



**Community
Assessment**

2017-2018

Community Assessment

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FAMILY ENRICHMENT NETWORK, INC.

Agency-Wide Community Assessment

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11/1/17 – 10/31/18

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. ² 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. ³

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.⁴ 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.⁵

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.⁶

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.⁷

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.

There is information available in the community to aid parents in finding quality child care. When parents call Family Enrichment Network's Referral Specialist, not only do they speak to a qualified and trained individual, they are also 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 Day Care Facility search. Information on finding quality child care can be found online at Child Care Aware of America or the National Association for the Education of Young Children (NAEYC) websites. Links can be found on our website.

QUALITYstarsNY

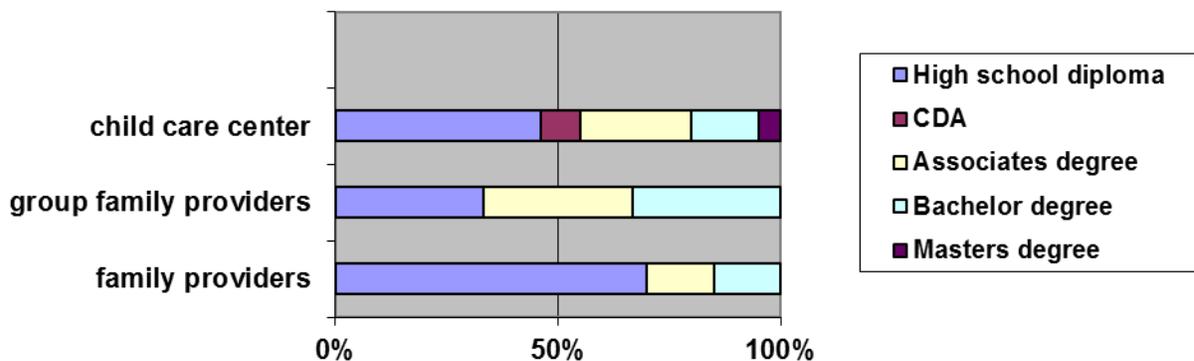
QUALITYstarsNY is New York's quality rating and improvement system. QUALITYstarsNY was field tested in 13 communities across New York State in 2010 and partially implemented in low performing school districts, as well as field test communities, in 2012. Since Binghamton was a field test community, there are currently 5 programs still in QUALITYstarsNY locally. Full implementation across the state has been postponed due to funding issues. In 2017, the Governor's Executive Budget for the Proposed FY 2018 Budget, included \$5 million for QUALITYstarsNY, which is the same as the FY 2017 Enacted Budget and an increase of \$2 million over the FY 2016 Enacted Budget. The CCR&R staff continue 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). One nursery school program, the Endicott First Presbyterian Nursery School, is also accredited through NAEYC.¹ There are no family child care programs accredited through the National Association of Family Child Care at this time.²

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 a higher percentage with 60% of family and group family child care providers having a high school diploma. Only 37% of family providers have a college degree, with an 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 Locally, we are directly in line with the national averages for center-based staffing education as indicated in Chart 1.

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 2016 was 18%, which is much lower than the rate in 2015 of 38% and 2014 rate of 27%. The national average for child care center staff turnover is between 25% and 40%.⁶

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 2016, Specialists offered 1170 technical assistances to 163 providers and programs. Specialist can offer onsite visits to programs to help with best child care practices. In 2016, Specialists offered 228 onsite technical assistance visits to 25 providers and programs.⁷
- **Quality Improvement Partnership:** The Quality Improvement Partnership (QIP) is an intensive technical assistance project for any modality of registered or licensed child care which includes a combination of onsite visits, training, and grant funding. The QIP is limited and available only to 4 providers in Broome County, 1 provider in Tioga County, and 8 providers in Chenango County in the 2016-2017 CCR&R contract year. The purpose of the QIP is to improve the quality of the child care program and care offered to children.
- **Infant Toddler Project:** Family Enrichment Network has an Infant Toddler Specialist as part of the Regional Infant Toddler Network. The Infant Toddler Specialist works in the 5 counties of Broome, Tioga, Chenango, Tompkins, and Cortland. The Infant Toddler Specialist offers mentoring, technical assistance, onsite intensive technical assistance, and training to parents, providers, OCFS licensing staff, CCR&R staff, and the community on infant/toddler best practices and the importance of offering quality care to those ages. Table 1 below shows the breakdown of services provided by the Infant Toddler Specialist in 2016.

• **TABLE 1: 2016 Infant Toddler Specialist Reported Numbers⁸**

	Quarter 1	Quarter 2	Quarter 3	Quarter 4
Basic Technical Assistance	11	8	7	1
Number of Trainings	4	7	14	5
Intensive Technical Assistance by hours	16	36	10	4

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

- **Legally Exempt Enrollment:** Since July 2006, the CCR&R has been the Legally Exempt Enrollment Agency for Broome, Chenango, and Tioga Counties, working collaboratively with the local Department of Social Services (DSS) in the respective counties. If a

provider is not registered or licensed by OCFS, and the parents are receiving a child care subsidy to help them pay for child care, the legally exempt provider must complete the enrollment process through the CCR&R to receive the subsidy payment from DSS. At this point, there are several steps in the enrollment process, including the completion of the 15 page enrollment packet and minimal background checks. The Enrollment Agency staff assists both the parents and the providers with the often confusing paperwork that is required for this process. After the Enrollment Agency has determined that the enrollment paperwork is complete and correct, the preliminary background checks are completed, which includes the New York State Sex Offender Registry, the provider is temporarily enrolled and a final check is requested from the DSS. DSS then notifies the Enrollment Agency if the provider meets or does not meet the enrollment requirements. Legally exempt providers are required to re-enroll every year that they are receiving subsidy payments. The federal Child Care Development Block Grant (CCDBG) is bringing many changes to the New York subsidy system, including legally exempt providers. Changes are still in process, but will include required health and safety training, fingerprinting background checks for all non-relatives, and 100% inspections.

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

TABLE 2: 2016 Legally Exempt Enrollment By Type⁹

	FCC	In Home	Group
Broome County	58	102	4
Chenango County	21	25	1
Tioga County	51	41	3

In addition to enrolling legally exempt providers, at this time the Enrollment Agency is required to conduct home inspections of 20% of the legally exempt family child care providers, providing care in their own home and who are not participating in the Child and Adult Care Food Program (CACFP). This basic inspection looks at the completed Health and Safety checklist, which was attested to in their application and verifies the safety of each. Broome County DSS has an additional requirement that legally exempt family child care providers providing care over 30 hours a week must be in CACFP. In the near future, the CCDBG will be requiring 100% inspections of all non-relative legally exempt providers.

Chart 2 shows that only 14% of enrolled legally exempt providers in Broome County were inspected by either Enrollment Agency staff or CACFP staff in 2016.

Therefore, we do not know the quality of the child care provided in 86% of the legally exempt homes in the County.

CHART 2: Broome County LE Inspections

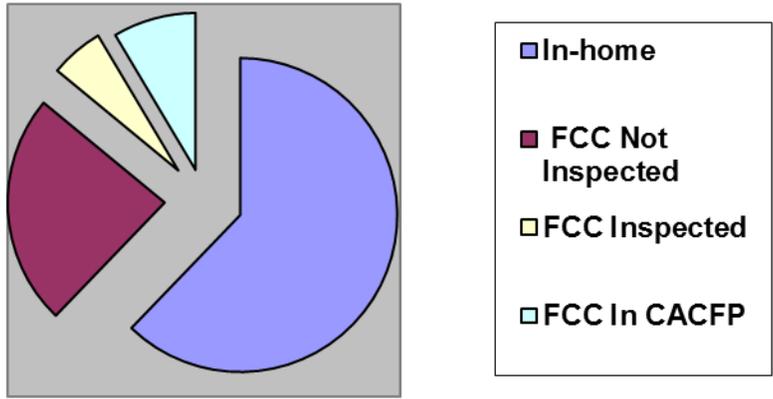


CHART 3: Chenango County LE Inspections

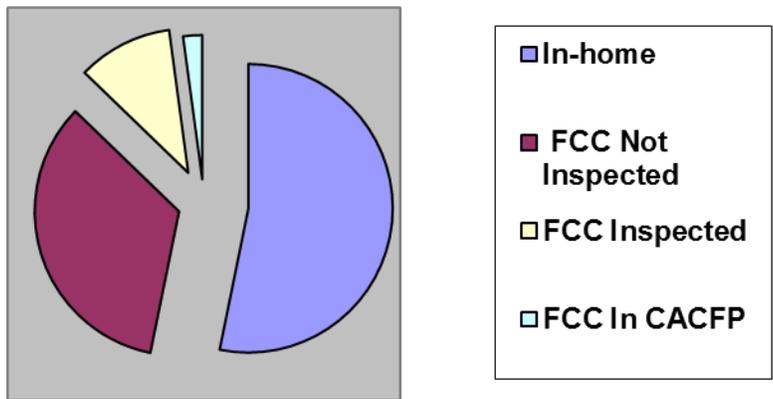
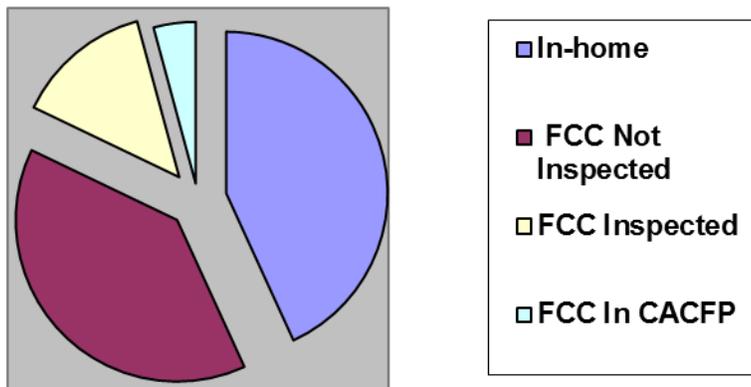


CHART 4: Tioga County LE Inspections



As Chart 3 and Chart 4 indicate, both Chenango and Tioga Counties are similar with inspection percentages, and are less than Broome County because of the Broome DSS requirement that legally exempt family child care providers providing care over 30 hours a week be in CACFP. Only 18% of Tioga County legally exempt providers are inspected, while 13% of Chenango County legally exempt providers are inspected.¹⁰ 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 decreased again in 2016 due to providers leaving the childcare field and pursuing other job opportunities. Tables 3 and 4 below show the numbers of providers enrolled in CACFP.

TABLE 3: CACFP Participation Numbers:¹¹

	Registered Providers in CACFP	Licensed Providers in CACFP	Number of Registered/Licensed Providers NOT in CACFP	Percentage of Total Providers in CACFP
Broome County	23	18	22	54%
Chenango County	16	13	18	62%
Tioga County	8	7	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	14	47	34%
Chenango County	1	16	16%
Tioga County	4	56	14%

The large percentage of Broome County legally exempt providers enrolled in CACFP is due to 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 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.

- Physical Activity Project: Family Enrichment Network CCR&R staff continue to be focused on health and nutrition education for child care programs. A grant was received from Excellus Blue Cross Blue Shield to start the Eat Play Grow Project in September 2015. This project is funded through June 2017 and allows the CCR&R Specialist the opportunity to work with 20 child care programs implementing the Eat Play Grow curriculum. The goal of the Eat Play Grow Project is to work with child care programs, both family and center-based, with the important message that good nutrition, physical activity and sufficient sleep are vital to our health and well-being. The CCR&R Specialist works with each program, modeling how to teach the 11 lessons of the Eat Play

Grow curriculum and supporting lesson extensions. Each program receives the curriculum, children’s books that go with the curriculum, and activity items, such as parachute, bean bags, CDs, healthy play foods, and art materials. USDA MyPlate materials are also given, including posters, Team Nutrition emergent readers, and Healthy Kids Recipe books. Excellus is also providing each family with An Apple A Day family nutrition tracker. The long-term goals of the program are to help children and families form healthy eating and physical activity habits so they can live long, healthy lives, free of disease.

- 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.¹² 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.¹³

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 2016, both duplicated and unduplicated numbers of providers trained.

TABLE 5: 2016 Training Attendance¹⁴

	# of sessions scheduled	Total # of providers trained	Unduplicated # of providers trained
CCR&R Trainings	86	740	61

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

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 2016 CCR&R staff scheduled this course as needed, when there are at least 2 prospective providers eligible for the training. CCR&R provided 1 session of the Health and Safety Competency Training for 2 new prospective providers in 2016. Recruitment of new programs is low.

Online Training

Many child care providers are electing to use online training to fulfill their training requirements. By accessing online training, providers are able to complete training at a time convenient to them without leaving home. In addition to the convenience factor, it also saves them travel time and expenses. In 2016 Family Enrichment Network continued to have 10 different online training courses approved by SUNY Professional Development Program (PDP) available for providers. However, new online training regulations went into effect on January 1st, 2017 and all online training classes will need to be re-approved by SUNY PDP in order to meet the OCFS training requirements. CCR&R staff are working to meet these new requirements.

The Office of Children and Family Services has a contract with SUNY PDP to develop their own online training options. These are free to providers. In 2016, there were 14 options available to providers, and more are in the process of being developed, including a Health and Safety Training to meet the new CCDBG regulations for training. Table 6 indicates the Family Enrichment Network online trainings completed in 2016.

TABLE 6: 2016 Online Training

	# of providers who completed online training	# of online training courses completed
Broome County	1	2
Chenango County	0	0
Tioga County	1	4

Child Development Associate Credential (CDA)

CCR&R offers the 120 training hours 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 CDA classes are offered to coincide with the school calendar, with a combination of classroom lectures and self-study work.

To date, 45 participants have completed the class series since it started in 2011. For the 2016-2017 classes, there are 10 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: 2016 CPR/First Aid Class Participation

	# of Trainings Offered	# of Providers Trained
Broome County	10	38
Chenango County	2	7
Tioga County	0	0

Videoconference Training

CCR&R provides a co-trainer in each of the three counties of Broome, Chenango, and Tioga for the SUNY Professional Development Program (PDP) videoconferences. Videoconferences are free trainings presented by expert panelists, broadcast live from Albany to locations throughout the State. The CCR&R Co-trainers facilitate discussions and activities at the local training sites during the broadcast. The videoconferences are available to child care providers of all modalities. The number of videoconferences scheduled and held in 2016 was 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. 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 4 staff who are credentialed trainers and are able to present training eligible for EIP 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 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.

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.¹⁵ 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, or the Pyramid Model, but the community could still benefit from bringing in outside experts, such as Dr. Becky Bailey for Conscious Discipline or Rachel Sperry for FLIP IT.

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.¹⁶

TABLE 8: Child Care Providers in Broome County - 2016

	Child Care Centers	Family Child Care	Group Family Child Care	SACC Programs
Binghamton	9	12	14	13
Endicott/Endwell	5	12	1	5
Johnson City	2	8	1	2
Vestal	3	2	2	5
Surrounding Areas	2	8	3	1
Broome County Totals	21	42	21	26

TABLE 9: Child Care Providers in Chenango County - 2016

	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	2	1	0
Norwich	0	8	7	2
Oxford	0	2	2	1
Sherburne	0	5	4	0
Greene	0	5	1	1
Surrounding Areas	0	2	1	0
Chenango County Totals	0	25	16	4

TABLE 10: Child Care Providers in Tioga County - 2016

	Child Care Centers	Family Child Care	Group Family Child Care	SACC Programs
Apalachin	0	1	1	2
Candor	0	3	0	0
Newark Valley	0	1	1	1
Owego	2	3	1	1
Waverly	1	1	3	0
Surrounding Areas	0	2	2	1
Tioga County Totals	3	11	8	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, 1741 more slots are needed in Broome County, 590 slots in Chenango County and 723 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, 3489 more slots are needed in Broome County, 1192 in Chenango County and 1315 slots in Tioga County.

TABLE 11: Broome County Unmet Need

	Under 5	5-12 Years
# of Children ¹⁷	10,480	17,707
Demand for Child Care ¹⁸	(63%) 6,602	(53%) 9,384
Regulated Capacity ¹⁹	1,963	1,870
Using Relative/In-Home Care ²⁰	(43.9%) 2,898	(42.9%) 4,025
Total Unmet Need (Slots Needed)	1,741	3,489

TABLE 12: Chenango County Unmet Need

	Under 5	5-12 Years
# of Children	2,735	5,078
Demand for Child Care	(63%) 1,723	(53%) 2,691
Regulated Capacity	377	345
Using Relative/In-Home Care	(43.9%) 756	(42.9%) 1,154
Total Unmet Need (Slots Needed)	590	1,192

TABLE 13: Tioga County Unmet Need

	Under 5	5-12 Years
# of Children	2,973	5,399
Demand for Child Care	(63%) 1,873	(53%) 2,861
Regulated Capacity	328	319
Using Relative/In-Home Care	(43.9%) 822	(42.9%) 1,227
Total Unmet Need (Slots Needed)	723	1,315

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

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

1. Infant Toddler Care: According to reports of Family Enrichment Network's NACCRRAware database, 892 children were served using the referral services in Broome, Chenango, and Tioga Counties in 2015. 48% of the care needed in Broome County were under the age of 3, 58% of the care needed in Chenango County was under the age of 3 and 48% 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. 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.²¹ 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.

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 2016, in Broome County, 44 families with children exhibiting one of these needs were looking for care, 5 families in Chenango County, and 6 families in Tioga County.

3. School Age Child Care: According to the U.S. Department of Labor and U.S. Bureau of Labor Statistics report “Women in the Labor Force: A Databook” from March 2013, 70.3% 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 (74.8%) than mothers with children under 6 years of age (64.7%).²² 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 and the cost, families often turn to unregulated care, such as relatives, friends, or self-care, which can include the oldest child providing care for the younger siblings or some children home alone. Most states do not have regulations or laws that clarify when a child is considered old enough to care for him/herself or to care for other children.²³

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

According to Family Enrichment Network's NACCRRAware database, 892 children were served using the referral service in 2016. Of these children, 35% needing care in Broome County were ages 5-12, 22% in Chenango County were school age, and 23% in Tioga County were school age.

4. Care in Outlying Areas: Rural areas often have unique needs and challenges far different from urban settings. According to the Carsey Institute, the top challenges facing rural child care are: affordability, accessibility and availability, quality, and other specific rural issues, such as the lack of regulated care, lack of resources for families, or the lack of transportation.²⁴

As shown in Tables 8 through 10, there are 11 family/group family child care providers in the rural areas of Broome County, 3 in Chenango County, and 4 in Tioga County. There are only 2 centers in the rural areas of Broome County and none in Chenango or Tioga Counties.

MARKET RATES OF CHILD CARE

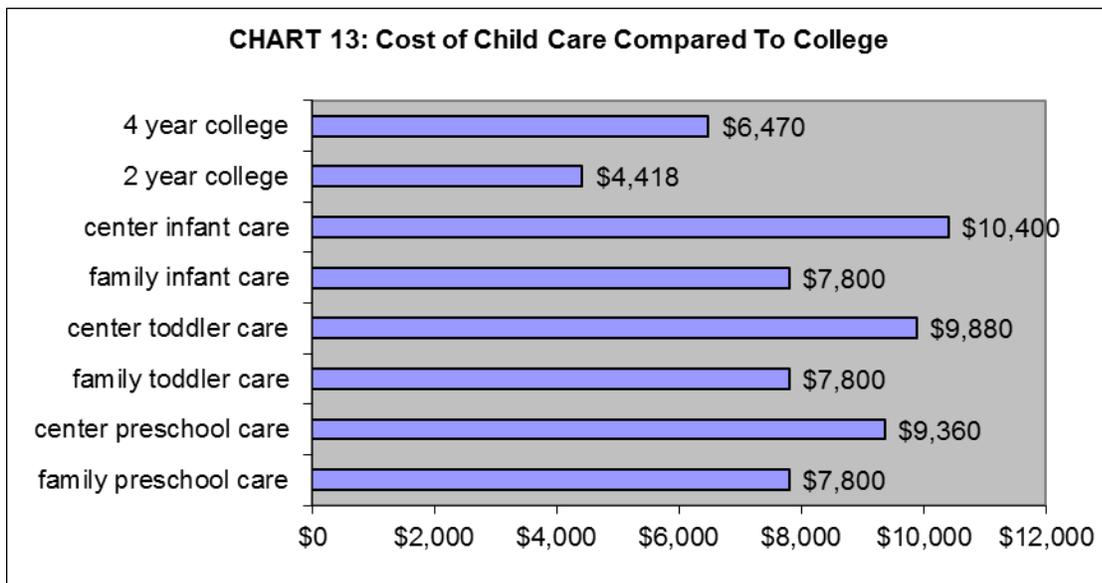
Child care is expensive, especially high quality child care. Low income families traditionally have less access to higher quality, affordable child care. The welfare to work movement created its own set of issues for working parents. Many of the jobs that welfare recipients have entered pay very low 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 780 families in Broome County are receiving child care assistance.²⁵ There are 64 families in Chenango County receiving child care assistance²⁶. There are 210 families in Tioga County receiving child care assistance.²⁷ The New York State Child Care Block Grant (NYS CCBG) projected allocation is \$4,292,473 to Broome County from 2016-2017, \$520,000 to Chenango County for 2016-2017, and \$1,609,000 to Tioga County for 2016-2017.

The average cost of full-time child care for infants in Broome County is \$7,800 per year per child in family child care and \$10,400 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 \$9,360 per year for center based child care.²⁸

TABLE 14: Subsidized Rate (Market Rate) Versus Private Pay Rates for Child Care²⁹

	DSS Market Rate Center-based Weekly Rate	Private Pay Rate Center-based Weekly Rate	DSS Market Rate Family care Weekly Rate	Private Pay Rate Family care Weekly Rate
Infants	\$200	\$232	\$150	\$150
Toddlers	\$190	\$224	\$150	\$150
Preschool	\$180	\$215	\$150	\$150
School Age	\$170	\$200	\$143	\$127

Both the subsidized/market rate and the private pay rate is more than the cost of public college tuition in New York: \$6,470 per year for a four year state college³⁰ or \$4,418 for a local two year college.³¹

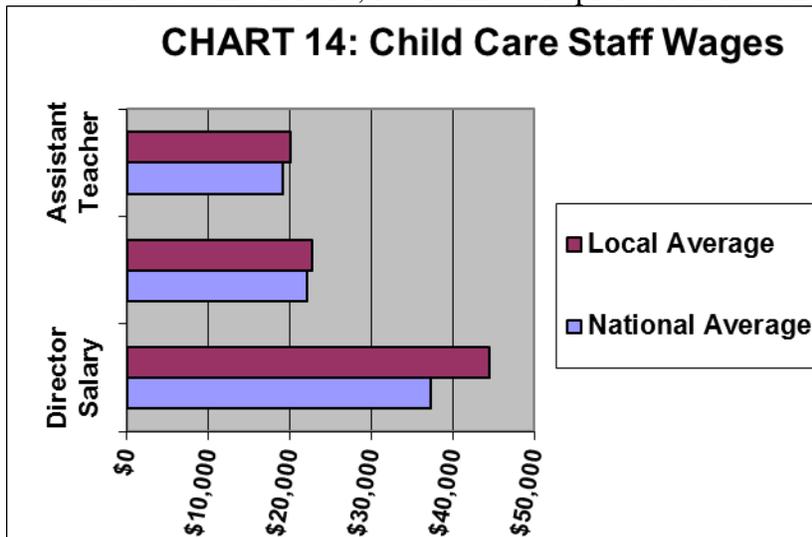


According to a report published by Child Care Aware of America titled “Parents and the High Cost of Child Care: 2016 Report”, single parents pay 55% of their income for infant center-based care and nearly 100% of their income on center-based care for 2 children. Married parents of 2 children living at the poverty line pay 129% 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 5 of the least affordable states for child care, regardless of type of care or ages of child.³²

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. In the last 4 years, 10 child care centers in Broome County have closed, with 3 programs publicly stating the closure was due to financial issues and the cost of operating a quality program.

The biggest cost for a program is salaries for staff. NYS OCFS regulations dictate required staff-child ratios. Even if a program can accommodate more children in the physical space, it is often not cost effective to add additional staff. 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 2016, on average in center-based care, an assistant teacher earns \$9.61 per hour, while a lead teacher earns \$10.90 per hour.³³ The increase in minimum wage to \$9.70 in New York in December 2016 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.



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

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

1000 Workers: Early care and education workers, directors, teachers, assistant teachers, and 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 services for children with challenging behaviors and special needs.

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

Endnotes:

- ¹ The National Association for the Education of Young Children (NAEYC) Program Accreditation search at www.naeyc.org.
- ² The National Association for Family Child Care Program Accreditation search at www.nafcc.org.
- 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 2016.
- 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 2016.
- ⁷ Family Enrichment Network NACCRRAware Database search, January 2017.
- ⁸ Family Enrichment Network Infant Toddler Network Reports, January 2016-December 2016.
- ⁹ Child Care Facility System (CCFS) Legally Exempt Database search, January 2017.
- ¹⁰ Family Enrichment Network (CCFS) Legally Exempt Database search, January 2017
- ¹¹ Family Enrichment Network CACFP Minute Menu and CIPS search, January 2017.
- ¹² <http://www.oecd.org/education/school/49322232.pdf>
- ¹³ New York State Office of Children and Family Services Child Care Regulations, www.ocfs.state.ny.us.
- ¹⁴ Family Enrichment Network CCR&R Training Spreadsheet, 2016.
- ¹⁵ www.recognizetrauma.org
- ¹⁶ CCFS Database search, January 2017 and NACCRRAware Database search, January 2017.
- ¹⁷ U.S. Census Bureau: State and County QuickFacts: www.factfinder2.census.gov.
- ¹⁸ 2003 Kids Count Data Book
- ¹⁹ NACCRRAware Database search, January 2017.
- ²⁰ *Who’s Minding the Kids? Child Care Arrangements: Spring 2005/Summer 2006.*
- ²¹ <http://ziglercenter.yale.edu/publications/expulsion.aspx>
- ²² The Children’s Defense Fund Report “The State of America’s Children,” 2005.
- ²³ Ibid
- ²⁴ The National Association of Child Care Resource and Referral Agencies (NACCRRRA) report, “Child Care in Rural America: From Challenges to Solutions,” 2010.
- ²⁵ Broome County Department of Social Services, January 2017.
- ²⁶ Chenango County Department of Social Services, January 2017.
- ²⁷ Tioga County Department of Social Services, January 2017.
- ²⁸ NACCRRAware Database search, January 2017.
- ²⁹ New York State Office of Children and Family Services Market Rates, 2016.
- ³⁰ www.suny.edu, 2016-2017.
- ³¹ www.sunybroome.edu, 2016-2017.
- ³² Child Care Aware of America: “Parents and the High Cost of Child Care: 2016 Report”.
- ³³ Family Enrichment Network’s Family/Group Family Child Care Provider and Center/SACC Needs Assessment Survey, September 2016.

Family Support Services Programs

Family Support Services Program Descriptions

Family Support Services

Over the past year, the Family Support Services Department of Family Enrichment Network continued to provide three programs, two of which were offered in both Broome & Tioga Counties. These were the Kinship Caregiver's Program and the Nutrition Outreach and Education Programs (NOEP). The Courthouse Children's Center was only provided in Broome County.

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 15 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 2016 the Center celebrated 15 years of operation with a small community ceremony. Guest speakers included Assemblywoman Donna Lupardo, Family Court Judges, the Honorable Mark Young and Richard Miller. Rob Conlan, Office of Court Administration's NYS Manager of Courthouse Children's Centers and a proclamation from Debbie Preston, Broome County Executive. The event had wonderful media coverage on both TV and the local paper.

In 2016 the Courthouse Children's Center worked with 1294 children, a monthly average of 107 children. The 2016 statistics are as follows: 939 families were served including 241 new families who had never used the center before. This implies that 698 families used the center more than once in a year¹. Only 90 or 9.6% of these families listed their annual income as \$25,000 or above leaving 90.4% of families served at the federal poverty level or no more than 150% above the poverty income guidelines.² Throughout the year community resources and referrals were given out 2635 times. Throughout this time the Children's Center has also been involved in the Permanent Judicial Commission on Justice for Children, Literacy Program. This program promotes childhood literacy by distributing free books and literacy activities to all the children cared for in the Center. In 2016 the staff distributed 1377 books and 928 Literacy Packets. Distributing over 1350 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 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. 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. "Kinship" families, refer to those families that are raising someone else's child, because of upheavals or unhappy circumstances' in the 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, or 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. 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 percent 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, was one of the original funded Kinship Programs through the Office of Children's and Family Services in November 2005. The Kinship Program services included an informational help-line and a friendly ear, advocacy, referral services, monthly workshops and up-to-date information on the legal rights of kinship caregivers. The PASTA (Parenting A Second Time Around) workshop series, designed specifically to address the needs of kinship caregivers, was offered along with social activities and community

The goal of the PASTA curriculum is to help grandparents and other kinship caregivers cope with today's challenges while working towards a stable future for themselves and the kinship children they care for.

In the past grant year, the Kinship counselor was able to provide counseling services to 29 kinship children and their caregivers as well as separate counseling sessions for 6 kinship adults. The Kinship Program assisted 100 kinship families with two or more community connections, provided 128 kinship families with two or more services that included referrals, advocacy service, NPC assistance and material supports. Intensive case management services were provided to 56 kinship families and 116 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 works with 40 Kinship families a month; this includes both new families and those already in the database.

Nutrition Outreach & Education Program (NOEP)

The Supplemental Nutrition Assistance Program (SNAP) 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 newly enacted rule in July 2016 increased the amount of money (up to 150% of the poverty income guidelines) 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 days. Benefits in New York State are now issued in the form of an Electronic Benefit Transfer (EBT) card, used like a debit card at grocery stores, retail locations and senior centers. SNAP can be used to purchase Meals on Wheels, and Farmer's Markets and meals at Senior Centers are authorized to redeem SNAP benefits as well.

Broome County Nutrition Outreach & Education Program

Like most counties, Broome County's SNAP participation has been steadily increasing over the past couple of years, in spite of the fact that Broome County's population fell by 4,000 people a 2% decline since 2010.⁶

From January 2016 to December 2016 in Broome County there was a slight decrease in the numbers of households and individuals receiving SNAP. 16,921 households down from 17,150 (with the 2016 monthly average of households as 16,918) and 30,706 individuals down from a 31,373 (with the 2016 monthly average of individuals as 30,837) receiving SNAP benefits. Of these households, 10,107 households (down from 10,196) and 20,439 individuals (down from 20,701) were "SNAP Only". The 2016 monthly averages of 10,036 households and 20,372 individuals means that 59% of Broome SNAP households and 66% of individuals were either working poor and those people collecting some form of benefit but not receiving any temporary assistance.⁷ This data would suggest that those in Broome County who participate in SNAP are largely the working poor, disabled and/or senior citizens. The small decrease in numbers in 2016 may be the result of the New York State SNAP offices re-implementing the Able Bodied Adults Without Dependents (ABAWD) requirements and the "time clock" for three-month eligibility in a 36-month period which started on January 1, 2016. The ABAWD requirements denied SNAP benefits to any able bodied adult without dependents for more than 3 months in a 3 year period. Substance abuse was no longer taken into account and participants had to be actively enrolled in welfare to work programs. This rule has impacted people dealing with substance, mental illness and the area homeless who have found they are only eligible for SNAP benefits for 3 months in a 3 year period. Please note that many more households applied for SNAP but were NOT approved because they did not meet the eligibility requirements, however these families were still facing food/hunger insecurities. Hunger Solutions New York states that 40 percent of SNAP recipients are children.⁸

Family Enrichment Network'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

prescreening 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 form. The BNC is able to make home visits or meet with applicants in any convenient location or if the applicant prefers in the FEN office. As part of the application assistance the BNC and the local Department of Social Services SNAP unit have developed a system that gives 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. This is only a partial list of the outreach sites at which the NOEP Coordinator attempts to address the application process, reduce the stigma attached to SNAP, and remove any other barriers to participation in SNAP. Over the course of 2016 the BNC provided **711** prescreens and enabled **413** households to receive SNAP. These efforts resulted in 947,835 SNAP dollars coming into Broome County.⁹ These numbers show that food insecurity in Broome County is pervasive particularly for children. 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. Recently, 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 percent¹⁰.

This implies that almost 1 in 4 children in Broome County struggle with hunger.

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 both successful and the Broome NOEP contract was re-awarded from July 2014 to June 2018 for four years.

Tioga County Nutrition and Education Outreach Program

A huge addition to the Family Support Services Department in 2014 was the expansion of the NOEP contract for Tioga County beginning July 2014. As with the Broome County, the Tioga County Nutrition and Education Outreach Program follows the same SNAP guidelines. However, there are differences in the programs because of the differing demographics between the two counties. Also the process of submitting the SNAP applications differs by county. While the Broome County NC has an arrangement with the Broome County SNAP unit to schedule SNAP phone interviews for her applicants the Tioga County NC does not have the same arrangement.

During 2016, the third year of the new grant the Tioga County NOEP Coordinator (TNC) made 824 Face-to-Face outreach connections with Tioga County residents and collaborated with 7 new Tioga Agencies. 194 prescreens were completed and 60 Tioga residents were assisted and received SNAP benefits.¹¹ Please note the number of Tioga residents assisted is higher as not all who apply are determined to be eligible. These efforts helped bring in some of the 8.2 million in

total SNAP dollars that came into Tioga County in 2016¹². Tioga County SNAP participation has remained fairly steady, as the lack of jobs and opportunities does not entice people into the area. In addition, at the end of 2014, Tioga County lost their only public transportation bus system, “Ride Tioga”, making it more difficult for the rural residents to access services and programs¹³.

The Office of Temporary & Disability Assistance statistics for Tioga County show that in 2016 the monthly average of households was 2,986 and individuals was 6,046. Compared to the monthly statistics for 2015 there was a decrease of 160 households (2,986 down from 3,146) and a decrease of 342 individuals (6,046 down from 6,388). The 2016 monthly average of *SNAP Only* households was 2,199 and individuals were 4,977. These numbers show that 82 % of all SNAP recipients in Tioga County are either working poor or receiving a disability payment because they are a senior or disabled.¹¹ In fact, 11.7% of the Tioga County population is living in poverty.

Food insecurity is a major problem. In 2016 there are now 14 pantries in Tioga County as a new pantry for seniors opened in Waverly, NY. Only two are large pantries with large inventories. The 11 smaller, rural pantries do not keep enough stock to really fill up a cupboard, and residents can only pick up food at their local pantry once a month. They are not allowed to pick up food from a pantry in another town or more than once a month. There are 10 mobile pantries that service Tioga County, including outlying areas and they are well attended. There are no restrictions regarding income or how often/where a resident can access these mobile pantries. There are also 11 free Soup Kitchen/Fellowship Meals offered to anyone, however, all but two are located only in the Waverly/Sayre area.¹⁵

The largest problem facing Tioga County is child hunger as 2,340 children in Tioga County (20.6%) are considered food insecure and 1,405 (12.6%) of Tioga County’s children are living under the poverty line. Only 75% of eligible children are participating in free or reduced school lunch. This suggests that 25% of the county’s poorest children are not able to access adequate meals through the summer¹⁶. SNAP participation in Tioga County is high with 91% percent of eligible people receiving SNAP. However, very few of these eligible children are attending the free Summer Meals programs. This is usually due to transportation issues and means that SNAP eligible children are going without the meals they would normally be eating in school. The Tioga County NOEP Coordinator is part of the Tioga County Anti-Hunger Task Force, which is addressing these issues. Great strides have been accomplished in Tioga County with 5 new Summer Meals sites opening in 2016. Over 396 meals a day were served during the Summer Meals program¹⁷. There were also new programs offered such as the “Lunch Box” week-end food box and deliveries to areas such as trailer parks and rural communities. As a member of the Tioga County Anti-Hunger Task Force, the TNC was instrumental in printing up 1,000 two-sided color flyers, promoting SNAP and the Tioga County Summer meal sites, which were distributed to children and families through the local schools, back-pack programs and child-focused events. The TCN is an active member of the Family Resource Center Advisory Board, the Tioga County Community Network and participated in the Rural Health Network/Southern Tier HAPN/PHIP Strategic Priority Event.

Emergency Food Assistance

Originally intended as a last resort for those in need of immediate assistance, more and more working families, single adults, students, children, and senior citizens are relying on the emergency food system as a regular source of food. State guidelines determining who may receive emergency food do not currently exist; however individual emergency food providers often establish their own income guidelines and may limit the number of allowed visits. For over the past 25 years, Health Hunger Prevention and Nutrition Assistance Program (HPNAP) provided State and Federal funds to improve the quality of food distributed to an estimated total of 2,600 Emergency Food Relief Organizations (EFRO) such as food banks, food pantries, soup kitchens and emergency shelters in New York State which provide over 195 million meals each year to people who are in need.¹⁸

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 NOEP to food resources in the community. These collaborative efforts account for many referrals to NOEP.

It is important to note that the FBST serves 6 Southern Tier counties and in Broome County in 2016 the Food Bank of the Southern Tier (FBST) distributed 1,918,087 pounds of food. There were 233 Mobile Food Pantry distributions in Broome County at 27 sites. The FBST served-17,626 households-consisting of 12,864 children, 23,123 adults and 9197 seniors.¹⁹ 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 produce 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.²⁰ 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.

In Tioga County there were 92 Mobile Food Pantry distributions at 10 sites. The FBST distributed 959,096 pounds of food to 6795 households with a total of 16,163 people, 8387 adults, 3703 seniors and 4073 children.²¹ The Back Pack program distributes weekend meals to needy school children throughout the school year and 626 Tioga County children were served with 11,142 backpack meals²².

Family Support Services Identification of Unmet Programs Needs

Courthouse Children's Center

- Restored Funding for Full Operation. During 2016 funding for the Courthouse Children's Center remained the same as 2014 and the Center was unable to provide child care services on a 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.
- Provide a display of community program brochures in the waiting room. Currently this information is available within the Children's Center but not all parents use the Center and therefore are not able to access this community information.

Kinship

- 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. Some Kinship families are still being told that they must seek temporary custody before they can apply for cash assistance which is incorrect. 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 no have recourse but to use life savings or take out loans to pay for necessary legal representation or else run the risk of losing custody of their kinship children. 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 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 Experiences 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 2016 the number of providers offering counseling services has increased with Family & Children's Society, Lourdes Center for Mental Health and the Greater Binghamton Health Center are all adding extra child therapists to their staff. However the kinship program still has families that cannot access the counseling services they need for their kinship children.
- Decrease Staff Turnover at Broome County Department Social Services in 2016 there continued to be a large staff turnover at the Broome County Department of Social Services. This creates challenges as newer case workers are not always aware of the kinship program or the special kinship laws and benefits.
- Increased substance abuse treatment programs. In 2015 the number of children coming into kinship families increased because of the surge in Heroin addictions. This has become the main reason that children end up in kinship care. 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 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.
- Teens Aging out of Kinship Care Coverage was identified as a new unmet need in 2009; this remains an unmet need for 2016. Kinship foster care families can receive financial support for longer than those teens in the informal kinship care setting. In many instances once a teen turns 18 years of age the family can no longer collect the Non-Parent Caregiver subsidy even if the teen is still in high school. There are exceptions to this, however the eligibility requirements are complicated to understand and do not cover every situation
- Respite Care is very important and often unavailable for kinship families. In this program respite care is defined as the opportunity for kinship caregivers to spend an extended period of time away from their kinship children. This does not apply to babysitting offered during a meeting to allow a caregiver to participate. Family Enrichment Network's Kinship Program has been unable to fulfill any requests received from kinship caregivers for daylong, overnight or weekend respite care. Currently in our community respite care is available through Catholic Charities for families who have children with a mental health diagnosis. The type of respite care is provided in a number of formats: community- based, out of home, recreational or group. However, kinship families whose children do not have a mental health

diagnosis have no extended respite care available to them at all. Based on responses from local kinship caregivers at support group meetings there is a strong need for this service. The extended family that generally is available to help family members with occasional child care is over utilized once these same family members become kinship caregivers. Since the tables have been turned for kinship families there are often no other family resources available to help out.

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

NOEP

- 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 Tioga County Anti-Hunger Task Force. Broome County Child Hunger Task Force developed and implemented some strategies in 2015 to start addressing the needs of hungry rural children as well. 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%.²³ This means that an alarming number of children are going without their essential nutrition over the long summer break.
- Although there has been an increase in Summer Meals sites in Tioga County the problem is not solved. Each Friday, the TCAHT Force has been sending a large box "Lunchbox" of food home with the children that attend each site. These boxes are also delivered to families that have signed up for a box by a network of volunteer drivers. School Breakfast programs are well attended and utilized, however we know that many of these children go hungry during the summer.
- A Tioga Opportunities van takes the food to drop-off points in the county and local volunteers take it to the people in need. However there are many places still not being served due to lack of volunteers and too few people signed up because the program is new and needs to be promoted.
- 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 food desert in Broome County.
- Lack of transportation in Tioga County creates problems for accessing fruits and vegetables. The "Lunchbox" from the Summer Meals programs do contain fresh produce, but during the rest of the season there are only a four Farmer's Market sites; Owego, Waverly, Spencer and Newark Valley. They all accept EBT cards. Many SNAP clients report that costs are higher at the Farmer's Markets. The local pantries have limited fresh produce to offer to their clientele, even for those who can pick up every month. Also there is no CHOW bus in Tioga County.
- Access to and participation in school breakfast programs. Again in both Broome & Tioga counties 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 social stigma and cramped morning schedules still remain as barriers.

- *Assist More College Students to obtain SNAP* Although there are special rules that limit the eligibility of students, NOEP must continue to develop collaborations to educate and advocate for eligible college students in Broome County at the local University, the Community College and Business Schools.
- *Access to Specialized Food for those with Medical Conditions* Those who suffer from Celiac Disease (gluten intolerance), Diabetes or other medical conditions requiring specific types of food, are particularly vulnerable when faced with hunger. These individuals have a difficult time finding the correct food at local Food Pantries and can have no other option but to eat food that is harmful for their medical condition. Currently there is no system in place to provide for those with a nutritional/dietary condition. *Please note:* this does not refer to people who are trying to lose weight, but those with serious food allergies and/or food restriction.
- *Lack of Specialized food in Tioga County* There are a few large grocery stores in Owego and Waverly that stock specialized food, for those with restricted dietary needs. Only the basics such as Gluten-Free and Sugar Free products can be found in Spencer, Candor and Newark Valley. The Dollar General Stores has started stocking some sugar-free products. The local pantries have almost NO products that are available for restricted diets except some low-salt canned vegetable. Although this complaint has been acknowledged no changes have been made.
- *Lack of well stocked food pantries in Tioga County* The smaller local pantries found in the villages throughout the county are not as well-stocked as the main Owego pantry. People are only allowed to pick up food from the area they live in. This means that a family in Spencer is going to get a less food a month than a family in Owego. This disparity is a problem.

IDENTIFICATION & PRIORITIZATION OF FAMILY SUPPORT SERVICES **COMMUNITY WIDE NEEDS**

1. Housing

- *Increase safe, affordable, permanent, low-income housing options.*
- *Reduce substandard housing* by developing a mechanism to end DSS payments for the housing of low-income individuals and families in substandard residences.
- *Increase transitional housing and expand housing options* for vulnerable populations to include:
 - Developmentally Delayed
 - Domestic Violence Survivors
 - Homeless
 - Mentally Ill

- Reentry populations from jails and prisons
 - Seniors
- *Implement 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, because if they are not a danger to themselves or others, they cannot be admitted to a psychiatric ward and very few other options are available for them. Under these conditions they cannot be accepted at the SOS Shelter, the YMCA, the YWCA and other temporary housing shelters.
 - *Provide transitional housing facilities for parents obtaining their children from placements.* Parents in this situation may benefit from supportive onsite services as they transition back to their roles as fulltime parents.
 - *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. This year, 2016, 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 and bus 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 did not have a regular bus service at all. In 2016 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 for the Wheels for Work program has reduced the ability of families to move out of poverty by providing cars and repairs for low income working parents.

3. Food Insecurity

- *Increase the number of supermarkets in Binghamton.* Currently the Center City and North Side of Binghamton do not have any supermarkets, creating a food desert. The only place families can purchase food are at some Dollar Stores and the more expensive small corner markets and gas stations. People must use public transportation (if it is available and they have the funds) to access the proper supermarkets.

- *Offer more Mobile Food Pantries in Western Broome.* Endicott and Johnson City are underserved by the Mobile Food Pantry and both these towns have large populations of low income households. In 2015 a monthly Mobile Food Pantry site was added to Mother Teresa's Pantry in Endicott through the efforts of the Broome County NOEP Coordinator and the Pantry Coordinator. Also the Cherry Street FEN location in Johnson City has become a regular three times a year Mobile Food Pantry site.
- *Increased evening hours at food pantries.* More food pantries need to offer evening hours for those people who work during the day, as the number of individuals suffering food insecurity has increased in the county.
- *Provide evening hours at WIC* to give families more accessibility, especially working families..
- *Reduce social stigma and increase participation in SNAP.* The elderly population in particular needs more education about SNAP and that it is a benefit program available to all who are eligible. Senior's often think their participation will preclude others who are eligible from receiving food.
- *Provide allergy free foods at Food Pantries.* Individuals facing food allergies have limited options at food pantries.
- *Increase education on SNAP benefits for eligible college students*
- *Expand nutrition education programs* to include budgeting, shopping and food preparation.
- *Increase awareness of the existence of hunger insecurity in our communities.* To address this issue a Speaker's Bureau should be developed. The most effective speakers are people who have suffered food insecurity themselves. Hearing these personal stories helps to remind people that hunger is often invisible.
- *Increase community awareness on the importance of funding for SNAP* to keep our children, seniors and community at large strong and healthy

- **Mental Health**
 - *Increased access to no cost mental health medications.* The community has seen a small improvement in access to medications for those without insurance or those under insured with the opening of the Hope Dispensary an off-site service of Lourdes Hospital. However, specific psychotropic medications are not always available at this location which can be problematic for those who require a specific medication to keep their mental illness in check.
 - *Increased access to mental health counseling and support services for the uninsured and underinsured.* An increase in the availability of mental health/counseling services is needed community wide. Without proper mental health resources, individuals can become involved in the substance abuse arena and/or become involved with the criminal justice system. The substance abuse occurs as they attempt to self-medicate and the criminal justice involvement can occur because their mental illness/addictions may make it difficult to follow social norms. This places the individual into a downward spiraling situation.

Serious gaps also exist in mental health services for the 18 through 21-year-old age group.

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

4. 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
- *Increase availability of independent living skills training for adults.*
- *Provide a Perpetrator's Domestic Violence program.* Broome County used to have a program for men who abuse through a local not-for-profit agency. However this program is now only available through a private practice. The financial requirements are different and the program is not available to as wide an audience as in the past. Broome County should have a low to no cost option.
- *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.
- *Increase job opportunities in Tioga County* where there is a lack of well-paying jobs. Even though there has been a recent influx of new employers - Tioga Downs and Crown Beverage Containers, both in Nichols, the rest of the county is still rural and there are not enough employment opportunities.

5. 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.

6. Formerly Incarcerated Individuals.

- *Ban the Box.* Take the question regarding former criminal convictions off employment forms. Currently it is legal to ask a prospective employee if they have been ever convicted of a crime. This often provides a reason to deny employment to formerly incarcerated individuals, which turns into another form of punishment. It also keeps them low income with no prospects of improving themselves or their families' lives.
- *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 reintegration in a positive manner.
- *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. See Ban the Box at the top of the list.
- *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.

7. Rural Communities

- *Increased support and services to the rural areas of Broome & Tioga Counties.* 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

8. 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.
- *Provide Weekend Services for Teens* as many are busy during the week with school. Offering weekend programming could increase attendance.

- *Pregnancy and Dating Violence Prevention Program.* The LU2 curriculum provides a series of fun informative classes on healthy relationships for teens and tweens. The curriculum also incorporates pregnancy prevention and healthy life choices. This curriculum has been used very successfully with teens and tweens from Head Start families and the Kinship Program. Funding is needed to increase the opportunity for all middle and high school students to be able to participate in these classes.
- *Support Groups* for children & adolescents dealing with adverse childhood experiences such as those from households with Domestic Violence, substance abuse, mental illness, physical abuse or neglect.
- *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.
- *Independent Living Skills Programs* to teach teens and young adults successful independent living skills. Teens from dysfunctional households often do not learn the necessary skills to move into adulthood successfully.
- *Education related to services and waivers* available for learning disabled and mentally ill teens and young adults. Again there is a lack of information about available resources in the community.

9. Parenting Classes

- *Increased options for parenting classes.* This continues to be a need in the community as there are not enough options for parents. Currently there seems to be a shortage of parenting classes in the community. Program participants that have been court ordered find they are on waiting lists for months for this service or the few classes are offered at a time and location that is not convenient for parents. To fully meet the needs of parents in our community there needs to be a variety of classes offered at different times (day & evening) and in different locations
- *Increased Sites & Staff for Supervised Visitation.* 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.
- *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.
- *Parent Support groups for At-Risk Parent and Child* populations. More options are needed in the community.

10. Financial Supports for Low Income Households

- *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.
- *Accessibility to and the cost of laundry* is a problem when these items are not covered by SNAP and families must dip into the small amount of cash they receive. Some families seek out clothing donations because they cannot afford to wash the clothing they have
- *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

11. 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:
 - i. *Lack of finances* to pay for a moving service
 - ii. *Lack of credit cards* and driver's licenses necessary to rent a moving truck.
 - iii. *Lack of physical manpower* necessary to lift and carry large items. This is particularly true for single mothers, elderly and those with disabilities.

12. Head Lice and Bedbugs Education.

- *Head Lice.* Many families are stigmatized because they are not given the correct information for getting rid of lice. Common knowledge on the methods for getting rid of lice are inaccurate and based on research completed in the 1920's on body lice and fleas. Misinformation abounds. Without correct information families are doomed to being stigmatized by Head Lice and their children can be kept out of school erroneously²⁴.
- *Bedbugs* have been a growing problem in the county over the past couple of years and again this has impacted low income families even more as their resources are limited. It also affects the ability of agencies to obtain second hand beds for

people as the fear of bed bugs has restricted the acceptance of good second hand beds and bedding.

Endnotes:

- ¹ Courthouse Children’s Center Database 1/2017
- 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 2003 publication
- ⁵ FEN Kinship Program Database 2016
- ⁶ Article Press & Sun Bulletin March 26, 2016
- ⁷ <http://otda.ny.gov/resources/caseload/2016/2016-12-stats.pdf>
- ⁸ Hunger Solutions New York
- ⁹ NOEP Online Report 2015-2016
- ¹⁰ USDA Economic Research Service September 2015
- ¹¹ Family Enrichment Network Tioga County NOEP Database 2016
- ¹² Tioga County DSS Report 2016
- ¹³ Press & Sun Bulletin Article, September 18, 2014
- ¹⁴ <http://otda.ny.gov/resources/caseload/2016/2016-12-stats.pdf>
- ¹⁵ Food Bank of the Southern Tier 2016
- ¹⁶ Tioga County Anti-Hunger Task Force 2016
- ¹⁷ Tioga County Anti-Hunger Task Force 2016
- ¹⁸ NYS Department Health Hunger Prevention and Nutrition Assistance Program website
- ¹⁹ Food Bank of the Southern Tier 2016
- ²⁰ Catholic Charities Food Pantries, March 20
- ²¹ Food Bank of the Southern Tier 201
- ²² Food Bank of the Southern Tier 2016
- ²³ Broome County Child Hunger Task Force Fact Sheet 2015
- ²⁴ The Nitty Gritty of Head Lice, Pat Beck Cortland Area Child Care Council and Karen Mastronardi , Prevention Services for Youth 2000

HOUSING

Housing Department Program Description

Family Enrichment Network's annual Community Assessment has identified safe and affordable housing as a community need for three years in a row.¹ 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 the 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 homeless individuals/families and those at risk of becoming homeless. For those who meet eligibility requirements, financial assistance can be obtained for security deposits, utility arrears or rent arrears. In addition, case management services are provided to create a plan for housing stability. These plans may include finding stable employment, furthering education, obtaining childcare, enrolling children in educational programs, improving budgeting skills, and access to additional resources within our community.

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

During Caring Homes third grant year (Feb 1, 2015 – Jan 31st, 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. The need has increased.

During Caring Homes fourth grant year (Feb 1, 2016 – Jan 31st, 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. A total of 495 phone screenings were completed. The need has increased tremendously.

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. 64 referrals were directed to FEN's Head Start & Early Head Start, Child Care Resource & Referral program, and our Supplemental Nutritional Assistance Program (SNAP).

Caring Homes ensures that all callers, regardless of program eligibility, are provided referrals. There were 163 outside referrals. Those needing emergency shelter are referred to local resources such as the YWCA Emergency Shelter, YMCA shelter, RISE domestic violence shelter, Volunteers of America (VOA) shelter, and Broome County Department of Social Services for emergency assistance to secure their shelter stay. Other referrals related to physical and emotional well-being are made to resources such as:

- Lend A Hand (through both Broome County Urban League & Opportunities for Broome) for emergency financial assistance.
- 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.

The City of Binghamton recently renewed our Caring Homes program for another year (Feb 1, 2017 – Jan 31, 2018). Family Enrichment looks forward to continuing their efforts to assist homeless families and those at risk of becoming homeless.

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.²

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 was Section 8 approved. We, again, collaborated with Binghamton housing Authority. The home has been occupied since February 2016.

Looking Ahead:

Lack of safe and affordable housing continues to be a challenge throughout Broome County. Families are displaced due to building condemnations and building safety issues. An increased strain on the local housing market is a result of rental properties previously marketed to families being converted to college housing. For 2016, we are looking to maintain the three properties that we currently own. Moving forward, we will continue with our mission in providing housing that will help fill the gap for families in need of permanent, safe and affordable housing.

Housing Program Identification of Unmet Needs

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

During our first year (2013-2014), only 105 out of 200 phone screens were determined eligible. 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 were determined eligible.

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 be residing within Binghamton city limits, have an income below 30% of the area median income, and a situation that categorizes them under HUD's very specific definitions of "Homeless" or "At Risk of Homelessness."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 continues to work to prevent homelessness and support those at risk of becoming homeless. 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.

Community Services

Medicaid Service Coordination (MSC)

In January 2015, Family Enrichment developed and launched their MSC program. MSC is a Medicaid State Plan service provided by OPWDD which assists eligible persons with developmental disabilities in gaining access to necessary supports and services appropriate to the needs of the individual. MSC is provided by qualified service coordinators and uses a person centered planning approach in developing, implementing and maintaining an Individualized Service Plan (ISP) with and for a person with developmental disabilities. MSC promotes the concepts of informed choice, individualized services and supports, and satisfaction.

MSC is designed to help people strive for the highest quality of life. The focus of MSC is on assisting each person to achieve his or her unique goals and desires relative to the person's informed choices including but not limited to: choice of home; meaningful work and/or community activities; social and leisure activities; meaningful relationship.

Medicaid Service Coordination is FREE; it is paid for by Medicaid and incurs no cost to the individual or their family. Participation is voluntary; individuals have a choice to enroll, to change coordinators, from one agency to another, and to leave the program, at any time without risk of losing other services they receive.

We are one, of only a few agencies, that provide service to a Willowbrook class member. Willowbrook State School was a state-supported institution for children with intellectual disability located in the Willowbrook neighborhood on Staten Island in New York City from 1947 until 1987. The school was designed for 4,000 individuals, but by 1965 it had a population of 6,000. At the time, it was the biggest state-run institution for people with mental disabilities in the United States.

Willowbrook with a television exposé that was watched by millions. [*Willowbrook: The Last Disgrace*](#), exposed the institution's serious overcrowding, dehumanizing practices, dangerous conditions and regular abuse of residents. Following the Rivera exposé, parents of Willowbrook residents filed a class action suit in U.S. District Court for the Eastern District of New York on March 17, 1972. The school was closed in 1987.

At this time, we employ one (1) Medicaid Service Supervisor and two(2) Medicaid Service coordinators. We are presently serving 51 individuals.

Clinic Plus

The Clinic Plus Program offers free, voluntary, and confidential social-emotional health screening for children ages three and older, to promote early identification of the strengths and difficulties that children in Broome County may be experiencing. Emotional health issues can affect how well a child does in school, family relationships, and the ability to make friends.

The Clinic Plus Program uses the Strengths and Difficulties Questionnaire (SDQ), a research-based screening instrument that focuses on five distinct areas of a child's emotional well-being. The five focus areas are: emotional symptoms, conduct, hyperactivity, peer relations, and pro-social behavior. The SDQ is distributed through participating school districts and early childhood education programs for students aged three through fourteen (or grade 8). Parent packets include a program information sheet, letter from the School Superintendent or Program Director, consent form and SDQ form, and a return envelope. Parents return the completed consent/SDQ form in the sealed envelope to school or by mail. Clinic Plus staff will collect returned surveys, score the results, and return results to parents/guardians.

The Clinic Plus Program mails results to each parent who completes the consent/SDQ form. Results for individual students are shared only with parents unless the parent provides permission to share the results with teachers or school counselors. All parents who complete the survey and consent form will receive results and information about local service providers who can provide a more comprehensive assessment if needed. Participating schools/programs will receive a yearly report indicating the total number of participants and aggregate scores for students in their district/program.

For 2015-16, the Clinic Plus Program distributed surveys over 18, 821 to 11 of 12 Broome County School Districts, BOCES East and West Learning Centers as well as 3- and 4-year olds attending Family Enrichment Network Head Start. We received over 1,200 completed responses, with a 6.7% overall return rate. Deposit Central Schools, who has not previously participated, has joined us in the 2016-17 school year; therefore, the current year we will have served all K-8 graders in the 12 Broome County districts.

The Clinic Plus Program is always exploring possible community connections in the hopes of expanding resources for parents with children whose score indicates a need for further screenings for social-emotional health issues. Parents are also always encouraged to speak to their child's primary care provider if they have concerns regarding emotional health.

Additionally, they may contact the Clinic Plus Coordinator with questions regarding the questionnaire and/or score received, community resources, and/or other program or resource related inquiries.

Ideally, more community resources will become available to support parents of children who are experiencing difficulties. Clinic Plus hopes to serve as a tool to demonstrate the need for expanded children's mental health services in Broome and surrounding counties, as services are currently severely limited and at times fail to meet community needs in a timely manner. School districts are encouraged to use statistics received from Clinic Plus to continue to build and offer support services to their students.

Traumatic Brain Injury (TBI)

A Traumatic Brain Injury (TBI) usually results from a violent blow to the head or a jolt to the head or body. It can also stem from an object penetrating the skull such as a bullet or a shattered piece of skull causing damage to the brain. 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.

Brain injuries do not heal like other injuries. Recovery is a functional recovery, based on mechanisms that remain uncertain. No two brain injuries are alike and the consequence of two similar injuries may be very different. Symptoms may appear right away or may not be present for days or weeks after the injury.

The effects of TBI can be profound. Individuals with severe injuries can be left in long-term unresponsive states. For many people with severe TBI, long-term rehabilitation is often necessary to maximize function and independence. Even with mild TBI, the consequences to a person's life can be dramatic. Change in brain function can have a dramatic impact on family, job, social and community interaction.

The number of people with Traumatic Brain Injury (TBI) is difficult to assess accurately but is much larger than most people would expect. According to the CDC (United States Centers for Disease Control and Prevention), there are approximately 1.5 million people in the U.S. who suffer from a traumatic brain injury each year. 50,000 people die from TBI each year and 85,000 people suffer long term disabilities. In the U.S., more than 5.3 million people live with disabilities caused by TBI.

Lack of TBI service coordination is a challenge throughout Broome County. There are currently over 28 individuals seeking services. Family Enrichment Network is committed to filling the gaps in the community and helping individuals with TBI lead an independent life.

Family Enrichment Network has applied for TBI waiver services. We are waiting for approval from the Department of Health. Upon approval, we have staff on hand to begin providing immediate service.

Community Habilitation

Community Habilitation consists of services designed to assist individuals in acquiring, retaining, and improving the self-help, socialization, and adaptive skills necessary to reside successfully in home and community-based settings. Habilitation may be provided up to 24 hours a day based on the needs of the individual, to ensure the individual's health 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 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.

Family Enrichment Network established Community Habilitation in November 2016. We currently employ 4 full time staff. They provide 130 hours of direct service care to 22 individuals. We are presently carrying a waiting list of over 50 hours of direct service.

As FEN continues to receive referrals, we will employ staff to fill the need. FEN is taking an active role in filling the needs of the population to ensure they receive the services they require.

Head Start & Early Head Start



Child Development and Adult Education Needs

When looking at Child Development and Adult Education, there are many topics to be considered. There have been many changes to education in recent years that have impacted how we work with children and adults. The development of the Common Core State Standards that have incorporated the 21st Century College and Career readiness skills have driven the change in curriculum used from preschool through adult education. Now with a new bill passed by The House of Representatives in December 2015, the future direction of education is even more uncertain. ¹ Through our Community Assessment this year we are going to look at vital cornerstones to the foundation of child and family development as well as Head Start and Early Head Start (HS/EHS). While assessing the needs of Adult Education and families developing self-sufficiency, we cannot move forward without taking an in-depth look at families' financial literacy skills and staff preparing children for essential math skills that they will need for their future education and life. Once more, with the increased drop-out rate from our local school districts and the growing epidemic of bullying in our schools, addressing social emotional skills in children right from birth is a key.

Adult Literacy

According to the 2003 National Assessment of Adult Literacy (NAAL), literacy is defined as "Using printed and written information to function in society, to achieve one's goals, and to develop one's knowledge and potential." ² This definition implies that literacy goes beyond simply being able to sound out or recognize words and understand text. A key feature of the definition is that literacy is related to achieving an objective, and that adults often read for a purpose. ³

Literacy begins with the ability to read and understand the written language and the use of numbers. Reading and math skills are the foundation for all other learning. What is most disturbing about adult non-literacy is its legacy. According to Gary Rice, Ph.D., Assistant Professor of Education at the University of Missouri-St. Louis, "There's a lineage of illiteracy, you can unravel this thing all the way back." He goes on to say that the "key to improving childhood literacy may be improving adult literacy." ⁴ Studies show that the higher the parents' level of education, the more likely that the child will pursue further studies. According to a study by Patrice de Broucker and Laval Lavallee, "Young adults aged 26 to 35 were close to three times more likely to earn postsecondary credentials (college diplomas) if their parents had a postsecondary education than if their parents had not completed high school." ⁵ Obtaining an education is important not only because it permits a person to flourish and thrive, but also because it allows a person to develop other capabilities.

In 2003, the National Assessment of Adult Literacy (NAAL), commissioned by the U.S. Department of Education's National Center for Education Statistics assessed the literacy of over 19,000 adults (representing the entire population of the U.S. adults age 16 and older) in three different areas: prose literacy (the knowledge and skills needed to search, comprehend, and use continuous texts), document literacy (the knowledge and skills needed to search, comprehend, and use non-continuous texts in various formats), and quantitative literacy (the knowledge and

skills required to identify and perform computations, either alone or sequentially, using numbers embedded in printed materials). Literacy levels were separated into four levels of achievement: *Below Basic*, *Basic*, *Intermediate*, and *Proficient*. Results indicated “twenty-two percent of adults were *Below Basic* (indicating that they possess no more than the most simple and concrete literacy skills) in quantitative literacy, with 14 percent in prose literacy and 12 percent in document literacy.”⁶ Breaking this down in terms of financial capabilities, 22 percent of adults are unable to perform the very basic of tasks, including, balancing a checkbook or creating a monthly household budget.

The benefits of possessing an education go beyond the direct benefits of employability and earning potential to the indirect benefits, which include social well-being (family and community life), personal well-being (self-esteem, life satisfaction), and physical well-being (health and access to health care). Parents who complete a high school education, an Adult Secondary Education program (GED/TASC), attempt college, or job training provide a first-hand example to their children of the importance of an education. They contribute to their child’s education by passing on attitudes and expectations, providing encouragement and opportunities to learn, helping outside the classroom, and standing as positive role models. According to the NAAL, 36 percent of parents with *Basic* prose literacy read to their children five or more days compared with 27 percent of parents with *Below Basic* prose literacy and 23-25 percent of parents with *Basic* and *Below Basic* prose literacy reported that they had been involved in their children’s schools (volunteering to help out, going to parent/teacher meetings, spoken individually with a teacher, and/or sent food for parties or snacks).⁷ In comparison, 50 percent of parents with *Proficient* prose literacy and 44 percent of parents with *Intermediate* prose literacy read to their young children five or more days a week, and 40 percent and 29 percent of parents with *Proficient* prose literacy and *Intermediate* prose literacy respectively, had been involved in all four school activities measured (volunteering to help out, going to parent/teacher meetings, spoken individually with a teacher, and/or sent food for parties or snacks).⁷ Parental well-being directly affects the rest of the family. According to research conducted by Barbarin et al. (2006), “the skills children need to meet the demands of school (in the domains of language and numeracy) are linked to resources present in the child’s familial environment. Being able to meet the material needs of the child and having the human and social capital associated with higher Social Economic Status may lower strain and equip parents to cope with expected and unexpected life events.”⁸

In the United States 25.7 million (13 percent) of people between ages 18 and 64 are without a high school diploma or equivalent.⁹ This number is expected to increase as the number of high school dropouts, especially minority populations, increases. Added to the dropout rate, an impact of the 2008-2012 economic recessions, many states have seen an increase in the number of older, unemployed or underemployed adults who are returning to school to obtain their high school equivalency diploma to in order to upgrade their future employability. According to the United States Census Bureau’s Demographic, 2010 American Community Survey for Broome County, 23,470 (11.7%) residents age 25 and older do not possess a High School Diploma or Equivalency Diploma. Of those residents, 7,817(16.5%) reside in Binghamton and 2,200(14.5%) reside in Johnson City.¹⁰ According to New York State

Education Department (NYSED), the overall graduation rate for the 2011 cohort (students who entered 9th grade in 2011) increased to 78 percent in 2015 from the previous year's 76.4 percent."¹¹ According to NYSED in 2015, Binghamton City School's graduation rate is down six percent to 54 percent, even though New York State's overall graduation rates have increased roughly two percent, the difference between the state rate and Binghamton rate being more than 24 percent, with Binghamton being one of the lowest in the state.¹² This means that just over half the students at Binghamton High School are not receiving a high school diploma on time. This epidemic has been seen with the increased number of young students now enrolled in the Family Enrichment Network (FEN) TASC program, as well as on the program's waiting list. Many of the younger students have mentioned bullying as a reason for not attending school. According to recent complaints by Binghamton City School District parents, bullying is a problem at East Middle School in Binghamton.¹³ Some parents also feel that the bullying situation runs district-wide. With those students attending middle school moving on to High School, the bullying perpetuates into that next level of education. The earlier we get to children with efforts to build self-esteem and defuse thoughts of bullying the better. Second Step and Conscious Discipline efforts taught in the earlier ages, should transfer through to the Middle and High School levels of education, hopefully, with a positive effect on keeping children from dropping out. We must use our village to raise our children before they give up on a High School education. Forty four percent of the current students who attend are 21 years old or younger. As the graduation rates continue to plummet, this number is expected to grow.

Narrowing in on the Head Start/Early Head Start population this 2016-2017 program year, 17 percent of Heads of Household and 15 percent of secondary adult in our Broome County and Tioga County HS/EHS families reported at least one member of the household lacking a High School Diploma or High School Equivalency Diploma. Thirty-Six percent of the families in our Broome and Tioga HS/EHS reported that they were interested in continuing their education.¹⁴ With 26.3 percent of Head Start/Early Head Start families reporting education as their goal for the 2016-2017 Head Start/Early Head Start Program Year, up 2.3 percent from last year,¹⁵ it is obvious that continuing education and literacy are important areas for our agency to explore.

Financial Education

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

and investing.’ ”¹⁶ According to a final report of the President’s Advisory Council on Financial Capability (Jan. 29, 2013), “Financial education should take its rightful place in American schools. More specifically, it recommended integrating ‘important aspects of personal finance into teaching of math and English language arts Common Core State Standards for K-12 education as well as other subjects.’”¹⁷

With approximately 22 percent of adults in the United States possessing no more than the most simple and concrete of knowledge in quantitative literacy and our School Districts focusing so heavily on higher level mathematic reasoning, financial literacy and basic concepts of budgeting are going by the wayside. According to State Financial Education Requirements, JumpStart Coalition for Personal Financial Literacy, “personal finance instruction in the K – 12 curriculums is not required in 52 percent of states, and only 8 percent require at least a one-semester course.”¹⁸ Although personal finance is a requirement in New York State (Economics, the Enterprise System and Finance offered in twelfth grade) there is no assessment to pass that requires proficiency,¹⁹ and for those who want to obtain a High School Equivalency (HSE) Diploma, there is no personal finance test required. Even in the newly adopted Test of Adult Secondary Completion (TASC), the current assessment tool for receiving a GED based on the new Common Core State Standards does not include a section on personal finance. In the 2016-17 program year 19.6 percent of Broome and 9.3 percent Tioga Counties Head Start/Early Head Start families reported finances as a family relationship need,²⁰ with 10.4 percent (of Broome) and 7.5 percent (of Tioga) of those families working on that as a family goal.²¹

Adult/Parent Education

Recent Federal and State legislation regarding upcoming education changes has created more of a need to educate Head Start/Early Head Start parents both for their own educational goals and for those of their children. In December 2015, the House of Representatives passed a bill called the “Every Student Succeeds” Act, which minimizes the role the federal Department of Education will play in elementary and secondary education in the future years. This bill was created to replace the “No Child Left Behind,” law that expired in 2007. According to Richard Hanna, U. S. House Representative, the “bill makes key reforms to federal education policy that will maximize flexibility for states and local school districts and reduce the government’s role in state education policy. This bill prohibits the federal government from mandating a one-size-fits-all set of standards such as Common Core, a failed experiment that has led to the development of rigid curriculums that stifle classroom innovation.” He goes on to say that, “the bill authorizes the Preschool Development Program to provide competitive grants to states in order to assess the availability and quality of existing preschool programs.”²² Some highlights included in the bill include changes/modifications to current laws regarding 1) Common Core: Prevents any federal agency from incentivizing, requiring, or conditioning the receipt of federal funds on the adoption of Common Core Standards or any other set of specific academic standards. It also makes clear that states can withdraw from the Common Core program with no financial penalty. 2) Preschool Development Grants: authorizing \$250 million for the Preschool Development Grant program to be used to develop update, or implement a strategic early learning plan. 3) Academic Standards: Prohibiting the federal government from requiring states

to adopt a particular set of standards, assessments, or accountability structure. 4) Measuring Progress: states will be required to test annually in reading and math but these results will not be used to determine individual school progress by the federal government; however, states still have to identify consistently low-performing schools and are responsible for developing turnaround models.²³ “The Common Core State Standards Initiative is a state-led effort coordinated by the National Governors Association Center for Best Practices (NGA Center) and the Council of Chief State School Officers (CCSSO)”, which “provide teachers and parents with a common understanding of what students are expected to learn. Consistent standards will provide appropriate benchmarks for all students, regardless of where they live.”²⁴ New York State plans to implement the common core learning standards in all schools in 2011-12 with full classroom instruction fully aligned to the new standards by the 2012-13 school year.²⁵ This new legislation will affect all of our parents and their children. Standards have been developed for our Pre-Kindergarten children and a new High School Equivalency test has been developed to be implemented in 2014 for our parents who wish to pursue their High School Equivalency Diploma. With the “Every Student Succeeds Act 2015, the future of New York State education, from pre-school through adult education, is yet to be determined; but we know education expectations and curriculum, will be changing again.

Currently, in the Binghamton area, there are three primary organizations that offer TASC and/or ESOL classes. Binghamton High School offers Adult Basic Education (ABE) and TASC classes during the day Monday through Friday at the First Presbyterian Church on Chenango Street. They also offer ESOL classes daily at the American Civic Association and evening classes on Tuesdays and Thursdays for ABE, HSE, and ESOL. The program offers bus passes to their ABE and HSE students to enable them to attend classes to further their education. The second organization to offer classes, Broome-Tioga BOCES, offers classes at First United Methodist Church in Endicott Monday through Thursdays from 9:00 a.m. to 1:00 p.m. Two classes are available, Mondays through Friday from 8:30 a.m. to 3:00p.m. at Broome County Workforce. Students at the Workforce location receive free childcare through DSS. BOCES also offers TASC classes at the Johnson City Learning Center Mondays through Thursdays 9:30 a.m. to 1:30 p.m. and 3:30 p.m. to 6:30 p.m. Broome-Tioga BOCES offers lower level ESOL classes Monday through Friday from 1:00 p.m. to 3:00 p.m. and higher lever ESOL classes Monday through Thursday from 3:30 p.m. to 5:30 p.m. at the Johnson City Learning Center. BOCES also offers a GRASP-Home Study program. And finally, Literacy Volunteers of Broome-Tioga Counties (LVBTC) currently has over 60 tutors that work individually with students on ABE (students with a reading level that is lower than a 5th grade level), TASC, and ESOL. According to the Broome County Department of Social Services, personal finance classes are available and recommended to clients who obtain jobs, but are not required.

The Family Enrichment Network offers adult TASC classes, Tuesday and Thursday mornings during the academic calendar year at its Broome site. Family Enrichment Network offers both no cost child care and transportation for students attending the adult education program at the Broome site. Students attending classes have transportation and/or childcare available to them at no cost. Many of the students utilize the transportation and/or childcare available to them and state that they would not be able to attend if those services were not

available. Our ability to operate this program is based on an influx of funding to support the teachers and provide materials needed to run the program.

Although there are three main organizations that offer adult literacy and TASC programs, Binghamton High School and Broome-Tioga BOCES, and LVA, along with The Family Enrichment Network, there are many organizations referring adults for assistance. Center City Coordination (C³), Cornell Cooperative Extension, Department of Social Services, and the Refugee Resettlement Program are just a few. Family Enrichment Network is currently serving 16 students in the adult GED program. Statistics presented earlier showed that 10,017 people age 25 and older in the Binghamton and Johnson City areas do not possess a high school diploma or equivalency diploma up 52 percent from the United States Census Bureau's Demographic, 2005-2009 American Community Survey Five-Year Estimates for Broome County²⁶. Based on this information 95% of the population of people who do not possess a high school diploma is not being served. This number is sure to grow with the current Binghamton City School Graduation Rate of 54 percent.²⁷

Currently, Family Enrichment Network has a waiting list of approximately 80 students for the TASC program, many of whom are in need of our program based on their need for transportation and/or childcare that is provided. New York State identified three main barriers to why the people who need the TASC do not always succeed in obtaining one; cost, access, and most importantly, preparation programs. The New York State Board of Regents recommends "expanding instructional programs, including basic literacy and adult education programs; enhancing the quality of programs available; and building on promising models of instruction."²⁸ In order to prepare students for post-secondary education, the GED assessment was revamped for 2014. The content of the new 2014 TASC assessment test currently aligns with the Common Core Standards and contain a five-test format reading, writing, math, science and social studies. A big change to the test is that it is now going to be completely computer based, which presents a new challenge to existing preparation programs and testing centers that now have to supply the computers for instruction and assessment. With the new requirements for preparation programs and testing centers, with little funds to back them, more programs will disappear causing a greater problem to the population trying to further their education and consequently, their financial stability.

Tioga Workforce Center closed due to many finding that the program location, hours of service programs are offered, lack of transportation, and lack of childcare services are among a few problems preventing adults in need of literacy, ESOL, and TASC education from attending classes. Tioga County offers no public transit system, so those who do not have access to private transportation, lack a means to attend a class even if their work schedule or life allow for it. According to the United States Department of Labor Bureau of Labor Statistics Employment Projections, people that possess a high school or high school equivalency diploma earn \$174 dollars more a week²⁹ and \$200,000 more a lifetime³⁰ than a person who hasn't received a diploma. According to The Condition of Education 2014, in 2012 young adults with a High School Diploma or Equivalency earned on average \$7,100 (or 24%) more than their counter parts that had less than high school completion.³¹ And furthermore, "Between 2002 and 2012,

the median earnings for young adults without a high school credential declined by ten percent from \$25,500 to \$22,900; \$2,600 a year.³² According to Broucker and Lavallee, parents with higher education levels are more likely to set their children on the path to educational success. They state, “Parental education plays a significant role in children’s ability to match or improve upon their parents’ educational attainment. Most probably, this occurs because the learning environment in the home reflects the parents’ own academic background.”³³ Support for the 95% of Binghamton and Johnson City residents that do not have a high school or high school equivalency diploma are imperative for the economical and educational growth of our area.

When we review the percentages of families that are in need of completing their high school education, or the equivalent (TASC), continuing ESOL classes and raising their own literacy levels through Adult Basic Education classes, we can see that there are many families that may have difficulties in supporting and enhancing their children’s educational experiences both at home and at school. As indicated previously, parents who have a lower level of education have a greater chance of their children not being as successful in school as those children who do have families with a High School Equivalency Diploma. This can also go for families who have a greater understanding of the English language. With vital agencies that supply these courses decreasing, it is becoming more difficult to meet the demand.

Advancing Thinking

According to the 2007 Head Start Act, family literacy encompasses four components: interactive literacy activities between parents and their children, training for parents on how to be the primary teacher for their children and full partners in the education of their children, parent literacy that leads to economic self-sufficiency and financial literacy, and age-appropriate education approaches that prepare children for success in school and life experiences. Family Enrichment Network hires highly qualified staff for its Head Start and Universal Pre-Kindergarten classrooms that are trained in providing age-appropriate instruction throughout the program. Teaching staff are encouraged to continue their training through professional development opportunities that are based on goals they develop each year. Goal setting behavior is an essential human activity in which a person can identify an area in need of improvement and then works towards an acceptable solution, which may not be apparent at first.³⁵ Reflection on teaching practices and goals can be useful in learning from any experience and can be used as a mechanism for both improving teaching and turning experiences into knowledge about teaching. Reflection, as defined by Dewey, is “the kind of thinking that consists in turning a subject over in the mind, and giving it serious thought.”³⁶ Reflection extracts any combination of formally taught knowledge, reading, implicit knowledge, experience, critical incidents, and emotions to create new knowledge that enhances the capacity to visualize new realities and outcomes.³⁶ Often there is little time for reflection in our daily schedules. A basic challenge with finding time for reflection is the lack of understanding of its importance and the gains from its practice. Through reflective practices, we can acknowledge the “aha” moments that occur in our program to build on the success, and recognize the shortcomings of our instruction in order to seek out alternative approaches. Through reflection, we each become mentors for the rest of

our colleagues. Embracing reflective practices and goal setting throughout our program will enhance all four parts of family literacy.

Implications

In order to better meet the needs of children and the families in our community, there needs to be increased numbers of TASC, ABE, and ESL classes for non-English speaking families and an addition of classes to the Tioga County area. A variety of course days and times would accommodate working families who would like to pursue further education within our service area. Of the Broome and Tioga families who completed the Parent Questionnaire for the 2016-2017 program year, eleven percent indicated needing TASC Services, three percent indicated needing an educational tutor, and three percent indicated needing ESL classes in order to complete their education.³⁷ It is vital that services be available for these families in order to increase the economical outlook for our service area as well as quality of life and education for the families and children that we serve. The programs we offer must be in alignment with the Common Core Standards and with the future TASC test in mind and be ever diligent to the ongoing changes to curriculum as New York State rolls out its future plans for education.

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

Along with offering more adult education classes, and extending Head Start and Early Head Start offerings to more children, our families need continued exposure to sound financial literacy. A survey in December's parent newsletter resulted in parents indicating a want for additional information on not living paycheck to paycheck, couponing, and spending tax refunds wisely.³⁸ Household budgeting, credit counseling, and programs that explore the benefits of banking and keeping checking/savings accounts would help our families not just in the present, but in planning for their future and their children's futures. According to Johnson and Sherraden, people who had an allowance, bank account, or investment when they were children saved more of their income as adults.³⁹

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

Health/Nutrition Needs

Health Insurance

As of December 2016, the following children were receiving Medicaid:

	Broome County	Tioga County
• TANF Children on Medicaid and Assistance;	3493	339
• Medicaid only Children;	11,321	1,260
• <i>Total Children on Medicaid</i>	14,814 ⁴⁰	1,599 ⁴¹

As of 2009-2011, 5.1% of children in Broome County are uninsured, many of whom may be eligible for Medicaid.⁴² 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 35,905 of the 46,440 Medicaid eligible individuals are in Medicaid Managed Care. At this time, enrollment occurs during the certification and renewal process. It is crucial that families receive assistance in the selection of the best-managed care plan for themselves and their families. Eligible applicants/recipients decide on a plan based on subscribing doctors, location of the physician's office, preferred hospital, location of participating pharmacies, and availability of all services at a convenient site.

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

In Tioga County, about 3,196 of the 4,601 Medicaid eligible individuals are in Medicaid Managed Care. 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. Currently, the choice of Medicaid Managed Care plans in Tioga County includes CDPHP, Fidelis, and United Health Care.⁴³

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, most new enrollees applying for Medicaid will now go through the New York State Department of Health.

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

Child Health Plus

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

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

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

As of December 2014, Family Health Plus program has been discontinued due to the increase in income levels for Medicaid eligible under the new ACA Guidelines. The ACA established a new eligibility category called the "adult group" (ages 19-64) that 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.⁴⁴

Table IV. Health Care Visits of Head Start Families⁴⁵

HEALTH CARE	PERCENTAGE OF CHILDREN		PERCENTAGE OF PARENTS	
	2015-2016	2016-2017	2015-2016	2016-2017
Medical Visits				
Every two years	0%	1%	0%	2%
Once a year	29%	27%	15%	26%
Twice a year	8%	14%	2%	8%
As Needed	63%	58%	81%	63%
Never	0%	0%	2%	1%
Dental Visits				
Every two years	0%	>1%	2%	3%
Once a year	22%	16%	21%	21%
Twice a year	35%	40%	27%	26%
As Needed	37%	40%	32%	44%
Never	6%	4%	18%	6%
Vision Exams				
Every two years	9%	5%	11%	12%
Once a year	18%	21%	31%	21%
Twice a year	2%	5%	2%	5%
As Needed	47%	43%	40%	43%
Never	24%	26%	16%	26%

Oral Health/Health Plan Coverage

According to the Economic Opportunity Report, June 5, 2000, nearly 30 percent of low-income children received no dental care and nearly 60 percent failed to receive the recommended minimum level of care. Broome County Department of Social Services has operated a mandatory managed care program with several different product lines since 1998. There are currently over 35,905⁴⁶ 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%⁴⁷. Access to dental care improved in 2008 with the opening of two new offices – Wilson Dental and Binghamton Dental. These practices were formed especially to accommodate Medicaid patients. As of October 1, 2009, Medicaid

reimburses a maximum of four annual fluoride varnish applications for covered children from birth until seven years of age.⁴⁸

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 of 2005. In June of 2015 the center expanded from 6 chairs 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 to it 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. 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 and are not eligible for any other available program. Lourdes Center for Oral Health has an insurance navigator available one day a week on site to assist patients who need to obtain insurance.⁴⁹

In October of 2006 Mobile Dental Services were added and in 2012 a School Based Sealant Program offering a well-rounded realm of services to community sites and local school districts. Lourdes Dental Services has provided free screenings, oral health education, preventive and restorative dental services and provides a dental home to all children enrolled in the Family Enrichment Head Start and Opportunities for Broome Head Start programs whose families may find it difficult to access needed dental services elsewhere in the community. Currently dental services are provided by Lourdes at 23 community sites, serving 7 school districts and 5 Head Start sites.⁵⁰

There are approximately 1,500 children enrolled at the Article 28 Clinic operated by United Health Services Hospitals (UHS) at Binghamton General Hospital. UHS operates two school-based health centers (Benjamin Franklin and Roosevelt elementary schools in the Binghamton City School District) and provides screening and sealants to children in those two schools, and restorative care referrals. The UHS clinic is currently taking new patients. The insurances that UHS Dental Clinic accepts are: Medicaid, Healthplex (including CDPHP and Excellus Blue Cross/Blue Shield), Fidelis (Dentaquest), and private insurance and self pay.⁵¹

The Dental Hygiene program at SUNY Broome Community College offers a dental clinic for preventive services such as various cleanings, x-rays, fluoride treatments 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 approximately 1800 people from August to May 2016.⁵²

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

Furthermore, 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 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 with 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, WIC clinics and Head Start classrooms. All children that participate in the program receive a tooth brushing kit, whether or not they receive the fluoride varnish application. Thirty children in the Tioga County Head Start program received fluoride varnish applications through the Tioga County Health Department Fluoride Varnish Program in November and December 2016.

Tioga County Public Health staff are also educating Primary Care Providers with information regarding fluoride varnish applications at well-child visits. This initiative is supported by the New York State Association of County Health Officials (NYSACHO) and is well-established in some PCP practices.

n an effort to promote dental visits by the age of one, postcards are mailed to all families of one year olds in Tioga County. Also, information regarding children’s oral health is included in all birth packets mailed to new parents. The hope is that these efforts will lead to early awareness of the importance of good oral health and entry into the dental care before problems arise.⁵³

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 35 children in October 2016.⁵⁴ The partnership between Family Enrichment Network and the Lourdes Mobile Dental unit has enhanced our ability to obtain dental care for children on Child Health Plus and Medicaid. Since opening in January 2005 Lourdes Center for Oral Health has been accepting referrals and providing a dental home to Head Start children on Child Health Plus and Medicaid.

In June, 2010, the Family Enrichment began its Early Head Start Program. The American Academy of Pediatric Dentistry recommends that children have their first dental visit at the age of one year. In order to provide families to an introduction to dental care for their infants and toddlers, Dr. Michael Wilson has agreed to do dental screens on the children in the Early Head Start Program. Forty-five children were screened in October 2016 . Three children were found to have tooth decay. The Early Head Start Nurses are working with the families to get the children treated. Dr. Wilson will again provide this service in the coming year.

In Broome County, approximately 126,000 residents are served by fluoridated water. This accounts for approximately 63% of the population⁵⁵. 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 purchases fluoride tablets in order to continue offering it to the children. Families are also encouraged to obtain fluoride through their primary care physicians or private dentists.

Immunizations

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

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

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 interval. It is important to note that children who are not up-to-date with their immunizations will be given 14 days to start the process of getting up-to-date (30 days if coming from out of state or out of country). If the child has not started the process 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://health.ny.gov/publications/2370.pdf>.

In July 2014, the school requirements were updated to more closely reflect the ACIP (Advisory Committee on Immunization Practices) recommendations. Changes include verification that all immunizations were given in the correct intervals, as well as two doses of varicella and a booster dose of polio after the age of 4, for all Kindergarten, 1st grade, 6th grade and 7th grade. In subsequent years, this requirement will be extended to new Kindergarten and 6th graders, as well as the students in the next grade (for example, in the 2015-2016 school year these requirements applied to grades K,1,6, and 7).

Effective October 2016, the following vaccine doses are required by New York State for school entrance into Day-Care, Nursery, Head Start, or Pre-K:(there were no changes in the 2015-2016 school year):

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

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

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

One dose of the Measles, Mumps, and Rubella (MMR) vaccine is required on or after the child's first birthday. This can be given at the same time as the varicella vaccine. 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. In 2015, there were 189 cases of measles in the USA. Most of the people who contracted measles were unimmunized or under immunized

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 and Pakistan.

In New York State, all children born on or after January 1, 2005, must be immunized against tetanus and pertussis for entry into any school. The DTaP vaccine prevents against infection from diphtheria, tetanus and pertussis. These are serious and even life-threatening infections, especially in young children. Children should receive four doses of DTaP by the time that they are eighteen months old and a booster dose at their fourth birthday. 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 in place of the Td vaccine. New York State requires that children born on or after January 1, 1994 and enroll in grades 6 through 12 receive the Tdap booster. The primary objective of the Tdap vaccination is to protect adolescents against pertussis. It is especially important for adolescents and adults to receive the Tdap booster if they will come into contact with infants. Babies that aren't fully protected against pertussis (whooping cough) are more likely to contract the disease, develop serious complications, and die. In 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 in 6th grade.

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

New York State now requires immunization against Haemophilus Influenzae type B (Hib) conjugate vaccine. Children starting the series on time should receive Hib vaccine at 2, 4, 6 and 12 through 59 months of age. If two doses of vaccine were received before 12 months of age, only 3 doses are required with dose 3 at 12 through 15 months of age and at least 8 weeks after the second dose. If dose 1 were received at ages 12 through 14 months of age, only 2 doses are required with dose 2 at least 8 to 12 weeks after dose 1. If dose 1 were received at 15 months of age or older, only 1 dose is required. Hib vaccine is not required for children 5 years of age or older.

For the 2017-2018 school year, students entering 7th, 8th, and 12th grades in New York State public, private and parochial schools will be 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, and the American Academy of Pediatrics. Vaccine safety is continually monitored by the Vaccine Adverse Reporting System. This National Government Program encourages anyone to report any adverse event that happens after getting a vaccine.

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

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

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

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

Now with the Affordable Care Act, all immunizations are covered by any insurance.

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

As of January 1, 2008, providers must enter all immunizations administered to children less than 19 years of age into the New York State Immunization Information System (NYSIIS). This is a free, web-based statewide immunization registry.⁵⁶

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 ($\mu\text{g}/\text{dL}$). Exposure to lead is a preventable. 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, lead exposure often times has no obvious symptoms and poses a real threat to children and pregnant women living in Broome and Tioga counties. Exposure can affect nearly every system in the body, which causes many problems with growth, behavior, and ability to learn. Currently, there has been no identification of a safe blood lead level.

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 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.. Staff members inform parents about strategies to prevent and reduce exposure to lead hazards. 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, 3492 blood lead tests for children were performed and tracked in 2016. In Tioga County, 651 blood lead tests for children were performed and tracked in 2015. The incidence rate of lead poisoning in Tioga County is nearly double of upstate New York despite its small number of tests. In 2014, Tioga County's incidence rate was 13%, while the rest of New York State was at 10.4%.

Blood lead levels of 5mcg/dl are at the CDC “reference value”. The reference value level is based on the U.S. population of children ages 1-5 years who are in the highest 2.5% of children when tested for lead in their blood. The New York State reference value remains at 10mcg/dl. 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 Broome County.

Blood lead levels (mcg/dl) 2016	Number of test results from those having their first screening (2016)
5-9	75
10-14	17
15-19	9
20 and above	5

In Tioga County, the average amount of children per year of elevated BLLs was 5.8. From 2013 to July 2016, there were 99 children reported to have BLLs of 5 to 9.9 µg/dL.

LPPP strives to increase lead testing rates to better identify and serve those children with elevated blood lead levels. Broome County staff prepared and presented information to health care providers, day care directors, parents and other organizations with ties to children’s health. The Tioga County LPPP has also done presentations to code enforcement and to the Board of Health and to the county legislators. Presentations emphasized recognizing lead hazards, preventing lead poisoning and providing education on the New York State Public Health Laws. These New York State Public Health Laws state that every child shall be tested for lead at age one and again at age two by their health care provider. Each child shall 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. For more information please see http://www.health.ny.gov/environment/lead/health_care_providers/.

The Broome County Health Department also has the Childhood Lead Poisoning Primary Prevention Program (CLPPP) to help combat lead poisoning. CLPPP’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. Then the Health Department works with property owners to correct the lead based paint hazards as required to make the home lead safe for its occupants..

The Broome CLPPP 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 catch those that have not been tested. An evaluation of the program revealed that over 50% of children tested in WIC had never been tested before. 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 will remediate 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. To be eligible, units must house at least one child age 6 or younger or a pregnant woman. 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 September 30, 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 in order 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.⁵⁷

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.”⁵⁸ 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 trimester⁵⁹. Most Broome County private obstetric care providers do not accept Medicaid. Two clinics in Broome County focus their care on this population. They are the Lourdes deMarillac Clinic and United Health Services Perinatal Center. In addition to providing Perinatal care, they employ social workers to identify areas of psycho-social need in pregnant women, to connect them with resources to assist them beyond just physical care. The other obstetric care providers in the area use the social workers in these clinics to assist their patients as well. Lourdes Hospital is now offering insurance navigators in the billing office as well as the emergency room 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 offer a dietician on site at 303 Main St. and is moving forward with offering ultrasound and xray as well to make it easier for maternity patients. They are very close to having Dr. Leuci and

Dr. Shantillo-Davis each doing a clinic at Demarillac in the near future.. Lourdes Hospital and the Demarillac Clinic is close to being approved as a Baby Friendly Hospital/ Prenatal Clinic as we are a Breast Feeding Friendly Office. Demarillac will be offering Lactation Specialists on site for the Patients.⁶⁰

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 2015-2016, 620 adults and 1019 children were hosted at the PAL Centers in Binghamton and Norwich.

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, eight hundred and seventy-two applications were submitted and 4664 individuals received coverage.⁶¹

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.

Eighty-three infants have been in enrolled in Early Head Start through the pregnant mothers tract since the beginning of the program. There are also 12 women currently awaiting slots in the program.⁶²

Asthma

Childhood asthma continues to be a major public health problem for the pediatric population. In 2014, 8.6% of children less than 18 years of age had asthma, with a dramatic increase when looking at the age group of 5-14 years with a 10.3% prevalence. Race and poverty worsen outcomes for this age group, with 13.4% of black non-Hispanic children and 10.4% of people below the poverty level having higher asthma rates compared to 7.6% for white non-Hispanic children and 6.3% not in poverty. For children less than 18 years old with an asthma diagnosis, 48% had one or more asthma attack More children are hospitalized for asthma, as seen

with rates of 18.3 per 10,000 compared to 13 per 10,000 for adults. In 2013, asthma accounted for 13.8 million school days lost (Centers for Disease Control, 2016).⁶³

Local statistics parallel those at the national level. Broome County has seen a rise in emergency room visits for children 0-4 years, with rates increasing from 68.8 per 10,000 in 2009 to 90.3 per 10,000 in 2012. The hospitalization rate also increased from 29.1 per 10,000 in 2009 to 38.1 in 2012. While emergency room visits for children ages 5-11 years showed a decline from 2009-2012, hospitalizations increased from 12.1 per 10,000 to 14.8 per 10,000. (NYSDOH, 2013).⁶⁴

Surveys conducted by the Decker School of Nursing assessed 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.

The Decker School of Nursing continues to provide asthma interventions at Family Enrichment. *Wee Breathers*, developed by the Asthma and Allergy Foundation of America (AAFA) and the Centers for Disease Control and Prevention *Wee Breathers*, an asthma education program for preschoolers with asthma, was offered to all families of children with asthma. The program was to be implemented over 4 weeks in the family's home. While 20 families agreed to participate, no families completed the program. This program will be offered again in the future, hopefully with increased participation.

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.⁶⁵

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 36 pantries and distributes food to 36 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 2016, CHOW and its sub-program Broome Bounty, the area's only food recovery program, served approximately 1,500,000 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.

The CHOW Farm uses land in the Town of Conklin that was rendered uninhabitable by the flood of 2006. In 2016 the project harvested over 1,800 pounds of fresh produce to those who lack food security. They were unable to grow corn and potatoes. Last year, CHOW partnered with VINES at the farm and began production farming with the hope of growing larger amounts of fresh produce to reduce food insecurity and prevent long-term chronic disease. The

CHOW bus is CHOW's low-cost/no-cost year-round farmers market that focuses on communities that lack access to affordable fresh produce and have high levels of food insecurity. In 2016 120,000 pounds of produce was distributed to families either without access to farmer's markets or who could not afford farmer's market prices for fresh fruits and vegetables. The proceeds from this project combat childhood hunger and provided over 20,000 USDA lunches and supplemental pantry meals to children and their families in rural communities. The two new vans which were awarded to CHOW have allowed us to increase our number of stops to 20 year-round and 30 seasonal located throughout Broome County.

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.⁶⁶

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.⁶⁷

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.⁶⁸

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, healthy 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 3900 participants enrolled in the program, with a show rate of average 81.7 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.

According to the FFY 2016 participation figures report, the Broome County WIC Program is reaching an estimated 86% of our targeted caseload in Broome County, up from 52% last year.⁶⁹

Tioga Opportunities, Inc. has facilitated the Tioga County WIC Program since 1972. The agency takes great pride in offering the eligible families in and around Tioga County extensive integrated nutrition services with a multidisciplinary approach to breast feeding promotion and support by a non-judgmental highly trained educated staff.

The Tioga County WIC Program provides services throughout the county with three outlying clinic sites. FFY2016 the program had an operating budget of \$281,339 that provided participant-centered nutrition services for 1,863 participants, of which 487 were women that had access to breastfeeding information, support and Peer Counselors. The breastfeeding team issued 30 hospital grade electric pumps and 19 manual pumps. Due to this hard work and dedication the program has an 80% initiation rate. Also, the program supports local agricultural

businesses with offering 590 families Farmer Market Coupons valued at \$14,160. WIC meets its goals: healthy pregnancies; healthy birth outcomes; and healthy childhood growth and development by providing nutrient-rich foods, including whole grains, low-fat dairy, fresh fruits and vegetables, which are often lacking in the diets of low-income populations. WIC's focus on promoting healthy lifestyles has brought about positive change in the individuals we serve.

Success is more than the numbers; it's the people whose lives have been changed for the better. Tioga Opportunities, Inc. WIC Program strives to help families reach their own personal goals and investing in the future of Tioga County and its' residences. The program's vision is to incorporate an outcome based philosophy to manage our systems and accomplish our goals.

The program looks forward to embracing new technologies to reach out to the community, developing individualized training programs that supports staff to enhance their skills , continue to offer community breastfeeding support programs and will look for additional monies to develop nutrition programs that will not only better the WIC community; but our community as a whole.⁷⁰

Medication Administration in Child Care Settings

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

An individual must either:

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

or:

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

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

- The health care consultant must have a valid New York State license as a physician, physician assistant, nurse practitioner, and registered nurse. The health care consultant must sign the updated plan indicating his/her approval and also provide his/her license information.
- The health care plan must specifically name the staff selected as the medication administrators for the program.

Once the health care plan is approved and signed by the health care consultant, it must be submitted to their licensor for approval.⁷¹

The Family Enrichment Network has 3 certified MAT trainers. Seventy-seven agency staff persons are certified to administer medication to children.

CPR/AED/First Aid Certification

Training in CPR/AED/First Aid is a valuable asset, especially for individuals caring for children, providing advanced preparation for dealing with emergencies. The Family Enrichment Network has 3 Certified CPR/AED/First Aid Trainers. There are 105 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

Lourdes Center for Mental Health, Greater Binghamton Health Center and Family & Children's Society all serve children and adults as licensed NYS Office of Mental Health (OMH) Clinics within Broome and surrounding counties. Family & Children's Society's licensed NYS OMH Clinic offers same day service appointments to address the huge need for mental health services for adults and children. United Health Services also operates a NYS OMH Clinic serving adults. BC Promise Zone has seven school districts implementing the community school model: Binghamton, Union Endicott, Johnson City, Whitney Point, Windsor, Chenango Valley and BOCES. Community school coordinators work diligently with Binghamton University interns from a variety of majors and interests to provide support to students during and after school day with an academic and social-emotional focus designed to improve school attendance and academic achievement, increase engagement, and increase access to community resources. In 2016, two NYS OMH Satellite Clinics opened in Johnson City and Windsor school districts with others planned soon. Family & Children's Society provides the clinical services while Promise Zone supports their efforts and collaborates in regards to potential students. Students without the satellite clinic may access the Family Resource Centers that offer referrals, assistance and support located at the Maine Endwell, Union-Endicott and Whitney Point school districts. Broome County Mental Health was awarded the Drug Free Communities (DF) grant which

allowed the hiring of the DFC Coordinator in late 2016. The DFC grant will fund the Prevention Needs Assessment Survey along with many other prevention activities that will take place in Broome County over the next 5 years. The Clinic Plus program, run by the Family Enrichment Network and housed at Broome County Mental Health provides free and confidential emotional wellness screenings for children in grades kindergarten through 8th grade in 12 of the Broome County School Districts and to Head Start children through collaboration with FEN.⁷² While the Clinic Plus emotional wellness screening program has been of benefit to the many Head Start families who have utilized it, the lack of mental health services for preschoolers under the age of 5 continues to be an areas of need. Children and Families not in need of a psychiatrist have several options available. Family Enrichment Network Head Start and Early Head Start programs retain the services of Mental Health Consultants who provide counseling services to families on a short-term basis and then facilitate referrals to other Community resources which accept Medicaid, Child Health Plus, or have a sliding fee scale, for those in need of long-term services.

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

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

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

Broome County SPOA continues to see an increased need and intensity for services for children/youth in the community. The largest age population served is the 12 – 15 category for 2016. Children/youth are being seen more readily in the three clinics since Greater Binghamton Health Center and Family and Children’s Society added open access hours.

Unfortunately, the need is so high that the clinics do not have the manpower to keep up. Family & Children’s Society also added two School Based Family Support Centers at Johnson City School District and Windsor School District. School Based Family Support Centers make it easier on the family and child/youth by decreasing the need for transportation and the need to miss school time to attend an appointment at a Clinic.

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. The hope of 2017 is that children/youth that are eligible to be enrolled in a Health Home will not be waiting a long time for this service.

During the year of 2016, SPOA started to gather data on who specifically a child/youth was residing with at the time of the referral. Out of the 393 children/youth served, 25% of them do not reside in their parent’s home. SPOA continues to see the following barriers/concerns for children/youth in the community: transportation, poverty, children/youth that are dually diagnosed (OMH/OPWDD), parent’s/guardian’s inability to follow through and language barriers.

Social Services Needs

According to Broome County Child Protective Services, in 2016, there were approximately 4,141 reports made of alleged abuse or maltreatment.⁷³ Broome County Child Protective Services Social Services responded to 4,141 reports that were made to the NYS Central Register alleging child abuse or maltreatment. The heroin, opioid epidemic is having an impact on children in Broome County. The most notable trend for Broome County Child Protective Services in 2016 was the increase in number of calls that Child Protective Services had to investigate with allegations of parental/caretaker substance abuse issues. Along with this, there has also been an increase in the number of babies being born addicted to drugs which is of great concern for the child’s wellbeing. As a result, many children who have been impacted by this epidemic are living with extended family members who are currently providing the care for these children.

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 two 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 Tioga County in 2016, there were 1,095 reports of alleged abuse or maltreatment involving 2,172 children.⁷⁴ As of December 31, 2016, CPS staff had determined or closed 471; 71% were unfounded and 29% were indicated. Family Assessment Response (FAR) conducted 277 assessments, which comprised 37.1% of all reports received in 2016.

Head Start families, through their participation in our program, work in partnership with Family Advocates to identify, assess and address their personal and family goals. Head Start families are actively working on progression toward individualized goals. The top three goal areas identified as a priority for Head Start families participating in the Broome county program are parenting/family/discipline education and support, housing/basic needs, and finances.⁷⁵ Families participating in the Tioga county program identified parenting/family/discipline education and support, housing/basic needs, and employment as the top three goal areas they are working on.⁷⁶

Parenting/family/discipline education is, by far, the most requested area of interest for our families, and this year was no exception. 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. In addition, there are many opportunities for parents to network with other parents who have children in Head Start and Early Head Start. One opportunity available for mothers is our "Just Moms" group which began six years ago. Head Start and Early Head Start mothers have an opportunity to attend a monthly group with other moms who may be facing some of the same issues they face as moms to young children. By offering workshops on stress management, healthy eating, picky eaters, child development, and strategies for dealing with challenging behavioral issues these moms are better equipped to provide the best possible care for their children and their families. This group can also provide moms with important networking opportunities and the opportunity to provide peer support to one another.

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 two of the *Pathways to 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 120 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."

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

There are a variety of household make-ups that exist in our Head Start community. In our Tioga program 48.6% are two-parent households, 29.9% are single-parent female households, 1.9% are single-parent male households, 15.9% are kinship families- an increase over last year, and 3.7% is foster homes.⁷⁷ In the Broome program there are 51.5% are two-parent households, 40.1% are single-parent female households, 2.2% are single-parent male households, and 5.6% are kinship families.⁷⁸

On this year's Community Assessment Parent Questionnaire Head Start families reported that 3% percent of them have themselves or have family members who have been or are currently involved with the criminal justice system.⁷⁹ Two percent of families reported involvement with drug or alcohol rehabilitation.⁸⁰ Nine families reported involvement with domestic violence on this year's community assessment questionnaire.⁸¹ 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. This year only 3 families reported experiencing emotional abuse.⁸²

Financial stability is an important factor for families to become and remain self-sufficient. Through the family partnership process with our Broome families, we learned that 19.6% of Head Start families consider themselves to have financial issues, and of that, 10.4% of families are actively working on addressing it as a family goal by making an effort to improve their financial stability.⁸³ 9.3% of our Tioga families reported having financial issues and 7.5% of them are actively working to improve their financial situation.⁸⁴

Adequate housing continues to be an area of concern for our families. According to the responses on our Community Assessment Parent Questionnaire thirty percent of Head Start families that indicated that payment of rent is their most significant housing issue.⁸⁵ Several families, 15%, also indicated that the neighborhoods they live in are a concern for them.⁸⁶ Additionally, 13% of families also report that they have a problem with disruptive neighbors.⁸⁷

In addition, 16% of families report that inadequate space is a major concern.⁸⁸ Additional housing issues that are reported to be a concern for families are paying for utilities (17%), bugs/rodents (16%) and the need for major repairs (10%).⁸⁹

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.⁹⁰ Of that,

29% reported that they are concerned about crime and 30% reported having concerns about drug use, both slight increases over last year.⁹¹ Nineteen percent of the families who said they did not feel safe in their neighborhoods also indicated a concern about violence.⁹² 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, providing more opportunities for young people, and providing more employment opportunities.⁹³

Finally, 26.3% of Head Start families in Broome and 8.4% of Tioga families identified education as a priority for their family.⁹⁴ Of those, approximately 20% of Broome families and 4.7% of Tioga families are actively working toward increasing or completing their education.⁹⁵ In addition, a significant number of Head Start families indicated that employment is a goal for their family. With the support from Head Start Family Community Partnership staff, 10.3% of Tioga families and 6.4% of Broome families are currently addressing it as a goal.⁹⁶ (See the Employment Section for specific information.)

Employment Needs

True welfare reform comes from a climate that encourages work, and it is necessary to have support systems in place so the environment is conducive to entering the workforce. A need still exists for low skill/entry level jobs for people with little or no work experience and limited education. The Welfare Reform Act of 1996 requires most public assistance recipients to be involved in job-related activities and/or working in order to receive benefits, requiring 50 percent of a state’s TANF caseloads meet work requirements. The same law also includes time limits, which affect part-time workers and other families of low income now receiving partial public assistance. In July 2013, HHS released a memo notifying states of the ability to apply for a waiver of the work requirements. President Obama’s administration hoped the change would allow states greater flexibility to operate welfare programs and increase TANF applicant’s ability to find employment. Broome County Department of Social Services’ Welfare to Work Unit consisting of the Safety Net and Welfare to Work Family Assistance Divisions offers a variety of programs and services to public assistance and food stamp recipients, designed to help families gain and retain employment and self-sufficiency. Programs and services include trainings and workshops pertaining to employability assessments, job readiness, and employment searches, WORKFARE/Community Work Experience as well as on the job opportunities. In May of 2012, the TANF Work Experience Program opened, collaborating with the Broome County Urban League and the STAR Group. An opportunity for work experience and job skills is available for TANF recipients at a recycling center and Thrift Store, The Urban Star where 103 people were assisted to find employment in 2014.⁹⁷

According to the latest available statistics, the Broome County Department of Social Services Annual Report - 2015, Temporary Assistance caseloads increased from 3403 to 3509 (106) in all categories, as of December 31, 2014. Family Assistance, Safety Net, and Emergency programs saw a decrease in applications by 1718 with approved cases decreasing by 1052, (a decrease of 25%); denied and/or withdrawn cases decreased by 1611; additionally, an increase

of 397 other cases were open/closed or reopened or reactivated. Medicaid and Medicaid-SSI caseloads decreased by 13 percent from 2014 to 2015, this is the first decrease due to the availability of access to the market-place for applications. Non-public assistance Supplemental Nutrition Assistance Program (SNAP, formally known as Food Stamps) applications increased by 473, with an overall decrease of 600 applications approved/opened from 2014 to 2015. Additionally, of the 8598 households screened for Expedited Food Stamps, 3397 were found to be eligible. 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 2015, 1118 TANF and Safety Net recipients entered employment, an increase of 10%. The total number of front desk contacts during 2015 totaled 176,985, an increase of 5021.⁹⁸ Tioga County does not provide access to their Department of Social Services Annual report online.

Currently, 56 percent of Broome and Tioga County Head Start and Early Head Start families work full-time or part-time; 19 percent of Broome County and 26% of Tioga County families receive either partial or full public assistance; and 36 percent of Broome County and 22% of Tioga County families have other sources of income (SSI/SSD/SS). This demonstrates a minimal increase in Broome and Tioga County Head Start and Early Head Start working families. Of the 31% of Broome and Tioga families state they are ineligible to receive public assistance; 20 percent of Broome and Tioga County families state they are ineligible to receive other benefits due to employment.⁹⁹

Broome County Transit buses cover approximately 80 square miles with 20 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.¹⁰⁰ Broome County Transit has made enormous strives to updates to their systems to save almost one-half million dollars by redesigning current routes while still serving the same areas. This is 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. The total number of buses dropped from 44 to 36, with none of the full-time or 19 part-time drivers laid off or let go, according to an article in the Press & Sun Bulletin, February 19, 2016. Broome County Department of Public Transportation's modern Congressman Maurice Hinchey Hub at Broome County Transit Junction provides access to local and long distance carriers Greyhound and Shortline/Coach USA bus lines. Riders are able to make connections to other local transit routes and/or longer distance transportation needs to out of the area in the comfort of a spacious facility. Broome County moved the offices for the Department of Motor Vehicles from the old Clinton Street site to the transportation hub in January 2014 to provide greater convenience for residents. In an article in the Press and Sun Bulletin September 15, 2014, Tioga County Legislators voted unanimously to halt public transportation as of November 30, 2014. The decision was made after legislators were unable to find an alternate resolution to the drop in ridership, after rescheduling and changing routes in hopes of providing better services to residents. New York State took over scheduling transportation for Medicaid patients in 2013, preferring to use taxi services over public transportation. This change of Medicaid services caused a drop in ridership from approximately 1000 per month to zero in January 2014. The state agreed to offset unexpected costs as a result of the change for 2014, but was not expected to go beyond that.¹⁰¹

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 \$9.70 per hour, as of December 31, 2016.

Labor Market Trends

Total nonagricultural jobs in the Binghamton metro area (Broome and Tioga Counties) rose by 500 over the year to 103,900 in 2016. Job gains were experienced in private education and health services (+500), natural resources, mining and construction (+200), leisure and hospitality (+100) and other services (+100). Declines were found in the following industries: professional and business services (-400), information (-200) and manufacturing (-100). The jobless rate in Binghamton metro area declined from 6.0 percent in 2015 to 5.3 percent in 2016.

Job Openings

The number of job openings registered with the New York State Department of Labor in Binghamton metro area stood at 2,093 in February 2017. Most openings were found in the following occupational groups: Healthcare Practitioner and Technical (496 jobs, 23.7%); Sales and Related (239 jobs, 11.4%); Office, Clerical and Secretarial (148 jobs, 7.1%); Healthcare Support (128, 6.1%) and Transportation and Material Moving (118 jobs, 5.6%).

Developing Trends

Healthcare occupations and industries are expected to have the fastest employment growth and to add the most jobs between 2014 and 2024, the U.S. Bureau of Labor Statistics reported. With the increase in the proportion of the population in older age groups, more people in the labor force will be entering prime retirement age. As a result, the labor force participation rate is projected to decrease and labor force growth to slow. This slowdown of labor force growth is expected, in turn, to lead to Gross Domestic Product (GDP) growth of 2.2 percent annually over the decade. This economic growth is projected to generate 9.8 million new jobs--a 6.5-percent increase between 2014 and 2024.

The projections are predicated on assumptions including a 5.2 percent unemployment rate in 2024 and labor productivity growth of 1.8 percent annually over the projected period. Highlights of the BLS projections for the labor force and macroeconomy, industry employment, and occupational employment are included below.

Labor Force and the Macroeconomy

- The civilian labor force is projected to reach 163.8 million in 2024, growing at an annual rate of 0.5 percent.
- The labor force continues to age. The median age of the labor force was 37.7 in 1994, 40.3 in 2004, 41.9 in 2014, and is projected to be 42.4 in 2024. At the same time, the overall labor force participation rate is projected to decrease from 62.9 percent in 2014 to 60.9 percent in 2024.
- The labor force participation rate for youth (ages 16 to 24) is projected to decrease from 55.0 percent in 2014 to 49.7 percent in 2024. The youth age group is projected to make up 11.3 percent of the civilian labor force in 2024 as compared with 13.7 percent in 2014. In contrast, the labor force participation rate for the 65-and-older age group is projected to increase from 18.6 percent in 2014 to 21.7 percent in 2024. This older age group is projected to represent 8.2 percent of the civilian labor force in 2024 as compared with 5.4 percent in 2014.
- Labor force diversity is projected to increase, with white non-Hispanics making up 59.6 percent of the civilian labor force in 2024, compared with 64.6 percent in 2014.
- Real GDP (2009 chained dollars) is projected to grow at an annual rate of 2.2 percent, from \$16.1 trillion in 2014 to \$19.9 trillion in 2024.

- Within GDP, medical services will continue to grow as a share of nominal personal consumption expenditures. This category is projected to account for 18.0 percent of consumption in 2024--higher than its 16.7-percent share in 2014 and 15.0-percent share in 2004.

Industry Employment

- Service-providing sectors are projected to capture 94.6 percent of all the jobs added between 2014 and 2024. Of these 9.3 million new service sector jobs, 3.8 million will be added to the healthcare and social assistance major sector.
- The healthcare and social assistance major sector is expected to become the largest employing major sector during the projections decade, overtaking the state and local government major sector and the professional and business services major sector. Healthcare and social assistance is projected to increase its employment share from 12.0 percent in 2014 to 13.6 percent in 2024.
- Construction is projected to add 790,400 jobs by 2024. Even with these additional jobs, employment in the construction major sector is not projected to return to the 2006 peak.
- Manufacturing employment, between 2014 and 2024, is projected to decline at a 0.7 percent rate annually, a more moderate decline than the 1.6 percent rate experienced in the prior decade.

Occupational Employment

- Healthcare support occupations and healthcare practitioners and technical occupations are projected to be the two fastest growing occupational groups during the 2014 to 2024 projections decade. These groups are projected to contribute the most new jobs, with a combined increase of 2.3 million in employment, representing about 1 in 4 new jobs.
- Of the 819 detailed occupations, employment in 602 occupations is projected to grow, while employment in 217 occupations is projected to decline.
- Two major groups are projected to have declining employment. Together, production occupations and farming, fishing, and forestry occupations are projected to shed 339,300 jobs during the projections decade.
- For 11 of the 15 fastest growing occupations, some level of postsecondary education is typically required for entry.

Skill Needs

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

"Soft skills" refer to a cluster of personal qualities, habits, attitudes and social graces that make someone a good employee and compatible to work with. Companies value soft skills because research suggests and experience shows that they can be just as important an indicator of job performance as hard skills. Some of the most common soft skills employers are looking for and will be assessing you on include:

1. Strong Work Ethic

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

2. Positive Attitude

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

3. Good Communication Skills

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

4. Time Management Abilities

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

5. Problem-Solving Skills

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

6. Acting as a Team Player

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

7. Self-Confidence

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

8. Ability to Accept and Learn From Criticism

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

9. Flexibility/Adaptability

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

10. Working Well Under Pressure

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

Employment and Training Resource

All persons should be informed about employment and training programs provided by the Broome-Tioga Workforce New York office, 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.¹⁰²

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 (2016-2017) fifty-one (51) percent of Head Start families in Broome County and Tioga County indicate that they are working. Sixty-six (66) percent of Broome County and twenty-nine (29) 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 not increased or have been stagnant.

Twelve (12) percent of families in Broome and Tioga Counties state that expense, trust, flexibility and lack of providers are their greatest childcare concerns. Many Head Start families work non-traditional shifts. Ten (10) percent of Broome and Tioga families state that childcare provided between 3pm and 12pm would best meet their childcare needs, while an additional seven percent of families need child care during other or variable 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 off hours. Twenty-two (22) percent of Broome/Tioga Head Start families utilize child care outside of their Head Start Program. To meet their childcare needs, Seventy-three (73) percent of Broome/Tioga Head Start Families utilize friends or family, and twenty-eight (28) 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. Twenty-seven (27) 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 family was forced to keep their child in an inadequate setting with friends since they did not 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 (2016-2017) fifty-one 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. Fifty-five percent of Broome and Tioga County families have a GED or lower education.

Of Head Start families in Broome and Tioga County, seventy-four (74) 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.¹⁰³ (For more information on Child Care Resource and Referral see section on CCR&R).

Broome County Head Start serves 321 children. Of these, 164 are in half day classrooms and 157 are in full day classrooms. There are three sites for Broome County Head Start including Cherry Street, Saratoga and Woodrow Wilson Elementary School. There are also 15 children in a half day Universal Pre-Kindergarten class at the Cherry Street site. 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 90 children. Of these, 60 are half day classrooms and 30 are full day classrooms. Tioga County Universal Pre-Kindergarten has the capacity to serve 14 children. Tioga County Early Head Start 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 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 enhancements activities for young children.

Children's Museums

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

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

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:	Hours:	
Under 1 year = Free	Tuesday-Friday	10:00 a.m.-4:00 p.m.
General Admission = \$7.00	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.

Coloring outside the Lines-At the Discovery Center

Using a variety of artistic mediums we'll bring out the artist in your little one as we create, paint, and craft together!

Cost: Free with Admission

Mondays at 11:00 a.m.

Exhibit Spotlight-At the Discovery Center

Take a closer look at a different exhibit each week with our Early Childhood Educator and find out how even the youngest among us can get the most out of their visit!

Cost: Free with Admission

Tuesdays at 11:00 a.m.

Little Hands Science-At the Discovery Center

Little hands explore simple science with observation, questioning, and discovery using all of their senses!

Cost: Free with Admission

Wednesdays at 11:00 a.m.

Tunes and Tales-At the Discovery Center

With props and instruments, your young learner can enhance large motor skills as we get our groove on with song and dance!

Cost: Free with Admission

Thursdays at 11:00 a.m.

Explore and More-At the Discovery Center

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

Cost: Free with Admission

Saturdays at 11:00 a.m.-1:00 p.m.

Sundays at 1:00 p.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.

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.

Tot's and Toddlers-At the BC Library - 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 birth to three.

Mondays and Thursdays at 10:00 a.m.

Preschool Story Time-At the BC Library- Join us for story time-there will be stories, music, games, and more! For children ages three to six.

Tuesdays at 10:30 a.m. and 3:30 p.m.

PAWS to Read-At the BC Library- 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 who have been tested for health, safety and temperament. All ages welcome.

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

Crafty Kids-At the BC Library- Join us once a month for fun craft projects! All ages are welcome.

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.-9:00 p.m.

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

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

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

Paws for Friendship-At the Vestal Library- The "Books and Reading Canine" program helps to improve children's reading and communication skills by employing a powerful method--reading to a dog. But not just any dog, a THERAPY Dog.

Mondays 6:00-8:00 p.m. Call for specific dates

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

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.

Cost: Free with library card and preregistration

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 = \$6.00

Cost to ride carousel = free with admission

Picnic and Playground = free

12 years-Adults = \$8.00

Senior (over 55) = \$7.00

College Student & Military ID = \$7.00
Group Rate = \$4.50 per person if 10 or more people
*Last ticket sold one hour prior to closing
Hours:
November 28 – March 31 CLOSED
April 1 – April 21 Weekends only 10:00 a.m.-3:00 p.m.
April 22 – October 1 Open daily 10:00 a.m.-4:00 p.m.
October 2 – October 15 Weekends only (and Columbus Day) 10:00 a.m.-3:00 p.m.
October 16 – November 3 CLOSED for Boo at the Zoo
November 4 – November 26 Weekends only 10:00 a.m.-3:00 p.m.

Large Motor Activities

Trike, Trot, and Roll-At Skate Estate: 3401 Old Vestal Road, Vestal, 797-9000

Ages seven and under
Wednesday-Friday 10:00 a.m.-12:00 p.m.
Saturday and Sunday 10:00 a.m.-1:00 p.m.
Cost: \$5.00

Putt Estate: Mini Golf-At Skate Estate: 3401 Old Vestal Road, Vestal, 797-9000

Cost: 12 & under \$4.00
13 & up \$5.00

Water Park-At Skate Estate: 3401 Old Vestal Road, Vestal, 797-9000

Cost: \$4.50 for a ½ hour
Cost: \$7.00 for an hour

Skating- At Skate Estate: 3401 Old Vestal Road, Vestal, 797-9000

Cost: \$5.00 with \$3.00 skate/blade rental (\$8.00 with \$3.00 rental on Saturday Evenings)

Laser Tag-At Skate Estate: 3401 Old Vestal Road, Vestal, 797-9000

Cost: \$5.00

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.

Karate Monthly dues: \$79 Adults Family Discounts Available!
\$69 Children

Cardio Kickboxing: \$45 per month

Zumba: \$4 per class for members or \$8 for non-members

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

Pre-K Karate for children ages 2-4

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)

Retail Resources

Activities for children offered at local retail stores.

- The Home Depot: Woodworking workshop for children ages 5-12. Takes place the first Saturday of every month from 9:00 a.m. to 12:00 p.m.
Cost: Free
- Michaels: Kid's Club Saturdays 10:00 a.m. to 12:00 p.m. drop in basis. Make and Take Crafts
Cost: \$2 per child ages 3 and up

Educational Services for Adults

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

ESL Opportunities

- American Civic Association Tuesday and Thursday 6:00 p.m. to 8:00 p.m.
Winter Classes Monday through Friday 9:00 a.m. to 12:00 p.m

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- ESL at Family Enrichment Network: Collaborative effort with Literacy Volunteers of Broome-Tioga Counties that provides instruction in speaking, reading and writing the English language.
 - Literacy Volunteers of Broome-Tioga Counties: Provides literacy tutoring and training of literacy volunteers.
 - BOCES: ESL offered.

TASC Programs

- Binghamton High School: TASC program two times a week in evenings, five times a week during the day (9:00 a.m. to 2:30 p.m. at United Presbyterian Church)
- BOCES: Provides technical training, educational counseling, TASC and ESL classes
- American Civic Association offers TASC Tuesday and Thursdays 6:00 p.m. to 8:00 p.m.

Vocational Opportunities for Families with Children 0-5 Years

- **Broome County Higher Education Access, Retention and Success (HEARS):** a grant funded program designed to assist community members in gaining access to education or previous Binghamton University or SUNY Broome students in finishing their degree. Binghamton University, 777-4789 or SUNY Broome, 778-5420
- **SUNY Broome's Applied Learning & Career Center:** bridges the gap between the classroom and the work world. Professional staff members are available to support students, alumni and community members with a wide range of career services, including but not limited to, resume creation and development, interview coaching, mock interviews, job search assistance, JobZone Trainings, career fairs, and applied learning opportunities. 778-5207
- **Board of Cooperative Educational Services (BOCES):** Adult comprehensive Education and Support Services (ACCESS)-offers career planning workshops and vocational guidance.
- **Broome County Workforce:** offers job search, career development, eligible training providers, and assistance in establishing eligibility for various programs. 171 Front Street, Binghamton, 778-2136.
- **Talent Search:** Assists persons in obtaining college grants/loans, provides job training and GED classes. U.S. Department of Education
- **Electrical Workers No. 325:** Apprenticeship opportunities. 607-729-6171.
- **Plumbers and Pipefitters Local Union 112:** Apprenticeship opportunities. 607-723-9593.
- **Carpenters Local No. 281:** Apprenticeship opportunities. 607-729-0224, 585-436-1110.

Undergraduate Programs

- **Binghamton University:** Public University offering numerous undergraduate and graduate programs.
- **Broome Community College (BCC):** Community college offering numerous associate programs as well as non-degree classes.

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

Support for Victims of Violence

- **RISE**– emergency housing, counseling, advocacy and support for those experiencing domestic violence.

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- **Crime Victims Assistance Center** – counseling, advocacy, and support for victims of violence. Also provides community-wide education about child abuse, sexual assault, rape, elder abuse, and domestic violence.
 - **Crime Victims Assistance Center CAP (Child Assault Prevention)** – offers education to elementary school children, teachers and parents about children’s rights to be safe, strong and free. Provided in local schools.
 - **Crime Victims Assistance Center**– Girls Circle and Safe Date programs offers youth education for teens emphasizing personal safety, healthy dating relationships and positive self-esteem.
 - **Family & Children’s Society** – provides clinical counseling services to battered women and children.
 - **Broome County Family Violence Prevention Council** – coordinates child abuse, elder abuse and domestic violence education, intervention and prevention services through the efforts of a multi-disciplinary council and other subcommittees.
 - **A New Hope Center** - provides hotline, counseling, advocacy and shelter. Soon they will also be providing supervised visitation.

Alcoholism & Substance Abuse

- **A.A., 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”.

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- **Broome County Urban League** – operates an after school youth enrichment center providing youth development activities and tutoring. Also provides a summer enrichment program for youth ages 5-11.
 - **Boys & Girls Club of Binghamton** – provides youth development activities for youth of all ages, school-age child care program, and sports, recreation and fitness program for all ages.
 - **Boys & Girls Club of Western Broome 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.

Services/Programs for Families

- **Cornell University Cooperative Extension of Broome County – Family Education Center in Endicott** – a free place to play with your child, find answers to your questions about children and families, check out books, videos, and toys to use at home, a place to talk with other parents and caregivers, find out about community services, and classes and workshops about topics you want to learn more about.

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

Programs for Families with Children with Special or High Needs

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

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

Housing Assistance/Emergency/Crisis Services

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

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

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- 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.
 - Head Start parents who are seeking **continuing education programs** have access to information and services through a partnership between Family Enrichment Network and Broome Community College. BCC representatives provide site meeting programming for interested parents.
 - Family Enrichment Network works in partnership with the **Broome County Employment Center** to promote **employment opportunities** and support Head Start parents who are entering the job force.
 - Partnerships between Office for the Aging, Retired Senior Volunteer Program, and Head Start allow for the recruitment, selection, and enrollment of **elderly volunteers** for the classroom to work individually with children with special needs.
 - A partnership between Johnson City School District's Universal Pre-K and Family Enrichment Network allows 53 full-day and 15 half-day children/families to receive comprehensive Head Start services in a **Universal Pre-kindergarten** setting.
 - A partnership between Binghamton City School District and Family Enrichment Network allows 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.

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

INFORMATION ON CHILDREN WITH DISABILITIES

Needs of Children with Special Needs

The Individuals with Disabilities Act (IDEA) guarantees a free and appropriate public education for all children with disabilities from birth through 21 years. School districts must provide assessment and programming services to children three to five years through the Committee on Preschool Special Education and for children ages six through 21 years through the Committee on Special Education. The Department of Health is responsible for serving children birth through two years. The Early Intervention Program was formed to develop a comprehensive countywide system of delivery of early care services for children at-risk for or with developmental delays/disabilities and their families.

Nearly 25 percent (80 children) of Family Enrichment Network's Head Start enrollment in Broome County, and an additional 25 percent (25 children) in Tioga County and 15 percent of Family Enrichment Network's Early Head Start enrollment in the 2016-2017 program year were children with special needs.¹⁰⁴

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.¹⁰⁵

The Early Childhood Direction Center Reports:

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

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

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

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

Services for Children with Special Needs

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

The Early Childhood Direction Center (ECDC) is located in Binghamton at the Southern Tier Independence Center and serves a 12 county area. It provides planning information and referral assistance to parents and professionals on the Department of Health procedures for children birth through two, the CPSE process, and programs for preschool children with disabilities (birth to five years of age). The ECDC functions cooperatively with the State Education School Improvement Specialist (SEIS), both of which provide New York State special education information booklets, resource materials, and training for staff and parents.¹⁰⁶

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.¹⁰⁷

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.

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.¹⁰⁸

The High Risk Birth Clinic, a satellite certified treatment program of Broome Developmental Services and the Office of Mental Retardation and Developmental Disabilities, delivers prevention, diagnostic evaluation, and therapeutic services to children birth through age six. The program is family-centered and views parental involvement as an integral component. Therapy is performed in the clinic or in the home, depending on how needs are best met. Older children may be seen for specialized evaluation. The psychologist is available for specialized neuropsychological and Autism Spectrum evaluations. Parent information support groups are available also.¹⁰⁹

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.¹¹⁰

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

The Early Intervention Program (EIP) is a federal and state mandated program administered through the New York State Department of Health to provide Early Intervention services for eligible infants and toddlers under age three who have developmental delays in any of the following areas:

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

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

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

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

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

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

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

Services may be provided at:

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

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

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

- Outreach to providers, day cares, and agencies
- Referral to facilitated enrollment
- Referral to community and medical resources.

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

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

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

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

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

The Children's Unit also conducts assessments:

- Early Intervention (15 to 35 Months)
 - Multidisciplinary Evaluation
 - Psychological Evaluation
 - Diagnostic Evaluation
 - *How do I refer my Child?
Get in touch with your Early Intervention Coordinator at your county's department of health.
- Preschool (3 to 5 Years)
 - Multidisciplinary Evaluation
 - Psychological Evaluation
 - Diagnostic Evaluation
 - *How do I refer my Child?
- School Age (about 5 to 12 years)
 - Educational Recommendations
 - Diagnostic Evaluations¹¹¹

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

RACIAL AND ETHNIC COMPOSITION, CULTURE AND LANGUAGES

Broome County has experienced a decrease in population between 2010 and 2015. The recorded population for the 2010 census was 200,600 and the 2015 census estimates a population of 196,567 (U.S. Census Bureau). Although the overall population of Broome County has decreased, our diversity has continued to increase. The 2015 population reflects a modest growth in diversity in persons/composition. The Hispanic/Latino composition increased from 3.9% of total population to 4.0% of total population and the Asian population increased from 3.9% of total population to 4.4% of total population (U.S. Census Bureau). Individuals reporting

their race as black have also increased from 5.5% in 2010 to 5.8% in 2015, while our white population has decreased from 87.9% to 86.8%. The increased diversity in local population appears to mirror the overall increase in population diversity throughout the United States.

The 2010 U.S. census highlights several notable demographic facts for community organizations in Broome County to consider in their planning decisions. The foreign-born population rose from 6% in 2010 to 6.3% in 2015. Additionally, the 2015 census notes that an estimated 9.4% 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 growth between 2010 and 2015 is minor in comparison to our growth between 2000 and 2010, where a 1% increase was noted (U.S. Census 2010).

According to the New York Times, between 2004 and 2009, 53 refugees were resettled in Broome County through the American Civic Association. An approximate 10 refugees per year may not seem to be much, but for a relatively small area with limited resources, Broome County struggles to keep up with the demands placed on the communities¹¹². The local school systems must keep up with the additional English as Second Language needs. The New York Times reports that Broome County ranks 28th out of 63 counties in school diversity. The NYT reports that Hispanic and Asian students make up 6% of the Broome County student population (projects.nytimes.com). 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.

Employment assistance proves another difficult hurdle for newcomers to the United States. Immigrants and refugees must learn the protocols of obtaining employment in the United States (e.g. applications, resumes, interviews, etc.). Until recently, such trainings were not readily available to newcomers in the Broome County area. As of 2016, the American Civic Association offers hands-on assistance with job searches. A case manager helps individuals with the application and interview process so that they can begin to get accustomed to job search formalities. Individuals must attend ESL classes and provide proof of a job search in order to receive any government benefits.

Immigrants and refugees place many language demands on local service providers. Governmental agencies, human services providers, hospitals, court system, and numerous other organizations work 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 2015 U.S. Census highlights the growing diversity in Broome County. As demonstrated in Table VI, each of the School Districts in Broome County experienced growth in minority populations during the 2015-2016 school year. The shift to a greater diversity within the population poses many challenges for the local community. However, an aware and engaged community can neutralize/minimize such challenges.

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

Table VI. Percentage of Minority Children within Family Enrichment Network Service Area by School District¹¹³

SCHOOL DISTRICT	2012-2013	2013-2014	2014-2015	2015-2016
Binghamton City Schools	48%	40.5%	44%	53%
Johnson City Schools	31%	33%	35%	38%
Susquehanna Valley Schools (Town of Binghamton, Conklin, Kirkwood)	6%	No Data	5.5%	9%
Chenango Valley Schools (Dickinson, Port Dickinson)	9%	8.5%	6.9%	9%

Tables VII and VIII compare the minority population based on the 2015 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 2016-2017 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 2015-2016 program year, changes in the racial/ethnic breakdown of Head Start families are as followed: a decrease in the white population by 0.3%, decrease in the black population by 2.4% and an increase in the Asian population by 0.2%, Native by 2.0% and a 0.7% increase in the mixed/other category. Overall, Tioga County Head Start families demonstrate a slightly higher percentage of diversity than the county’s statistics.

Table VII. Hispanic and Non-Hispanic in Head Start to General Population¹¹⁴

Broome County Program

	HEAD START FAMILIES 2016-2017 PROGRAM YEAR	BROOME COUNTY GENERAL POPULATION
Hispanic	8.1%	4%
Non-Hispanic	91.9%	96%

Tioga County Program

	HEAD START FAMILIES 2016-2017 PROGRAM YEAR	TIOGA COUNTY GENERAL POPULATION
Hispanic	0%	1.7%
Non-Hispanic	100%	98%

Table VIII. Percentage of Minorities in Head Start to General Population¹¹⁵

Broome County Program

	BROOME HEAD START FAMILIES 2016-2017 PROGRAM YEAR	BROOME COUNTY GENERAL POPULATION
White	33.9%	86.8%
Asian	1.1%	4.4%
Black	27.2%	5.8%
Native	2%	0.2%
Other/Mix	27.7%	2.7%

Tioga County Program

	TIOGA HEAD START FAMILIES 2016-2017 PROGRAM YEAR	TIOGA COUNTY GENERAL POPULATION
White	94.4%	96.7%
Asian	0%	0.8%
Black	0%	1.0%
Other/Mix	5.6%	1.3%

During the 2016-2017 program year, the percentage of Head Start ESL families in Broome County is 14.6%. and in Tioga County less than 1%. Table IX breaks down the number of Head Start families who spoke English as a second language during the past four program years. Nine different languages other than English were represented during this program year.

Table IX. Language Spoken By Head Start Families Other Than English¹¹⁶

LANGUAGE	NUMBER OF FAMILIES 2013-2014	NUMBER OF FAMILIES 2014-2015	NUMBER OF FAMILIES 2015-2016	NUMBER OF FAMILIES 2016-2017
Spanish	13	18	23	22
Laotian	0	1	0	1
Pushto	0	0	2	0
Arabic	5	6	11	9
Urdu	0	0	1	3
Kurdish	14	14	11	6
Creole	9	6	3	6
Portuguese	0	1	0	0
Chinese	1	0	1	2

Bosnian	0	1	0	0
American Sign	1	1	0	0
Hindi	2	1	1	0
Japanese	0	1	1	0
Patio	0	0	1	0
Russian	0	0	1	0
Kareeni	0	0	2	1
Dogboni	0	0	1	0
French	0	0	0	2
TOTAL	47	50	59	52

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

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

Although a high percentage of people have limited English proficiency in Broome County, forms are seldom translated into another language. Children and family members are always asked to be the interpreters for clients with Limited English Proficiency. Children, family members, and friends are not the best interpreters because they are not professionally trained. Misinterpretation, omitting of important messages as well as withholding information can be 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 food stamps for a total of seven years from their entry into the United States. Although this revised legislation offers refugees an extra two years of food stamps, it still pressures families with its many requirements and places additional burdens on other food programs, such as CHOW. All 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

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 OF HEAD START AND EARLY HEAD START COMMUNITY

Family Enrichment Network provides Head Start and Early Head Start programming to 413 Broome County children and their families 122 Tioga County children and their families. Though the program has increased its full day offerings to families in both communities, there is still a need to do more. Thirty nine percent of program families reported a need to expand its program. Of those who report that there is a need to expand our services to the community, 23 percent indicate a need to serve a larger population; 24 percent are interested in a full-year of program; 35 percent would like to see an extended day program; and 18% indicate other which includes serving families with high incomes and expanding our service area.¹¹⁷

Universal Pre-K is offered in several districts but with the exception of Binghamton, no district offers programming for three-year old children. Therefore, though many four year old children through partnership with Community Based Organizations receive a UPK and a wraparound child care experience, three year olds are participating only in Head Start program or community child care centers. Three year old children need options for full-day and full-school year programs to ensure their readiness for kindergarten. Family Enrichment Network presently offers 53 three year old children in Broome County and up to 20 three year old children in Tioga County with full-day programming.

Family Enrichment Network remains optimistic that through the changes to the Office of Head Start Performance Standards that all preschool children living in low income homes will have an opportunity to participate in full-day and full-school-year programming in the near future.

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. Prepare and submit Broome and Tioga County Change of Scope Applications to the Office of Head Start to modify our existing Center Base program option by extending the hours and days of our programs to full day and full school year.
2. Continue to support staff with handling challenging behaviors in classrooms and building on our home/school connection to reinforce consistency.
3. Educate, support, and help to build resilience in staff and families to develop realistic and age appropriate expectations of development and behaviors.
4. Investigate new programs/resources for managing challenging behaviors in classrooms and homes.
5. Identify ways to provide additional supports to families affected by substance abuse.
6. Investigate funding sources and apply for grants to create a TASC program in Tioga County and expand our TASC program in Broome that offer transportation and child care for participants.
7. Advocate to New York State (NYS) for additional child care subsidies that would support parents who want to obtain their NYS High School Equivalency Diploma or college degrees.
8. Explore ways to expand vision care for children five and under who are on Medicaid.

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9. Assist families in becoming motivated to participate in and reach financial wellness goals.
 10. Partner with existing community agencies that provide ESL services to better serve our Head Start and Early Head Start families, and investigate funding sources to provide services to our foreign born families.
 11. Investigate funding to secure interactive white-board technologies and train staff in all Broome and Tioga Head Start and Early Head Start Toddler classrooms on its use.

Resources/Endnotes

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- ⁵¹Consultation with Mary Savage, RDH , UHS Dental Services January 2017
- ⁵²Consultation with Maureen Hankin, Broome Community College Dental Hygiene Program Chairperson, January 2017
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- ⁵⁴Family Enrichment Network Head Start Dental Schedule
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- ⁵⁶Consultation with Marian Hollander, BSN, RN, Broome County Health Department;; Melanie Miller, RN and Amy Fancher, RN, Tioga County Public Health Department Public Health Nurses, February 2017
- ⁵⁷Consultation with Barbara West, Broome County Health Department Lead Poisoning Prevention Program; Melanie Miller, RN and Amy Fancher, RN, Tioga County Public Health Department Public Health Nurses, February. 2017.
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- ⁷⁸2016-2017 Broome County Community Assessment Family Profile
- ⁷⁹2016-2017 Community Assessment Parent Questionnaire
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- ⁸³2016-2017 Broome County Community Assessment Family Profile
- ⁸⁴2016-2017 Tioga County Community Assessment Family Profile
- ⁸⁵2016-2017 Community Assessment Parent Questionnaire
- ⁸⁶2016-2017 Community Assessment Parent Questionnaire
- ⁸⁷2016-2017 Community Assessment Parent Questionnaire
- ⁸⁸2016-2017 Tioga County Community Assessment Parent Questionnaire
- ⁸⁹2016-2017 Tioga County Community Assessment Parent Questionnaire
- ⁹⁰2016-2017 Broome County Community Assessment Parent Questionnaire
- ⁹¹2016-2017 Broome County Community Assessment Parent Questionnaire

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- ⁹² 2016-2017 Broome County Community Assessment Parent Questionnaire
- ⁹³ 2016-2017 Broome and Tioga Community Assessment Parent Questionnaires
- ⁹⁴ 2016-2017 Broome and Tioga County Community Assessment Family Profiles
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Special Education Services Program

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.

The following table provides a snapshot of services provided to children ages birth-5 in Broome County for 2016.

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
2012	999	412
2013	813	390
2014	850	419
2015	872	445
2016	706	455

Eligible Services	<u>2015</u> # of Children (Duplicated Services Possible)	<u>2016</u> # of Children (Duplicated Services Possible)
Speech Services	293	277
Special Instruction	226	216
Physical Therapy	151	161
Occupational Therapy	193	169
Family Training	17	10
Social Work	22	28
Vision Services	1	1
Core Evaluations	386	406
Supplemental Evaluations	216	143

**A Comparison of Broome County’s CPSE Service Delivery Models for 16-17 School Year
(As of February 1, 2017)**

Service	Type of Service	Number of Children	Percentage
Related Service	Speech Therapy	332 (275+57 TBD)	41% of duplicated count
	Occupational Therapy	165 (135+30TBD)	20% of duplicated count
	Physical Therapy	79 (77+2 TBD)	10% of duplicated count
	Aides (1:1 and shared)	55 (40 in program, 15 preschool or HS)	36% of integrated program children; ~8% of unduplicated count
Special Education Itinerant Teacher	Minimum of 2 hours per week	57 (47+10 TBD)	~8% of duplicated count
Integrated Program	3 Hour Day	63	~9% of unduplicated count
Integrated Program	3.5 Hour Day	39	~5% of unduplicated count
Integrated Program	5 Hour Day	8	~1% of unduplicated count

Special Class Program	5 Hour Day	21	~3% of unduplicated count
Total (Duplicated Count)		819	
Total (Unduplicated Count)		722	

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 2016 Early Intervention active cases and referrals were higher than the previous year. EI speech has decreased 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. We work with staff in two classrooms, each classroom offering two half-day sessions (morning and afternoon, 3.5 hours each). Each session serves six children with special needs integrated with 10 Head Start children. Special education teachers work with the Head Start staff to create weekly lesson plans and prepare the classroom environment so that every child receives quality programming within the least restrictive environment possible. Classroom teams also work closely with the children’s therapists to promote language and motor growth across all settings. In many instances, children receive related services within the classroom to reduce the number of transitions and to increase generalization of skills.

The second model of collaborative programming in Broome County is our SCIS/ Universal Pre-Kindergarten (UPK) classrooms at Horace Mann Elementary (Binghamton CSD) and Charles F. Johnson Elementary (Union-Endicott CSD). Each of these sites offer integration within district funded Universal Pre-Kindergarten Programs. Each site operates using a 16:2:1 ratio with 10 typically developing UPK students, six preschool students with special needs, two teachers (one general education certified, one special education certified) and one classroom teaching assistant. The Family Enrichment Network is responsible for hiring both the special

education staff and the certified general education teachers for these sites. While the district provides assistance in referral of UPK students, FEN is responsible for completion of enrollment and intake for these students. The district provides curricular oversight and training opportunities for both the general education and special education staff. Enrollment at both sites this year has been at 85% (as of February 1).

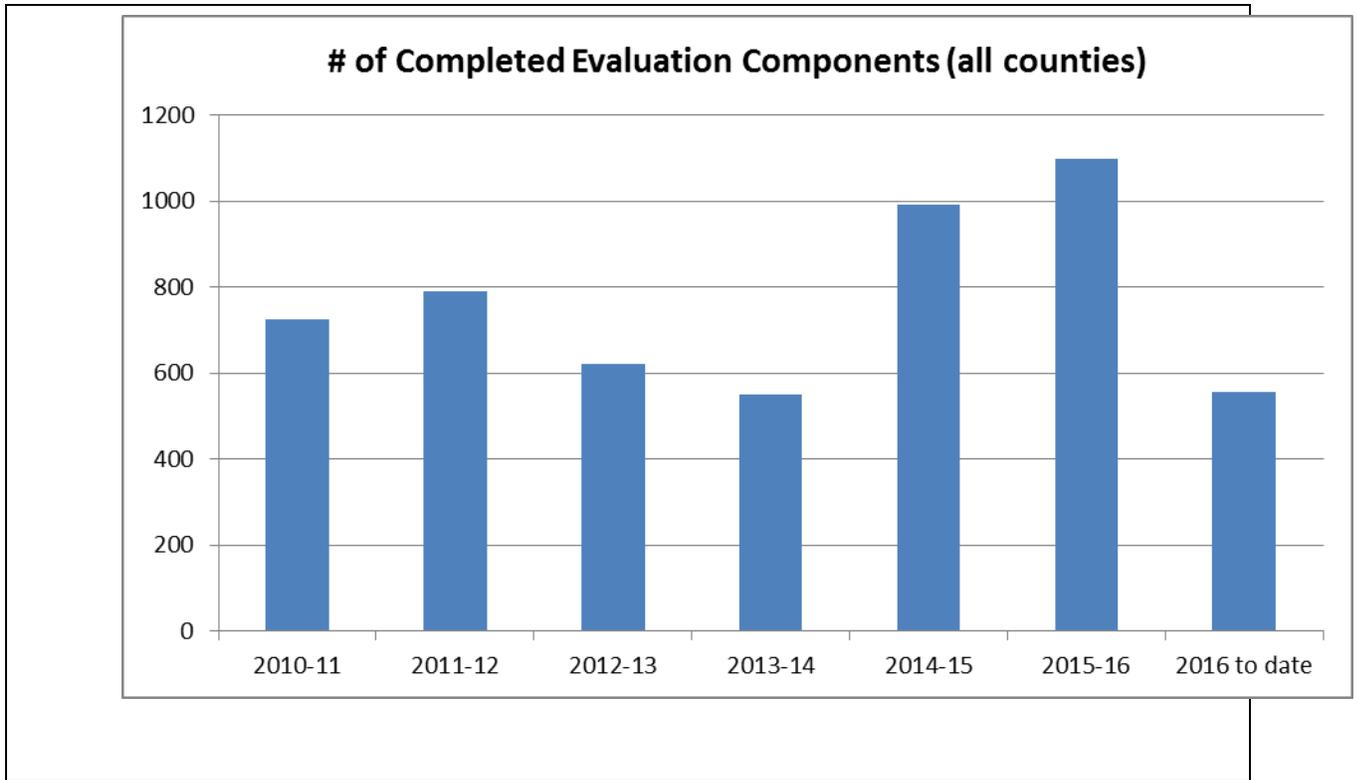
In 2014, the Binghamton CSD received additional SED funding to expand some of their UPK programs from half-day to full day. Horace Mann was one of those sites to offer full day UPK to families. The Binghamton CSD has been a strong partner sharing resources and including our staff in trainings and local conferences.

As of February 2017, 40/48 places are filled and we anticipate full capacity by the end of March. Further placements will result in a variance.

Multi-disciplinary Evaluations

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

When a child is referred for an evaluation, the approved agency will complete several mandated components – psychological evaluation, social history, and a speech, educational, occupational therapy, and/or physical therapy evaluation, depending on the child’s presenting needs. As of January 31, 2017, we have completed 362 evaluation components at our Broome evaluation site and 194 evaluation components at our Chenango evaluation site. This is 100 evaluations higher than last year at this time.



Note: Totals for 2013-2014 do not include Chenango component evaluations.

Progress on Prior Need to Improve the Timeliness of Evaluations:

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

Broome Evaluation Timeframe for 16-17 (through Jan. 31, 2017)

Timeframe: date of evaluation to date we receive the finished evaluation

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%

Evaluation Timeframe for 15-16 (through Jan. 31, 2016)

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

Evaluation Timeframe for 14-15

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

Evaluation Timeframe for 13-14

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

Timeline- From date referral received to completed evaluations sent back

16-17	0-30	31-60	61-90	91-120	120+
Children Eval'd	14	87	25	3	1
Percent	11%	67%	19%	2%	<1%

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

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

Discussion: SES continues to monitor the number of evaluation slots per month in order to meet the needs of districts requesting evaluations. This year the demand for OT evaluations is not as great as in years past, which may in part be due to Headstart and UPK teachers using strategies to improve fine motor skills and address sensory concerns within the classroom prior to making a referral. Despite providing 7 psychological evaluation slots per week, the limited number of these evaluation slots and professionals who can provide these evaluations can also prolong the process. The number of evaluations a child is recommended to receive, can impact the timeliness of evaluations as well.

The majority of the evaluations taking more than 30 days to complete are due to parents' failure to respond to phone calls, not showing up for evaluations, cancellations, child absences,

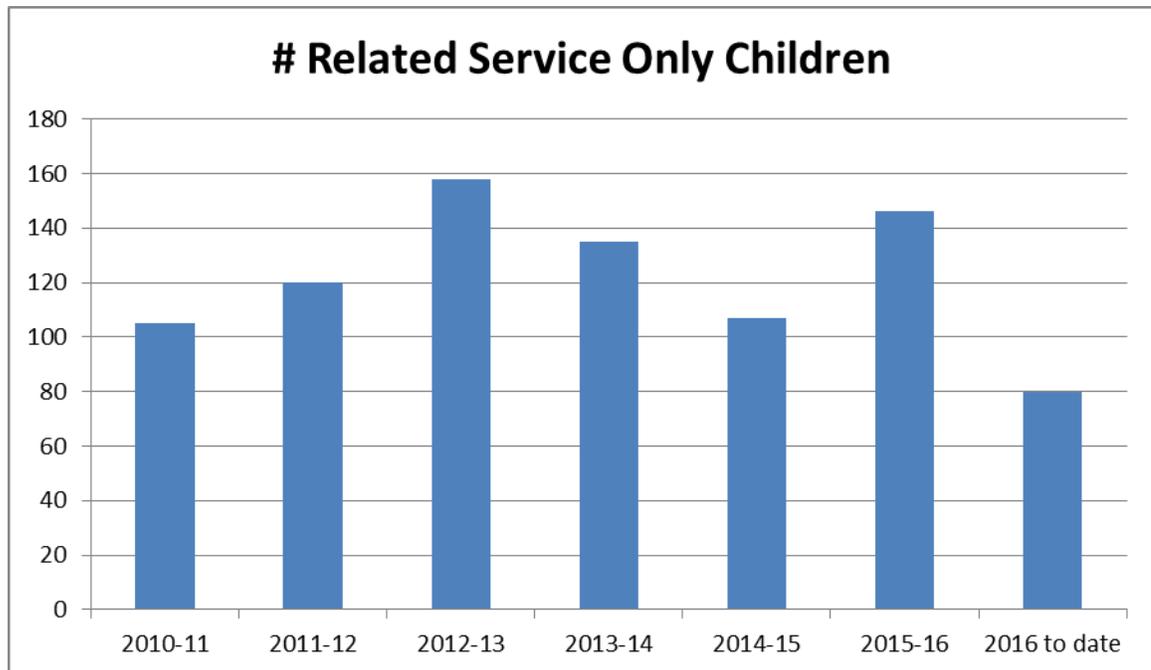
or failure to return paperwork necessary for completion of evaluations. To address these issues we continue to employ the use of our social worker and Head Start Family Advocates to deliver necessary paperwork and follow up with parents on missing items. Our own staff shortages for evaluators and limited resources for clerical support may also cause delays in the process. During peak evaluation time (November – March) delays may also occur due to limited evaluation slots. The CPSE chairperson’s response to our evaluation process indicated 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, private preschools, day care settings, and homes. We have a strong Broome related services team which includes:

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

At this time we have been able to fill all open therapy provider positions in Broome County.



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 stagnate in Broome County and NYS. 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 February -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.

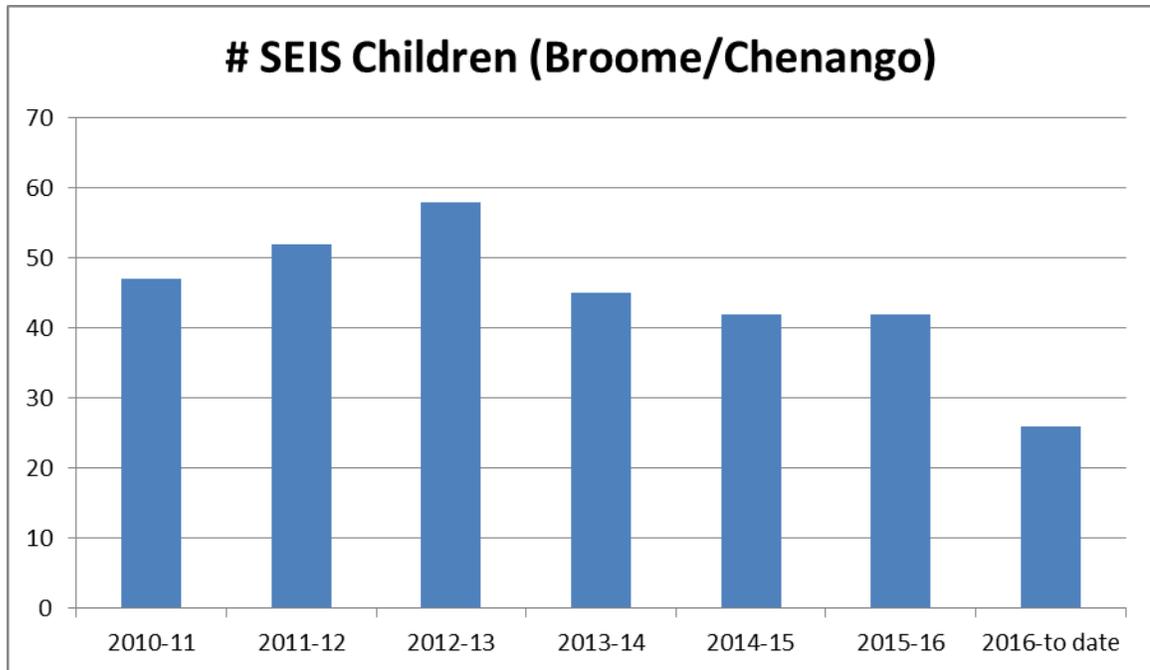
The CPSE chairperson's response to meeting therapy needs included increased funding to pay and retain therapists, and an overall need for more related service providers in Broome County to meet the children's needs. Responses in regard to timeliness of progress reports and annual review reports ranged from "no concerns, all were done well and in a timely manner" to "inconsistent depending on the provider, we get information sometimes just 1 day before the meeting."

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 only one FTE Special Education Itinerant Service teacher. However, due to a lack of available providers to recruit we have been unable to obtain another Special Education Itinerant Service teacher to meet the SEIS needs of our community.

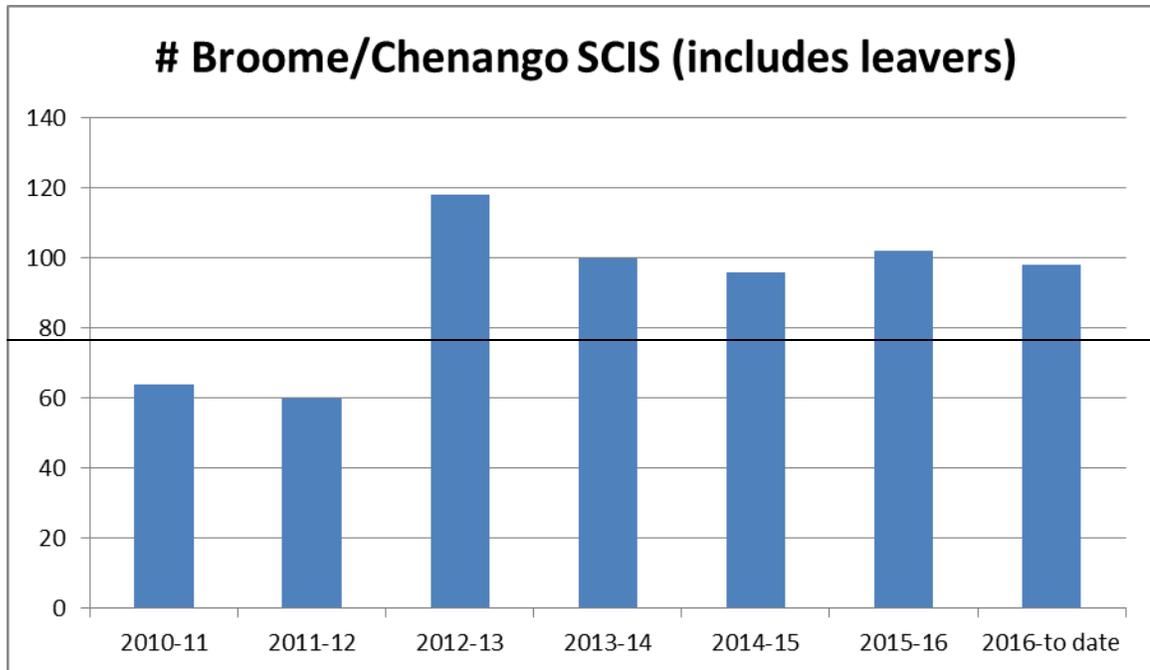


Discussion: Each year the number of children referred for SEIS increases by January. As of March 2017, we have needed to reduce service hours for children to be able to at least meet minimal needs. When we do hire another Special Education Itinerant teacher, we will be able to restore those hours. We continue to group children recommended for SEIS, when appropriate, to increase our ability to meet districts' needs for this level of support.

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 March 2017, 44/48 program openings have been filled (6 SCIS classes).



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 16-17 school year, 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 following table provides a snapshot of services provided to children ages birth-5 in Chenango County for 2016.

Chenango County Early Intervention and Preschool Services

Source: Chenango County Health Department Division for Children with Special Needs

A Multi Year Comparison of Chenango County’s Early Intervention Programming

Year	# of Active Cases	# of Referrals
2012	45	79
2013	132	104
2014	156	108
2015	94	134
2016	96	134

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

**# of active cases as of 12/1/15

Eligible Services	2012	2013	2014	2015	2016
Speech Services	23	47	33	30	62
Special Instruction	9	11	13	8	8
Physical Therapy	15	38	32	45	40
Occupational Therapy	4	16	23	21	35
Family Training					
Social Work					
Vision Services	2	0	2	0	0
Core Evaluations					
Supplemental Evaluations					

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

Year	2012-13 As of 2/22/12	2013- 14 As of 3/1/14	2014- 15 As of 2/27/15	2015- 16 As of 6/24/16	2016-2017 As of 4/6/17
# Active Cases	98	120	116	163	133
# Enrolled in Integrated Preschool Settings/% Enrolled	20-29.5%	30-25%	8	46-28%	37-28%
# Receiving Related Serv/% RS	68-70.5%	90-75%	2	117-72%	94-72%

**A Comparison of Chenango County’s CPSE Service Delivery Models for 2016-17
(As of April 6, 2017)**

Service	Type of Service	Number of Children	Percentage
Related Service	Speech Therapy	119	89
	Occupational Therapy	57	43
	Physical Therapy	36	27
	Aides (1:1 and shared)	2	2
Special Education Itinerant Teacher	Minimum of 2 hrs/wk	13	14
Integrated Program	3 Hour Day	4	3
Integrated Program	3.5 Hour Day	32	24
Special Class	5 Hour Day	1	1
Total (Duplicated Count)		264	
Total (Unduplicated Count)		133	

Special Education Itinerant Services (SEIS)

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 and 2015-16 school years we had children on a waitlist. The summer of 2016, our SEIT was traveling to Broome County to assist the need of children there. Unfortunately our SEIT resigned from the position as of August 2016 and we have been unable to find a qualified and willing candidate. There is a need for more SEIT services; however, it is difficult to find qualified individuals who are interested in this type of work. There are long distances to travel through four counties, and the time spent in travel and

the cost of mileage impact cost effectiveness. Children have made significant progress through the program, and districts, parents, and counties report they appreciate our providing this service.

Multidisciplinary Evaluations – We have a full evaluation team set up at our Chenango Broad Street site to provide evaluations to determine eligibility for initial referral as well as supplemental evaluations. We have worked diligently to provide evaluations in a timely manner, at times bringing therapists from Cherry Street to Norwich in order to provide additional evaluation slots when referrals have increased. At this time, Family Enrichment Network is the only agency in Chenango County conducting evaluations. Furthermore, school districts outside Chenango County are reaching out to Family Enrichment Network requesting evaluations be completed at the Norwich site due to the high demand of referrals for children suspected of having a delay in one or more areas. Due to the increase in referrals to our Agency, some school districts in Chenango County have had to seek out other agencies to complete their evaluations in a timely manner.

Norwich site: Evaluation Timeframe for February 2016-December 2017

Evals Done	# of Evals	0-7 days	8-14 days	15-21 days	22-30 days	Over 30 days
Psych	69	9	18	19	14	9
ST	59	41	9	8	1	0
OT	36	15	14	3	2	2
PT	29	8	7	7	7	0
ED	5		2	1		2
Total	198	73	50	38	24	13
Percent		37%	25%	19%	12%	7%

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

February 2016- February 2017	0-30	31-60	61-90	91-120	120+
Children Evaluated: 80	0	25	38	16	1
Percent	0%	31%	48%	20%	1%

Special Class in an Integrated Setting: In July 2012, integrated classes were expanded to Chenango County in Norwich. Family Enrichment Network collaborates with the DCMO BOCES to provide two morning and two afternoon integrated 8:1:3 classes. The 8:1:3 designation is considered an enhanced model whereby eight children with severe needs receive

support from a special education teacher and three classroom aides, eliminating the need to hire individual one-on-one aides. Since the beginning of the program, we have continued to have approved variances to increase the number of students in these classes to nine. Regrettably, this year we were denied variances due to spacing issues. Much like the SEIT services, there continues to be a need for more available spaces in the preschool program to meet the needs of the children in Chenango County. In addition, starting March 1, 2016 we received NYS approval to change all classes to 3.5 hours. This change has provided our program with a substantial increase in revenue.

Discussion of Chenango County Community Assessment Participants 2017

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, could be a psychologist or SEIT teacher, but preferably by a Social Worker
- 6) Counseling for children with mental health needs

Some of these discussed needs will be more difficult to provide than others. Several of the needs are dependent upon our ability to hire qualified staff and there is a shortage in this geographical area.

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

**PARENT SURVEY SUMMARY AND DISCUSSION
BROOME /CHENANGO COUNTY 2016/2017**

Question	Total # Respondents	Responses
1. I feel comfortable contacting my child's teacher and/or therapist.	19	19- yes
2. I receive frequent feedback from my child's teacher and/or therapist about my child's progress	19	16- yes 3- maybe
3. I would be interested in attending parent informational sessions.	19	15- yes 1- maybe 3- no
4. Was your child evaluated by Family Enrichment Network? If so, was the experience a positive one?	19	16- yes 2-maybe 1-no
5. I am satisfied with the overall special education program and services provided by the Family Enrichment Network.	19	17- yes 2-maybe

BROOME INTEGRATED PROGRAM PARENTAL RESPONSE'S

- Response to #2- Usually every day we get feedback. It's good to know what is going on.
- Response to #2- The teachers and therapists wrote in his notebook almost every day.
- Response to #3- It would have been nice to meet the teachers in person.
- Response to #3- Nutritional Information.
- Response to #3- Nothing I feel is necessary but I'm willing to attend any meetings
- I felt like the psychologist that evaluated my daughter could have been friendlier.

- I am so glad that New York State offers this. I know many states do not.
- He is new to the program. Can't tell yet about feeling comfortable.

BROOME COUNTY RELATED SERVICE

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

BROOME RELATED SERVICES PARENTAL RESPONSE'S

- There was contact with the therapist after each session.
- I am at the school and visit with his class all the time on my break.
- I have seen a lot of progress made with my son since he started here! Thank you so much!
- My daughter's speech therapist was a great therapist! She kept her sessions fun and interactive. My daughter left each session with new skills. Thank you very much for everything that you have done!
- Would like to see more progress reports.
- The evaluation team was very nice and treated us great. Answered all questions was great toward my son.
- My son loves Katie who comes to Cub Care. She is great with him and he enjoys seeing

her 3 times a week. Since he has gotten the services he has become much more talkative and is getting better with finishing his words and communicating all together.

- It would be nice to see a progress report each week on how he is doing. But I understand that is a lot of work.
- Thank you for the help you have given my son.

BROOME COUNTY SEIT SERVICE

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

NO PARENTAL COMMENTS FOR BROOME COUNTY SEIT

CHENANGO COUNTY INTEGRATED PROGRAM

Question	Total # Respondents	Responses
1. I feel comfortable contacting my child's teacher and/or therapist.	8	8- yes
2. I receive frequent feedback from my child's teacher and/or therapist about my child's progress	8	5 yes 1- maybe 2- no
3. I would be interested in attending parent informational sessions.	8	3- yes 3- maybe 2-no
4. Was your child evaluated by Family Enrichment Network? If so, was the experience a positive one?	8	8- yes
5. I am satisfied with the overall special education program and services provided by the Family Enrichment Network.	8	6- yes 2-maybe

CHENANGO COUNTY INTEGRATED PROGRAM PARENTAL RESPONSE'S

- I never hear from the occupational therapist and only sometimes from the speech therapist. Sometimes from the teacher.
- I wish there was much more communication between me and the teacher/therapist.
- I'm not interested in parental informational sessions because my car's in the shop.
- I don't receive feedback from my teacher/therapist. I ask the aides in her classroom.
- I'm not happy with the program services. It took way too long to find a speech teacher.

- I would like more updates on my child's progress on a regular basis. Besides the IEP/special education reports.
- Is there informational topics? Yes-- Mondays usually works for us...anytime.
- We are happy overall with this program!

CHENANGO COUNTY SEIT (NO SEIT TEACHER AVAILABLE)

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 fifth year of the grant and it has grown to serve 12 families.

The following highlights the work of this grant:

- helping a family learn strategies to successfully include their child on trips to the grocery store or mall;
- providing a family with a visual schedule to establish daily routines and encourage getting to sleep at a reasonable time;
- assisting with setting limits and dealing with tantrums and aggressive behavior;
- providing information and support for parents as their child transitions to kindergarten;
- teaching families how to include sensory support in their child's everyday life;

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.

2017 WHERE ARE WE NOW?
Last Year's Priorities and Current Status for Broome

<i>Issues from 2/2015-2016</i>	<i>Actions Taken</i>	<i>Current Status as of 2/2015-2016</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 is 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 17-18:

- 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 fourth 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 2017-2018 by the Special Education Department's programs, and services and their community partners:

Broome/Chenango:

1. Programs and supports for children with behavioral challenges
2. Continue with Response to Intervention plan
3. Staff trainings for social-emotional needs in the preschool setting
4. Continue to monitor the evaluation process timeline
5. Shortages of qualified teachers and related service personnel
6. Lack of funds for counseling to address our student emotional needs

COMMUNITY ASSESSMENT PROCESS

Agency program directors received a timeline of Community Assessment activities in November to familiarize themselves with the process for creating this year's Community Assessment document. From this point forward each director assembled their committee; these committees were comprised of current parents, staff members, and community representatives. The four program groups were responsible for the collection of current program data. Each program group formed a subcommittee to identify and prioritize the issues and problems evidenced by the data collected.

Information for this report was obtained from both external and internal sources. External data was gathered from the U.S. Census Bureau, New York State Department of Education, New York State Department of Labor, New York State Department of Health, Broome County Department of Social Services, Regional Economic Development Council of the Southern Tier, United Way, Literacy Volunteers of Broome/Tioga, community schools, child care providers, periodicals, and local community agencies. Internal information was compiled using NACCRRRA Ware database, the Child Care Facility Search database, the Head Start family profile, Head Start parent questionnaire, program attendance reports, CCR&R Provider Surveys and the Special Education Services Parent Survey. The NACCRRRA Ware Computer database tracks providers supplying child care in Broome and Tioga Counties and parents requesting child care referrals from Family Enrichment Network's Child Care Resource and Referral department.

The Head Start and Early Head Start Family Profile is an assessment tool that details the characteristics, needs, and goals of Head Start/ Early Head Start families enrolled in the program. The committee adhered to a strict timeline to complete this report (Table XII). Each program committee met in January for an orientation to the CA process and work group assignments. Work groups collected information, met as needed and submitted data to Family Enrichment Network by the February deadline. The program work groups met to identify & prioritize issues and problems. The CA draft was distributed to the full committee mid-March for revision/approval of the report. Policy Council reviewed and approved the Head Start summary report on April 11, 2017. The Governing Board approved the entire summary report on April 27, 2017.

Table XII. Community Assessment Timeline

TASK	November	December	January	February	March	April
Director's Planning	X	X				
CA Orientation Meeting			1/16			
Data Collection			X	X		
Data Analysis/Writing Document			X	X		
Work Groups Identify Needs				1/16-2/13		
CA Committees review document					3/15	
Executive Director's Review						4/17
Make Changes to Document						X
CA reviewed by Policy Council						4/11
Make Changes to Document						X
CA reviewed by Governing Board						4/27