, and sports, recreation and fitness program for all ages.

- **Boys & Girls Club of Western Broome** – provides youth development activities for youth of all ages, school-age child care program, and sports, recreation and fitness program for all ages.
- **Tioga County Boys & Girls Club** - provides youth development activities for youth of all ages, school-age child care program, and sports, recreation and fitness program for all ages.
- **Cornell Cooperative Extension Broome County – Citizen U Project** – youth development program promoting citizenship, community action and community improvement.
- **Cornell Cooperative Extension Broome County – 4-H Youth Development** – provides an experiential learning youth education program for boys and girls ages 5-19. It provides practical life skills education in healthy lifestyles, citizenship and Science, Technology, Engineering and Mathematics (STEM).
- **Cornell Cooperative Extension Tioga County - 4-H Youth Development** – provides an experiential learning youth education program for boys and girls ages 5-19. It provides practical life skills education in healthy lifestyles, citizenship and Science, Technology, Engineering and Mathematics (STEM).
- **Discovery Center-** hands on museum and learning environment for children. After school program available.
- **Liberty Partnership Program** – provides case management, tutoring/mentoring, counseling and summer enrichment activities for at-risk youth identified by local high schools.
- **YMCA-** provides youth development activities for youth of all ages, school-age child care program, and sports, recreation, and fitness programs for all ages.
- **Tioga/Tompkins County Youth Engagement Services Program – YES Club** - works with youth in grades 8 through 12 within Newark Valley High School to minimize barriers that impede school performance, improve attendance patterns, improve grades and passing rates, minimize disciplinary issues, and provide additional alternative academic experiences to increase student success.
- **Tioga/Tompkins County Youth Engagement Services Program – YES Mentoring** - supports youth who are engaging in at-risk behaviors and could benefit from one-on-one mentoring from a local volunteer mentor.

### Services/Programs for Families

- **Cornell University Cooperative Extension of Broome County – Family Education Center in Endicott** – a free place to play with your child, find answers to your questions about children and families, check out books, videos, and toys to use at home, a place to talk with other parents and caregivers, find out about community services, and classes and workshops about topics you want to learn more about.
- **Healthy Families Broome-** Broome County Health Department.
- **Mothers & Babies Perinatal Network of the Southern Tier - Binghamton (PAL) Family Resource Center** – a free place to play with your child, find answers to your questions on child development, attend a parenting class, access the resource library for

parenting information or children's books, a place to talk with other parents and caregivers, find out about community services, and attend programs on topics you want to learn more about.

- **Cornell Cooperative Extension Tioga Family Resource Centers-** provides drop- in play space, lending library, play groups and parenting education.
- **Family Reading Partnership of Owego Apalachin-** Provides new and used books to children in the Owego Apalachin school district via Bright Red Bookshelves throughout the community.
- **Parents and Children Together (PACT)** – provides parent education and support through home visiting to Binghamton parents with children ages 0 – 3 years. Also organizes and hosts Conscious Discipline® parenting and discipline classes for parents and caregivers.
- **Lourdes PACT(Broome and Tioga)** – provides a home visitation family strengthening program for teen parents or first-time parents from pregnancy through child's first 3-5 years.
- **Catholic Charities Early Childhood STEP Parenting Classes** – offers free parenting classes using the Systematic Training for Effective Parenting (STEP) model.
- **Mothers & Babies Perinatal Network of the Southern Tier** –promoting health and education for women, infants, pregnant women and families. Also organizes and hosts Conscious Discipline® parenting and discipline classes for parents and caregivers.
- **Mothers & Babies Perinatal Network of the Southern Tier – Facilitated Enrollment Program-** provides assistance with health insurance coverage through NY's public health insurance programs.
- **Mothers & Babies Perinatal Network PAL Family Resource Center Clothing Closet** – provides families in need with gently used clothes.
- **Broome County Department of Social Services Families First Anger Management and Parenting Classes** – provides educational classes about anger management and parenting.

### **Programs for Families with Children with Special or High Needs**

- **Children's Home** – works in partnership with the Department of Social Services to provide family, foster care and preventive services.
- **Broome County Department of Social Services Families First** – provides intensive case management to families DSS referred. Also provides Anger Management groups for adults.
- **ImPACT Program – Lourdes** – for families with a child 0-10 years living in Broome County who are referred by BCDSS for the purpose of averting a disruption of the family which will or could result in the placement of a child in foster care, enabling a child who has been placed in foster care to return to his family at an earlier time than would otherwise be possible; or reducing the likelihood that a child who has been discharged from foster care would return to such care.
- **Broome County Health Department- Early Intervention Program-** coordinates and provides special services for children under the age of 3 years old.



- **Tioga County Health Department** - Early Intervention Program- coordinates and provides special services for children under the age of 3 years old.
- **Franziska Rackers Center** – provides clinical and support services to children and youth with disabilities.
- **Committee for Preschool Special Education (CPSE)** - coordinates and provides special services for children ages 3-5 years old.
- **Southern Tier Independence Center (STIC)**- provides assistance and serve people with all disabilities of all ages to increase their independence in all aspects of integrated community life.

### Housing Assistance/Emergency/Crisis Services

- **YWCA Young Women’s Residential Achievement Program** – supportive living program for homeless women ages 18 – 23 years old.
- **Metro Interfaith** – low income housing, assists with improving credit and home ownership.
- **Opportunities for Broome (OFB)** – emergency housing, furniture and appliance donations, and help with housing, court, and code enforcement.
- **Tioga Opportunities** – provides rental assistance, apartments and home repair services. Also coordinates food delivery to many of the county's emergency food pantries and soup kitchens.
- **Mental Health Association Project Uplift** – housing assistance for the homeless and food pantry.
- **Cribs for Kids** – local chapter for the National Cribs for Kids program that provides education about safe sleep environments and cribs to families in need-provided by Mother’s & Babies.
- **United Way of Broome County 211** – centralized system for community resources and referrals.
- **Berkshire Farm & Center Services for Youth Life House Runaway Homeless Youth Program** - provides crisis intervention, case management and housing services for runaway and homeless youth under age 18.
- **Catholic Charities Teen Transitional Living Program** – transitional/independent living program for runaway and homeless youth ages 16 – 21.
- **Council of Churches Community Hunger Outreach Warehouse (CHOW)** – emergency food service to local food pantries. Infant formula available through referrals from WIC.
- **Lend-A-Hand** – assists with rent, utilities, prescriptions furnishings, etc.
- **Salvation Army** – provides clothing, furniture, and housing.
- **Rise** – emergency housing for victims of domestic violence.
- **Rescue Mission** – supportive/emergency housing for homeless men.
- **Volunteers of America** – emergency housing for the homeless.
- **YMCA** – emergency housing for homeless males ages 18 and older.
- **YWCA** - emergency housing for homeless females ages 16 and older.

- **Broome County Department of Social Services** – provides comprehensive social services for persons of low-income, and adult and child preventive/protective services, including the PINS (Persons in Need of Supervision) program.
- **Tioga County Open Door Mission** – provides outreach that assists individuals and families to obtain food, clothing, furniture, financial assistance, infant items, and shelter for homeless men ages 18 and older.
- **Tioga County DSS** - provides comprehensive social services for persons of low-income, and adult and child preventive/protective services.
- **Catholic Charities** - provides services to those in need such as food, clothing and emergency assistance.
- **Tioga County Rural Ministry** – provides emergency financial assistance for things such as gas, rent, prescription assistance, and NYSEG shutoffs.
- **Beds for Kids** - provides free or low cost beds, mattresses and furniture. Clothing closet provides free and low cost clothing.
- **The Bridge** - a non-profit organization of churches serving Waverly, Athens and Sayre school districts. Provides crisis vouchers for shelter, utilities, food, and transportation. Also operates a furniture and clothing closet.

### **Family Enrichment Network’s Community Partnerships**

Partnerships with local school districts and community agencies enhance the quality of Family Enrichment Network’s Head Start and Early Head Start programs in the areas of family literacy, inclusion, health, nutrition, intergenerational programming, mental health, parenting, and career development. The initiative with the Binghamton City School District's PACT Program has provided a continuation of services from birth through school age. Strong ties with the Broome County Department of Social Services and the Broome County Health Department have allowed Head Start staff members to serve families and children more effectively by linking them with local services, programs, and clinics. Numerous exciting partnerships continue to thrive.

- A contract between a **Child Psychologist** and Family Enrichment Network provides observation, diagnosis, and prescriptive plans for Head Start children; consultation and referral for parents; and technical assistance and training for staff.

- Family Enrichment Network contracts with a **Licensed Clinical Social Worker** to provide Professional Development services, referrals, technical assistance and individual/group training for staff; and meetings on preventive mental health topics, crisis intervention, and referrals for Head Start and Early Head Start parents.
- A contract with **UHS** assures staff ongoing EAP services to assist them in addressing personal, family, and work related issues.
- A partnership between Broome County Department of Social Services Office of Child Support Enforcement and Family Enrichment Network promotes **child support services** for all eligible, Head Start single-parent families.
- A joint effort between Broome County Public Library Children's Services Department and Family Enrichment Network encourages learning, strengthens parent involvement in **children's literacy** and language development, and increases families' enjoyment of reading.
- An agreement between the Binghamton City School District and Family Enrichment Network facilitates the identification and provision of **services to preschool children with disabilities** in the district who also attend Head Start.
- An agreement between the Johnson City School District and Family Enrichment Network facilitates the identification and provision of **services to preschool children with disabilities** in the district who also attend Head Start.
- An agreement between the Owego-Apalachin School District and Family Enrichment Network facilitates the identification and provision of **services to preschool children with disabilities** in the district who also attend Head Start.
- An agreement between the Newark Valley School District and Family Enrichment Network facilitates the identification and provision of **services to preschool children with disabilities** in the district who also attend Head Start.
- An agreement between the Waverly School District and Family Enrichment Network facilitates the identification and provision of **services to preschool children with disabilities** in the district who also attend Head Start.
- An agreement between the Susquehanna Valley School District and Family Enrichment Network facilitates the identification and provision of **services to preschool children with disabilities** in the district who also attend Head Start.

- **English for Speakers of Other Languages (ESL) Program** provides a weekly adult English class through collaboration between Family Enrichment Network and Literacy Volunteers of Broome/Tioga.
- Head Start parents who are seeking **continuing education programs** have access to information and services through a partnership between Family Enrichment Network and Broome Community College. BCC representatives provide site meeting programming for interested parents.
- Family Enrichment Network works in partnership with the **Broome County Employment Center** to promote **employment opportunities** and support Head Start parents who are entering the job force.
- Partnerships between Office for the Aging, Retired Senior Volunteer Program, and Head Start allow for the recruitment, selection, and enrollment of **elderly volunteers** for the classroom to work individually with children with special needs.
- A partnership between Johnson City School District's Universal Pre-K and Family Enrichment Network allows 53 full-day and 15 half-day children/families to receive comprehensive Head Start services in a **Universal Pre-kindergarten** setting.
- A partnership between Binghamton City School District and Family Enrichment Network allows 36 children/families to receive comprehensive Head Start services in a **Universal Pre-kindergarten** setting at the Woodrow Wilson School in Binghamton.
- Agreements with Binghamton University's School of Education and the Decker School of Nursing, Broome Community College, the Department of Social Services, and the Association for Retarded Citizens expand the number of participating **interns and volunteers**, enrich individualized programming for Head Start children/families, and develop career experiences for participants.
- A partnership between the SOS Shelter and the Family Enrichment Network exists to identify and provide **referrals and follow-up to families experiencing domestic violence**. The SOS Shelter, in regards to domestic violence provides training to the Agency staff.
- WIC in partnership with Family Enrichment Network works to demonstrate a joint effort to offer preschool children and their families' **nutritious foods and nutrition education**.

- A partnership with Lourdes Mobile Dental Unit offers preschool children an opportunity to participate in **ongoing dental care** on site. In addition to **dental screening, cleaning and restorative dental services** are provided.
- A partnership with Wilson Dental Group provides our infants, toddlers, and pregnant women with **early dental screening** and the possibility of establishing a dental home.
- A partnership with Tioga County Dental Unit offers preschool children an opportunity to participate in **ongoing dental care** on site. In addition to **dental screening, cleaning and restorative dental services** are provided.
- An agreement between Broome Community College and Family Enrichment Network provides opportunity to incorporate **service learning into the nursing students' curriculum**.
- Family Enrichment Network works in partnership with a Registered Dietitian to provide individual **support and consultation on nutrition topics** with parents, staff, and family childcare providers.
- Family Enrichment Network collaborates with Achieve Country Valley Industries Site, and through this partnership **adult volunteers** with disabilities are placed in Head Start classrooms to **work with preschool children**.
- A partnership with **Mothers and Babies Perinatal Network** has provided Early Head Start families and staff with ongoing **workshops, trainings, and professional development** opportunities to enhance both staff and families understanding of pre/post natal care and early child development.

## **INFORMATION ON CHILDREN WITH DISABILITIES**

### **Needs of Children with Special Needs**

The Individuals with Disabilities Act (IDEA) guarantees a free and appropriate public education for all children with disabilities from birth through 21 years. School districts must provide assessment and programming services to children three to five years through the Committee on Preschool Special Education and for children ages six through 21 years through the Committee on Special Education. The Department of Health is responsible for serving

children birth through two years. The Early Intervention Program was formed to develop a comprehensive countywide system of delivery of early care services for children at-risk for or with developmental delays/disabilities and their families.

Nearly 25 percent (80 children) of Family Enrichment Network's Head Start enrollment in Broome County, and an additional 25 percent (20 children) in Tioga County and 10 percent (8 children) of Family Enrichment Network's Early Head Start enrollment in the 2014-2015 program year were children with special needs.<sup>190</sup>

The New York State Education Department has approved integrated special education settings; all Broome County Special Education approved preschools are approved as integrated settings. Inclusive childcare settings remain limited. A contributing factor to the lack of childcare slots, aside from provider reluctance due to limited knowledge/fear of the unknown, is the lack of financial subsidies. While the County can provide services for children with disabilities, it cannot pay tuition for a child's attendance in a private childcare setting. Neither can the County pay for a classroom aide in a child care setting for any time other than that needed to facilitate a special education service. Often, the opportunity for social development such a setting would provide is the most valuable element in the child's development. Many families are not able to afford the fees for private childcare, and there are no mechanisms in place to assist them.

The Health Department and evaluative agencies report a steady increase in the number of children undergoing evaluations each year. This is attributed to the success of local early intervention efforts including identification, referral, and tracking. Broome Community College's mentoring program for larger daycare centers is helping their staff become more adept at identifying possible special needs. Providers estimate more than 90% of those referred qualify for services. Efforts continue to make transition from Early Intervention to Committee on Preschool Special Education (CPSE) to Committee on Special Education (CSE) as seamless as

possible. Binghamton School District CPSE reports a continuing increase in referrals from EI. The referral process from EI to preschool hinges on the child's third birthday. A CPSE meeting must be held and child approved for 3-5 year old preschool prior to the day before the child's third birthday or the child must be discharged from EI. Referrals are made year round. Due to the increase in Binghamton's referrals, Binghamton City School District became an evaluation agency. Binghamton School District's CPSE reports a significant number of referrals this school year, with many identifying severe delays. Those which are less severe are predominantly speech delays. This increase will have an impact on local evaluators, therapists, schools and preschools. As districts conduct CPSE Annual Review meetings full time beginning in February, it is extremely difficult to schedule meetings for new referrals.

Families' lack of transportation and child care; missing appointments; and "Welfare to Work" mandates impede the process of evaluation. Many Head Start families benefit from these additional services, and from the ability of the Family Enrichment Network's Special Education Program to conduct evaluations at the Children's Head Start Sites. Provision of childcare during evaluations and CPSE meetings would reduce the numbers of missed appointments.

Broome and Tioga Counties continue to experience a shortage of speech, occupational (greatest shortage) and physical therapists, as well as special education teachers and one-to-one aides for the three to five age group, particularly in January through March when most programs are full and/or private providers have reached the maximum number they can serve. Aggravating the shortage are the growing numbers of children being identified in rural areas, and the necessity for therapists to travel long distances throughout the County, thereby losing precious therapy time. In addition, Broome County CPSE reimbursements are extremely low, which impacts therapists taking on new CPSE cases. The NYS Education Department is expecting all approved agencies to provide Special Education Itinerant Teachers (SEIT) and integrated services. Pediatric mental health and neurological services are scarce. Countywide,

there is a need for more aides and counseling services (including play therapy), to enable students to be maintained in regular education programs. Evaluators indicate an increase in referrals, especially from Day Care providers, in the areas of behavioral needs, autism, and sensory concerns, as well as an increase in the number of children with special needs living with grandparents. The most critical needs are for more Sensory Integration services in preschool classrooms and in homes, as well as ongoing training for staff and families and 1:1 classroom aides.<sup>191</sup>

### **The Early Childhood Direction Center Reports:**

The needs for children birth through age five across Broome County and its adjacent counties is reflective of our society's priorities; human services and educational programs still lack the funding that is required to produce efficient and effective quality of services in some of its domains.

Though the quality and quantity of services increases annually for children birth through age 5, the number of children and their families that need services also increases. There continues to be high numbers of children that display behavior challenges as well as those children who are found to be on the autism spectrum.

The lack of available development specialists, pediatric ophthalmologists, dental services for our young, neurologists and psychiatrists, adds to the delay in children receiving the evaluations and/or the services that they needed.

Transportation as well as time factors of job schedules/family schedules create limits for family participation in meetings regarding their children as well as trainings.

Impending New York State budget cuts are already affecting the Early Intervention Program. A projected 10 percent cut, has prompted the resignation of services providers such as



speech therapists in some smaller, rural counties. This in turn delays the implementation of IEP's.

### **Services for Children with Special Needs**

There are numerous resources for children with special needs in Broome County. However, most of these agencies consistently run at full capacity, with openings filled immediately. The following programs are used most frequently by families served by Family Enrichment Network's Head Start Program:

**The Early Childhood Direction Center (ECDC)** is located in Binghamton at the Southern Tier Independence Center and serves a 12 county area. It provides planning information and referral assistance to parents and professionals on the Department of Health procedures for children birth through two, the CPSE process, and programs for preschool children with disabilities (birth to five years of age). The ECDC functions cooperatively with the Stated Education School Improvement Specialist (SEIS), both of which provide New York State special education information booklets, resource materials, and training for staff and parents.<sup>192</sup>

**The Child Find Program formerly (ICHAP)** is a program funded under the New York State Department of Health. The Child Find Program ensures eligible children birth to age three are engaged in primary health care, receive developmental surveillance and screening and are appropriately referred to Early Intervention.<sup>193</sup>

**The Family Enrichment Network Special Education Program** (See Special Education Services Program for specific information pertaining to this Family Enrichment Network operated service.)

**Franziska Racker Center** in Owego provides Early Childhood services including evaluations, early intervention, preschool special education, and play therapy.

**HCA Diagnostic/Treatment Services Building Blocks Preschool/Infant Programs** performs assessments, evaluations, treatment, and family support services through a staff of physical and occupational therapists, audiologists, speech pathologists, nurses, social workers, psychologists and medical consultants. HCA will provide on-site evaluations.

**Building Blocks Preschool & Early Intervention Programs** are certified by the State Education and/or Health Departments to offer evaluations, special education and therapies to children ranging in age from birth through five years of age. Special education programs are provided in integrated settings, where students with and without special needs learn along side of one another.

**HCA's Respite Program** is for families/caregivers of children and adults with developmental disabilities. HCA also delivers family support services.

HCA currently operates ten Individualized Residential Alternative facilities (IRA). These residential settings are home to adolescents adults. With the support of family and a skilled residence staff these residents are working to develop life skills that promote the greatest level of independence and self-determination possible.<sup>194</sup>

**The High Risk Birth Clinic**, a satellite certified treatment program of Broome Developmental Services and the Office of Mental Retardation and Developmental Disabilities, delivers prevention, diagnostic evaluation, and therapeutic services to children birth through age six. The program is family-centered and views parental involvement as an integral component. Therapy is performed in the clinic or in the home, depending on how needs are best met. Older children may be seen for specialized evaluation. The psychologist is available for specialized neuropsychological and Autism Spectrum evaluations. Parent information support groups are available also.<sup>195</sup>

**The Association for Vision Rehabilitation and Employment**, Inc. provides services to all persons, from infants to elders, with a vision disability. Services to children and youth (0-21) are accessed through either or both our Infant & Children's Services and Employment and Career Services departments.

The Infant and Children's Services Department works with infants, preschoolers and school-age children up to age 14 in 9 New York counties.

For ages 0 through pre-school the service staff work with infants and toddlers, and their parents to provide a wide variety of early skill training. These include tactile and sensory learning experiences, such as buttoning and zipping clothing, opening bags of food, and peeling bananas or eggs. Children ages 0-2 are provided with vision stimulation. Preschoolers are provided with Orientation & Mobility (travel-training) instruction, and pre-Braille skills to prepare for schooling. Forums and information sharing for parents are also provided. They coordinate closely with Early Intervention and Pre-school agencies, and the New York State Commission for the Blind and Visually Handicapped.

The Association does not charge fees to its consumers for any of the above listed services.<sup>196</sup>

**The Broome County Health Department** oversees programs in which children from birth to five with disabilities and/or suspected developmental delays may receive evaluations to determine eligibility and need.

**The Early Intervention Program (EIP)** is a federal and state mandated program administered through the New York State Department of Health to provide Early Intervention

services for eligible infants and toddlers under age three who have developmental delays in any of the following areas:

- Physical development including hearing and vision
- Learning or cognitive development
- Speech and language development and communication
- Social or emotional development
- Self-help skills

Early Intervention services can be provided anywhere in the community, including:

- Home
- Child care center or family day care home
- Recreational centers, play groups, playgrounds, libraries, or any place parents and children go for fun and support
- Early childhood programs and centers

Participation in the Early Intervention Program is voluntary. A service coordinator works with each family to identify their concerns and priorities for their child, and to develop and Individual Services Plan (IFSP). In NY, Early Intervention services are provided at no cost to families. Each county Health Department administers the EIP for children who reside in their county.

**The Education of Handicapped Children Program (EHCP)** is a federal and state mandated program through the New York State Education Department intended to service the population of children ages three to five (3-5) with suspected or confirmed delays which will adversely affect the child's ability to learn.

**The Committee on Preschool Education Program (CPSE)** of the child's school district facilitates evaluation and services. Children may be transitioned from the Early Intervention Program or may be a new referral from parents or other professionals. Special Education and Related Services are offered in the least restricted environment, and may include:

- Speech, Physical, Occupational Therapies, and Counseling
- Special Education Teacher
- Transportation

Services may be provided at:

- Home
- Child Care location
- Preschool
- Pre-K Program or Head Start
- Hospital or Clinic

Participation in the Education of Handicapped Children Program is voluntary. The EHCP is administered and funded through Health Department of the county of residence for each child. EHCP services are provided at no cost to families.

**The Children with Special Health Care Needs Program (CSHCN)** provides information and referrals to families with children under 21 who have special health care needs to address their identified concerns. The CSHCN ensures access to health care providers and health insurance for children with special health care needs through:

- Outreach to providers, day cares, and agencies
- Referral to facilitated enrollment

- Referral to community and medical resources.

Legislative and regulatory changes in the Early Intervention Program continue to present new challenges locally. Broome County has been experiencing a capacity shortage of qualified professionals to deliver services for several years, and while we have worked to address this in many ways, we continue to face obstacles to providing the services that children in the EIP need. We look to our community partners to assist us in this aspect.

**The Institute for Child Development (Children’s Unit) at Binghamton University** was established in 1975. The Unit functions with the dual status of a private, State Education Department certified school and a University program. It provides intensive educational services to children with severe disorders: children diagnosed as having autism, developmental disabilities, emotional disturbance, or who have experienced sexual and/or physical abuse.

Children accepted to the Unit often have a number of different diagnostic labels, and these diagnostic categories are descriptive of the type of problems that are manifested by the child rather than selection criteria.

The Unit accepts children between 10 months and 11 years of age for the short term (two years on average), intensive program. Special emphasis is placed upon intensive early intervention for autism and related disorders.

Services are provided at no cost to parents. The Unit is an approved private school by the New York State Education Department, and thus admission is done in concert with the child’s school district or county health department as appropriate.

The Children’s Unit also conducts assessments:

- Early Intervention (15 to 35 Months)
  - Multidisciplinary Evaluation

- Psychological Evaluation
- Diagnostic Evaluation
- \*How do I refer my Child?  
Get in touch with your Early Intervention Coordinator at your county's department of health.
- Preschool (3 to 5 Years)
  - Multidisciplinary Evaluation
  - Psychological Evaluation
  - Diagnostic Evaluation
  - \*How do I refer my Child?
- School Age (about 5 to 12 years)
  - Educational Recommendations
  - Diagnostic Evaluations<sup>197</sup>

**The Regional TRAIID Center at the Southern Tier Independence Center** offers a Loan Closet for providers and families. Items for loan include bathing, personal care, and mobility aids, communication devices, adapted toys, seating and positioning aids, and recreation items, etc. for people of all ages.

## **RACIAL AND ETHNIC COMPOSITION, CULTURE AND LANGUAGES**

Broome County maintained its overall population between the years 2000 and 2010. The recorded population for the 2000 census was 200,536 and the 2010 census noted a population of 200,600 (U.S. Census Bureau). The major difference between the two populations is the composition of the populations. The 2010 population reflects a much greater diversity in persons/composition. The Hispanic/Latino composition increased from 3.6% of total population to 3.8% of total population and the Asian population increased from 3.6% of total population to 3.9% of total population (U.S. Census Bureau). The increased diversity in local population appears to mirror the overall increase in population diversity throughout the United States.

The 2010 U.S. census highlights several notable demographic facts for community organizations in Broome County to consider in their planning decisions. The foreign-born

population rose from 5% in 2000 to 6% in 2010. Additionally, the 2010 census notes that 8.9% of the Broome county population speaks a language other than English at home (U.S. Census 2010). The increasing diversity in local population most likely will continue rise due to local immigration trends, increased refugee resettlement, and secondary migration. Additionally, the ACA has agreed to resettle 50 refugees in the local area during FY 2012. Broome county refugee resettlement has been modest during the past decade (approximately 10 refugees/year), but the numbers are gradually rising.

A growing immigrant and refugee population places many demands on the local community. The local school systems must keep up with the additional English as Second Language needs. The New York Times reports that Broome County ranks 28<sup>th</sup> out of 63 counties in school diversity. The NYT reports that Hispanic and Asian students make up 6% of the Broome County student population ([projects.nytimes.com](http://projects.nytimes.com)). Adult ESL classes are a growing need for many immigrants and refugees in the Broome County area. As previously noted, 8.9% of the local population speaks a language other than English at home (U.S. Census 2010). Without strong English language skills, individuals are unable to be self-sufficient community members. The adult ESL demand has been strong and growing during the past year. Binghamton City School District adult ESL classes have averaged 60+ students per day with approximately 20 new students enrolling per month. Proficiency in English language permits immigrants and refugees to pursue educational and employment opportunities.

Employment assistance proves another difficult hurdle for newcomers to the United States. Immigrants and refugees must learn the protocols of obtaining employment in the United States (e.g. applications, resumes, interviews, etc.). Such trainings are not readily available to



newcomers in the Broome county area. A difficult fiscal climate limits available funding in such areas. Hence, many community-based organizations (CBOs) are not able to assist newcomers with employment services.

Immigrants and refugees place many language demands on local service providers. Governmental agencies, human services providers, hospitals, court system, and numerous other organizations press to assist a growing population that lacks adequate English language skills. This language divide poses many challenges for both the newcomer and provider. Often newcomers unknowingly fail to access available benefits due to a lack of language skills. The local community needs to be proactive in addressing the increased need for language services. ESL programs must be available to prepare newcomers to be functional in English and organizations must have language services in place to address critical language divides.

The 2010 U.S. Census highlights the growing diversity in Broome County. The shift to a greater diversity within the population poses many challenges for the local community. However, an aware and engaged community can neutralize/minimize such challenges.

Tioga County's population is predominantly white non-Hispanic, and the Head Start children and families enrolled in the Tioga County Head Start program are comparable to the overall population of the county.

**Table VI. Percentage Of Minority Children Within Family Enrichment Network Service Area By School District<sup>198</sup>**

SCHOOL DISTRICT	2011-2012	2012-2013	2013-2014	2014-2015
Binghamton City Schools	44%	48%	40.5%	44%
Johnson City Schools	29%	31%	33%	35%
Susquehanna Valley Schools (Town of Binghamton, Conklin, Kirkwood)	5.65%	6%	No Data	5.5%
Chenango Valley Schools (Dickinson, Port Dickinson)	6.25%	9%	8.5%	6.9%

Table VII. Details the number of minority children (three and four years old) based on the 2010 census along with the number of minority children in Family Enrichment Network’s service area. (calculated by percentage).

The ethnic make-up of Head Start families in the 2014-2015 program year differs from that of the general population in Family Enrichment Network’s Broome County service area. The percentage of minorities served by Head Start exceeded the percentage of minorities in the general population as illustrated in tables VII and VIII. In comparison to the 2013-2014 program year, changes in the racial/ethnic breakdown of Head Start families were noted with an increase of 5% white population, a decrease in the Asian population, of 8.5%, a decrease of 3.4% in the African American population, and the “mix” category saw a decrease of .6%. Hispanic families decreased by .5% in the 2014-2015 program year. Tioga County families demonstrate a slightly higher percentage of diversity than the county’s statistics.

**Table VII. Hispanic and Non-Hispanic in Head Start to General Population<sup>199</sup>**

**Broome County Program**

	HEAD START FAMILIES 2014-2015 PROGRAM YEAR	BROOME COUNTY GENERAL POPULATION
Hispanic	27%	3.9%
Non-Hispanic	73%	87.9%

**Tioga County Program**

	HEAD START FAMILIES 2014-2015 PROGRAM YEAR	TIOGA COUNTY GENERAL POPULATION
Hispanic	6.9%	1.6%
Non-Hispanic	93.1%	95.6%

**Table VIII. Percentage of Minorities in Head Start to General Population<sup>200</sup>**

**Broome County Program**

	BROOME HEAD START FAMILIES 2014-2015 PROGRAM YEAR	BROOME COUNTY GENERAL POPULATION
White	48%	87.9%
Asian	.5%	3.9%
Black	33%	5.5%
Other/Mix	18%	2.8%

**Tioga County Program**

	TIOGA HEAD START FAMILIES 2014-2015 PROGRAM YEAR	TIOGA COUNTY GENERAL POPULATION
White	94.5	97%
Asian	0%	0.8%
Black	0%	0.9%
Other/Mix	5.5	1.3%

During the 2014-2015 program year, the percentage of Head Start ESL families is 6.1%. Table IX breaks down the number of Head Start families who spoke English as a second language during program years 2011-12, 2012-2013, 2013-2014, and 2014-2015. Twelve different languages other than English were represented during the program year.

**Table IX. Language Spoken By Head Start Families Other Than English<sup>201</sup>**

LANGUAGE	NUMBER OF FAMILIES 2011-2012	NUMBER OF FAMILIES 2012-2013	NUMBER OF FAMILIES 2013-2014	NUMBER OF FAMILIES 2014-2015
Spanish	15	20	13	18
Vietnamese	4	2	1	0
Laotian	4	1	0	1
Pushto	1	1	0	0
Arabic	4	2	5	6
Urdu	2	1	0	0
Kurdish	9	7	14	14

Creole	4	6	9	6
French	2	2	0	0
Portugese	0	0	0	1
Chinese	1	1	1	0
Bosnian	0	0	0	1
Polish	0	1	0	0
American Sign	1	3	1	1
Yoruba	1	1	0	0
Hindi	0	0	2	1
Punjabi	1	0	1	0
Somali	0	2	0	0
Sikh	0	2	0	0
Japanese	0	0	0	1
<b>TOTAL</b>	49	53	47	50

Meeting Welfare Reform requirements continues to be challenging for ESL families. Several local agencies have mobilized to assist this population with the transition from welfare-to-work, but it is difficult to find jobs in this fiercely competitive area, due to the decline of major industries. Employers have a significant number of potential applicants for positions, making it difficult for ESL applicants to compete.

A long-term self-sufficiency often remains elusive even for ESL families with one or more wage earner, due to large family size and adherence to traditional belief systems with regard to gender roles and expectations.”

Although a high percentage of people have limited English proficiency in Broome County, forms are seldom translated into another language. Children and family members are always asked to be the interpreters for clients with Limited English Proficiency. Children, family members, and friends are not the best interpreters because they are not professionally trained. Misinterpretation, omitting of important messages as well as withholding information can be resulted. Professional interpreters, on the other hand, not only interpret the language, but also help bridge the cultural gap to eliminate misinterpretation. They are professionally trained with a code of ethics, which includes confidentiality, accuracy and completeness, respect for all parties, and more. More funding toward interpreter and translation services is needed.

Whereas Welfare Reform affects the population as a whole, there is one piece of legislation that affects only ESL families. Refugee’s eligibility for Food Stamps was revised on November 2, 1998. The revised requirements state that certain refugees, aslyees, and deportees are only eligible for food stamps for a total of seven years from their entry into the United States. Although this revised legislation offers refugees an extra two years of food stamps, it still pressures families with its many requirements and places additional burdens on other food programs, such as CHOW. All groups of low income from diverse racial and ethnic backgrounds are faced with the same issues resulting from Welfare Reform:

- \* Unavailability of adequately paid jobs, a living wage
- \* Lack of public transportation when and where needed

- \* Need for wrap-around, non-traditional child care
- \* Education necessary to secure a job which leads to self-sufficiency

With the increased need for supportive services in the area, it is imperative that those agencies who are working with families on the same goal partner and share resources. Achieving such a goal requires a high level of creativity and coordinated response by the entire community.

Some people from other cultures are not use to our system in the U.S. and many, especially the ones from Asia, believe that getting government aid is a failure. As a result, many of them do not seek help. Education about seeking help and their right to get some aids when needed is necessary.

The Mental Health Association of the Southern Tier, which serves people in the Southern Ties who have mental health diagnosis or are at risk, has both Compeer and Cultural Diversity Programs. The compeer program is set up to build self-confidence, self-reliance, and healthy relationships by involving them in one-to-one friendships, innovative programs, and regular social contact.

Family Enrichment Network's Head Start Goals for families during the 2015-2016 program year sets forth specific objectives to target the needs of diverse cultures.

**Goal:** To create a nurturing environment that will empower all people to be aware of and maximize their potential.

*Method 1:* Family Enrichment Network will promote diversity awareness, respect, and celebration with children, parents, and staff through education, support, example, and experiences.

*Method 2:* Family Enrichment Network will work collaboratively with community organizations to provide enrichment and mentor/support programs for children, parents, and staff.

*Method 3:* Family Enrichment Network will coordinate training opportunities for staff, parents, and appropriate community members to address early childhood issues and component needs.

*Method 4:* Family Enrichment Network will analyze, assess and explore restructuring Agency environment and programming/services to consider the needs of children, families, and staff.

## **UNMET NEED FOR HEAD START AND RELATED INFORMATION**

According to 2013 Census Data, there are 2,897 children living in the City of Binghamton who are under the age of five. The Village of Johnson City has 1,089 children under the age of five in the village. There are 896 children under five years living in the Susquehanna Valley School District who are five years of age or younger (Town of Binghamton, Conklin, and Village of Kirkwood). The total number of children under the age of five living in the Town of Dickinson is --. Based on census data, there are more than 950 City of Binghamton families; 215 Johnson City families; 190 Susquehanna Valley School District families; and 41 Dickinson families who are eligible for Head Start and/or Early Head Start programming.<sup>202</sup>

At this time with Head Start and area school district programs, we are able to serve 552 three and four year old children in preschool programs with the vast majority of those being four year old children as they are served through the districts' UPK programs. Family Enrichment Network's Head Start program's funded enrollment was 321. The Center-based option had 184 slots within 15 classrooms at the Cherry Street sites and the Full-Day option had 107 slots within six classrooms at the Cherry Street and Woodrow Wilson sites. We ran a Universal Pre-Kindergarten (UPK) classroom in partnership with Johnson City School District at our Cherry Street site, which served an additional 15 children.<sup>203</sup> In addition, the Binghamton City School District's (BCSD) Universal Pre-Kindergarten program served 189 children in seven classrooms



during the 2013-2014 school year.<sup>204</sup> Johnson City's Universal Pre-Kindergarten program served 27 children in addition to those participating at Family Enrichment Network.<sup>205</sup> These Universal Pre-Kindergarten programs serve families from all income levels. Family Enrichment Network's service area is without any other structured, comprehensive child/family development programs.

During this program year our program consistently had a waiting list of nearly 100 eligible families; taking into account the fact that vacancies were filled immediately following the departure of a child, and it clearly indicates that there is a need for additional early childhood education slots within our Head Start community.

Through the return of the sequestration funding cut, we are now serving 92 Early Head Start children and pregnant women with comprehensive services. There are 40 infants; 40 toddlers; and 12 pregnant women. The waitlist for eligible infants is 42 and our wait list for eligible toddlers is 84.

In addition to the need for more funded slots for non-traditional child care options, Head Start and Early Head Start parents continue to express an interest in expanding services. Of the 135 parents who responded on the Head Start/Early Head Start Parent Questionnaire, regarding the need to expand Head Start services, 30 percent indicated a need for full year programming, this percentage remained the same from year ago; 36 percent indicated a need for full-day program; and 3 percent requested "other," which includes full-week services; higher income guidelines; full-day/full-year for all of Broome County; service to rural areas; and more classrooms.<sup>206</sup> Additionally, 30 percent would like to see Head Start and Early Head Start open to a larger population of families.<sup>207</sup>

We received our grant from the Office of Head Start to provide Head Start and Early Head Start services to infants, toddlers, and preschool aged children in Tioga County for the

2014-2015 program year. We are funded to provide a variety of full-day and traditional half-day center based services to 122 children and their families living in Tioga County. There are 60 Head Start Center Based slots; 30 Head Start Full Day slots; 16 toddler slots; and 16 infant slots. It is important to note that we are still in the process of enrolling families to the program. Early Head Start will open later in the spring of 2015 once necessary renovations are made to the building that we are presently occupying. At this point we have not evidenced a need that we cannot support; however, with 3,262 children under the age of five living in Tioga County and a poverty rate of 9.3%, it is a matter of our continued outreach to the community's families in an effort to achieve full enrollment and develop a program wait list of families seeking services to our Head Start and Early Head Start programs in Newark Valley, Owego, and Waverly in Tioga County.<sup>208</sup>

## **IDENTIFICATION AND PRIORITIZATION OF ISSUES & PROBLEMS**

This assessment indicates that the following community priorities need to be addressed by our Broome and Tioga Counties Head Start and Early Head Start program:

1. Identify funding sources and apply for additional dollars to create three year old full-day classrooms; provide additional three year old children with programming; and expand services for infant and toddler populations.
2. Investigate funding sources and apply for grants to establish a Tioga Adult Education Program. [Tioga]
3. Continue to educate, increase awareness, and provide support to parents and family members about realistic and age appropriate expectations of the development and behavior of young children.
4. Continue to explore funding sources to provide healthy marriage/relationship initiatives.

5. Conduct Asthma Assessments at the Health Interviews to determine needed interventions.
6. Continue educating families on the importance of dental care for adults and children.
7. Connect families to employment resources and programs; identify gaps in local employment programs; and seek funding to provide those employment services directly.
8. Educate staff on assisting families with accessing quality child care options, and provide parents/families with information and workshops on accessing quality care.
9. Investigate funding sources and work with existing community resources to expand financial literacy training offerings to families and staff.
10. Educate staff on the implementation of the math curriculum and provide support to families on math concepts that can be reinforced at home.
11. Provide support to meet the needs of infants, toddlers, and preschoolers who are awaiting Early Intervention Services and Special Education Services.
12. Continue to provide ESOL, and investigate funding and community resources to expand translation and support services. [Broome]
13. Advocate for the development of a new public transit system in Tioga County. [Tioga]
14. Investigate funding sources for Smart Board Technologies in all Head Start and Early Head Start Toddler Classrooms.

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# Special Education Services Program

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## **Introduction**

Family Enrichment Network initiated its services to preschoolers with disabilities in September of 2002. The program at that time was limited to 12 students. With the consolidation of Broome County services at Cherry Street, our program expanded to serve a potential 24 children and their families. The program then continued to expand to meet identified needs in Broome, Chenango, and Cortland counties. In addition, counties outside of this catchment area, such as Delaware, Otsego, Madison, and Tioga, have enrolled preschool children in our programs. The Community Assessment process has enabled us to maintain an ongoing dialogue with our county and school district partners to identify changes in service delivery/needs and to establish partnerships to address those needs. Based on these shared planning efforts our Special Class Integrated Setting (SCIS) options have grown to include:

**Broome County:** Approved for 60 SCIS slots – 3.5 hour duration

**Chenango County:** Approved for 32 SCIS slots – 16 slots for 2.5 hour duration and 16 slots for 3.5 hour duration

With regret, we closed our Cortland County SCIS program effective August 18, 2015 due to a trend of low enrollment numbers.

In addition, we have seen steady growth in the number of children referred to our agency for Preschool Evaluations, Special Education Itinerant Services (SEIS), and Itinerant Related Services.

**INFORMATION ON CHILDREN WITH DISABILITIES**

Since 1975, children with disabilities from birth through age 21 have been guaranteed a free and appropriate public education. In New York State, the Department of Health is the lead agency for birth through two services (called Early Intervention) and the Department of Education is responsible for children ages three through twenty-one.

Each school district has established a Committee on Preschool Special Education (CPSE) to oversee the referral, evaluation, determination of eligibility, and provision of services for those children ages three through five.

The following table provides a snapshot of services provided to children ages birth-5 in Broome County for 2014.

**Broome County Early Intervention and Preschool Services**  
**Source: Broome County Health Department Division of Children with Special Needs**

**A Multi Year Comparison of Broome County’s Early Intervention Programming**

<b>Year</b>	<b># of Active Cases</b>	<b># of Referrals</b>
2010	677	352
2011	653	390
2012	999	412
2013	813	390
<b>2014</b>	850	419

<b>Eligible Services</b>	<b>2013 # of Children (Duplicated Services Possible)</b>	<b>2014 # of Children (Duplicated Services Possible)</b>
Speech Services	391	236

Special Instruction	172	190
Physical Therapy	177	149
Occupational Therapy	160	167
Family Training	18	5
Social Work	17	8
Vision Services	7	7
Core Evaluations	694	320
Supplemental Evaluations	268	96

**A Comparison of Broome County's CPSE Service Delivery Models for 14-15 School Year  
(As of February 1, 2015)**

Service	Type of Service	Number of Children	Percentage
Related Service	Speech Therapy	343 (299 + 44 TBD)	41% of duplicated count
	Occupational Therapy	155 (131 + 24 TBD)	19% of duplicated count
	Physical Therapy	87 (73 + 14 TBD)	10% of duplicated count
	Aides (1:1 and shared)	36 (29 in program, 7 in preschool or Head Start)	22% of integrated pgm children; 7% of unduplicated count
Special Education Itinerant Teacher	Minimum of 2 hours per week	68 (60 + 8 TBD)	8% of duplicated count
Integrated Program	3 Hour Day	79	15% of unduplicated count
Integrated Program	3.5 Hour Day	50	9% of unduplicated count
Special Class Program	5 Hour Day	15	3% of unduplicated count
Total (DuplicatedCount)		833	
Total(UnduplicatedCount)		529	

**Please note:** The Total represents a duplicated number of children (a child may be receiving more than one related service or related services plus SEIT). Also the amount of related service reflected does not include the amount of related services provided to children in Integrated Programs.

Annual statistics show that 2015 Early Intervention active cases and referrals were higher than the previous year. EI speech has decreased from last year. However, when speech providers are not available, special instruction providers may be used to provide this service. This would account for the increase in EI Special Instruction from the previous year. We also see that if

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children have an EI provider and are not on a waitlist, they remain in EI until their last possible date instead of moving to CPSE for service. Our department monitors County information carefully, as it is one factor that may predict the level of services needed in our community when children turn three and can access programs and services at FEN.

### **Broome General Program Description**

Family Enrichment Network's Special Class in an Integrated Setting (SCIS) program helps children with special needs address their learning deficits and build skills for future success in kindergarten and beyond. We support our children in reaching the individual goals/objectives on their Individual Education Programs (IEPs) by making the necessary accommodations in materials and activities to help them with their social, emotional, physical, and cognitive growth. Our staff provides specially designed individual instruction, modeling, and encouragement to children while they participate in a quality inclusive preschool environment.

In Broome County, we currently offer two models. The first, in collaboration with the Family Enrichment Network's Head Start program, is housed at Cherry Street. We work with staff in two classrooms, each classroom offering two half-day sessions (morning and afternoon, 3.5 hours each). Each session serves six children with special needs integrated with 10 Head Start children. Special education teachers work with the Head Start staff to create weekly lesson plans and prepare the classroom environment so that every child receives quality programming within the least restrictive environment possible. Classroom teams also work closely with the children's therapists to promote language and motor growth across all settings.

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In many instances, children receive related services within the classroom to reduce the number of transitions and to increase generalization of skills.

The second model of collaborative programming in Broome County is our SCIS/ Universal Pre-Kindergarten (UPK) classrooms at Horace Mann Elementary (Binghamton CSD) and Charles F. Johnson Elementary (Union-Endicott CSD). Each of these sites offer integration within district funded Universal Pre-Kindergarten Programs. Each site operates using a 16:2:1 ratio with 10 typically developing UPK students, six preschool students with special needs, two teachers (one general education certified, one special education certified) and one classroom teaching assistant. The Family Enrichment Network is responsible for hiring both the special education staff and the certified general education teachers for these sites. While the district provides assistance in referral of UPK students, FEN is responsible for completion of enrollment and intake for these students. The district provides curricular oversight and training opportunities for both the general education and special education staff. Enrollment at both sites this year has been at 100%.

Last year, the Binghamton CSD received additional SED funding to expand some of their UPK programs from half-day to full day. Horace Mann was one of those sites to offer full day UPK to families. It has been a busy year for our staff learning how to provide a full day UPK program and integrate our two half day SCIS classes. The Binghamton CSD has been a strong partner sharing resources and including our staff in trainings and local conferences.

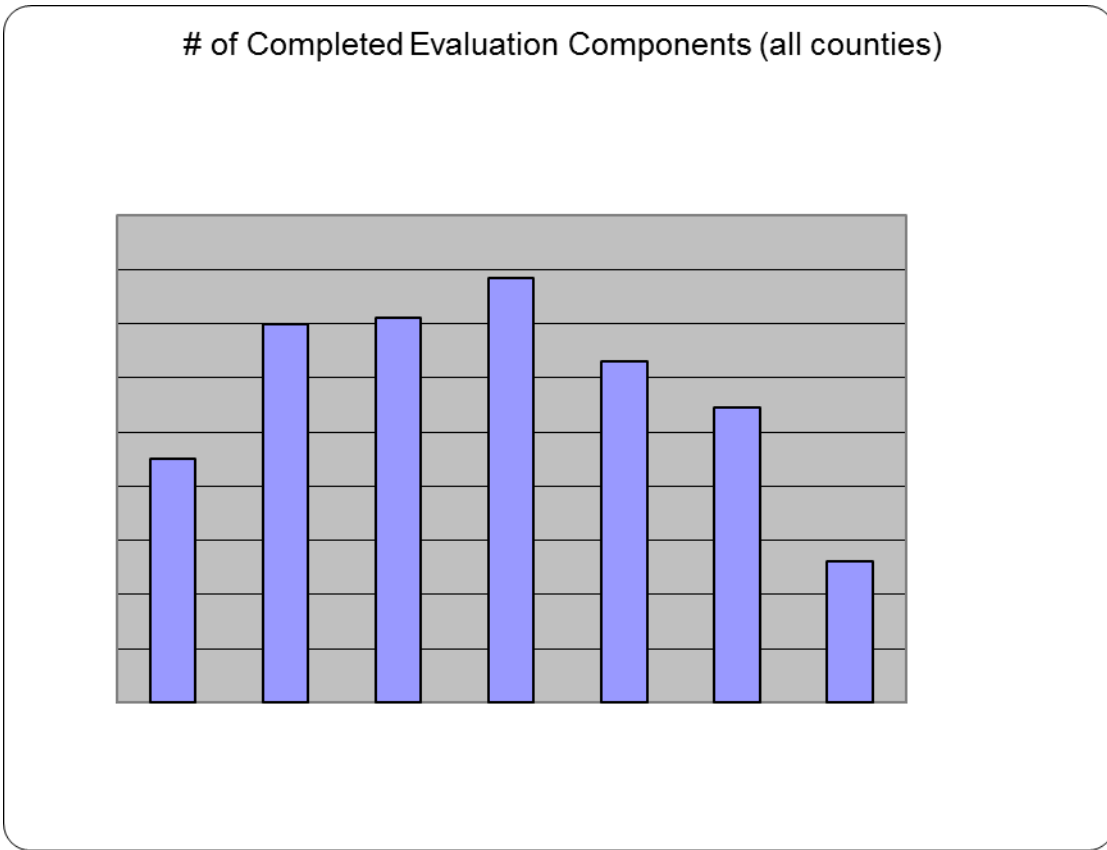
As of March 2015, all SCIS classes in Broome County are fully enrolled (48 children) and we have the capacity to accept two variances should districts require additional placements later in the school year.

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## **Multi-disciplinary Evaluations**

We continue to be one of five approved agencies that conduct preschool evaluations within Broome County. Our agency offers up to seven psychological evaluation slots per week. Some of our psychological evaluations in Broome County are completed by a Licensed Clinical Psychologist which enables the County to receive Medicaid funding for evaluations completed by our team. This year our department was fortunate to employ a school psychologist in addition to retaining the contracted clinical psychologist.

When a child is referred for an evaluation, the approved agency will complete several mandated components – psychological evaluation, social history, and a speech, educational, occupational therapy, and/or physical therapy evaluation, depending on the child’s presenting needs. As of January 31, 2015, we have completed 261 evaluation components at our Broome evaluation site.



*Note: Totals for 2013-2014 and 2014 to date do not include Chenango component evaluations.*

**Progress on Prior Need to Improve the Timeliness of Evaluations:**

An important aspect of our evaluation team is to ensure that evaluation reports are completed in a timely manner so that districts can meet SED time requirements and families have information prior to their child’s CPSE meeting. The following tables represent the timeliness of evaluations completion over a four-year period. The first table shows the time from conducting the evaluation to receiving the report in the SES office. The second table captures the time from the date SES receives a district referral for evaluation to the date the evaluations are

sent out to the district. We continue to closely monitor these timeframes in order to make recommendations to strengthen our internal process.

**Broome Evaluation Timeframe for 14 – 15** (through January 31, 2015)  
Timeframe: date of evaluation to date SES receives the finished evaluation

<b>Evals Done</b>	<b># of Evals</b>	<b>0-7 days</b>	<b>8-14 days</b>	<b>15-21 days</b>	<b>22-30 days</b>	<b>Over 30 days</b>
Psych	92	70	11	3	4	4
ST	69	60	7	2	0	0
OT	53	11	18	16	6	2
PT	28	8	16	4	0	0
ED	19	10	6	1	1	1
Total	261	159	58	26	11	7
<b>Percent</b>		<b>61%</b>	<b>22%</b>	<b>10%</b>	<b>3%</b>	<b>2%</b>

**Evaluation Timeframe for 13-14** (through February 28, 2014)

<b>Evals Done</b>	<b># of Evals</b>	<b>0-7 days</b>	<b>8-14 days</b>	<b>15-21 days</b>	<b>22-30 days</b>	<b>Over 30 days</b>
Psych	150	117	24	6	2	1
ST	117	107	9	1	0	0
OT	80	52	19	3	5	1
PT	29	15	11	3	0	0
ED	40	33	4	1	2	0
Total	416	324	67	14	9	2
<b>Percent</b>		<b>78%</b>	<b>16%</b>	<b>3%</b>	<b>2%</b>	<b>.5%</b>



**Evaluation Timeframe for 12-13**

<b>Evals Done</b>	<b># of Evals</b>	<b>0-7 days</b>	<b>8-14 days</b>	<b>15-21 days</b>	<b>22-30 days</b>	<b>Over 30 days</b>
Psych	114	68	28	7	6	5
ST	76	55	18	2	1	0
OT	46	21	18	6	1	0
PT	34	25	7	2	0	0
ED	37	10	17	8	2	0
<b>Total</b>	<b>307</b>	<b>179</b>	<b>88</b>	<b>25</b>	<b>10</b>	<b>5</b>
<b>Percent</b>		<b>58%</b>	<b>29%</b>	<b>8%</b>	<b>3%</b>	<b>2%</b>

**Evaluation Timeframe for 11-12**

<b>Evals Done</b>	<b># of Evals</b>	<b>0-7 days</b>	<b>8-14 days</b>	<b>15-21 days</b>	<b>22-30 days</b>	<b>Over 30 days</b>
Psych	125	64	29	11	15	6
ST	79	42	28	5	2	2
OT	43	15	9	9	8	2
PT	31	0	1	7	12	11
ED	22	13	9	0	0	0
<b>Total</b>	<b>300</b>	<b>134</b>	<b>76</b>	<b>32</b>	<b>37</b>	<b>21</b>
<b>Percent</b>		<b>45%</b>	<b>25%</b>	<b>11%</b>	<b>12%</b>	<b>7%</b>

**Timeline- From date referral received to completed evals sent back**

<b>14-15</b>	<b>0-30</b>	<b>31-60</b>	<b>61-90</b>	<b>91-120</b>	<b>120+</b>
<b>Children Eval'd</b>	16	57	22	0	0
<b>Percent</b>	17%	60%	23%	0%	0%

<b>13-14</b>	<b>0-30</b>	<b>31-60</b>	<b>61-90</b>	<b>91-120</b>	<b>120+</b>
<b>Children Eval'd</b>	42	92	22	5	0
<b>Percent</b>	26%	57%	14%	3%	0%

<b>12-13</b>	<b>0-30</b>	<b>31-60</b>	<b>61-90</b>	<b>91-120</b>	<b>120+</b>
<b>Children Eval'd</b>	30	100	22	5	1
<b>Percent</b>	19%	63%	14%	3%	1%

<b>11-12</b>	<b>0-30</b>	<b>31-60</b>	<b>61-90</b>	<b>90-120</b>	<b>120+</b>
<b>Children Eval'd</b>	26	98	50	6	2
<b>Percent</b>	14%	53%	27%	3%	1%

**Discussion:** SES continues to monitor the number of evaluation slots per month in order to meet the needs of districts requesting evaluations. We continue to show an increased demand for occupational therapy and educational evaluations as well as requests for multiple evaluations. The number of evaluations a child is recommended to receive, can impact the timeliness of evaluations.

The majority of the evaluations taking more than 30 days to complete are due to parents' failure to respond to phone calls, not showing up for evaluations, or failure to return paperwork necessary for completion of evaluations. To address these issues we continue to employ the use of our social worker and Head Start Family Advocates to deliver necessary paperwork and follow up with parents on missing items. This year an additional cause for delays has been that the number of children referred has exceeded the available slots for psychological evaluations. In addition, we have purchased and are utilizing the newest edition of the Wechsler Preschool and Primary Scale of Intelligence-IV. The previous edition could be administered in 45–60 minutes. The WPPSI-IV takes 90 minutes to administer. Due to the time the test takes to administer and the increased time it takes to write the report, our psychologists have limited the number of evaluations they can provide in a week. In previous years during peak times we may

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have elicited additional evaluation slots on a short term basis. We are unable to do that this year. Another cause for some delays was that our department was without full time clerical support for approximately two months. We now have full time clerical support.

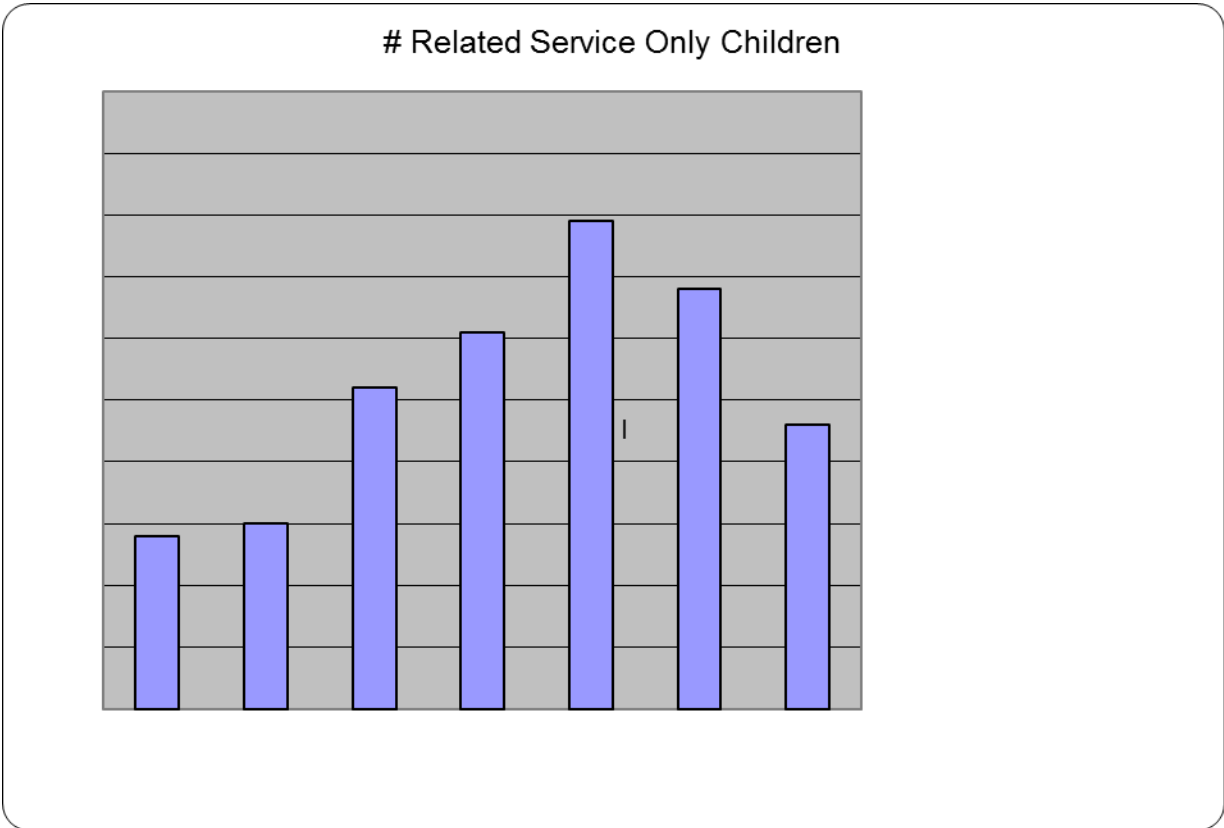
The community assessment team commented that they were aware of delays and appreciated our ongoing communication with them in regard to evaluation and CPSE meeting scheduling.

### **Itinerant Related Services Provided by Family Enrichment Network**

In Broome County we continue to provide speech therapy, occupational therapy, physical therapy, and counseling as related services to children in their natural environments including Head Start, private preschools, day care settings, and homes. We have a strong Broome related services team which includes:

- 5 full time Speech/Language Pathologists.
- 2 full time Occupational Therapists
- and 1 part time Physical Therapist/1 full time Physical Therapy Assistant.

At this time we have a low waitlist for related services. If this should increase as we close the school year, many of these children will be recommended for compensatory services over the summer. FEN will have availability during the summer as only children with great delays and recorded regression are recommended for summer services.



**Discussion:**

A continued concern held by all Broome County participants is the decreased capacity to provide related services in Broome County. Many therapists have left Early Intervention and CPSE due to changes in how providers will be reimbursed. As a result, there are growing numbers of children in EI and CPSE that are waiting for services. This has created a situation in which more children enter the CPSE earlier and with greater needs. Unfortunately, related service numbers are not stable. Historically, there is a spike in need from Feb-May and then a dramatic decrease over the summer and fall, making it difficult for an agency to maintain that higher level of staffing.

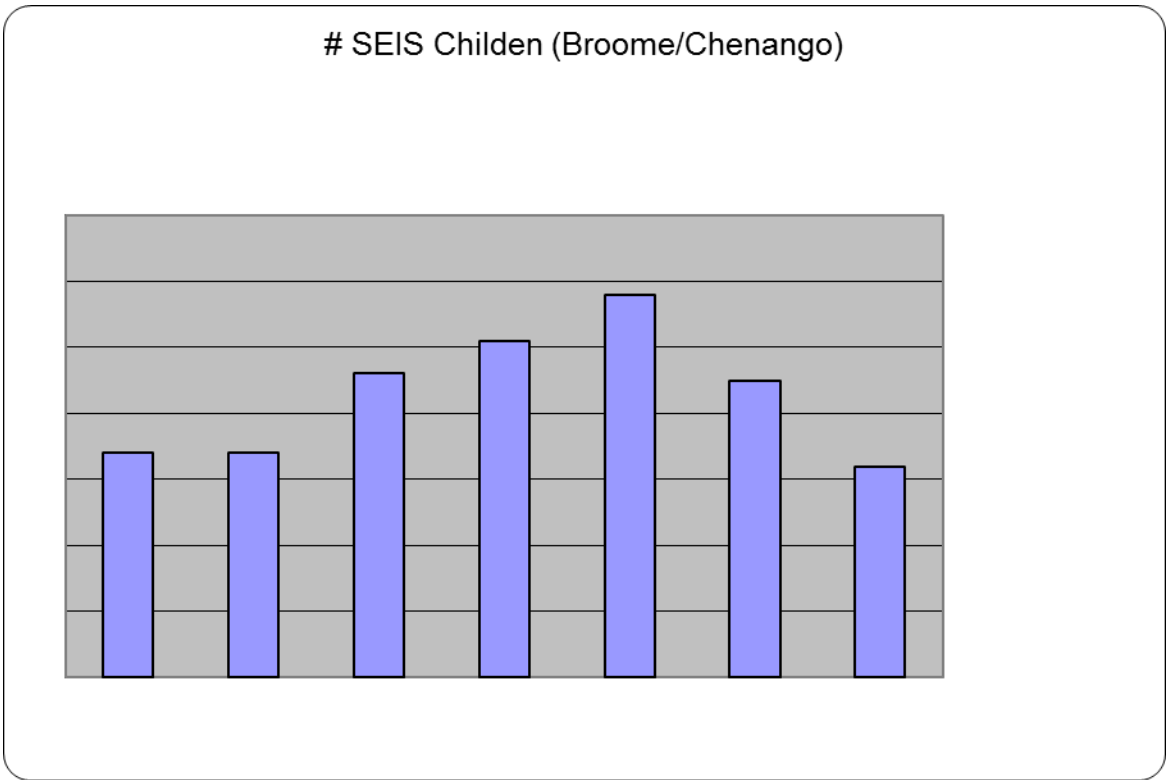
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### **Broome Special Education Itinerant Services (SEIS)**

In the SEIS model, a certified special education teacher provides specially designed pre-academic and/or social skill instruction to an individual child or small group of children. The child might receive this support in a Head Start class, typical preschool class, day care or home setting. SEIS can be no less than two hours per week. This model is implemented in many cases as a step prior to recommending a special class in an integrated setting.

Family Enrichment Network continues to be one of the few providers of SEIS throughout our catchment area. Many providers have either discontinued this service or renamed the service to that of Family Training (a higher reimbursement rate) due to the inherent difficulties in providing this service in a cost effective manner.

Currently the Family Enrichment Network has 1.3 FTE Special Education Itinerant Service teachers to support Broome children. In the past FEN has maintained two FTE teachers, but due to a lower SEIS population this year we are not able to sustain a second full time teacher.



**Discussion:** Each year the number of children referred for SEIS increases by January. As of March 2015, we have three children on the SEIS waitlist. We continue to group children recommended for SEIS, when appropriate, to increase our ability to meet districts’ needs for this level of support instead of adding staff hours.

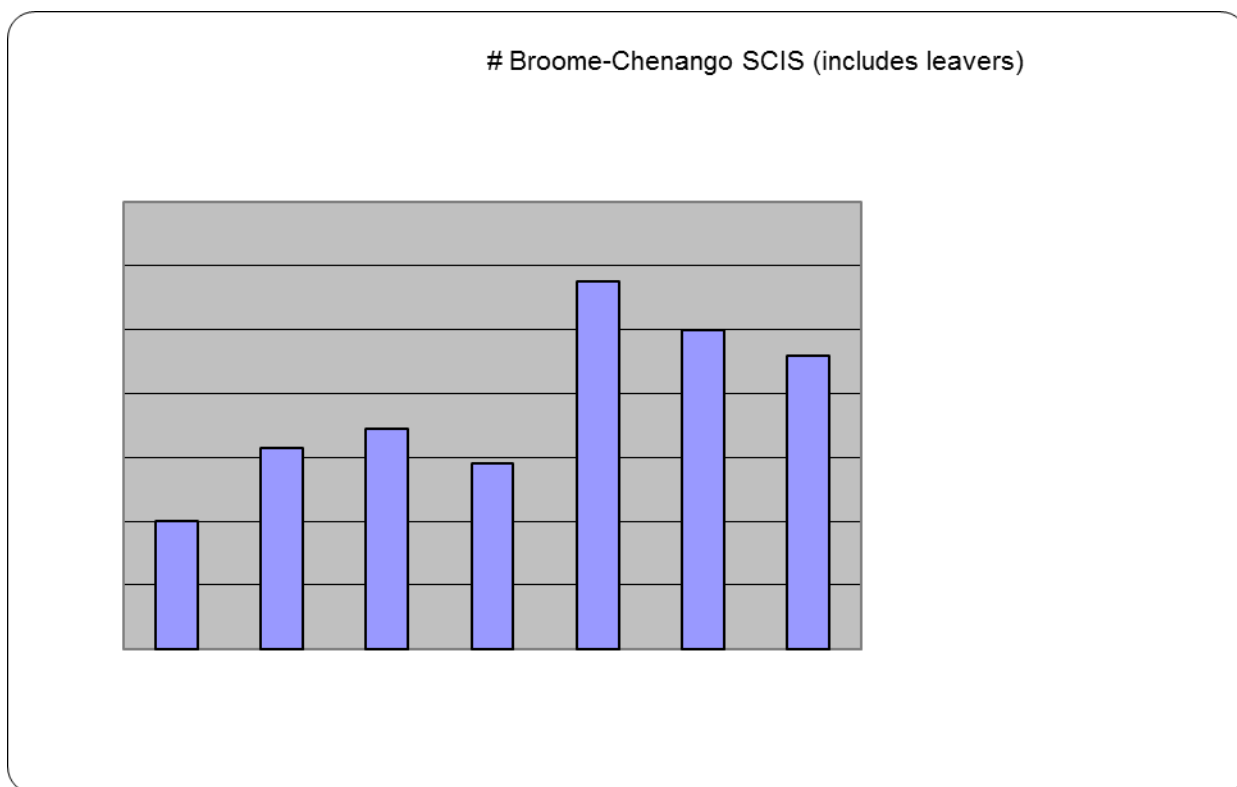
During our Community Assessment Team meeting, we discovered that some districts were unaware that FEN is a provider of SEIS and they have relied on using Family Training as a method of delivering special instruction to children. Family Training is provided in the home setting and may not involve direct instruction with the child. As a result of this discovery, more districts have been contacting our office to determine if we have availability.

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Special Education Itinerant Services continues to be a fiscal concern because of the geographic location of students (changes annually) and time lost in travel. We continue to monitor any potential changes to the rate setting methodology for this program and its implications for our financial stability.

### **Special Class Integrated Setting (SCIS)**

The Special Class Integrated Setting has expanded since its initial opening in 2002. We have been re-approved by SED to continue providing services and have a potential of 60 openings in Broome County. As of March 2015, 48/48 program openings have been filled (6 SCIS classes). At this time we could add two variances if needed.



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**Discussion:** Community Assessment Committee members continue to be concerned about the placement options for children referred later in the school year. Although SCIS classes are fully enrolled for the 14-15 school year, SES is able to enroll a limited number of children beyond our ratio by applying for a variance. For those children who are referred to a program after April, more than likely they will begin their enrollment during the summer, when we have more available openings.

The Community Assessment Team also expressed concern regarding the increase in children with severe behavioral needs. More children are being classified with severe management needs. Often these children are very bright and are able to meet preschool benchmarks, but have great difficulties with peer and adult interactions, following routines and rules, and moving through transitions. Many have been expelled from their day care or preschool programs. They do not match the profile of children placed in current integrated classrooms, so SEIS and an aide may be recommended by the CPSE. However, this is generally not successful as the child needs full time special education support. There was much discussion by our Broome county partners (County, districts) to develop a special education program to meet the needs of these children.

In response to this need, starting in the 13-14 school year, SES designated one Broome site in which children with behavioral needs could receive specially designed instruction by staff familiar with behavioral interventions. These two UPK/SCIS classes (located at Horace Mann, Binghamton) have been very successful in helping children better meet the behavioral expectations for kindergarten. Districts who requested this support have been encouraged by the positive comments from staff and parents in regard to their child's growth.



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## **Cortland County Services**

In January 2006, preschool special education programming was expanded to Cortland County, providing evaluations, special education itinerant teacher services, related services, and an integrated preschool program.

At the end of the summer of 2014, we closed the Cortland integrated classroom program. We had anticipated having three students to start the fall session, but ended up with only one student continuing with integrated programming for the fall. All of the rest of our students transitioned into kindergarten. The challenges of the Cortland program – the dominance of the Franziska Racker Center 5-hour programming, the difficulty in hiring and keeping a psychologist for the Cortland area in order to complete timely evaluations at a Cortland location, the high costs of renting classroom space, and the difficulties with related services staffing – made it impossible to continue. It was with sadness that we ended the program. The teaching team, including the general education teacher from the YWCA and our special education teacher, had developed strong collaboration skills, and worked well together.

The school districts and the County often comment at LEICC and District Chairpersons' meetings that they had great respect for the programming, evaluations, reports, and meeting attendance provided by Family Enrichment Network; and we appreciate that public acknowledgement of our quality practices. It is our pleasure to have been able to impact the lives of numerous children and families, seeing the students' growth and progress, and connecting in such a positive manner with parents, the districts, and the County.

## Chenango County Services

The following table provides a snapshot of services provided to children ages birth-5 in Chenango County for 2014.

### A Multi Year Comparison of Chenango County's Early Intervention Programming

<b>Year</b>	<b># of Active Cases</b>	<b># of Referrals</b>
2009	129	75
2010	144	98
2011	KIDS System - 26 NYEIS – 26 *	79
2012	KIDS System - 8 NYEIS – 37 *	79
2013	KIDS System – 2 NYEIS – 130	104
<b>2014</b>	156	108

\* Data for 2011 and 2012 was not accurate due to the change in management systems used by the county. Active cases have been higher than 100.

<b>Eligible Services</b>	<b>2011 KIDS</b>	<b>2011 NYEIS</b>	<b>2012 NYEIS</b>	<b>2013</b>	<b>2014</b>
Speech Services	18	15	23	47	33
Special Instruction	0	7	9	27	23
Physical Therapy	18	11	15	38	32
Occupational Therapy	6	4	4	16	23
Family Training					
Social Work					
Vision Services	0	1	2	0	2
Core Evaluations					
Supplemental Evaluations					

**A Multi Year Comparison of Chenango County's CPSE (3-5) Programming**

<b>Year</b>	<b>2009-10 As of 1/29/2010</b>	<b>2010-11 As of 2/18/11</b>	<b>2011-12 As of 2/14/12</b>	<b>2012-13 As of 2/22/13</b>	<b>2013-14 As of 3/1/14</b>	<b>2014-15 As of 2/27/15</b>
# Active Cases	103	112	104	98	120	116
# Enrolled in Integrated Preschool Settings/% Enrolled	30 – 24%	37 – 33%	33-32%	20-29.5%	30-25%	34-29%
# Receiving Related Serv/% RS	73 – 76%	75 – 66%	71-68%	68-70.5%	90-75%	87-75%

**A Comparison of Chenango County's CPSE Service Delivery Models for 2014-15  
(As of February 27, 2015)**

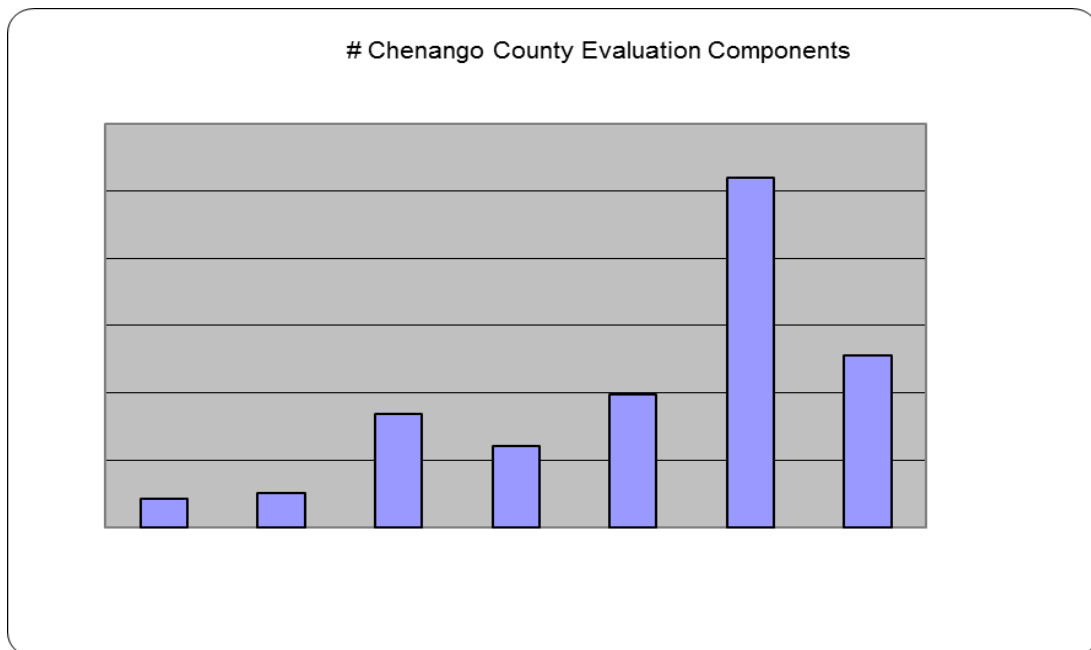
<b>Service</b>	<b>Type of Service</b>	<b>Number of Children</b>	<b>Percentage</b>
Related Service	Speech Therapy	66	57%
	Occupational Therapy	20	17%
	Physical Therapy	14	12%
	Aides (1:1 and shared)	2	2%
Special Education Itinerant Teacher	Minimum of 2 hrs/wk	10	9%
Integrated Program	2.5 Hour Day	17	15%
Integrated Program	3 Hour Day	3	3%
Integrated Program	3.5 Hour Day	12	10%
Special Class	5 Hour Day	2	2%
Total (Duplicated Count)			
Total (Unduplicated Count)		116	

**Special Education Itinerant Services** – Family Enrichment Network began providing Special Education Itinerant Teacher (SEIT) services in 2006 for Chenango County. During the 2009-10 school year we saw a reduction in the number of children referred for SEIS. During the 12-13 school year, we had children on a waitlist. We continue to support a full time SEIT

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teacher, have a part-time person providing services for one student, and could provide more SEIT if we could find a qualified and willing candidate. As of February 2015 we are serving eleven children, but had thirteen until just recently. There is a need for more SEIT services, however, it is difficult to find qualified individuals who are interested in this type of work. There are long distances to travel through four counties, and the time spent in travel and the cost of mileage impact cost effectiveness. Children have made significant progress through the program, and districts, parents, and counties report they appreciate our providing this service.

**Multidisciplinary Evaluations** – We have a full evaluation team set up at our Chenango Broad Street site to provide evaluations to determine eligibility for initial referral as well as supplemental evaluations. We have worked diligently to provide evaluations in a timely manner, at times bringing therapists from Cherry Street to Norwich in order to provide additional evaluation slots when referrals have increased. At this time Family Enrichment Network is the only agency conducting evaluations in Chenango County.



**Norwich site: Evaluation Timeframe for 13-14\***

<b>Evals Done</b>	<b># of Evals</b>	<b>0-7 days</b>	<b>8-14 days</b>	<b>15-21 days</b>	<b>22-30 days</b>	<b>Over 30 days</b>
Psych	79	28	39	11	1	0
ST	56	33	18	5	0	0
OT	42	29	12	1	0	0
PT	25	9	9	6	1	0
ED	11	11	0	0	0	0
Total	213	110	78	23	2	0
<b>Percent</b>		<b>52%</b>	<b>36%</b>	<b>11%</b>	<b>1%</b>	<b>0%</b>

\*for evaluations started during the 2013-2014 year.

**Norwich site: Timeline- From date referral received to completed evals sent back**

<b>13-14</b>	<b>0-30</b>	<b>31-60</b>	<b>61-90</b>	<b>91-120</b>	<b>120+</b>
<b>Children Eval'd: 101</b>	23	50	21	6	1
<b>Percent</b>	<b>23%</b>	<b>50%</b>	<b>20%</b>	<b>6%</b>	<b>1%</b>

**Special Class in an Integrated Setting:** In July 2012, integrated classes were expanded to Chenango County in Norwich. Family Enrichment Network collaborates with the DCMO BOCES to provide two morning and two afternoon integrated 8:1:3 classes. The 8:1:3 designation is considered an enhanced model whereby eight children with severe needs receive support from a special education teacher and three classroom aides, eliminating the need to hire individual one-on-one aides. Since the beginning of the program, we have continued to have approved variances to increase the number of students in these classes to nine. Currently, we have three variances, and one opening, which we anticipate filling shortly.

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## **Discussion of Chenango County Community Assessment Participants 2015**

Community Assessment meetings have traditionally been held at Cherry Street, however, this year we decided to have a separate meeting in Norwich, making it more accessible to stakeholders in the Norwich region, and it was well-attended. Districts indicated appreciation for the quality of services and evaluations. We discussed the fiscal difficulties of providing a 2.5 hour integrated program, due to the low reimbursement rate. Districts felt strongly that the needs of preschool students are significant, and one district commented, “The longer the better.” We also briefly discussed the possible expansion of the integrated program. Last year eight students were turned away, and districts also feel that there are a number of students with significant delays coming to kindergarten without being identified during the preschool years. Therefore, one of the needs identified in the discussion was for a process to help find some of these unidentified students with disabilities before they come to kindergarten. The following district needs were identified during the discussion:

- 1) Counseling for students with mental health needs
- 2) Parent Training, either short-term or all year, could be a psychologist or SEIT teacher, but preferably by a Social Worker
- 3) Meetings for Parents on parenting skills
- 4) The 2.5-hour class should be for the younger children; students with more delays need to be in the 3.5 -hour classrooms
- 5) Hire more evaluators
- 6) Have all evaluation appointments in one day, due to transportation difficulties of families
- 7) Create a process for finding unidentified students with disabilities

Some of these discussed needs will be more difficult to provide than others. For example, we immediately changed our evaluation schedule so that all evaluation components will be held on

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the same day, and parents who need to have all evaluations completed in one day will now be able to do so. Several of the needs are dependent upon our ability to hire qualified staff and there is a shortage in this area.

District chairs expressed appreciation for the quality of services, both for the evaluation process and for integrated programming services.

### **NEEDS OF SES ELIGIBLE CHILDREN AND THEIR FAMILIES**

The following charts summarize parent satisfaction of all services across Broome and Chenango Counties.

### **COMMUNITY ASSESSMENT PARENT SURVEY SUMMARY AND DISCUSSION**

#### **BROOME COUNTY INTEGRATED PROGRAM**

<b>Question</b>	<b>Total # Respondents</b>	<b>Responses</b>
I feel comfortable contacting my child's teacher and/or therapist.	23	23- yes
I receive frequent feedback from my child's teacher and/or therapist about my child's progress	23	17- yes 3- maybe 3- no
I would be interested in attending parent informational sessions.	23	6- yes 14- maybe 3- no
Was your child evaluated by Family Enrichment Network? If so, was the experience a positive one?	23	20- yes 3- no

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I am satisfied with the overall special education program and services provided by the Family Enrichment Network.	23	22- yes 1- maybe
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**BROOME INTEGRATED PROGRAM PARENTAL RESPONSES**



- I wish that Family Enrichment Network provided transportation for Special Education Services because Serafini Transportation is AWFUL. My child is late for class everyday and I'm very disappointed due to this. Maybe this is something that can be looked into for the future.
- Response to #4 –It was amazing someone finally heard me for once.
- Response to #4- My experience was very much positive.
- I do not know who the therapist is and I don't receive any feedback.
- They are Great!
- My grandson just started but so far so good.
- Very good school.
- They are all wonderful.
- They are very good about getting back to me.
- Family Enrichment is great with my child.  
We use a notebook to communicate back and forth daily! It's very helpful

**BROOME COUNTY RELATED SERVICE**

<b>Question</b>	<b>Total # Respondents</b>	<b>Responses</b>
I feel comfortable contacting my child's teacher and/or therapist	9	9- yes
I receive frequent feedback from my child's teacher and/or therapist about my child's progress	9	8- yes 1- no  I would like to see more information about what is being worked on day to day with my child.
I would be interested in attending parent informational sessions	9	2- yes 3- maybe 4- no
Was your child evaluated by Family Enrichment Network? If so, was the experience a positive one?	9	9- yes Very comfortable atmosphere with friendly staff. Always a positive experience with this combination. I did not agree with the amount of time it took him from class.
I am satisfied with the overall special education program and services provided by the Family Enrichment Network.	9  217	9- yes I would love some kind of papers sent home to know exactly what sounds are being worked on in speech, so we can work on it at home.

<b>Question</b>	<b>Total # Respondents</b>	<b>Responses</b>
I feel comfortable contacting my child's teacher and/or therapist.	19	18- yes 1- no
I receive frequent feedback from my child's teacher and/or therapist about my child's progress	19	13- yes 2- maybe 4- no
I would be interested in attending parent informational sessions.	19	7- yes 7- maybe 5- no
Was your child evaluated by Family Enrichment Network? If so, was the experience a positive one?	19	15- yes 1- maybe 3- no
I am satisfied with the overall special education program and services provided by the Family Enrichment Network.	19	18- yes 1- no

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## CHANANGO COUNTY INTEGRATED PROGRAM PARENTAL RESPONSE'S

- Family Enrichment has helped tremendously!
- Response to # 3--Children with ADHD-coping strategies and I'm available in the morning.
- The staff listens to all of my concerns and including my opinion. Amazing people!
- So far no issues—my child loves the program.
- The staff is very approachable.
- I haven't had an update from speech in awhile; however I notice my son's progress—so I'm pleased.
- Response to #3—How to handle violent outbursts/tantrums and potty recommendations.
- Terrific program/amazing service.
- Very good evaluation.
- They are doing a great job with my child.
- I appreciate your program. I see a lot of positive results out of your preschool program—my grandson is getting there!
- I need more about what's going on everyday. Feedback about how he behaves.
- I would like to receive weekly feedback.
- They are amazing. My child has come a long way since being in the program.
- Great team effort to address each child's needs.
- Information on techniques to use at home with child having PT/OT/and speech.
- Excellent program!
- Their experience there has significantly increased their daily living skills, confidence, and overall happiness. Thank you for the gift!
- Any day during the morning 9am-? For informational sessions.
- Thank you very much for all your help. This successful program is Awesome!!

## CHENANGO COUNTY SEIT

Question	Total # Respondents	Responses
I feel comfortable contacting my child's teacher and/or therapist	7	7- yes
I receive frequent feedback from my child's teacher and/or therapist about my child's progress	7	6- yes 1- no While I receive quarterly progress notes and it is greatly appreciated, I would not consider it "frequent".

I would be interested in attending parent informational sessions	7	1- yes 5- maybe 1- no
Was your child evaluated by Family Enrichment Network? If so, was the experience a positive one?	7	5- yes 1- maybe 1- no The first was done at High Risk Birth Clinic and was okay. The second was not.
I am satisfied with the overall special education program and services provided by the Family Enrichment Network.	7	7- yes

The Special Services Department continues to work closely with families to develop strong relationships in keeping with the mission and goals of the Family Enrichment Network.

Feedback from our districts based on their interactions with families further support that our relationships with families are positive and help support the partnership that families will need to develop as their children transition to elementary school.

As another resource for families, The Special Education Services department also manages a small grant from the Office of People with Developmental Disabilities (OPWDD). It supports children from ages 3-7 who have been identified or may be eligible for OPWDD classification. A team of Family Enrichment Network special education staff work with each family in the home setting to offer strategies and resources to assist parents with managing their child's behavioral needs. This is the third year of the grant and it has grown to serve 15 families.

The following highlights the work of this grant:

- helping a family learn strategies to successfully include their child on trips to the grocery store or mall;
- providing a family with a visual schedule to establish daily routines and encourage getting to sleep at a reasonable time;

- assisting with setting limits and dealing with tantrums and aggressive behavior;
- providing information and support for parents as their child transitions to kindergarten;
- teaching families how to include sensory support in their child’s everyday life;
- facilitating a parent support group.

**RESOURCES TO ENHANCE THE OPERATION OF THE PROGRAM**

The reader is directed to Section 3 of the Head Start Community Assessment for an extensive list of the resources available within the community.

**2015 WHERE ARE WE NOW?  
Last Year’s Priorities and Current Status for Broome**

<i>Issues from 3/2014</i>	<i>Actions Taken</i>	<i>Current Status as of 1/2015</i>
1. Increase SES capacity to provide more related services and SEIT from January-June.	*Grouping children for more related services and SEIT has helped increase our capacity. *Discharging children from service when goals are met instead of waiting until annual review meetings has created a few more openings for services.	The SED rate for related services and SEIT is low in Broome County and has not changed in years. At this time it is difficult to make a commitment to staff for 4-6 months and then lay them off during the summer and fall when our numbers are lower.
2. Continue to provide support for children with significant behavioral difficulties	*Hired full time Psychologist *Hired experienced special education teacher at Horace Mann site *Implementation of Child Study Team Process to develop data driven decision making for children with challenges *Continuation of OPWDD Family Support Services Grant	*Special Class Integrated Setting (SCIS) classes meet weekly to analyze and plan for children with challenging behaviors. *UPK class at Horace Mann has been successful in meeting the needs of this population *Broome County families in Family Support Service Grant are satisfied with support.

<p>3. Increase access and implementation of technology for our children in SCIS, SEIT and related service settings</p>	<p>*All SCIS classes, SEIT, and therapists have mini iPads          *Training is being provided to special education teachers re: use of apps and implementation in classroom</p>	<p>*Teachers will need some support to embed use of technology into instruction and not use iPad solely as an incentive for children.          *Some uses of technology observed – for visual schedules, as a verbal output device, assist with participation during circle or story time, record progress monitoring</p>
<p>4. Work toward establishing a FEN Speech/Language Pathologist as an expert in Alternative/Augmentative Communication and who will be able to conduct AAC evaluations in our region.</p>	<p>*We have a SLP who has been participating in on-line classes to support her growth in this area.</p>	<p>*This is a long term goal; our staff member is not able to conduct AAC evaluations at this time.</p>
<p>5. Improvement of evaluation process – continue to monitor the timeliness of evaluations, including team annual review reports</p>	<p>*We will continue to internally monitor our process for quality and timeliness</p>	<p>*Last year’s annual review reports were sent to districts in advance of all meetings.          *We are able to meet NYSED evaluation timelines until January when we schedule evaluations two months ahead; this is a function of the amount of referrals and evaluation staff availability.</p>

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## UNMET NEEDS FOR SPECIAL EDUCATION SERVICES & RELATED SERVICES

### Reflections of the Broome Community Assessment Team on Current Needs for 15-16:

**1. Shortage of Related Service and SEIS Personnel:** Yearly, this is an expressed need.

Broome reports a shortage of providers for related services and special instruction in the second half of the school year when recommendation for services increase. Although we try to group children when appropriate, travel time and competing schedules limit our flexibility to be efficient from a fiscal perspective. The SED reimbursement rate for SEIS does not allow for travel time or the impact on class schedules (breakfast, lunch, and naptime). If we commit to hiring more staff to address these needs in the spring, we cannot sustain these positions during summer and fall when recommendations for services are much lower.

**2. Programs and Supports for Children with Behavioral Challenges:** Committee

members continue to see an increase in children who struggle to maintain self-control. Often these children are at great risk of losing their daycare/child care due to the behaviors they present and the lack of provider training in dealing with management issues. This is the second year that SES has focused on this population at our Horace Mann site. The classes are fully integrated with typical UPK children and children with IEPs who have high behavioral management needs. Staff plan age appropriate behavioral interventions. Districts are concerned about the children in daycare centers who are not eligible for special education services, but need support for behavior. We discussed ways this could happen by utilizing agency supports like CCR&R and collaborating with community partners to develop behavioral forums. Internally, the SES department has

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begun to train staff in understanding and applying the basic concepts of preschool Response to Intervention and how these practices can assist children who demonstrated behavioral concerns.

- 3. Alternative/Augmentative Devices:** Districts would like to have access to an expert who can evaluate and recommend appropriate assistive technology for their preschool population. They have requested that any assistive technology being currently utilized in our classes or therapy sessions be noted on the IEP along with goals to further advance the child's skills. SES will continue to support our Speech Language Pathologist who is working toward being able to provide AAC evaluations.
- 4. The Quality of Instruction in UPK and the Common Core Curriculum:** Binghamton and the Union-Endicott are the two districts we collaborate with to provide Universal Pre-Kindergarten programs. Each district has expressed concerns in regard to preparing children for entry into Kindergarten and to align our curriculum with NYS Common Core. This year and next we will continue to work with staff to provide them with the essential training to help children gain the skills needed for kindergarten. The Binghamton CSD has been a strong partner in sharing UPK resources and including our UPK teacher in district meetings and trainings.
- 5. Evaluation Process:** Districts shared that they are very pleased with the quality of our evaluation and year-end reports. They noted that the SES department is a good communicator and they feel that the agency takes pride in keeping districts informed. Although evaluations may be delayed during the spring of each year, that is a common challenge for the other 4410 state approved evaluation teams in the county



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- 6. ESL Screening:** The Binghamton CSD indicated that they would be interested in having an English as a Second Language (ESL) screening team work with bilingual preschoolers to help determine if needs are due to a language delay or ESL.
- 7. Parent Trainings:** Districts and our committee parent member felt that offering parent trainings through FEN or sharing training information provided within the community would be very beneficial. Some topics to explore might be – helping parents to understand the language of special education and more specifically learn about various diagnoses; assist parents with understanding how to read their child’s IEP and help interpret assessment scores; develop a handout or pamphlet describing community agencies that can help them navigate the special education process; start a support group for FEN families; assist with the transition to kindergarten; and tips on attending parent-teacher conferences.

## **IDENTIFICATION AND PRIORITIZATION OF ISSUES & PROBLEMS**

This assessment indicates that the following community priorities need to be addressed in 2015-2016 by the Special Education Department’s programs and services and their community partners:

### **Broome:**

1. Programs and Supports for Children with Behavioral Challenges
2. Continue with Response to Intervention Plan
3. UPK and the Common Core Curriculum
4. Parent Trainings

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5. Alternative/Augmentative Expert

**Chenango:**

1. Work with districts to increase recommendations for children to enter 3.5 hr classes.
2. Parent Training
3. Schedule evaluations appointments in one day when needed
4. Explore ways to increase counseling opportunities
5. Collaborate with districts to develop child find strategies

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## **THE COMMUNITY ASSESSMENT PROCESS**

Agency program directors received a timeline of Community Assessment activities in November to familiarize themselves with the process for creating this year's Community Assessment document. From this point forward each director assembled their committee; these committees were comprised of current parents, staff members, and community representatives. The four program groups were responsible for the collection of current program data. Each program group formed a subcommittee to identify and prioritize the issues and problems evidenced by the data collected.

Information for this report was obtained from both external and internal sources. External data was gathered from the U.S. Census Bureau, New York State Department of Education, New York State Department of Labor, New York State Department of Health, Broome County Department of Social Services, Regional Economic Development Council of the Southern Tier, United Way, Literacy Volunteers of Broome/Tioga, community schools, child care providers, periodicals, and local community agencies. Internal information was compiled using NACCRRRA Ware database, the Child Care Facility Search database, the Head Start family profile, Head Start parent questionnaire, program attendance reports, CCR&R Provider Surveys and the Special Education Services Parent Survey. The NACCRRRA Ware Computer database tracks providers supplying child care in Broome and Tioga Counties and parents requesting child care referrals from Family Enrichment Network's Child Care Resource and Referral department. The Head Start and Early Head Start Family Profile is an assessment tool that details the characteristics, needs, and goals of Head Start/ Early Head Start families enrolled in the program.

The committee adhered to a strict timeline to complete this report (Table XII). Each program committee met in January for an orientation to the CA process and work group assignments. Work groups collected information, met as needed and submitted data to Family Enrichment Network by the February deadline. The program work groups met to identify & prioritize issues and problems. The CA draft was distributed to the full committee mid-March for revision/approval of the report. Policy Council reviewed and approved the Head Start

summary report on April 14, 2015. The Governing Board approved the entire summary report on April 22, 2015.

**Table XII. Community Assessment Timeline**

TASK	November	December	January	February	March	April
Director's Planning	X	X				
CA Orientation Meeting			1/14			
Data Collection			X	X		
Data Analysis/Writing Document			X	X		
Work Groups Identify Needs				1/15-2/11		
CA Committees review document					3/12/19	
Executive Director's Review						4/13
Make Changes to Document						X
CA reviewed by Policy Council						4/14
Make Changes to Document						X
CA reviewed by Governing Board						4/22

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