



**Community
Assessment**

2020-2021

Community Assessment

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FAMILY ENRICHMENT NETWORK, INC.

Agency-Wide Community Assessment

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11/1/20 – 10/31/21

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.¹

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 also offers Child Care Resource & Referral services and related support programs, a Nutrition Outreach and Education Program (NOEP) a Kinship Care Program, 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. ⁱ 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. ⁱⁱ

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.ⁱⁱⁱ 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.^{iv}

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.^v

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. ^{vi}

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:

¹ Broome County Chamber of Commerce, Economic and Social Profile, 2000.

² New York State Department of Labor's Division of Research and Statistics, Southern Tier 2013.

³ NYS Department of Labor Significant Industries: A Report to the Workforce Development System Southern Tier 2011

⁴ Regional Economic Development Council of the Southern Tier, The Southern Tier's Approach to Economic Development, 2011

⁵ New York State Homes and Community Renewal Office of Policy & Research : 2011 Catalogue of Need Southern Tier Region

⁶ U.S. Census Bureau American Fact Finder interactive website



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.

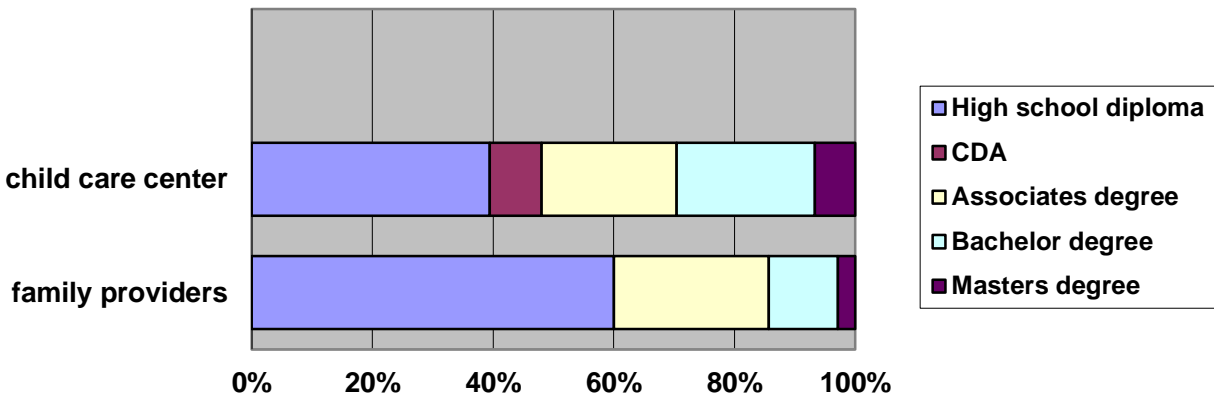
Research is especially showing the importance of the first few years of life in brain development.¹ Toxic stress, such as abuse, poverty, or neglect or other "ACEs" (Adverse Childhood Experiences), damages developing brain architecture, which can lead to lifelong problems in learning, behavior, and physical and mental health. These ACEs are being identified as an important public health issue.²

There is information available in the community to aid parents in finding quality child care and the importance of early experiences. When parents call Family Enrichment Network's referral service, they are given 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. Parents can review violations on registered or licensed providers on the OCFS website by conducting a Child 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.

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 country have a high school diploma or lower.³ Our survey shows 60% of local family and group family child care providers having a high school diploma, while 40% of family providers have a college degree, with an associate's degree or higher.⁴ The national average for child care center staff, teacher, or assistant teacher with a high school diploma or lower is 20%.⁵ Chart 1 shows the local education of our child care workforce.

CHART 1: % of Education of Child Care Workforce



Turnover

One of most important elements in a high quality child care experience is the teacher or primary provider. In the earliest years of life, children are developing attachments to the adults in their lives. 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 care 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. Due to the nature of family child care, there is no turnover in provider. When the provider leaves, the program closes. Center based staff turnover is much different and varies by program. In a survey of local child care center directors, the average turnover rate in 2019 was 24%.⁶ Locally, we are below the national average for child care center staff turnover, which is about 30%.⁷

QUALITYstarsNY

QUALITYstarsNY is New York’s quality rating and improvement system. New York State has invested \$5 million from the state budget into QUALITYstarsNY. According to the QUALITYstarsNY website, the investment only supports 801 programs state-wide.⁸ Many of these programs are in high needs communities, as well as communities which were part of the initial field test in 2010. Locally, there are currently 21 programs in Broome County, 4 in Tioga County, and 8 in Chenango County in QUALITYstarsNY. Participating sites can be found on the QUALITYstarsNY website.

The CCR&R staff continues to prepare child care programs for implementation with quality improvement projects through training, onsite assistance, and information sharing. The quality of child care programs in our community is hard to determine due to the lack of a full quality rating system. The number of accredited programs is low 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).⁹ There are no family child care programs accredited through the National Association of Family Child Care at this time.¹⁰

CCR&R Resource for Child Care Quality Improvement

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

- **Technical Assistance:** Specialists offer basic support to answer questions for providers. In 2019, Specialists offered 1638 technical assistances to 157 providers and programs. Specialist can offer onsite visits to programs to help with best child care practices. In 2019, Specialists offered 246 onsite technical assistance visits to 86 providers and programs.¹¹
- **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 3 counties of Broome, Chenango, and Tioga. 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. Table 1 below shows the numbers for our Infant Toddler Specialists in 2019.

TABLE 1: 2019 FEN Infant Toddler Specialist Numbers¹²

	Regional Infant Toddler Specialist Project Numbers
Basic Technical Assistance	183
Number of Training Hours	20
Intensive Technical Assistance	74

In 2019, the Infant Toddler Project received a funding increase in January and again in July for the new contract year. With this increased funding, we were able to increase the Infant Toddler Specialist hours from 20 hours a week to 30 hours a week.

Funding was also announced to start an Infant Toddler Mental Health project, with the goal of 5 Infant Toddler Mental Health Consultants per OCFS region. This project should start officially in 2020.

- **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. The federal Child Care Development Block Grant (CCDBG) has brought many changes to the New York subsidy system, including for legally exempt providers. As of September 2019, new legally exempt enrollment requirements were put into place. Upon the receipt of a completed enrollment application packet, non-relative providers must undergo a comprehensive background check, which includes the NYS Sex Offender Registry, the Staff Exclusion List checking for abuse and neglect against individuals with special needs, the Statewide Central Register of Child Abuse and Maltreatment (SCR), and fingerprints for criminal conviction history in any state the provider has lived. The SCR has a \$25 fee to conduct the check. Relative providers, including grandparents, siblings, aunts or uncles, are exempt from the comprehensive background checks. Additional new requirements include an annual training requirement for non-relative providers, in addition to a 5-hour pre-service online health and safety training, as well as written documentation of evacuation and shelter-in-place drills.

Table 2 below shows the number of legally exempt providers in Broome, Chenango, and Tioga Counties.

TABLE 2: 2019 Legally Exempt Enrollment By Type¹³

	FCC	In Home	Group
Broome County	52	55	3
Chenango County	19	12	1
Tioga County	45	23	2

Chart 2 shows that only 13% of enrolled legally exempt providers in Broome County were inspected by either Enrollment Agency staff or CACFP staff in 2019. Therefore, we do not know the quality of the child care provided in 87% of the legally exempt homes in the County. But this will change with the new increased inspection requirements beginning in 2020. All non-relative providers will receive an inspection within the first 90 days of enrollment.

CHART 2: Broome County LE Inspections

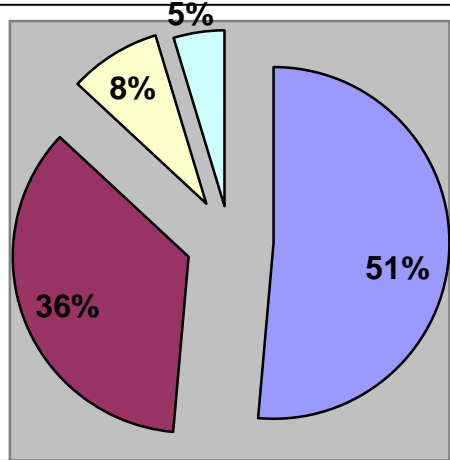
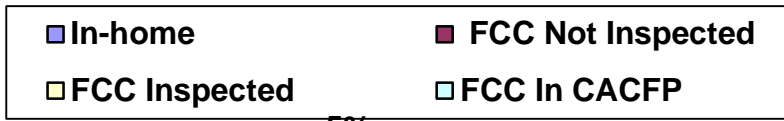


CHART 3: Chenango County LE Inspections

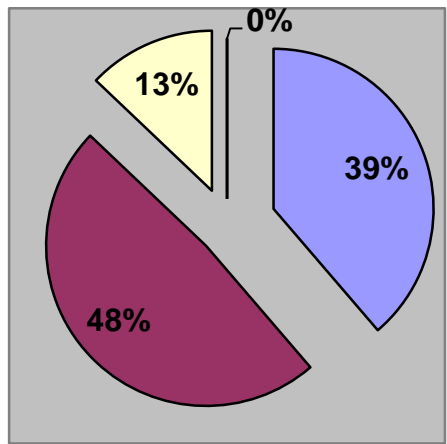
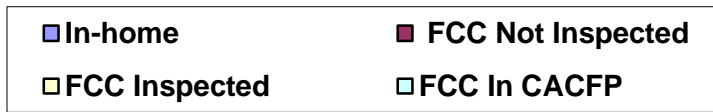
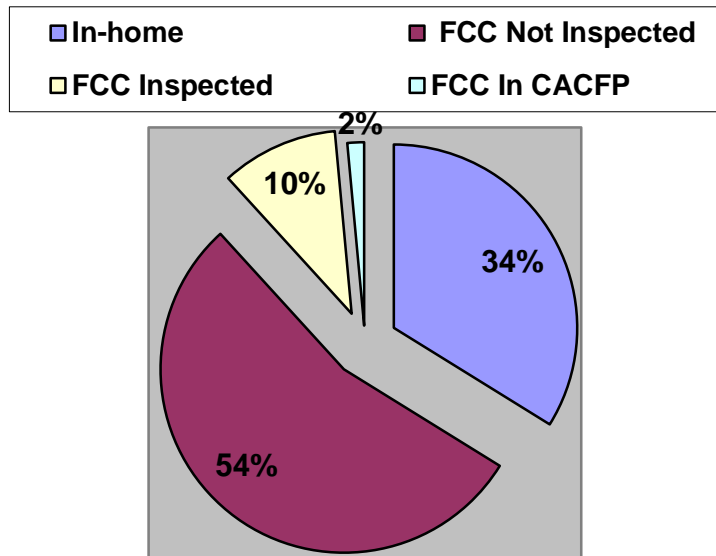


CHART 4: Tioga County LE Inspections



As Chart 3 and Chart 4 indicate the inspection percentage for both Chenango and Tioga Counties are in line with Broome County. A total of 12% of Tioga County legally exempt providers are inspected, while 13% of Chenango County legally exempt providers are inspected.¹⁴ 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 all children in child care have access to a nutritious meals and snacks and learn how to improve their 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 and nutrition training. CACFP participation with Family Enrichment Network increased in 2019 due to the closing of the other agency that served Chenango County providers, but the overall number of providers in the program remained the same. Tables 3 and 4 below show the numbers of providers enrolled in CACFP.

TABLE 3: CACFP Participation Numbers:¹⁵

	Registered Providers in CACFP	Licensed Providers in CACFP	Number of Registered/Licensed Providers NOT in CACFP	Percentage of Total Providers in CACFP
Broome County	16	18	19	64%
Chenango County	16	4	20	50%
Tioga County	4	6	5	67%

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	5	43	10%
Chenango County	0	19	0%
Tioga County	1	45	2%

Despite the Broome County DSS additional standard mandating legally exempt family child care providers, providing childcare in their own home over 30 hours a week, to be enrolled in CACFP, there is still very few legally exempt providers in CACFP. There is been also been a decrease in the number of legally exempt providers eligible for CACFP due to care being “in-home” or conducted in the child’s home. The CACFP staff continue to do outreach and recruitment to enroll providers into the CACFP program. Enrollment in the CACFP program is an indicator of quality child care.

- 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.¹⁵ 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.¹⁷

CCR&R Training Opportunities

CCR&R publishes a semi-annual 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 2019, both duplicated and unduplicated numbers of providers trained.

TABLE 5: 2019 Training Attendance¹⁸

	# of sessions scheduled	Total # of providers trained	Unduplicated # of providers trained
CCR&R Trainings	82	669	123

Included in the CCR&R training calendar are stand-alone workshops and sequential trainings, as well as the opportunity to contact us to conduct training individualized to the program at their location. At each training, participants are offered the opportunity for a follow-up onsite intensive technical assistance visit to their program by the trainer 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.

Onsite Training

Many more on-site training opportunities were conducted in 2019, where CCR&R trainers went directly to the child care program to train their staff, based on either requests for quality improvement or for OCFS corrective action because of the licensing violation.

The CCR&R contract includes funding for Childcare Program Onsite Training as a Community Based Strategy. This allows child care centers and SACC programs to request 1 free onsite training each program year.

In 2019, CCR&R staff conducted 17 onsite training opportunities at 16 different licensed programs with a total of 599 staff.

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 in 2019, CCR&R staff scheduled this course quarterly. CCR&R provided 5 sessions of the Health and Safety Competency Training for 22 new prospective providers in 2019.

Family Enrichment Network also offered the new 15-hour Health and Safety Training for Directors, for center directors, school-age child care center directors, and enrollment

legally exempt group directors. CCR&R offered 4 sessions of this training for 25 directors in 2019.

Child Development Associate Credential (CDA)

CCR&R offers the 120 training hours of formal classroom instruction which is needed for the Child Development Associate (CDA) program. In addition to the formal instruction, CDA candidates must submit an application to the national organization Council for Professional Recognition and take a test at a qualifying testing site. A Professional Development Specialist who contracts with the Council for Professional Recognition conducts a classroom observation, reviews the candidate's portfolio, and conducts an interview with the candidate for final credentialing approval. The CDA classes offered at Family Enrichment Network assist candidates with their portfolio and prepares them for the observation and interview. The second half of the CDA classes are offered in the spring of 2019. The next session will not begin until January 2020. To date, 61 participants have completed the class series since it started in 2011. For the 2020 classes, there are 13 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: 2019 CPR/First Aid Class Participation

	# of Trainings Offered	# of Providers Trained
Broome County	13	111
Chenango County	11	40
Tioga County	2	9

Webcast (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) webcasts, formerly the videoconferences. Webcasts 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 webcasts

are available to child care providers of all modalities. The number of webcasts scheduled and held in 2019 remained at 3.

Training Challenges

Training provided by the CCR&R is a “fee for service” program. Information is provided to child care providers about funding scholarships opportunities, including the Educational Incentive Program (EIP) funds and CSEA/VOICE (family child care union) grants. EIP 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 to use for approved trainings, including substitutes and assistants. Providers who are income eligible can utilize this funding for credit or non-credit courses at the college-level as well as conferences and CCR&R trainings offered by credentialed trainers. Providers can only use EIP funding for non-credit training conducted by a NYS Early Learning Trainer Credentialed trainer. Currently, CCR&R has 3 staff who are credentialed trainers and are able to present training eligible for EIP funding. This limits the opportunities available to providers. In 2019, EIP funding was exhausted before the end of the year, therefore trainings scheduled at the end of the year were denied funding. CSEA/VOICE funding is also allocated in the NYS budget for training and grants for family child care providers. Only family child care providers or group family child care providers are eligible for CSEA/VOICE training scholarships, not assistants or substitutes. Despite these scholarship options, providers still indicate training costs as a barrier to professional development and additional funds are necessary for our community.

Another challenge is the availability of online training. More providers are doing their training online, rather than in-person classroom based training. The reduced training attendance presents challenges to offering quality trainings due to lower number of participants for interactive learning, or class cancellations due to low enrollment.

Training Needs

CCR&R conducts training needs surveys annually, as well as on all evaluations distributed at trainings. Child care providers of all modalities continue to request training on children’s challenging behaviors. The number of children experiencing trauma from abuse or neglect continues to rise. 26% of children in the United States will witness or experience a traumatic event before they turn four.¹⁹ Child care providers need to know how to work with children who exhibit behavior difficulties due to trauma. CCR&R staff offer workshops on Conscious Discipline basics, FLIP IT, the Pyramid Model and Second Step, but these do not offer the intensive intervention needed for children who have experienced trauma. There are almost no resources available for mental health counseling for children under the age of 5. Even resources for children over 5 are limited with long waiting lists. Expansion of Early Childhood Mental Health Consultation and Counseling is needed.

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). Nursery schools, preschools, and Universal Pre-kindergarten programs do not typically offer full time child care and often do not meet the needs of working parents. Head Start programs are moving toward full-day classes, but typically still only offer care for 6 hours and does not meet the needs of working parents. Wrap-around care is still needed.

Tables 8, 9, and 10 show the breakdown of providers in Broome, Chenango, and Tioga Counties.²⁰

TABLE 8: Child Care Providers in Broome County - 2019

	Child Care Centers	Family Child Care	Group Family Child Care	SACC Programs
Binghamton	8	7	11	11
Endicott/Endwell	5	10	2	3
Johnson City	3	7	1	2
Vestal	3	1	2	5
Surrounding Areas	1	9	3	1
Broome County Totals	22	34	19	26

TABLE 9: Child Care Providers in Chenango County - 2019

	Child Care Centers	Family Child Care	Group Family Child Care	SACC Programs
Afton	0	1	0	0
Bainbridge/Guilford	0	0	0	0
New Berlin	0	1	2	0
Norwich	1	6	7	2
Oxford	0	3	2	1
Sherburne	0	5	3	0
Greene	0	6	2	1
Surrounding Areas	0	1	1	1
Chenango County Totals	1	23	17	5

TABLE 10: Child Care Providers in Tioga County - 2019

	Child Care Centers	Family Child Care	Group Family Child Care	SACC Programs
Apalachin	1	1	1	2
Candor	0	3	0	0
Newark Valley	0	1	1	1
Owego	1	1	1	1
Waverly	1	0	2	0
Surrounding Areas	0	3	1	2
Tioga County Totals	3	9	6	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, 1464 more slots are needed in Broome County, 580 slots in Chenango County and 602 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, 2434 more slots are needed in Broome County, 880 in Chenango County and 1079 slots in Tioga County.

TABLE 11: Broome County Unmet Need

	Under 5	5-12 Years
# of Children ²¹	9,966	16,440
Demand for Child Care ²²	(61%) 6,079	(50%) 8,220
Regulated Capacity ²³	1,940	1,709
Using Relative/In-Home Care ²⁴	(42%) 2,553	(44%) 3,617
Total Unmet Need (Slots Needed)	1,586	2,894

TABLE 12: Chenango County Unmet Need

	Under 5	5-12 Years
# of Children	2,567	4,376
Demand for Child Care	(61%) 1,566	(50%) 2,188
Regulated Capacity	342	368
Using Relative/In-Home Care	(42%) 658	(44%) 963
Total Unmet Need (Slots Needed)	566	857

TABLE 13: Tioga County Unmet Need

	Under 5	5-12 Years
# of Children	2,477	4,528
Demand for Child Care	(61%) 1,511	(50%) 2,264
Regulated Capacity	274	380
Using Relative/In-Home Care	(42%) 635	(44%) 996
Total Unmet Need (Slots Needed)	602	888

Waiting Lists

Because of the lack of openings, many child care centers have waiting lists to enroll new children. A survey of local programs showed very few immediate openings for infant child care. Child care centers shows 71% of programs have a waiting list, while 57% of family and group family child care programs have a waiting list.

Care in Greatest Demand

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

1. Infant Toddler Care
2. Child Care Deserts
3. Children with Challenging Behaviors or Special Needs
4. School Age Child Care with Transportation

1. Infant Toddler Care: According to reports of Family Enrichment Network’s NACCRRAware database, 762 children were served using the referral services in Broome, Chenango, and Tioga Counties in 2019. 60% of the care needed in all three counties were under the age of 3. Based on county, 59% of care needed in Broome County was under the age of 3, 63% of the care needed in Chenango County was under the age of 3 and 67% of the care needed in Tioga County was for infants and toddlers. 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. Child Care Deserts: The Center for American Progress released a report showing areas of the United States where there is a lack of child care.²⁵ For the report, the Center for American Progress collected and analyzed data on the location and capacity of registered/licensed child care in every state, comparing it to the estimates in population, family income and labor force participation for every U.S. census tract. The analysis shows 51% of Americans live in a child care desert.²⁶ Most of the Broome, Chenango, and Tioga Counties areas are identified as being a child care desert.

The report shows that rural areas have a higher concentration of child care deserts, which is consistent with our area. As shown in Tables 8 through 10, there are 12 family/group family child care providers in the rural areas of Broome County, 2 in Chenango County, and 4 in Tioga County. There is only 1 center in the rural areas of Broome County and none in Chenango or Tioga Counties.

In addition to the rural areas of Broome County, which include Windsor School District, Deposit School District, Whitney Point School District, and Harpursville School District, there are school districts with limited child care programs, including Chenango Valley School District, Chenango Forks School District, and Vestal School District.

3. Children with Challenging Behaviors or Special Needs: Finding care for children with special needs or challenging behaviors 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 many child care programs do not have the time or resources to help children with challenging behaviors and children are often expelled from the program. Research shows preschool children are expelled 3 times the rate of K-12 students.²⁷ Because of these statistics, New York State implemented Pyramid Model Training, which is a framework to assist programs with social-emotional competencies and development in children. In 2019, the local surveys of child care centers indicates 10 children were expelled from programs due to behavior issues.

Family Enrichment Network CCR&R tracks the calls received from parents requesting child care for children with behavior issues, emotional concerns, autism, educational disabilities, or developmental delays, if they choose to disclose this information. During 2019, in Broome County, 22 families with children exhibiting one of these needs were looking for care, 2 families in Chenango County, and 6 families in Tioga County.

4. School Age Child Care with Transportation: According to the U.S. Department of Labor and U.S. Bureau of Labor Statistics report “Women in the Labor Force: A Databook” from December 2015, 70.8% 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 (75.8%) than mothers with children under 6 years of age (64.3%).²⁸ Each day, more than 4 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.

Because of the lack of after school care, the cost, and the difficulty finding transportation to programs if the program is out the district, 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.²⁹ School age care was previously recognized as a local issue, but traction has been lost over the last year. 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. There were no meetings in 2018 or 2019 for this group.

According to Family Enrichment Network's NACCRRAware database, 762 children were served using the referral service in 2019. Of these children, 28% were school age children in the 3 counties. 20% needing care in Broome County were ages 5-12, 22% in Chenango County were school age, and 15% in Tioga County were school age.

MARKET RATES OF CHILD CARE

Child care is expensive, especially high quality child care. Low income families traditionally have less 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, which still makes them eligible for child care subsidies. They also frequently involve non-traditional hours (evenings, weekends, or overnights), of which there are limited options available. According to the Annie E. Casey Foundation's 2016 Kids Count Data Book, 22% of children in New York State live in poverty.

A total of 694 families in Broome County are receiving child care assistance.³⁰ There are 61 families in Chenango County receiving child care assistance³¹. There are 136 families in Tioga County receiving child care assistance.³² The New York State Child Care Block Grant (NYS CCBG) projected allocation is \$4,548,875 to Broome County from 2019-2020, \$516,751 to Chenango County for 2019-2020 and \$1,758,328 to Tioga County for 2019-2020.

The average cost of full-time child care for infants in Broome County is \$8,112 per year per child in family child care and \$11,908 for center based child care. The average cost of full time child care for a preschooler in Broome County is \$ 7,800 per year per child for family child care and \$10,712 per year for center based child care.³³

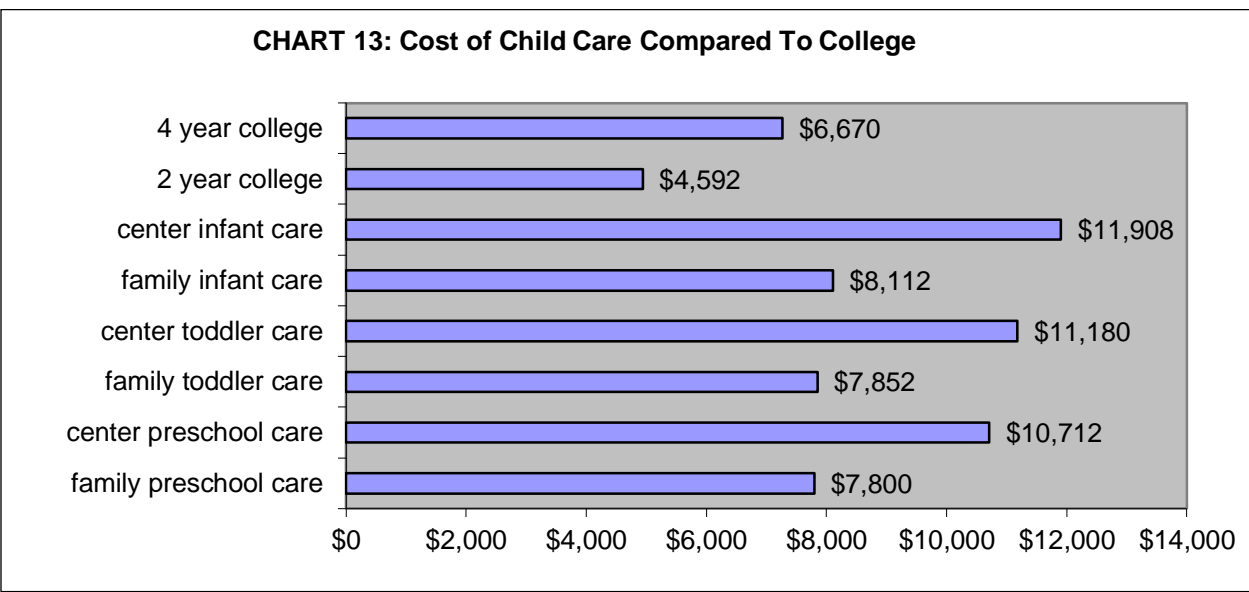
TABLE 14: Subsidized Rate (Market Rate) Versus Private Pay Rates for Child Care³⁴**Child Care Center**

	DSS Market Rate Weekly Rate	Private Pay Rate Weekly Rate
Infants	\$220	\$229
Toddlers	\$206	\$215
Preschool	\$195	\$206
School Age	\$180	\$182

Family/Group Family Child Care

	DSS Market Rate Family care Weekly Rate	Private Pay Rate Family care Weekly Rate
Infants	\$160	\$156
Toddlers	\$150	\$151
Preschool	\$150	\$150
School Age	\$150	\$140

Both the subsidized/market rate and the private pay rate is more than the cost of public college tuition in New York: \$7,270 per year for a four year state college³⁵ or \$4,944 for a local two year college.³⁶

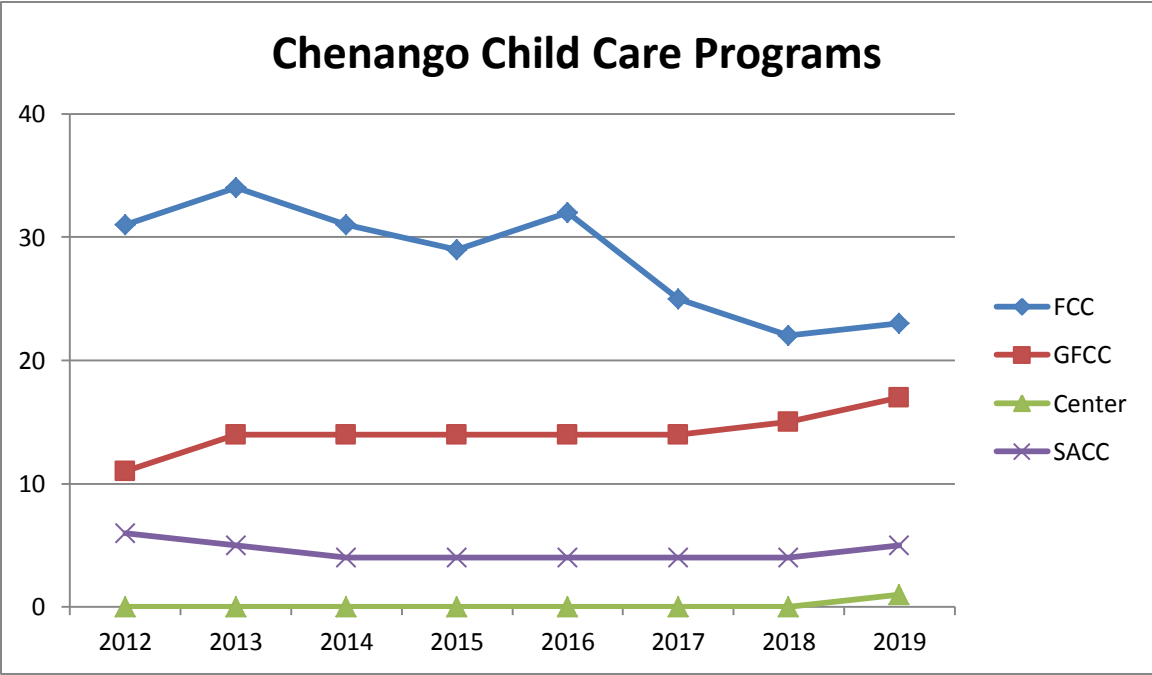
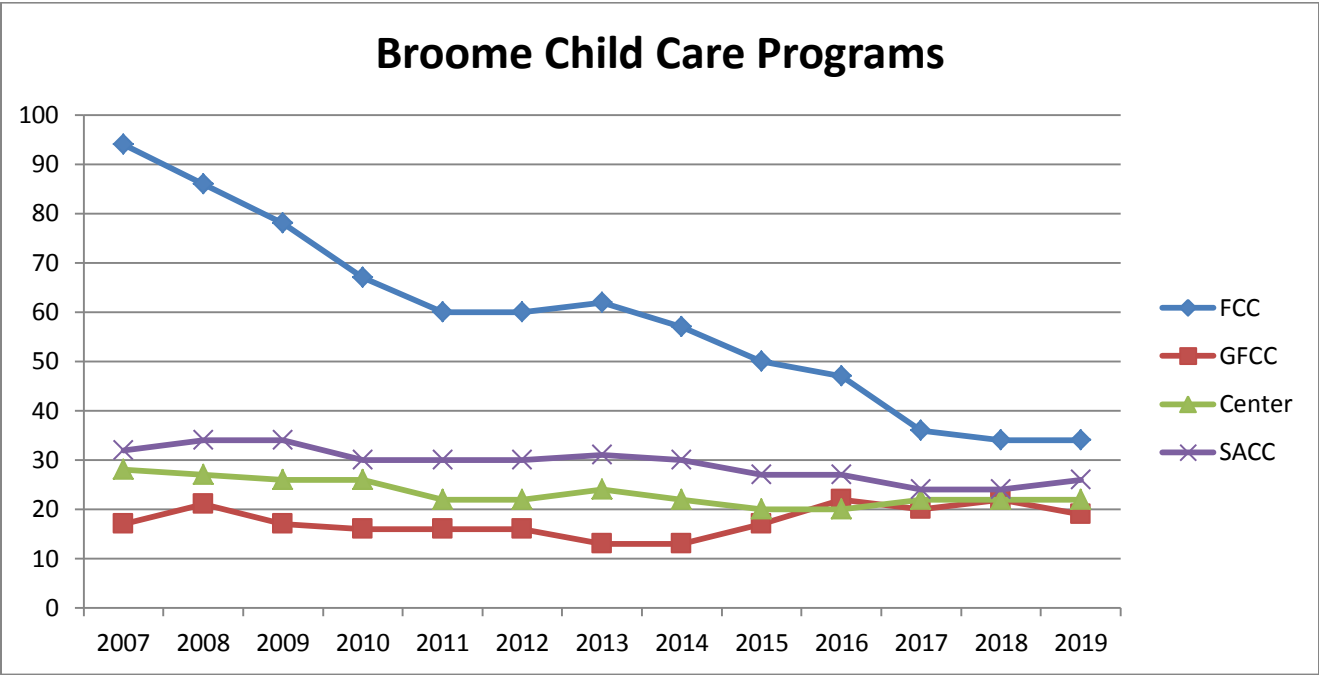


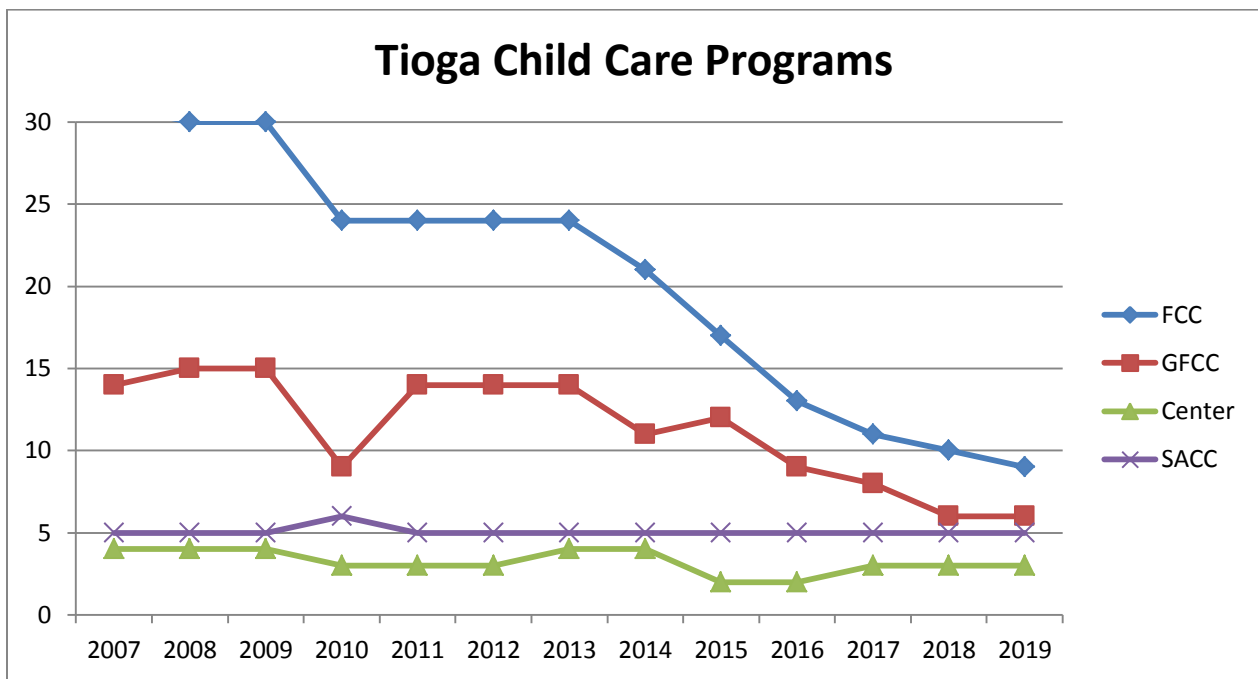
According to a report published by Child Care Aware of America titled “Parents and the High Cost of Child Care: 2018 Report”, single parents pay 55% of their income for infant center-based care and nearly 100% of their income on center-based care for 2 children. Married parents of 2 children living at the poverty line pay 110% of their income for center-based care. The cost of infant care is nearly twice as much as the annual cost of college tuition at a 4 year college. New York State continues to rank in the top 10 of the least affordable states for child care for children under the age of 5.³⁷

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, yet there are few options for programs. Centers can fundraise, write grants, and cut costs by lowering program quality.

Decline In Child Care

Over the last 10 years, the number of child care programs has decreased across Broome, Chenango, and Tioga Counties.³⁸



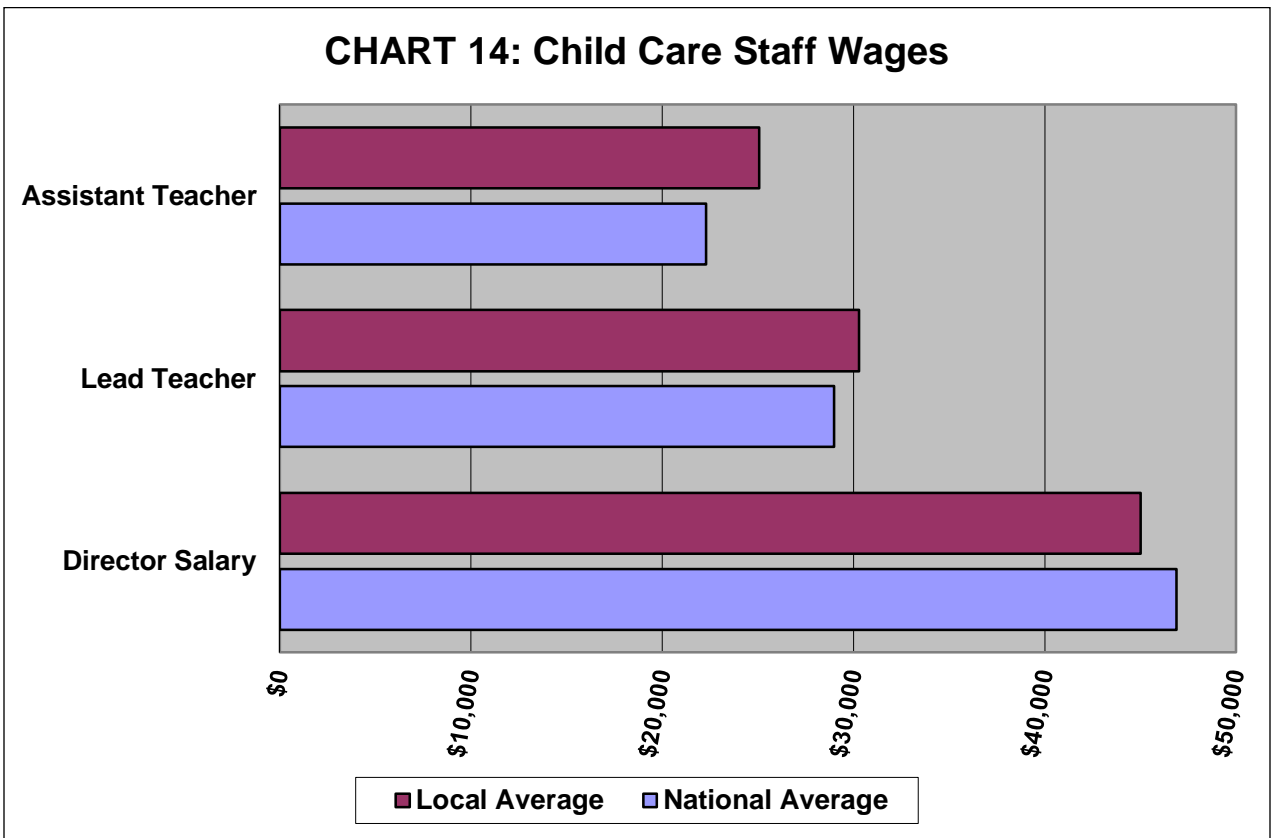


Roadblocks To Increasing Child Care Supply

Center Reasons

The biggest cost for a child care center 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. Qualifications of child care providers are critical to high quality child care. However, the people we entrust to provide quality child care for our children are often not well compensated which does not attract highly qualified staff to the field. In 2019, on average in center-based care, an assistant teacher earned \$12.05 per hour, while a lead teacher earns \$14.57 per hour.³⁹ The increase in New York's minimum wage from \$11.10 to \$11.80 in December 2019 has affected many child care centers. Many are only paying minimum wage. This will continue to be a problem with minimum wage increasing to \$12.50 by 12/31/2020.

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. Many early childhood teachers leave child care for higher paying jobs in the public school system. The pay for child care providers across the country is an issue, but as indicated in Chart 14, local child care professionals earn right around the national average.



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With the low wages, child care center staff are struggling to provide for their own families. If the teacher does not have a working spouse or partner contributing to the family income, then she would fall close to the 200% of poverty line and be eligible for public assistance benefits. According to national statistics, 53% of the early childhood workforce is on at least 1 public assistance program. Locally, our survey of child care center directors showed 36% of staff are receiving public assistance in some form.

Family Child Care Reasons

Increasing the supply of family-based child care programs also faces challenges. Our area has seen a 66% decrease in family child care programs over the last 10 years in both Broome and Tioga Counties. A variety of reasons are stated as to why programs close when exit surveys are conducted. Family providers often state the difficult complying with regulations in their own home is a primary reason for closing their program. The second reason is the long standing providers are retiring due to age.

New, prospective providers are not opening to fill the void of the ones leaving the field. Broome County received a grant in 2018 through Assemblywoman Donna Lupardo to attempt to overcome the financial barrier for new family providers. Funding was available through the Growing Child Care Pilot Project to help new family providers cover the costs of starting a program, including training, supplies, and home repairs. The goal is to open an

additional 10 programs, to serve 80 additional children. Since October 2018, 8 new family child care programs have opened in Broome County, but with the loss of existing programs, this increase in new programs only replaced the loss of other programs, so no new growth in slots was experienced.

On average, 3 new family child care applications are ordered each month in all three counties. Because of the requirements and process length, the majority of applications do not finish the process. We calculate only 20% complete and turn in the application to the state in both Broome and Tioga Counties, and only 11% finish the process and become fully registered. Chenango County has a higher completion rate, with almost 64% of the requested applications finishing the process. Barriers to completing the process include the difficulty meeting the regulation requirements, lack of communication with the licenser, costs, and necessary time to complete the background checks and training. Despite CCR&R staff assistance through the process, more support for the registration and licensing process is needed.

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.

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

170 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.

\$4.6 Million Dollars: The yearly cost of all regulated child care spots in our region is over \$4.6 million in child care payments, including the federal head start and early head start investments and New York State Universal Pre-K investments through the State Department of Education.

1000 Workers: Early care and education workers, directors, teachers, assistant teachers, and family child care 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 benefit by enhanced performance of their workers who use child care, because parents do not have to worry about their child's safety and can focus on work.

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.

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 expand services for infant and toddler care throughout the service area.
2. Need to expand child care programs in all areas of Broome, Chenango, and Tioga Counties.
3. Need to advocate for increased funding to support minimum wage increases.
4. Need to advocate for increased funding to meet the true cost of child care, through increased market rates and supportive funding for programs.
5. Need to expand services for children with challenging behaviors through mental health supportive services, including Early Childhood Mental Health Consultation projects.

Endnotes:

¹ developingchild.harvard.edu/resources/inbrief-science-of-ecd/

² www.cdc.gov/violenceprevention/childabuseandneglect/acestudy/index.html?CDC_AA_refVal=https%3A%2F%2Fwww.cdc.gov%2Fviolenceprevention%2Facestudy%2Findex.html

³ Child Care Aware of America Report “Child Care in America: 2012 State Fact Sheets” for New York.

⁴ Family Enrichment Network’s Family/Group Family Child Care Provider Needs Assessment Survey, September 2019.

⁵ Child Care Aware of America Report “Child Care in America: 2012 State Fact Sheets” for New York.

⁶ Family Enrichment Network’s Center/SACC Needs Assessment Survey, September 2019.

⁷ Porter, Noriko. (2012). High Turnover Among Early Childhood Educators in the United States. Child Research Net.

⁸ <http://qualitystarsny.org/discover-serve.php>

⁹ The National Association for the Education of Young Children accreditation search at families.naeyc.org/find-quality-child-care

¹⁰ The National Association for Family Child Care Program Accreditation search at www.nafcc.org.

¹¹ Family Enrichment Network NACCRRAware Database search, January 2020.

¹² Regional Infant Toddler Milestone chart for 2018-2019 program year, by Child Care Solutions.

¹³ Child Care Facility System (CCFS) Legally Exempt Database search, January 2020.

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- ^{iv}Family Enrichment Network (CCFS Legally Exempt Database search, January 2020.
- ¹⁴ Family Enrichment Network CACFP Minute Menu and CIPS search, January 2020.
- ¹⁵<http://www.oecd.org/education/school/49322232.pdf>
- ¹⁶ New York State Office of Children and Family Services Child Care Regulations, www.ocfs.state.ny.us.
- ¹⁷Family Enrichment Network CCR&R Training Spreadsheet, 2019.
- ¹⁸ www.recognizetrauma.org
- ¹⁹ CCFS Database search, January 2020 and NACCRRAware Database search, January 2020.
- ²⁰U.S. Census Bureau: State and County QuickFacts: www.factfinder2.census.gov.
- ²¹ *Who's Minding the Kids? Child Care Arrangements: Spring 2011.*
- ²² NACCRRAware Database search, January 2020.
- ²³*Who's Minding the Kids? Child Care Arrangements: Spring 2011.*
- ²⁴ The Center for American Progress, <https://www.americanprogress.org/issues/early-childhood/reports/2018/12/06/461643/americas-child-care-deserts-2018/>
- ²⁵Rasheed Malik and Katie Hamm, "Mapping America's Child Care Deserts" (Washington: Center for American Progress, 2017)
- ²⁶<http://ziglercenter.yale.edu/publications/expulsion.aspx>
- ²⁷ Bureau of Labor Statistics Report "Women in the labor force: a databook", December 2015.
- ²⁸ The Children's Defense Fund Report "The State of America's Children," 2005.
- ²⁹ Broome County Department of Social Services, January 2020.
- ³⁰ Chenango County Department of Social Services, January 2020.
- ³¹Tioga County Department of Social Services, January 2020.
- ³² NACCRRAware Database search, January 2020.
- ³³New York State Office of Children and Family Services Market Rates, 2019.
- ³⁴www.suny.edu, 2019-2020.
- ³⁵ www.sunybroome.edu, 2019-2020.
- ³⁶Child Care Aware of America: "Parents and the High Cost of Child Care: 2018 Report".
- ³⁷Family Enrichment Network NACCRRAware Database search, January 2020 and CCFS search, January 2020 compared to previous Community Assessment numbers since 2012.
- ³⁸Survey of Center Directors, January 2020.
- ³⁹ Whitebook, M., McLean, C., Austin, L.J.E., & Edwards, B. (2018). Early Childhood Workforce Index – 2018. Berkeley, CA: Center for the Study of Child Care Employment, University of California, Berkeley. Retrieved from <http://csce.berkeley.edu/topic/early-childhood-workforce-index/2018/>.
- ⁴⁰<http://csce.berkeley.edu/>

Family Support Services

Family Support Services Program Descriptions 2019

Family Support Services

Over the past year (2019), the Family Support Services Department of Family Enrichment Network provided five programs. The WIC Help New York Program in Broome & Delaware Counties which started in October 2018. The Kinship Caregiver's Program in Broome & Tioga Counties, the Broome County Courthouse Children's Center and Walk With Me Program providing supports for those who had been recently incarcerated at the Broome County Jail were continued. The refunding for the Nutrition Outreach & Education Program (NOEP) was only for Broome County, a change from the past funding cycle when FEN served both Broome & Tioga Counties.

The Courthouse Children's Center (CCC) is a free drop-in childcare facility at the Broome County Family Courthouse and a partnership between Family Enrichment Network and Broome County Family Court and has been in operation for 18 years, first opening in September 2001. The Center is funded through the NYS Office of Court Administration. The professional early childhood staff cares for children 6 weeks to 12 years of age while their adult caregivers attend to business in either Family or Drug Courts. 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 which has continued through to date. The Center is open full day Monday through Thursday and half day Friday mornings. Beginning January 2017 the Family Court system standardized their hours of operation across the NYS and the Center hours shifted slightly to accommodate the change in the Family Court hours. The Center is now open from 8:45 am to 4:15 pm Monday through Thursday and 8:45 am to 12 noon on Fridays. The Children's Center staff offer a changing 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 September 2019 the Center celebrated 18 years of operation and worked with 1121 children, a monthly average of 93 children; 865 families, a monthly average of 72 and 222 new families who had never used the Children's Center before at a monthly average of 19 families, 2438 community resources and referrals were given out.¹ Of the all the families using the center in 2019 families using the Center only 8% of these families listed their annual income as \$25,000 or more, leaving 92% of the families living either at the federal poverty level or no more than 150% above the federal poverty income guidelines.² Throughout this time the Children's Center has also been involved in the Permanent Judicial Commission on Justice for Children, Literacy Program. This program was started to promote childhood literacy by distributing free books and literacy activities to all the children cared for in the Courthouse Children's centers across the state. This program is important based on the high number of low-income children served at our Courthouse Children's Center. In 2019 the staff distributed 1167 books and 737 Literacy Packets.

Distributing just on 1200 quality books a year is a challenge for the agency and the Children's Center relies heavily on community donations and fundraisers to achieve this goal.

The Courthouse Center staff has noted an increase in the number of families from Tioga County attending Family Court in Broome. This has increased the Center's need to provide Tioga County resources and referrals.

The Kinship Caregiver's Program was funded from October 2012 to September 2015 through the Kinship Navigator's, Children's Bureau Grant. Initial funding included money for a Kinship Navigator Coordinator whose 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 the 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.

On September 1, 2015 the Kinship program was funded by an Office of Family and Children's Services (OCFS) grant with a five-year funding shell through to August 31, 2020. This funding stream provided for a fulltime kinship advocate to continue kinship services in Broome County with some limited advocacy services in Tioga County. The grant also provided some limited counseling hours for kinship families in Broome County. In 2015 through 2016 this grant had a collaboration with Mother's & Babies Perinatal Network to provide Kinship Caregiver support groups and the kinship youth services. The OCFS funding for the Kinship Program enabled the program services to be opened up to kinship families of ANY income level. In previous funding streams the program had been limited to providing services only to TANF eligible families.

In 2017 Mothers & Babies withdrew from the OCFS grant and FEN took over the parenting classes that M&B were initially providing. This worked well as the parenting classes were then offered in an individualized format during home visits by the kinship advocate.

In October 2018 FEN was awarded a **Kinship Navigator Peer Mentor Enhancement Grant** for two years to run from 10/1/18 to 9/30/19. This grant focused on providing peer-run support groups for kinship caregivers in Broome & Tioga Counties and allowed FEN to employ two part-time peer mentors.

"Kinship" families, refer to those families that are raising someone else's child, because of

upheavals or unhappy circumstances' in a child's original family group. The task of taking over the raising of 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 and other family members and family friends can also take on this responsibility. The sudden addition of children to a family group and the task of parenting a second time around can create unexpected financial hardships 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. According to the NYS Kin Care Coalition, 2019 there are more than 200,000 children living with kinship caregivers in NYS. According to analysis of the American Community Survey data in more than 130,000 families are grand-parent headed households where grandparents are the primary caregivers. Higher estimates based upon research suggest that grandparents make up 65% of these non-parent caregivers. The NYS Kinship Navigator data (N=11,000) indicates that there are 1.6 children per kinship household putting a liberal estimate of as many as 300,000 children in kinship care in NYS.

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.³ 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% are fully responsible for 2,226 grandchildren. This is well above the state level of 35 percent. Nearly 19 percent of grandparent caregivers live below the poverty level.⁴ 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 Broome County the Kinship Caregiver's Program, (one of the original funded Kinship Programs by the Office of Children's and Family Services in November 2005) has provided the following services: An informational help-line and a friendly ear for kinship caregivers, advocacy, referral services, monthly workshops and up-to-date information on the legal rights of kinship caregivers. Support groups designed specifically to address the needs of kinship caregivers and in-home parenting classes are offered along with social activities and community connections.

In the past grant year, September 1, 2018 to August 31, 2019 the Kinship counselor was able to provide counseling services to 18 kinship families, i.e. 18 kinship children and their caregivers. The kinship counselor provided 10 hours of counseling a week. The Kinship Program assisted 184 kinship families with two or more community connections that included referrals, advocacy service, DSS assistance and material supports. Intensive case management services were provided to 53 kinship families and 151 families were assisted with the Non Parent Caregiver grant available through the local Departments of Social Services⁵. Please note that on average, the kinship program staff work with 40 Kinship families a month; this includes both new families and those already in the database. In Tioga County the Kinship

program provided services for 18 kinship families and 32 kinship children.

Through the Peer Mentor Enhancement Grant the kinship program was able to offer 15 support groups with a total of 16 caregivers participating. It has been a challenge getting kinship caregivers to attend these groups but over the past year the peer mentors have started establishing strong community connections and developing relationships with the kinship caregivers.

Nutrition Outreach & Education Program (NOEP)

The Supplemental Nutrition Assistance Program (SNAP) 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, SNAP 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, SNAP 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 SNAP 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. A new rule enacted in July 2016 increased the amount of money (up to 150% of the poverty income guidelines) that households with a working individual can earn and still be eligible for SNAP. This represents a 20% increase in gross income, thus a family of four can earn \$410 more per month and still have the potential to qualify for SNAP.

Elderly and/or disabled households and/or working families with dependent child care or adult care costs related to employment or training can have a monthly gross income up to 200% of poverty guidelines.

Individuals may apply for SNAP 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 SNAP benefits must have a determination made within five calendar not business days. Benefits in New York State are 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 seedling/ vegetables plants, Meals on Wheels, meals at Senior Centers and at any Farmer's Market that has an EBT card reader.

During 2014, FEN reapplied for the NOEP contract in Broome County and also applied to operate the NOEP program in Tioga County. These proposals were successful with the

Broome NOEP contract being re-awarded and the Tioga County NOEP contract added for four years from 7/1/14 to 6/30/18. In 2018 the NOEP contract was again up for a renewal and FEN was awarded the ongoing Broome County NOEP contract for four years, from 7/1/18 to 6/30/22. The Tioga County NOEP Contract was awarded to another agency centered in Tioga County.

In 2019, 15,707 households consisting of 27,441 individuals received SNAP assistance in Broome County. This is a decrease in numbers from the previous year. However one cannot assume that this is an improvement in life circumstances but perhaps an indication that services are becoming increasingly difficult to access and families are moving out of NYS. Of these households 15,707 households, 9,485 consisting of 18,747 individuals were “SNAP Only”. The 2019 monthly averages show that 60% of Broome SNAP households and 69% of individuals were Non Temporary Assistance cases, that is individuals who are working or collecting some form of benefit but not receiving any temporary cash assistance.⁶ This data would suggest that those in Broome County who participate in SNAP are largely the working poor, disabled and/or senior citizens. Please note that many more households applied for SNAP but were NOT approved because they did not meet the financial eligibility requirements, however these families were still facing food/hunger insecurities. Hunger Solutions New York states that 40 percent of SNAP recipients are children.⁷

FEN’s Broome Nutrition Outreach & Education Program (NOEP) offers free assistance with the SNAP process in Broome County, and has been doing so since 2003. The Broome NOEP Coordinator (BNC) at FEN provides confidential prescreens for SNAP eligibility over the phone or in person. If the applicant appears to be eligible after the pre-screening process, an appointment is set up for the BNC to assist with application process which includes guidance on paperwork, copying of necessary documents and the completion of the application form. The BNC is able to make home visits or meet with applicants in any convenient location or in the FEN office if the applicant prefers. As part of the application assistance the BNC and the local Department of Social Services SNAP unit have developed a system that allows the BNC up to 10 interview slots once a week for the SNAP phone interviews needed to complete the process. The BNC provides technical assistance regarding the application and educates individuals about their rights and responsibilities, regarding SNAP. After four weeks, the BNC follows up with the individual about the process and to determine if they received SNAP benefits. The BNC 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, a partial list of the outreach sites utilized. The BNC attempts to address the application process, reduce the stigma attached to SNAP, and remove any other barriers to participation in SNAP. During the 2018-2019 grant year the BNC provided 461 prescreens and enabled 233 households to receive SNAP. The BNC shared information about the SNAP process with 2043 individuals across Broome County at visibility events and community presentations.

U.S. Census data of 2013 states that, 47 percent of children in the City of Binghamton live in poverty compared with 22 percent statewide and 67 percent of school-age children are eligible

for free/reduced lunch. The USDA Economic Research Service reported that children in 9.4 percent of U.S. households are food insecure and that in Broome County, the food insecurity rate for children is 24 percent⁸.

This data also reveals that almost 1 in 4 children in Broome County struggle with hunger.

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 need⁹.

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 Coordinators at Family Enrichment Network work closely with the staff of the Food Bank of the Southern Tier and the local food pantries to ensure that any client utilizing the food banks, but not receiving SNAP benefits, is referred to the NOEP Coordinator. Likewise, individuals who learn about NOEP from other sources are referred by the NOEP Coordinator to food resources in the community. These collaborative efforts account for many referrals to NOEP.

It is important to note that the Food Bank Southern Tier (FBST) serves 6 Southern Tier counties and in Broome County in 2019 the Food Bank of the Southern Tier (FBST) distributed 4 million pounds of food in collaboration with CHOW. There were 218 Mobile Food Pantry distributions in Broome County that distributed 928,000 pounds of food at 27 sites. 9,772 senior visits were made to the Mobile Food Pantries. In Broome County one in 8 individuals are at risk of hunger and 1 in 5 children are at risk of hunger. The Back Pack distributes weekend meals to needy school children throughout the school year and 33,000 packs were distributed to 992 children in 12 school districts. In Broome County a total of 25,180 people are food insecure.¹⁰

The Broome County Council of Churches manages the Community Hunger Outreach Warehouse (CHOW) with 30 participating food pantries and 42 community meals available each week. CHOW also has a Mobile Market that has 25 scheduled sites per week that provide free and low cost produced that can be purchased with SNAP benefits. Catholic Charities of

Broome County also oversees two food pantries in Binghamton and Endicott. In 2016 the Binghamton site served 14045 households consisting of 37,393 people, 16,822 were children, 18,243 were adults and 2,328 were seniors. The Endicott site, Mother Teresa’s Cupboard, served 5529 households consisting of 13,587 individuals, 5,132 were children, 7,515 were adults, and 940 were seniors.¹¹ Please note that these numbers do not include all the food assistance programs however they are from the largest independent 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.

Walk With Me – Re Entry Program

This program started June 1, 2018 funded through the United Way and the Community Foundation of South Central New York. In 2019 the Walk with Me (WWM) program also received a small grant from the Binghamton United Presbyterian Church which allowed the program to add another part-time peer advocate.

WWM works to effectively respond to the challenges that families and the community faces when an individual is released from the Broome County Jail. Currently there are limited opportunities available to promote successful re-entry for individuals leaving the local jail. WWM provides a holistic approach to promoting successful re-entry into the community. The issues within the local jail systems are far reaching. National reports have indicated that a large number of incarcerations are avoidable, with an increasing majority of inmates being jailed due to substance abuse and or mental issues that are not being treated. In the publication dated March 2017, *“Documenting Injustice in Broome County: The need for an Investigation of the Abuses of Over-incarceration Justice and Unity for the Southern Tier Prepared by: William Martin and Andrew J. Pragacz”*. It was stated that “very few of the persons held in the jail are the “drug kingpins” paraded for the media: over 70% of those held in the jail without a conviction but because they are too poor to afford the excessively high bails imposed in county courts for relatively minor offenses.” Martin and Pragacz highlight that “The Public Defender and Public Prosecutor have publicly stated that over 80% of those incarcerated have substance use disorders”. In a January 26th, 2018 news interview with WBNG, Sheriff Harder stated “We’ve taking in over 20,000 people within the past five years will all kinds of illnesses and problems”. What’s startling is that a Press & Sun Bulletin newspaper article dated 3/4/2020 stated *“Since 2011, nine inmates have died at the Broome County Jail. Activists say those deaths — and two others — may have been prevented with better medical treatment.”*¹²

Support groups are offered to WWM participants through JUST, Justice & Unity in the Southern Tier which is a community organization dedicated to dismantling mass incarceration and mass policing in the Southern Tier. Their work focuses on over-incarceration, deaths, and abuse in the local county jail as they also work on alternatives to incarceration. They are a strong collaborator for the WWM services.

Jails are not therapeutic nor do they have the resources or services in place to help promote successful reintegration into the community once an inmate is released. Research indicates that successful reentry programs for inmates rely on addressing mental health issues, providing

mentoring, offering educational opportunities and job training, and connecting them with community resources. In our community we have limited services available for those coming out of the Broome County Jail. Data revealed by the 2015 Community Foundation of South Central New York Needs Assessments for Broome County indicates funding recommendations for programs supporting families with incarcerated or newly released parents. Family Enrichment Network's 2018 Community Assessment revealed that 21% of our families have been or are affected by incarceration.

The Walk with Me project provides advocacy, peer mentoring, assistance with securing employment and critical services to those who are leaving the Broome County Jail and reentering the community. Including:

- Assistance for immediate transportation needs
- Obtaining valid identification
- Obtaining documents need to start a job search (birth cert., transcripts, DD214, Rap sheet, Certificates of Relief of Disabilities)
- Support groups focusing on self-esteem and confidence builders
- Job search skills
- Assessing & Identifying marketable skills
- Improving resume writing skills
- Developing a reference list
- Completing job applications
- Soft skills training
- Mock interviews
- Explaining how to discuss convictions and incarceration with employers
- Referrals to the ATAIN lab for digital literacy classes
- Education on the process to apply for admission to college while on parole and/or with felony convictions

The mission of WWM is to aid in the successful re-entry for those who do not have any supports when leaving the jail system. In the first grant year 7/1/18 to 6/1/19 WWM served 33 individuals providing the following services:

- 33 individuals have enrolled in the program, received referrals and made a meaningful community connection.
- 31 received transportation assistance, 32 received one on one counseling, peer support and access to the JUST support groups, 29 received material support 22 individuals received housing assistance, 22 received benefits assistance and 20 received employment skills training.¹³

In the first six months of the 2nd year of the grant, 7/1/19 to 12/31/19 the program has provided the following services:

- 42 assessments completed

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- 32 individuals enrolled in the program and received benefits assistance, and financial assistance with material supports.
 - 35 participants have made a meaningful community connection, 25 have received housing assistance, 18 received employment training and 31 received one on one advocacy and peer counseling.¹⁴

WIC Help NY

This new program funded through the Department of Health/ Huger Solutions New York was awarded to FEN in October 2018 for a 20 month period from 8/1/18 to 3/31/20. WIC Help NY is offered in Broome & Delaware Counties as both these counties were identified by Hunger Solutions NY as having less than 50% of eligible WIC families enrolled in the WIC program. Along the lines of the NOEP program, WIC Help NY offers assistance to connect families to the WIC Program. The WIC Help Specialist provides free and confidential pre-screenings over the phone or in-person, through home visits, meetings in the community or meetings in the office, whichever is most convenient for the applicant. The specialist helps identify and gather necessary documentation for the initial appointment, and refers potentially eligible individuals to the proper WIC clinics. Because the WIC appointments are medically based the WIC Help Specialist cannot complete all the required paperwork but instead works at removing any barriers that prevent a family from enrolling.

THE WIC Help NY Specialist has developed a strong relationship with the Broome County WIC program and referrals and enrollments run smoothly. Delaware County has been a more difficult County to get a foothold in and the WIC Help Specialist is developing more outreach strategies and advertising to connect with Delaware County families.

As of December 2019, the WIC Help Specialist enabled 253 eligible individuals to receive WIC benefits and made 320 total referrals to WIC clinics in Broome & Delaware Counties. Another large facet of the WIC Help NY Program is outreach. The WIC Help Specialist frequently tables at community events, collaborates with other agencies, connecting with potentially WIC eligible populations. Through the programs fifth quarter (December 2019), the WIC Help Specialist had 340 contacts for assistance through the use of outreach and provided information on the WIC Program through 2,127 face-to-face contacts with individuals potentially eligible for WIC. There has also been a focus on larger scale advertising for outreach. Projects completed include direct mailing, cash register receipt advertisements, and an advertisement on an electronic billboard.

Family Support Services Identification of Unmet Programs Needs

Courthouse Children's Center

- Restored Funding for Full Operation. During 2019 funding for the Courthouse

Children's Center remained the same as 2016 and the Center was unable to provide child care services on Friday afternoons. Increased funding would provide Center services for a full five days a week and would be of the most benefit to families who need to use the Center. In January 2015 Broome County added another Family Court judge and when all judges and magistrates are in session seven courtrooms are operational.

Kinship

- Legal and Pro Bono Legal Services. Legal Assistance for Kinship Caregivers has been an ongoing unmet need identified in the last seven 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. 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 report 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 not 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. In previous grants the Kinship Program was funded to provide free one-time legal consultation for up to 50 Kinship families. The plan was designed to help a kinship caregiver determine if they needed a lawyer to pursue their case in family court and to establish how much legal representation they would need. However, experience has shown that in too many cases, one legal consultation was not enough as kinship custody issues are complicated and protracted and most 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.
- Transportation for families in rural areas remains 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 their counseling appointments, support groups, workshops and appointments that they must attend. Without reliable, available transportation, children can miss out on the help they really need.
- Increased Mental Health Services. In Broome and Tioga Counties there are not enough free mental health services or providers that accept Medicaid. Counseling services are needed to stabilize kinship families and help kinship children deal with the grief and loss

they experience because of their kinship situation. OCFS funding for the Kinship Program now requires the use of the Adverse Childhood Experience (ACES) survey to help determine the amount of toxic stress a kinship child may have experienced. Based on ACES studies the recommendation is that any amount of toxic stress should be addressed to prevent long term problems and that the higher the ACES score the greater the chance of the child experiencing serious issues. The kinship program is very limited in being able to provide the amount of counseling needed address these ACES issues. In 2017 the number of providers offering counseling services increased with Family & Children's Society, Lourdes Center for Mental Health and the Greater Binghamton Health Center all adding extra child therapists to their staff. There has been an improvement in access to mental health services; however the kinship program still has many families that cannot access the counseling services they need for their kinship children.

- *Increased substance abuse treatment programs.* In 2019 the number of children coming into kinship families has remained very high because of the continuing problem with Heroin addictions. The Kinship Program data shows that addiction is the most frequent reason that children are not able to stay with their parents. While there has been a concerted effort by the community to increase services for those with addiction there are still challenges and barriers for those with addiction problems and demand often exceeds the availability of services.
- *Kinship Resource Bank.* So many kinship families need infant and child care items such as clothing, cribs, crib sheets, diapers, and other resources that it would be helpful to have a resources recycling bank to allow kinship families to help each other. Giving kinship families the opportunity to pass on the child care items when they no longer need them.
- *Respite Care* is very important and mostly unavailable for kinship families. For kinship families, 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. 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.

NOEP

- Access to free Summer Meals for rural children. In both Broome and Tioga counties many SNAP eligible children rely on the free and reduced school breakfast and school lunch programs for their daily meals. This was identified as a major problem in 2015 by the Broome County Child Hunger Task Force and they developed and implemented some strategies to start addressing the needs of hungry rural children. However this problem still needs more solutions as at this time the participation rate of SNAP eligible children at Broome County summer meal sites is only 22%. In 2018 the number of children receiving

summer meals has started to improve and the CHOW pantries started distributing summer meal boxes to help children meet their nutritional needs over the summer break weekends. The FEN Summer Meal Site was a distribution site aided by the NOEP and WIC Help NY programs. This problem is far from being solved which means that an alarming number of children are going without their essential nutrition over the long summer break.

- 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 2015 the addition of two more CHOWbuses, (a mobile community Farmer's Market that provides healthy, low-cost produce to the public) has helped improved access for fresh fruits and vegetables for some of those located in the food desert in Broome County. In 2017 the City of Binghamton, CHOW and the Lee Barta Community center started a North Side Grocery Shuttle bus to give the residents of Binghamton's North Side (a food desert) access to free transportation to two local grocery stores. This has helped one of the urban food deserts but the rural families are still struggling with access to affordable fruits and vegetables.
 - In 2018 the Chowbus that visited the FEN Cherry Street site each week was cancelled because of the reassignment of CHOW's AmeriCorps students to other programs. This improvement in providing cheap fresh fruits and vegetables in the community was sadly lost. Many of the low-income staff employees at FEN also lost this opportunity to access cheap fruits and vegetables.
- Access to and participation in school breakfast programs. Again in Broome County the number of SNAP eligible children who participate in the free and reduced school breakfast programs is lacking. Children require proper nutrition to focus and learn. The public needs more education on this program and schools need to remove the barriers that prevent children from participating. In 2015 the Binghamton School District was designated as a free school meals district because of the high percentage of income eligible families. This means that all children can eat for free at school, however in other school districts social stigma and cramped morning schedules still remain barriers to participation.
- 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 restrictions.

Walk With Me

- *Affordable housing* All of the people being released from the Broome County Jail without family supports, struggle with finding immediate and affordable housing. Although there is a county-wide centralized system for homeless people to access housing the system has not been very successful for the formerly incarcerated population. Removing the barriers for this population is essential along with more safe low income options. The burgeoning college student population has encouraged many landlords to focus on rents for students.
- *Transportation issues* Bus passes are expensive for unemployed individuals and bicycles can offer an affordable option of transportation. Increased options to provide bicycles for this population would increase employment opportunities and help address the issues that arise from our public transportation system that does not provides good services for 2nd workers and absolutely no services for 3rd shift workers. The bus system is focused on the urban core and provides very little for those in the larger county.

WIC Help NY

- Increase WIC Clinic hours and locations. Currently there are only three satellite WIC clinics in Broome County: the Endicott clinic, open twice a month, the Johnson City clinic open once a month and the Whitney Point clinic open once a month. . For those families living in rural Broome County this presents an access barrier to WIC particularly if transportation is an issue. Also working families face barriers finding a convenient time for an appointment because of the almost universal lack of evening hours. Only the Endicott clinic is open until 6 pm once a month. The Binghamton clinic is open every Wednesday until 6:30 pm, but only offer one Saturday a month for appointments are from 8:00 am to 1:00pm and these appointments are booked up weeks in advance.
- Provide a mobile WIC Unit van to visit different rural areas each day to meet people and provide on- site enrollments for eligible WIC participants. This would allow small communities far better access to WIC program services.

IDENTIFICATION & PRIORITIZATION OF FAMILY SUPPORT SERVICES COMMUNITY WIDE NEEDS

1. Housing

Increase safe, affordable, permanent, low-income housing options through: Increased code inspections and enforcement to help reduce substandard housing. While DSS does not pay rent to landlords who are out of compliance with housing codes, across Broome County there is a lack of conformity in code violation inspections. This contributes to the continuing presence of substandard housing being utilized by low-income families.

Increased transitional housing and expanded housing options for vulnerable populations to include:

- Developmentally Delayed
- Domestic Violence Survivors
- Homeless
- Mentally Ill
- Reentry populations from jails and prisons
- Seniors

Increase the number of housing shelters that operates on a Housing First Model 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, as when they do not present as a danger to themselves or others, they cannot be admitted to a psychiatric ward and there are almost no other housing options available for them.

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

Restore the Tioga County bus service that was eliminated November 30, 2014. Since this date there has been NO bus service or public transportation available in Tioga County at all. This significantly reduces the ability of low income families to access employment and services.

Restore and Improve the Broome County bus service. In 2014 the community assessment noted that the county bus service needed to be improved. In 2019, the bus service still 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 & schedules

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 do not have a regular bus service at all. In 2019 the situation has not improved. The reductions created a loss of fundamental transportation services for our county and an added burden for our residents.

Restore funding for the Wheels for Work program. The loss of OTDA funding in 2014 for the Wheels for Work program, which provided cars and repairs for low income working parents has reduced the ability of families to move out of poverty.

3. Food Insecurity

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. In 2017 a North Side Grocery Shuttle bus was instituted and provides residents with a chance to shop at a supermarket two days a week. This is a wonderful start but is not the same as having a permanent supermarket in the area.

Offer more Mobile Food Pantries in Western Broome. Endicott and Johnson City are underserved by the Mobile Food Pantry. Both these towns have large low-income populations. In 2019 MFP sites were offered 2 times in Endicott, 4 times at FEN Cherry St and once at the JC Floral Ave. Park.

Increase 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. Many families eligible for SNAP are working full time and still cannot keep enough food on the table.

Reduce social stigma and increase participation in SNAP. The elderly population in particular needs more education about SNAP as a benefit program available to all who are eligible. Senior's often think their participation will preclude eligible others from receiving food.

Provide allergy free foods at Food Pantries. Individuals facing food allergies have limited options at food pantries.

Utilize a Speaker's Bureau to increase awareness of the existence of hunger insecurity in our communities. The most effective speakers to address issues of hunger insecurity are people who have suffered food insecurity themselves. Hearing these personal stories helps to remind people that hunger is usually invisible.

Increase community awareness on the importance of funding for SNAP to keep our

children, seniors and community at large strong and healthy

4. Mental Health

Increase 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.

Increased access to mental health counseling and support services for the uninsured and underinsured. In 2017 there was an increase in access to mental health services being provided by a number of local agencies. Family & Children's Society established walk-in appointments to speed up the intake services for counseling services. They also increased the number of therapists available. Lourdes Center for Mental Health has also increased the number of mental health providers they have. The Greater Binghamton Health Center has developed walk-in hours for children with mental health issues as well. There has been a definite improvement in access to services, however these providers have reported that the number of individuals seeking services has also increased as it is still a struggle to receive timely services

Increase 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.

Increase 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

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

Provide a Perpetrator's Domestic Violence program. In the past a Broome County not-for-profit agency provided a program for men who abuse. 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. Broome County should have a low to no-cost option.

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

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. Otherwise 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.

Improve Access to Cash Assistance Those individuals just released from prison 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 community reintegration in a positive manner. This is not a NY State policy but an individual County policy and such it can be changed.

Increase 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.

Improve 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.

Provide Court Assigned Counsel 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

Increase 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

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.

Increase Support Groups for children & adolescents dealing with Adverse Childhood Experiences (ACES) such as those from households with Domestic Violence, substance abuse, mental illness, physical abuse or neglect.

Provide 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.

10. Parenting Classes

Increase 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

Increase Supervised Visitation Sites. Parents who are hoping to regain custody of their children may be required to have supervised visitations.

There is a lack of options for supervised visitations in the community and we need more family friendly locations and more supervised visitation staff.

Provide Parent Education classes for parents of special needs children. Currently there are no parenting classes available for parents with special needs children such as those with mental health issues, substance abuse issues and intellectual/ developmental delays. Attending a discipline class designed for children with normal development is not useful for parents whose children may have Autism or other special needs.

11. Financial Supports for Low Income Households

Provide 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.

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.

Increase Accessibility to laundry facilities. The cost of laundry is an ongoing problem as laundry detergent, softener and stain removal products are not covered by SNAP and families must dip into the small amount of cash they receive each month. Some families seek out clothing donations because they cannot afford to wash their clothing.

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

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 moving, 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:

Lack of finances to pay for a moving service

Lack of credit cards and driver's licenses necessary to rent a moving truck.

Lack of physical manpower necessary to lift and carry large items. This is particularly true for single mothers, elderly and those with disabilities.

Endnotes:

¹ Courthouse Children's Center Database 1/2019

² 2016 Federal Poverty Level Chart: <https://www1.nyc.gov/assets/ochia/downloads/pdf/federal-poverty-guidelines-2016.pdf>

³ AARP <http://www.aarp.org/relationships/friends-family/grandfacts-sheets>

⁴ U.S. Census Bureau 2010 publication

⁵ FEN Kinship Program Database 2019

⁶ <https://otda.ny.gov/resources/caseload/2019/2019-12-stats.pdf>

⁷ Hunger Solutions New York

⁸ USDA Economic Research Service September 2015

⁹ NYS Department Health, Hunger Prevention and Nutrition Assistance Program website

¹⁰ <https://www.foodbankst.org/wp-content/uploads/2019-Broome-County-Facts.pdf>

¹¹ Catholic Charities Food Pantries

¹² <https://www.pressconnects.com/story/news/local/2020/03/03/broome-county-jail-inmates-dead-after-lack-medical-health-care-ny-new-york/4857588002/>

¹³ Walk With Me FEN Database 2018-2019

¹⁴ Walk With Me FEN Database 2019

Community Services

Housing Department Program Description

Family Enrichment Network's annual Community Assessment has identified safe and affordable housing as a community need for seven years in a row. 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 Housing program. 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 those who meet eligibility requirements, financial assistance can be obtained for security deposits 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, obtaining childcare, enrolling children in educational programs, improving budgeting skills, and access to additional resources within our community.

During Caring Homes first (1) grant year (Feb 1, 2013 – Jan 31, 2014), 19 families were provided financial assistance. Of the 19 families, 11 homeless families were provided security deposits to obtain permanent housing and 8 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 200 phone screenings were completed.

During Caring Homes second (2) grant year (Feb 1, 2014 – Jan 31, 2015), 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.

During Caring Homes third (3) grant year (Feb 1, 2015 – Jan 31, 2016), 49 families were provided financial assistance. Of the 49 families, 34 homeless families were provided security deposits to obtain permanent housing and 15 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 420 phone screenings were completed.

During Caring Homes fourth (4) grant year (Feb 1, 2016 – Jan 31, 2017), 97 families were provided financial assistance. Of the 97 families, 57 homeless families were provided security deposits to obtain permanent housing and 40 families at risk of becoming homeless were able to maintain their housing due to financial assistance for shut off notices &/or rent arrears. During this grant year additional sunset funds were allocated allowing us the opportunity to support approximately 45 additional families. A total of 495 phone screenings were

completed.

During Caring Homes fifth (5) grant year (Feb 1, 2017 – Jan 31, 2018), 39 families were provided financial assistance. Of the 39 families, 6 homeless families were provided security deposits to obtain permanent housing and 33 families at risk of becoming homeless were able to maintain their housing due to financial assistance for shut off notices &/or rent arrears. In September 2017, Coordinated Entry services was developed and implemented. Coordinated Entry System, also referred to as CES, provides a single point of access to homelessness assistance services to reduce the burden of system navigation for households who are at risk of or experiencing homelessness. Regardless of your location within the Continuum, if you are facing a housing crisis, you can dial 2-1-1 to connect to CES staff for assessment and referral assistance.

During Caring Homes sixth (6) grant year (Feb 1, 2018 – Jan 31, 2019), 26 families were provided financial assistance. Of the 26 families, 13 homeless families were provided security deposits to obtain permanent housing and 13 were provided with rental arrears assistance and were able to maintain their housing to avoid eviction.

During Caring Homes seventh (7) grant year (Feb 1, 2019 – Jan 31, 2020), 58 families were provided financial assistance. Of the 58 families, 30 homeless families were provided security deposits to obtain permanent housing and 28 were provided with rental arrears assistance and were able to maintain their housing to avoid eviction. In September 2019 Family Enrichment Network's Caring Homes program received an additional \$10,652.89 in sunset funding through ESG. The funding was specifically allocated for individuals exiting institutions. Of the \$10,652.89, \$1800 was reserved for 3 youth currently residing at the Children's Home Supportive Independent Living program who were scheduled to "age-out" at 21. The additional \$8852.89 was reserved for individual's exiting institutions (hospitals, treatment centers, psychiatric facilities and jail). The funds were to be reserved to prevent homelessness upon discharge. Although the additional funding was unable to be used for its target population the funds the funding was utilized to support additional families facing homelessness.

In addition to financial support, our client families were provided with case management. Case management allows us to make direct referrals to services within FEN. Referrals were directed to FEN's Head Start & Early Head Start, Child Care Resource & Referral program, Supplemental Nutritional Assistance Program (SNAP), Kinship and our Fatherhood program.

Caring Homes ensures that all callers, regardless of program eligibility, are provided 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) for emergency financial assistance.

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- Jewish Family Services for emergency financial assistance.
 - Volunteers of America for emergency financial assistance.
 - Mother Theresa's Cupboard for food pantry and emergency financial assistance.
 - Community Hunger Outreach Warehouse (CHOW) for food pantry resource.
 - Women, Infants & Children for food and nutrition service for families with infants and small children.
 - American Civic Association for citizenship resources and English as a Second Language (ESL) classes.
 - Samaritan House for household items.
 - Family Resource Center for parenting classes, children's clothing closet.
 - Nearly New Shop for vouchers for clothing.
 - United Way of Broome County 211 for centralized system for community resources and referrals.
 - Get There Call Center for transportation education and coordination.
 - Southern Tier Independence Center for services and resources for people with disabilities.
 - Jim Santacrose for furniture and household donations.
 - Catholic Charities for 1x financial assistance.
 - FEN's Coats for kids

The City of Binghamton renewed our Caring Homes program for another year (Feb 1, 2020 – Jan 31, 2021). Family Enrichment looks forward to continuing their efforts to assist families at risk of becoming homeless.

In June 2018, we were given the honor of receiving our first grant through the Broome County United Way. The program mirrors our ESG grant but allows us to reach out beyond the city limits of Binghamton. The grant encompasses all of Broome County. This allows us to reach families that would otherwise be inaccessible. United Way is the only program that currently supports families facing homelessness throughout Broome County. The program provides financial assistance as well as supportive services, including case management and referrals. The grant year ran July 1, 2018 – June 30, 2019. We provided financial assistance to eighteen (18) families. Twelve (12) families were provided security deposits and six (6) families received assistance with rental arrears. Although we were not refunded in 2019-2020 we reapplied this year, 2020, and are hopeful we will once again be selected to help support some of the neediest families in Broome County.

In combination with our efforts to end homelessness, FEN works closely with The Southern Tier Homeless Coalition (STHC). The STHC is a collaborative nonprofit organization committed to providing solutions for homelessness in New York's Southern Tier. Designated by the federal Department of Housing & Urban Development as the region's Continuum of Care (CoC NY-511), STHC encompasses the housing crisis response system across Broome, Chenango, Cortland, Delaware, Otsego, and Tioga Counties and is comprised of over 30 member agencies offering homeless assistance services to households in need.

Housing

Family Enrichment Network is committed to on-going efforts to address our community's need for safe and affordable housing.

11 Roberts Street:

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.

51 Roberts Street:

The developmentally delayed population was identified as a population in need of safe affordable housing in the community. 51 Roberts St. Johnson City, NY was acquired for this purpose in September 2015. The house allows multiple (2-3) individuals to reside in a single family home. This model allows individuals with developmental disabilities the opportunity to live independently in the community while having roommates to share and support that experience. The home currently houses three individuals with shared living space and individual bedrooms. The dwelling has been occupied since December 2015.

241 St. Charles Street:

In our continued effort to provide safe and affordable housing options for families a single family home at 241 St. Charles St, Johnson City was purchased. The 3 bedroom one bath home is Section 8 approved. We, again, collaborated with Binghamton housing Authority. The home has been occupied since February 2016.

Liberty St/Virgil St:

In December 2018, we were awarded our first HHAP and ESSHI grants. Named "*Housing Connections*" the program will provide 19 supportive housing units to eleven (11) families and eight (8) individuals, through newly constructed units. These supportive units will serve approximately 34 individuals (depending upon family size) and will be comprised of eight (8) one bedroom apartments, seven (7) two bedroom apartment and four (4) three bedroom apartments. The program will prioritize homeless youth ages 18-25 years old; formerly incarcerated (non-violent offenders); survivors of domestic violence; individuals with a substance abuse disorder; Intellectual/developmental disability; chronically homeless; and disabled military veterans who have an unmet housing need.

Supportive services will include: rental assistance, trauma informed assessments and case management, adult literacy, parent education, child care, Job readiness training, digital literacy training, financial literacy, housing education, referrals to substance abuse and mental health counseling, benefit advocacy, life skills training, and transportation. We anticipate breaking ground in early April and hope to be up and operational by early fall.

Looking Ahead:

Lack of safe and affordable housing continues to be a challenge throughout Broome County. Families are displaced or are forced to move due to safety issues in their current housing or buildings being condemned due to unhealthy living conditions. This is forcing families to choose between safety of their family or shelter for their family. Additionally, an increased strain on the local housing market is a result of rental properties, previously marketed to families, being converted to student housing.

Looking ahead, we will begin looking into HCR grants which will allow us to either rehab existing properties or build new structures. The goal would be to build units which would support those transitioning out of our supportive housing program into long term housing.

Housing Program Identification of Unmet Needs

Although Caring Homes has 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. In our second year (2014-2015), only 138 out of 340 phone screens were determined eligible. During our third year (2015-2016), only 254 out of 420 phone screens were determined eligible. Our fourth year (2016-2017), only 290 out of 495 phone screens was determined eligible. Our fifth, sixth and seventh years (2017-2020), were tracked through CES. Strict eligibility guidelines for the use of Emergency Solutions Grant funds come from two sources: the City of Binghamton and the federal government's Housing and Urban Development (HUD).

To be eligible, clients must reside 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."³

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.
- (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 substandard 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 and Storage* 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 will continue to work closely with the Homeless Coalition and City of Binghamton to identify gaps and needs in housing throughout Broome County and work towards a holistic approach at combatting homelessness. We have identified the need to expand our housing program to support the community in providing safe and affordable housing. We will continue to develop and grow as long as the need is warranted.

Waiver Services

In November 2016, we expanded upon services offered to those with developmental disabilities/intellectual disabilities. The HCBS waiver program supports individuals in the community by providing a variety of services and supports that are uniquely tailored and individualized to meet each person's needs. These services are funded through Medicaid and support individuals who receive services under the Office for People with Developmental Disabilities (OPWDD). Waiver services can be self-directed as well as agency provider purchased (agency directed). Of the many waiver services offered, we set our sight on services that we felt best meet the needs of the individuals we serve as well as the need in the community. We are currently providing Community Habilitation and Prevocational Services.

Community Habilitation

Community Habilitation was the first of the waiver service to be implemented. Community Habilitation consists of services designed to assist individuals in acquiring, retaining, and improving independence, socialization, and adaptive skills necessary to reside successfully in home and community-based settings. An individual can be approved for as little as 4 hours of the service a week to more than 25 hours per week based on the needs of the individual, to ensure the individual's health, safety and welfare.

Through the provision of this service individuals learn, maintain, or improve skills through their participation in a variety of everyday life activities. They learn and use skills in the context of these activities; this can be considered a functional approach to the delivery of services. These activities must be necessary for individuals to live in the community, to live more independently, or to be more productive and participatory in community life. Services must be provided in a manner that ensures the person's health and welfare.

In addition to supporting individuals in activities typically associated with those occurring in their homes and the immediate community, Community Habilitation service may also be used to provide staff assistance to support individuals in the following ways:

1. Support that enables the individual to access and use community resources such as instruction in using transportation, translator and communication assistance, and companion services to assist the individual in shopping and other necessary activities of community life.
2. Support that assists the individual in developing financial stability and security, such as assistance in arranging for disability-related work incentives and plans for achieving self- support; general banking; balancing accounts; preparing income taxes; and recordkeeping.
3. Support that enables an individual to participate in community projects, associations, groups, and functions, such as support that assists an individual to

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- participate in a volunteer association or a community work project.
4. Support that enables an individual to visit with friends and family in the community, such as the support of a personal care worker.
 5. Support that enables the individual to exercise rights as a citizen, such as assistance in exercising civic responsibilities.
 6. Support that enables the individual to benefit from the participation of friends, relatives, and advocates as part of the individual's support planning team.

We currently employ (5) full time and (1) part time staff. We are providing 650+ direct service hours to 31 individuals every month. There is an extensive waiting list for individuals looking for services.

Community Based Prevocational Services

In January 2018, we introduced prevocational services. Prevocational Services prepare individuals with developmental disabilities for paid employment or unpaid meaningful community activities, including volunteering. Services include teaching task completion, problem solving and safety in a community setting. Prevocational Services are delivered in the community. Prevocational Services have been redesigned to include new service delivery and documentation requirements. The Prevocational Services requirements apply to both individuals enrolled in the Medicaid Home and Community Based Services (HCBS) waiver, as well as non-waiver enrollees. To receive Prevocational Services, the individual must have: (a) expressed an interest in obtaining pre-employment skills; and (b) identified preparation for employment or job readiness as a valued outcome in his or her Individualized Service Plans (ISPs).

We are in year two (2). The program has grown and developed over the past 2 years. This year we began implementing a work readiness curriculum for some of our individuals. The curriculum is taught by our prevocational staff in an educational setting. This is an opportunity for individuals to look at their employment goals in a deeper more meaningful way. It allows them to delve deep into what their long term goals are and how to achieve them. This approach is successful in that it provides the staff, as well as the individual, with tools to help them with appropriate job development and job placement specific to the individual. We currently employ (3) full-time pre-vocational staff that serve 16 individuals per month.

Growth in 2020

2020 is a year of growth for our HCBS waiver program. With the recent closing of Achieve's site based prevocational services it has left nearly 30+ individuals without vocational services during the day. We are looking to fill that gap and help re-employ those folks back into the community. We have applied, through OPWDD, to provide SEMP (Supported Employment Services) and ETP (Employment Training program). The application is in process and we anticipate approval by early spring. SEMP provides the supports individuals need to obtain and

maintain paid competitive jobs in the community. Individuals with developmental disabilities will typically transition to SEMP after they have received supported employment services funded by the NYS Adult Career and Continuing Education Services-Vocational Rehabilitation (ACCES-VR) and require limited job coaching to successfully maintain their employment. ETP offers individuals an opportunity to work in an internship that will lead to permanent employment in a community business. During the internship, wages will be paid by through ETP while the individual learns the skills needed for the job. ETP participants also attend job readiness classes that present topics such as conflict resolution and how to dress for work. ETP services include increased job development and job coaching as well as assistance with other employability skills. We look forward to the opportunities the new services will allow for both individuals and the agency at large.

Traumatic Brain Injury (TBI) Nursing Home Transition and Diversion (NHTD)

In June 2017 we began providing TBI waiver services. At the time of approval, there were 35+ in Broome and surrounding counties in need of Service Coordination services. Currently, there are over 60+ individuals in need of coordination services. Who is eligible? An individual who is diagnosed with TBI or a related condition, eligible for nursing facility level of care, enrolled in the Medicaid program, and between 18 and 64 years of age, and injured after the age of 18.

A Traumatic Brain Injury (TBI) usually results from a violent blow to the head or a jolt to the head or body. An individual can also experience a brain injury from a stroke, aneurysm, lack of oxygen (anoxia), brain tumors, or infections. When a TBI is experienced an individual and family typically struggle with understanding and dealing with the change and loss. While each individual's experience is unique, they usually experience, short/long term memory loss, processing difficulties, problem solving and judgment issues, along with various physical effects.

Upon approval we began providing Service Coordination. The Service Coordinator assists the participant in development, implementation and monitoring of all services in the Service Plan. The Service Coordinator provides linkage and referrals to waiver services and community resources throughout New York State. The Service Coordinator must also be an effective advocate for the participant, ensure that the participant is receiving appropriate and adequate services from providers and maintains quality assurance.

In November 2017, we built upon the program and introduced a new waiver service Independent Living Skills Trainer (ILST). The ILST provides skilled building to the individuals and their supports through developing compensatory strategies for goal attainment in the "real world setting." ILST services are individually designed to improve the ability of the participant to live as independently in the community as possible.

Most recently we began providing Positive Behavioral Interventions and Support Services

(PBIS). PBIS services are provided to participants who have significant behavioral difficulties that jeopardize their ability to remain in the community of choice due to inappropriate responses to events in their environment. The primary goal of PBIS services is to decrease the intensity or frequency of targeted behaviors and to teach more socially appropriate behaviors.

In March 2019 we were officially approved to provide Nursing Home Transition and Diversion (NHTD) services. The NHTD waiver uses Medicaid funding to provide supports and services to assist individuals with disabilities and seniors toward successful inclusion in the community. Waiver participants may come from a nursing facility or other institution (transition), or choose to participate in the waiver to prevent institutionalization (diversion). The NHTD Medicaid waiver was developed based on the philosophy that individuals with disabilities and/or seniors have the same rights as others. This includes the right to be in control of their lives, encounter and manage risks and learn from their experiences. This is balanced with the waiver program's responsibility to assure the waiver participants' health and welfare. Waiver services are provided based on the participant's unique strengths, needs, choices and goals. The individual is the primary decision-maker and works in cooperation with providers to develop a Service Plan. This process leads to personal empowerment, increased independence, greater community inclusion, self-reliance and meaningful productive activities.

Currently, the program is in a holding pattern. Due to extremely high educational requirements there is a significant shortage in qualified providers. The Department of Health is aware of the challenges providers are facing and has begun reviewing the current standards. Providers are hopeful that DOH will adopt new educational requirements opening the pool to a variety of eligible candidates. They are hopeful the revisions will allow individuals to meet the requirements for positions that they were not previously qualified for. We are hopeful the anticipated changes will kick start the program.

Head Start and Early Head Start

Education and Child Development Needs

Family Dynamics, Trauma, Technology and the Impact on Social-Emotional Development of Young Children

In the past decades, our society has changed in many ways and continues to change in ways that are impacting child development and their wellbeing. Many factors can influence child development, including biology and early experiences with caregivers and peers.¹ Factors like warm and secure relationships, enriching learning opportunities, and proper nutrition, exercise, and rest can make a positive difference in healthy child development.²

In our community, we are seeing a diverse shift in family dynamics, an increase of trauma related cases involving young children, and the increasing availability of technology used with young children. When a young child is exposed to poverty, unstable housing, parental stress, and adverse events such as household dysfunction, maltreatment, abuse or neglect, exposure to alcohol or substance abuse, violence and/or trauma, serious and negative impacts are placed on the child's development and their behavior.³

Impacts of Family Dynamic Change

As the dynamics of a family are changing and becoming more diverse, it is impacting our children negatively. There are many other factors that are a cause to the change in family dynamics. One important factor is poverty. The nation's average percent of people living in poverty is 11.8%.⁴ In Broome County, the poverty level is 17.3%, which is higher than the state and the nation.⁵ In Tioga County, the poverty level is 10.2%. Children living in poverty are suffering the most. Families of the Family Enrichment Network's Head Start and Head Start program also reported that financial concerns played a big part in their family.⁶

Along with the number of children living in poverty, the number of single and/or divorced families is increasing, separating the child from at least one of their parents and/or dividing time between both. In many cases the children have little to no contact with the other parent. In other cases the children do not know either parent or the children are being raised by another relative or in foster care.

In Broome County, the majority of households are comprised of 43.3% married-couple and 16.1% of single head of household families.⁷ In Tioga County, there are fewer family households that are married-couple families and more 'female head of household' families.⁸ Tioga County has had a sharp, significance increase of children being raised solely by grandparents.⁹ Tioga County also has a significantly higher rate of teen births compared to the United States average as well.¹⁰

Family Enrichment Network's Head Start and Early Head Start program, services 495 children, with there being 432 families, in both Broome and Tioga County. According to Family Enrichment Network's 2019-2020 Family Profile, there are 354 families in the Broome County Program.¹¹ There are 159 (44.9%) 2 parent families, 165 (46.6%) single/mom families, 14 (4%) single/dad families, 15 (4.2%) kinship/other families, 1 (0.3%) foster home families.¹² In Tioga County, there are 78 families in the program.¹³ There are 33 (42.3%) 2 parent families, 22(28.2%) single/mom families, 7 (9.0%) single/dad families, 13 (16.7%) kinship/other families, and 3 (3.8%) foster home families.

As the demographics of families are changing, the philosophical underpinnings of relationships are also changing.¹⁴ As we can see from Family Enrichment Network's Family Profile, out of the total 432 families, 208 (48.1%) of the families are single parent homes.

Adding in kinship and foster home families to this number, there are 226 (52%) families that are single parent, kinship, or foster home.¹⁵ These numbers are showing us that more than half of our children are in a home where one or both parents are possibly not fully in their life, if at all. Research is showing that children raised in lone-parent families have been found, on average, to do less well across a range of measures of wellbeing than their peers in two-parent families, while parental separation has been found to be associated with an array of adverse outcomes for children.¹⁶ In young children especially, this can have a severe impact on their ability to have trusting, responsive relationships with adults and their peers; in turn, causing difficulty for the child as they progress through school.

Impacts of Trauma and Other Threatening Related Events

Along with the family makeup changing, there is an increase in cases of children that experience trauma and/or some sort of violence or abuse before the age of 5. In younger children it may be harder to recognize or realize the impact it has on the child. Adults will sometimes say "They're too young to understand."¹⁷ However, young children are just as affected by traumatic events, even though they may not understand what happened.¹⁸ Many parents have experienced trauma themselves as well and struggle with their own relationships and coping mechanisms. They are then most likely involved in adult relationships that are causing trauma for their children or don't know how to have positive relationships themselves. Families going through trauma most likely do not have the tools or the desire to reach out to community resources due to the trauma they experienced, which in turn is causing trauma for their children and affecting their child's development.

Within our community as well as in our program, we have many children that have experienced trauma in their life such as separation from one or both parents, domestic violence, neglect, abuse, imprisonments, drug addiction, poverty, and even parents struggling as single parents with lack of support and stress. Young children depend exclusively on parents/caregivers for survival and protection—both physical and emotional.¹⁹ When trauma also impacts the parent/caregiver,

the relationship between that person and the child may be strongly affected. Without the support of a trusted parent/caregiver to help them regulate their strong emotions, children may experience overwhelming stress, with little ability to effectively communicate what they feel or need.²⁰ They often develop symptoms that parents/caregivers don't understand and may display uncharacteristic behaviors that adults may not know how to appropriately respond to.²¹

Impacts of Technology

Technology has completely changed virtually every aspect of our society over the past few decades, from the way we work to the way we socialize and everything in between.²² One of the differences that have been most noticeable is the change in the way that children play and interact with each other from previous generations. Although technology does provide many positive benefits for learning, it also can have several negative effects on child development and quality of life.²³

Technology and the instant availability impact young children and their wellbeing. Children who play many video games or spend most of their time online tend to have less of an ability to focus than kids who use technology minimally.²⁴ It can also affect the way kids process information — when kids are exposed to high levels of technology, they tend to think through things only superficially and don't develop the ability to think critically or be creative when learning new concepts.²⁵ Technology changes the way kids socialize and interact with others, which can have huge impacts on their mental and emotional well-being.²⁶

As children are enrolled into the Family Enrichment Network's program, many parents share how they use technology to calm down tantrums, keep the children occupied, and use as a reward or punishment. In some situations, families are using the technology to suffice or calm a situation for the child. In result, the child is not being taught at home how to use coping or problem solving skills. The use of technology also gives the child the sense of instant gratification and lack of using their imaginations and creativity. Adult use of technology also plays a factor, as many adults are tied to their phones, tablets, computers, emails, and social medias. This is taking away valuable time that parents can be building their relationship with their children, engaging in conversations and play with their children.

Impact on Social-Emotional Learning

Research in early education indicates that social-emotional competence is critical for children's readiness for school and early school adjustments.²⁷ Family dynamics, trauma and other related events, and technology are affecting an increasing number of young children beginning school, in which they do not have the ability to build relationships, cope in stressful or even new situations, and/or may have behavioral challenges that all interfere with the child's learning and development. Young children need to be able to develop positive relationships, with peers and adults, to be successful in school. The factors that are changing in the community, family

dynamics, increase of traumatic events and violence, and increase in technology, can be very harmful to a young child's development, which in turn negatively impact what a young child is carrying with them as they begin their school journey.

Addressing Social-Emotional Development & Challenging Behaviors through The Pyramid Model

Early childhood educators encounter young children who demonstrate a range of social-emotional skills and varying needs for social and behavioral support.²⁸ Early educators are challenged by how to support children with significant social emotional and behavioral needs while also providing a developmentally appropriate and supportive learning context for all children.²⁹ Many feel ill equipped to meet the needs of the children with challenging behavior and frustrated in their attempts to develop safe and nurturing classroom environments.³⁰ These teachers spend much of their time addressing the behaviors of a few children, leaving little time to support the development and learning of the other children.³¹

More than ever before, our community as well as in our program are seeing teachers that experience high stress, exhaustion, and leave the job and even in some cases the field entirely. Our program is in the same position as day care programs across our county; we are struggling to find a workforce that is seeking careers as Early Childhood Educator. Our local high school dropout rate has increased, causing a decrease at our local community college, SUNY Broome, in which the total enrollment and graduation rates have dropped 8% from 2018 to 2019, which are double the SUNY percentages across New York State.³²

Evidence suggest that an effective approach to addressing problem behavior is to adopt a model that focuses on promoting social-emotional development, providing support for children's appropriate behavior, and preventing challenging behavior.³³ In line with this, programs need to create a climate of quality relationships, quality of leaderships and order, and discipline within the program to ensure teachers and staff feel supported and to help retain staff.³⁴ The Pyramid Model is a promotion, prevention, and intervention framework early educators can use to promote young children's social and emotional development and prevent and address challenging behavior.³⁵ The Pyramid Model organizes evidence-based practices that include universal promotion practices for all children, practices for children who need targeted social-emotional supports, and individualized behavior support practices for children with significant social skill deficits or persistent challenging behavior.³⁶

Shifting the Change In Our Community, Schools and Programs

The shift in our society and our community has taken decades, so to change this within our community is an intimidating task. In Broome County, the percentage of children enrolled in preschool is lower than both the state and national average.³⁷ In order to better meet the needs of the children, families, and educators in our community and the program, there needs to be an increase in the education of the impact that changing factors in society, such as those discussed above, have on the social-emotional development of children as well as the impact it has on a

child's academic success. Violence in our local communities and neighborhoods is on the rise and the community is in need of violence prevention programs to help our neighborhoods and keep our children safe. We need to shape our communities initiatives to accommodate the changing community characteristics.³⁸

Educate Families on Social-Emotional Development Strategies

First and foremost, we need to educate our families in the importance of their role as the child's first teacher and their influence on their child's future relationships and academic future.

According to the Family Enrichment's 2019-2020 Parent Questionnaire, 222 families expressed that their greatest relationship concerns were spending time together, communication skills, financial skills and the need for more parent education programs, with 75 of the responses related to spending time together.³⁹ As stated above, majority of our families are single parent or other makeup, which puts many different stressors on the family and the child. There is a need and a want to develop or implement strategies relating to building quality, positive, and encouraging relationships, community wide.

New York State has adopted the implementation of The Pyramid Model and is now working with their fourth group of day cares, Head Starts, and schools to implement the model into their programs. Across our community there needs to be an embrace of the social-emotional movement and the implementation of The Pyramid Model strategies. Families need to have access to ongoing education and training classes offered at various times and various locations across the community.

The Broome County Health Department is working on initiatives to create Healthy & Safe Environments.⁴⁰ Our community PACT program has offered programs for families such as the Conscious Discipline Series, which are strategies that focus on social-emotional development for all ages. The Positive Solutions for Families series is a pyramid based model which provides information and strategies for families on how to promote children's social and emotional skills, understand their problem behavior, and use positive approaches to help children learn appropriate behavior. This program has been offered at Family Enrichment Network during the 2018-2019 program year and our External Coach, Tracy Lyman is working to implement and hold classes in our community soon.

Heal and Educate Trauma

In our local community, there is a growing awareness of the increase of trauma and the importance of understanding the impact it has on families and children. According to the Broome County Department of Social Services 2010 & 2018 annual reports, there has been an increase in the total number of abuse and neglect in take calls.⁴¹ In 2010 there were 3, 639 reports of abuse

and neglect and in 2018, there were 4,311 reports made.⁴² In Tioga County, there were 1,111 CPS reports made in 2018.⁴³

In our community there are more organizations beginning to host trauma related events and trainings to educate the community and promote mental health and the prevention of substance abuse and violence. The Broome County Health Department is working on promoting healthy and safe environments, promoting mental health, and preventing substance abuse.⁴⁴ Our community needs to keep working to build these trauma-informed organizations, programs, events, and trainings so people that are experiencing trauma or other adverse events have a place to get support and heal.

Our children in our community are faced with violence in the community and in their neighborhoods. In our local news there are more reports of shootings, other related violence and drug related activities. There is a need for violence protection programs within our community. According to the Family Enrichment Network's Head Start and Early Head Start Parent Questionnaire, families commented on the need to clean up their neighborhoods, putting a stop to crime, and the increase in drugs and overdoses.⁴⁵

In Tioga County, Department of Social Service staff are continually trained in many areas including Discipline with Dignity and Identifying and Responding to Sexually Exploited Children in Rural Communities.⁴⁶ Within our schools and programs, we need also make sure to increase our awareness with our educators and teach the importance of understanding the impacts of trauma on young children and their families. Schools and programs can do this by providing support to educators so they can provide safe and nurturing environments for all children, intensive and focused prevention and intervention for children who have social, emotional, or behavioral support needs. Families and educators need to have a responsive and nurturing relationship with all of their children and families, along with an understanding of the affect a child's environment has on their learning and development. At Family Enrichment Network's Head Start and Early Head Start programs, each year the professional development plan includes training on childhood trauma, ACES, resilience, brain development, and social-emotional practices.

Adopt a Social-Emotional Model in Our Schools And Programs

Schools play a vital role in our community. In the past decade there has been a shift in education with the Common Core implementation and then Every Child Succeeds Act of 2015 as well as the increase in children that need or are receiving special services & therapies. This continual shift in the education process guides schools to teach higher level thinking and problem solving skills. While these initiatives are working towards a positive change, in some communities, including ours, the school district collaborations with early childhood education are not happening to ensure young children have the tools they need to be school ready.

These past decades there has been an increase in children beginning their education without the proper development of their social-emotional skills, their lack of how to develop positive relationships, lack of coping skills in stressful and/or new situations and lack of problem solving skills. In many cases, this may be the cause of the rise in children that need or receive special services & therapies.

In Broome County, the percent of children enrolled in preschool is lower than both the state and national average.⁴⁷ We are seeing a decline in our community of the number of early childhood programs, preschools and day cares as there are more stringent state policies and the rise in minimum wage is creating a decrease in competitive pay scale for early educators, resulting in a small pool of high-quality early educator candidates, which may be an impact of the lower number of preschool children in Broome County.

These impacts make it even more important for our community, schools, and programs to embrace a community-wide social-emotional framework, such as The Pyramid Model. Studies indicate that schools and programs that focus on reliable implementation of meaningful relationships, providing opportunities for teachers to become leaders, offering administrative support, and creating environments that support the needs of children, families, and teachers will aide in the promotion of social-emotional development as well as retain their teaching staff.⁴⁸ The research is showing that by implementing a research based social-emotional curriculum in our schools is the start.

In most all of our local school districts, there are Universal Pre-K programs. Many of the districts collaborate with early childhood programs fully, some just offer the program but no other collaborations, while others engage minimally with early childhood programs in their district. To ensure all children are school ready, there needs to be more collaboration across all of our local schools, Head Starts, day cares and other educational facilities. Early childhood programs need to have the support of the local school districts and partner with each other for the benefit of the children we are all serving. If all school districts collaborated with the early childhood programs in their district, adopted a program such as The Pyramid Model, we would be working towards creating a successful start and transition for all of our children, starting from the beginning of the child's educational career.

Family Enrichment Head Start and Early Head Start's Social-Emotional Path

Family Enrichment Network's Head Start and Early Head Start program has begun to embrace the implementation of The Pyramid Model across all of our Early Head Start and Head Start Programs. The program has created a Pyramid Leadership Team that works to implement the strategies of The Pyramid Model in all areas. The program is working closely with a Master Cadre Pyramid Model External Coach who is assisting in the implementation and training related to The Pyramid Model and serving as a member of the program's leadership team. The team follows the research-based strategies to create an effective workforce, create staff buy-In, build nurturing relationships with staff, children, and families, improve family engagement, implement program-wide expectations in all program areas, provides professional development for staff to support them in creating a high quality, supportive environment, working to create a supportive

procedure for challenging behaviors, and is monitoring the implementation across the program as strategies and procedures are introduced.

The Family Enrichment Head Start and Early Head Start program has developed a coaching program to help build on teacher's practices. The program follows the researched based Practice Based Coaching model. Practice Based Coaching is a cyclical process for supporting teacher's use of effective teaching practices that lead to positive outcomes for children. The coaching cycle consists of the teachers planning and setting goals, engaging in focused observation, reflecting on and sharing feedback about teaching practices.

Along with reflective practices, Family Enrichment Head Start and Early Head Start programs has also embraced the Conscious Discipline and Second Step curriculums. Teachers learn how discipline is an opportunity to teach rather than being a disruption. They are implementing strategies in their classrooms to help children learn to stay in control of their own actions and emotions as well as the importance of the child's role in creating a safe environment.

Family Enrichment's teachers are working to implement all of the above stated strategies across all Head Start and Early Head Start programs with children ages 6 weeks to 5 years old. The Child Development staff participated in the 3 Module Pyramid trainings this 2019-2020 program year. The teachers are using the strategies and practices they learned in the modules in their everyday teaching, introducing the children to the strategies, modeling and then implementing them in their classrooms so children use the practices to build their own skills. These strategies and practices are teaching the children about composure, encouragement, assertiveness, choice, empathy, and problem solving skills. Family Enrichment's Head Start and Early Head Start programs are working towards creating an effective workforce filled with high quality environments and creating a school family that will build connections, relationships, and ensure everyone the optimal development.

The research related is telling us that training, coaching, implementing Pyramid Model, Conscious Discipline, Second Step and other social-emotional strategies aides in decreasing social and behavioral problems experienced in classroom settings and decreases the challenging behaviors in young children. If it aides in the classroom, it will aide in our community and in our homes.

Family Enrichment Network's Head Start program in Broome County also collaborates with the Binghamton and Johnson City School Districts to offer Universal Pre-K programs for some of the 3 & 4 year old children we serve. The Binghamton School District assists our teachers in implementing educational strategies and visits classrooms on a regular basis. These collaborations are helping Family Enrichment Network get our children school ready.

Family Enrichment Network's Pyramid Leadership Team has been working with the Binghamton School District and the other Binghamton UPK programs in our local day cares to bring The Pyramid Model to their schools and programs. There have been a few setbacks, due to a variety of circumstances, with fully rolling this out, but the Pyramid Leadership Team is dedicated and will continue to work on this, as the value of this across the community is large.

Conclusion

Research shows us that the shift in family dynamics; exposure to trauma related events; and the increase in the availability to technology are impacting our community, our schools & programs, our families and most importantly the wellbeing of our children. These impacts are not going to be an easy task to change, but is necessary for the future of our community and the future of our children. Our community needs a positive way to move forward. As a community we need to continue to take little steps to come together and collaborate to better meet the needs of the children and families. We can help to make a difference and create a community that builds positive relationships, work to eliminate the trauma in the lives of our children, violence in our neighborhoods and to put down our technology and interact positively with one another. As Becky Bailey would say “I wish you well”.

Health/Nutrition Needs

Health Insurance

As of December 2018, the following children were receiving Medicaid:

	Broome County	Tioga County
• TANF Children on Medicaid and Assistance;	2,724	317
• Medicaid only Children;	19,450	513
• <i>Total Children on Medicaid</i>	22,174 ⁴⁹	830 ⁵⁰

As of 2014, 3.2% of children in Broome County are uninsured, many of whom may be eligible for Medicaid. 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 and Tioga County Departments of Social Services operate under a mandatory managed care program, as a way to increase accessibility to primary and preventive health care and to reduce the cost of health care in general. In Broome County, about 37,739 of the 59,527 Medicaid eligible individuals are in Medicaid Managed Care (25,965 through the NYSOH). It is crucial that families receive assistance in the selection of the best-managed care plan for themselves and their families. New York Health Options (Maximus) provides this assistance in Broome County.

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 Medicaid Managed Care plans in Broome County includes CDPHP, Excellus, Fidelis, and United Health Care, Molina Healthcare, and WellCare⁵¹. 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. As of 11/30/19 there were 10,562 Tioga County individuals on Medicaid. 6,970 of these on enrolled on the Exchange, 3,592 are still managed by Tioga County DSS.

It is crucial that families receive assistance in the selection of the best-managed care plan for themselves and their families. New York Health Options (Maximus) provides this assistance in Tioga County. 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. Tioga County Managed Care Plans are Capital District Physicians Health Plan (CDPHP); Fidelis; United Health Care (UHC); Long-Term Care plans – Fidelis, iCircle and VNA Homecare and new as of 1/1/20 Molina Health Care MMC and HARP.⁵²

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, new enrollees applying for Medicaid continue to apply 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. In 2018, all Broome County MAGI Medicaid renewals were transitioned and processed at the New York State of Health.

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 December 2019, there were 3200 Broome County children enrolled in Child Health Plus (Excellus FLBCBS -2069, CDPHP - 130, FIDELIS 894.⁵³ In Tioga County, 919 children were enrolled (Excellus FLBCBS - 303, CDPHP - 81, FIDELIS 510)⁵⁴ 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

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

As of December 2014, Family Health Plus program was 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 provides 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.⁵⁵

Table IV. Health Care Visits of Head Start Families⁵⁶

HEALTH CARE	PERCENTAGE OF PARENTS		PERCENTAGE OF CHILDREN	
	2018-2019	2019-2020	2018-2019	2019-2020
Medical Visits				
Every two years	3%	1%	1%	0%
Once a year	32%	32%	32%	37%
Twice a year	7%	8%	10%	11%
As Needed	57%	55%	57%	51%
Never	1%	4%	0%	1%
Dental Visits				
Every two years	3%	1%	3%	2%
Once a year	22%	19%	18%	15%
Twice a year	26%	26%	45%	41%
As Needed	46%	46%	30%	37%
Never	3%	8%	4%	5%

Vision Exams				
Every two years	11%	9%	8%	5%
Once a year	25%	20%	16%	20%
Twice a year	6%	5%	6%	3%
As Needed	40%	48%	38%	42%
Never	18%	18%	32%	30%

Oral Health/Health Plan Coverage

Broome County Department of Social Services has operated a mandatory managed care program with several different product lines since 1998. There are currently over 36, 455⁵⁷ 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 also offers 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 61%, Fidelis 61%, and Excellus 62%⁵⁸. 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.⁵⁹

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 Lourdes Center for Oral Health in January 2005. In June 2015 the center expanded from 6 to 12 chairs, to better serve the community and families in need. Basic oral health care is an important factor in overall health, yet access remains a challenge. This program was established to meet the oral health care needs of vulnerable populations who are unable to establish a dental home or to obtain access to dental services in private dental practices. Lourdes Center for Oral Health is currently open to new patients under the age of 13. 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 a managed care plan including-New York’s Child 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, even if they have dental insurance or not. Lourdes Center for Oral Health has an insurance navigator available on site, by appointment, to assist patients who need to obtain insurance or apply for the Patient Financial Assistance Program.

In October of 2006 Mobile Dental Services were added, offering a well-rounded realm of services to community sites and local school districts, and in 2012, a School Based Sealant Program was established. September 2019 brought the addition of a second Mobile Dental van, increasing the number of potential community locations that can be served. Through the Community and School Based programs, Lourdes Dental Service provides free screenings, oral health education, preventive and restorative dental services. It also provides a dental home to all children enrolled in the Family Enrichment Network and Opportunities for Broome Head Start programs, whose families may find it difficult to access needed dental services elsewhere in the community. Currently, services are provided by Lourdes at 29 community sites, serving 12 school districts and 5 Head Start sites. Beginning in September 2019, each school will be visited by the Dental Van for services three times during the school year. Children that have signed up for services will receive a cleaning in the fall, a fluoride treatment in the winter, and a second cleaning in the Spring. Restorative services will be provided as needed throughout the school year. Last year over 6000 children were provided with free screens, education and/or treatment at the school-based locations. About 2500 members in the community were given education and were provided with toothbrushes and floss.⁶⁰ At Family Enrichment Network, in the 2019-2020 school year, about 91 children have received full dental care services with another 10 receiving a Free Dental Screen from staff on the Lourdes Mobile Dental Unit.⁶¹

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 not currently taking new patients for dental care, but if a child has a problem and is in pain they will get them right in for an exam. They are anticipating hiring a new dentist with the hope that they can then start taking new patients again in May 2019. The clinic will take new patients for their fluoride varnish program for children up to the age of 7. 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.⁶²

The Dental Hygiene program at SUNY Broome Community College offers a dental clinic for preventive services such as various cleanings, x-rays, fluoride treatments, dental sealants, and oral hygiene instruction. The clinic is open during the fall and spring college semesters. Fees for services are 30 dollars per adult and 20 dollars for children from ages 6 to 17 years and senior citizens over the age of 65. A Veterans' clinic is held the first Tuesday of November to provide free services to Veterans. 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 2,260 people from August to May 2019.⁶³

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 6,280 people; New York State average is 1: 1,414. Neighboring counties are also deficient in dental providers, specifically for low-income clients.

Furthermore, the majority of Tioga County lacks the benefits of fluoridated public water systems. Additionally, a substantial percentage of the population has private wells as their primary 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, prophylaxis, 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 whom are deemed a high risk for dental caries, the benefit of fluoride through the use of a Fluoride Varnish application which is proven effective in preventing dental caries. This program reaches the children of Tioga County through the school-system, 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. Thirty-eight children in the Tioga County Head Start program received fluoride varnish applications through the Tioga County Health Department Fluoride Varnish Program October 2019.

In an effort to promote dental visits by the age of one, postcards are mailed to all families of two 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.⁶⁴

Children entering the Family Enrichment Network Head Start Program must have a professional dental exam within ninety days of entry. Children in Broome County who are unable to obtain a professional dental exam receive an oral health screening by a Registered Dental Hygienist from The Lourdes Center for Oral Health. The Lourdes Mobile Dental Unit provided prophylaxis and treatment to about 100 children in September 2019.⁶⁵ 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 will do dental screens on the children in the Early Head Start Program on February 21, 2020.

In Broome County, approximately 126,000 residents are served by fluoridated water. This accounts for approximately 63% of the population⁶⁶. 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 Head Start has been purchasing fluoride tablets in order to continue offering it to the children; however, we are no longer able to find a supplier for them. Families are encouraged to obtain fluoride through their primary care physicians or private dentists. The Health Services Coordinator is exploring possible ways to continue to provide fluoride supplementation to unprotected children.

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, tens of thousands of adults and hundreds of children in the United States die each year from vaccine preventable diseases.

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. The Advisory Committee on Immunization Practices (ACIP) makes recommendations to the CDC and school requirements are updated as needed to closely reflect the ACIP recommendations. All immunizations must be given at the correct intervals. It is important to note that children who are not up-to-date with their immunizations can give 14 days to become up-to-date (30 days if coming from out of state or out of country). If the child has not become up-to-date within that time frame they will be excluded from school per New York State Public Health Law 2164. The New York State school requirements are available at <https://www.health.ny.gov/publications/2370.pdf>.

The following vaccine doses are required by New York State for school entrance into Day-Care, Nursery, Head Start, and Pre-K:

- 4 doses Diphtheria and Tetanus Toxoid-Containing Vaccine and Pertussis vaccine (DTaP/DPT)
- 3 doses Polio Vaccine (IPV and/or OPV)
- 1 dose Measles, Mumps, Rubella vaccine (MMR)

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- 3 doses Hepatitis B vaccine
 - 1 dose Varicella vaccine (Chickenpox)
 - 1 to 4 doses *Haemophilus influenzae* type b conjugate vaccine (Hib) (number of doses varies with age of child at the time of immunization)
 - 1 to 4 doses 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)

In New York State, all children must be immunized against tetanus and pertussis for entry into any school. The DTaP vaccine prevents 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. If the fourth dose of DTaP was administered at age four years or older, the fifth (or booster) dose of DTaP vaccine is not necessary.

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. New York State requires that children who 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 recent years between 10,000 and 40,000 cases were reported each year. 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 for 6th grade.

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. The final dose in the series must be received on or after the fourth birthday and at least 6 months after the previous dose. Although we no longer see polio in our country, it continues to be endemic in Afghanistan, Pakistan, and Nigeria.

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. Children in grades Kindergarten through 12 must have received two doses of the MMR vaccine for school attendance. The second dose should be received when the child is 4 to 6 years of age.

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

One dose of Varicella (chickenpox) vaccine is required on or after the child's first birthday. Children will need 2 doses for entrance into Kindergarten. A written diagnosis by a physician, physician assistant, or nurse practitioner that a child has had varicella disease is acceptable proof of immunity.

New York State requires immunization against *Haemophilus influenzae* type B (Hib) conjugate vaccine. Children starting the series on time should receive Hib vaccine at 2 months, 4 months, 6 months and at 12 through 15 months. Children older than 15 months must get caught up according to the ACIP catch-up schedule. The final dose must be received on or after 12 months. If 2 doses of vaccine were received before age 12 months, only 3 doses are required with dose 3 at 12 through 15 months and at least 8 weeks after dose 2. If dose 1 was received at age 12 through 14 months, only 2 doses are required with dose 2 at least 8 weeks after dose 1. If dose 1 was received at 15 months or older, only 1 dose is required. Hib vaccine is not required for children 5 years or older.

Pneumococcal conjugate 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.

Together with required immunizations are the other vaccines that are recommended by the Centers for Disease Control and Prevention including 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 people age six months and up, to be given every flu season. Children 6 months to 8 years who are receiving their first flu shot will need a booster at least 28 days later.

Starting with the 2018-2019 school year, students entering 7th, 8th, 9th, and 12th grades in New York State public, private and parochial schools are required to be fully vaccinated against meningococcal disease according to Advisory Committee on Immunization Practices (ACIP) recommendations. The complete adolescent meningococcal vaccine series includes a first dose at 11 or 12 years of age and a booster dose on or after the 16th birthday.

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. We must continue 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, Immunize.org, 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 government programs, Child Health Plus and Vaccines for Children (VFC), provide required vaccines available to all New York children regardless of ability to pay.

New York State has a health insurance plan for kids, called Child Health Plus. Depending on family income, the child may be eligible to join either Children's Medicaid or Child Health Plus. Both Children's Medicaid and Child Health Plus are available through dozens of providers throughout the state. Call this toll-free number: 1-800-698-4KIDS (1-800-698-4543), to find out about Child Health Plus and Children's Medicaid. If Hearing impaired call the TTY number, 1-877-898-5849.

The Vaccines for Children program supplies public vaccine to private providers and health departments for non-insured or Medicaid-insured children until age 19. If the child does not have a primary care provider, the Broome County Health Department provides immunizations through the VFC program. Call 607-778-2839 to make an appointment or get more information about vaccines. VFC vaccine is of no charge to the client, but an administrative fee may be charged depending on income (this fee can slide to \$0) Children with Child Health Plus, HMO, or other managed care insurances must receive immunization at their primary care providers.

With the Affordable Care Act, all childhood immunizations are covered by any insurance.

The Tioga County Health Department also participates in the Vaccines for Children program which is available for uninsured or under-insured children on an appointment basis. An administration fee of \$20 per antigen is charged, except for individuals who have Medicaid. They provide information and education pertaining to immunizations. Tioga County residents can call 607-687-8600.

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.⁶⁷

Lead Poisoning Prevention

Lead is a common environmental contaminant. There are approximately half a million children in the United States between the ages of 1 and 5 that have blood lead levels above 5 micrograms per deciliter ($\mu\text{g}/\text{dL}$). Like other counties in New York, Broome and Tioga County have older housing stock, major highways, and industries that have historically contributed to lead contamination. Reduced lead use in paint, gasoline and other products has helped to decrease rates of lead poisoning, but lead exposure and lead poisoning still occurs too often. Fortunately, exposure to lead is preventable.

Lead poisoning often has no obvious symptoms. Exposure can affect nearly every system in the body, which causes many problems with growth, behavior, and ability to learn. Currently, there is no identified safe blood lead level.

New York State Public Health Laws states that every child shall be tested for lead at age one, and again at age two, by their health care provider. Each child shall also be assessed for their risk to lead exposure at each routine well-child visit at least until age six, and tested accordingly. New York State Public Health Law also requires that pregnant women be assessed for their risk to lead exposure. (http://www.health.ny.gov/enviornment/lead/health_care_providers/)

Both Broome and Tioga County Health Departments offer services to all children with elevated blood lead levels through the Lead Poisoning Prevention Program (LPPP). The role of the LPPP is to survey and coordinate appropriate follow up to children with elevated blood lead levels (EBLL). Through LeadWeb (a NYS database), staff is made aware of all lead tests done on children residing in their county. Home visits are provided 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, 3036 blood lead tests for children were performed and tracked in 2018.

Blood lead levels of 5mcg/dl are at the current 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. Broome and Tioga County’s LPPP staff respond to all reports of children with blood lead levels of 5mcg/dL or higher. The following chart shows the results by blood lead levels for both counties:

Broome County Lead Cases⁶⁸

Blood lead levels (ug/dL) 2019	# of identified children tested for blood lead/BLL category in 2019
5-9.9	54
10-14.9	10
15-19	1
20 and above	6

Tioga County Lead Cases⁶⁹

Blood lead levels (mcg/dl) 2019	# of Cases
5-9	15
10-+	6

LPPP strives to increase lead testing rates to better identify and serve those children with elevated blood lead levels. Broome and Tioga County staff prepared and presented information to health care providers, day care directors, parents, code enforcement, legislators and other organizations with ties to children's health. Presentations emphasized recognizing lead hazards, preventing lead poisoning, and providing education on the New York State Public Health Laws. The Broome County Health Department also has the Childhood Lead Poisoning Primary Prevention Program (CLPPPP) to help combat lead poisoning. CLPPPP's goal is to identify and correct 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. CLPPPP then works with property owners to correct the lead based paint hazards as required to make the home lead safe for its occupants.

The Broome CLPPPP has a strong partnership with Broome County Women, Infants and Children (WIC) Supplemental Food Program. Children can be tested 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 blood lead testing in an effort to increase testing rates. An evaluation of the program revealed that approximately 50% of children tested in WIC had never been tested before. All parents are provided information and services to help keep blood lead levels as low as possible. The website www.gobroomecounty.com/eh/lead has additional information about the Broome County Health Department Lead Poisoning Prevention Programs.

In 2015, the Broome County Health Department was awarded a HUD Lead Hazard Control grant to control lead paint hazards and address health issues in local low-income housing. The Health Department is remediating 147 units in need of lead hazard control work under this grant. Grant funding is available in the form of five-year forgivable loans for both rental and owner-occupied housing units built before 1978. HUD's income guidelines must be met, but eligibility is based on the income of residents and tenants, not the income of property owners. The grant period for HUD Lead Hazard Control will end in October 2018.

Both Broome and Tioga County Health Departments also receive New York State grant funding to administer the Healthy Neighborhoods Programs. Staff conduct home visits to identify health and safety hazards including those associated with asthma, lead poisoning, residential safety, and indoor air quality. Education and health and safety supplies are provided to participants to reduce risks associated with identified hazards. Recommendations and referrals are made to link participants with local resources. While there are no age or income restrictions, there are targeted neighborhoods served in Broome County by zip code and census tracts. Tioga County serves all residents throughout the county.⁷⁰

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.”⁷¹

There were 2,111 live births to residents of Broome County in 2014, 121 to teenagers between the ages of 15-19. Seventy-five point four percent of pregnant women accessed prenatal care in their first trimester⁷². 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 Prenatal 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. Lourdes Hospital is now offering insurance navigators in the billing office as well as the emergency department to assist patients in enrolling for insurance. There is also a full time navigator offered at 303 Main St. as well as the Shippers Road Practice. The Lourdes DeMarillac Clinic offers a dietician on site at 303 Main St. and is now offering afternoon ultrasound to make it easier for maternity patients. Demarillac Clinic moved to employ their own providers. Lourdes Demarillac are transitioning to a Laborist Model. This model utilizes OB/GYN Providers in the hospital around the clock to cover the emergency department as well as the labor and delivery floor. This will free up providers to be more available to their patients during office hours. This is tentatively scheduled to start March 2018.⁷³

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. In 2018-2019, 469 families benefited from the PAL Centers in Binghamton and Norwich. Over 1.106 free meals were served and 128 supervised visits were held, and 1051 children and families benefited from PAL's Clothing Closet. One thousand and thirty women and families were assisted by Community Health Workers who deliver services in the clients' homes. Twenty individuals enrolled in the Smoking Cessation Program.

Mothers and Babies Perinatal Network provides certified Navigators to assist individuals and small businesses access health insurance through the New York State of Health Marketplace. Five thousand, and six hundred and sixty-two individuals were assisted in enrolling in insurance plans⁷⁴

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 approximately six weeks of age. The expectant mothers are visited monthly or as needed by a Socialization Specialist, who supports them in meeting needs that they've identified. All

expectant mothers are also given ongoing health support by a nurse, who visits with them during and after their pregnancy.

One hundred and eleven infants have been enrolled in Early Head Start through the pregnant mothers tract since the beginning of the program. There are 4 women in the process of being included in the program this coming year.⁷⁵

Asthma

Childhood asthma continues to be a major public health problem for the pediatric population. Overall, children have higher rates of asthma compared to adults, accounting for 8.4% of those younger than 18 years and 7.6% 18 years and older⁷⁶. Black non-Hispanic and Puerto Rican children have the highest asthma rates of all groups, at 12.8% and 13.9%, respectively⁷⁷. These statistics highlight the greater risk for asthma for the children enrolled in Head Start and Early Head Start, related to their economic status, race, and housing conditions. In order to qualify for Head Start, a family needs to be at the federal poverty level. Children living in low income families have demonstrated asthma rates of 10.5% compared to 7% in families with income $\geq 250\%$ of the Federal Poverty Level⁷⁸. Children with Medicaid or other public insurance had asthma rates of 11% compared to 7.4% having private insurance⁷⁹. Broome County shows asthma hospitalization rates for children ages 0-4 years at 9.7 per 10,000*. Among youth aged 0-17 years, the asthma hospitalization rate for non-Hispanic Blacks was 19.6 per 10,000 compared to non-Hispanics Whites at 12 per 10,000⁸⁰.

Surveys conducted by the Decker School of Nursing assessed asthma rates and potential undiagnosed asthma at Family Enrichment. A total of 133 families completed the surveys. Of these families, an asthma rate of 21.8% was found. Of those children diagnosed with asthma, 25% reported wheezing, 27% coughing, and 25% had a cough lasting longer than one week; 14% either visited the emergency room or were admitted for asthma; 21% missed school, and about 20% had difficulty sleeping due to asthma symptoms. While these rates are startling, these are improved from the last assessment of asthma and asthma symptoms done in 2011. The physical environment, both outdoor and indoor, can expose the individual to triggers that can exacerbate asthma. While not all environmental factors trigger asthma in every individual, the presence of these factors in the living environment has the potential to worsen symptoms, leading to increased physician visits, emergency room visits and hospitalizations. Compounding this problem is the need for increased medication as asthma becomes uncontrolled, again increasing the financial burden on both the individual and the health care system. Using GIS (Geographical Information Systems) mapping of where families with asthma enrolled at Family Enrichment lived, increased asthma rates were noted in Johnson City in Census Map 139, which has been identified as an area with low household incomes, high rates of poverty and unemployment, and high percentages of residents receiving public assistance⁸¹. The median household income of this census tract is \$32,470 compared to \$49,064 in the surrounding county, with 30.3% living in poverty⁸². Notably, this census tract had the fourth highest number of asthma hospital discharges of all zip codes in the county⁸³ (Department of Health, 2016). Demographics for this tract indicate a higher percentage of Black residents, more than double that of the surrounding town and county.⁸⁴ While age of housing was not available for this

specific census tract, the majority of housing in the county (56%) was built prior to 1960 and only 10% were built since 1990, increasing the possibility of deteriorating conditions⁸⁵.

A is for Asthma is a video produced by the American Lung Association and Sesame Street to help children understand about asthma. *A is for Asthma* shows children with asthma what to do when they have trouble breathing, and explaining what others can do to help. Nursing students reinforced the content of the video with the children, then had them listen to their lungs with stethoscopes. Children enrolled in Head Start at Family Enrichment in fall 2019 participated in this activity⁸⁶

Vision Care

The Broome and Tioga County Departments of Social Services have 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. 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. Broome County Family Enrichment Network and the Tioga County Boys and Girls Club provide Sight for Students vouchers to children without insurance. The Owego Lion's Club also assists with the cost of vision care and glasses. Head Start parents learn of the availability of these programs through Family Advocates, and Nurses. There are a number of vision care providers who do not accept Medicaid or Medicaid Managed Care, especially Fidelis, which is widely used in Tioga County.

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 50 pantries and distributes food to 52 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 2018, CHOW® and its sub-program Broome Bounty, the area's only food recovery program, served approximately 1,833,000 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 County Fight Hunger 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.

At the beginning of 2017, in response to the growing issue of food deserts in Broome County, CHOW® began renovations to turn a school bus into a mobile grocery store. Existing structures such as seating and partitions were removed from the bus leaving behind nothing but the driver's seat. Due to the planned installation of air conditioning units, the bus was fully insulated and the inside walls were covered with sheet metal. Racking was welded to the entire driver's side of the bus with one-inch square metal tubing as well as overhead and lower level compartments for storing inventory.

Once all racking and compartments were installed, refrigerators and freezers were added to give customers access to frozen meats and dairy products. Specialized racking was installed on the passenger side of the bus for a full sized produce section as well as compartments for back up inventory.

Two rooftop heating and air-conditioning units were installed to allow for comfortable, year round markets. The addition of a second staircase on the passenger side allows for a smooth flow of customers and safe entry and exit. A new paint job was then applied to the inside and outside of the bus to give it a friendly and upbeat look.

Currently, CHOW® and its partners are only able to meet 60% of the food needs in Broome County. Since inception, the CHOW® Bus Mobile Grocery Store has served nearly 5,000 customers with low cost groceries and healthy produce. Chronic health issues such as diabetes and obesity have been addressed by the presence of healthier, nutrient dense foods like fresh produce and other perishable items. The CHOW® Mobile Grocery Store currently operates at 11 stops throughout Broome County.

We have identified poverty to one of hunger's root causes. In order to serve the community in a holistic way, CHOW® has partnered with Broome County Department of Social Services to implement a job training program. The program, CHOW® Works, trains up to 12 participants for 12 weeks at a time. The participants receive hands on training in our warehouse and receive forklift training and certification, ServSafe food handling certification and an OSHA 10-hour certification. The participants spend the last hour of every day learning financial literacy from SEFCU and Vision Federal Credit Union, healthy cooking classes from Cornell Cooperative Extension, and resume building training from our full-time work advocate. 60% of all graduates are placed in full-time employment within the 12 weeks of the program. 20% are placed in full-time employment within 4 weeks of graduation.

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.⁸⁷

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.⁸⁸

In 2015, a combined 32,325 individuals were served by the seven food pantries and one soup kitchen under TOI's umbrella (this figure includes duplicated counts). Eleven thousand, three hundred and eleven volunteer hours were used to distribute 255,906 pounds of food. The food pantries provided customer education on preparing inexpensive healthy meals while on a limited budget. Three thousand pounds of food was collected and donated by Group Work Camp volunteers and distributed to the food pantries and soup kitchen.⁸⁹

The rate of Food Insecure children in Tioga County is 21% (2,340). Children have not only felt the effects of hunger by a missed or meager meal, but food insecurity manifests itself in other bio psychosocial outcomes, including health and education. They are more likely to be sick, be sick longer, be hospitalized, and have growth issues both cognitive and physical, and behavioral issues.

Fifty percent of school age children in Tioga County are eligible for the Free and Reduced Lunch Program. Of the 50%, less than 10% attended a summer meal site. Available assistance includes the BackPack Program, Summer Food Service Program, Food Pantries and Soup Kitchens, SNAP, National School Lunch, and National School Breakfast Programs, and WIC (women, infants and children).

The Tioga County Anti-Hunger Task Force meets the third Wednesday of each month at Tioga Opportunities, Inc. Countryside Community Center, 9 Sheldon Guile Blvd., Owego, from 10:30AM-11:45AM. The meeting is an open meeting and all are invited to attend.⁹⁰

WIC

Families 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 participant-centered nutrition education, breastfeeding support, referrals to

other services, and checks for nutritious foods. WIC provides services to pregnant women, infants/children up five years old, mothers of babies up to 6 months old and mothers of breastfeeding babies up to 12 months after delivery. Families must meet financial and nutritional eligibility guidelines. The main goal of the Broome and Tioga County WIC Programs is to promote optimal nutrition, healthful practices, and increase breastfeeding rates to reduce infant morbidity and mortality and 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 specialized formulas and food allergies. Studies have shown that women who participate in the program during their pregnancies had lower Medicaid costs for themselves and their babies than did women who did not participate. WIC participation was also linked with longer gestation periods, newborns with healthy weights and lower infant mortality. The program receives State and Federal funding and is administered by the New York State Department of Health, Division of Nutrition, and Bureau of Supplemental Food Program,

In 2015, 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. Broome County WIC strives to provide all anthropometric and hematological testing on site and offers extended clinic hours to better meet the needs of our working families. The current RFA is set to expire in October 2020.

The Broome County WIC Program works to meet the needs of its clients by providing services at one permanent and three outreach clinics throughout Broome County. There are over 4,050 participants enrolled in the program, with a show rate of average 80 percent. Generally, participants are scheduled to receive checks four times a year, but can be seen monthly if at high nutrition risk. Children are 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.

The Broome County WIC Program along with their sister Counties, transitioned to a new system in October 2018, enabling participants to receive WIC benefits on a debit card like the EBT card. All WIC benefits are loaded onto a debit card and clients are allowed more freedom when purchasing their WIC benefits.⁹¹

Tioga Opportunities, Inc. creates partnerships that strengthen communities while empowering individuals and families to achieve independence and enrich their quality of life. Tioga Opportunities, Inc. has facilitated the WIC Program in Tioga County since 1972 and currently reaches over 800 families annually. The program provides integrated nutrition services with a multidisciplinary approach, with breastfeeding promotion and support by a non-judgmental,

highly trained staff. To aid in the family’s journey to achieve their goals, the staff regularly provides information about the large variety of services offered by Tioga Opportunities, Inc. as well as other programs in and around Tioga County.

The WIC Program is located at 110 Central Avenue in Owego and also offers services in Waverly, Spencer, and Berkshire to pregnant women, infants/children up five years old, mothers of babies up to six months old, and mothers of breastfeeding babies up to 12 months after delivery who reside in New York State and meet financial and nutritional eligibility guidelines. This past year, New York State WIC transitioned all WIC Programs to an electronic system (eWIC) that replaces paper vouchers with a card for food benefit issuance and redemption at authorized WIC grocery stores. This will make the shopping experience easier and more efficient for participants and vendors. Tioga Opportunities, Inc. WIC Program successfully transitioned to this system in the fall of 2018. The response from the WIC community and grocery store vendors has been overwhelmingly positive.⁹²

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.

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- 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 licenser for approval.⁹³

The Family Enrichment Network has 1 certified MAT trainer. Forty-seven 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 1 Certified CPR/AED/First Aid Trainer. Two of the Licensed Practical Nurses employed are in the process of being CPR/AED/First Aid Trainers. There are 108 classroom staff persons, childcare givers, transportation staff, and Family Enrichment Network employees certified in CPR/AED/First Aid through the American Safety and Health Institute.

Mental Health

Mental Health Services & Supports

Lourdes Center for Mental Health, Greater Binghamton Health Center and Family & Children's Counseling Services all serve children and adults as licensed NYS Office of Mental Health (OMH) Clinics within Broome County. Family & Children's Counseling Services and Greater Binghamton Health Center's Child and Adolescent Behavioral Health Clinic's licensed NYS OMH Clinics offer same day service appointments to address the growing need for mental health services for adults and children. United Health Services Hospitals (UHS) also operates a NYS OMH Clinic serving adults. Family and Children's Counseling Services operates School Based Family Support Centers in the Binghamton, Johnson City, Union Endicott, Whitney Point, and Windsor School Districts. Supports offered through this service include individual, family and group counseling, as well as parent support and education.

In October 2018, Family & Children's Counseling Services opened an NYS Office of Addiction Services and Supports (OASAS) licensed Outpatient Substance Use Treatment satellite clinic with same day access available Monday through Friday.

Mental Health services in Tioga County are more limited. Families must travel long distances to access services at Tioga County 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 County facilities cited above are utilized by Tioga County 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.

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 (FEN) 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 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 care coordination services are available that will help a family with all their hurdles, making them more likely to achieve success overall. These services include Mental Health Association of the Southern Tier (MHAST), Catholic Charities of Broome County (CCBC) 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.

The other care management services through MHAST and CCBC are accessed through Broome County Children's Single Point of Access (C-SPOA). C-SPOA continues to see an increase in intensity of services for children/youth in the community. However, the overall numbers of children served by C-SPOA has been on the decline due in large part to the transition to Medicaid-reimbursable services, discussed in more detail below. In 2019, 226 children and youth were served compared to 302 in 2018, 263 in 2017, and 393 in 2016.

In December 2016, the roll out for Children's Health Home started. A health home (aka Medicaid health home) — as defined in Section 2703 of the Affordable Care Act — offers coordinated care to individuals with multiple chronic health conditions, including mental health and substance use disorders. The health home is a team-based clinical approach that includes the consumer, his or her providers, and family members, when appropriate. The health home builds linkages to community supports and resources as well as enhances coordination and integration of primary and behavioral health care to better meet the needs of people with multiple chronic illnesses. As mentioned previously, children with private insurance can receive care coordination through CCBC and MHAST. Priority is given to children/youth who are at imminent risk of hospitalization and have private insurance.

In 2019, New York State initiated a transition to Medicaid Managed Care for children, started new State Plan Amendment (SPA) services called *Children & Family Treatment and Support*

Services (CFTSS), and unbundled the 1915(c) waiver programs (OMH, B2H and Care at Home I & II) to become *Children's Home and Community Based Services (HCBS)*. These changes were made to enable more children to access a wider range of services, allow for greater provider choice, and ensure that children and families were receiving the services that were the most pertinent for their needs. These services are intended for Medicaid eligible children, but families with private insurance can go through a process to enable their child to have Medicaid.

The initial implementation of the CFTSS and HCBS has been challenging due to staffing shortages and navigating a new system for both families and providers. Children and families have begun to receive services from a range of providers in the County and new services continue to come on board.

In the fall of 2019, Compass Academy continued providing services at its location on BT BOCES main campus for its second school year. The program is a hybrid alternative education model which combines BOCES Alternative Education programming with clinical and credentialed treatment and recovery support through Addiction Center of Broome County for high school aged students experiencing academic and/or behavioral issues related to substance use.

Community Initiatives

During 2019-2020 school year, ten school districts implemented the University-Assisted Community School model through Binghamton University: Binghamton, Chenango Forks, Chenango Valley, Deposit, Harpursville, Johnson City, Union Endicott, Whitney Point, Windsor, and Broome-Tioga BOCES. BC Promise Zone supports all districts in the county that wish to become involved with the Community School framework. These activities include support in building community connections, access to professional development support, and providing a repository of resources to assist with needs or projects through the implementation of the full-scale University Assisted Community School model. Community School Coordinators work diligently with school districts to offer needs assessment to move the work forward. The Coordinators also worked with Binghamton University interns from the Master of Social Work (MSW) program and a variety of majors and interests to provide support to students during and extended school day with a social-emotional focus designed to improve school attendance and academic achievement, increase engagement, and increase access to community resources.

As suicide awareness and prevention continues to be a priority in New York State, Broome County has identified that adolescents between 10-19 are the highest at-risk group with ED visits for self-harm at a rate of 413 per 100,000. With this in mind, evidenced based trainings in Suicide Safety for Faculty and Staff were offered by Broome County Suicide Awareness for Everyone (BC SAFE) Coalition to area school districts in 2019. The training emphasizes recognizing warning signs, clarifying the referral process in place at school, and making a warm handoff to support the safety and mental health of students.

Youth Mental Health First Aid trainings were offered throughout the County by multiple agencies to a variety of audiences including Department of Social Services, Community Based Organizations, Higher Education and School Districts to support the mental health and ward off potential crisis for youth in the Community. The course introduces common mental health challenges for youth, reviews typical adolescent development, and teaches a 5-step action plan for how to help young people in both crisis and non-crisis situations. Topics covered include anxiety, depression, substance use, disorders in which psychosis may occur, disruptive behavior disorders (including AD/HD), and eating disorders.

In late 2016, Broome County Mental Health was awarded the Drug Free Communities (DFC) grant which allowed the hiring of the DFC Coordinator. In 2019, the DFC Coordinator disseminated information from the 2018 Prevention Needs Assessment (PNA) survey for youth to participating local school districts. The PNA measures substance use among area students in grades 7-12, as well as a wide variety of attitudes, beliefs, and perceptions that have been shown to be related to alcohol, tobacco, and other drug use. Community, family, peer and individual risk and protective factors are also measured along with anti-social behaviors. The PNA results allow school officials to decide where prevention efforts are needed in their district. The program also organized and hosted *Family Fun Nights in the Park* in the summer of 2019. Over 20 community agencies partnered on these events to create awareness and provide information to families about a wide variety of health and wellness topics while also providing giveaways, entertainment, refreshments, and games for youth. The 2019 events drew over 1,200 adults and children.⁹⁴

Social Services Needs

According to Broome County Child Protective Services, in 2019, there were over 4,400 reports made of alleged abuse or maltreatment.⁹⁵ According to the Director of Broome County Child Protective Services, they continue to receive a concerning number of cases with substance abuse issues. And, as a result, there continues to be many children in the community who are living with relatives because of this issue. Also of note is the continued number of child protective reports which have children living in homes where there are concerns of domestic violence. The Department of Social Services continues to have domestic violence advocates from RISE Inc. that work closely with Child Protective Services staff in these situations. RISE Inc. is Broome County's provider of comprehensive domestic violence services.

In 2018 Tioga County Child Protective Services received 1,111 reports, 804 of which were tracked to the investigative units and 307 which were tracked to the Family Assessment Response (FAR) unit. Of the 804 that were tracked as investigations, 151 were consolidated, 166 were secondary reports and 59 were "add info" or duplicate reports, leaving 328 reports that Tioga County had responsibility for determining. The investigative units determined 468 reports in 2018; 310 were unfounded and 158 were indicated. Of the 158 that were indicated, 128 were closed and 30 were opened for ongoing preventive services.

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 majority of families participating in the Broome county program are working on goals in the areas of improving parenting skills, finances, and education.⁹⁶ Families participating in the Tioga county program are working on finances and employment, in addition to strengthening parenting skills.⁹⁷

Finding support to strengthen parenting skills continues to be the most requested area of interest for our families. Through their participation in Head Start, families are offered ongoing support and resources about parenting and child development. By engaging in the family services that are offered, families can also regularly receive information about different parenting workshops and support groups that are being offered throughout the community.

The Head Start and Early Head Start program places great emphasis on engaging fathers and male role models. 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. Staff is trained to regularly reach out and encourage all fathers and male role models to participate in program activities. The Agency is in year five of the New Pathways for Fathers program, a federally funded Responsible Fatherhood grant. This program complements the Head Start program by providing additional opportunities to engage fathers and help them to be the best fathers they can be. The program has served 885 participants to date, many of them from our Head Start families. By far, the number one reason that participants have reported enrolling is "to learn about being a better parent."

There are a variety of household make-ups that exist in our Head Start community. In our Tioga program approximately 45% of the families we serve are two-parent households, while 40% are single-parent households. Of the total single-parent households 30% are single moms and about 1% are single dads. Around 18% of our families are considered Kinship families and less than 1% of families are children in foster care situations.⁹⁸ In the Broome program there are 49% two-parent households, 51% single-parent female-headed households and less than 1% that are identified as single-parent male-headed households. Fifteen families identify themselves as kinship families and one family is a foster family.⁹⁹

On this year's Community Assessment Parent Questionnaire Head Start 3% of families reported that they or their family members have been or are currently involved with the criminal justice system.¹⁰⁰ Though we know from statistics that the number of people with drug and alcohol addiction is on the rise, just over one percent of our families reported involvement with drug or alcohol rehabilitation.¹⁰¹ About 2% of families reported involvement with domestic violence on this year's community assessment questionnaire.¹⁰² Taking into consideration the data provided by the Department of Social Services indicating the continued number of child protective reports where children are living in situations where there are concerns about domestic violence, this number is suspected to be very much underreported. Less than one percent of families reported experiencing emotional abuse.¹⁰³

Financial stability is an important factor for families to become and remain self-sufficient. Through the family partnership process with our Broome families, we have learned that 41% of Head Start families consider themselves to have financial issues, an increase over last year, and more than half (33%) are actively working on a goal that will help improve their financial stability.¹⁰⁴ Almost 40% of our Tioga families are having financial issues and 33% of them are actively working to improve their financial situation.¹⁰⁵

Education goals seem to be more important with our Broome families than in past years. Thirty-four percent of our families have identified education as a priority for them. This includes families who are going back to school to complete their GED and those that are working on college degrees. Our Tioga families are focused a little bit more on employment goals this year compared to last, with 37.5% of them identifying employment as a goal area and almost 30% of them working on finding jobs or jobs that better fit their families' needs.

Adequate housing continues to be an area of concern for our families. According to the responses on our Community Assessment Parent Questionnaire thirty-four percent of Head Start families that indicated that payment of rent continued to be their most significant housing issue.¹⁰⁶ Many families, 18%, also indicated that the location and bug/rodent issues make it challenging to find adequate and/or stable housing.¹⁰⁷ The need for ongoing general and/or major repairs to housing is also an issue that often becomes challenging for families and landlords.¹⁰⁸ In addition, 13% of families report that inadequate space is a major concern.¹⁰⁹ Paying for utilities also remains an issue for many of our families (18%).¹¹⁰

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. Overall, 19% of families reported that they have safety concerns about their neighborhoods.¹¹¹ This is down from last year which could be seen as a positive improvement in our communities perhaps. Of that, 33% reported that they are concerned about crime and 32% reported having concerns about drug use.¹¹² Twenty-two percent of the families who said they did not feel safe in their neighborhoods also indicated a concern about violence.¹¹³ As in years past, 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 and providing more opportunities for young people.¹¹⁴

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 2018 two new programs began under the Welfare to Work Division to improve employment services and access to benefits for clients. The first, Clean Sweep Program, assists clients develop job skills by use of a job coach. Program clients work with their coach and are provided transportation in an Agency van to various jobs within the county. This program is two-fold by offering jobs skills to clients and providing services to county non-profit agencies that are in need of added repair/clean-up services at no cost. The second new program has implemented the use of Self-Service Kiosks in the lobby at Department of Social Services on Main Street in Binghamton. Self-service kiosks help clients deliver necessary paperwork without standing in time consuming lines and once paperwork is scanned into the kiosk, clients receive a printed receipt of forms, allowing clients to keep their original paperwork. If clients have difficulty with the kiosk or have questions trained staff is available to help with the process. Clients are also able to access other information at the kiosk such as eligibility, status of applications, recertify for HEAP, SNAP or TANF services.¹¹⁵ The Family Liaison School Program (FLSP) began a collaborative effort with the Binghamton School District in the fall of 2017. This collaboration placed a DSS caseworker in all seven district elementary schools. The program was renamed School Casework Program (SCP) and has expanded to include Whitney Point and Maine Endwell school districts. SCP works as an additional support to address District identified areas of concern which often lead to absenteeism and disciplinary issues within the student body. SCP works with individual family strengths and offers support and resources to all family members.¹¹⁶

According to the latest available statistics, the Broome County Department of Social Services Annual Report - 2018, Temporary Assistance caseloads decreased from 3059 to 2893 (166) in all categories, as of December 31, 2018. Family Assistance, Safety Net, and Emergency programs saw a decrease in applications by 14% with approved cases decreasing by 2%, denied and/or withdrawn cases decreased of 5%; additionally, a decrease of 42% in other cases were open/closed or reopened or reactivated. Medicaid and Medicaid-SSI caseload decreased by 23 percent from 2017 to 2018, the decrease is due to the availability of access to the market-place for Medicaid applications. Non-public assistance Supplemental Nutrition Assistance Program (SNAP) applications increased slightly by 117, with an overall increase of 40 applications approved/opened from 2017 to 2018. 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, during 2018, 757 TANF and Safety Net recipients entered employment, a decrease of 55. The total

number of front desk contacts during 2018 totaled 170,380, a decrease of 957. Tioga County does not provide access to their Department of Social Services Annual report online.¹¹⁷

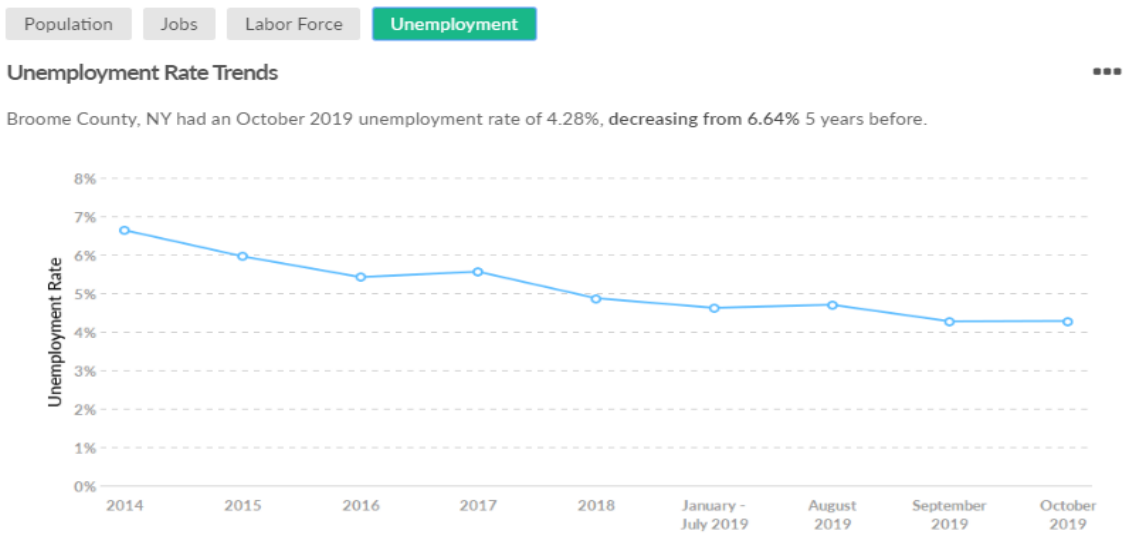
Currently, 95 percent of Broome County, and 76% Tioga County Head Start and Early Head Start families work full-time or part-time; 32 percent of Broome County and 35% of Tioga County families receive either partial or full public assistance; 30 percent of Broome County and 17% of Tioga County families have other sources of income (SSI/SSD/SS). This demonstrates an increase in Broome and a decrease in Tioga County Head Start and Early Head Start working families. Thirty-five percent of Broome and Tioga families state they are ineligible to receive public assistance; 30 percent of Broome and Tioga County families state they are ineligible to receive other benefits due to employment.¹¹⁸

Broome County Transit buses cover approximately 80 square miles with 18 fixed 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. Current fares remain the same for this coming year, fixed one-way routes \$2.00 with senior and disabled rider fees pay \$1.00, children under 5 years of age remain free. Thirty-one day bus passes continue to be \$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 for Persons with Disabilities, but has increased the price to \$3.00 for BC Lift and \$3.50 for BC Country for each ride. Broome County Transit has made enormous strives to improve their systems to save almost one-half million dollars by redesigning current routes while still serving the same areas. This was the first major overall in 20 years. The County worked with TransPro Consulting to collect data from riders and real travel over eight months to decide what routes would be cut, re-designed or extended, depending on overall need and effectiveness. Routes that once served areas of high employment, factories working all shifts, small businesses supporting the factories such as stores, restaurants and boutiques, but no longer are open or have reduced the their workforce are now shortened, run less frequently or dissolved completely. Other routes that support high ridership, and service higher need areas have been improved, run more frequently, and may have added a second bus to the same route. The first planned changes were begun on February 29, 2016, with hopes that given time, riders would become more comfortable with the changes. The improved financial benefits ultimately keep Broome County able to offer transit services to the community. 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 dated February 6, 2020, Broome County Transit will receive a 1.5 million dollar grant

from state funding sources to help provide a chip-enabled fare system upgrade. The award is part of the state’s transportation infrastructure revitalization effort for local municipalities.¹¹⁹ 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.

While a majority of our parents have achieved a GED or high school diploma, not having a high school diploma, GED, or specialized skill does hinder a job seeker from obtaining employment, which would enable them to become self-sufficient. Minimum wage was increased to \$11.80 per hour, as of December 31, 2019.

Historic & Projected Trends

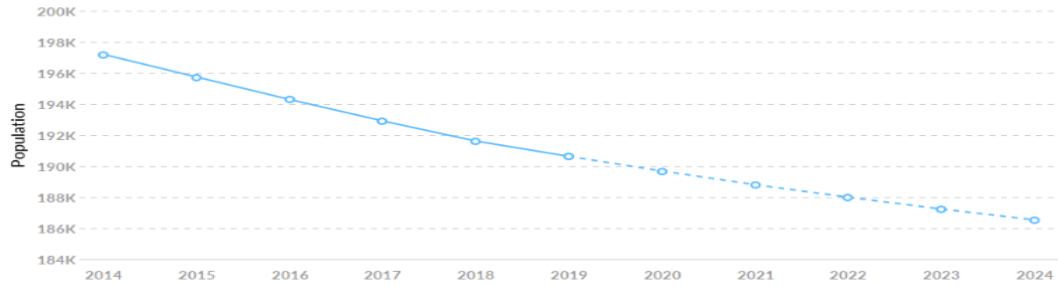


Historic & Projected Trends

Population Jobs Labor Force Unemployment

Population Trends

As of 2019 the region's population declined by 3.3% since 2014, falling by 6,578. Population is expected to decrease by 2.1% between 2019 and 2024, losing 4,092.

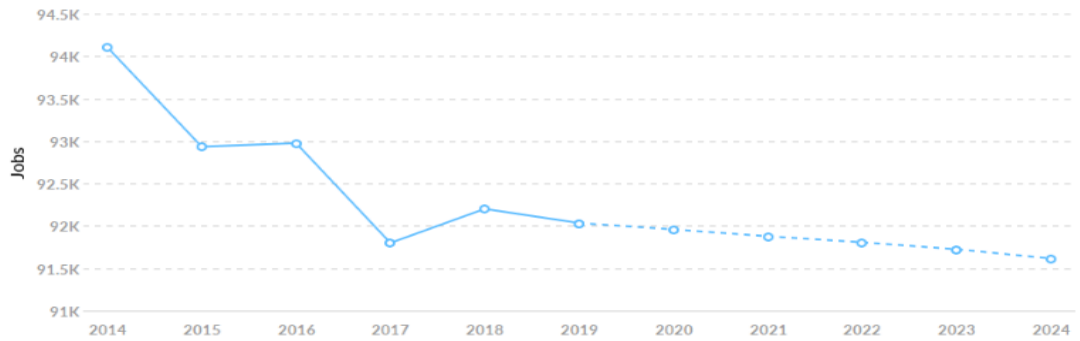


Historic & Projected Trends

Population **Jobs** Labor Force Unemployment

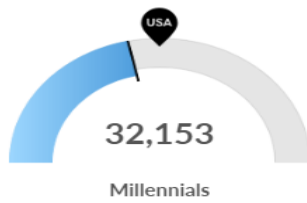
Job Trends

From 2014 to 2019, jobs declined by 2.2% in Broome County, NY from 94,106 to 92,034. This change fell short of the national growth rate of 7.3% by 9.5%.

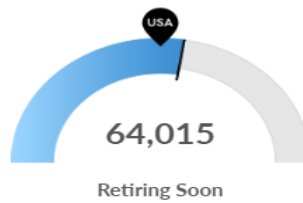


[Show Detailed Data](#) [Jump to Industry Table](#)

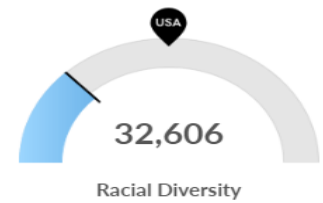
Population Characteristics



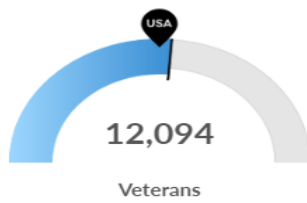
Broome County, NY has 32,153 millennials (ages 25-39). The national average for an area this size is 39,394.



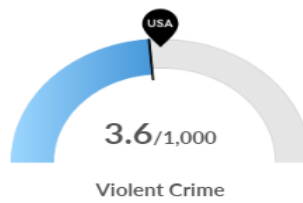
Retirement risk is high in Broome County, NY. The national average for an area this size is 55,466 people 55 or older, while there are 64,015 here.



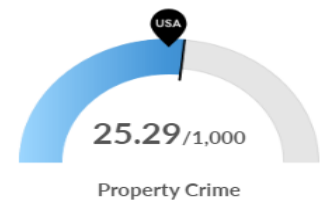
Racial diversity is low in Broome County, NY. The national average for an area this size is 75,917 racially diverse people, while there are 32,606 here.



Broome County, NY has 12,094 veterans. The national average for an area this size is 11,237.



Broome County, NY has 3.6 violent crimes per 1,000 people. The national rate is 3.87 per 1,000 people.

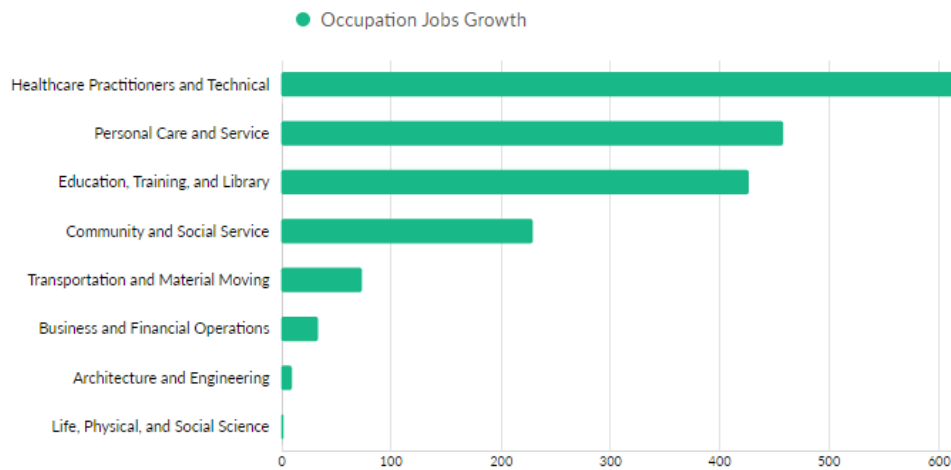


Broome County, NY has 25.29 property crimes per 1,000 people. The national rate is 22.98 per 1,000 people.

Workforce Characteristics

- Jobs
- Growth**
- LQ
- Earnings
- Postings
- Underemployment

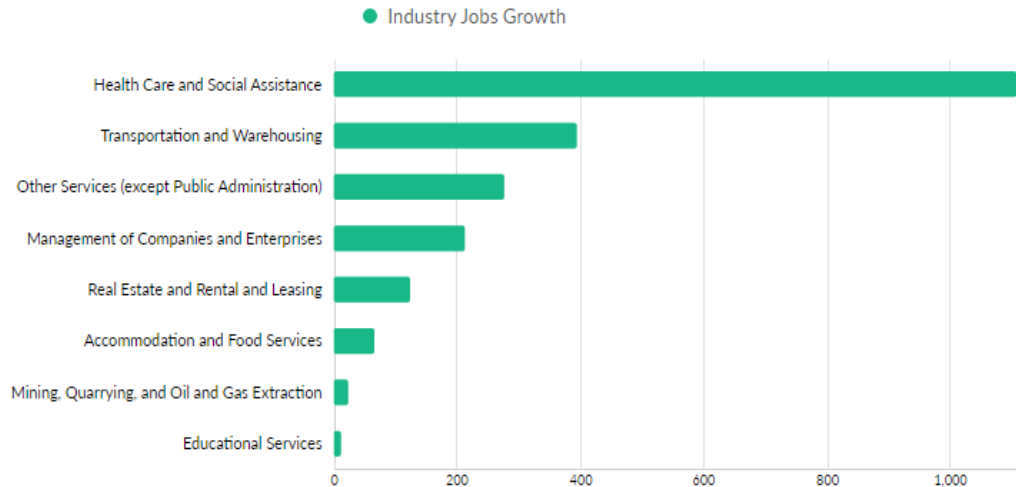
Top Growing Occupations



Industry Characteristics

Jobs **Growth** LQ GRP Earnings

Top Growing Industries



Employment and Training Resource

Christian D. Harris, Regional Labor Market Analyst, Southern Tier, New York Department of Labor, shared the above graphs and the following information during a consultation with Family Enrichment Network.

All persons should be informed about employment and training programs provided by the Broome-Tioga Workforce New York office, with two locations:

- Broome Employment Center, 171 Front Street, Binghamton, New York
- Tioga Employment Center, 1062 NY-38, Owego, NY 13827

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.

Child Care Needs

One of the many goals of Head Start Families indicate they are working on is finding reliable and affordable child care. According to the Head Start/Early Head Start Community Assessment

Parent Questionnaire (2019-2020) fifty-five (55) percent of Head Start families in Broome County and Tioga County indicate that they are working. Sixty point six (60.6) percent of Broome County and sixty six point seven (66.7) percent of Tioga County Head Start families currently have incomes of less than \$15,000 or less per year. While childcare expenses have continuously increased, Head Start families' incomes have decreased from last year.

Families in Broome and Tioga Counties state that expense, flexibility and lack of providers are their top three childcare concerns. Many Head Start families work traditional shifts. Nine (9) percent of Broome and Tioga families state that childcare provided between 8pm and 4pm would best meet their childcare needs, while an additional eight percent of families need child care during other varying hours. Families express concerns that childcare is difficult to obtain for these times and worry about lack of licensed/registered providers and centers during these hours. Twenty-six (26) percent of Broome/Tioga Head Start families utilize child care outside of their Head Start Program. To meet their childcare needs, Seventy-four (74) percent of Broome/Tioga Head Start Families utilize friends or family, and fifteen (15) percent of families utilize licensed/registered providers/center and other childcare arrangements. Five (5) percent of Broome/Tioga Head Start families utilize after school programs. Four (4) percent of those families utilizing a variety of childcare facilities/arrangements report that they are *not satisfied* with their provider or childcare arrangements. At least one parent is often forced to call off work if her family can't watch the child; she doesn't have the ability or resources to utilize child care that would offer a safe, structured environment. County Daycare Subsidies are often available to qualified families; however there is usually a portion that the parent/guardian must pay and subsidy funding isn't always available.

According to the Head Start/Early Head Start Community Assessment Parent Questionnaire (2019-2020) fifty-seven percent of Broome and Tioga County 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. Forty-two percent of Broome and Tioga County families have a GED or lower education.

Of Head Start families in Broome and Tioga County, fifty-three (53) percent are single parent households. Especially in single parent households, finding affordable, safe and available childcare is very difficult. For these households finding quality childcare is a critical necessity to obtain and sustain employment. While non-traditional hours pose a concern, approximately 16 percent of families in both Broome and Tioga state that their need for childcare is between the 7:00 a.m. and 4:00 p.m. range. The Head Start Program gives families referrals and information for Family Enrichment Network's Child Care Resource and Referral to help with childcare needs.^{iv} (For more information on Child Care Resource and Referral see section on CCR&R).

Broome County Head Start serves 321 children. Of these, 40 are in half day classrooms and 281 are in full day classrooms. There are five sites for Broome County Head Start including Cherry Street, Saratoga, Fayette, Carlisle and Woodrow Wilson Elementary School. Broome County Early Head Start serves 40 infants and 40 toddlers in full day, full year settings. There are three sites for Early Head Start, including Cherry Street, Saratoga and Carlisle.

Tioga County Head Start has three sites throughout the county. These sites are located in Waverly, Newark Valley and Owego NY. Tioga County Head Start has the capacity to serve 94 children. Of these, 62 are full day classrooms. Tioga County Early Head Start serves 16 infants and 16 toddlers in a full day and full year setting in Owego, NY.

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 County, 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 enhancement 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.

Planetarium shows on Friday at 7:00 p.m. and Saturday and Sunday at 1:00, 2:00, and 3:00 p.m.

Planetarium Cost: Museum admission plus \$4.00

Museum Cost:

Children 4 and under with an adult = Free
Students and Seniors (62 & up) = \$6.00
Adults = \$8.00

Museum Hours:

Monday and Tuesday	Closed
Wednesday and Thursday	12:00-5:00 p.m.
Friday	12:00-9:00 p.m.
Saturday and Sunday	12:00-5:00 p.m.

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 1st to 12th grade.

Cost:

Under 5 years = free

Students and Seniors = \$3.00

Adults = \$5.00

Family Maximum = \$16.00 10 or more = \$2.00 for senior/students; \$3.00 for adults

March-Mid-December

Friday (Open to public) Doors open at 7:30 p.m. and programs begin at 8:00 p.m.

January-February

Special weekend nights once a month. Doors open at 6:30 p.m.

Workshops for 4s 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.

If Binghamton City School District is closed due to weather; the DC is also closed.

Open to all on school holidays.

Cost:

Under 1 year = Free

General Admission = \$8.00

Individual & Family

Memberships available

Hours:

Tuesday-Friday 10:00 a.m.-4:00 p.m.

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

Sunday 12:00 p.m.-5:00 p.m.

Monday (B-Pre-K) 10:00 a.m.-3:00 p.m.

Waterman Conservation Education Center 403 Hilton Road, Apalachin, 625-2221

Anyone is free to walk through the trails and gardens, and explore the Education buildings.

Hours:

Monday-Friday 9:00 a.m.-4:00 p.m.

Saturday 10:00 a.m.-4:00 p.m.

Finch Hollow Nature Center 1394 Oakdale Road, Johnson City, 772-8953

Fun for children ages three through five. 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; additional programs at a cost

Trails and grounds are open daily from sunrise to sunset. Museum hours vary.

Integrated Activity Center 365 Harry L Drive, Johnson City (607)206-4799

Multi-Sensory Environment / Activity Center. Come in and have an ECLECTIC EXPERIENCE.

Sensory Room - Dedicated space for individuals of all ages. Calming and/or stimulating sensory experience. Bubble Tubes / Fiber Optics

Interactive Floor - State of the art technology that creates an immersive play space. Helps improve balance, impulse control, coordination, on-task completion and more.

Multi-Sensory Toy Room - Features various sensory driven activities to interact with. Sound Wall, Sparkle Light Box, Marvelous Marble Panel, Flat Touch Wall Panel, Xbox One w/ Kinect; Air Hockey Table

Exercise Room - Featuring motorized Adaptive Equipment. Theracycle 200 Complete Full-Body Workout great for older individuals, Parkinson's Disease, Multiple Sclerosis, Muscular Dystrophy and more.

Music Room - Featuring a 7' x 10' LED Dance Floor - & Karaoke Machine

Relaxation Room - Enjoy Zero Gravity Massage Chairs that heat up to help relax and rejuvenate you!!!

BIRTHDAY PARTIES - Price includes all guests (children and adults)

Story Hour: Wednesdays 10:00-11:00 cost \$3.00

Monday, Tuesday, 10:00 a.m. to 6:00 p.m.

Wednesday, Friday, Saturday 10:00 a.m. to 5:00 p.m.

Thursday, 10:00 a.m. to 3:00 p.m.

Sunday Closed

Cost: \$5.00 children ages 1-5

\$10.00 children over 5

Memberships available

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.

Cost: Free with library card

Library Hours:

Monday-Thursday 9:00 a.m. to 8:00 p.m.

Friday-Saturday 9:00 a.m. to 5:00 p.m.

The following are events that happen regularly in the library's Children's Department. Please check our events calendar for specific dates and for special events. For information about the Summer Reading Program, please [click here](#).

Nursery Rhyme Time - Nursery rhymes and knee-bouncing songs are shared, and a story is read. Then it's play time! This provides a chance for children and caregivers to connect with one another. For children ages 0 to 3.

Toddler Time! - Songs, rhymes, and stories for toddlers. Then it's play time! For children ages 2 to 3.

Story Time for Ages 4-6 - Join us for stories, music, games, Legos, STEM activities, crafts! Recommended for children ages 4 to 6, but youth of all ages are welcome.

Reading Therapy Dogs- This program helps to improve children's reading and communication skills by employing a powerful method: reading to a dog. This program uses registered therapy animals that have been tested for health, safety and temperament. When these special animals come to hear children read, it's fun! And that makes all the difference. All ages are welcome.

Crafty Kids - Join us for fun craft projects! All ages are welcome.

Get STEAMED! Makerspace Night - Join us for a fun makerspace program! There will be snap circuits, 3D pens, K'NEX, straws and connectors, KEVA planks, LEGO bricks, crafts, and more! Youth of all ages are welcome. Sponsored by The BOOKS program and Senator Akshar.

Family Game Day - Join us on the first Saturday of every month for original Nintendo, Super Nintendo, Nintendo 64, Nintendo Wii, Sega Genesis, PlayStation 2, Xbox 360, & board games! All ages are welcome.

LEGO Club - Drop in for a fun time of building and creating. For children ages 5-13.

LEGO Science - Drop in for a fun STEAM program for all ages! We will be building a Lego maze for Hexbugs, trying some Lego engineering challenges, and more! All ages are welcome.

Life-Sized Board Games - Drop in for life-sized Jenga, Yahtzee, checkers, and more! All ages are welcome. Sponsored by The BOOKS program and Senator Akshar.

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

Library Hours:

Monday-Thursday 9:00 a.m.-9:00 p.m.

Friday-Saturday 9:00 a.m.-5:00 p.m. (closed Saturdays from late June-Labor Day)

Story Time:

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

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

Preschool Tuesday 10:00 a.m.

Cost: Free with library card and preregistration

Read with the Dogs-At the G.F.J Library- The mission of this program is to enhance children's love of reading through the use of therapy dogs. It is hoped this interaction will lay the foundation for a lifetime of learning and a higher quality of life.

Every other Saturday from 10:00 a.m.-12:00 p.m.

Vestal Public Library 320 Vestal Parkway East, Vestal, 754-4244

Library Hours: (hours change in the summer)

Monday 2:00 p.m.-8:00 p.m.

Tuesday-Thursday 9:00 a.m.-8:00 p.m.

Friday 9:00 a.m.-5:00 p.m.

Saturday 10:00 a.m.-2:00 p.m.

Sunday 1:00 a.m. – 5:00 p.m.

Story Times:

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

Family Game Days, Teen Game Days, and Family Movie Days-call the library for details

Cost: Free with library card

Barnes & Noble 2443 Vestal Parkway East, Vestal, 770-9505

Story time for preschoolers: 10:30 a.m. on Wednesdays

Cost: Free/open to public.

Coburn Free Library 275 Main Street, Owego, 687-3520 Cost: Free with library card and preregistration

Library Hours:

Monday, Wednesday, and Friday 10:00 a.m.-5:00 p.m.

Tuesday and Thursday 1:00 p.m.-5:00 p.m. and 6:30 p.m.-8:30 p.m.

Saturday 1:00 p.m.-5:00 p.m. (closed Saturdays during the summer)

Story time for ages 1-5: 10:15 a.m. on Wednesdays.

PAWS to Read – Once a month – Check calendar for dates

Story Hour: Every Wednesday at 10:15 AM

Summer Reading Programs: In July our story hour program changes a bit since older kids are out of school. That month we co-sponsor Summer Reading Programs with the Town of Owego at the Methodist Church next door. Your whole family will be entertained by the best children’s performers, whether they are storytellers, musicians, magicians, or authors. Best of all, the programs are free and no registration is required. As soon as school’s out, check in at the library to pick up a reading log; kids who keep track of the books they read over the summer can win prizes!

Tappan-Spaulling Memorial Library 6 Rock Street, Newark Valley, 642-9960

Library Hours:

Tuesday 10:00 a.m.-8:00 p.m.

Wednesday 2:00 p.m.-8:00 p.m.

Thursday 3:00 p.m.-8:00 p.m.

Saturday 9:00 a.m.-1:00 p.m.

Waverly Free Library 18 Elizabeth St Waverly 565-9341

Tuesday 10:00 a.m.-8:00 p.m.

Wednesday 10:00 a.m.-6:00 p.m.

Thursday 10:00 a.m.-8:00 p.m.

Friday 11:00 a.m.-5:00 p.m.

Saturday 11:00 a.m.-5:00 p.m.

Pre-K Story time: 10:15 a.m. on Wednesdays

Cost: Free with library card

Parks

County

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

Nathaniel Cole Park-Colesville Road, Harpursville, 693-1389

Greenwood Park-Greenwood Road, Lisle, 778-2193

Otsinigo Park-Bevier Street, Binghamton, 778-2193

Hawkins Pond, Windsor, 693-1389

Dorchester Park, Whitney Point, 692-4612
Roundtop Picnic Area, Endicott, 778-6541

Cost: All Broome County Parks are free

Ross Park Zoo 60 Morgan Road, Binghamton, 724-5461

More than 200 birds, reptiles, and mammals on the 25-acre site. Zoo includes Carousel museum, playground, and picnic pavilion. America's 5th oldest zoo!

Cost:

2 years and Under = free

3 to 11 years = \$7.00

Cost to ride carousel = free with admission

Picnic and Playground = free

12 years-Adults = \$9.00

Senior (over 55) = \$8.00

College Student & Military ID = \$8.00

Group Rate = \$6.00 per person if 10 or more people

*Last ticket sold one hour prior to closing

Guided Tours = \$9.00 per person (requires 1 week advanced notice)

Hours:

November 2 – April 3 CLOSED

April 4 – April 17 Weekends only 10:00 a.m.-3:00 p.m.

April 20 – May 8 Open daily 10:00 a.m.-3:00 p.m.

May 9-September 13 Open daily 10:00 a.m.-4:00 p.m.

September 14- October 12 Open daily 10:00 a.m.-3:00 p.m.

U-Pick Farms & Animal Farms

Animal farms, farm markets (some with apple & berry picking) & gardens in Broome County.

Broome County

- **Apple Hills** - various apples, blueberries, cherries, raspberries, strawberries, petting zoo, gift shop 131 Brooks Road, Binghamton, NY. Phone: 607-729-2683. Email: sales@applehills.com. Have a unique party at Apple Hills! Our Activity Room is full of things that allow kids to explore with their imagination and learn. Kids have their own Make Believe Market, Apple Sorting Process, Apple Picking, The Great Purple Puff Ball Pool, The Corn Bin, Roller Racers, and Basketball. Add a Wagon Ride to the orchard for some fresh picking, and it's the best party a kid could have!.
- **Cascade Valley Farm** - Blueberries, 49 E. Bosket Rd, Windsor, NY 13865. Phone: 607-655-1693. Email: yram1@tds.net. Open: Call for hours and availability. This is a beef and blueberry farm. During mid-July thru August, you can pick fresh blueberries at only \$1.00 a pound. Beef is available by the full cow.
- **Frosty Mountain Blueberry Farm - Uses Integrated Pest Management**, blueberries, prepicked produce, restrooms, picnic area 196 Bull Creek Road, Whitney Point, NY 13862. Phone: 607-692-4356. Email: tuk1025@aol.com. Open: Sunday to Saturday 7am to 8pm from the second week of July every day from 7:00am til 8pm, and will stay open

till berries are gone usually till the middle of September or after the late harvest berries are picked..

- **Lone Maple Farm** - U Pick Apples, strawberries
2001 Hawleyton Road, Binghamton NY, 13903. Phone: 607-724-6877.
Email: info@lonemaplefarm.com. We DO NOT USE PESTICIDES on our strawberries.
The tractor ride to the strawberry patch is FREE. The tractor leaves from the greenhouse about every 15 minutes.
- **Nielsen's Hill Haven Farm** - blueberries,
419 Swan Hill Road, Glen Aubrey, NY 13777. Phone: 607-862-0071. Open: Monday to Friday from 8 am to 8 pm; Saturday and Sunday from 8 am to 5 pm. Blueberries: July 18 to Labor Day.
- **North Windsor Berries** - beans, beets, blackberries, cucumbers, onions, peas, peppers, pumpkins, raspberries (Autumn, red), summer squash, strawberries, tomatoes, school tours
1609 NY Rte. 79, Windsor, NY 13865. Phone: 607-655-2074.
Email: NWBLTitus@aol.com. Open: Sunday through Saturday 9am to 6pm; Please see website for additional seasonal hours.. Open from mid-June to October 31st; From Mid-June- July 3rd hours are from 8am to 8pm; July 5th through September 1st the hours are 9am to 7pm and September 1st through October 31st the hours are 9am to 6pm.
Stop in to Side Hill Acres Goat Farm in Candor to visit the goats. Call ahead to arrange a free tour to see how they make the cheese and learn more about the goats.
- Two local farms put on elaborate, free displays at Halloween time. Check out their web pages for spring/summer fun.
 - Jackson's Pumpkin Farm is located in Campville, which is between Endicott and Owego. Look for the free playground.
 - Iron Kettle Pumpkin Farm is located in Candor, past Owego has pumpkins are dressed up as children's favorite characters and nursery rhymes scenes. Bring your cameras! It is usually very crowded on weekends. Go during the week if you can.
- Check out Cornell Cooperative Extension--Broome County for some more great activities, including the Broome County Open Farm Weekend the first weekend in October.

Tioga County

- **Applegate Orchards** - Apples, Rosenburger Rd, Owego, NY 13827. Phone: 607-687-1222. Open: from 9:00 am to 5:00 pm; Monday through Saturday and we are closed on Sunday; The picking season, pending crop maturity, can be August through October; Call for availability We have Honey Crisp, Crimson Crisp, Gala, Ginger Gold, Macintosh, Red Delicious varieties. We have added to the orchards again this year so that next season we can also offer other fruits.
- **Ed-Mar Produce** - Beans, tomatoes, potatoes, vegetables, flowers
2937 State Hwy 17C Tioga Center, NY 13845. Phone: 607-343-4138/4139, 687-1644.
Open June-October, call first

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- **Gary's Berries** - Blueberries
Rt 17C (5 mile E of Owego & 7 mile W of Endicott on old Route 17C) Campville, NY 13760. Phone: [\(607\) 341-1399](tel:6073411399). Open July-August, call for days and times.
 - **Iron Kettle Farm** - Strawberries, peas, tomatoes, Rt 96 (S of village) Candor NY 13743.
 - **Locust Woods Farm** - Blueberries 420 Dawson Hill Road (2 mile from Route 96 & Dawson Hill intersection) Spencer NY 14883. Phone: 607-589-4502. Open July-September, daily 8 am to 8 pm.
 - **Maple Tree Gardens** - Strawberries, beans, peas, chili peppers
Address: 16 NY-96, Owego, NY 13827 **Phone:** [\(607\) 687-5917](tel:6076875917) Open June-August, daily 10-6.
 - **Our Green Acres** - Strawberries, blueberries, raspberries, gooseberries, beans, peppers, potatoes, tomatoes, flowers
Rt 17C (W of Owego) Owego, NY 13827. Phone: 607-687-2874.
Email: frankwiles@aol.com. Open June-October, 8 am to 7, call first.
 - **Stoughton Farm** - raspberries, beans, peas
Rt 38 North (N of golf course) Newark Valley, NY 13811. Phone: 607-642-3675.
Email: info@stoughtonfarm.com. Open May-October, Monday to Saturday, 9 am to 6, Sunday 9 am to 5 pm. U-Pick: Here at Stoughton Farm, we believe the freshest fruit is the stuff you pick yourself. Therefore we offer a variety of different fruits and veggies you can pick on your own. Pod Peas: Mid/Late June - Early July. Green Beans: Late July - Late August. Fall Raspberries: Mid-August - Mid September. Our raspberries are grown in high tunnels, so you can pick rain or shine!
 - **TLC Blueberry Farm** - Blueberries
2053 Route 17C (1 mile W of Smithboro) Barton, NY 13734. Phone: 607-222-2697.
Email: blueapple@htva.net. Open mid-July-mid August, Saturday to Thursday from 8 am to 7 pm, closed on Fridays. We have wonderful blueberries for U-Pick. Also ready picked berries. Many varieties of homemade jam and jelly. We have a road stand for fresh fruit-jam can be purchased at farm office. Also at Owego's Farmers Market on Tuesdays.
 - **Traues Blueberries** - Blueberries
Upper Briggs Hollow Road (off Sibley Rd) Owego, NY 13827. Phone: 607-699-7246.
Open July-August, daily daylight hours, call first for availability.

Large Motor Activities

SKATE ESTATE

Open Skate, Birthday Parties, Arcades, Miniature Golf, Water Slide, Laser Tag

Mondays 10:00 a.m. – 5:00 p.m.

Tuesdays 6:30 p.m.- 9:30 p.m.

Wednesdays, Thursday, 10:00 a.m – 8:00 p.m.

Fridays, 10:00 a.m. – 10:00 p.m.

Saturdays 10:00 a.m. – 9:00 p.m.

Sundays 10:00 a.m. – 6:00 p.m.

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

Classes for Karate, Cardio Kickboxing and Zumba offered throughout the week.

Fairbanks Tang Soo Do: 604 Vestal Parkway West, Vestal, 372-0936

Pre-K Karate for children ages 2-4

Dancescapes Performing Arts, LLC: 14 Willow Street, Johnson City, 729-4783

Classes available in ballet, jazz, tap, lyrical/contemporary, acro, and hip hop. Recreational and competitive classes offered. Fee varies depending on the number of classes taken

The Ice House Sports Complex: 614 River Road, Binghamton, 204-5075

Public skating, open hockey, hockey camps, groups, and parties available. Cost varies depending on the activity.

SUNY Broome Ice Center: 901 Front Street, Binghamton (SUNY Broome Community College) 778-5423

Cost: Open Skate

Lunch Time Skate Mon. – Fri. 11:00 a.m. – 1:00 p.m.

Adults: \$6

Adults: \$4

Students (17 & under): \$5

Students: \$3

Skate Rental: \$4

Skate Rental: \$2

See calendar for Open Skate times

Chenango Gymnastics: 120 Chenango Bridge Road (RT 12-A), Binghamton, 648-7366

Mom Pop and Tot (9 months-3 yrs.)

Tumbling Tots (3 yrs.)

Preschool (3-5 yrs.)

All Ability (5 & up)

(Ninja) Warrior

Call for fees and schedules

Head Over Heels Gymnastics: 541 Vestal Parkway West, Vestal, 754-6454

Various Preschool (1-4) and School Age (5-18) classes available

Call for fees and schedules

Owego Gymnastics: 748 State Route 38, Owego, 687-2458

Lions (1-2 yrs.)

Tigers (3-4 yrs.)

Bears (5-6 yrs.)

Lollipop Kids (Open playtime for parent and children) Fridays 10:00-11:00 a.m.

Additional classes available for older children, advanced classes, classes for special needs, etc.

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. Cost: Free

Binghamton PAL Family Resource Center at 457 State Street, Binghamton 771-6334

Family Resource Center at 601 Columbia Drive, Johnson City 763-1252

Endicott Family Resource Center at 200 Jefferson Ave, Endicott 785-4331

Owego Family Resource Center at 72 North Ave, Owego 687-1571

Waverly Family Resource Center at 460 Broad Street, Waverly 565-2374

Norwich PAL Family Resource Center at 27 W. Main Street, Norwich, 334-8909

Lourdes PACT 584-4570 (Broome County) and 687-6145 (Tioga County)

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
- SUNY Broome Community College Classes for Youth
- Jewish Community Center
- Town of Union Recreation Department
- Town of Vestal Recreation Department
- Southern Tier Gymnastics Academy
- 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
- Uncorked Creations Art Studio & Gallery (Binghamton)
- Wet Paint! (Johnson City)
- Magic Paintbrush (Endicott)

Social Service Resources

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 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.

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- **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., AL anon & 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.
- **Trinity TCASA**- provides prevention education programs in schools and the community that focus on substance abuse, gambling, bullying, and violence prevention.

Youth Programs

- **Mothers & Babies Perinatal Network Youth Services**- provides 6th, 7th, and 8th grade classroom presentations addressing topics of “building healthy relationships”, “parenting can wait”, and “making good decisions”.
- **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.
- **Broome County Public Library** – Youth services department organizes youth and family literacy activities and events.
- **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.

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- **Boys & Girls Club of Western Broome Family Center** – 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.
 - **Family Planning of SCNY** – Family Planning’s school and community-based programs for young people share medically accurate, age-appropriate curriculum about avoiding pregnancy, sexually transmitted diseases (STDs), and HIV infection. These educational components are part of a broader program that shares information about healthy relationships, effective communication skills and sexual activity as part of a healthy relationship

Services/Programs for Families

- **Healthy Families Broome** - Broome County Health Department.
- **UHS Stay Healthy Center** - provides RN support and breastfeeding support
- **Lourdes Ascension Program** - each primary care associates office now has a registered dietician available to work with clients
- **Broome County Health Department Traffic Safety Program** - provides education on car seat safety, bike safety, and other traffic safety topics

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- **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.
 - **AGAPE (Adoption and Guardianship Assistance Program for Everyone)** - A free support, information and educational program open to all adoptive families and relative caregivers who have custody or guardianship of children.

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.

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- **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 Racker 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 serves people with all disabilities of all ages to increase their independence in all aspects of integrated community life.
 - **HCA (Helping Celebrate Abilities)** – provides clinical services, support services, and preschool programs to children.

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.
- **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, CHOW bus, and infant formula available through referrals from WIC.
- **Food Bank of the Southern Tier Pantries and Mobile Food Pantries** – visit website for a complete list of sites - www.foodbankst.org
- **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.

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- **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.
 - **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.
 - **Safe Harbour (Crime Victims Assistance Center)** - provides free & confidential outreach to youth who are at risk of exploitation.

Error! Main Document Only. 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 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.

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- 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 Broome County Health Department and Family Enrichment Network facilitates the identification and provision of **services to infants and toddlers with disabilities** in the county who also attend Early Head Start.
 - An agreement between the Tioga County Health Department and Family Enrichment Network facilitates the identification and provision of **services to infants and toddlers with disabilities** in the county who also attend Early Head Start.
 - 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 Candor 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 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 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 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.
 - 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.

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- **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.
 - 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 69 four-year children/families **and** 34 three-year old 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.

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- 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 20 percent (60 children) of Family Enrichment Network's Head Start enrollment in Broome County, and an additional 30 percent (32 children) in Tioga County and 10 percent of Family Enrichment Network's Early Head Start enrollment in the 2019-2020 program year were children with special needs.¹²¹

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 and/or challenging behaviors requiring the provision of 1:1 aides. 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.

The Early Childhood and School-Age Family and Community Engagement Center reports that 59% of men and women experience at least one adverse childhood experience (ACE) in their life. Furthermore nationally, more than 46 percent of US youth, 34 million children under age 18, have had at least one ACE, and more than 20 percent have had at least two. The effect of this trauma on brain development is significant and can ultimately impact many parts of life, including health, behavior, family, work, school and more.

In general, children who have experienced trauma display impulsivity, desensitization and apathy, decreased memory, anxiety, and often appear unruly and unmotivated. More specifically, studies have shown that children who have high ACE scores are 2.5 times more likely to repeat a grade in school and are 10 times more likely to show signs of learning and behavioral disorders in class. Students with three or more ACEs are significantly more likely to be unable to perform at grade level, be labeled as Special Education, be suspended, be expelled, and drop out of school. Students who drop out of high school are 63 times more likely to be incarcerated than college graduates.

The bottom line is that trauma is prevalent in our communities. The immediate need is to address and mitigate the effects of this trauma. Social and Emotional Learning, Trauma Informed practices, and positive behavioral strategies are necessary to improve the outcomes for our youth¹²²

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.

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 and School–Age Family and Community Engagement (FACE) Centers (both of which are housed at the Southern Tier Independence Center) are active members of the Office of Special Education Regional Team. This team was formed by NYSED to create a coordinated and cohesive network of support that is focused on enhancing services and supports for students with disabilities from early childhood through school age education and onto post school opportunities, using the NYSED Blueprint for Improved Results for Students with Disabilities as the guiding principles.

The South EC and SA FACE Centers are able to

- Support families to be fully engaged in their child’s educational process
- Build collaborative relationships with schools, community and families
- Provide information and training to providers and families to improve outcomes for all students
- Provide regional learning opportunities, targeted skill groups and intensive partnerships for families, schools, and the community.

Under the direction of NYSED the Early Childhood and School-Age FACE Centers are able to provide technical assistance and professional development to a variety of stakeholders as determined through regional planning. Stakeholders for the Early Childhood FACE Centers include families of children age birth-5 as well as community members and staff of programs and early childhood settings where preschool students with disabilities are served. Stakeholders for the School-Age FACE Centers include families of students age 5-21 as well as community members and staff of public school districts, approved private day and residential schools, Special Act schools, State-supported, and Stat-operated schools.¹²³

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.¹²⁴

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 alongside of one another.

HCA's Respite Program is for families/caregivers of children and adults with developmental disabilities. HCA also delivers family support services. The 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.¹²⁵

The High Risk Birth Clinic, a satellite certified treatment program of Broome Developmental Services and the Office for People With 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.¹²⁶

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.¹²⁷

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

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- 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 an 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 Evaluations¹²⁸

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.

The Tioga Co. Health Department received a \$5,000.00 grant to open resource libraries for families with children who have special needs at the Coburn Free Library in Owego and the Waverly Free Library. The resources include: books, DVD's for kids and adults that focus on emotional health, cognitive skills, and autism; toys and games for kids that help improve cognitive skills; and equipment that families can test at home such as compression vests, weighted vests and blankets, and tablets for nonverbal children. The child's therapist must accompany the family to the resource libraries to check out the items.

RACIAL AND ETHNIC COMPOSITION, CULTURE AND LANGUAGES

Broome County has experienced a decrease in population between 2010 and 2018. The recorded estimated population for the 2018 census was 191,659 and the 2010 census estimates a population of 200,689 (U.S. Census Bureau). Although the overall population of Broome County has decreased, our diversity has continued to increase. Broome County is the 19th most populated County in New York State. The 2017 population reflects a modest growth in diversity in persons/composition. The Hispanic/Latino composition increased from 4.0% of total population to 4.3% of total population and the Asian population remained the same at 4.4% (U.S. Census Bureau). Individuals reporting their race as black have also increased from 5.8% in 2015 to 6.2% in 2018, while our white population has decreased from 86.8% to 86.0%. The increased diversity in local population appears to mirror the overall increase in population diversity throughout the United States.

As of 2017, the U.S. census highlights that United States citizenship in Broome County has declined from 97.2% to 97%. In comparison to the national average of 93% Broome County New York ranked higher in diversity with 93.2%. The rate in citizenship in Broome County is declining creating demographic changes for community organizations in Broome County to consider in their planning decisions. Between the years 2013- 2017 the foreign-born estimated population rose from 6.0% to 6.73%. Additionally, the 2015 census notes that an estimated 17,617 residents of the Broome County population speaks a language other than English at home (U.S. Census 2015). The increasing diversity of the local population will likely continue to rise, even though our overall population growth between 2010 and 2018 decreased (US Census 2018).

According to the Office of Temporary and Disability Assistance Bureau of Refugee services report a total of 1,281 refugees and 324 Special Immigrant Visas were resettled in New York State in 2018. This number may seem low in comparison to the total population. However 89% of refugees were resettled in Upstate New York Counties. With that being said Adult ESL classes are a growing need for many immigrants and refugees in the Broome County area. As previously noted, 9.4% of the local population speaks a language other than English at home (U.S. Census 2015). Without strong English language skills, it is difficult to be self-sufficient community members. Proficiency in English language enables immigrants and refugees to pursue educational and employment opportunities. Until recently, such trainings were not readily available to newcomers in the Broome County area. Although diversity is on the rise the number of available organizations to assist individuals is limited in Broome County. Since 1939, the American Civic Association is a non- profit organization that can offer immigrants and refugees assistance with obtaining citizenship status/legal residency, ESL classes, employment training and social networking.

In Broome County, immigrants and refugees place many language demands on local service providers. Therefore a collaborate work approach from governmental agencies, human services providers, hospitals, court system, and numerous other organizations is needed 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 2018 U.S. Census estimates there is a growing multi-diverse population in Broome County. As demonstrated in Table VI, each of the School Districts in Broome County experienced a slight decrease in minority populations during the 2019-2020 school years. This slight decrease does not change the notion that a greater population diversity shift is occurring which poses many challenges for the local communities. 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 District¹²⁹

SCHOOL DISTRICT	2016-2017	2017-2018	2018-2019	2019-2020
Binghamton City Schools	53%	55%	54.9%	60%
Johnson City Schools	38%	38%	37.9%	36%
Susquehanna Valley Schools (Town of Binghamton, Conklin, Kirkwood)	9%	10%	9.8%	2%

Chenango Valley Schools (Dickinson, Port Dickinson)	9%	9%	6.9%	0%
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Tables VII and VIII compare the minority population based on the 2018 census along with the number of minority children attending Family Enrichment Network (Calculated by percentage). The ethnic make-up of Head Start families in the 2019-2020 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 a whole, as illustrated in tables VII and VIII. In comparison to the 2019-2020 program year, changes in the racial/ethnic breakdown of Head Start families are as follows: an increase in the White population of 9.4%, a decrease in the Asian population of 0.4% , a decrease of the Native population of 0.3%, there was an increase in the Black population by 6.0% , 1.7% decrease in the Mixed/Other category. Overall, Tioga County Head Start families demonstrate a slightly lower percentage of diversity than the county’s statistics.

Table VII. Hispanic and Non-Hispanic in Head Start to General Population¹³⁰

Broome County Program

	HEAD START FAMILIES 2019-2020 PROGRAM YEAR	BROOME COUNTY GENERAL POPULATION
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Hispanic	3.1%	4.3%
Non-Hispanic	96.9%	95.7%

Tioga County Program

	HEAD START FAMILIES 2019-2020 PROGRAM YEAR	TIOGA COUNTY GENERAL POPULATION
Hispanic	0%	2.1%
Non-Hispanic	100%	97.9%

Table VIII. Percentage of Minorities in Head Start to General Population¹³¹

Broome County Program

	BROOME HEAD START FAMILIES 2019-2020 PROGRAM YEAR	BROOME COUNTY GENERAL POPULATION
White	32.8%	86.0%

Asian	3.1%	4.4%
Black	36.9%	6.2%
Native	0.3%	0.1%
Other/Mi x	19.4%	3.0%

Tioga County Program

	TIOGA HEAD START FAMILIES 2019-2020 PROGRAM YEAR	TIOGA COUNTY GENERAL POPULATION
White	79.2%	96.4%
Asian	1.4%	0.8%
Black	0%	1.0%
Other/Mi x	0%	1.4%

During the 2019-2020 program years, the percentage of Head Start ESL families in Broome County is 17.2%, Tioga County 2.8%. Table IX breaks down the number of Broome and Tioga County Head Start families who spoke English as a second language during the past four program years. Thirteen different languages other than English were represented during the 2019-2020 program year.

Table IX. Language Spoken By Head Start Families Other Than English¹³²

LANGUAGE	NUMBER OF FAMILIES 2016-2017	NUMBER OF FAMILIES 2017-2018	NUMBER OF FAMILIES 2018-2019	NUMBER OF FAMILIES 2019-2020
Spanish	22	18	16	10
Laotian	1	0	0	2

Pushto	0	0	1	4
Arabic	9	12	14	27
Urdu	3	3	4	2
Kurdish	6	11	7	5
Creole	6	7	6	4
Chinese	2	0	2	0
Russian	0	0	0	1
Kareeni	1	3	3	1
Dogboni	0	1	1	0
French	2	1	0	1
Vietnamese	0	2	4	4
Armenian	0	0	1	0
Gujarati	0	0	1	1
Punjabi	0	0	2	0
TOTAL	52	62	62	61

According to the National Immigration Forum regarding Federal public benefits immigrants and refugees must acquire a lawful permanent resident status in order to qualify for programs such as SNAP, SSI, Medicaid and TANF. Meeting criteria set forth by Welfare Reform requirements continues to be challenging for ESL families. Several local agencies have been 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 a result. 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, asylees, and deportees are only eligible for SNAP 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 low income groups 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
- Unable to obtain health insurance

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 used to our system in the U.S. and many, especially immigrants from Asia, believe that getting government aid is a failure. As a result, many of them do not seek help. Information on the programs that are designed to assist needy families should be readily available for all populations in order to encourage and enable them to seek help.

The Mental Health Association of the Southern Tier, which serves people in the Southern Tier 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. In addition, the American Civic association, due in part to mandates on our refugee population, offers assistance to those who need social services. Along with the assistance offered come the expectations to actively seek employment and attend English classes. If the refugee does not comply with the mandates, he/she will not receive any assistance.

UNMET NEED

According to US Census Bureau Quickfacts, Broome County had an estimated population of 191,659 and Tioga County's estimated population was 48,560 as of July 1, 2019, the latest data available. Of this population, both Broome and Tioga counties are estimated to have 5.2% under the age of five years old¹³³. Within our Broome County service area during the 2018-2019 school year, Binghamton is the largest municipality and largest school district with 5154 students, Johnson City has 2443 students attending, Susquehanna Valley has 1418. In Tioga County during the 2018-2019 school year, Candor had 722 students attending, Newark Valley has 1122 students, Owego-Apalachin has 1954 students, Spencer has 882 students, Tioga Center has 924 students, and Waverly has 1451 students enrolled¹³⁴. The only district noting an increase in population was Newark Valley School District.

UPK, in New York State is generally for children who will be 4 years old prior to December 1st of each year, with many districts offering slots to 3 year olds. Districts within our service area for Broome County have nearly 500 combined full or half day UPK slots available to families; Tioga County has 330 combined full or half day UPK slots.¹³⁵ Family Enrichment Network currently has 103 Binghamton and 67 Johnson City UPK collaborative slots in Broome County which offer full day (7 hours) programming for our families. Susquehanna Valley School District opened their first UPK classrooms in September of 2017, with two full day classrooms of 18 children each. In Tioga County, Candor School District opened two UPK classrooms of 18 children each, in January 2019, their first UPK classrooms in six years.

Competition within our service area for children over the last several years has resulted in fewer applications coming from families in our catchment areas. In Broome County, Binghamton has UPK classrooms in 7 district buildings, including classrooms at the Wilson school, and have placed UPK slots with ten community agencies such as Family Enrichment Network (6 classrooms) and daycares.¹³⁶ Johnson City School District does not offer UPK slots within their buildings but partners with Family Enrichment Network (4 classrooms) and one other community agency. Daycares are able to offer working families longer hours of service, opening before 7:00 a.m. and remaining open until 6:00 p.m. in some instances. When UPK is offered at the daycare a family uses, their child benefits not only from the UPK curriculum but also less transitioning, remaining with the same staff and in the same space all day. When 60% of our families in both counties work full time, 37% work part time, and another 39% of others in the same household work either full or part time, daycare is a family need.¹³⁷

The Binghamton UPK has placed many slots in local daycares who will no longer accept our children or buses because it is not cost effective for the business. Families have expressed concerns over the number of transitions children who are in Center Base sessions and daycare have during each day.

Active recruitment continues throughout the program year to fill openings such as door hangers, flyers to local agencies our families may frequent, word of mouth, visibilities, tear offs, site visits, referrals, scheduled pre-screening events, attending community meals, and food pantries, and face to face contacts. Available slots are filled as quickly as possible from children on the waitlist and new applications.

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. Continue promoting mental wellness and social/emotional wellbeing thru the full implementation of curricula including Pyramid, Second Step, Conscious Discipline, and assist parents in supporting their children's mental wellness by providing an array of parenting programs/resources.
2. Continue to educate staff on their awareness of trauma's impact on young children and families to increase staffs' capacity to support them.
3. Assist families as they connect to resources in the community related to domestic violence, addiction, kinship, general violence, and mental health.
4. Identify effective ways of educating parents/guardians on the value of consistent medical and dental care.
5. Follow suggested strategies to expand vision care for children five and under, especially those on Medicaid.
6. Advocate for and support families to find appropriate and adequate non-traditional child care.
7. Continue to provide families with information on food programs and resources including the Summer Food Services Program, Mobile Food Pantries, etc. to reduce their food insecurities.
8. Continue connecting English Language Learner Families with ESL services, and support families in accessing legal and immigration services.

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Special Services

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 – 3.5 hour duration

With regret, we closed our Cortland County SCIS program August 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 three 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.

INFORMATION ON CHILDREN WITH DISABILITIES

The following table provides a snapshot of services provided to children ages birth-5 in

Broome County for 2019.

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

Year	# of Active Cases	# of Referrals
2015	872	445
2016	706	455
2017	748	487
2018	842	532
2019	907	540

Eligible Services	2018 # of Children (Duplicated Services Possible)	2019 # of Children (Duplicated Services Possible)
Speech Services	262	292
Special Instruction	263	231
Physical Therapy	265	257
Occupational Therapy	195	176
Family Training	13	16
Social Work	14	14
Vision Services	0	1
Core Evaluations	458	475
Supplemental Evaluations	130	146

A Comparison of Broome County's CPSE Service Delivery Models for 19/20 School Year (as of 2/1/2020)

Service	Type of Service	Number of Children	Percentage
Related Service	Speech Therapy	392 (311 + 81)	37% of duplicated count
	Occupational Therapy	183 (146 + 37)	17% of duplicated count
	Physical Therapy	89 (83 + 6 TBD)	8% of duplicated count
Special Education Itinerant Teacher	Aides (1:1 and shared)	(34 in program; 11 preschool or HS)	25% of integrated program children; ~5% of unduplicated
	Minimum of 2 hours per week	51 (29 + 22 TBD)	~5% of duplicated count
Integrated Program	3 Hour Day	79	~9% of unduplicated count
Integrated Program	3.5 Hour Day	47	~5% of unduplicated count
Integrated Program	5 Hour Day	8	~1% of unduplicated count
Special Class Program	5 Hour Day		~3% of unduplicated count
Total (Duplicated Count)		1,068	

Total (Unduplicated			
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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 2019 Early Intervention active cases and referrals were higher than the previous year. EI speech has increased from last year. We also see that if 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 and Fayette Street. We work with staff in three 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. 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. 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

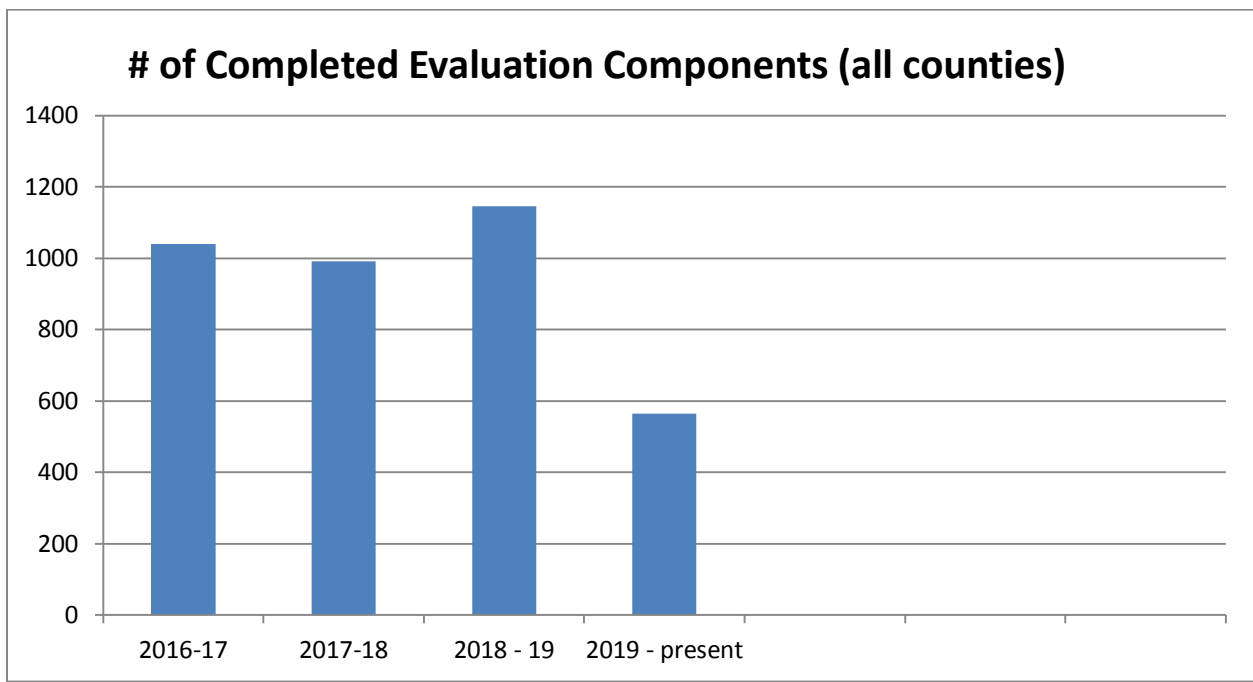
district provides curricular oversight and training opportunities for both the general education and special education staff. Enrollment at both sites this year has been at 100% (as of February 2).

In 2014, 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. The Binghamton CSD has been a strong partner sharing resources and including our staff in trainings and local conferences.

Multi-disciplinary Evaluations

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, 2020 we have completed 486 evaluation components at our Broome evaluation site and 79 evaluation components at our Chenango evaluation site. This year the evaluation team in Broome County continues to receive referrals from Tioga County school districts and from Chenango County school districts. It should also be noted, that due to diminished availability of OT, ST and Psychological providers at our Norwich site during the fall of 2019, some evaluations that would have been done at our Norwich site came to our Broome County site.

We continue to be one of five approved agencies/school districts that conduct preschool evaluations within Broome County. Our agency offers up to 9 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. Our department continues to employ a school psychologist in addition to retaining the contracted clinical psychologist. Additionally in Broome County our evaluation team offers 7 speech / language therapy, 2 occupational therapy and 2 physical therapy evaluations per week. Occasionally, additional occupational therapy slots are provided by an independent OT contractor based on her availability and our need.



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. This has become increasingly challenging as the number of referrals increase, but the number of evaluators remains essentially the same. 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 from the evaluator 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 totally completed evaluations 2019-2020 (through January 31, 2020)
Timeline from conducting the evaluation to receiving the report in the SES office.**

Evals Done	# of Evals	0-7 days	8-14 days	15-21 days	22-30 days	Over 30 days
Psych	118	85	14	12	3	4
ST	93	89	4	0	0	0
OT	42	22	14	2	3	1
PT	26	14	10	2	0	0
ED	10	6	2	2	0	0
Total	289	216	44	18	6	5
Percent		75%	15%	6%	2%	< 2%

Broome Evaluation Timeframe for 2018 -19 (through January 2019)

Timeline from conducting the evaluation to receiving the report in the SES office.

Evals Done	# of Evals	0-7 days	8-14 days	15-21 days	22-30 days	Over 30 days
Psych	117	87	20	4	3	3
ST	93	85	7	1	0	0
OT	53	24	17	6	4	2
PT	36	20	14	2	0	0
ED	16	14	1	1	0	0
Total	315	230	59	14	7	5
Percent		73%	19%	5%	2%	<2%

Broome Evaluation Timeframe for 2017-18 (through Jan. 1, 2018)

Timeline from conducting the evaluation to receiving the report in the SES office.

Evals Done	# of Evals	0-7 days	8-14 days	15-21 days	22-30 days	Over 30 days
Psych	110	78	24	5	2	1
ST	97	81	14	2	0	0
OT	75	48	13	7	5	2
PT	42	27	15	0	0	0
ED	25	16	8	1	0	0
Total	349	250	74	15	7	3
Percent		72%	21%	4%	2%	<1%

Broome Evaluation Timeframe for 2016 - 17 (through January. 31, 2017)

Timeline from conducting the evaluation to receiving the report in the SES office.

Evals Done	# of Evals	0-7 days	8-14 days	15-21 days	22-30 days	Over 30 days
Psych	106	79	13	5	6	3
ST	75	70	4	0	1	0
OT	51	36	5	9	1	2
PT	31	15	15	1	0	0
ED	18	13	2	2	1	0
Total	281	213	39	17	9	5
Percent		76%	14%	6%	3%	1%

Timeline- From date referral received from the school district to completed evaluations sent back to the district July 1 through January 31 of each year.

19-20	0-30	31-60	61-90	90-120	120+
Children Eval'd	2	62	36	13	8
Percent	2%	51%	30%	11%	6%

18 - 19	0-30	31-60	61-90	91-120	120+
Children Eval'd	9	86	81	5	1
Percent	5%	47%	45%	3%	<1%

17-18	0-30	31-60	61-90	91-120	120+
Children Eval'd	21	90	76	5	1
Percent	11%	47%	39%	3%	<1%

16-17	0-30	31-60	61-90	91-120	120+
Children Eval'd	14	87	25	3	1
Percent	11%	67%	19%	1%	<1%

Discussion: SES continues to monitor the number of evaluation slots per month in order to meet the needs of districts requesting evaluations. However, the limited number of psychological and pediatric therapy professionals who can provide these evaluations limits the number of evaluations possible and does prolong the process. The number of evaluations a child is recommended to receive, can also impact the timeliness of evaluations as well. This year there has been a high percentage rate of cancellations and “no show” appointments, resulting in children being rescheduled and extending the timeline. .

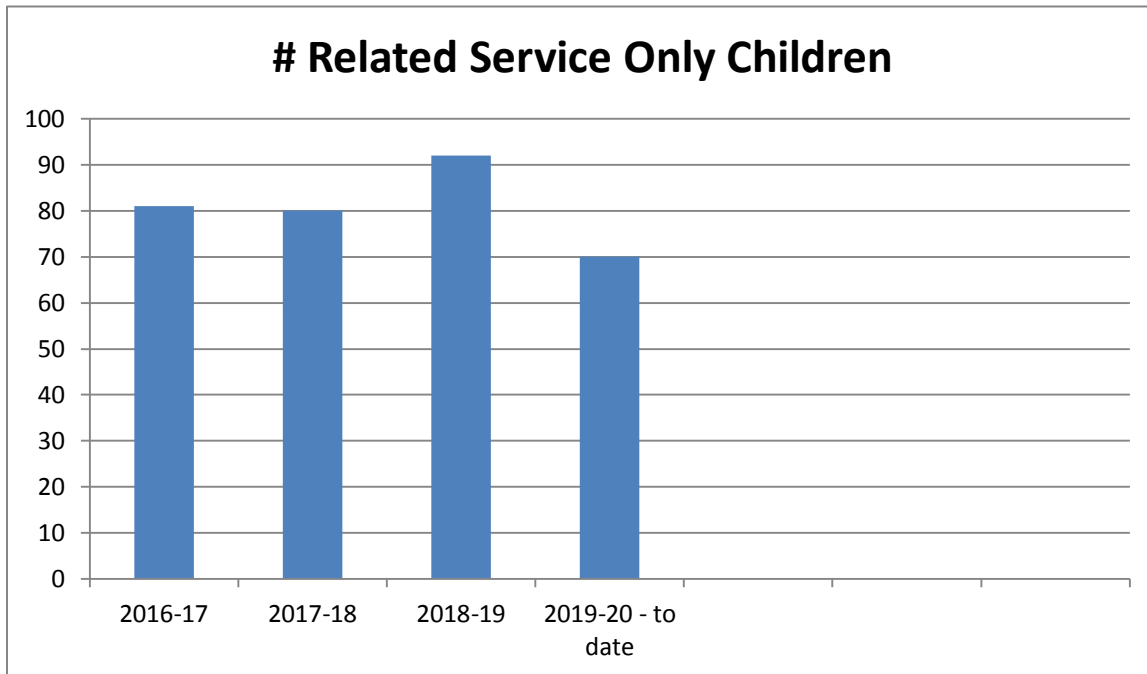
Many of the evaluations taking more than 60 days to complete are due to parents’ failure to respond to phone calls, not showing up for evaluations, cancellations, child absences, or parent/teacher failure to return paperwork in a timely manner necessary for completion of evaluations. (Ex. for psychological evaluations a social history packet and a social emotional questionnaire; for OT evaluations a sensory profile; for educational evaluations cognitive and social-emotional questionnaires). 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. Additionally, by mid-November, therapists have increased their caseloads which may mean there are fewer evaluations time slots available. Limited resources for clerical support may also cause delays in the process. The CPSE chairperson’s response to our evaluation process indicate that we provide

quality, informative and thorough evaluation reports, however, concerns still exist in regards to timeliness.

Itinerant Related Services Provided by Family Enrichment Network

In Broome County we continue to provide speech therapy, occupational therapy, and physical therapy as related services to children in their natural environments including Head Start and UPK, We have a strong Broome related services team which includes:

- 6 full time Speech/Language Pathologists
 - We are currently advertising for additional Speech Language Pathologists
- 2 full time Occupational Therapists/ 1 full time who split her time with the Norwich site.
- 1 part time Physical Therapist/1 full time Physical Therapy Assistant.



Note: Chart indicates total of different children receiving a related service through Jan, 31 of each year and who are not in a SCIS class.

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 and because reimbursement rates have remained relatively low in Broome County and NYS compared to other NYS counties and other states. 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 January -June and then a dramatic decrease over the summer and fall, making it difficult for an agency to maintain that higher level of staffing. It should be noted that Broome County only provides *new* contracts to agency providers and no longer to private providers. Also numerous private providers have moved out of the area and/or retired.

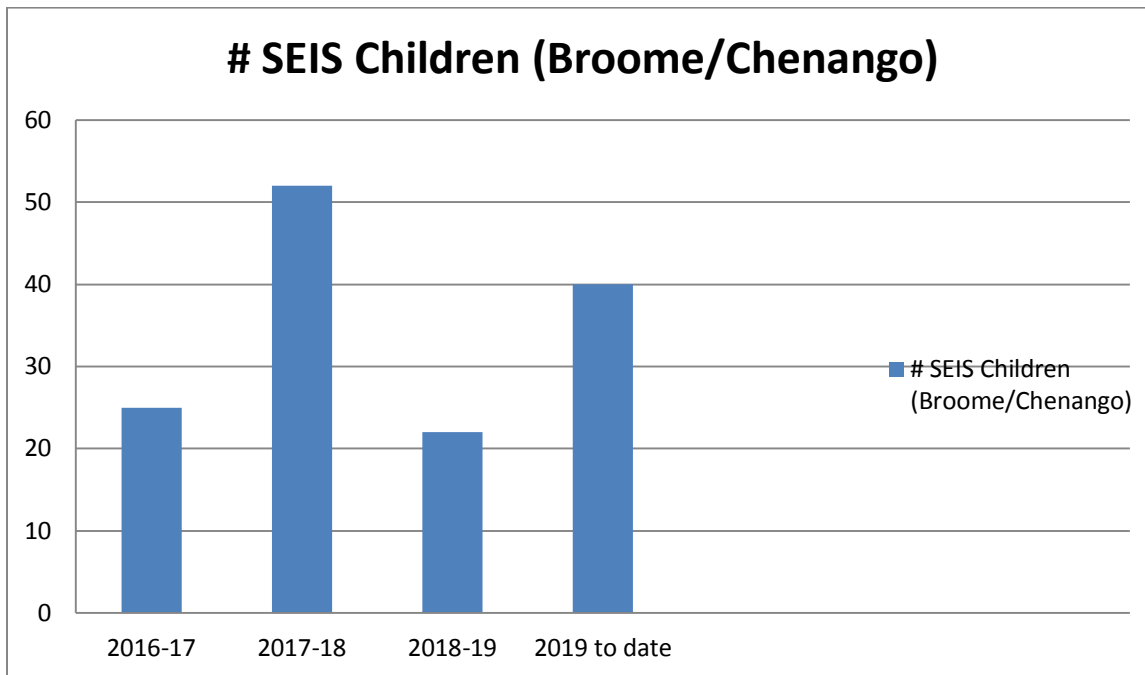
Broome Special Education Itinerant Services (SEIS)

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 discontinued this service due to the inherent difficulties in providing this service in a cost effective manner.

Family Enrichment Network has a need for two FTE Special Education Itinerant Service teachers to support Broome and Chenango County children. Currently FEN has no FTE Special Education Itinerant Service teachers. Therefore, we still have a waiting list of children in need of Special Education Itinerant teacher services in both counties.

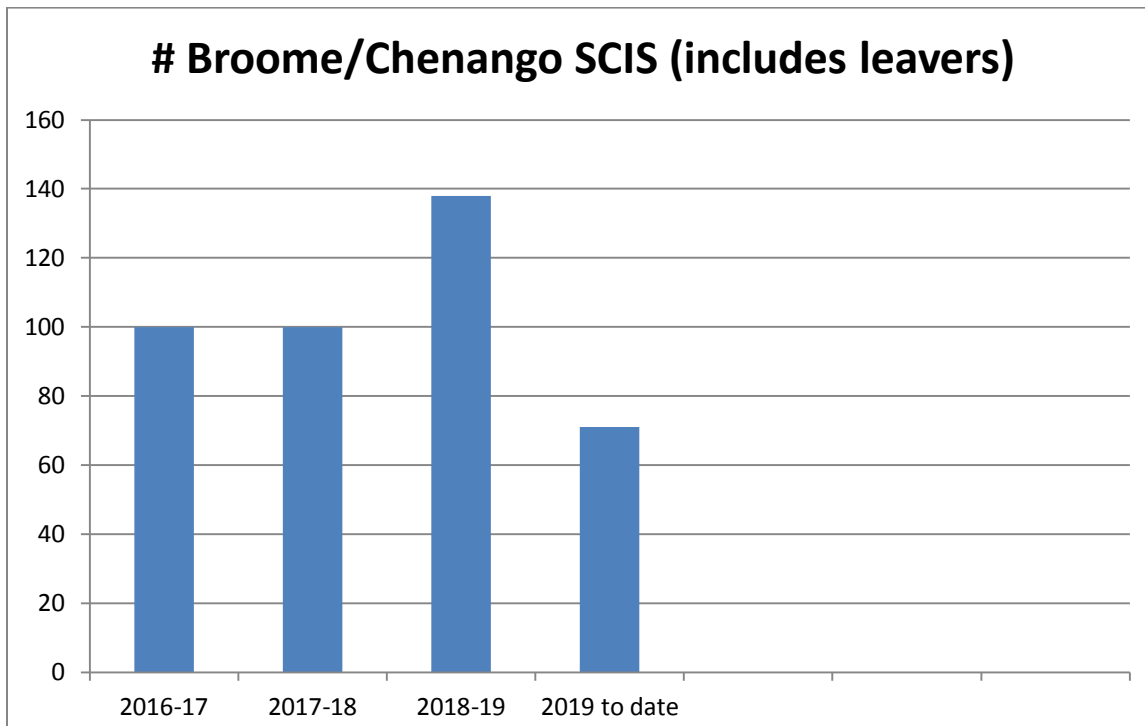
The CPSE chairperson's response to meeting therapy needs included increased funding to pay and retain therapists, teachers, and an overall need for more related service providers in Broome County to meet the children's needs. Responses in regard to timeliness of progress reports and annual review reports ranged from "no concerns, all were done well and in a timely manner" to "more evaluation slots are needed to meet timelines". The Broome County CPSE Chairpersons expressed that we expand to meet children's needs.



Discussion: 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 a potential of 60 openings in Broome County. As of February 2020 48/48 program openings have been filled. At our Chenango site we have 20/32 program opening filled. With variances we have 49/48 (Broome) openings filled.



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 not fully enrolled for the 19-20 school year, when we are full SES would be 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.

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. Some 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.

Chenango County Services

The services provided to children ages birth-5 in Chenango County *information is not up-to-date as the County was unable to provide us with the updated information.*

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 2012-13 school year, we had children on a waitlist. We continue to support full time SEIT services, have a wait list, and could provide more SEIT if we could find a qualified and willing candidate. In February 2018, we hired a new SEIT provider; unfortunately she was injured and was out for over 8 months. After six months another SEIT provider was hired; she had a full schedule and there are children on the waiting list. However, as of 2020 we need to hire a teacher again for children who have a need for 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 – In the past we had 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. However, in 2020, there is a shortage of evaluators in Chenango County. We constantly work diligently to provide evaluations in a timely manner, at times bringing therapists from Cherry Street to Norwich in order to complete evaluation. Family Enrichment Network is the only agency in Chenango County conducting evaluations at this time.

Norwich Site: Evaluation Timeframe for February 2019-February 2020

Evals Done	# of Evals	0-7 days	8-14 days	15-21 days	22-30 days	Over 30 days
Psych	70	10	12	14	4	8
ST	22	11	0	5	0	2
OT	27	4	4	5	4	6
PT	23	1	6	5	3	3
ED	4	1	0	0	1	2
Total	146	27	22	29	12	21
Percent		18%	14%	5%	8%	14%

***evaluations may not have been completed or returned to date**

Norwich Site: Timeline- From date referral received to completed evaluations sent back

February 2019- February 2020	0-30	31-60	61-90	91-120	120+	Withdrawn	Not Completed**
Children Eval'd: 120	2	18	19	7	11	2	33
Percent	1.6%	12.5%	15.8%	22%	5.8%	9%	24%

**** These 33 referrals were received and the evaluations begun; however the evaluations have not been completed.**

During this past year many of the evaluations took a long time to complete due to children not showing up for their scheduled appointments; a new date then needed to be scheduled. Due to the referral rate, and the lack of evaluators at our Chenango County site the new appointments were scheduled out 2-4 months.

Special Class in an Integrated Setting: In July 2012, integrated classes were expanded to Chenango County in Norwich. Family Enrichment Network collaborated 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; we have continued to fill these variances in all sections of our preschool. In September 2018 Family Enrichment Network became a licensed daycare provider for our site here in Norwich. As the DCMO BOCES daycare does not meet the same criteria, our programs split. As of the 19-20 school year we have moved from DCMO BOCES to our own site at 21 South Broad Street, Norwich. and are now able to offer daycare services to other families.

Discussion of Chenango County Community Assessment Participants 2019-20

The following items were discussed at the Chenango County Community Assessment meeting and rated in terms of priority. Many of the needs were on-going from the previous year.

- 1) Hiring of staff to meet the IEP services of children
- 2) Continue to monitor the evaluation timeline
- 3) Continue to provide all evaluation appointments in one day, due to transportation difficulties of families
- 4) Continue to increase communication among the county, FEN, and component school districts
- 5) Parent Training, either short-term or all year. Perhaps parents need to come in the classroom more to learn carryover strategies to use in the home.
- 6) Counseling for children with mental health needs
- 7) Providing training to teachers on child development
- 8) Implementing a screening program at Norwich School District to eliminate referrals being made for age appropriate development
- 9) Consider adding more evaluators and more spots at the Norwich facility
- 10) Hire more evaluators and related service providers

Some of these discussed needs will be more difficult to provide than others. For example, we changed our evaluation schedule so that all evaluation components are held on the same day to assist parents with transportation challenges. However new challenges were discovered with the children not wanting to participate in multiple evaluations; they would tire after the first evaluation, thus skewing the results of the next evaluations. 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. Suggestions have been made to open more preschool classrooms to meet the needs to the children that are not being serviced. Unfortunately this falls in the category of our ability to hire qualified staff and there is a shortage in our area.

**PARENT SURVEY SUMMARY AND DISCUSSION
BROOME COUNTY 2019/2020**

Question	Total # Respondents	Responses
I feel comfortable contacting my child's teacher and/or therapist.	16	14-yes 1-maybe 1-no
I receive frequent feedback from my child's teacher and/or therapist about my child's progress	16	14-yes 2-maybe 0-no
I would be interested in attending parent informational sessions.	16	10-yes 6-maybe 0-no
Was your child evaluated by Family Enrichment Network? If so, was the experience a positive one?	16	15-yes 0-maybe 1-no
I am satisfied with the overall special education program and services provided by the Family Enrichment Network.	16	15-yes 0-maybe 1-no

BROOME INTEGRATED PROGRAM PARENTAL RESPONSES

- + Response to #4- Had evaluations done but not all at Family Enrichment.*
- + We have enjoyed watching our son grow and learn new things!*
- + The evaluation room needs to be more welcoming!*
- + Response to #3- I would just need to know the date and time.*
- + Response to #1- I would like more outreach to discuss any problems or goals.*
- + Response to #2- I receive them from the one on one aide and the therapists.*
- + Response to #2- Sometimes they to call when I ask!*
- + I would really like for the teachers to write in her notebook every day to let me know how she is doing in all of her classes—and to call me if they have any questions, problems or concerns.*
- + Response to #1- We've had some issues. One is about his glasses/lens. I felt I was lied to!*
- + Response to #2- Not in the beginning but getting a little better.*
- + Response to #5- Over all, NO, not very happy!*
- + Teachers always respond in a timely manner.*
- + If not by phoned they always send written communication.*
- + Response to #3- Anything helpful to Jacoley's learning.*
- + Response to #2- More wouldn't though, I wanna know about his whole day.*
- + Response to #3- Talk about his progress face to face and things I could be doing at home to help him along.*
- + Response to #5- Big Improvements!*
- + Response to #3- What things I can do at home to work with girls and their speech (Ex. Flash cards!) Could come in afternoon time after 2:00 pm.*
- + Response to #3- Areas of difficulty!*
- + Response to #2- I requested and created a daily sheet to be sent home with daily summaries.*
- + Response to #3- Anything IEP related—Transition to kindergarten—Activities to do at home to support development.*
- + While we were mostly satisfied with the Special Education Program, the actual placement was of concern. The classroom from the first day was dirty and outdated. The carpets always look dirty and most of the puzzles and toys look old and dingy. I have seen other Binghamton Pre-K rooms and they are beautiful with all new supplies and play areas. Had I seen this room ahead of time I never would have sent my child. The teachers and aides were constantly wiping things down but there is only so much you can do with outdated and old carpets, furniture, and toys. Our biggest issue was the lack of outside play—a crucial part of child's development. Even though they knew the year before, they failed to inform prospective parents there was NO PLAYGROUND! For 4 yr. olds that is ridiculous.*

Question	Total # Respondents	Responses
<i>I feel comfortable contacting my child's teacher and/or therapist.</i>	9	9- yes -maybe 1-no
<i>I receive frequent feedback from my child's teacher and/or therapist about my child's progress</i>	9	7- yes 1- maybe - no
<i>I would be interested in attending parent informational sessions.</i>	9	5- yes 1- maybe 3-no
<i>Was your child evaluated by Family Enrichment Network? If so, was the experience a positive one?</i>	9	7- yes 1-maybe 1-no
<i>I am satisfied with the overall special education program and services provided by the Family Enrichment Network.</i>	9	6- yes 2-maybe 1- no

CHENANGO COUNTY INTEGRATED PROGRAM PARENTAL RESPONSES

- + Response to #1- Every time I contact my son's teacher, she gets back to me quickly and answer all my questions.
- + Response to #2- I love when I get feedback about my son's progress in school and him learning new culture, animals, and occupations and he comes home and tells us about them.
- + Response to #3- Sign language and more fine motor crafts or games we can play. Available in the late afternoon or evenings.
- + Response to #5- Even though the school does not have speech or occupational teachers they have implemented them in the classroom.
- + Response to #2- I would like to receive more updates from the P/T.
- + Response to #5- I'm very pleased!!!!
- + I appreciate all the support and communication!!!!!!!!!!!!
- + Response to #1- I don't do it often enough for information.
- + Response to #3- Planning either about monthly or weekly, so I can plan on what to focus on at home to help in development. Any time after 4:30 PM.
- + Response to #5- I see progress; but have no idea what is going on in speech therapy to be supportive enough at home.
- + Would like a little more info on what's happening with speech therapy to be able to support the efforts at home.
- + Response to #1- Ms. Tina is easy to talk to!
- + Response to #2- I just wish it wasn't so vague at times. Example; John Doe had a hard time transitioning today. What does this mean exactly?????
- + Response to #3- How to better assist a child with autism. Early mornings- Mondays both parents could attend.
- + Response to #4- Sad news but not a bad experience for child.
- + Responses to #5- Just hope to see progress soon.
- + Response to #3- Behaviors: How you guys deal and what you guys do to control a kid.
- + Response to #2- Sometimes the book never makes it home or no one writes in it.
- + Response to #5- He doesn't get his speech.
- + Response to #4- I don't remember!

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 sixth year of the grant

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;

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.

**2020 WHERE ARE WE NOW?
Last Year's Priorities and
Current Status for Broome**

<i>Issues from 2018</i>	<i>Actions Taken</i>	<i>Current Status as of 2020</i>
1. Increase SES capacity to provide more related services and SEIT from January-June.	*Discharging children from service when goals are met instead of waiting until annual review meetings has created a few more openings for services.	Although SEIT is now reimbursed per session, the rate continues to be a challenge. It has been extremely difficult recruiting staff as well.
2. Continue to provide support for children with significant behavioral difficulties	*Hired FT Psychologist *Continuation of OPWDD Family Support Services Grant	*Special Class Integrated Setting (SCIS) classes meet to discuss difficult cases and work with our school psychologist. *Broome County families in Family Support Service Grant are satisfied with support
3. Increase access and implementation of technology for our children in SCIS, SEIT and related service settings	*All SCIS classes, SEIT, and therapists have mini iPads	*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
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.	*We have a SLP who has been participating in on-line classes to support her growth in this area. We are just starting to implement some of the PECS (Picture Exchange Communication System)	*This is a long-term goal; our staff members are not able to conduct AAC evaluations at this time.
5. Improvement of evaluation process – continue to monitor the timeliness of evaluations, including team annual review reports	*We will continue to internally monitor our process for quality and timeliness	*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.

UNMET NEEDS FOR SPECIAL EDUCATION SERVICES & RELATED SERVICES

Reflections of the Broome Community Assessment Team on Current Needs for 19-20:

- 1. Shortage of Related Service and SEIS Personnel:** Yearly, this is an expressed need. Broome and Chenango reports a shortage of providers for related services and SEIT (throughout the year) instruction 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 have seen a decline in the number of early childhood teachers and speech language pathologists available for recruitment.
- 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 4th year that SES has focused on this population at all of our sites. The classes are fully integrated with typical UPK children and children with IEPs who have high behavioral management needs. Staff plans age appropriate behavioral interventions. Districts have requested that next year we provide targeted staff development to teachers and aides in the area of social emotional needs and counseling.
- 3. 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

IDENTIFICATION AND PRIORITIZATION OF ISSUES & PROBLEMS

This assessment indicates that the following community priorities need to be addressed in 2019-2020 by the Special Education Department's programs, services and their community partners:

Broome/Chenango:

- ✚ Programs and supports for children with trauma or behavioral challenges
- ✚ Continue with Response to Behavioral, Social and Educational Intervention plan
- ✚ Staff trainings for social-emotional needs in the preschool setting
- ✚ Continue to monitor the evaluation process timeline
- ✚ Shortages of qualified teachers and related service personnel
- ✚ Lack of funds for counseling to support our student and families emotional needs
- ✚ Parent trainings and parent events.

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 March 11, 2020. The Governing Board approved the entire summary report on March 24, 2020.

Table XII. Community Assessment Timeline

TASK	November	December	January	February	March
Director's Planning	X	X			
CA Orientation Meeting			2/5		
Data Collection			X	X	
Data Analysis/Writing Document			X	X	
Work Groups Identify Needs				2/6-2/28	
CA Committees review document					3/6
Executive Director's Review					3/9
Make Changes to Document					X
CA reviewed by Policy Council					3/10
Make Changes to Document					X
CA reviewed by Governing Board					4/24

