



**Community  
Assessment**

**2021-2022**

# **Community Assessment**

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**FAMILY ENRICHMENT NETWORK, INC.**

**Agency-Wide Community Assessment**

**24 Cherry Street • POB 997 • Johnson City, NY 13790-0997**

**11/1/20 – 10/31/21**

**GENERAL AREA DESCRIPTION:**

**Geographic Features**

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

The Agency operates over 30 programs in Broome County through five 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 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 nine 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.

In Delaware County, the Agency operates the WIC Help NY program. Delaware County is located in the Southern part of New York State and is the largest and most western of the four counties containing the Catskill Mountains. The County is part of the Southern Tier region and its county seat is Delhi. The county is named after the Delaware River, which separates the County from Pennsylvania. Delaware County is the fifth-largest county in New York State by land; the county has a total area of 1,467 square miles, of which 1,442 square miles is land.

Family Enrichment Network also offers Child Care Resource & Referral services and related support programs, 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 four square miles is water. The largest private sector employer in the county seat of Owego is Lockheed Martin.

### **Economic Features**

The New York State Department of Labor's Division of Research and Statistics prepared a report to the Workforce Development System in 2019 which identified "Significant Industries" in the Southern Tier Region. The report is based on several factors including: wage levels; employment levels; 2013-2018 job growth (both net and percent); and expected job growth as based on industry employment projections through 2026. All industries identified shared one or

more of the following characteristics: rapid growth (percentage basis); large growth (absolute basis); high wages (average annual wage above the regional average of \$49,200 in 2018); or strong expected growth through 2026. The report identified 12 significant industry groups in the region, falling into six major industry groups. The major industry groups are: construction, manufacturing, transportation and warehousing, professional and business services, educational services, and health care<sup>1</sup>.

Private sector employment in the Southern Tier decreased by 14,100, or 6.3%, to a total of 211,200 in December 2020. Job gains were largest in trade, education and health services (+1,400), leisure and hospitality (+1,100). Job losses were the greatest in leisure and hospitality (-3,900); educational and health services (-3,300); trade, transportation and utilities (-2,100), natural resources, mining, and construction (-1,200), professional and business services (-1,200), manufacturing (-1,000) and other services (-1,000). Government employment fell by (-2,300) over the year<sup>2</sup>. From January 2020 to January 2021, the unemployment rate in the Binghamton Metro Area increased from 5.5% to 7.3%.<sup>3</sup> The Binghamton Metro Area along with Cortland, Chenango, and Delaware Counties all reported losing jobs from March 2019 to March 2020.<sup>4</sup>

Prior to this report, and the COVID-19 pandemic, the Southern Tier Regional Economic Development Council (STREDC), notes in their 2019 Southern Tier Progress Report that the Southern Tier has demonstrated growth and improvement over the past eight years, but that improvement was not equitable. The gap between white and minority communities continues to grow, as minority populations continue to have higher rates of unemployment and lower median incomes than white communities.<sup>5</sup> The Greater Binghamton Chamber of Commerce reported in their 2020 economic survey that 46% of respondents had an improved outlook for the economy from 2019. Business leaders in the area expected sales to increase (58% of respondents) or stay

the same (26% of respondents), while 41% of respondents expected the economy to expand. Only 11% of respondents reported that they expected the economy to decline in 2020.<sup>6</sup>

According to the US Census Database, the median household income in Broome County is \$52,226, which is less than the national average of \$62,843<sup>7</sup>. The Greater Binghamton Chamber of Commerce reports in the Broome County's 2020 Economic Outlook guide that the civilian labor force is 57.9% of the population. The top employers in the county are Binghamton University, United Health Services, Inc., and Lockheed Martin. The top three industries in the county are manufacturing and transportation (11%), health care and social assistance (10%), and professional/scientific and technical (9%).<sup>8</sup> The employment rate in Broome County is 54%, which is under that national average of 59.6%.<sup>9</sup> During the peak of the COVID-19 pandemic, the unemployment rate spike to a high of 15.2%, not seasonally adjusted, in April 2020. As of December 2020, the unemployment rate in Broome County was 6.4%.<sup>10</sup> For comparison, the unemployment rate in the county December 2019 was only 5%.<sup>11</sup>

The median income in Chenango County is \$52,002, according to 2020 US Census Data, which, like Broome County, is under that national average<sup>12</sup>. In the second quarter 2020, average weekly wages in Chenango County were \$972, under the United States average of \$1,188.<sup>13</sup> The five most common industries in the county, as of 2018, are manufacturing (3,738 people), health care and social assistance (3,390 people), and educational services (2,543 people), retail trade (2,286 people), and construction (1,541 people).<sup>14</sup> Construction is the third highest paying industry, with median earnings in 2018 at \$42,388. The highest paying industry in the County is Utilities (\$65,088 median earnings in 2018), but this is the third least common industry, only 198 people in workforce in 2018. As of December 2020, the unemployment rate in Chenango County was 4.9%. Unemployment spiked to 11.8% in April 2020 during the COVID-19 pandemic.<sup>15</sup>

In Delaware County, the median household income is once again below the national average at \$49,544, according to US Census Data<sup>16</sup>. The most common industries, as of 2018, are manufacturing (2,756 people), health care and social assistance (2,682 people), and educational services (2,539 people), retail trade (2,216 people), and construction (1,679 people). Manufacturing is the fifth highest paying, with median earnings of \$50,600 in 2018. However, retail trade is the fourth lowest paying, with median earnings of \$15,691.<sup>17</sup> The average weekly wage was \$996, in the second quarter of 2020.<sup>18</sup> In April 2020, the unemployment rate spiked to 12.5%, during the COVID-19 pandemic. As of December 2020, the unemployment rate in Delaware County was 5.6%, compared to 4.8% in December 2019.<sup>19</sup>

The only county with a median income above the national average (\$62,843) is Tioga County, where the median income is \$62,999.<sup>20</sup> The most common industries in Tioga County are manufacturing (3,398 people), health care and social assistance (2,997 people), educational services (2,992 people), retail trade (2,836 people), and accommodation and food services (1,824 people). However, retail trade and accommodation and food services are in the bottom five lowest earning industries. In 2018, the median earnings in retail trade were \$20,409 and \$16,875 in accommodation and food services.<sup>21</sup> As of December 2020, the unemployment rate in Tioga County was 5.3%. Unemployment reached a record high in April 2020, during the COVID-19 pandemic, at 15%. In December 2019, unemployment was only 4.4%.<sup>22</sup>

### **Demographic Features**

The demographics of our Agency's population have continued to change over the years. Specifically, with people living longer and the migration of the younger population, the Southern Tier faces new challenges. From 2010 to 2015, the Southern Tier had a decline of 5,705 people.<sup>23</sup> Persons 65 years old and over represent 18.2% of the Southern Tier's population<sup>24</sup> compared to

16.5% nationally<sup>25</sup>. In New York State, the Southern Tier had the second largest elderly population in New York State.<sup>26</sup> In Delaware County, persons 65 and older represent 24% of the population.<sup>27</sup> According to Genworth's annual Cost of Care Survey, last updated February 12, 2021, seven out of ten people will require some form of long term care in their lifetime.<sup>28</sup> The Southern Tier Regional Economic Development Council (STREDC) projects that the population of the region will continue to decline through 2040.<sup>29</sup> The Southern Tier also realized a change in the racial diversity 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.<sup>30</sup>

In the urban centers of the region, there remain a disproportional number of older houses (built prior to 1960). This high number of older houses poses the residents and community a greater risk for the presence of lead, which in turn leads to greater chance of lead exposure and the negative health consequences of lead exposure. STEDRC also notes that "the majority of neighborhoods in Binghamton have a high concentration of old housing, and a high concentration of low-income, minority residents." The urban centers of the region also have a higher concentration of low income, minority communities, which further compound issues around housing and potential lead exposure.<sup>31</sup> Meanwhile, in the rural areas of the Southern Tier, the greater issue isn't housing, but broadband, internet, and cellphone coverage.<sup>32</sup>

According to the most recent US Census Data, Broome County had a total population of 193,188<sup>33</sup>. The population remained largely white, 85.5% of the population. The Black community makes up 5.7% of the population. The second largest minority group is Asian, 4.3% of the population<sup>34</sup>. The poverty rate for the county stands at 17.4%<sup>35</sup> with 24.1% of children



under 18 living in poverty. The national average for children living in poverty is 18.5%.<sup>36</sup> The disabled population of Broome County is also larger than the national average. Broome County's disability rate is 15.7% and the rate for the United States is 12.6%. From 2015-2019, 65.2% of the housing units were owner-occupied<sup>37</sup>. The median monthly owner cost, with a mortgage, was \$1,202 and without a mortgage it was \$516. The median gross rent is \$776 per month<sup>38</sup>. With regards to education, 90.7% of the population 25 years or older is a high school graduate or higher<sup>39</sup>.

Chenango County has a total population of 47,909 and is largely white. The minority population is only 4%<sup>40</sup>. The current poverty rate is 13.5%<sup>41</sup>, with 17.1% of children under 18 living in poverty.<sup>42</sup> In Chenango County, 9.2% of the population are veterans compared to 7.3% nationally.<sup>43</sup> The owner-occupied housing rate from 2015-219 was 74.5%. During this same period, the median monthly owner costs with a mortgage were \$1,148, while without a mortgage the costs were \$465. From 2015-219, the gross median rent was \$668.<sup>44</sup>

The population of Delaware County, in 2020, is 44,995. The population is majority white, 94.7%. The next two largest minority populations are 1.8% Black and 1.8% two or more races. Only 4.4% of the population is foreign born. The poverty rate is 16.6%; however 31.2% of children under 18 live in poverty. In Delaware County, 17.2% of the population is disabled compared to only 12.6% of the population in the United States.<sup>45</sup> From 2015-2019, the rate of owner occupied housing was 73.9%. The median monthly owner costs, with a mortgage during that same period, were \$1,238, and without a mortgage is was \$503. Median gross rent from 2015-2019 was \$691.<sup>46</sup>

Tioga County's population, in 2020, is 48,686<sup>47</sup>. The population is majority white, 96.3%. The largest racial or ethnic groups are two or more races (1.5%), Asian (0.8%), and

Black (0.7%)<sup>48</sup>. The poverty rate is 10.2% while the poverty rate for children under 18 is 12.6%.<sup>49</sup> According to the 2019 American Community Survey, 44.7% of grandparents are responsible for grandchildren, with 14.8% responsible for grandchildren for five or more years.<sup>50</sup> Out of all counties served by the Agency, Tioga County has the largest patient to primary care physician ratio. Every one primary care physician in Tioga sees an average of 3,297 patients per year.<sup>51</sup> For comparison, Broome County has a rate of 1,213 patients to one primary care physician.<sup>52</sup> With regards to housing, from 2015-2019 76.9% of housing units were owner occupied, the median monthly costs (with a mortgage) was \$1,292 and without a mortgage \$526. During this same range, median gross rent was \$751<sup>53</sup>.

The COVID-19 pandemic impacted all counties in the area. As of March 15, 2021, Broome county had the most cases, 15,853, with the next highest being Tioga at 2,945 cases. Delaware County suffered the least number of cases, 1,707. However, per 100,000 people, Delaware County had 35 cases, the highest ratio of the Agency service area, whereas Broome has 28 cases per 100,000.<sup>54</sup> Every county in the Southern Tier showed an increase in food insecurity at rates between 3 and 4.5 percent, which matches the national trend. Feeding America projects that 50 million people in the United States may experience food insecurity because of COVID-19.<sup>55</sup>

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  - <sup>30</sup> New York State Department of Labor “Comparison of 200 and 2010 Populations by Race and Ethnicity: New York State, Labor Market Regions, and Counties”
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## **Introduction**

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

## **QUALITY CHILD CARE**

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

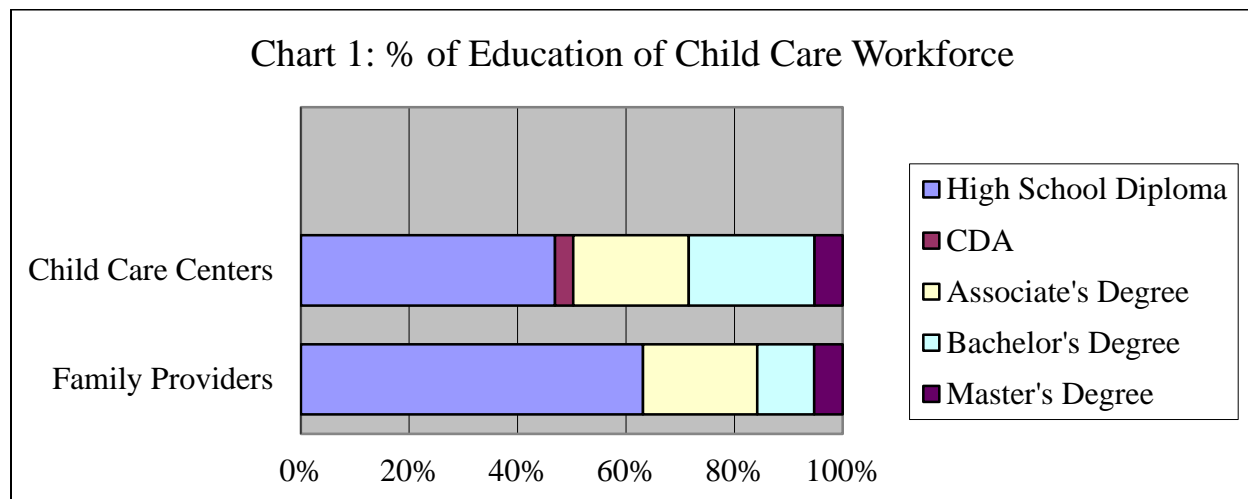
Research is showing the importance of the first few years of life in brain development, especially.<sup>1</sup> Toxic stress, such as abuse, poverty, or neglect or other “ACEs” (Adverse Childhood Experiences), damages developing brain architecture, which can lead to lifelong problems in learning, behavior, and physical and mental health. These ACEs are being identified as an important public health issue.<sup>2</sup> Because of the importance, in January 2021, OCFS added ACEs as a required training category for child care programs.

There is information available in the community to aid parents in finding quality child care and the importance of early experiences. When parents call Family Enrichment Network’s referral service, they are given information on what to look for in a quality program and questions to ask prospective providers. This information can be accessed on our website as well. Parents can review violations on registered or licensed providers on the OCFS website by conducting a Child Care Facility search. Information on finding quality child care can be found

online at Child Care Aware of America or the National Association for the Education of Young Children (NAEYC) websites. Links can be found on our website.

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

Child care programs in Broome, Chenango, and Tioga Counties are surveyed about the educational qualifications of providers and child care center staff annually. According to Child Care Aware of America's *Child Care in America: 2012 State Fact Sheets*, 44% of family child care providers across the country have a high school diploma or lower.<sup>3</sup> Our survey shows a little over 60% of local family and group family child care providers have a high school diploma, while less than 40% of family providers have a college degree, with an associate's degree or higher.<sup>4</sup> The national average for child care center staff, teacher, or assistant teacher with a high school diploma or lower is 20%.<sup>5</sup> Chart 1 shows the local education of our 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 turnover rate varied greatly by program in 2020, with programs experiencing anywhere from 10% to 50%.<sup>6</sup>

### **Quality Child Care**

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).<sup>7</sup> There are no family child care programs accredited through the National Association of Family Child Care at this time.<sup>8</sup>

New York's quality rating and improvement system, QUALITYstarsNY, is a voluntary program with limited community reach. According to the website search, Broome County has 19 participating sites, Chenango County has eight sites, and Tioga County has three sites.<sup>9</sup> Most of the participating sites are the Head Start/Early Head Start sites because of their federal requirement to participate. Only 11 of the Broome County sites are non-Head Start programs. The star rating for programs participating in QUALITYstarsNY is not public, so there is no way to determine the overall quality of care in the community.

## **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 2020, Specialists offered 2,161 technical assistances to 171 providers and programs. Specialists can offer onsite/intensive visits to programs to help with best child care practices. In 2020, Specialists offered 70 onsite/intensive technical assistance visits to 34 providers and programs.<sup>10</sup> This is a significant change from previous years due to the COVID-19 pandemic and inability to visit programs in-person. All intensive visits had to be conducted virtually from March 2020 through the end of the year.
- **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 three counties of Broome, Chenango, and Tioga. The Infant Toddler Specialist offers mentoring, technical assistance, onsite intensive technical assistance, and training to parents, providers, OCFS licensing staff, CCR&R staff, and the community on infant/toddler best practices and the importance of offering high quality care to infants and toddlers. Table 1 below shows the numbers for our Infant Toddler Specialists in the 2019-2020 program year (July 2019-June 2020).

Table 1: 2020 FEN Infant Toddler Specialist Numbers <sup>11</sup>	
	Regional Infant Toddler Specialist Project Numbers
Basic Technical Assistance	145
Number of Training Hours	32
Intensive Technical Assistance	51



There are 55 Infant Toddler Specialists across New York State. The Syracuse OCFS Region currently employs 8 Infant Toddler Specialists.

In 2020, the Infant Toddler Project received funding to implement Infant & Toddler Mental Health Consultation across the state. Infant & Toddler Mental Health Consultation is an intervention that benefits infants and toddlers by providing a service in partnership with adult caregivers in their lives. The goal of the mental health consultation is to improve the ability of staff, families, programs, and systems to prevent, identify, treat, and reduce the impact of mental health problems amongst young children.<sup>12</sup>

- Legally Exempt Enrollment: Since July 2006, the CCR&R has been the Legally Exempt Enrollment Agency for Broome, Chenango, and Tioga Counties, working collaboratively with the local Department of Social Services (DSS) in the respective counties. If a provider is not registered or licensed by OCFS, and the parents are receiving a child care subsidy to help them pay for child care, the legally exempt provider must complete the enrollment process through the CCR&R to receive the subsidy payment from DSS.

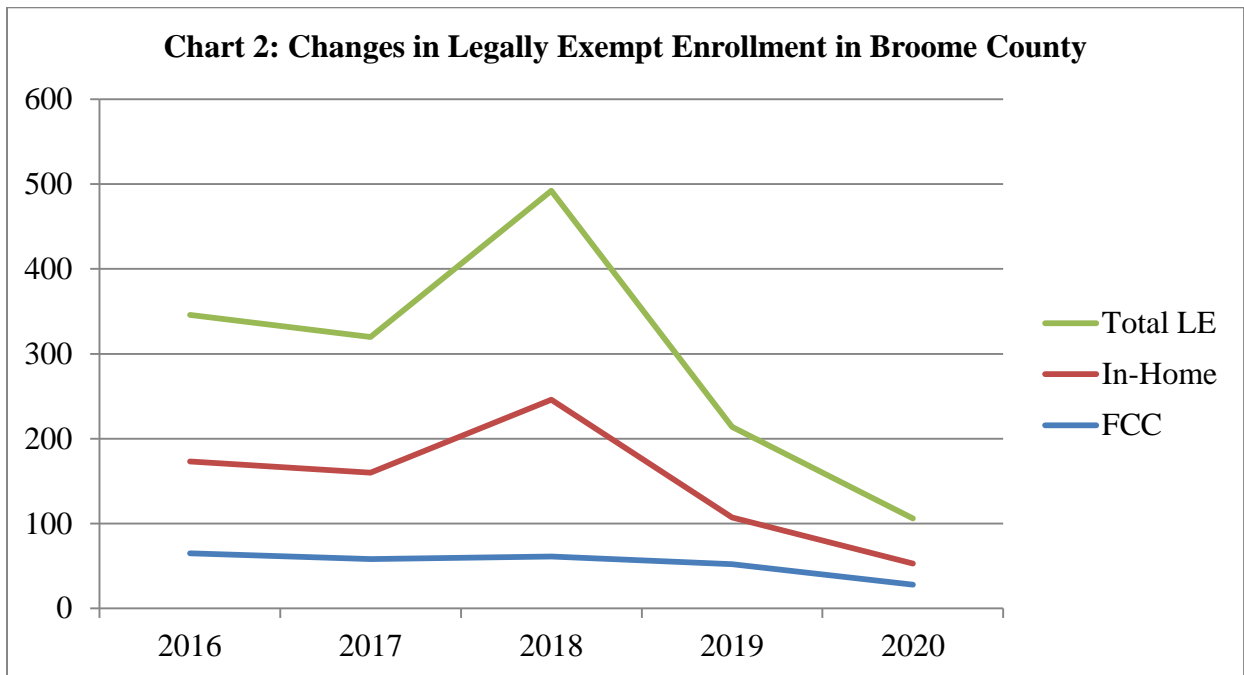
The federal Child Care Development Block Grant (CCDBG) has brought many changes to the New York subsidy system, including for legally exempt providers. As of September 2019, new legally exempt enrollment requirements were put into place. Upon the receipt of a completed enrollment application packet, non-relative providers must undergo a comprehensive background check, which includes the NYS Sex Offender Registry, the Staff Exclusion List checking for abuse and neglect against individuals with special needs, the Statewide Central Register of Child Abuse and Maltreatment (SCR), and fingerprints for criminal conviction history in any state the provider has lived. The SCR has a \$25 fee to conduct the check, which was temporarily waived in 2020 due to

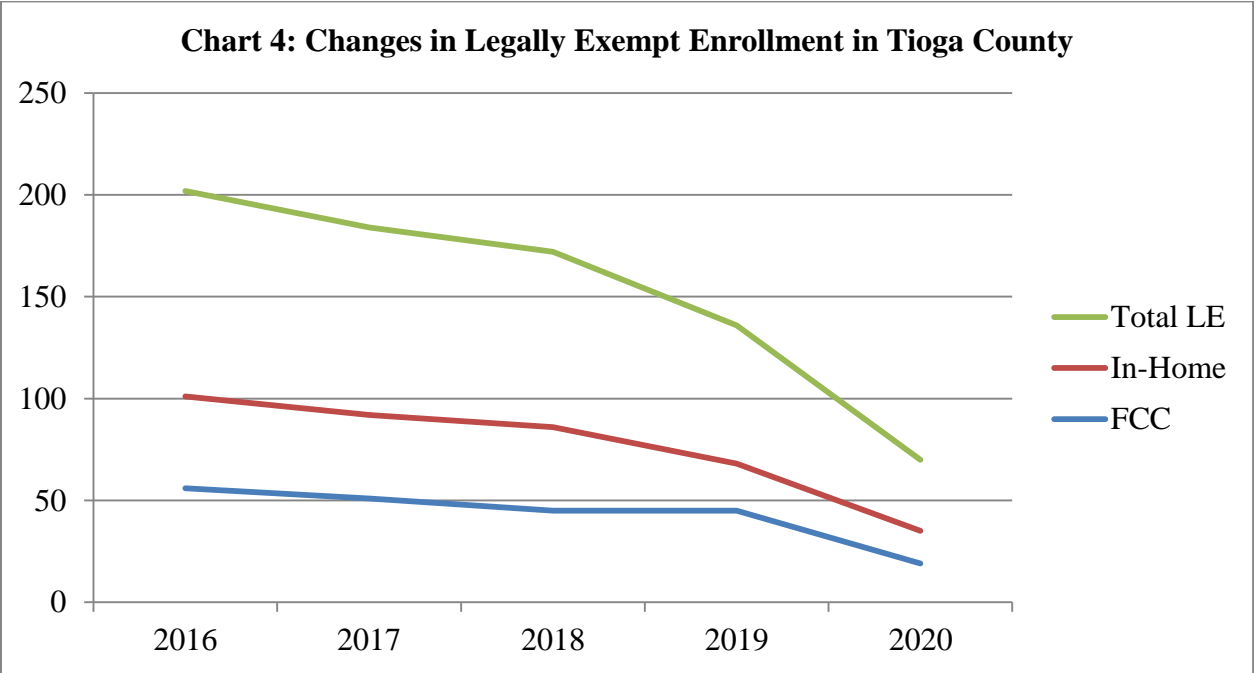
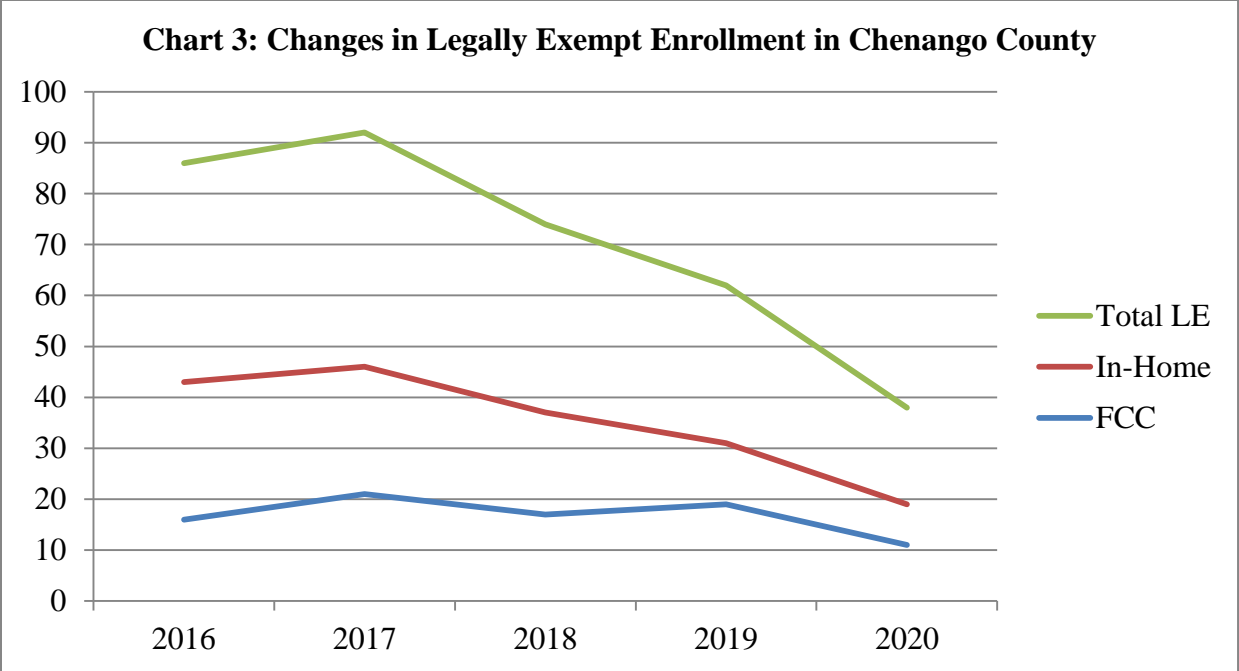
COVID-19. Relative providers, including grandparents, siblings, aunts or uncles, are exempt from the comprehensive background checks.

Additional new requirements include an annual training requirement for non-relative providers, in addition to a five-hour pre-service online health and safety training, as well as written documentation of evacuation and shelter-in-place drills. These new requirements have resulted in fewer enrolled legally exempt providers.

Table 2 below shows the number of legally exempt providers in Broome, Chenango, and Tioga Counties. The following charts, Charts 2, 3 and 4, show the decline in enrolled legally exempt providers over the last five years.

<b>Table 2: 2020 Legally Exempt Enrollment By Type<sup>13</sup></b>			
	FCC	In Home	Group
Broome County	28	25	0
Chenango County	11	8	0
Tioga County	19	16	2





Inspections of legally exempt providers did not take place in 2020 due to the COVID-19 pandemic. OCFS temporarily halted entering the homes of legally exempt providers unless there was a complaint filed. When inspections do resume, we will be required to conduct inspections on all non-relative legally exempt providers, regardless if they are in the provider's home or in the parent/child's home.

- 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. 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. These onsite monitoring visits were paused in 2020 due to the COVID-19 pandemic. USDA issued a waiver to allow all sponsoring organizations to conduct virtual monitoring visits/desk audits through September 2021.

Tables 3 and 4 show the numbers of providers enrolled in CACFP.

Table 3: 2020 CACFP Participation Numbers: <sup>14</sup>				
	Registered Providers in CACFP	Licensed Providers in CACFP	Number of Registered/Licensed Providers NOT in CACFP	Percentage of Total Providers in CACFP
Broome County	19	19	21	64%
Chenango County	14	17	6	83%
Tioga County	5	6	3	78%

Table 4: 2020 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	6	33	15%
Chenango County	0	11	0%
Tioga County	2	19	9%

- 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.<sup>15</sup> Regulated child care providers are required by the New York State Office of Children and Family Services (OCFS) to complete 30 hours of training every two years, in nine categories of training.<sup>16</sup>
- CCR&R Training Opportunities: CCR&R publishes a semi-annual calendar of all training offered to meet OCFS requirements. 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 2020, both duplicated and unduplicated numbers of providers trained. The trainings numbers for the year are much less than previous years due to the COVID-19 pandemic and the cancellation of all trainings offered from March through August. In the fall, we began to offer a small portion of in-person classes with little attendance. OCFS also relaxed the requirements and approval process for virtual trainings. Any training previously approved for in-person from a credentialed trainer was also tentatively approved to be conducted via a virtual platform.

Table 5: 2020 Training Attendance <sup>17</sup>			
	# of sessions scheduled	Total # of providers trained	Unduplicated # of providers trained
CCR&R Trainings	51	93	63

- Onsite Training: CCR&R trainers have previously conducted workshops and trainings onsite at child care centers. Due to the COVID-19 pandemic, OCFS implemented policies limiting visits to child care centers for essential reasons only. All onsite trainings were cancelled for the year. Many more on-site training opportunities were conducted in 2019, where CCR&R trainers went directly to the child care program to train their staff, based on either request for quality improvement or for OCFS corrective action because of a licensing violation.

The CCR&R contract includes funding for Childcare Program Onsite Training as a Community Based Strategy. This allows child care centers and SACC programs to

request one free onsite training each program year. These onsite trainings will be reinstated when safe to do so.

- 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 two and a maximum of ten potential providers after their daycare application has been submitted to OCFS. Even with the COVID-19 pandemic, OCFS still required it to be offered in-person. CCR&R offered two sessions of the Health and Safety Competency Training with eight providers.

Family Enrichment Network also offered the new 15-hour Health and Safety Training for Directors, for center directors, school-age child care center directors, and enrollment legally exempt group directors. OCFS approved the Health and Safety Training for Directors to be conducted virtually due to the COVID-19 pandemic. CCR&R offered four sessions of this training for 18 directors in 2020, with three conducted virtually.

- Child Development Associate Credential (CDA): The Child Development Associate (CDA) is a credential that early childhood educators can earn to demonstrate certain competencies to advance their career. CCR&R offers the 120 training hours of formal classroom instruction which is needed for CDA. 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. In addition to the classroom instruction, the CDA classes offered at Family Enrichment Network assist candidates with their portfolio and prepare them for the test, observation and interview.

Due to the COVID-19 pandemic, the CDA classes which were in-session in March were postponed until October, when virtual classes were offered to those previously enrolled in the course. The course started with 13 participants in January 2020, but only four continued when the course resumed virtually in the fall.

- 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 6: 2020 CPR/First Aid Class Participation		
	# of Trainings Offered	# of Providers Trained
Broome County	16	63
Chenango County	16	48
Tioga County	1	4

Due to the COVID-19 pandemic, the CPR/First Aid classes were conducted a little differently in 2020. The trainers were able to start a hybrid training option, where the provider reviewed the material on their own and then came onsite for a skills demonstration with the trainer. Onsite sessions were conducted with smaller groups, sometimes only one provider. All Department of Health guidance was followed to be able to conduct these sessions.



- Webcast (Videoconference) Training: Due to the COVID-19 pandemic, all webcasts were cancelled by SUNY Professional Development Program.

### **Training Challenges:**

New training challenges were encountered in 2020 with the state-wide shut down in March. All in-person training opportunities were temporarily halted. CCR&R was able to utilize virtual platforms for trainings, as approved by OCFS. Only classes which were previously approved by SUNY PDP to accept EIP funding and were conducted by a Credentialed Trainer were allowed to be conducted virtually. No new curriculum could be approved for virtual training. Trainers who were not credentialed were not able to conduct virtual training without a co-trainer who was credentialed. Certain classes still needed to be conducted in-person, such as the Health and Safety Competency Training for new family child care providers and the CPR/First Aid skills demonstration.

Many family and group family providers did not take advantage of the virtual opportunities available due to lack of understanding of virtual trainings, technology issues, such as no camera or internet issues, or personal stress from the pandemic.

Trainers found engaging participants more difficult in a virtual platform. Participants expressed they were uncomfortable sharing since it was a new way for them to attend trainings.

### **Training Needs:**

In the annual Provider Survey, the only requested training was for CPR/First Aid certification. Request for other forms of assistance, such as financial, affording PPE supplies, and emotional support were needed. The COVID-19 pandemic has been stressful for child care programs which were declared essential at the onset of the pandemic.

## 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 six hours and do not meet the needs of working parents. Wrap-around care is still needed.

The COVID-19 pandemic showed the community that child care is an essential service part of the infrastructure necessary for the community to survive. Child care was declared an essential service, similar to first responders, medical staff, grocery and food suppliers, and utility providers.

Tables 7, 8, and 9 show the breakdown by community of providers in Broome, Chenango, and Tioga Counties in December 2020.<sup>18</sup>

Table 7: Child Care Providers In Broome County - 2020				
	Child Care Centers	Family Child Care	Group Family Child Care	SACC Programs
Binghamton	8	8	11	10
Endicott/Endwell	5	9	2	3
Johnson City	3	7	1	1
Vestal	3	1	2	5
Surrounding Areas	1	8	3	0
Broome County Totals	20	33	19	19

Table 8: Child Care Providers In Chenango County - 2020				
	Child Care Centers	Family Child Care	Group Family Child Care	SACC Programs
Afton	0	1	0	0
Bainbridge/Guilford	0	0	0	0
New Berlin	0	1	2	1
Norwich	1	5	6	2
Oxford	0	3	1	1
Sherburne	0	4	4	0
Greene	0	4	3	1
Surrounding Areas	0	1	0	0
Chenango County Totals	1	19	16	4

Table 9: Child Care Providers In Tioga County - 2020				
	Child Care Centers	Family Child Care	Group Family Child Care	SACC Programs
Apalachin	1	1	1	2
Candor	0	3	0	0
Newark Valley	0	0	1	1
Owego	1	1	1	1
Waverly	0	0	2	0
Surrounding Areas	0	3	1	1
Tioga County Totals	2	8	6	5

There continues to be a lack of affordable child care to meet the needs of the community. This is especially true for parents looking for child care for their infant or toddler. According to a report by The Center for American Progress, “Costly and Unavailable: America Lacks Sufficient

Child Care Supply for Infants and Toddlers,” there are far more infants and toddlers across the country than there are licensed child care spots.<sup>19</sup> This is true for our area as well.

Table 10 shows the population of infants and toddlers compared to the percentage who can be served by registered/licensed child care spots.

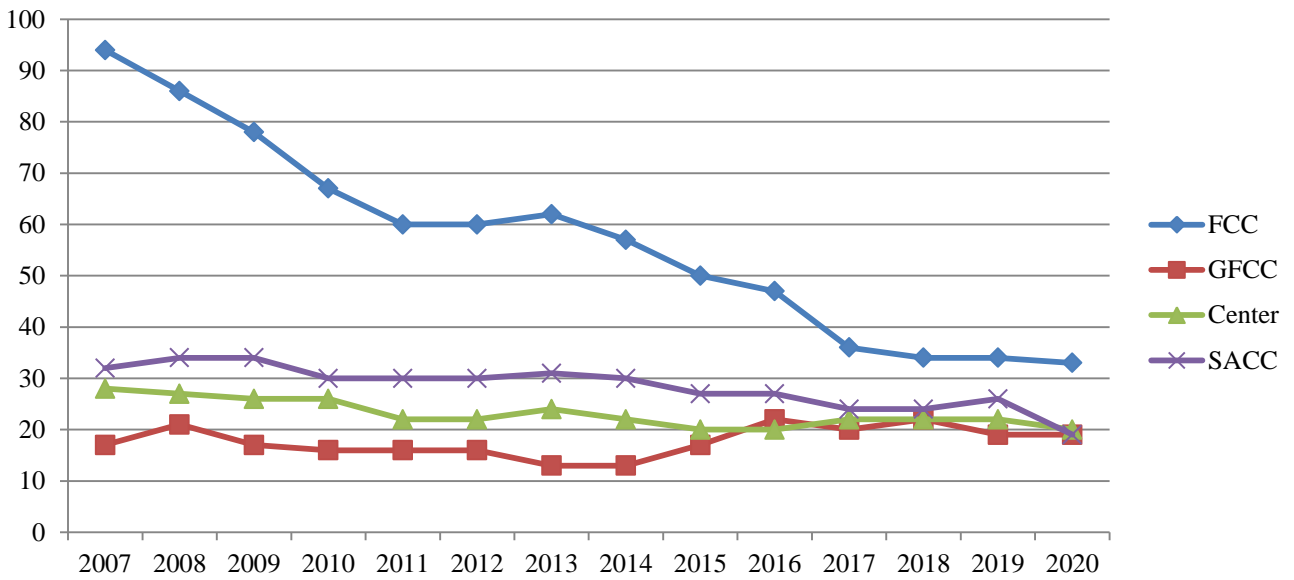
Table 10: Lack Of Infant And Toddler Child Care Spots		
	# Infants and Toddlers	% Who Could be Served by Licensed Child Care
Broome	3,273	28.8%
Chenango	742	22.6%
Tioga	921	16.4%

As you can tell from the table, there wouldn’t be enough registered/licensed child care spots available to serve all the infants and toddlers of county, if they were needed. With the maternal labor force participation rate of about 70% for each county, substantially more infant and toddler spots are needed to meet the community need.

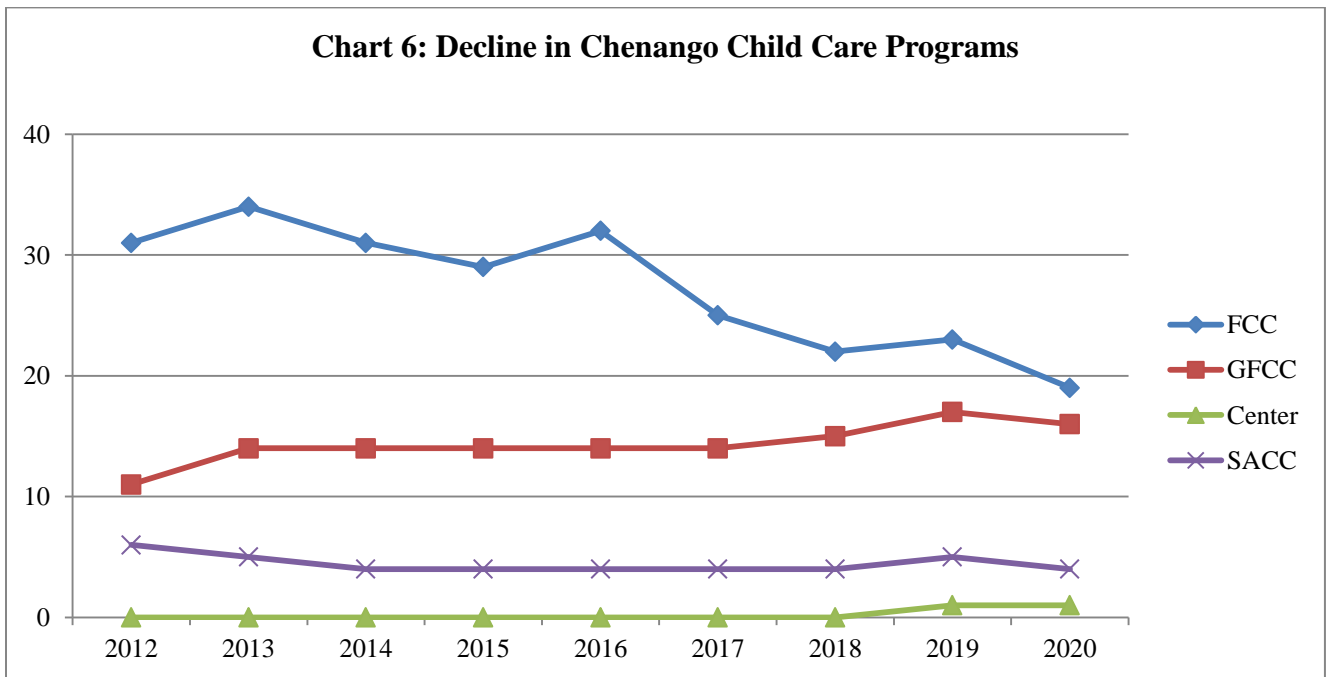
**Decline In Child Care**

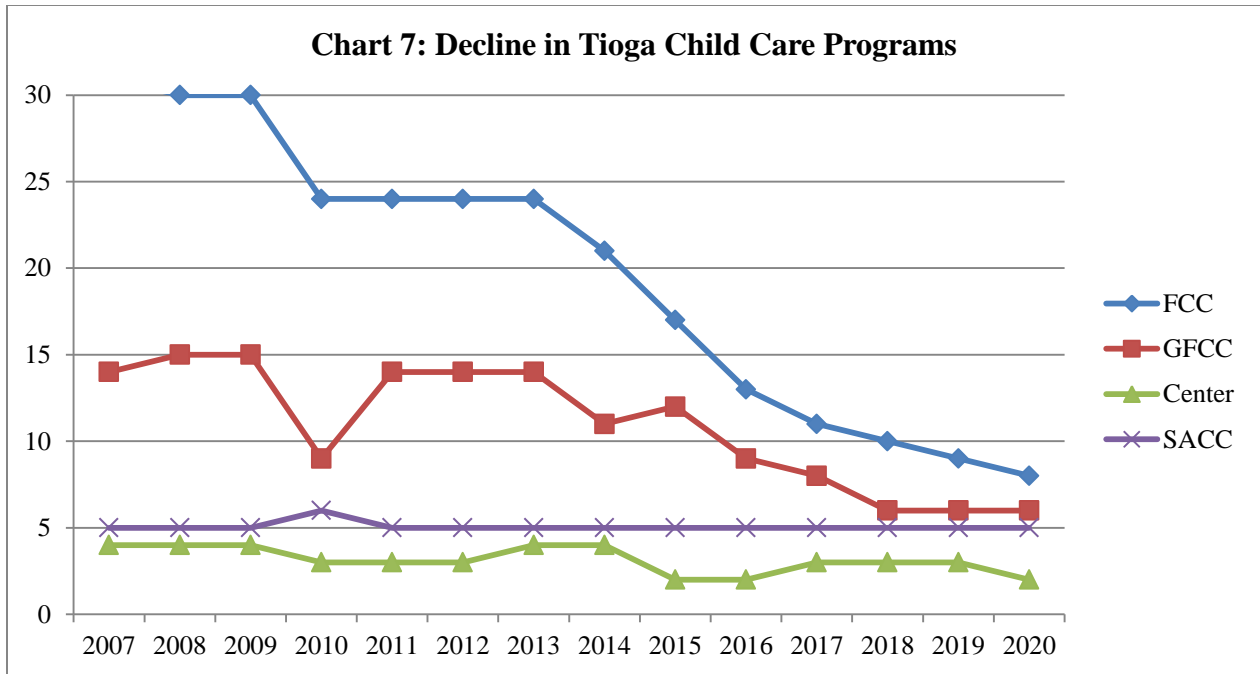
Over the last 10+ years, the number of child care programs has decreased across Broome, Chenango, and Tioga Counties.<sup>20</sup>

**Chart 5: Decline in Broome Child Care Programs**



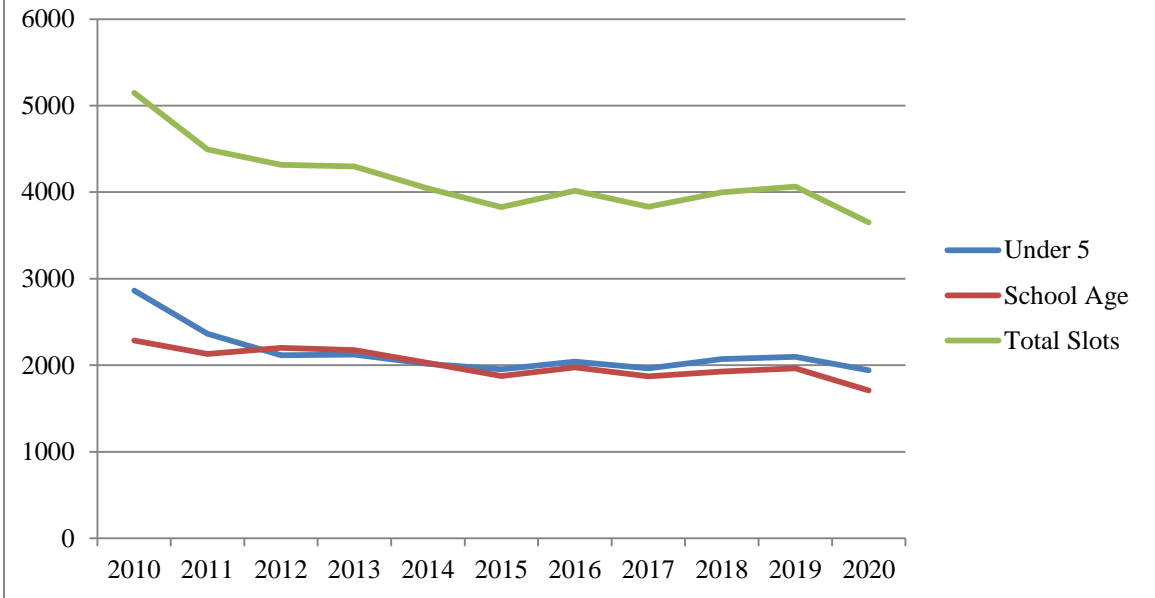
**Chart 6: Decline in Chenango Child Care Programs**



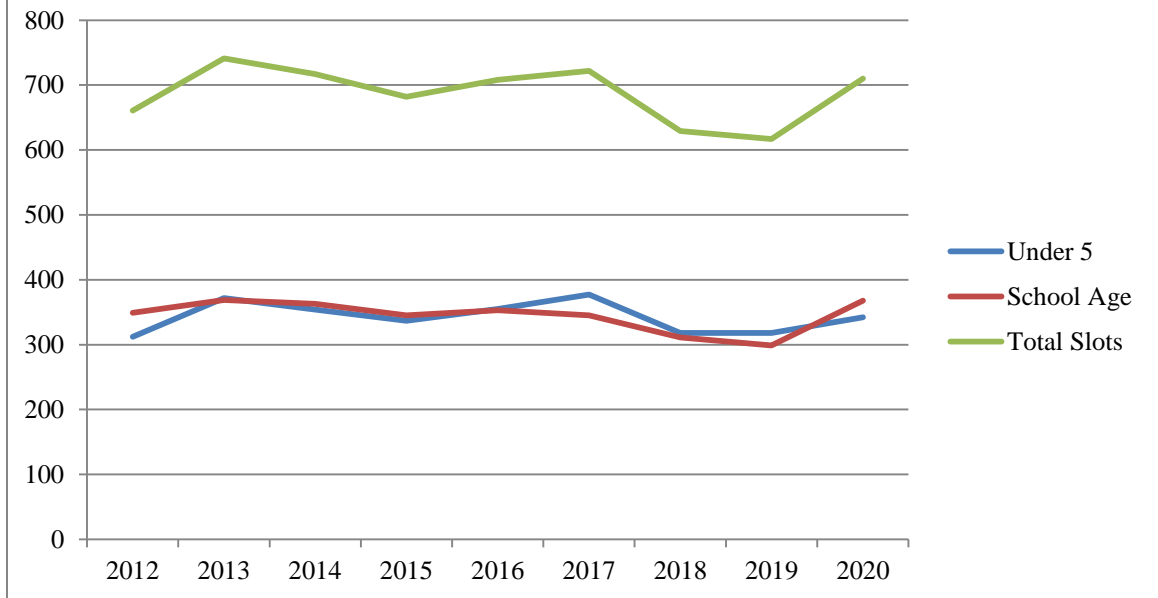


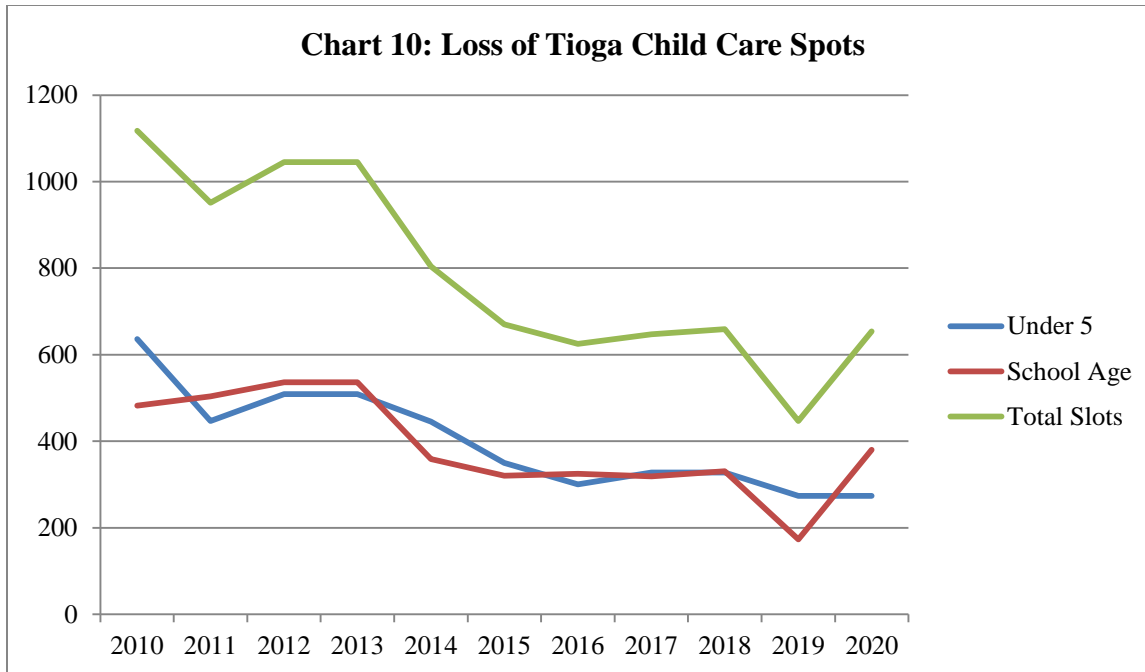
Broome and Tioga Counties have 2/3 less family child care providers than were available 10 year ago. When we look at the actual child care spots available to parents in the community, both Broome and Tioga have lost a significant number over the last 10 years. Chenango County has seen a loss in the number of programs, but an actual gain in the number of available registered or licensed child care spots. That could be explained if a family child care provider changed to a group family child care provider, which doubles the numbers for which they can provide care.

**Chart 8: Loss of Broome Child Care Spots**



**Chart 9: Loss of Chenango Child Care Spots**





**Care in Greatest Demand**

Besides the care for infants and toddlers, the COVID-19 pandemic has shown the need for school age child care. With most school districts holding virtual classes, there was a significant need for care for school-age children, especially providers who could accommodate virtual learning while in care.

The 3 biggest areas in which the demand is greater than the supply are:

1. Infant Toddler Care
2. School Age Child Care
3. Child Care Deserts

1. Infant Toddler Care: In 2020, 579 children were served using the referral services in Broome, Chenango, and Tioga Counties. 48% of the care needed in all three counties was for children under the age of three. 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 two. A family child care provider can only care for two children under the age of two (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. School Age Child Care: 2020 brought on a whole new issue with school age child care. When schools shut down in March, due to the COVID-19 pandemic, parents who had to continue to work away from the home had a difficult time finding care while their children were remote learning. Another issue with the school districts shutdown was any school-age child care program located in a public school was also shutdown. This impacted many of the SACC programs in our area. When schools reopened in September, most used a hybrid learning model. Varying by school district, children were remotely learning and only in person one or two days a week in most districts. Parents continued to have difficulty finding child care for their children when they were remote learning.

Referral Specialists at Family Enrichment Network often had difficulty helping parents find care that met the unique needs of school age children. According to our database, 579 children were served using the referral service in 2020. Of these children, 27% were school age children in the three counties.

3. Child Care Deserts: The Center for American Progress released a report showing areas of the United States where there is a lack of child care.<sup>21</sup> For the report, the Center for American Progress collected and analyzed data on the location and capacity of registered/licensed child care in every state, comparing it to the estimates in population, family income and labor force participation for every U.S. census track. The analysis shows 51% of Americans live in a child

care desert.<sup>22</sup> Most of the Broome, Chenango, and Tioga County areas are identified as being a child care desert.

The report shows that rural areas have a higher concentration of child care deserts, which is consistent with our area. As shown in Tables 8 through 10, there are 11 family/group family child care providers in the rural areas of Broome County, one in Chenango County and four in Tioga County. There is only one center in the rural areas of Broome County and none in Chenango or Tioga Counties.

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

## **MARKET RATES OF CHILD CARE**

Child care is expensive. Middle and lower income families struggle to find affordable child care. The local Department of Social Services offers child care subsidies to help lower income parents pay for child care. To be eligible, families must be at 200% of poverty or less. According to the Annie E. Casey Foundations Kids Count Data Center, 20% of families in New York State are low-income, which is 200% of poverty.<sup>23</sup> Families who fall just above this threshold must pay the entire cost of childcare themselves as they do not qualify for subsidies. This equates over 20% of their income.

A family of four, with two working parents each making minimum wage, are over the threshold for subsidy assistance. With a family income of \$52,000 a year, the family would not qualify for assistance paying for child care so they would have to pay the full cost themselves. If

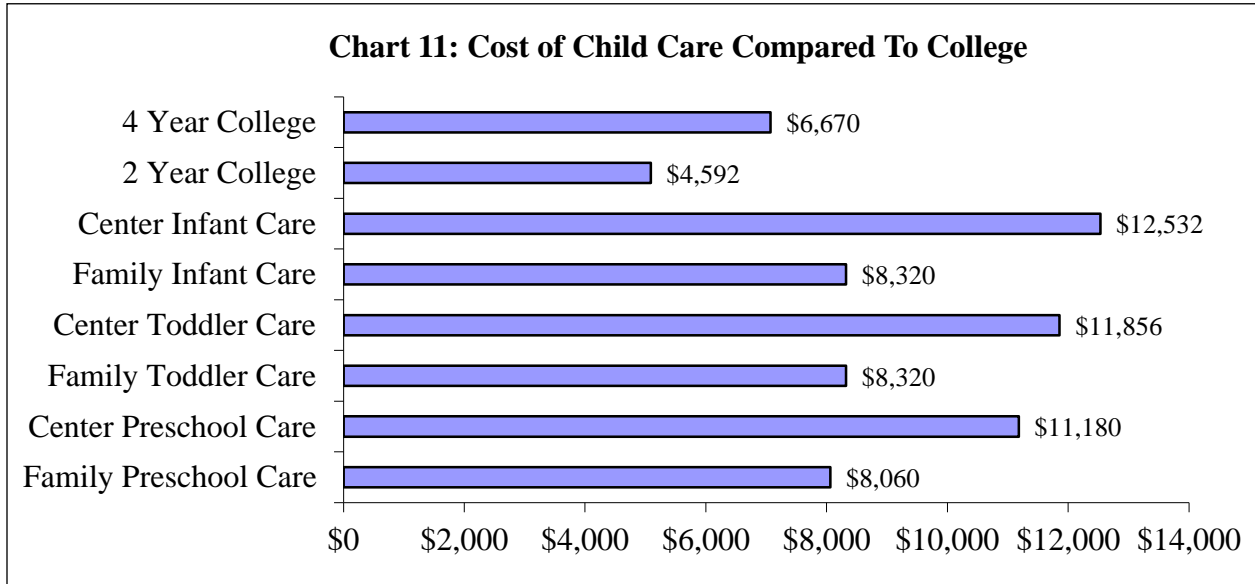
both children were in a local family child care home (the least expensive option for child care), paying \$150 per child a week, then the family would pay \$15,600 a year on child care or 30% of their income.

In Broome County, a total of 574 families in Broome County are receiving child care assistance.<sup>24</sup> There are 40 families in Chenango County receiving child care assistance.<sup>25</sup> There are 108 families in Tioga County receiving child care assistance.<sup>26</sup> The New York State Child Care Block Grant (NYS CCBG) projected allocation is \$4,548,875 to Broome County from 2020-2021, \$531,741 to Chenango County for 2020-2021, and \$2,186,344 to Tioga County for 2020-2021.

The average cost of full-time child care for infants in Broome County is \$8,320 per year per child in family child care and \$12,532 for center based child care. The average cost of full time child care for a preschooler in Broome County is \$ 8,060 per year per child for family child care and \$11,180 per year for center based child care.<sup>27</sup>

Table 11: Subsidized Rate (Market Rate) Versus Private Pay Rates for Child Care <sup>28</sup>		
Child Care Center		
	DSS Market Rate Weekly Rate	Private Pay Rate Weekly Rate
Infants	\$220	\$241
Toddlers	\$206	\$228
Preschool	\$195	\$215
School Age	\$180	\$188
Family/Group Family Child Care		
	DSS Market Rate Family care Weekly Rate	Private Pay Rate Family care Weekly Rate
Infants	\$160	\$160
Toddlers	\$150	\$160
Preschool	\$150	\$155

Both the subsidized/market rate and the private pay rate is more than the cost of public college tuition in New York: \$7,070 per year for a four year state college<sup>29</sup> or \$5,088 for a local two year college, not including room and board or books.<sup>30</sup>



As you can see from Chart 13, the cost of infant care is nearly twice as much as the annual cost of college tuition at a 4 year college. Not many families can afford to outright pay for their child to go to college. There are student loans, grants, etc., but parents are expected to cover the full cost of child care. This is often when they are young and new in their career with a lower salary. The child care system needs to change. According to the U.S. Department of Health and Human Services, care is considered affordable if it is 7% or less of a family's household income. New York State continues to rank in the top 10 of the least affordable states for child care for children under the age of five.<sup>31</sup>

Although the cost of child care to parents is extremely high, child care centers are still struggling financially. The price charged to parents is less than what it costs a center to provide that care. The “True Cost of Care” for area programs is between 25% to 50% more than what they charge. For example, before the COVID-19 pandemic, at one area center, the cost of an

infant spot really costs the program \$300 a week, but they only charge parents \$225 a week. After the COVID-19 pandemic, those costs have increased due to the need for increased cleaning and sanitizing products, masks and other PPE, as well as decreased enrollment to allow for social distancing and low group numbers.

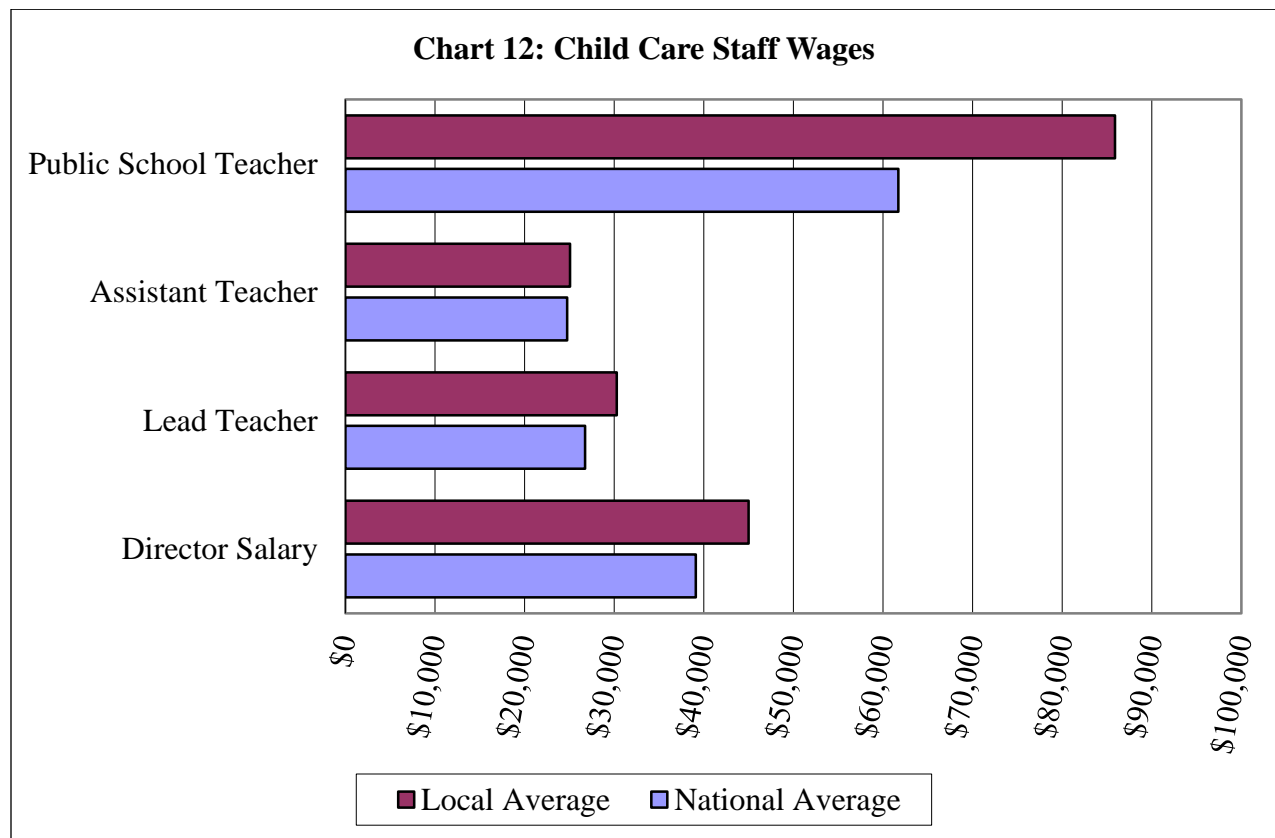
### **Roadblocks To Increasing Child Care Supply**

#### **Center Reasons:**

The biggest cost for a child care center is salaries for staff. NYS OCFS regulations dictate required staff-child ratios. Even if a program can accommodate more children in the physical space, it is often not cost effective to add additional staff. Qualifications of child care providers are critical to high quality child care. However, the people we entrust to provide quality child care for our children are often not well compensated which does not attract highly qualified staff to the field. In 2020, on average in center-based care, an assistant teacher earned slightly above minimum wage, or \$11.81 per hour. With the increase of minimum wage to \$12.50 on December 31, 2020, programs will have to increase the wage of these staff. The average wage for a lead teacher is \$12.87 per hour. Lead teachers are mandated to have further education, such as a Child Development Credential or an associate degree or higher.

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 since public school teachers earn double to triple what a teacher with the same qualifications makes in child care.<sup>32</sup> 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.



With the low wages, child care center staff are struggling to provide for their own families. If the teacher does not have a working spouse or partner contributing to the family income, then she would fall close to the 200% of poverty line and be eligible for public assistance benefits. The Center for the Study of Child Care Employment (CSCCE) at the University of California, Berkeley conducted a study of teacher’s working in a QUALITYstarsNY program and issues a report “Teachers’ Voices: Work Environment Conditions That Impact Teacher Practice and Program Quality-New York.” The study found 40% of teaching staff resided in families that utilized at least one form of federal public support.<sup>33</sup>

## **Family Child Care Reasons:**

Increasing the supply of family-based child care programs also faces challenges. As noted in Charts 5 and 7, our area has seen a 66% decrease in family child care programs over the last ten years in both Broome and Tioga Counties. A variety of reasons are stated as to why programs close when exit surveys are conducted. Family providers often state the difficulty complying with regulations in their own home is a primary reason for closing their program. The second reason is that long standing providers are retiring due to age.

New, prospective providers are not opening to fill the void of the ones leaving the field. This was especially noted in 2020 with the COVID-19 pandemic. During 2020, OCFS limited the onsite inspections conducted, therefore limiting the number of prospective new family child care providers completing the registration or licensing process.

On average, three new family child care applications are ordered each month in all three counties. Barriers to completing the process include the difficulty meeting the regulation requirements, lack of communication with the licensor, costs, and necessary time to complete the background checks and training. Despite CCR&R staff assistance through the process, more support for the registration and licensing process is needed. In 2020, there were only a handful of new programs opened and most were prior to the state shutdown in mid-March.

- Broome County:
  - Three family child care providers (two in February prior to the state shutdown and one in July)
  - One group family child care provider (in January prior to the state shutdown)
  - One center (in October)

- One SACC (in June)
- Chenango County:
  - Three group family child care providers (two moved from family to group and one new in January prior to the state shutdown)
- Tioga County:
  - One family child care providers (in January prior to the state shutdown)

Another challenge faced by family/group family child care providers during 2020 was a lack of enrollment due to the COVID-19 pandemic, either because parents were working from home or lost their job and didn't need care or because the provider wanted to limit the number of children in their home. The majority of providers did remain open to care for the children of essential employees throughout the pandemic. Our area only saw three family providers close to directly to COVID-19.

This loss of enrollment in programs meant a loss of income for the providers. This has greatly affected programs financially. Direct business support and funding is needed to support the loss of income providers faced.



## 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. This was especially apparent in 2020 with the COVID-19 pandemic. Child care was deemed an essential service so parents could work.

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

- **170 Small Businesses:** Child care centers, school age child care programs, and family child care programs are small businesses and contribute to the economic activity of our region.
- **54.6 Million Dollars:** The yearly cost of all regulated child care spots in our region is over \$54.6 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.

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

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

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

## Endnotes:

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- <sup>1</sup> [developingchild.harvard.edu/resources/inbrief-science-of-ecd/](http://developingchild.harvard.edu/resources/inbrief-science-of-ecd/)
- <sup>2</sup> [www.cdc.gov/violenceprevention/childabuseandneglect/cestudy/index.html?CDC\\_AA\\_refVal=https%3A%2F%2Fwww.cdc.gov%2Fviolenceprevention%2Facestudy%2Findex.html](http://www.cdc.gov/violenceprevention/childabuseandneglect/cestudy/index.html?CDC_AA_refVal=https%3A%2F%2Fwww.cdc.gov%2Fviolenceprevention%2Facestudy%2Findex.html)
- <sup>3</sup> Child Care Aware of America Report “Child Care in America: 2012 State Fact Sheets” for New York.
- <sup>4</sup> Family Enrichment Network’s Family/Group Family Child Care Provider Needs Assessment Survey, October 2020.
- <sup>5</sup> Child Care Aware of America Report “Child Care in America: 2012 State Fact Sheets” for New York.
- <sup>6</sup> Family Enrichment Network’s Center/SACC Needs Assessment Survey, October 2020.
- <sup>7</sup> The National Association for the Education of Young Children accreditation search at [families.naeyc.org/find-quality-child-care](http://families.naeyc.org/find-quality-child-care)
- <sup>8</sup> The National Association for Family Child Care Program Accreditation search at [www.nafcc.org](http://www.nafcc.org).
- <sup>9</sup> QUALITYstarsNY website search, <https://qualitystarsny.org/find-a-program-in-your-area/>
- <sup>10</sup> Empire State Child Care Search database, January 2021
- <sup>11</sup> Regional Infant Toddler Milestone chart for 2019-2020 program year, by Child Care Solutions.
- <sup>12</sup> Infant & Toddler Mental Health Project in New York State outreach flyer from ECLC.
- <sup>13</sup> Child Care Facility System (CCFS) Legally Exempt Database search, January 2021.
- <sup>14</sup> Family Enrichment Network CACFP Minute Menu and CIPS search, January 2021.
- <sup>15</sup> <http://www.oecd.org/education/school/49322232.pdf>
- <sup>16</sup> New York State Office of Children and Family Services Child Care Regulations, [www.ocfs.state.ny.us](http://www.ocfs.state.ny.us).
- <sup>17</sup> Family Enrichment Network CCR&R Training Spreadsheet, 2020.
- <sup>18</sup> CCFS Database search, January 2020 and Empire State Child Care Search database, January 2021.
- <sup>19</sup> Center for American Progress, “Costly and Unavailable: America Lacks Sufficient Child Care Supply for Infants and Toddlers”: <https://www.americanprogress.org/issues/early-childhood/reports/2020/08/04/488642/costly-unavailable-america-lacks-sufficient-child-care-supply-infants-toddlers/>
- <sup>20</sup> Family Enrichment Network’s Empire State Child Care Search database, January 2021.and CCFS search, January 2021 compared to previous Community Assessment numbers since 2012.
- <sup>21</sup> The Center for American Progress, <https://www.americanprogress.org/issues/early-childhood/reports/2018/12/06/461643/americas-child-care-deserts-2018/>
- <sup>22</sup> Rasheed Malik and Katie Hamm, “Mapping America’s Child Care Deserts” (Washington: Center for American Progress, 2017)
- <sup>23</sup> The Annie E. Casey Foundation Kids Count Data Center; Updated December 2020: <https://datacenter.kidscount.org/data/tables/10381-low-income-working-families-with-children?loc=34&loct=2#detailed/2/34/false/1729,37,871,870,573,869,36,868,867,133/any/20052,20053>
- <sup>24</sup> Broome County Department of Social Services, January 2021.
- <sup>25</sup> Chenango County Department of Social Services, January 2021.

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<sup>26</sup> Tioga County Department of Social Services, January 2021.

<sup>27</sup> Empire State Child Care Search database, January 2021.

<sup>28</sup> New York State Office of Children and Family Services Market Rates, 2019.

<sup>29</sup> [www.suny.edu](http://www.suny.edu), 2020-2021.

<sup>30</sup> [www.sunybroome.edu](http://www.sunybroome.edu), 2020-2021.

<sup>31</sup> Child Care Aware of America: “Parents and the High Cost of Child Care: 2018 Report”.

<sup>32</sup> National Center For Education Statistics, 2018-2019 School Year.  
[https://nces.ed.gov/programs/digest/d19/tables/dt19\\_211.60.asp?current=yes](https://nces.ed.gov/programs/digest/d19/tables/dt19_211.60.asp?current=yes)

<sup>33</sup> The Center for the Study of Child Care Employment (CSCCE) at the University of California, Berkeley, “Teachers’ Voices: Work Environment Conditions That Impact Teacher Practice and Program Quality-New York,” 2018.

## **2020 PROGRAM DESCRIPTIONS**

### **Family Support Services**

Over the past year, the Family Support Services Department of Family Enrichment Network continued five programs: the Nutrition Outreach & Education Program (NOEP), the Broome County Courthouse Children's Center, and Walk With Me (a Re Entry program), all Broome County only programs; the Kinship Caregiver's Program, offered in Broome and Tioga Counties; and WIC Help NY, offered in Broome and Delaware Counties.

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

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. It has been in operation for 17 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 six 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 on 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 with the Center being open from 8:45AM to 4:15PM Monday through Thursday and 8:45AM to 12PM 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.

All this was true for the first two months of 2020, then the COVID-19 Pandemic started and the Courthouse Children's Centers across the state were closed on March 16, 2020 by the Office of Court Administration. Because of the pandemic restrictions, the Children's Center remained closed for the rest of the year. Initially, Family Court was not conducting any hearings, then slowly throughout the year started providing virtual court hearings and a few select in-person hearings. Families were notified to leave their children at home. The Children's Center remains closed but ready to reopen when invited to do so by Broome County Family Court.

### **The Kinship Care Program**

“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 and other family members and family friends can also take on this responsibility. The sudden addition of children to a family group and the task of parenting a second time around can create unexpected financial hardships and emotional turmoil for these newly blended kinship families.

The numbers of children being raised by someone other than their parents has been steadily growing. As of the U.S 2010 census, in New York State 129,522 grandparents are responsible for the grandchildren living with them and over 439,654 children under the age of

18 live in households headed by a grandparent or other relative.<sup>1</sup> In Broome County, there are 2,371 grandparents reported as caregivers in a home with grandchildren under the age of 18 years. Of those, 1221 or 51.5% are fully responsible for 2,226 grandchildren. This is well above the state level of 35%. Nearly 19% of grandparent caregivers live below the poverty level.<sup>2</sup> Grandparents and non-parent caregivers can have many questions about raising children in today's society and many may not know where to turn for guidance and support.

Family Enrichment Network has been providing kinship care services to the community for 15 years, since November 2, 2005. The Kinship Care Program was one of the original funded Kinship Programs through the Office of Children's and Family Services and provided 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. Support groups designed specifically to address the needs of kinship caregivers and in-home parenting classes were offered along with social activities and community connections. This funding stream was consistent until September 30, 2012.

From October 1, 2012 to September 30, 2015 the Kinship Care Program was funded 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 the statewide Kinship Navigator Program 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 from 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 Care 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. September 2015 through August 2016 the Kinship Care Program collaborated with Mother's & Babies Perinatal Network to provide Kinship Caregiver support groups and the Kinship youth services. The new 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 Temporary Assistance to Needy Families (TANF) eligible families.

Starting September 1, 2016 through August 31, 2020, the Kinship Care Program took over providing the support groups and parenting classes as required by the OCFS grant and was able to meet all the required targets. After the OCFS funding ended in August 2020, NYS Kinship Navigator provided funds for the Kinship Program.

Again in September 2018 the NYS Kinship Navigator program awarded supplemental funding to the Kinship Care Program to provide peer mentor services and to strengthen the kinship caregiver's support groups. This enabled the program to add two peer mentors to the staff and to start offering weekly kinship caregiver's support groups. Both these activities



strengthened the services offered to kinship caregivers. When the OCFS funding ended in August 2020 the NYS Kinship Navigator increased their funding to the Kinship Care program to allow services to continue. Unfortunately, there were not enough funds to continue providing kinship counseling services forward from August 2020; however, the kinship advocate and the peer mentors remain.

In the past grant year, September 1, 2019 to August 31, 2020, the Kinship counselor was able to provide counseling services to 15 kinship children and their caregivers as well as separate counseling sessions for four kinship adults. The kinship counselor provided ten hours of counseling a week. The Kinship Program assisted 274 kinship families with two or more community connections that included referrals, advocacy service, DSS assistance and material supports. Intensive case management services were provided to 48 kinship families and 149 families were assisted with the Non Parent Caregiver (NPC) grant available through the local Departments of Social Services.<sup>3</sup> Please note that on average, the kinship program staff continued to work with 40 Kinship families a month; including both new families and those already in the database. In-person kinship care program services were curtailed because of the COVID-19 Pandemic restrictions. Even though Family Enrichment Network closed the agency, the Kinship Care staff continued to work from their homes providing services over the phone. They were considered essential workers and continued to help families apply for the NPC grant, assisting by phone then safety stopping at homes to collect the necessary paperwork signatures. Of course all the social distancing and mask wearing mandates were followed. In the early days of the pandemic, the kinship staff made a point of picking up food boxes from the local food pantries and delivering them to the homes of the older kinship caregivers or those with underlying conditions.

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

### **NOEP**

Family Enrichment Network's Nutrition Outreach & Education Program (NOEP) offers free assistance with the Supplemental Nutrition Assistance Program (SNAP) process in Broome County. The Broome NOEP Coordinator (NC) at FEN provides confidential prescreens for SNAP eligibility over the phone or in person. If the applicant appears to be eligible after the pre-screening process, an appointment is set up for the NC to assist with application process, which includes guidance on paperwork, copying of necessary documents and the completion of the application form. The NC is able to make home visits or meet with applicants in any convenient location or in the FEN office if the applicant prefers. As part of the application assistance the NC and the local Department of Social Services SNAP unit have developed a system that allows the NC up to 10 interview slots once a week for the SNAP phone interviews needed to complete the process. The NC provides technical assistance regarding the application and educates individuals about their rights and responsibilities, regarding SNAP. After four weeks, the NC follows up with the individual about the process and to determine if they received SNAP benefits.

The NC 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.

In 2014, FEN reapplied for the four year NOEP contract in Broome County and for a new NOEP contract in Tioga County. Both these proposals were successful and NOEP ran in

both counties from July 1, 2014 to June 30, 2018. The next grant awarded was for another four years from July 1, 2018 to June 30, 2022, but only for Broome County. As of 2020, FEN has been operating a NOEP in Broome County for 17 years, since 2003.

The COVID-19 Pandemic started in March 2020, which affected the last three months of the grant year. The NC was deemed an essential worker and continued to assist households with the SNAP application process. This was moved to a phone process as the NC could no longer meet people in-person. However, the NC still went to people's homes to collect the requisite application signatures and the documents that needed to be copied and submitted with the application. All COVID-19 safety measures were followed. The pandemic restrictions stopped all forms of community outreach, which was a main source of SNAP referrals.

During the 2019-2020 grant year, the NC provided 408 prescreens and enabled 192 households to receive SNAP. The NC shared information about the SNAP process with 1,659 individuals across Broome County at visibility events and community presentations. U.S. Census data of 2013 states that, 47% of children in the City of Binghamton live in poverty compared with 22% statewide, and 67% of school-age children are eligible for free/reduced lunch. Recently, the USDA Economic Research Service reported that children in 9.4% of U.S. households are food insecure and that in Broome County, the food insecurity rate for children is 24%.<sup>4</sup> This data also reveals that almost one in four children in Broome County struggle with hunger.

## **SNAP**

The Supplemental Nutrition Assistance Program (SNAP) is the nation's premiere defense against hunger, designed to support low-income households in need of nutrition assistance. Permanently authorized by Congress in 1964, SNAP is an entitlement program, which means that any individual who applies and meets the established eligibility requirements may receive

benefits. Eligibility standards are uniform nationwide, as a result of Federal legislation in 1977. In New York State, SNAP is funded and governed by the United States Department of Agriculture and administered by the Office of Temporary and Disability Assistance (OTDA), local county Departments of Social Services, and the Human Resources Administration in New York City.

Eligibility for SNAP is based on factors such as household income, immigrant status, and meeting work requirements. SNAP also has special eligibility rules for households that contain a senior or disabled member or a working family with dependent child care or adult care costs. In order to receive SNAP benefits, certain guidelines must be met. A household without an elderly or disabled member must have monthly gross income below 130% of poverty guidelines. A new rule enacted in July 2016 increased the amount of money (up to 150% of the poverty income guidelines) that households with a working individual can earn and still be eligible for SNAP. This represents a 20% increase in gross income, thus a family of four can earn \$410 more per month and still have the potential to qualify for SNAP.

Elderly and/or disabled households and/or working families with dependent child care or adult care costs related to employment or training can have a monthly gross income up to 200% of poverty guidelines. Individuals may apply for SNAP benefits at the Department of Social Services at any time during regular business hours and approval or denial of SNAP is required within 30 days of the intake interview. Applications eligible for expedited SNAP benefits must have a determination made within five calendar (not business) days. Benefits in New York State are 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 seedling/vegetables plants, Meals on Wheels, meals at Senior Centers and at

Farmer's Markets that have an EBT card reader.

During the COVID-19 Pandemic a number of COVID-19 relief bills were passed by the government to address the food issues facing so many people across the nation who had lost their jobs because of the restrictions. Pandemic EBT was a special program that awarded any family with children, extra food stamp benefits to offset the fact that children were no longer attending school and unable to get their school lunches. This extra benefit was available to everyone with children, regardless of income. The government also increased the Supplemental Nutrition Assistance Program (SNAP) benefit so that everyone receiving SNAP benefits was eligible for the maximum allotment based on family size.

In 2020 in Broome County 15,300 households, consisting of 26,095 individuals, received SNAP assistance in Broome County. Of these households, 9,415 households consisting of 18,250 individuals were "SNAP Only." This means they were households who were working or collecting some form of benefit but not receiving any temporary cash assistance.<sup>5</sup> There were only 7,845 people from 5,885 households who were receiving cash assistance along with SNAP benefits. These numbers suggest that those in Broome County who participate in SNAP are largely the working poor, disabled and/or senior citizens. Please note that many more households applied for SNAP but were denied because they did not meet the financial eligibility requirements; however, these families were still facing food and hunger insecurities. Hunger Solutions New York states that 40% of SNAP recipients are children.<sup>6</sup>

### **Alternative Food Assistance Networks / Emergency Food Systems**

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

receive emergency food do not currently exist; however, individual emergency food providers often establish their own income guidelines and may limit the number of allowed visits. For over the past 25 years, Health Hunger Prevention and Nutrition Assistance Program (HPNAP) provided State and Federal funds to improve the quality of food distributed to an estimated total of 2,600 Emergency Food Relief Organizations (EFRO) such as food banks, food pantries, soup kitchens and emergency shelters in New York State, which provide over 195 million meals each year to people who are in need.<sup>7</sup>

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

It is important to note that the Food Bank Southern Tier (FBST) serves six Southern Tier counties, and in Broome County in 2019 (the most recent data available) the Food Bank of the Southern Tier (FBST) distributed 4.6 million pounds of food in collaboration with the Community Hunger Outreach Warehouse (CHOW). There were 218 Mobile Food Pantry distributions in Broome County that distributed 928,000 pounds of food. 9,772 senior visits were made to Mobile Food Pantries. In Broome County, one in eight individuals are at risk of hunger and one in five children are at risk of hunger. This was an improvement over 2018 but does not reflect the increase in hunger brought on by all the COVID-19 Pandemic restrictions.

The Back Pack distributes weekend meals to needy school children throughout the school year and 992 children in 12 school districts participated in the program (an increase from 2018), with a total of 33,000 food backpacks being distributed (also an increase). In Broome County, a total of 25,180 people are food insecure.<sup>8</sup>

### **Walk With Me**

Walk With Me (WWM) is a reentry program for those individuals recently released from the Broome County Jail that has been running for the past two and half years. WWM started June 1<sup>st</sup>, 2018 and was funded through the United Way, the Community Foundation of South Central New York and the Binghamton United Presbyterian Church (UPC) through to June 30, 2019 for the first year of operation. The second year, WWM was funded through UPC and a special grant from the Broome County District Attorney's office from their Crime Prevention Funds. This funding ran from July 1, 2019 to June 30, 2020. The last six months the WWM program was solely funded by the UPC.

Initially, the Walk with Me program (WWM) was a collaboration between Family Enrichment Network , Justice and Unity for the Southern Tier (JUST) and the Broome County Urban League's ATTAIN Lab with the aim to optimize resources and work efficiently to address the challenges an individual faced when released from the Broome County Jail. As there are limited options available in Broome County to promote successful reentry, the collaboration sought to increase opportunities for individuals through a holistic approach. One such effort was offering a digital literacy program and basic computing skills through the ATTAIN Lab, however, experience revealed that newly released individuals had far too many challenges getting stabilized and meeting their basic needs. The digital literacy and computer skills had to take a back seat to finding housing and employment, getting their health care and medications set

up and meeting all the requisite appointments they had with probation and other required services, like mental health and substance abuse treatments.

The issues that recently incarcerated individuals face are compounded within the local jail systems. National reports indicate that there are a number of incarcerations that are avoidable, with an increasing majority of inmates being jailed due to substance abuse and/or mental issues that are not being treated. The publication dated March 2017, *Documenting Injustice in Broome County: The need for an Investigation of the Abuses of Over-incarceration Justice and Unity for the Southern Tier Prepared by: William Martin and Andrew J. Pragacz*, points out that “very few of the persons held in the jail are the ‘drug kingpins’ paraded for the media: over 70% of those held in the jail are waiting unconvicted and too poor to afford the excessively high bails imposed in county courts for relatively minor offenses.” Martin and Pragacz highlight that “The Public Defender and Public Prosecutor have publicly stated that over 80% of those incarcerated have substance use disorders.” In a January 26, 2018 news interview with WBNG, Sheriff Harder stated, "We've taken in over 20,000 people within the past five years with all kinds of illnesses and problems." What’s startling is that according to the Press and Sun Bulletin there have been nine deaths at the Broome County Jail since 2011.<sup>9</sup>

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

In our community, we have limited services available for those coming out of the Broome County Jail. Data revealed by the 2015 Community Foundation of South Central New



York Needs Assessments for Broome County indicates funding recommendations for programs supporting families with incarcerated or newly released parents. Family Enrichment Network's most recent Community Assessment reveals that 21% of our families have been or are affected by incarceration. The Walk With Me program provides advocacy, peer mentoring, assistance with securing employment and critical services to those who are leaving the Broome County Jail and reentering the community. This includes:

- Assistance for immediate transportation needs applying for cash assistance through the local Broome County Department of Social Services
- Reestablishing benefits such as SSI and SSDI, if applicable
- Assistance obtaining stable housing before emergency shelter is exhausted
- Obtaining valid identification and documents need to start a job search such as birth certificate, transcripts, rap sheet, and Certificates of Relief of Disabilities
- Providing support groups focusing on self-esteem and confidence builders
- Assistance with job search skills, identifying marketable skills, developing a resume and reference list
- Completing job applications and soft skills training; practicing mock interviews
- Learning how to address convictions and incarceration with prospective employers

The mission of the Walk With Me project is to aid in the successful reentry for those who do not have any supports when leaving the jail system. Typically, Walk With Me services those individuals with the least amount of family/friend supports and the highest number of personal needs. The program serves at least 30 individuals over the course of the year with "boots on the ground" crisis management and stabilization supports. JUST provides support groups and advocacy efforts to help further the successful reintegration of those reentering our community. Together with our key supporters, we have been able to ensure a successful program implementation.

From July 2019 to June 2020, the second year of the program, the following services were provided. Please keep in mind that the COVID-19 Pandemic and ensuing restrictions

provided many challenges for the two ReEntry staff. They were considered essential workers and still provided most services, except transporting people in their cars in the early days of the pandemic. For a few months, Broome County Transit offered free bus rides which allowed people leaving the jail to meet the staff downtown for guidance with their appointments and to get a cell phone so they could stay in touch and receive their one-on-one supportive services. Keeping in mind that the last three months of the grant year were during the pandemic, the numbers achieved by the program staff are laudable.

- 80 intake assessments were completed and 65 participants enrolled in the program.
- 62 participants received benefits assistance, 68 made a meaningful community connection and 72 received referrals.
- 26 participants received employment skills training. Not all of the participants were eligible because of their physical or mental health status and receiving SSI or SSDI benefits or being required by Probation to attend mental health or substance abuse programs, before they would be eligible to seek employment.
- 43 participants received help finding stable housing and 64 received financial assistance that helped with cell phones and minutes (extremely important for making and keeping appointments, finding housing and eventually employment) basic hygiene items, clothing(underwear and work clothes), bus passes, household items, laundry tokens and food.
- 44 individuals graduated from the program and 23 withdrew from the program, either because they left the area or declined to stay involved.

### **WIC Help NY**

This program was originally funded through the Department of Health and Hunger Solutions New York, and was awarded to FEN in October 2018 for a 20 month period from August 1, 2018 to March 31, 2020. However, the program was extended statewide through to September 30, 2020 for a full two years. WIC Help NY was offered in Broome and Delaware Counties as both these counties were identified by Hunger Solutions NY as having less than 50% of eligible WIC families enrolled in the WIC program. Along the lines of the NOEP program, WIC Help NY offered assistance to connect families to the WIC Program. The WIC Help

Specialist (WHS) provided free and confidential pre-screenings over the phone or in-person, through home visits, meetings in the community or meetings in the office, whatever was most convenient for the applicant. The WHS helped identify and gather necessary documentation for the initial appointment, and referred potentially eligible individuals to the proper WIC clinics. Because the WIC appointments are medically based the WHS could not complete all the required paperwork but instead worked at removing any barriers that prevented a family from enrolling.

The WHS developed a strong relationship with the Broome County WIC program and referrals and enrollments ran smoothly. Delaware County was more of a challenge as the Delaware County WIC was not really supportive of the WHS's role. There were definite territory issues, even though the specialist worked very hard to develop outreach strategies and creative advertising to connect with Delaware County residents.

On March 16, 2020, due to the COVID-19 Pandemic, the agency closed its doors and staff that could, were directed to work from home. This was particularly difficult for the WIC Help NY program as a huge part of the WHS's role was working right out in the community, meeting people face to face, giving out WIC resources and promotional items. Community locations included walking the line at Mobile Food Pantries across the Broome County sitting indoor at local food pantries in Broome and Delaware counties, attending the local St James Diaper clinic and maternity clinic days, providing presentations to staff at different agencies and attending all and varied visibility events at local fairs and celebrations. This of course came to a halt for the last six months of the grant.

At the end of the second year, September 30, 2020, the WHS had enabled 176 eligible individuals to receive WIC benefits, making 352 total referrals to WIC clinics in Broome and Delaware Counties. Updated information on the WIC program was provided through 2,566 face

to face contacts and 593 individuals were prescreened for potential WIC eligibility.<sup>10</sup> Education about WIC services and the WIC Help NY program was provided to 41 agencies. To reach potential WIC households the Specialist distributed items that included WIC guidelines and WIC Help NY contact information on a variety of promotional items including Baby's First Year calendars, Boo-boo ice packs for children, insulated bags for baby bottles or children's lunches, My Plate serving size plates for children, toothbrushes, totes and document folders for WIC enrollment paperwork. The WIC Help NY Specialist also utilized direct mailing, cash register receipt advertisements, electronic billboards advertisements and add is local papers.

## **IDENTIFICATION OF UNMET PROGRAMS NEEDS**

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

- Reopen the Courthouse Children's Center: The Center has been closed since the March 16, 2020 due to the COVID-19 Pandemic restrictions and is waiting to reopen at the behest of the Broome County Family Court.
- Increased funding to address the state mandated minimum wage: Governor Cuomo signed legislation enacting a statewide \$15 minimum wage plan that lifted the earnings, in all industries across the state of more than 2.1 million New Yorkers, as part of the 2016-17 State Budget. On December 31, 2016, the first in a series of wage increases went into effect and the minimum wage was established for upstate New York as \$9.70 an hour. On December 31, 2020 the minimum wage was increased to \$12.50 an hour.<sup>11</sup> The Courthouse Children's Center has been flat funded for the past year four years and this well-deserved increase is putting a large strain on the already thin budget to run the Center.
- Restored Funding for Full Operation: During 2020 funding was reduced because of the state

budget woes linked to the COVID-19 Pandemic. Previous to that the budget for the Center had not changed since 2016 and the Center was unable to provide child care services on Friday afternoons. Restoring the funding to pre-2016 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 in operation.

### **Kinship Care Program**

- Legal and Pro Bono Legal Services: Legal Assistance for Kinship Caregivers has been an ongoing unmet need identified in the last nine 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, 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.

- Reinstate Free Kinship Counseling Services: In Broome and Tioga Counties, there are not enough free mental health services or providers that accept Medicaid. Trauma based 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 required the use of the Adverse Childhood Experience (ACEs) survey to help determine the amount of toxic stress a kinship child may have experienced. Even the community at large has become aware of ACEs studies and the recommendation that any amount of toxic stress should be addressed to prevent long term health problems. The higher the ACEs score, the greater the chance of the child experiencing serious physical and mental health problems, addictions, homelessness and suicides.

In September 2020, the new funding stream for the Kinship Care program did not include enough funds to provide any counseling services and families must now be referred to other community resources. The biggest drawback for using community counseling services is that many agencies cannot provide counseling supports to children unless the kinship caregiver has custody. This is not always the case and even when kinship caregivers have applied for custody it can take months for a determination to be made. During that time

a child in need goes unserved. Since COVID-19 the Family courts have really slowed down adding to a family's distress.

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

- Continued Education for DSS Caseworkers and Community staff: Over 2019-2020 Broome County Department of Social Services (BCDSS) has been working to improve their caseworker's knowledge of Kinship Care. This is an ongoing challenge as every new caseworker needs to learn about the rights of kinship caregivers. BCDSS has developed a Triage Unit that works with Child Protective Services Caseworkers to help find kinship caregivers if children must be removed from their parent.
- Increased substance abuse treatment programs: In 2020 the number of children coming into kinship families has remained very high because of the ongoing issues with drug addictions exacerbated by the COVID-19 Pandemic restrictions. Local Community resources were limited and those with substance use issues had to rely on virtual platforms for their addictions services. The Kinship Program data shows that addiction often with mental health issues is the most frequent reason that children are not able to stay with their parents. While there has been a concerted effort by the community to increase services for those with addiction there are still challenges and barriers for those with addiction problems and demand 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.



## 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%. In 2020, the number of children receiving summer meals stated to improve because of the introduction of Pandemic Electronic Benefit (EBT) Cards for every family in New York with school age children. This assistance was not income based and was designed to make sure that children could access food during the COVID-19 restrictions.
- Access to healthy affordable fruit/vegetables in food deserts and rural areas. This problem goes hand-in-hand with the lack of grocery stores; in 2015 the addition of two more CHOW buses, (a mobile community Farmer's Market that provides healthy, low-cost produce to the public) has helped improved access for fresh fruits and vegetables for some of those located in the food desert in Broome County. However, this extended CHOW bus program was reduced in 2018 once again leaving underserved communities. This included the CHOW bus that visited the FEN Cherry Street site each week that was cancelled because of the reassignment of CHOW's AmeriCorps students to other programs.

In 2017, the City of Binghamton, CHOW, and the Lee Barta Community center started a North Side Grocery Shuttle bus to give the residents of Binghamton's North Side

(a food desert) access to free transportation to two local grocery stores. This has helped one of the urban food deserts but the rural families are still struggling with access to affordable fruits and vegetables.

Finally, in 2020, the Broome County Council of Churches built a new community supermarket on the Eastside of Binghamton, a region that had been a food desert for 25 years.<sup>12</sup>

- 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 and 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. In 2020, as part of the government’s COVID-19 relief bills, the rules for college students were changed to allow greater access for students to SNAP benefits; however this is only a temporary change.

- Access to Specialized Food for those with Medical Conditions: Those who suffer from Celiac Disease (gluten intolerance), Diabetes or other medical conditions requiring specific types of food, are particularly vulnerable when faced with hunger. These individuals have a difficult time finding the correct food at local Food Pantries and can have no other option but to eat food that is harmful for their medical condition. Currently there is no system in place to provide for those with a nutritional/dietary condition. Please note, this does not refer to people who are trying to lose weight, but those with serious food allergies and/or food restrictions.
- 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 less food a month than a family in Owego. This

disparity is a problem.

### **Walk With Me**

- Affordable housing: All of the people being released from the Broome County Jail without family supports struggle with finding immediate and affordable housing. Although there is a county-wide centralized system for homeless people to access housing, the system has not been very successful for the formerly incarcerated population. Removing the barriers for this population is essential. In 2020 the government placed a moratorium on evictions as one way to prevent homelessness during the COVID-19 Pandemic. This was a very positive step however it also stalled the availability of housing in our local area, It has been exceedingly difficult for newly released individuals to find any housing at all and some of the program participants have needed to spend months in emergency shelters as against a couple of weeks.
- Transportation issues: Bus passes are expensive for unemployed individuals and bicycles can offer an affordable option of transportation. Increased options to provide bicycles for this population would increase employment opportunities and help address the issues that arise from a public transportation system that does not have good services for second and third shift workers and those that live outside of the urban core. For the first three months of the COVID-19 Pandemic, the Broome County Transit Authority made all the bus routes free to travel on. This was a wonderful economic boost for the participants in the program who had very limited incomes. In some towns in the United States, there has been a move to making the public bus system free, which really helps those in poverty situations and increases ridership.

## **IDENTIFICATION AND PRIORITIZATION OF FAMILY SUPPORT SERVICES COMMUNITY WIDE NEEDS**

### **1. Mental Health / Addiction Services**

- a.** *Increased access to mental health counseling and support services for the uninsured and underinsured.* In 2017 there was a small increase in access to mental health services being provided by a number of local agencies. Family & Children’s Society established walk-in appointments to speed up the intake services for counseling services. They also increased the number of therapists available. Lourdes Center for Mental Health has also increased the number of mental health providers they have. The Greater Binghamton Health Center has developed walk-in hours for children with mental health issues as well. There has been a concerted effort to improve access to services; however these providers have also reported that the number of individuals seeking services has also increased. In 2020 the gaps in services for mental health remain. Kinship families cannot access counseling services for their kinship children without custody, which means many children in need of mental health cannot get the services they need.
- b.** *Increase mental health and wellness services for young children.* This has been an ongoing problem in our community for years. There are very few providers who can offer mental health counseling for children less than five years of age.
- c.** *Increase access to no cost mental health medications.* The community has seen a small improvement in access to medications for those without insurance or those under insured with the opening of the Hope Dispensary, an off-site service of Lourdes Hospital. However, specific psychotropic medications are not always available at this location, which can be problematic for those who require a specific

medication to keep their mental illness in check.

- d.** *Increase community wide education about mental health resources.* There is a definite lack of awareness about the mental health services that are available in the community. This particularly affects middle class families who are not familiar with accessing services. Also increase the number of preventive programs for mental health and substance abuse. Our community needs more programs that emphasize harm reductions techniques.

## **2. Housing**

- a.** *Increase safe, affordable, permanent, low-income housing options.* Broome County is suffering from a well documented lack of affordable low income housing. The Broome County Department of Social Services is desperate to find more landlords to put on their housing lists. The area has seen a building boom for upmarket and luxury apartments and many of the usual low income housing options have changed to housing for college students. This has left a huge gap in availability for low income residents and increased the rents for substandard housing. This also affects large families who are forced into substandard housing because houses with enough bedrooms are overpriced and unaffordable even to working families. These families are often faced with choosing between rent and heating their homes.
- b.** *Increase code inspections and enforcement to help reduce substandard housing.* DSS does not pay rent to landlords who are out of compliance with housing codes. Across Broome County, however, there is a lack of conformity in code violation inspections. This contributes to the continuing presence of substandard housing being utilized by low-income families.

c. *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

d. *Increase the number of housing shelters that operates on a Housing First Model for mentally ill and/or chemically dependent individuals who are acting out or off their medications.* There is a serious lack of housing in the community for these individuals, because if they do not present as a danger to themselves or others, they cannot be admitted to a psychiatric ward and there are almost no other housing options available for them.

In 2020 Family Enrichment Network was able to build a 19 apartment building for homeless individuals and families. This new apartment is a Housing First Model and will provide supportive case management services to the tenant. The apartment complex is slated to open early in 2021.

e. *Increase housing for sex offenders.* There is an acute lack of acceptable, legal housing for sex offenders in our community. This also becomes a problem for our re-entry population. In 2020 it became impossible to find housing for those released from jail with a sex offender status. This status prohibits these individuals from living within a certain distance of schools, libraries, parks and other places that children may congregate. Also landlords do not want to rent to individuals once they find out about their crimes.

### **3. Affordable Quality Child Care**

- a.** *Child care for younger children* has become a growing problem in the community over the past few years as the number of child care slots have been gradually reducing. Parents are forced to choose between no childcare at all or substandard child care. There is a severe lack of infant and toddler child care and the price for these remaining slots has sky rocketed. New York State has increased the regulations and requirements for in-home child care providers, which at first glance seem to make sense, but there are now so many rules to follow that in-home child care providers are closing their businesses. This has left families with limited to zero options.
- b.** *Increase options for school aged care and support.* More programming for school aged youth is need in the area. After school and support groups are particularly needed for youth impacted by parents with mental health and substance abuse issues. More trauma-informed care needs to be offered to help children suffering from Adverse Childhood Experiences.

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

- a.** *Increase services for teens and those 18-21 years old.* The 18-21 year old population straddles the gap between the world of minors and adults. In some instances, 18 year olds are considered adults but legally, parents are still financially responsible for them. This is a huge problem for families with out of control teenagers, or those dealing with teens with mental illness or substance abuse. In these situations, the medical field or community agencies may choose to treat the teen as an adult, but their illness or addiction make it very difficult for the



teen to function as an adult and they need the advocacy services of a parent. There is a lack of services in Broome County that specifically address the needs of this age group when it comes to mental illness and substance abuse.

**b.** *Increase Pregnancy and Dating Violence Prevention Programs.* The Love U 2 (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 was used very successfully with teens and tweens in a parenting and relationship program offered through Head Start. It was also a successful facet of the 2012 to 2013 Kinship Program year when funding provided for a Kinship Youth Advocate who offered this program to Middle School students from kinship families. Funding is again needed to provide the opportunity for all middle and high school students to be able to participate in these classes.

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

## **5. Food Insecurity**

**a.** *Increase the number of supermarkets in Binghamton.* At the start of 2020 Binghamton's Eastside and the Center City did not have any supermarkets and were considered food deserts. The only place families could purchase food were at some Dollar Stores and the more expensive small corner markets and gas stations. In 2017, a North Side Grocery Shuttle bus was instituted and provides residents with a chance to shop at a supermarket two days a week. This is a wonderful start

but is not the same as having a permanent supermarket in the area. In 2020 the Broome County Council of Churches started building a community grocery store on Binghamton's Eastside slated to be opened early in 2021. This has now helped one of the food deserts in our area.

- b.** *Offer more Mobile Food Pantries in Western Broome.* Endicott and Johnson City are underserved by the Mobile Food Pantry (MFP) and both these towns have large populations of low income households. In 2019, the MFP sites continue in Endicott with two distributions and four distributions a year at the Cherry Street FEN location in Johnson City. The COVID-19 MFPs changed from the usual walk-up format to a drive-through format. This was useful for the larger number of households that didn't usually access MFP but a detriment for the lower income, care less population.
- c.** *Increase evening hours at food pantries.* More food pantries need to offer evening hours for those people who work during the day, as the number of individuals suffering food insecurity has increased in the county.
- d.** *Increase WIC Clinic hours and locations.* Currently there are only three satellite WIC clinics in Broome County: the Endicott clinic is open twice a month, one Monday a month from 9 AM to 3 PM and one Tuesday a month from 11 AM to 6 PM; the Johnson City clinic is open one Thursday a month from 9 AM to 3 PM; and the Whitney Point clinic is open one Thursday a month from 9 AM to 3 PM. Only one satellite clinic, once a month, is open past 3PM. For those families living in rural Broome County this presents an access barrier to WIC, particularly if transportation is an issue. Lack of

evening hours is also a barrier for working families. The Binghamton clinic is open every Wednesday until 6:30 pm but no Saturday morning hours are offered.

- e. *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.
- f. *Provide allergy free foods at Food Pantries.* Individuals facing food allergies have limited options at food pantries. Even those who have been medically recommended to avoid certain foods cannot follow their doctor's orders because of limited food choices at local food pantries.
- g. *Increase community awareness on the importance of funding for SNAP* to keep our children, seniors and community at large strong and healthy. During 2020 the Johnson City Presbyterian Church tracked the individuals, children, families and seniors using their food pantry and community meals and determined that 80% of their participants were at high risk for malnutrition. They also cited that many families were unable to prepare nutritious food because their housing had no stoves or microwaves. Living in substandard housing increased hunger security problems!

## **6. Parenting Classes**

- a. *Increase options for parenting classes.* This continues to be a need in the community as there are not enough options for parents. Currently there is 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 and evening) and in different locations.

- b.** *Increase Supervised Visitation Sites.* Parents who are hoping to regain custody of their children may be required to have supervised visitations. There is a lack of options for supervised visitations in the community and we need more family friendly locations and more supervised visitation staff.
- c.** *Provide Parent Education classes for parents of special needs children.* Currently there are no parenting classes available for parents with special needs children such as those with mental health issues, substance abuse issues and intellectual or 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.
- d.** *Provide Parent Support Groups for At-Risk Parent and Child populations.* More options are needed in the community. Parents also need more options community center options to be able to socialize and receive support.
- e.** *Provide a Perpetrator's Domestic Violence program.* In the past a Broome County not-for-profit agency provided a program for men who abuse. However this program is now only available through a private practice. The financial requirements are different and the program is not available to as wide an audience. Broome County needs a low to no-cost option.
- f.** *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.

## **7. Transportation**

- a.** *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.

- b.** *Restore and Improve the Broome County bus service.* In 2014 the community assessment noted that the county bus service needed to be improved. In 2017, 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. As noted under the previous Walk With Me, section, during the first three months of the COVID-19 pandemic, Broome County Transit Authority made all the bus routes free. Apart from the concerns of people catching the virus while on the buses, this was a huge asset for the financial status of many low income people.

- c. *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.

**8. Formerly Incarcerated Individuals.**

- a. *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 family's lives.
- b. *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.
- c. *Increase Paid Transitional Employment* to allow the individual to gain work experience, build their resume, and receive a source of income. Too many parolees are underemployed or lack any employment for many years after being released. See Ban the Box at the top of the list.
- d. *Improve Employer Education* to encourage more local employers to consider hiring those with criminal histories and to keep them up to date on the incentives available for hiring felons.
- e. *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.

## **9. Rural Communities**

- a.** *Increase support and services to the rural areas of Broome and 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 supports and assistance because of transportation needs.

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

- a.** *Provide vouchers for personal care and hygiene items.* Low-income families can find the cost of these items overwhelming as they cannot be purchased with SNAP. Many social service agency personnel reported that families have to rely on donations to receive many essential items. Last year Catholic Charities was able to assist families reducing some of the burden in the community, however the problem still exists.
- b.** *Increase the number of Food Pantries providing assistance with personal care and hygiene items.* West Presbyterian Church on Chenango Street Binghamton runs a Care and Share Program the second Wednesday of the month. Any person with a benefit card can receive personal care, hygiene and laundry items. More of these programs are needed county wide.
- c.** *Increase Accessibility to laundry facilities.* The cost of laundry is an ongoing problem as laundry detergent, softener and stain removal products are not covered by SNAP and families must dip into the small amount of cash they receive each

month. Some families seek out clothing donations because they cannot afford to wash their clothing.

- d. *Diapers are expensive.* Decisions on potty training by parents can be based on cost rather than a child's developmental stage, which can add to the stress of parenting and potty training.
- e. *Unemployment and low wages* continue to keep families poor in our area. There is a real need for more job opportunities that pay a living wage.
- f. *Increased assistance with medical and dental costs.* The working poor still struggle to find the resources to pay for medical treatment. Many who are over income for Medicaid still cannot afford health insurance and do not use doctors when they should. Other families cannot find dentists who will accept their specific type of dental insurance.

## **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:

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



Sources:

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- <sup>1</sup> AARP <http://www.aarp.org/relationships/friends-family/grandfacts-sheets>
- <sup>2</sup> U.S. Census Bureau 2010 publication
- <sup>3</sup> FEN Kinship Program Database 2020
- <sup>4</sup> USDA Economic Research Service September 2015
- <sup>5</sup> <http://otda.ny.gov/resources/caseload/2020/2020-12-stats.pdf>
- <sup>6</sup> Hunger Solutions New York
- <sup>7</sup> NYS Department Health, Hunger Prevention and Nutrition Assistance Program website
- <sup>8</sup> <https://www.foodbankst.org/wp-content/uploads/2019-Broome-County-Facts.pdf>
- <sup>9</sup> <https://www.pressconnects.com/story/news/local/2020/03/03/broome-county-jail-inmates-dead-after-lack-medical-health-care-ny-new-york/4857588002/>
- <sup>10</sup> WIC Help NY Database 2020
- <sup>11</sup> <https://www.ny.gov/new-york-states-minimum-wage/new-york-states-minimum-wage>
- <sup>12</sup> <https://wbng.com/2021/01/04/greater-good-grocery-opens-up-on-the-northside-of-binghamton/>



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## **HOUSING DEPARTMENT**

### **Introduction**

Family Enrichment Network's annual Community Assessment has identified safe and affordable housing as a community need for the last seven years. 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 two programs: the Caring Homes program and the Housing program.

### **THE CARING HOMES PROGRAM**

The Caring Homes Program is a housing assistance program funded with Emergency Solutions Grant (ESG) 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.

Over the course of eight years we have worked directly with the city of Binghamton, through the ESG grant, to provide housing stability for families in the city of Binghamton. In those eight years we have received 1,578 referrals and have supported 263 families. We have provided 130 families with security deposits and 133 families with rental arrears.

In September 2017, Coordinated Entry services were established. The Coordinated Entry

System, also referred to as CES, provides a single point of access to homeless assistance services to reduce the burden of system navigation for households who are at risk of or experiencing homelessness. Regardless of a person's location within this continuum, if they are facing a housing crisis, they can call 2-1-1/First Call For Help to connect to CES staff for assessment and referral assistance.

In June 2018, we were given the privilege of receiving our first grant through the Broome County United Way. The program mirrors our ESG grant but allows us to reach out beyond the city limits of Binghamton. The grant encompasses all of Broome County. This allows us to reach families that would otherwise be inaccessible. United Way is the only program that currently supports families facing homelessness with financial assistance throughout Broome County. As previously mentioned, the United Way grant mirrors the ESG grant in terms of qualifications for the program. The program provides financial assistance as well as supportive services, including case management and referrals. The grant year runs July 1, 2018 through June 30, 2019. To date we have provided financial assistance to 18 families, 12 families were provided security deposits, and six families received assistance with rental arrears.

In addition to financial support, our client families were provided with case management. Case management allows us to make direct referrals to services within FEN. Referrals were directed to FEN's Head Start and Early Head Start program, Child Care Resource & Referral program, Kinship program, and NOEP program, which assists people applying for and navigating the application process for SNAP.

Caring Homes ensures that all callers, regardless of program eligibility, are provided referrals. Although 2-1-1 and Coordinated Entry manage the calls that come into the call center and then referral to the Caring Homes program. The goal is to assist or help all people and

families who call where they are at. While we provide intensive case management, we are able to determine what additional services and supports families may require. 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 (WIC) 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.
- Catholic Charities for one time financial assistance.
- Family Enrichment Network's annual Coats for kids coat drive.

In combination with our efforts to end homelessness, FEN works closely with The Southern Tier Homeless Coalition (STHC). The STHC is a collaborative nonprofit organization committed to providing solutions for homelessness in New York's Southern Tier. Designated by

the federal Department of Housing & Urban Development as the region's Continuum of Care (CoC NY-511), STHC encompasses the housing crisis response system across Broome, Chenango, Cortland, Delaware, Otsego, and Tioga Counties and is comprised of over 40 member agencies offering homeless assistance services to households in need.

In March 2020, COVID-19 shuttered the state of New York. Housing, employment, schools, daycare and most day-to-day activities were directly impacted by COVID-19. During this time, the governor of New York State, instituted a state moratorium on residential and commercial evictions to ensure no tenant was evicted during the height of the public health emergency. The Governor signed the Tenant Safe Harbor Act on June 30, 2020, which became effective immediately. The moratorium protected renters from being evicted should they directly be impacted by COVID-19. New York State granted the city of Binghamton monies to financially support those directly impacted by COVID-19. It provides tenants with financial assistance for up to three months to help with rent arrears. The moratorium was extended until May 1, 2021. That said, we are working with families to maintain their housing throughout the pandemic. Additionally, FEN received an additional grant to serve those in Chenango County directly impacted by COVID-19. This again supports families with financial assistance with rent arrears to stabilize their housing or a security deposit to relocate to safe and affordable housing.

The Caring Homes Program has been refunded for 2021. Family Enrichment looks forward to continuing their efforts to assist families at risk of homelessness.

## **HOUSING PROGRAM**

Family Enrichment Network recognizes the need for safe, affordable and permanent housing. FEN is committed to ongoing efforts to address the community's needs. That said, FEN

has identified housing as a need and created a housing program to meet those demands.

### **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 two-family property consists of a first floor two-bedroom apartment and a second floor one-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 plus families.

### **51 Roberts Street:**

The developmentally delayed population was identified as a population in need of safe affordable housing in the community. In September 2015, 51 Roberts St. Johnson City was acquired for this purpose. The house allows multiple (two to three) 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 two individuals that share common space in the kitchen, dining room, living room and bathroom. They have their own individual bedrooms. The dwelling has been occupied since December 2015.

### **241 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 three-bedroom, one-bathroom home is Section 8 approved. FEN, again, collaborated with Binghamton housing

Authority. The home has been occupied since February 2016.

### **Housing Connections (29 Virgil St)**

In December 2018, Family Enrichment Network was awarded our first Homeless Housing and Assistance Program (HHAP) and Empire State Supportive Housing Initiative (ESSHI) grants, which allowed us to construct a 19-unit structure comprised of one, two, three, and four bedroom units that will offer safe, affordable and quality housing. In February 2020, the project broke ground at 29 Virgil St. Built on vacant city-owned land in Binghamton's North Side neighborhood, the two-story 12,000-square-foot structure includes four one-bedroom units, ten two-bedroom units, four three-bedroom units, and one four-bedroom unit. It will provide tenants with supportive services, including rental assistance, case management, childcare, job readiness training, and counseling referrals. The focus will be young families and individuals ages 18-25; individuals with developmental disabilities; domestic violence survivors; veterans; chronically homeless; and formerly incarcerated individuals. The project was completed in March 2021. The program is currently accepting referrals.

### **Looking Ahead**

Lack of safe and affordable housing continues to be a problem in Broome and surrounding counties. 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. Families are being displaced due to buildings being condemned and building safety issues. An increased strain on the local housing market is a result of student housing. Landlords are converting family housing over to student housing leaving the housing stock depleted.



Family Enrichment Network will continue to work closely with the Homeless Coalition and City of Binghamton to identify gaps and needs in housing throughout Broome and surrounding counties. We are currently looking at our next project that will help combat homelessness in our area.

## **WAIVER SERVICES**

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

## **COMMUNITY HABILITATION**

Community Habilitation was the first of the waiver service to be implemented. Community Habilitation consists of services designed to assist individuals in acquiring, retaining, and improving independence, socialization, and adaptive skills necessary to reside successfully in home and community-based settings. An individual can be approved for as

little as four hours of the service a week to more than 25 hours per week based on the needs of the individual, to ensure the individual's health, safety and welfare.

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

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

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

such as the support of a personal care worker.

5. Support that enables the individual to exercise rights as a citizen, such as assistance in exercising civic responsibilities.
6. Support that enables the individual to benefit from the participation of friends, relatives, and advocates as part of the individual's support planning team.

We currently employ two full-time staff and one part-time staff, who are currently providing 214 direct service hours to 18 individuals. There is a waiting list for individuals looking for services.

## **COMMUNITY BASED PREVOCATIONAL SERVICES**

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

Prevocational Services are habilitative and prepare the individual for paid employment or unpaid meaningful community activities. Prevocational Services are delivered in the community. An individual's LifePlan contain Community Based Prevocational Services, in addition to other OPWDD services such as Pathway to Employment, Supported Employment, Day Habilitation,

or Community Habilitation

## **WHERE ARE WE NOW?**

Community Habilitation and Prevocational Services are steadily moving along. 2020 was a challenging year as COVID-19 directly impacted services. New York State halted all programming with OPWDD clients from March 2020 through July 2020. Residential programs did not allow individuals to participate in services while folks living in the community chose to social distance due to safety concerns. In early July 2020, OPWDD slowly began reinstating services while requiring staff and clients to use proper personal protective equipment. After nearly a year of COVID-19 things are beginning to return to the new “normal.” People are back in the community receiving much needed services. 2021 looks to be a year of growth as we adjust to how we serve the community.

## **TRAUMATIC BRAIN INJURY (TBI)**

### **Nursing Home Transition and Diversion (NHTD)**

What is a TBI and who is eligible? A Traumatic Brain Injury (TBI) usually results from a violent blow to the head or a jolt to the head or body. An individual can also experience a brain injury from a stroke, aneurysm, lack of oxygen (anoxia), brain tumors, or infections. While each individual’s experience is unique, they usually experience, short or long term memory loss, processing difficulties, problem solving and judgment issues, along with various physical effects. An individual who is diagnosed with TBI or a related condition, eligible for nursing facility level

of care, enrolled in the Medicaid program, and between 18 and 64 years of age, and injured after the age of 18 qualify for the program.

In June 2017, Family Enrichment Network began providing TBI waiver services. At the time of approval, there were more than 35 people in Broome and surrounding counties in need of Service Coordination services. In November 2017, FEN built upon the program and introduced a new waiver service, Independent Living Skills Trainer (ILST). The ILST provides skill building to the individuals and their supports through developing compensatory strategies for goal attainment in the real world setting. ILST services are individually designed to improve the ability of the participant to live as independently in the community as possible. Soon thereafter, we introduced Positive Behavioral Interventions and Support Services (PBIS) to the program. PBIS services are provided to participants who have significant behavioral difficulties that jeopardize their ability to remain in the community of choice due to inappropriate responses to events in their environment. The primary goal of PBIS services is to decrease the intensity or frequency of targeted behaviors and to teach more socially appropriate behaviors.

In March 2019, Family Enrichment Network was were officially approved to provide Nursing Home Transition and Diversion (NHTD) services. The NHTD waiver uses Medicaid funding to provide supports and services to assist individuals with disabilities and seniors toward successful inclusion in the community. Waiver participants may come from a nursing facility or other institution (transition), or choose to participate in the waiver to prevent institutionalization (diversion).

In 2018, the Center for Medicaid Services (CMS) announced that they were moving forward with their Conflict of Interest (COI) Plan. The plan is focused on the individual/participant not the provider. Under the new COI plan, the individual may not receive

service coordination (i.e. case management or planning) and direct waiver services from the same provider. Service Coordination activities must be independent of direct waiver service provision. As part of the compliance plan, CMS reviewed the current educational requirements and under the current requirements, agencies, including FEN, have struggled to find qualified staff for both service coordination and waiver services. This barrier has caused a steady downturn in staff, thus, leaving providers having to make the difficult decision to reduce their services or eliminate them completely. That said, at this time, Family Enrichment Network has paused services. The hope is to resume waiver services in the spring of 2021.

## **OVERVIEW OF THE STATE OF THE GRANTEE**

Family Enrichment Network's Head Start and Early Head Start programs operate under two grants. The Broome County program's origins reach back to the 1970's and the program has grown in its many years to provide UPK partnership services; full day and full year programming; full day programming; and Early Head Start. Our new grant began in July 2020, and we were pleased to make changes in that grant to best meet the needs of our Head Start and Early Head Start communities. The Tioga County program was originally awarded in 2014, and we began our second five year funding award in July 2019. We are pleased to offer full day programming at all centers and in both Head Start and Early Head Start.

The Broome Grant offers center based services to 287 three and four year old preschool children and their families at four locations throughout its Broome County service area and Early Head Start offers center based services to 96 infants and toddlers and prenatal services to 16 pregnant women, which operates at three locations throughout the Broome County service area; our five locations serve children and families from Binghamton, Johnson City, Conklin, Kirkwood, and the Town of Binghamton. The centers are located in Johnson City and Binghamton, and include the following addresses. All five centers are located in locations that support Head Start and Early Head Start eligible children and families and they are all licensed by the Office of Children and Family Services (OCFS).

<b>Center</b>	<b>HS Children</b>	<b>EHS Children</b>
Cherry Street Center - 24 Cherry Street; Johnson City, NY	177	48
Carlisle Center – 150 Moeller Street; Binghamton, NY	0	16
Saratoga Center – 25-35 Felters Road; Binghamton, NY	32	32
Fayette Street Center- 29 Fayette Street; Binghamton, NY	42	0
Woodrow Wilson School - 287 Prospect Street; Binghamton, NY	36	0

[16 pregnant women are assigned to our Saratoga Center where the Socialization Specialist is located.]



Tioga County offers Head Start center based/full day programming to 62 three and four year old children and their families in three locations throughout the service area and Early Head Start center based/full day programming to 32 infants and toddlers and their families at one location in the service area. The buildings are located in Owego, Newark Valley, and Waverly. All three centers are located in locations that support Head Start and Early Head Start eligible children and families, and they are all licensed by the Office of Children and Family Services (OCFS).

<b>Center</b>	<b>HS Children</b>	<b>EHS Children</b>
Owego Center – 1277 Taylor Road, Owego, NY	30	32
Newark Valley Center – 117 Whig Street, Newark Valley, NY	16	0
Waverly Center – 12 Cooper Street, Waverly, NY	16	0

## **METHODOLOGY**

The Community Assessment (CA) Committee consists of the Head Start Director and Management Team. In October 2020 the Community Assessment Survey was sent to all families for completion. It was sent electronically as well as via paper copy. At the same time, the Family Advocates completed a Family Profile for every Head Start and Early Head Start family. These practices allow us to get an internal look at our present Head Start and Early Head Start community. In January 2021, the team which includes the Head Start Director as Organizer of the Assessment, and the Program Operations Coordinator; ERSEA Coordinator; Special Services

and Mental Health Coordinator; Health Services Coordinator; Food/Nutrition Services Coordinator; Family Community Partnership Coordinator; Transportation Supervisor; Socialization Specialist met to begin planning for the 2021-2022 Community Assessment process. We used the PMFO Community Assessment version for completing the Community Assessment. We moved from a more traditional model that we have used for many years; but, it did include some of the same community partners that have been part of our assessment for many years. After our orientation to the new CA process; each of the subgroup leaders listed above began working on their area of assessment with staff, parent, and community members. The areas included: Child and Adult Education; Special Education Services; Health Services including dental, nutrition, and mental health; Child Care; Employment; and Transportation Services. The subgroups reviewed survey information; gathered additional information from staff, parents, and community members as they delved into their service area sections. With their teams they discussed the strengths and needs that exist in our community, and they revised the Community Resource section of this document. Furthermore they began planning for the CA Managers Meeting where the team identifies and prioritizes our five year areas to be addressed by the program and its overarching community. The CA Meeting was held on Wednesday, March 5, 2021. The management team came together to discuss our five year priority issues, and it was no surprise that COVID-19; other natural disasters and closings; remote/virtual programming; food insecurities and healthy foods; and mental health dominated our meeting and subsequently our priorities for the coming five years.

## SERVICE AREA DATA

Family Enrichment Network serves the communities within the Binghamton, Johnson City, Susquehanna Valley school districts, Town of Binghamton, and a portion of Port Dickinson in Broome County and all of Tioga County, specifically Candor, Newark Valley, Owego and Waverly.

### *Impacts of Demographic Change*

Population estimates decreased within our service areas by 5.1% in Broome County and 5.6% in Tioga County compared to the national increase of 6.3%, according to the latest census information available. During this same time period children living in our service area under the age of five are 5.2% in Broome County, 4.9% in Tioga County, slightly under the national 6.0% of the population. Persons living in poverty within the same areas are significantly higher in Broome County at 17.8%, slightly lower in Tioga County at 9.4% when compared to the national level of 10.5%.<sup>1</sup> Homelessness within Broome County in 2019-2020 totaled 332 compared to 30 in Tioga County.<sup>2</sup>

**TABLE1: BROOME AND TIOGA COUNTY RACIAL AND ETHNIC DATA**

<b>Broome County</b>						
<b>WH</b>	<b>BL</b>	<b>AS</b>	<b>HIS</b>	<b>NAT</b>	<b>OTHER</b>	<b>MIX</b>
<b>105</b>	<b>105</b>	<b>8</b>	<b>5</b>	<b>1</b>	<b>9</b>	<b>55</b>
<b>36.2%</b>	<b>36.2%</b>	<b>2.8%</b>	<b>1.7%</b>	<b>0.3%</b>	<b>3.1%</b>	<b>19.0%</b>

<b>Tioga County</b>						
<b>WH</b>	<b>BL</b>	<b>AS</b>	<b>HIS</b>	<b>NAT</b>	<b>OTHER</b>	<b>MIX</b>
<b>54</b>	<b>0</b>	<b>0</b>	<b>0</b>	<b>0</b>	<b>2</b>	<b>2</b>
<b>91.5%</b>	<b>0.0%</b>	<b>0.0%</b>	<b>0.0%</b>	<b>0.0%</b>	<b>3.4%</b>	<b>3.4%</b>

**TABLE 2: LANGUAGES SPOKEN IN THE HOME OTHER THAN ENGLISH:**

<b>Languages</b>	<b>Number of Families</b>	<b>Percentage of Families</b>
<b>Vietnamese</b>	2	0.7%
<b>Urdu</b>	2	0.7%
<b>Kurdish</b>	4	1.4%
<b>Creole</b>	3	1.0%
<b>Poshto</b>	5	1.7%
<b>Arabic</b>	18	6.2%
<b>French</b>	2	0.7%
<b>Karenni</b>	1	0.3%
<b>Armenian</b>	1	0.3%
<b>Russian</b>	1	0.3%
<b>Spanish</b>	10	3.4%
<b>Total</b>	<b>49</b>	<b>16.7%</b>

\*Tioga County reports only English is spoken in the homes. <sup>3</sup>

Through ongoing recruitment, interested families complete the application process throughout the year, providing a waitlist for openings as they occur. Current waitlists are lower than usual compared to previous years which can be attributed to the effects of COVID-19 on the families we serve.<sup>4</sup>

**TABLE 3: WAITLISTS BY COUNTY**

<b>Broome County</b>	<b>Head Start</b>	<b>Early Head Start</b>	<b>Pre-Natal</b>	<b>Tioga County</b>	<b>Head Start</b>	<b>Early Head Start</b>
<b>2018-2019</b>	12	164	1	<b>2018-2019</b>	9	16
<b>2019-2020</b>	17	164	2	<b>2019-2020</b>	27	10
<b>2020-2021</b>	13	79	0	<b>2020-2021</b>	3	2

As can be seen by comparing the waitlists year to year in Table 3, significant decreases in the current program year indicate how families within our service areas are reluctant to apply for any program for their young child. Recruitment efforts have been adapted to meet current restrictions and social distancing, less grassroots methods and more electronic means of communicating program benefits to community and local populace. More targeted recruitment

methods aimed at specific areas, contact with service agencies who work with our shared families, digitizing recruitment materials to be shared electronically with medical offices, religious programs, school districts, television community calendars, websites, Facebook pages, community non-for-profits and more, are ways to provide outreach for current openings and future program years. Recruitment outreach used in the past will need to be updated and targeted to help encourage families to feel comfortable placing their child in a Head Start or Early Head Start program. Staff will need to share with families how our programs have grown through COVID-19 and what strategies have been implemented, permanently, to ensure their child's safety. Current outreach has begun moving to more remote measures with material follow up after contact has been established, collaborating with a greater variety of small business owners who are willing to share information with their clientele.

### ***Impacts of COVID-19***

Due to COVID-19, many changes have taken place to ensure the safety of the families/children we serve and staff members. COVID-19 overall restrictions have required changes in staffing, program design, child services, family participation, transportation, and the implementation of 'remote learning' along with many other changes. Head Start 'in-person' classroom size has been reduced to 10 children with the remaining children placed in 'remote/virtual learning'; Early Head Start classroom size has been reduce to 6 children with the remaining children placed in 'remote/virtual learning'. Classroom hours for both Head Start and Early Head Start have been reduced to six hours each day to allow for in-depth sanitizing of each classroom. Families have had to learn to communicate, for the most part, with staff by electronic means; each site has developed procedures that provide no in-classroom contact for anyone other than classroom staff to ensure child safety; home visits are completed remotely, including pre-

screenings and health interviews; transportation of children has been decreased to a maximum of 10 Head Start children with two monitors per run, 5 Early Head Start children with two monitors. Protocols have been developed to ensure safety regarding social distancing and masks for staff and families, children are encouraged but not required to wear masks as they become comfortable doing so. Families who provide their own transportation are limited to number of persons allowed into the buildings at a time, parents are screened regarding their child and temperatures are taken, parents wait with their child for classroom staff to meet them in the hallway and parents then leave through another exit; most sites have the ability to have classrooms entered through an external classroom door. Throughout the program year many families have expressed the need to switch their child from 'in-person' to virtual, either temporarily or permanently, due to changes the families have encountered. A provision has been established that will allow a child to remain as an 'in-person' child for a short period of time if a family becomes concerned with effects from COVID-19, with their child attending remotely, until the family feels comfortable having their child return to 'in person' status. We continue to struggle with meeting full enrollment, given COVID-19 concerns of interested families.

Our families have expressed COVID-19 concerns of employment loss or instability, having to access unemployment, loss of medical care, total isolation, remote learning which includes having school-age children learning in home during the day, fear of being exposed, daycare closures, mental health concerns not being met, children developing stress and anxiety, continual family togetherness, having to learn how to live with scarcity of basic home needs, depression, and many more lifestyle changes. Families and staff have contracted COVID-19, requiring testing, quarantining, contact tracing, closure of classrooms and transportation runs, leading to a state of uncertainty. The constant barrage of media and internet information, family

and friends conversations, and public awareness of COVID-19 have made many of our families and staff members COVID-19 wary, tired of having to deal with so many life changes that it becomes easier to ignore or shut down. Many families have declined remote placement for their Head Start and/or Early Head Start child, feeling their family is overwhelmed with school-age children remote learning expectations of parents spending time with older siblings throughout the day in zoom and individual meetings; many parents feel ill-prepared and frustrated. Parents prefer to have their younger children placed in-person only and are willing to wait for an opening. Our wish list for status change currently has 34 children waiting for in-person placement, having already changed 18 children into in-person placement as of February 2021. We have many families who have chosen to have their child placed remotely, only, and continue to be steadfast in their decision. Remote children and their families have access to FEN Remote Learning websites which feature video and playlist activities for the family to enjoy at their convenience, allowing families to schedule when they are able to participate in their younger children's remote learning.

Other COVID-19 impacts for our families are financial; some families have not been affected, and have continued working at their jobs throughout the pandemic. COVID-19 restrictions caused many families to lose employment in the hospitality, child care, health/medical, education, and transportation fields. Families have had to apply for unemployment benefits which were difficult at the beginning of pandemic; many families had to wait weeks to complete unemployment questionnaires electronically. Typically, unemployment benefits are 50% of the average last quarter of the previous 52 week's income; additional stimulus unemployment income received with the basic unemployment helped temporarily relieve the stress of unexpected financial burdens for many of our families. Additional stimulus

unemployment income is taxable and is included with information when filing income tax, recipients had the option to have the taxes taken out each week to avoid an increase in yearend taxable income.

## **IDENTIFIED STRENGTHS AND NEEDS BY SERVICE AREA**

### **Education**

Information about the strengths and needs of Early Head Start (EHS) and Head Start (HS) educational components of Family Enrichment’s programs comes from interviews and surveys conducted with EHS and HS families and teachers.

#### ***Program’s Educational Strengths***

*“He is growing, and FEN has a positive influence on him.”*

*“FEN has a passion for making many efforts to have kids learn online.”*

*“I really appreciate how easy it is to talk to you guys!”*

*“My child is excited for weekly Zoom and interaction with peers.”*

*“The teacher is very supportive towards my child’s needs.”*



Families identified their satisfaction with services they receive from the classroom staff.<sup>5</sup> They indicated strong agreement that FEN's programs offer a safe & clean place for their children to learn and prepare their child to be ready for school by becoming more independent, learning basic concepts in language and math, along with learning to share and cooperate. The families agreed that the program provides quality communication and information about the program in general as well as regarding their child's development.

### **Quotes from Families:<sup>6</sup>**

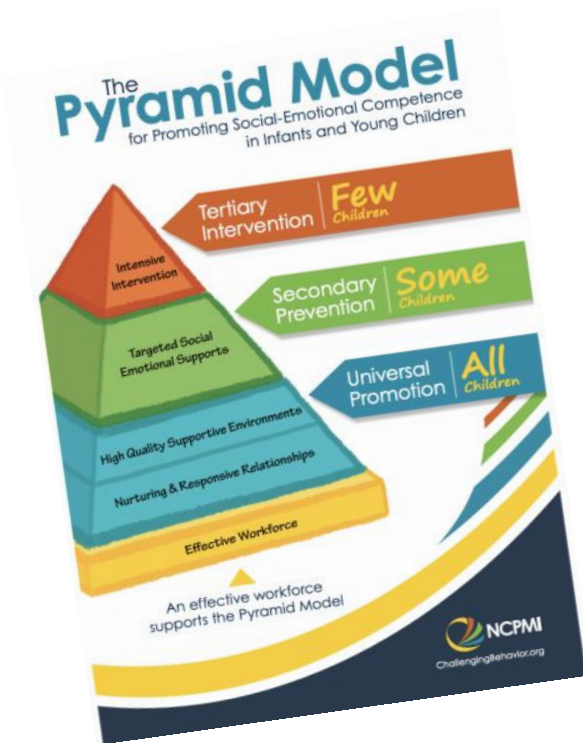
**A word bubble of family and teacher responses relating to program strengths shown below:<sup>7</sup>**



### **Program's Educational Needs**

#### ***Social-Emotional Learning***

These past decades there has been an increase in children beginning their education without the proper development of their social-emotional skills, their lack of how to develop positive relationships, lack of coping skills in stressful and/or new situations and lack of problem-solving skills. In many cases, this may be the cause of the rise in children that need or receive special services & therapies.<sup>8</sup>



These impacts make it even more important for our community, schools, and programs to embrace a community-wide social-emotional framework, such as The Pyramid Model. Studies indicate that schools and programs that focus on reliable implementation of meaningful relationships, providing opportunities for teachers to become leaders, offering administrative support, and creating environments that support the needs of children, families, and teachers will aid in the promotion of social-emotional development as well as

retain their teaching staff.<sup>9</sup>The research is showing that by implementing a research based social-emotional curriculum in our schools is the start.

To ensure all children are school ready, Family Enrichment Network’s Head Start program will need to collaborate across all our local schools, and possibly with Head Starts, day cares and other educational facilities to promote and implement the Pyramid Model.

### ***Virtual Learning***

Teachers, program staff, children, and families are working to adjust to the changes because of the pandemic of COVID-19. With the state required decrease of children allowed to be in the classroom. Family Enrichment Network’s Head Start & Early Head Start program created Virtual Learning procedures and programming to be able to reach more children. The results from the 2021 Family Enrichment Network’s Head Start Community Assessment Education Parent & Classroom Staff Surveys have indicated a mixed response about the new virtual learning procedures and program. Many families and classroom staff identified that the

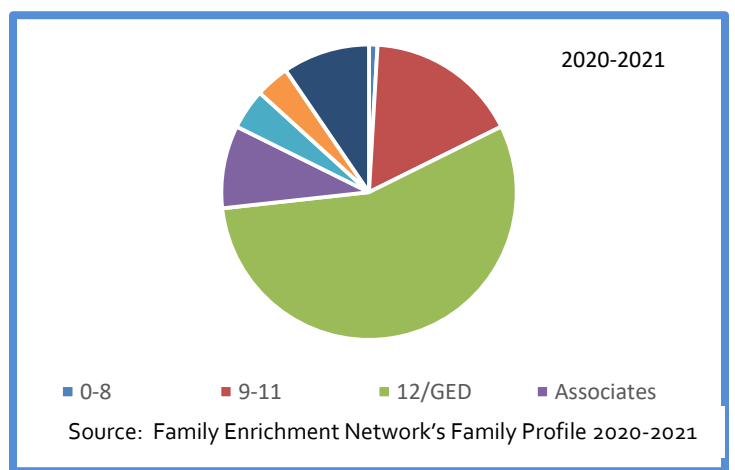
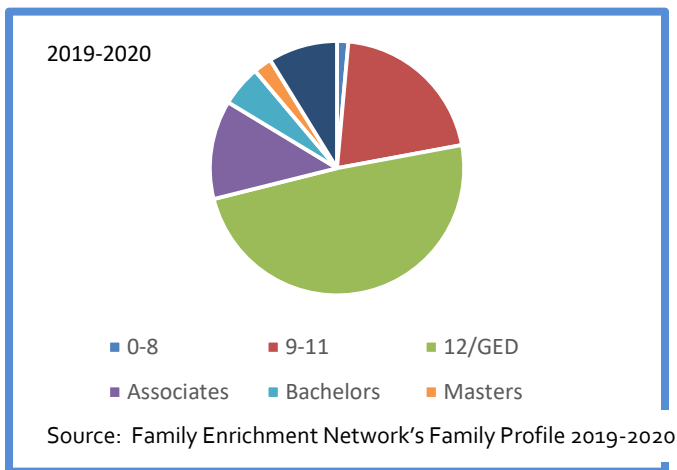
virtual learning somewhat or does not support the children’s learning and indicate the struggle they are facing with this new way of learning and teaching. This is putting added stress onto our families and our teaching staff. The program needs to continue to monitor their virtual learning programming, the impact of COVID-19 on children, families, and teachers and create consistency across all platforms to prepare all children enrolled in in-person and virtual learning programs.

**TABLE 4: Suggestions and Needs from families & teaching staff:** <sup>10 11</sup>

The Families Suggest	The Teachers Suggest
<ul style="list-style-type: none"> <li>▪ Have more space in classroom for in-person</li> <li>▪ Rotate the children so all get in-person instruction (like the school districts)</li> <li>▪ Weekly or Daily Zooms</li> <li>▪ Create virtual lessons that are more targeted at skills &amp; knowledge</li> </ul>	<ul style="list-style-type: none"> <li>▪ Separate Virtual and In-person classrooms/teaching staff</li> <li>▪ More hands-on activities sent to virtual learners</li> <li>▪ Weekly Zooms</li> <li>▪ Rotate the virtual and in-person children</li> <li>▪ Address situation where staff do not have internet in their home</li> <li>▪ Requirements for families to participate virtually and contact teachers</li> </ul>

**Education Attainment**

**TABLE 5: Highest Level of Education Obtained by the Children’s Parents/Guardians of Family Enrichment Network’s Head Start & Early Head Start Programs** <sup>12 13</sup>



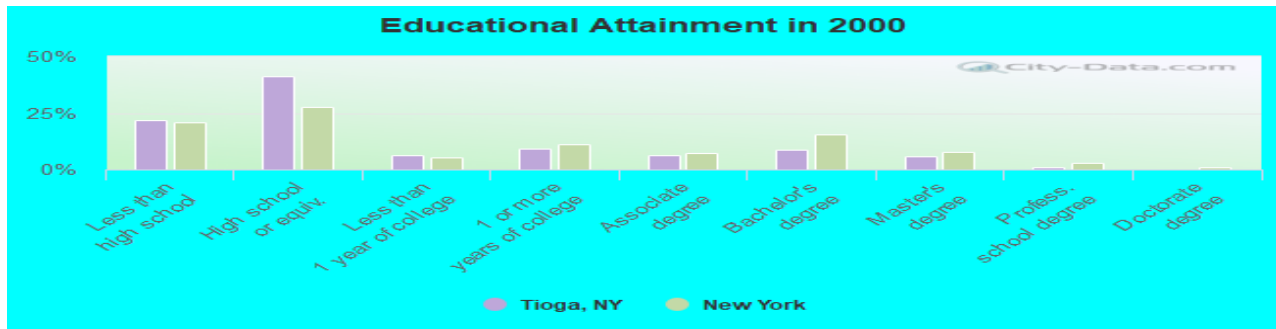
**TABLE 6: Educational Attainment for Broome County, New York State, and United States, 2013-2017<sup>14</sup>**

Educational Attainment	Broome County		NYS	US
	Population Estimate	Percent (%)	Percent (%)	Percent (%)
<b>Population 25 years and over</b>	129,802			
<b>Less than 9<sup>th</sup> grade</b>	3497	2.7	5.5	5.4
<b>9<sup>th</sup> to 12<sup>th</sup> grade, no diploma</b>	8932	6.7	7.4	7.2
<b>High School graduated/GED</b>	40700	31.4	26.3	27.3
<b>Some College, no degree</b>	23958	18.5	15.9	20.8
<b>Associate degree</b>	16307	12.6	8.7	8.3
<b>Bachelor's Degree</b>	20371	15.7	19.9	19.1
<b>Graduate or professional degree</b>	16.37	12.4	15.4	11.8
<b>Percent high school graduate or higher</b>		90.4	86.1	87.3
<b>Percent Bachelor's degree or higher</b>		28.0	35.3	30.9

SOURCE: US Census Bureau, American Community Survey, 2013-2017

**TABLE 7: Educational Attainment for Tioga County**

Tioga County High Schools graduation rate is slightly higher than the New York State average.<sup>15 16</sup>



**Needs of Children with Special Needs**

Family Enrichment Network maintains strong collaborations with local school districts’ Committees on Preschool Education and with Broome and Tioga County Health Departments’ Early Intervention Programs. These mutually beneficial working relationships, characterized by ongoing interaction, communication, and cooperation are a major strength that has helped to

maintain high enrollment of children with disabilities, with last year's percentages approaching nearly 20 percent in Broome County and 30 percent in Tioga County.

While the impact of the Covid-19 pandemic has reduced those numbers somewhat this year, Family Enrichment Network's Head Start enrollment in Broome County is anticipated to reach 15 percent (40 children), an additional 30 percent (16 children) in Tioga County and 10 percent of Early Head Start enrollment in both counties for the 2020-2021 program year. Successful service delivery to these children despite the pandemic has been largely due to the willingness on the part of providers to enter FEN buildings and follow the Agency's screening and safety procedures. School districts have conducted CPSE meetings through ongoing Zoom meetings attended by FEN teachers and by parents with the support of FEN staff.<sup>17</sup> Providers have also been conducting "teletherapy" in some cases for children attending preschool virtually, though this is considered a less effective way for children to acquire skills, and some families have chosen not to participate.

On their IEP's, local school districts classify all children as "Preschool Student with a Disability". Of children with IEP's, the greatest number of children receive speech therapy, followed closely by occupational therapy or a combination of therapies. The need for SEIT and physical therapy is less.

Though the community is rich in support services for children with disabilities (as detailed in the Special Services Resources section), 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 continue to 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. Providers estimate more than 90% of those referred qualify for services.

Families' lack of transportation and child care; missing appointments; and “Welfare to Work” mandates impede the process of evaluation. A major strength that is of benefit to many Head Start families is the ability of Family Enrichment Network’s Special Education Program to conduct evaluations at the children’s Head Start Sites. In addition, the Special Education Program is a valuable referral source to our Head Start program for children discharged from a Special Education placement but still in need of a preschool placement with related services.

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. Despite the shortage, children are placed on a waiting list for as limited a time as possible, with no children going without services for extended periods. 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 or other extended family members. 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. Technology training for families is a primary need that has arisen as a result of the pandemic. A representative of the Early Childhood and School-Age Engagement (FACE) Center reports that families are struggling with the use of technology and are in need of help with internet connections, the use of IPADs, etc. The Center is offering trainings to help meet those needs.

## **Health/Nutrition Need**

### **Health Insurance**

As of 2020 2.5% of children in Broome County and 2.5% in Tioga County are uninsured, many of whom may be eligible for Medicaid. Parents can access health insurance online at <https://nystateofhealth.ny.gov> or by calling NY State of Health at 1-855-355-5777. They can also access health insurance by calling Mothers and Babies or Southern Tier Independence Center. Families that live in a rural area where there is no internet access and they have no phone may experience difficulty in accessing health insurance. Other barriers may include the cost is too high, lost job or changed employers, lost eligibility for Medicaid or, they never had or have no need for insurance.

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 43,794 of

the 67,157 Medicaid eligible individuals are in Medicaid Managed Care (31,819 through the NYSOH). It is crucial that families receive assistance in the selection of the best-managed care plan for themselves and their families. New York Health Options (Maximus) provides this assistance in Broome and Tioga County.

As of 11/30/20 there were 10,682 Tioga County individuals on Medicaid. 7,067 of these on enrolled on the Exchange, 3,615 are still managed by Tioga County DSS.

**Child Health Plus:**

As of December 2020, there were 3239 Broome County children enrolled in Child Health Plus (Excellus FLBCBS -2091, CDPHP - 196, FIDELIS 868, UHC 84. In Tioga County, 871 children were enrolled (Excellus FLBCBS - 294, CDPHP - 73, FIDELIS 474)<sup>xviii</sup>

**TABLE 8: Health Care Visits of Head Start Families<sup>xix</sup>**

HEALTH CARE	PERCENTAGE OF PARENTS		PERCENTAGE OF CHILDREN	
	2019-2020	2020-2021	2019-2020	2020-2021
Medical Visits				
Every two years	1%	5%	0%	0%
Once a year	32%	20%	37%	30%
Twice a year	8%	15%	11%	10%
As Needed	55%	60%	51%	55%
Never	4%	0%	1%	5%
Dental Visits				
Every two years	1%	0%	2%	0%
Once a year	19%	10%	15%	10%
Twice a year	26%	30%	41%	50%
As Needed	46%	55%	37%	35%
Never	8%	5%	5%	5%
Vision Exams				
Every two years	9%	20%	5%	0%
Once a year	20%	45%	20%	100%
Twice a year	5%	0%	3%	0%
As Needed	48%	20%	42%	0%
Never	18%	15%	30%	0%



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

Broome and Tioga County Departments of Social Services operate a mandatory managed care program with several different product lines. There are currently over 43,794 individuals in Broome County and 9,209 in Tioga County 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 65%, Fidelis 64%, and Excellus 63%, UHC 63%<sup>xx</sup>.

## **Oral Health**

Broome and Tioga Counties are both designated as Dental Health Professional Shortage Areas for the Low-Income population. Lourdes Center for Oral Health and Tioga Mobile Dental Services were established as Article 28 dental clinics, 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. The services of the dental vans in both counties have been suspended since April 2020, due to the COVID 19 pandemic. They are awaiting guidance from the NYS DOH to restart their services.

Between September 2019 and March 2020, over 5000 children were provided with dental screenings, education and/or treatment on the Lourdes Mobile Dental Unit at the school-based locations. The Tioga Smiles Dental Van hopes to return to a normal School Based Health Clinic in Sept. of 2021.<sup>xxi</sup>

United Health Services Hospitals (UHS) operates an Article 28 clinic at Binghamton General Hospital. There are approximately 700 children enrolled in the clinic at this time. The child population has been significantly reduced because many parents are taking their children to Dinosaur Dental in Endicott, which accepts many of their insurances. The fluoride varnish program has been discontinued because the hygienist that did the program has gone to the school based clinics.<sup>xxii</sup>

The Dental Hygiene Clinic at SUNY Broome Community College had to close after midterm in the spring 2020 due to the pandemic. They are anticipating resuming services in spring 2021 and the patient numbers should return to normal.<sup>xxiii</sup>

## **Immunizations**

Vaccines prevent disease and are among the most cost-effective clinical preventive services. Despite progress, tens of thousands of adults and hundreds of children in the United States die each year from vaccine preventable diseases.

New York State Public Health Law 2164 requires vaccinations or other documentation of immunity as a condition of child care, school, and college attendance. The purpose of the law is to reduce the incidence of vaccine preventable diseases and associated morbidity and mortality by increasing vaccination rates. In June 2019, the law was revised to eliminate religious exemption to vaccines and, in order to prevent frivolous medical exemptions, set specific requirements of documentation for them.

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

- Diphtheria, Tetanus Toxoid-Containing Vaccine, Pertussis vaccine (DTaP/DPT)
- Polio Vaccine (IPV and/or OPV)

- Measles, Mumps, Rubella vaccine (MMR)
- Hepatitis B vaccine
- Varicella vaccine (Chickenpox)
- *Haemophilus influenza* type b conjugate vaccine (Hib) ·
- Pneumococcal Conjugate Vaccine (PCV-13)

Other vaccines that are recommended by the Centers for Disease Control and Prevention including the following: Hepatitis A Vaccine for babies age 12-23 months; the rotavirus vaccine for babies at two, four, and six months of age; and the influenza vaccine for people age six months and up, to be given every flu season. Children 6 months to 8 years who are receiving their first flu shot will need a booster at least 28 days later.

Students entering 7<sup>th</sup>, 8<sup>th</sup>, 9<sup>th</sup>, and 12<sup>th</sup> grades in New York State public, private and parochial schools are required to be fully vaccinated against meningococcal disease according to Advisory Committee on Immunization Practices (ACIP)

No information as to the percentage of children who are not fully vaccinated in Broome and Tioga Counties was provided for this assessment.

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. Unfortunately, some Health Care Providers are not consistent in entering immunizations into the system.<sup>xxiv</sup>

## Lead Poisoning Prevention

**TABLE 9: Broome County Lead Cases<sup>xxv</sup>**

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

**TABLE 10: Tioga County Lead Cases<sup>xxvi</sup>**

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

## Prenatal Care

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. The visits by the Socialization Specialist and Nurse are currently conducted by telephone due to COVID 19 restrictions, hampering their ability to develop meaningful supportive relationships with the families and preventing the performance of neonatal physical assessments to identify health needs.<sup>xxvii</sup>

When Early Head Start was initiated in 2010, 12 pregnant women were served annually. In the fall of 2020, the Early Head Start program was expanded. Family Enrichment Network now serve 16 pregnant women annually. One hundred and twenty-one infants have been enrolled in Early Head Start through the pregnant mothers tract since the beginning of the program..<sup>xxviii</sup>

## **Asthma**

Childhood asthma continues to be a major public health problem for the pediatric population, especially Head Start/Early Head Start children due to their economic status, race, and housing conditions. Previous surveys conducted by the Decker School of Nursing at Family Enrichment Network done in 2011 and 2012 have confirmed this. .

The age-adjusted prevalence of asthma in Broome County was 12.2%, higher than the 9.6% for NYS and 10.4% for Upstate NY. Age-adjusted asthma mortality rate for Broome County is 1.6 per million population, compared to NYS (1.3 per million) and Upstate NY (0.9 per million). However, asthma morbidity is relatively high. The number of hospitalizations for asthma in Broome County was an estimated 217 per year. The age-adjusted asthma hospitalization rate for Broome County was 5.4 per 10,000 population, which was significantly lower than NYS (11.4 per 10,000) but higher than Upstate NY (6.8 per 10,000). The highest morbidity is for the 0–4 age group (9.7 per 10,000) and the 5-14 age group (7.2 per 10,000). Emergency room visits for asthma were 71.2 per 10,000 for children age 0-4..<sup>xxix</sup>

Using GIS (Geographical Information Systems) mapping of where families with asthma enrolled at Family Enrichment lived, increased asthma rates were noted in Johnson City in Census Map 139, which has been identified as an area with low household incomes, high rates of poverty and unemployment, and high percentages of residents receiving public assistance. The

median household income of this census tract is \$33,214 compared to \$52,226 in the surrounding county, with 36.8% living in poverty.<sup>xxx</sup> Notably, this census tract had the fifth highest number of asthma hospital discharges of all zip codes in the county.<sup>xxxi</sup> Demographics for this tract indicate a higher percentage of Black residents, more than double that of the surrounding town and county. While age of housing was not available for this specific census tract, the majority of housing in the county (2/3) was built prior to 1960, increasing the possibility of deteriorating conditions<sup>xxxii</sup>.

Children enrolled in Head Start had been given Asthma teaching by Binghamton University Nursing students in previous years. Due to the COVID 19 pandemic, this was not possible in 2020.

## **WIC**

In 2020, despite the COVID-19 pandemic, the Broome County WIC Program conducted almost 17,000 appointments and made over 15,000 referrals to community agencies. The Tioga Opportunities, Inc. WIC Program currently reaches over 1,000 families annually. Broome and Tioga County WIC staff members continue to provide nutrition assessments, nutrition counseling, and breastfeeding support. Starting in mid- March, all appointments were conducted over the phone. Staff continued to work from main site and offer curb side service to participants who needed replacement cards and breast pumps.<sup>xxxiii</sup>

## **Greater Good Grocery**

A strength for our community is a grocery store dedicated to providing the community with food accessibility and affordability. After 24 years without nearby access to fresh meats and produce, the north side of Binghamton is no longer a food desert. This grocery store opened

on the North Side of Binghamton on January 4th, 2021. Located within the new Canal Plaza affordable housing development, the store is three and a half years in the making. Greater Good Grocery will acquire its products from the Utica store at a steep discount, passing the savings on to customers while still generating some revenue for other Council programs.

Council Executive Director Reverend Joe Sellepack says access to affordable food will decrease the reliance on CHOW. “Offer people the ability to come to a grocery store to expand their budgets to the point where they don’t rely so much on the emergency food program. So, the more we’re able to get affordable food to people in areas like the north side of Binghamton, the better it is,” said Sellepack. Seman says he hopes the store and remaining Canal Plaza project serve as a catalyst for the rejuvenation of the north side.

### **Food Bank of the Southern Tier**

Another strength of our community is the Broome County Hunger Coalition. The BCHC consists of the leaders of local food pantries, free community meals, food banks, Rural Health Network, etc. and meets every other month. In this meeting, members work together to brainstorm and collaborate on what is going well in the community and where there are still needs, if they need volunteers, have resources to share, etc. (cite). Through this coalition, which was created by the Food Bank of the Southern Tier, the agency hopes to find the underserved in the community and to be able to improve services for everyone in the county.

### **Tioga Opportunities**

Food insecurity in Tioga County is addressed by the Community Services Department at Tioga Opportunities, Inc. They provide the community with safe and affordable housing, financial education and stability, community awareness, and health and wellness programs and

services. Within Tioga County, 13.6% of children live in poverty and the rate of children enrolled in Free and Reduced Lunch is 58%. Economically disadvantaged children are also more likely to be food insecure, and food insecurity in households with children is associated with inadequate intake of several important nutrients, deficits in cognitive development, behavioral problems, and poor health. In 2017, 9.7% of the population and 17.9% of children in Tioga County were food insecure.

Tioga Opportunities serves as the coordinating and oversight entity between the Food Bank of the Southern Tier in Elmira and eight 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.

## **CHOW**

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. Individuals and families can get food assistance every four weeks or 12 times a year. Currently, CHOW® stocks over 50 pantries and distributes food to 52 shelters, soup kitchens, schools 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. A weakness in the community, CHOW® has seen an increase in the number of individuals and families who



are food insecure in Broome and surrounding counties and that has only grown through the COVID-19 pandemic. In 2020, CHOW® and its sub-program Broome Bounty, the area's only food recovery program, served approximately 2,230,000 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. To combat hunger over the summer months, agencies all across Broome and Tioga County offer meals through the Summer Food Service Program. This program allows non-profit organizations to offer up to 2 meals and 1 snack per day to children ages 18 and under.

In order to serve the community in a holistic way, CHOW® has partnered with Broome County Department of Social Services to implement a job training program. The program, CHOW® Works, trains up to 12 participants for 12 weeks at a time. The participants receive hands on training in our warehouse and receive forklift training and certification, ServSafe food handling certification and an OSHA 10-hour certification. The participants spend the last hour of everyday learning financial literacy from SEFCU and Vision Federal Credit Union, healthy cooking classes from Cornell Cooperative Extension, and resume building training from our full-time work advocate. 90% of all graduates are placed in full-time employment within the 12 weeks of the program. 20% are placed in full-time employment within 4 weeks of graduation.

## **VINES**

Volunteers Improving Neighborhood Environments, Inc. (VINES) is an organization committed to developing a sustainable and just community food system. They do this by bringing together diverse groups of people, with a focus on youth development, to establish community gardens, urban agriculture and community green spaces. They strive to develop and

beautify urban sites throughout Broome County and empower community members of all ages and abilities.

The essence of VINES' work is captured in its simple motto: growing food, growing community. VINES program empowers people to improve their lives and communities through urban gardening and by connecting urban consumers to rural farmers.

Each program has a rippling impact throughout our area. Over 400 raised beds in the eighteen community gardens run by VINES provide local residents the ability to grow food for their families. The Urban Farm, which began on 4 vacant city lots, recently expanded to a total of 2.25 acres in downtown Binghamton where fresh produce is grown for the community. At this site, VINES has provided youth development and training through Grow Binghamton for the past ten growing seasons. Grow Binghamton has recently begun offering a 6-week session both in the fall and spring each year, providing year-round youth employment. VINES also provides free education on food production and preservation through its Green Thumb Educational Series. Farm Share (FS) brings food from VINES and 2 other area farms to urban residents who otherwise have severely limited access to fresh vegetables. Over the past 7 years FS has grown from 30 members to 200 members. Through FS, individuals and families are making changes to their diets that they both enjoy and can sustain. 70% of members surveyed reported that their consumption of vegetables increased during Farm Share. 85% also reported that they can better afford to eat a balanced diet because of Farm Share. Launched in April 2020, the Build a Garden program provides raised bed and grow bag gardens to low-income homes. The Wellness Wagon transports residents weekly from the North Side of Binghamton (a food-desert) to grocery stores and other food access sites.

The target populations for VINES programming are families and individuals living in the Broome County area who live in or near areas that lack affordable access to healthy, local produce and are living in poverty or categorized as ALICE (Asset Limited, Income Constrained, Employed) by the United Way.

## **Mental Health Services**

### **COVID-19 Pandemic Impact**

The COVID-19 pandemic and subsequent challenges have impacted the mental health and wellbeing of children, youth, and their families across the globe and locally in Broome County. Mental Health professionals have identified certain trends among children and families. Most notably, school-aged youth have demonstrated an increase in anxiety and depression due to a number of factors, including: prohibitions of participating in extracurricular activities; changes to school structure (remote) and grading rubrics stripping the identity of academic achievers while those struggling pre-pandemic are falling further behind; and finally, remote learning preventing youth from keeping their home lives private. Remote learning and various levels of quarantine have reduced the protective factors of community engagement and social connectedness as youth are not able to interact with their peers and receive support from their friends.

Conversely, not all children and youth have been impacted negatively. Children who struggled with social dynamics previously are thriving in this environment as they feel that they will have a clean slate when they return to school and their peers. Caregivers are becoming more aware and in tune to the mental health of their children and the role it plays in their children's lives. Locally, some parents are more educated on wellness activities and resources.

Mental Health clinics report a reduction in no-shows due to amelioration of transportation and scheduling barriers with the implementation of tele-mental health. The advent of COVID-19 and rapid passage of telehealth provisions has opened access and availability of these mental health resources. Nevertheless, access is not universal as some families do not have reliable devices or internet.

Lastly, schools report struggling to gauge what is happening in their student's lives and recognize the toll these changes have had on students and staff. Efforts have been made to increase social connectedness through virtual get-togethers such as gaming clubs, art groups, etc. Teachers have been engaged through weekly, virtual self-care groups.

### **Mental Health Services & Supports**

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

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

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

The lack of mental health services for preschoolers under the age of 5 continues to be an area of need. Children and families not in need of a psychiatrist have several options available. Family Enrichment Network (FEN) Head Start and Early Head Start programs retain the services of Mental Health Consultants who provide counseling services to families on a short-term basis and then facilitate referrals to other Community resources which accept Medicaid, Child Health Plus, or have a sliding fee scale, for those in need of long-term services.

In addition to FEN's short-term services, several care coordination services are available that will help a family with their hurdles, making them more likely to achieve success overall. These services include both Medicaid and Non-Medicaid Care Management as well as 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.

Children and youth with Medicaid may be eligible for Medicaid Care Management (Health Home) and those who are uninsured or have private health insurance may be eligible for Non-Medicaid Care Management (NMCM). Both services can be accessed through Broome County Children's Single Point of Access (C-SPOA). Priority for NMCM is given to children/youth who are at imminent risk of hospitalization and have private insurance.

Children with Medicaid can also be referred directly to the Health Home provider to access those services. 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.

In 2019, New York State initiated a transition to Medicaid Managed Care for children, started new State Plan Amendment (SPA) services called *Children & Family Treatment and Support Services (CFTSS)*, and unbundled the 1915(c) waiver programs (OMH, B2H and Care at Home I & II) to become *Children's Home and Community Based Services (HCBS)*. These changes were made to enable more children to access a wider range of services, allow for greater provider choice, and ensure that children and families were receiving the services that were the most pertinent for their needs. The services are for Medicaid eligible children, but families with private insurance can go through a process to enable their child to have Medicaid.

The initial implementation of the CFTSS and HCBS has been challenging due to staffing shortages and navigating a new system for both families and providers. Children and families have begun to receive services from a range of providers in the County and new services continue to come on board. COVID-19 has further challenged the rollout of these services as they are intended to be community-based and face-to-face, both of which have been restricted during the pandemic.

### **Community Initiatives**

BC Promise Zone supports all districts in the county that wish to become involved with the Community School framework. These activities include support in building community connections, access to professional development support, and providing a repository of resources to assist with needs or projects through the implementation of the full-scale University-Assisted Community School (UACS) model. During 2019-2020 school year, ten school districts implemented the UACS model through Binghamton University: Binghamton, Chenango Forks, Chenango Valley, Deposit, Harpursville, Johnson City, Union Endicott, Whitney Point, Windsor, and Broome-Tioga BOCES.

Community School Coordinators work diligently with school districts to offer needs assessment to move the work forward. The Coordinators also work with Binghamton University interns from the Master of Social Work (MSW) program and a variety of majors and interests to provide support to students during and extended school day. The students operate with a social-emotional focus designed to improve school attendance and academic achievement, increase engagement, and increase access to community resources.

During the COVID-19 pandemic, many challenges and issues arose due to schools switching to a virtual learning environment. Immediate areas of concern were connectivity for remote learning and the engagement of students and families. In the immediate aftermath, Coordinators, working remotely, supported engagement through enabling families to access food and transportation resources while collaborating with districts to make these connections. As the pandemic continued, supports continued virtually with some in person opportunities to support basic needs and social-emotional components for families while maintaining appropriate guidelines and safety measures.

Suicide awareness and prevention continues to be a priority in New York State and Broome County. In Broome County, adolescents 10-19 have been identified as the highest at-risk group with ED visits for self-harm at a rate of 413 per 100,000. In order to target this population, Broome County Suicide Awareness for Everyone (BC SAFE) Coalition offered virtual, evidenced-based trainings in Suicide Safety for Faculty and Staff to area school districts in 2020. BT BOCES has offered the virtual training once a month to district staff that participate with BOCES. The training emphasizes recognizing warning signs, clarifying the referral process in place at school, and making a warm handoff to support the safety and mental health of students.

Youth Mental Health First Aid (YMHFA) trainings were scheduled to be offered throughout the County by multiple agencies to a variety of audiences including Department of Social Services, Community Based Organizations, Higher Education and School Districts to support the mental health and ward off potential crisis for youth in the community. The course introduces common mental health challenges for youth, reviews typical adolescent development, and teaches a 5-step action plan for how to help young people in both crisis and non-



crisis situations. Topics covered include anxiety, depression, substance use, disorders in which psychosis may occur, disruptive behavior disorders (including AD/HD), and eating disorders. With considerations of the pandemic, trainings that were initially scheduled for 2020 were put on hold. During 2020, the developers of YMHFA have been able to convert the curriculum to a digital platform. With that in mind, staff will look to strategizing the implementation of YMHFA across the community in 2021.

The Prevention Coalition of Broome County, funded by the federal Drug Free Communities grant, works throughout the community to decrease risk factors and increase protective factors at the community, family, peer, and individual levels. The Prevention Needs Assessment (PNA) Survey is administered biennially to area students in grades 7-12 with participating school districts. Data from the survey is used to measure a wide variety of attitudes, beliefs, and perceptions related to alcohol, tobacco, and other drug use, and measures substance use as well as antisocial behaviors. The PNA results are shared with the community and participating school districts to offer insight into where prevention efforts are needed.

Along with providing this crucial community data, the coalition implemented Environmental Strategies in 2020 that aim to target population level change to create a safer and healthier community. The Coalition provided Deterra Drug Deactivation Bags and Prescription Drug Lock Boxes to local agencies and organizations. This initiative was instrumental in eliminating unwanted, unused, and potentially dangerous medications from homes in the county.

A community-wide multi-media campaign was initiated that informed youth and parents of the dangers of underage marijuana use, in hopes of raising awareness of the drug's potentially damaging effects on the developing adolescent brain. During the Fall months, the coalition provided informational flyers, promotional items, and treats to agencies who organized back

pack drives for families, and at Halloween events within the community. The Coalition also supported the implementation of the Social Host Policy in the City of Binghamton that aims to reduce incidents of underage drinking by putting responsibility on the hosts of underage drinking parties.<sup>xxxiv</sup>

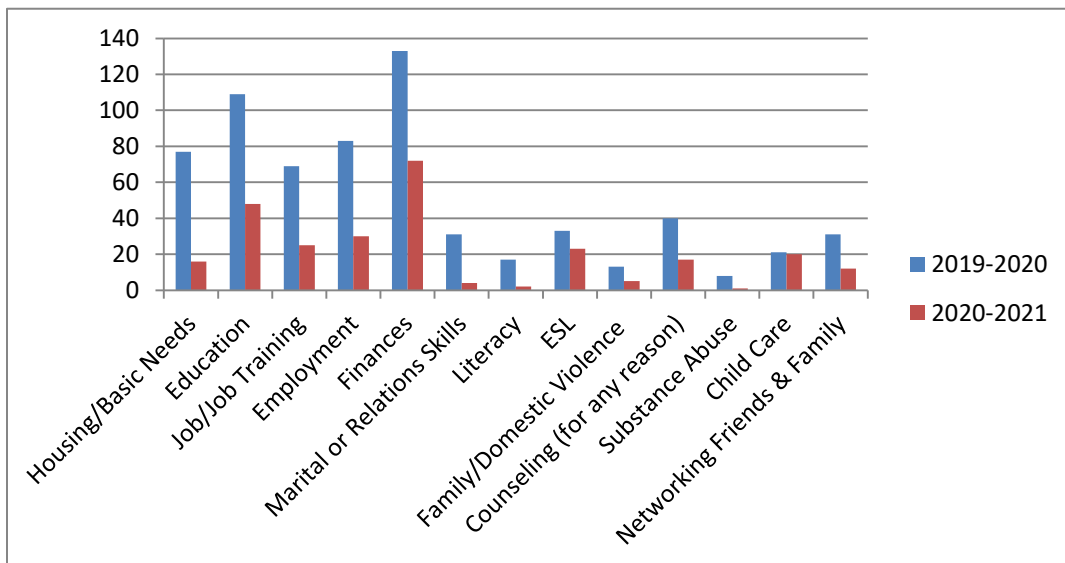
### **Social Services Needs**

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. Those partnerships are typically achieved through regular home visiting with the families. Due to COVID-19 our Family Advocates are currently unable to provide in-person visits with the families on their caseloads. We have put many precautions in place as a result of COVID-19 and one of those precautions is for the Family Advocates to provide services to families remotely at this time. As a result, building relationships and having meaningful communication with some of the families has proved to be much more difficult. In a normal Head Start program year Family Advocates would be meeting with families on a monthly basis, most of the time in their own homes, assisting them to develop individualized goals for themselves and their families. While that service is still being provided to the families, new barriers exist for our families.

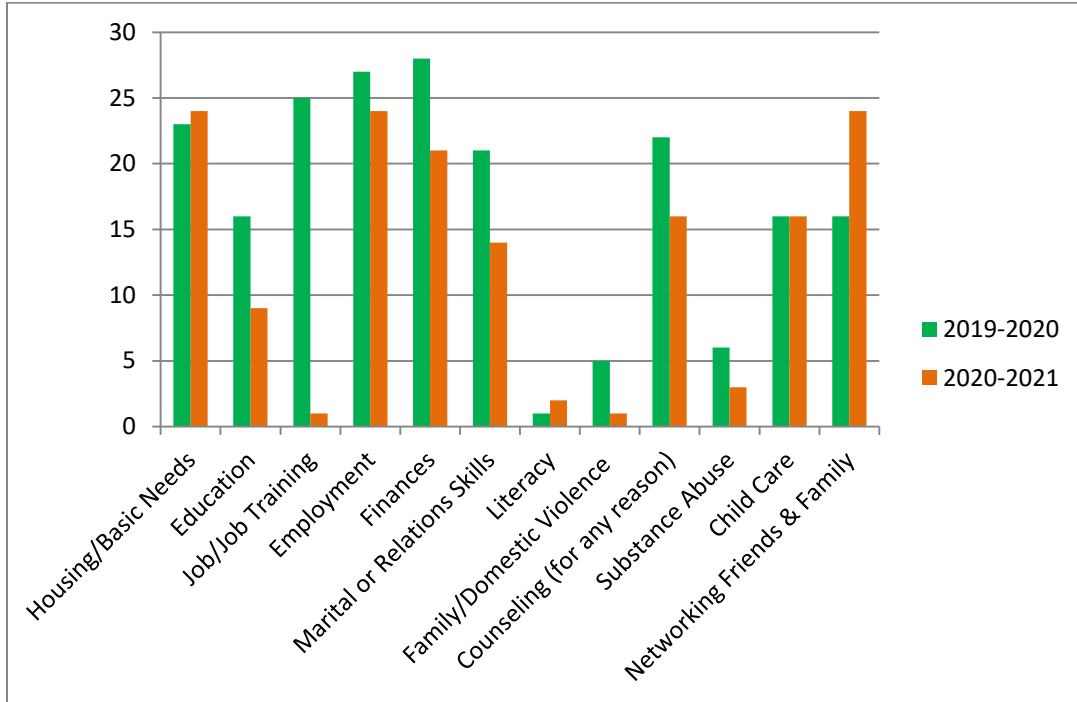
New challenges that many of our families are now facing include social isolation, inadequate phone and/or internet access, and lack of child care in order to work. These barriers may be having an effect on the quality of communication with program staff. Looking at the charts below you can see that there is a decrease from last year to this year in the number of families who have identified needs that they are working on this year. In past years, working on goals in the areas of finances, employment and education were typically the highest ranking

categories on the Family Profile. While they still are the most commonly identified goal areas again this year, you can see dramatic decreases in each category. There could be several explanations for these decreases but overall there is less communication with families in the program and lack of access to community services both of which can lead to less support for families in need.

**Family Needs Data in Broome HS/EHS**

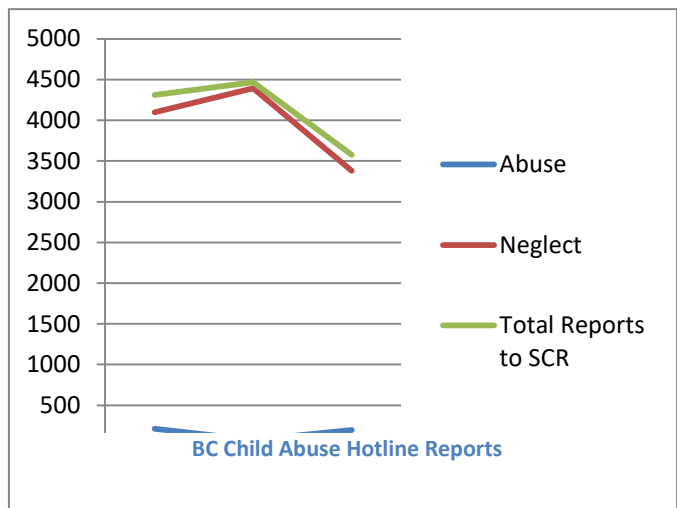


### Family Needs in Tioga HS/EHS



For the first time in many years, there was a decrease in Broome reports (see chart at right) made to the SCR (State Central Registry) this past year.<sup>xxxv</sup> This is a new concern for our community and it is believed to be caused as a result of the COVID-19 pandemic. Many school age children are not attending school in person and families are staying home more. This means

that there are less opportunities for children in potential abusive situations to receive the treatment or services that they need. Although current child abuse and neglect reporting data was not available for Tioga County it is highly likely that the trend of decreased SCR reports being made by



mandated reporters is also occurring there. According to the Director of Broome County Child Protective Services, domestic violence continues to play a significant role in many of the cases they investigate. According to the Office of the Administration for Children & Families-Family & Youth Services Bureau, 15.5 million children are exposed to domestic violence every year. Research has shown that 30-60% of children who have witnessed domestic violence in their home are victims of direct abuse themselves.<sup>xxxvi</sup> A child is a witness to domestic violence when an act that is defined as domestic violence is done or committed in the presence of, or perceived by the child.<sup>xxxvii</sup> Law enforcement responds to 550-600 domestic incidents each month in Broome County. According to Crime Victims Assistance Center, Inc., there were a total of 174 Domestic Incident Reports they received in 2019 that required a call to SCR because the children witnessed the incident. In 2020, there were a total of 223 DIR's that required a call to the SCR. Recently, increased attention has been focused on children who shall be affected by violence in the home.<sup>xxxviii</sup>

Results from a quick “pop” survey among both the Broome and Tioga Family Advocates revealed that the most common challenges/barriers that families are struggling with right now are changes to employment status such as shift changes, reduction in hours, or not working at all because they have to be home with their children who are not in school or child care. As a result of this, families have also identified that they are struggling with increased challenging behaviors at home as well as, an overall increase in siblings not getting along or even fighting with each other more than ever. Lastly, according to the Broome and Tioga Family Advocates, families have identified that they are struggling with their children's virtual or remote learning at home. Many families have expressed stress and frustration over the fact that their children either aren't

doing well with remote learning or that they lack the technology necessary for their children to be successful.

More than ever there continues to be a need for Head Start to support and assist families. Based on the data it is clear that families are struggling therefore we need to work on enhancing family engagement techniques and strategies so that we can adequately support families especially in times of crisis, such as the one we are in right now with the COVID-19 pandemic.

### **Child Care Needs**

One of the many goals Head Start families indicate they are working on is finding child care. According to the 2020 Broome County Family Profile completed by Family Advocates, 6.9% of families were in need of childcare and 4.8% were working on obtaining child care.<sup>xxxix</sup> Through interviews with current families, staff and CCR&R (childcare resource and referral) it is noted that due to COVID-19 many child care facilities have been seriously impacted. Child care facilities do not have the proper staff to maintain ratios, which in turn is causing them to not have as many available open slots. Hours to facilities have also been affected causing families to have to adjust their work schedules or remain unemployed due to the hours of child care available. According to the CACFP monitor with CCR&R, many providers are not taking on new children due to the potential risk of exposure to COVID-19.<sup>xl</sup> Families are stating they are also finding it hard to find child care that will be able to assist the younger school age child with their on-line schooling.

According to the 2020 Tioga County Family Profile, 27.1% of families were in need of child care and 10.2% were working on obtaining child care. In Tioga County a survey from the Family Advocates revealed that the largest need around child care is providers. Gail Woodcock,

Family Advocate Waverly Head Start, stated “there are no licensed family daycare providers in the area”.

The child care need in both counties is urgent and going unmet. COVID-19 has put a large impact on child care and in order for families to return to work or find work they need to have appropriate care for their children.

### **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. Broome County Department of Social Services’ Welfare to Work Unit offers programs and services to help benefit recipients work towards stable employment and self-sufficiency goals. Programs available include training on job searches, job development, assessment and planning, job readiness, placement and retention services.<sup>xii</sup>

According to the latest available statistics, Temporary Assistance caseloads decreased by 242 in all categories as of December, 2019. Family Assistance, Safety Net, and Emergency programs saw an increase in applications by 4 percent with approved cases decreasing by 11 percent, denied an/or withdrawn cases decreased by 5 percent; additionally, an increase of 47 in other cases were open/closed, reopened, or reactivated.<sup>xiii</sup> The latest Tioga County Department of Social Services Annual report online is for 2018.

Currently, 66 percent of Broome County, and 57% Tioga County Head Start and Early Head Start families work full-time or part-time; 19 percent of Broome County and 20% of Tioga

County families receive either partial or full public assistance; 15 percent of Broome County and 22% of Tioga County families have other sources of income (SSI/SSD/SS). This demonstrates a significant decrease in Broome and Tioga County Head Start and Early Head Start working families,<sup>xliii</sup> which can be attributed to effect of the COVID-19 pandemic.

Broome County Transit buses cover approximately 80 square miles with 18 fixed routes throughout the urban sectors of the Triple Cities with over 700 bus stops. Many of these routes operate seven days a week with weekday hours continuing until approximately 10:00 p.m., Saturday hours end by 7:00 p.m. and Sunday hours end by 5:00 p.m. Broome Transit services include specialized routes to corporate/industrial plants, shopping centers and recreational parks.<sup>xliv</sup>

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

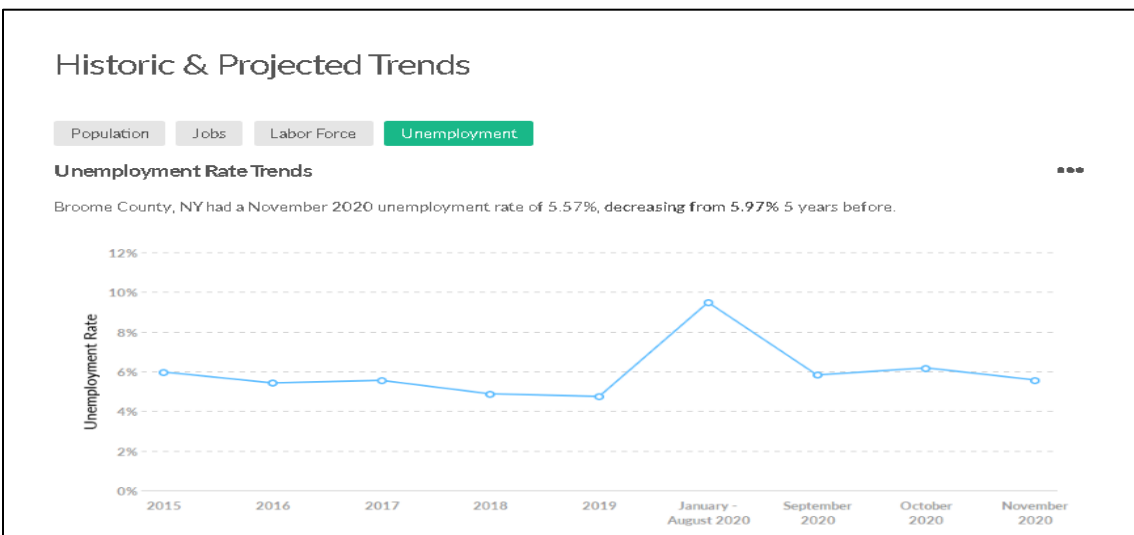
While a majority of our parents have achieved a GED, high school diploma or higher level of education, not having a high school diploma, GED, or specialized skill does hinder a job seeker from obtaining employment, which would enable them to become self-sufficient. Minimum wage was increased to \$12.50 per hour in the upstate New York region, as of December 31, 2020.



Christian D. Harris, Regional Labor Market Analyst, Southern Tier, New York Department of Labor, virtually shared the following information regarding current labor trends and anticipated projections:

- The top three industries in 2020 are Education and Hospitals (Local Government), General Medical and Surgical Hospitals, and Education and Hospitals (State Government).
- The Southern Tier has a labor force of 81,430 with 76,891 employed and 4,539 unemployed.
- Population Characteristics for the Southern Tier include 32,032 Millennials, 64,257 Retirees Soon, and 11,857 Veterans, violent crime rate of 3.06 per 1,000 and property crime rate of 21.68 per 1,000.
- Top growing occupations, in order, are Community and Social Services, Healthcare Practitioners and Technical, Architecture and Engineering, Business and Financial Operations, Computer and Mathematical areas; lesser growth was noted in the Healthcare Support, Protective Services, Life, Physical, and Social Science, and Legal areas.

As noted in the following graph, unemployment was decreasing over the last five years but began increasing in January 2020 to almost 10% in the Southern Tier area, decreasing to near 5.5% in the November 2020.



Mr. Harris also shared Economists expect an uneven recovery as a result of the COVID-19 pandemic where growth continues for professional groups but declines for all other sectors and income groups.<sup>xlvi</sup>

Employment and training resources are located at Broome Employment Center, 171 Front Street, Binghamton, New York and Tioga Employment Center, 1062 NY-38, Owego, New York for persons interested in employment services.<sup>xlvii</sup>

### **Transportation Services**

Transportation services primary needs includes: securing Bus Drivers for the program and having access to an adequate fleet of buses.

When we lack a workforce it impacts our service offerings to Head Start and Early Head Start children. We are regularly recruiting both bus drivers and monitors to employ in our program.

As for the buses, we received two buses from OHS in 2020 to assist us with our aging fleet, and that has been helpful as it pertains to managing the daily driving operations. Though the aging of our fleet is always something we plan for to ensure adequate transportation access for our children.

Throughout the pandemic we have had to lessen our numbers of children on buses, stagger our program schedules, and increase our cleaning and sanitizing practices to ensure that all families needing transportation for their children via our buses would have access to this service. This modified service and staggering of bus runs has kept our children and workforce safe and healthy throughout the COVID-19 Pandemic, and our practices will remain consistent, and modifications will be made to numbers of children riding a bus only when it is safe to do so.

## COMMUNITY RESOURCES AND STRENGTHS

### Enrichment Programs for Children

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

### Children's Museums

**Roberson Center of Arts and Sciences** 30 Front Street, Binghamton, 772-0660

Permanent and changing exhibits of art, history, folk life and natural history, hands-on science gallery. Many special activities are organized. Virtual tours and art classes available over zoom.

Due to COVID-19 Planetarium shows are not available in-person. Free Planetarium videos available on their website.

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.

### 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. The Story Garden is open every day 8am-dusk but closed to the public on Wednesdays 9am- 4pm.

Advanced online reservations for admissions are required from everyone.

<u>Cost:</u>	<u>Hours:</u>	
Under 1 year = Free	Tuesday.	Closed
General Admission = \$8.00	Friday	11:00 a.m.-2:00 p.m.
Individual & Family	Saturday	10:00 a.m.-1:00 p.m.
Memberships available	Sunday	2:00 p.m.-5:00 p.m.
	Monday	11:00 a.m.-2:00 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. Trails are open dawn to dusk daily.

<u>Center Hours:</u>	
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, 773-8661

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. Building currently closed due to COVID-19.

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

All in person library programs are canceled until further notice but various virtual activities are available.

Cost: Free with library card

Library Hours: Due to COVID-19 protocols, they are closed periodically throughout the day.

Monday-Thursday	9:00 a.m.-10:30  11:00-12:30  1:00-2:30  3:00-4:30  5:00-6:30 p.m.
Friday-Saturday	9:00 a.m.- 10:30  11:00-12:30  1:00-2:30  3:00-4:30 p.m.

The following is a list of online programs the library offers:

Online Weekly Mediation- every Monday and Thursday 6:00 p.m.-7:00 p.m., registration required.

Virtual sound Bath Immersion- the 1<sup>st</sup> and 3<sup>rd</sup> Wednesday of the month 10:00 a.m.-11:00 a.m., registration required.

Summer Reading Program- designed for families to encourage life-long reading habits while we are stuck indoors. Sign up for a free account and then start reading books and completing activities at home to earn points. Once you have earned enough points, you will receive a completion certificate, and you will be entered into a drawing to win prizes! For all ages.

1000 Books Before Kindergarten-The concept is simple, the rewards are priceless. Read a book (any book) to your newborn, infant, and/or toddler. The goal is to have read 1,000 books (yes you can repeat books) before your precious one starts kindergarten. Register for the program 1000 Books before Kindergarten with us, and then start reading to child. Print and fill out the registration form here and email: [bcplyouthservices@gmail.com](mailto:bcplyouthservices@gmail.com) or send it snail mail to us at BCPL Youth Services 185 Court Street, Binghamton, NY 13901. After reading 100 books either take a picture and email it to us or come in and we will accept it (when we are open again). Prizes awarded at different levels.

The *I Survived* series by Lauren Tarshis is an extremely popular and fun series. Just as the characters of the books survived their historic moment, you are surviving yours.

We want to hear about your thoughts and feelings on surviving the 2020 Pandemic. What are you doing to keep busy? Are you helping at home? What about your family members? How are they feeling about being part of this historic time? What kinds of things are they doing?

Let us know at [bcplyouthservices@gmail.com](mailto:bcplyouthservices@gmail.com). The library is hoping to compile your responses and create our own BCPL I survived the 2020 Pandemic booklet!

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

Some in-person offerings are currently unavailable due to COVID-19. Virtual educational resources available on GFJ library's YouTube channel which include: Share a Story series, Crafternoon videos, and the Basic Drawing with Brooke class.

Library Hours:

Monday-Thursday	9:00 a.m.-6:00 p.m. (Closed for Memorial Day 5/31/2021)
Friday	9:00 a.m.-5:00 p.m.
Saturday	1:00 p.m.-5:00 p.m.

**Vestal Public Library** 320 Vestal Parkway East, Vestal, 754-4243

Due to COVID-19 all in person programs have been canceled until further notice.

Library Hours:

Monday-Thursday	9:00 a.m.-8:00 p.m.
Friday	9:00 a.m.-5:00 p.m.
Saturday	10:00 a.m.-2:00 p.m.
Sunday	Closed

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

In person events canceled due to COVID-19 but virtual story time on Barnes & Noble YouTube channel.

**Coburn Free Library** 275 Main Street, Owego, 687-3520

Cost: Free with library card and preregistration

Library Hours:

Monday, Wednesday, and Friday	10:00 a.m.-3:00 p.m.
Tuesday and Thursday	2:00 p.m.-7:00 p.m.
Saturday	1:00 p.m.-4:00 p.m.

Virtual Story time for ages 1-5: 10:00 a.m. on Wednesdays.

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

Story Hour: Every Wednesday at 10:15 AM

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

Library Hours: Browsing only, no computers or restrooms available due to COVID-19.

Tuesday	2:00 p.m.-6:00 p.m.
Saturday	9:00 a.m.-1:00 p.m.

**Waverly Free Library** 18 Elizabeth St Waverly 565-9341

Library Hours:

Monday, Wednesday, Friday	10:00 a.m.- 1:00 p.m.
Tuesday, Thursday	10:00 a.m.-1:00 p.m., 5:00-7:00 p.m.
Saturday	10:00 a.m.-Noon

All events held at the library will be on hold until further notice due to COVID-19.

## 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 5<sup>th</sup> oldest zoo! Due to COVID- 19 some areas of the zoo will not be viewable.

### Cost:

2 years and Under = free

3 to 11 years = \$7.00

Cost to ride carousel = free with admission

Picnic and Playground = free

12 years-Adults = \$9.00

Senior (over 55) = \$8.00

College Student & Military ID = \$8.00

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

\*Last ticket sold one hour prior to closing.

### Hours:

March 20 - April 18, weekends 11:00 a.m.- 3:00 p.m.

April 26 - May 28, weekdays 11:00 a.m.- 3:00 p.m.

April 24 - May 23, 10:00 a.m.- 3:00 p.m.

May 29 - September 6th open daily 10:00 a.m.- 4:00 p.m.

Every Thursday in July and August- 10:00 a.m.- 7:00 p.m.

September 7 - October 11 weekdays 11:00 a.m.- 3:00 p.m.

September 11 - October 10 weekends 10:00 a.m.- 3:00 p.m.

October 30 - November 28 weekends 11:00 a.m.- 3:00 p.m.

## U-Pick Farms & Animal Farms

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

### **Broome County**

- **Apple Hills** - various apples, blueberries, cherries, raspberries, strawberries, petting zoo, gift shop 131 Brooks Road, Binghamton, NY. Phone: 607-729-2683.  
Email: [sales@applehills.com](mailto:sales@applehills.com). Have a unique party at Apple Hills! Our Activity Room is full of things that allow kids to explore with their imagination and learn. Kids have their own Make-Believe Market, Apple Sorting Process, Apple Picking, The Great Purple Puff Ball Pool, The Corn Bin, Roller Racers, and Basketball. Add a Wagon Ride to the orchard for some fresh picking, and it is the best party a kid could have!
- **Cascade Valley Farm** - Blueberries, 49 E. Bosket Rd, Windsor, NY 13865. Phone: 607-655-1693. Email: [yram1@tds.net](mailto:yram1@tds.net). Open: Call for hours and availability. This is a beef and blueberry farm. During mid-July thru August, you can pick fresh blueberries at only \$1.00 a pound. Beef is available by the full cow.
- **Frosty Mountain Blueberry Farm** - **Uses Integrated Pest Management**, blueberries, prepicked produce, restrooms, picnic area 196 Bull Creek Road, Whitney Point, NY 13862. Phone: 607-692-4356. Email: [tuk1025@aol.com](mailto:tuk1025@aol.com). Open: Sunday to Saturday 7am to 8pm from the second week of July every day from 7:00am till 8pm and will stay open till berries are gone usually till the middle of September or after the late harvest berries are picked.
- **Lone Maple Farm** - U Pick Apples, strawberries  
2001 Hawleyton Road, Binghamton NY, 13903. Phone: 607-724-6877.  
Email: [info@lonemaplefarm.com](mailto:info@lonemaplefarm.com). We DO NOT USE PESTICIDES on our strawberries. Farm market will reopen for the 2021 season on Friday April 30, 2021. Our farm market will be open every day from 12pm to 6pm April 30, 2021 to October 31, 2021.
- **Nielsen's Hill Haven Farm** - blueberries,  
419 Swan Hill Road, Glen Aubrey, NY 13777. Phone: 607-862-0071. Open: Monday to Friday from 8 am to 8 pm; Saturday and Sunday from 8 am to 5 pm. Blueberries: Opens July to Labor Day. See Facebook page for updates on exact date.
- **North Windsor Berries** - beans, beets, blackberries, cucumbers, onions, peas, peppers, pumpkins, raspberries (Autumn, red), summer squash, strawberries, tomatoes, school tours  
1609 NY Rte. 79, Windsor, NY 13865. Phone: 607-655-2074. Open: Monday through Saturday 10am to 6pm; Please see website for additional seasonal hours.
- **Side Hill Acres Goat Farm** - Call ahead to arrange a free tour to see how they make the cheese and learn more about the goats. 607-659-4121
- Two local farms put on elaborate, free displays at Halloween time. Check out their web pages for spring/summer fun.
  - **Jackson's Pumpkin Farm** is in Campville, which is between Endicott and Owego. Look for the free playground.
  - **Iron Kettle Pumpkin Farm** is in Candor, past Owego has pumpkins are dressed up as children's favorite characters and nursery rhymes scenes. Bring your cameras! It is usually very crowded on weekends. Go during the week if you can.



- Check out **Cornell Cooperative Extension--Broome County** for some more great activities, including the **Broome County Open Farm Weekend** the first weekend in October, FREE.

## Tioga County

- **Ed-Mar Produce** - Beans, tomatoes, potatoes, vegetables, flowers  
2937 State Hwy 17C Tioga Center, NY 13845. Phone: 607-343-4138/4139, 687-1644.  
Open June-October call first.
- **Gary's Berries** - Blueberries  
Rt 17C (5-mile E of Owego & 7-mile W of Endicott on old Route 17C) Campville, NY 13760. Phone: (607) 341-1399. Open July-August, call for days and times.
- **Iron Kettle Farm** - Strawberries, peas, tomatoes, Rt 96 (S of village) Candor NY 13743.
- **Locust Woods Farm** - Blueberries 420 Dawson Hill Road (2 mile from Route 96 & Dawson Hill intersection) Spencer NY 14883. Phone: 607-589-4502. Open July-September
- **Maple Tree Gardens** - Strawberries, beans, peas, chili peppers  
**Address:** 16 NY-96, Owego, NY 13827 **Phone:** (607) 687-5917 Open June-August, daily 10-6.
- **Our Green Acres** - Strawberries, blueberries, raspberries, gooseberries, beans, peppers, potatoes, tomatoes, flowers  
Rt 17C (W of Owego) Owego, NY 13827. Phone: 607-687-2874.  
Email: [frankwiles@aol.com](mailto:frankwiles@aol.com). Open June-October, 8 am to 7, call first.
- **Stoughton Farm** - raspberries, beans, peas  
Rt 38 North (N of golf course) Newark Valley, NY 13811. Phone: 607-642-3675.  
Email: [info@stoughtonfarm.com](mailto:info@stoughtonfarm.com). Open April-October, Monday to Saturday, 9 am to 6, Sunday 9 am to 5 pm. U-Pick: Here at Stoughton Farm, we believe the freshest fruit is the stuff you pick yourself. Therefore, we offer a variety of different fruits and veggies you can pick on your own. Pod Peas: Mid/Late June - Early July. Green Beans: Late July - Late August. Fall Raspberries: Mid-August - Mid September. Our raspberries are grown in high tunnels, so you can pick rain or shine!
- **TLC Blueberry Farm** - Blueberries  
2053 Route 17C (1 mile W of Smithboro) Barton, NY 13734. Phone: 607-222-2697.  
Open June- July, Saturday from 8 am to 1 pm. We have wonderful blueberries for U-Pick. Also, ready picked berries. Many varieties of homemade jam and jelly. We have a road stand for fresh fruit- jam can be purchased at farm office. Also, at Owego's Farmers Market on Tuesdays.
- **Traues Blueberries** - Blueberries  
Upper Briggs Hollow Road (off Sibley Rd) Owego, NY 13827. Phone: 607-699-7246.  
Open July-August, daily daylight hours, call first for availability.

## **Large Motor Activities**

### **SKATE ESTATE**

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

Mondays Closed

Tuesdays 6:30 p.m.- 8:30 p.m.

Wednesdays, Thursday, 5:00 p.m. – 8:00 p.m.

Fridays, 6:00 p.m. – 10:00 p.m.

Saturdays 12:00 p.m. – 3:00 p.m., 3:30 p.m.-6:30 p.m., 7:00 p.m.- 10:00 p.m.

Sundays 12:00 p.m. – 3:00 p.m., 3:30 p.m.-6:30 p.m.

**Hidy Ochiai Foundation:** 317 Vestal Parkway West, Vestal, 748-8480

Classes for Karate and Cardio Kickboxing offered throughout the week.

**FMK Karate:** 782 Chenango St, Binghamton, 723-9624

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

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

Pre-K Karate for children ages 2-4

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

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

**The Ice House Sports Complex:** 614 River Road, Binghamton, 607-727-1757

Public skating, open hockey, hockey camps, groups, and parties available. Cost varies depending on the activity. Currently no open skate allowed due to COVID restrictions, check website periodically for any changes.

**SUNY Broome Ice Center:** 901 Front Street, Binghamton (SUNY Broome Community College) 778-5423. Currently no open skate allowed due to COVID restrictions, check website periodically for any changes.

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

Mom Pop and Tot (2-3.5 yrs.)

Preschool (3.5-5 yrs.)

All Ability (5 & up)

(Ninja) Warrior (5 & up)

Call for fees and schedules

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

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

Call for fees and schedules

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

Lions (1-2 yrs.)

Tigers (3-4 yrs.)

Bears (5-6 yrs.)

Lollipop Kids (Open playtime for parent and children) Fridays 10:00-11:00 a.m., Sunday 12:00-1:00 p.m.

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

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

#### **Parent Resource Centers**

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

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

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

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

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

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

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

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

### **Additional Programming for Children**

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

Cost for participation varies.

- Boys and Girls Club of Binghamton
- 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
- Endicott Performing Arts Center
- Bricks 4 Kidz
- Uncorked Creations Art Studio & Gallery (Binghamton)
- Magic Paintbrush Project (Vestal)

## Community-Based Play Group

### Parent Resource Centers

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

- Binghamton PAL Family Resource Center at 457 State Street, Binghamton 771-6334
- Family Resource Center at 601 Columbia Drive, Johnson City 763-1252
- Endicott Family Resource Center at 200 Jefferson Ave, Endicott 785-4331
- Owego Family Resource Center at 56 Main St, Owego 687-1571
- Waverly Family Resource Center at Waverly Free Library, 18 Elizabeth St. Waverly 565-2374
- Norwich PAL Family Resource Center at 27 W. Main Street, Norwich, 334-8909
- Lourdes PACT 584-4570 (Broome County) and 687-6145 (Tioga County)

## Social Service Resources

### Counseling Services

- **ACCORD (Broome and Tioga)** – lends support to families involved in the court system. Court Appointed Special Advocate program provides services to families navigating the family court system; families are assigned by the court. Also provides Mediation services.
- **Binghamton General Hospital** – provides outpatient mental health services for adults only.
- **Broome County Mental Health Services** – provides services to adults for mental health, mental retardation and developmental disability, alcohol and substance abuse.
- **Catholic Charities Functional Family Therapy** – provides short-term home-based counseling services for families with children ages 11 – 18 who are at risk of placement.
- **Catholic Charities Gateway Center for Youth** – provides short-term individual counseling, group counseling and anger management group for youth.
- **Catholic Charities Family Counseling Program** – provides psychotherapeutic counseling to individuals and families.
- **Community Connections Center**- Endicott- provides counseling, advocacy, and community supports for UE students and their families.
- **Family and Children’s Society of Broome and Tioga Counties** – provides family and mental health counseling, sexual abuse treatment program, school based family support centers. Now accepting Medicaid.
- **Greater Binghamton Health Center** – provides counseling and support services for children and adults.
- **Mental Health Association of the Southern Tier, Inc.** – provides prevention and intervention services to address the needs of families that have a child with social, emotional or behavioral issues. Programs provide support, education, and advocacy in a strengths-based, individualized care approach.
- **Men’s Work** – Batterers Intervention Program
- **Lourdes Mental Health Juvenile Justice** – identifies youth within the criminal justice system with mental health and substance abuse issues and coordinates needed services.

- **Samaritan Counseling Center** – provides individual, family and marital counseling.
- **Lourdes Center for Mental Health** – specializes in services for adolescents age 12 – 21.
- **Tioga County Mental Hygiene** - Offers Tioga County residents a comprehensive continuum of counseling services and supports for individuals of all ages and families coping with emotional problems, mental illness, marital issues, depression, alcoholism and substance abuse.

#### Support for Victims of Violence

- **RISE**– emergency housing, counseling, advocacy and support for those experiencing domestic violence.
- **Crime Victims Assistance Center** – counseling, advocacy, and support for victims of violence. Also provides community-wide education about child abuse, sexual assault, rape, elder abuse, and domestic violence.
- **Crime Victims Assistance Center CAP (Child Assault Prevention)** – offers education to elementary school children, teachers and parents about children’s rights to be safe, strong and free. Provided in local schools.
- **Crime Victims Assistance Center**– Girls Circle and Safe Date programs offers youth education for teens emphasizing personal safety, healthy dating relationships and positive self-esteem.
- **Crime Victims Assistance Center Safe Harbour Program** – works to promote awareness and identification of youth trafficking, and provides comprehensive services to potential victims of commercial sexual exploitation
- **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 6<sup>th</sup>, 7<sup>th</sup>, and 8<sup>th</sup> grade classroom presentations addressing topics of “building healthy relationships”, “parenting can wait”, and “making good decisions”.
- **Broome County Urban League** – operates an after school youth enrichment center providing youth development activities and tutoring. Also provides a summer enrichment program for youth ages 5-11.
- **Broome County Public Library** – Youth services department organizes youth and family literacy activities and events.
- **Boys & Girls Club of Binghamton** – provides youth development activities for youth of all ages, school-age child care program, and sports, recreation and fitness program for all ages.
- **Boys & Girls Club of Western Broome Family Center** – provides youth development activities for youth of all ages, school-age child care program, and sports, recreation and fitness program for all ages.
- **Tioga County Boys & Girls Club** - provides youth development activities for youth of all ages, school-age child care program, and sports, recreation and fitness program for all ages.
- **Cornell Cooperative Extension Broome County – Citizen U Project** – youth development program promoting citizenship, community action and community improvement.
- **Cornell Cooperative Extension Broome County – 4-H Youth Development** – provides an experiential learning youth education program for boys and girls ages 5-19. It provides practical life skills education in healthy lifestyles, citizenship and Science, Technology, Engineering and Mathematics (STEM).
- **Cornell Cooperative Extension Tioga County - 4-H Youth Development** – provides an experiential learning youth education program for boys and girls ages 5-19. It provides practical life skills education in healthy lifestyles, citizenship and Science, Technology, Engineering and Mathematics (STEM).
- **Discovery Center-** hands on museum and learning environment for children. After school program available.
- **Liberty Partnership Program** – provides case management, tutoring/mentoring, counseling and summer enrichment activities for at-risk youth identified by local high schools.
- **YMCA-** provides youth development activities for youth of all ages, school-age child care program, and sports, recreation, and fitness programs for all ages.
- **Tioga/Tompkins County Youth Engagement Services Program – YES Club** - works with youth in grades 8 through 12 within Newark Valley High School to minimize barriers that impede school performance, improve attendance patterns, improve grades and passing rates, minimize disciplinary issues, and provide additional alternative academic experiences to increase student success.

- **Tioga/Tompkins County Youth Engagement Services Program – YES Mentoring** - supports youth who are engaging in at-risk behaviors and could benefit from one-on-one mentoring from a local volunteer mentor.
- **Family Planning of SCNY** – Family Planning’s school and community-based programs for young people share medically accurate, age-appropriate curriculum about avoiding pregnancy, sexually transmitted diseases (STDs), and HIV infection. These educational components are part of a broader program that shares information about healthy relationships, effective communication skills and sexual activity as part of a healthy relationship
- **Children’s Home of Wyoming Conference Southern Tier Community Center** – community center for children and families, school aged child care activities, recreation activities, and indoor pool.

#### Services/Programs for Families

- **Healthy Families Broome** – sponsored by the BC Health Department this program offers voluntary home-based services to support expectant families and new parents with the changes and needs that often come with pregnancy and the birth of a new child. Home visitors may work with families up until the child enters school or Head Start.
- **UHS Stay Healthy Center** - provides RN support and breastfeeding support
- **Lourdes Ascension Program** - each primary care associates office now has a registered dietician available to work with clients
- **Broome County Health Department Traffic Safety Program** - provides education on car seat safety, bike safety, and other traffic safety topics
- **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 –** open to families with a DSS Services case and provides educational classes about anger management and parenting.
- **AGAPE (Adoption and Guardianship Assistance Program for Everyone) -** A free support, information and educational program open to all adoptive families and relative caregivers who have custody or guardianship of children.

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

- **Children’s Home –** works in partnership with the Department of Social Services to provide family, foster care and preventive services.
- **Broome County Department of Social Services Families First –** provides intensive case management to families DSS referred. Also provides Anger Management groups for adults.
- **ImPACT Program – Lourdes –** for families with a child 0-10 years living in Broome County with an open DSS Services Case for the purpose of averting a disruption of the family which will or could result in the placement of a child in foster care, enabling a child who has been placed in foster care to return to his family at an earlier time than would otherwise be possible; or reducing the likelihood that a child who has been discharged from foster care would return to such care.
- **Broome County Health Department- Early Intervention Program-** coordinates and provides special services for children under the age of 3 years old.
- **Tioga County Health Department - Early Intervention Program-** coordinates and provides special services for children under the age of 3 years old.
- **Franziska Racker Center –** provides clinical and support services to children and youth with disabilities.
- **Committee for Preschool Special Education (CPSE) -** coordinates and provides special services for children ages 3-5 years old.
- **Southern Tier Independence Center (STIC) -** provides assistance and serves people with all disabilities of all ages to increase their independence in all aspects of integrated community life.
- **HCA (Helping Celebrate Abilities) –** provides clinical services, support services, and preschool programs to children.

#### Housing Assistance/Emergency/Crisis Services

- **YWCA Young Women’s Residential Achievement Program –** supportive living program for homeless women ages 18 – 23 years old.
- **Metro Interfaith –** low income housing, assists with improving credit and home ownership.
- **Opportunities for Broome (OFB) –** emergency housing, furniture and appliance donations, and help with housing, court, and code enforcement.



- **Tioga Opportunities** – provides rental assistance, apartments and home repair services. Also coordinates food delivery to many of the county's emergency food pantries and soup kitchens.
- **Mental Health Association Project Uplift** – housing assistance for the homeless and food pantry.
- **Cribs for Kids** – local chapter for the National Cribs for Kids program that provides education about safe sleep environments and cribs to families in need-provided by Mother's & Babies.
- **United Way of Broome County 211** – centralized system for community resources and referrals.
- **Catholic Charities Teen Transitional Living Program** – transitional/independent living program for runaway and homeless youth ages 16 – 21.
- **Council of Churches Community Hunger Outreach Warehouse (CHOW)** – emergency food service to local food pantries, CHOW bus, and infant formula available through referrals from WIC.
- **Food Bank of the Southern Tier Pantries and Mobile Food Pantries** – visit website for a complete list of sites - [www.foodbankst.org](http://www.foodbankst.org)
- **Lend-A-Hand** – assists with rent, utilities, prescriptions furnishings, etc.
- **Salvation Army** – provides clothing, furniture, and housing.
- **Rise** – emergency housing for victims of domestic violence.
- **Rescue Mission** – supportive/emergency housing for homeless men.
- **Volunteers of America** – emergency housing for the homeless.
- **YMCA** – emergency housing for homeless males ages 18 and older.
- **YWCA** - emergency housing for homeless females ages 16 and older.
- **Broome County Department of Social Services** – provides comprehensive social services for persons of low-income, and adult and child preventive/protective services, including the PINS (Persons in Need of Supervision) program.
- **Tioga County Open Door Mission** – provides outreach that assists individuals and families to obtain food, clothing, furniture, financial assistance, infant items, and shelter for homeless men ages 18 and older.
- **Tioga County Department of Social Services** - provides comprehensive social services for persons of low-income, and adult and child preventive/protective services.
- **Catholic Charities** - provides services to those in need such as food, clothing and emergency assistance.
- **Tioga County Rural Ministry** – provides emergency financial assistance for things such as gas, rent, prescription assistance, and NYSEG shutoffs.
- **The Bridge** - a non-profit organization of churches serving Waverly, Athens and Sayre school districts. Provides crisis vouchers for shelter, utilities, food, and transportation. Also operates a furniture and clothing closet.
- **Safe Harbour (Crime Victims Assistance Center)** - provides free & confidential outreach to youth who are at risk of exploitation.
- **Family Enrichment Network Caring Homes** - provides financial assistance and case management to homeless families and families at risk of homelessness.

## **Observations and Recommendations**

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

1. Identify and develop a plan to ensure families have appropriate access to technology and training to participate in meaningful remote/virtual programming that fully supports their child development and family engagement interests and needs.
2. Advance staff members understanding of preparing children and families for socialization and school readiness as the pandemic programming diminishes and we move back to a more complete in person program model.
3. Increase nutrition education and access to fresh fruits, vegetables, and other healthy foods.
4. Promote mental wellness and social wellbeing thru the full implementation of curricula including Pyramid, Second Step, Conscious Discipline, and assist parents in supporting their children's mental wellness by providing an array of parenting programs/resources.
5. Develop a plan to advocate for and support families with accessing child care options including: wrap around, non-traditional, and after school care needs.

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- <sup>9</sup> Alison Mellot, Ed.D, NCPMI Fellow & Jolene Ferro, PhD National Center for Pyramid Model Innovations, "Promoting Teacher Retention Through Pyramid Model Practices" [www.challengingbehaviors.org](http://www.challengingbehaviors.org)
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- <sup>16</sup> <http://www.city-data.com/city/Tioga-New-York.html>
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- <sup>xxii</sup> Consultation with Mary Savage, RDH , UHS Dental Services February 2021
- <sup>xxiii</sup> Consultation with Maureen Hankin, Broome Community College Dental Hygiene Program Chairperson, January 2021
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- <sup>xxv</sup> Consultation with Jaime Welch, Broome County Health Department Lead Poisoning Prevention Program, January. 2020
- <sup>xxvi</sup> Consultation with Barbara Bilbrey, RN, Tioga County Public Health Department Public Health Nurses, January. 2020
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- <sup>xxxix</sup> Family Enrichment Network Head Start and Early Head Start 2020 Family Profile.
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## **Introduction**

Family Enrichment Network initiated its services to preschoolers with disabilities in September of 2002. The program at that time was limited to 12 students. With the consolidation of Broome County services at Cherry Street, our program expanded to serve a potential 24 children and their families. The program then continued to expand to meet identified needs in Broome and Chenango 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 48 SCIS slots – 3.5-hour duration
- **Chenango County:** Approved for 32 SCIS slots – 3.5-hour duration

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, Table 1, provides a snapshot of services provided to children ages birth through five in Broome County for 2020. The COVID-19 pandemic had a profound impact on referrals, evaluations, and service provision in 2020.

**Table 1: Broome County Early Intervention and Preschool Services**

Source: Broome County Health Department Division of Children with Special Needs  
A Multi Year Comparison of Broome County’s Early Intervention Programming

<b>Year</b>	<b>Number of Active Cases</b>	<b>Number of Referrals</b>
2016	706	455
2017	748	487
2018	842	532
2019	907	540
2020	815	405

<b>Eligible Services</b>	<b>2019 Number of Children (Duplicated Services Possible)</b>	<b>2020 Number of Children (Duplicated Services Possible)</b>
Speech Services	292	195
Special Instruction	231	131
Physical Therapy	257	134
Occupational Therapy	176	170
Family Training	16	5
Social Work	14	2
Vision Services	1	2
Core Evaluations	475	320
Supplemental Evaluations	146	98

**Table 2: A Comparison of Broome County’s CPSE Service Delivery Models for 2020/21 School Year (as of 2/1/2021)**

Service	Type of Service	Number of Children	Percentage
Related Service	Speech Therapy	337 (265 + 72 TBD)	44% of duplicated count
	Occupational Therapy	144 (125 + 19 TBD)	19% of duplicated count
	Physical Therapy	93 (82 + 11 TBD)	12% of duplicated count
	Aides (1:1 and shared)	(19 in program; 2 preschool or HS)	19% of integrated program children; ~3% of unduplicated count
Special Education Itinerant Teacher	Minimum of 2 hours per week	36 (27 + 19 TBD)	~5% of duplicated count
Integrated Program	3 Hour Day	60	~14% of unduplicated count
Integrated Program	3.5 Hour Day	32	~7% of unduplicated count
Integrated Program	5 Hour Day	6	~1% of unduplicated count
Special Class Program	5 Hour Day	24	~6% of unduplicated count
<b>Total (Duplicated Count)</b>		<b>770</b>	
<b>Total (Unduplicated Count)</b>		<b>429</b>	

*Please note: The duplicated total represents a duplicated number of children authorized to receive services (a child may receive more than one related service or related services plus SEIT) and does not include evaluations. Also, the amount of related service reflected does not include the number of related services provided to children in Integrated Programs. The unduplicated total represents the number of children authorized to receive at least one service, does not include evaluations.*

**Broome General Program Description**

Family Enrichment Network’s Special Class in an Integrated Setting (SCIS) program helps children with special needs address their learning deficits and build skills for future success in kindergarten and beyond. We support our children in reaching the individual goals/objectives on their Individual Education Programs (IEPs) by making the necessary accommodations in

materials and activities to help them with their social, emotional, physical, and cognitive growth. Our staff provides specially designed individual instruction, modeling, and encouragement to children while they participate in a quality inclusive preschool environment.

In Broome County, we currently offer two models. The first, in collaboration with the Family Enrichment Network's Head Start program, is housed at Cherry Street and Fayette Street. We work with staff in 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). This site offer integration within district funded Universal Pre-Kindergarten Programs. It operates using a 16:2:1 ratio with ten 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.



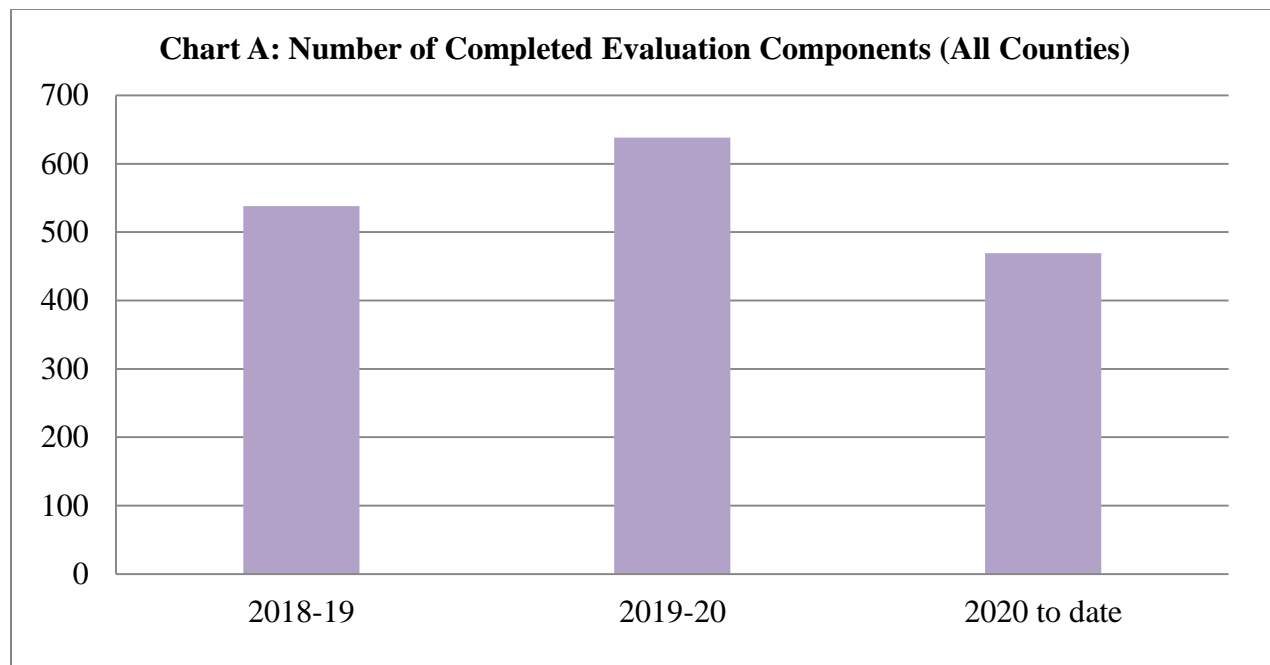
In 2014, the Binghamton CSD received additional State Education Department (SED) funding to expand some of their UPK programs from half-day to full day. Horace Mann was one of those sites to offer full day UPK to families. The Binghamton CSD has been a strong partner sharing resources and including our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

### **Multi-disciplinary Evaluations**

When a child is referred for an evaluation, the approved agency will complete several mandated components – psychological evaluation, social history, and a speech, educational, occupational therapy, and/or physical therapy evaluation, depending on the child’s presenting needs. As of January 31, 2021, we have completed 331 evaluation components at our Broome evaluation site and 138 evaluation components at our Chenango evaluation site. This year the evaluation team in Broome County continues to receive referrals from Morris School District, Tioga County school districts and from Chenango County school districts. Additional referrals have also come from Delaware, Madison and Otsego Counties. It should also be noted, that due to diminished availability of OT, ST and Psychological providers at our Norwich site during the fall of 2020, some evaluations that would have been done at our Norwich site came to our Broome County site.

We continue to be one of five approved agencies/school districts that conduct preschool evaluations within Broome County. Our agency offers 15 or more psychological evaluation slots per week. Some of our psychological evaluations in Broome County are completed by a Licensed Clinical Psychologist which enables the County to receive Medicaid funding for evaluations completed by our team. Our department continues to employ a school psychologist in addition to retaining the contracted clinical psychologist. Additionally, in Broome County our evaluation team offers speech/language therapy, occupational therapy and physical therapy

evaluations per week. Some of our occupational therapy slots are provided by an independent contractor service based on our need.



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

An important task of our evaluation team is to ensure that evaluation reports are completed in a timely manner so that districts can meet SED time requirements and families have information prior to their child’s CPSE meeting. This has become increasingly challenging as the number of referrals increase, but the number of evaluators remains essentially the same. The following tables (Tables 3, 4, 5, and 6), represent the timeliness of evaluations completion over a four-year period. Tables 3, 4, and 5 show the time from conducting the evaluation to receiving the report from the evaluator in the SES office. Table 6 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 time frames in order to make recommendations to strengthen our internal process.

**Table 3: Broome Evaluation Timeframe For Totally Completed Evaluations 2020-2021  
(through January 31, 2021)  
Timeline From Conducting The Evaluation To Receiving The Report In The SES Office**

Evaluations Done	Number of Evaluations	0-7 days	8-14 days	15-21 days	22-30 days	Over 30 days
Psychological	118	85	14	12	3	4
Speech Therapy	93	89	4	0	0	0
Occupational Therapy	42	22	14	2	3	1
Physical Therapy	26	14	10	2	0	0
Educational	10	6	2	2	0	0
Total	289	216	44	18	6	5
Percent		75%	15%	6%	2%	< 2%

**Table 4: Broome Evaluation Timeframe for 2017-18 (through January 1, 2018)  
Timeline From Conducting The Evaluation To Receiving The Report In The SES Office**

Evaluations Done	Number of Evaluations	0-7 days	8-14 days	15-21 days	22-30 days	Over 30 days
Psychological	110	78	24	5	2	1
Speech Therapy	97	81	14	2	0	0
Occupational Therapy	75	48	13	7	5	2
Physical Therapy	42	27	15	0	0	0
Educational	25	16	8	1	0	0
Total	349	250	74	15	7	3
Percent		72%	21%	4%	2%	<1%

Evaluations Done	Number of Evaluations	0-7 days	8-14 days	15-21 days	22-30 days	Over 30 days
Psychological	106	79	13	5	6	3
Speech	75	70	4	0	1	0
Occupational	51	36	5	9	1	2
Physical	31	15	15	1	0	0
Educational	18	13	2	2	1	0
Total	281	213	39	17	9	5
Percent		76%	14%	6%	3%	1%

2019 – 20	0-30	31-60	61-90	90-120	120+
<b>Children Evaluated</b>	2	62	36	13	8
<b>Percent</b>	<b>2%</b>	<b>51%</b>	<b>30%</b>	<b>11%</b>	<b>6%</b>

2018 – 19	0-30	31-60	61-90	91-120	120+
<b>Children Evaluated</b>	9	86	81	5	1
<b>Percent</b>	<b>5%</b>	<b>47%</b>	<b>45%</b>	<b>3%</b>	<b>&lt;1%</b>

2017 – 18	0-30	31-60	61-90	91-120	120+
<b>Children Evaluated</b>	21	90	76	5	1
<b>Percent</b>	<b>11%</b>	<b>47%</b>	<b>39%</b>	<b>3%</b>	<b>&lt;1%</b>

2016 – 17	0-30	31-60	61-90	91-120	120+
<b>Children Evaluated</b>	14	87	25	3	1
<b>Percent</b>	<b>11%</b>	<b>67%</b>	<b>19%</b>	<b>1%</b>	<b>&lt;1%</b>

**Discussion:**

SES continues to monitor the number of evaluation slots per month in order to meet the needs of districts requesting evaluations. However, the limited number of psychological and pediatric therapy professionals who can provide these evaluations limits the number of

evaluations possible and does prolong the process. The number of evaluations a child is recommended to receive, can also impact the timeliness of evaluations as well. This year, there has been a high percentage rate of cancellations and “no show” appointments (possibly due to COVID) resulting in children being rescheduled and extending the timeline.

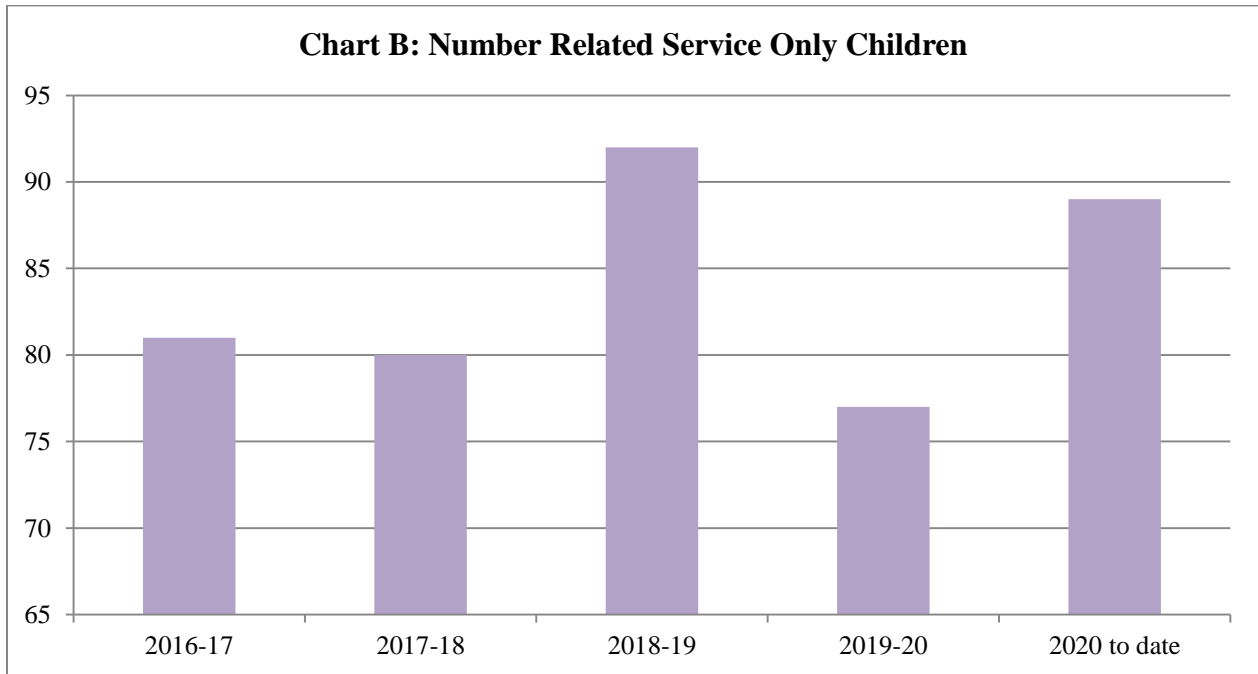
Many of the evaluations taking more than 60 days to complete are due to parents’ failure to respond to phone calls, not showing up for evaluations, cancellations, child absences, or parent/teacher failure to return paperwork in a timely manner necessary for completion of evaluations (i.e.: for psychological evaluations a social history packet and a social emotional questionnaire; for OT evaluations a sensory profile; for educational evaluations cognitive and social-emotional questionnaires). To address these issues, we continue to employ the use of our social worker and Head Start Family Advocates to deliver necessary paperwork and follow up with parents on missing items. Additionally, by mid-November, therapists have increased their caseloads which may mean there are fewer evaluations time slots available. Limited resources for clerical support may also cause delays in the process. The CPSE chairperson’s response to our evaluation process indicate that we provide quality, informative and thorough evaluation reports, however, concerns still exist in regards to timeliness. As a result, we are currently moving the evaluation scheduling and follow up process to an online system. The staff has worked diligently with the IT department to create a smooth transition and capture of all information. This will be a tremendous time saver and will allow therapists to free up additional slots for therapy services.

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

In Broome County we continue to provide speech therapy, occupational therapy, and physical therapy as related services to children in their natural environments including Head

Start and UPK, We have a strong Broome related services team which includes:

- Six full time Speech/Language Pathologists
  - We are currently advertising for additional Speech Language Pathologists
- Three full time Occupational Therapists (one of the full time OT's splits her time with the Norwich site).
- Two part time Physical Therapists and one full time Physical Therapy Assistant



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

**Discussion:**

A continued concern held by all Broome County participants is the decreased capacity to provide related services in Broome County. Many therapists have left Early Intervention (EI) and CPSE due to changes in how providers will be reimbursed and because reimbursement rates have remained relatively low in Broome County and NYS compared to other NYS counties and other states. As a result, there are growing numbers of children in EI and CPSE that are waiting for services. This has created a situation in which more children enter the CPSE earlier and with greater needs. Unfortunately, related service numbers are not stable. Historically, there is a spike

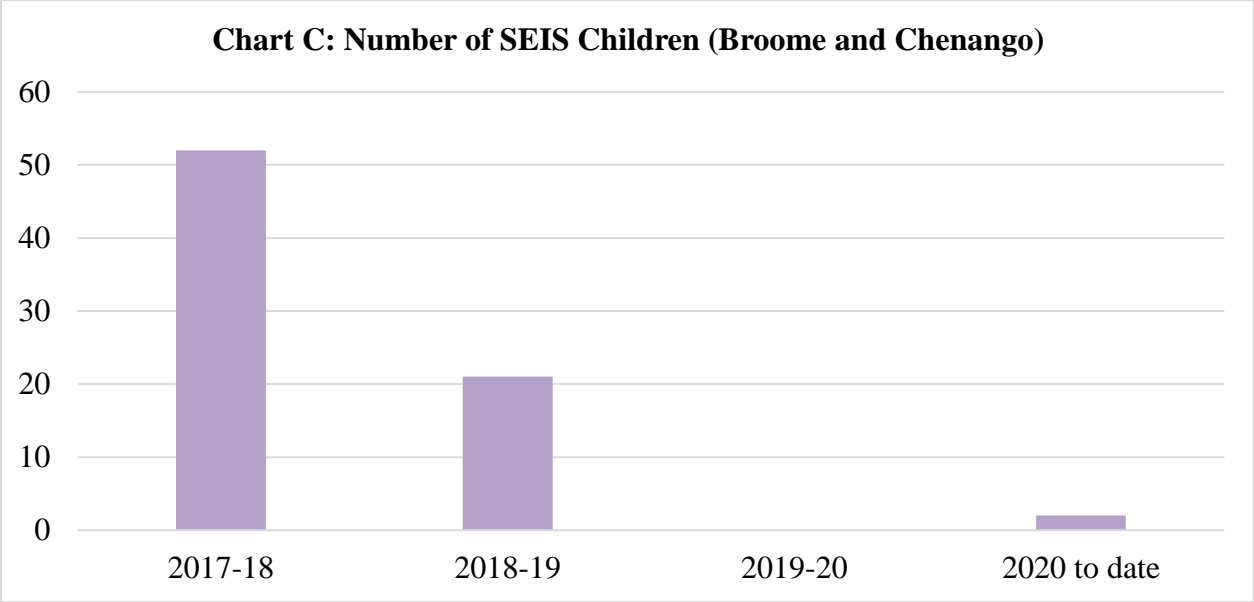
in need from January to June and then a dramatic decrease over the summer and fall, making it difficult for an agency to maintain that higher level of staffing. It should be noted that Broome County only provides new contracts to agency providers and no longer to private providers. Also, numerous private providers have moved out of the area and/or retired.

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."

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 FTE Special Education Itinerant Service teachers to support Broome and Chenango County children. Currently, FEN has no need for Special Education Itinerant Service teachers (due to COVID-19).



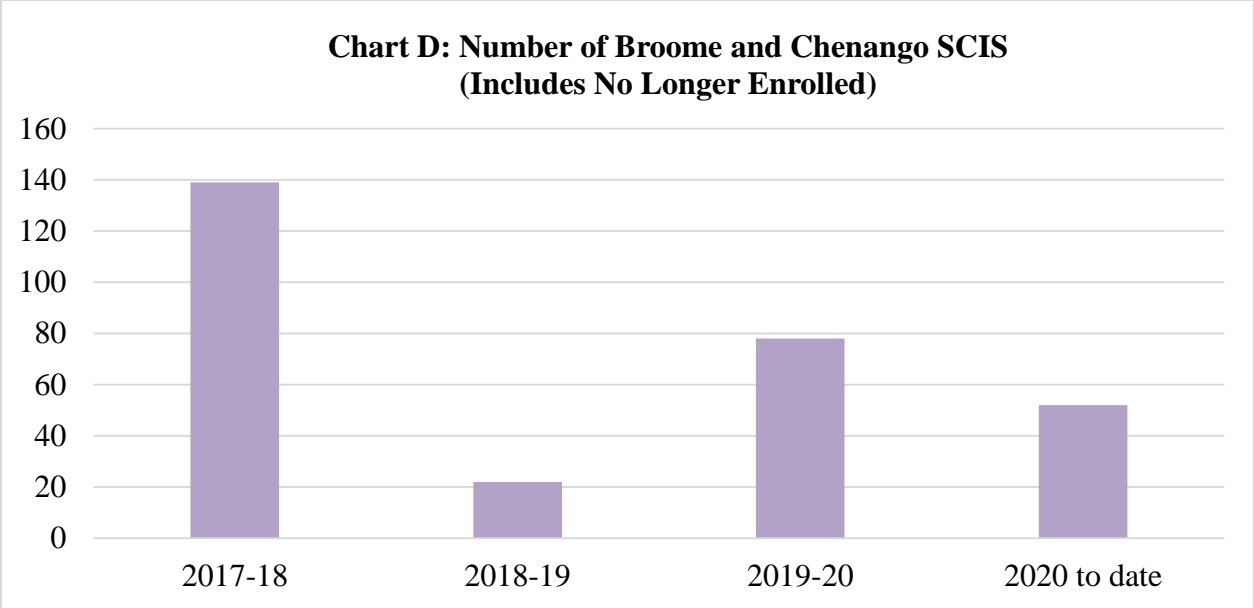
**Discussion:**

Special Education Itinerant Services continues to be a fiscal concern because of the geographic location of students (changes annually) and time lost in travel. We continue to monitor any potential changes to the rate setting methodology for this program and its implications for our financial stability. At this time, due to COVID-19 we are not providing SEIS.

**Special Class Integrated Setting (SCIS)**

The Special Class Integrated Setting has expanded since its initial opening in 2002. We have a potential of 48 openings in Broome County. As of February 2019, all 48 out of 48 program openings have been filled. At our Chenango site, we have 32 out of all 32 program opening filled. As of February 2020 to date, our classrooms in both counties are not full due to COVID-19.





**Discussion:**

Community Assessment Committee members continue to be concerned about the placement options for children referred later in the school year. Although SCIS classes are fully enrolled for the 2019-20 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 agencies and school districts) to develop a special education program to meet the needs of these children.

## Chenango County Services

**Table 7: Chenango County’s Early Intervention Programming**

Service	Type of Service	Number of Children	Percentage
Related Service Only	Speech Therapy	110	93%
	Occupational Therapy	55	47%
	Physical Therapy	35	30%
	Aides (1:1 and shared)	0	0%
Special Education Itinerant Teacher	Minimum of 2 hours/week	9	8%
Integrated Program	3 Hour Day	5	4%
Integrated Program	3.5 Hour Day	16	14%
Special Class	5 Hour Day	8	7%
Total (Unduplicated Count)		118	

**Table 8: A Multi Year Comparison of Chenango County’s Early Intervention Programming**

Year	Number of Active Cases	Number of Referrals
2017	86	122
2018	102	126
2019	92	135
2020	68	68

## **Chenango County's CPSE Service Delivery Models for 2020-21 (As of March 1, 2021)**

### **Special Education Itinerant Services**

Family Enrichment Network began providing Special Education Itinerant Teacher (SEIT) services in 2006 for Chenango County. During the 2009-10 schoolyear, we saw a reduction in the number of children referred for SEIS. During the 2012-13 schoolyear, we had children on a waitlist. In February 2018, we hired a new SEIT provider; unfortunately, she was injured and was out for over eight months. After six months another SEIT provider was hired; she currently has a full schedule and there are children on the waiting list. 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. However, COVID-19 has stopped us from delivering SEIT services.

### **Multidisciplinary Evaluations**

We have an OT, PT and a physiological evaluation team set up at our Chenango Broad Street site to provide evaluations to determine eligibility for initial referral as well as supplemental evaluations. Our speech evaluations take place at our Cherry Street site in Johnson City. At this time, Family Enrichment Network is the only agency in Chenango County conducting evaluations.

**Table 9: Norwich site: Evaluation Timeframe for February 2020-February 2021**

<b>Evaluations Done</b>	<b>Number of Evaluations</b>	<b>0-7 days</b>	<b>8-14 days</b>	<b>15-21 days</b>	<b>22-30 days</b>	<b>Over 30 days</b>
Psych	32	7	16	7	2	0
OT	18	11	5	1	1	0
PT	12	0	4	0	3	0
ED	2	0	1	0	0	1
Total	64	18	26	13	6	1
<b>Percent</b>		<b>28</b>	<b>41</b>	<b>20</b>	<b>9</b>	<b>2</b>

During this past year many of the evaluations took a long time to complete due to children not showing up for their scheduled appointments; a new date then needed to be scheduled. Due to the high referral rate, the new appointments were scheduled out two to four months.

**Special Class in an Integrated Setting:**

In July 2012, integrated classes were expanded to Chenango County in Norwich. Family Enrichment Network collaborated with the DCMO BOCES to provide two morning and two afternoons integrated 8:1:3 classes. The 8:1:3 designation is considered an enhanced model whereby eight children with severe needs receive support from a special education teacher and three classroom aides, eliminating the need to hire individual one-on-one aides. Since the beginning of the program, we have continued to have approved variances to increase the number of students in these classes to nine; we have continued to fill these variances in all sections of our preschool. As the DCMO BOCES daycare does not meet the same criteria, our programs split. In September 2018, Family Enrichment Network became a licensed daycare provider for our site in Norwich. Our program is now housed at 21 South Broad Street in Norwich.

## **DISCUSSION OF CHENANGO COUNTY COMMUNITY ASSESSMENT PARTICIPANTS 2020**

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
- 7) Providing training to teachers on child development
- 8) Implementing a screening program at Norwich School District to eliminate referrals being made for age-appropriate development

Some of these discussed needs will be more difficult to provide than others. For example, we tried to change our evaluation schedule so that all evaluation components are held on the same day to assist parents with transportation challenges. However new challenges were discovered with the children not wanting to participate in multiple evaluations; they would tire after the first evaluation, thus skewing the results of the next evaluations. Several of the needs are dependent upon our ability to hire qualified staff and there is a shortage in this area.

District chairs expressed appreciation for the quality of services, both for the evaluation process and for integrated programming services. Suggestions have been made to open more preschool classrooms to meet the needs to the children that are not being serviced. Unfortunately, this falls in the category of our ability to hire qualified staff and there is a shortage in our area.

**Table 10: PARENT SURVEY SUMMARY AND DISCUSSION  
BROOME /CHENANGO COUNTY 2020/2021**

<b>Question</b>	<b>Total Number of Respondents</b>	<b>Responses</b>
I feel comfortable contacting my child’s teacher and/or therapist.	8	Yes – 8 Maybe – 0 No – 0
I receive frequent feedback from my child’s teacher and/or therapist about my child’s progress	8	Yes – 7 Maybe – 0 No – 1
I would be interested in attending parent informational sessions.	8	Yes – 4 Maybe – 2 No – 2
Was your child evaluated by Family Enrichment Network? If so, was the experience a positive one?	8	Yes – 5 Maybe – 1 No – 2
I am satisfied with the overall special education program and services provided by the Family Enrichment Network.	8	Yes – 8 Maybe – 0 No – 0

**Table 11: BROOME INTEGRATED PROGRAM PARENTAL RESPONSE’S**

<b>Question</b>	<b>Respondents</b>	<b>Responses</b>
I feel comfortable contacting my child’s teacher and/or therapist.	15	Yes – 13 Maybe – 1 No – 1
I receive frequent feedback from my child’s teacher and/or therapist about my child’s progress	15	Yes – 10 Maybe – 4 1- No – 1
I would be interested in attending parent informational sessions.	15	Yes – 4 Maybe – 10 No – 1
Was your child evaluated by Family Enrichment Network? If so, was the experience a positive one?	15	Yes – 13 Maybe – 2 No – 0
I am satisfied with the overall special education program and services provided by the Family Enrichment Network.	15	Yes – 13 Maybe – 2 No – 0

## CHENANGO COUNTY INTEGRATED PROGRAM PARENTAL RESPONSE'S

- ✦ Response for # 3- Available any day in the afternoon. Sensory play and activities and how they help.
- ✦ I love the program!
- ✦ I think you guys are doing a fantastic job with Elena. Thank you Jennifer
- ✦ Response for #4- When the evaluation was done they did not want to listen to me when I tried to explain things to them.
- ✦ Response for # 3- Impulse control disorder—sensory processing disorder.
- ✦ Response for # 1- Always! My questions are always answered and the staff and therapists are always extremely friendly and ready and willing to help.
- ✦ Response for #2- I used to hear from Dani's aide every day and I do miss that! But I also know that we may have been spoiled and just got used to it. I don't think we ever write in the notebook anymore either-my fault too!
- ✦ Response for #3- If It was possible with Jeff and my schedule- of course.
- ✦ Response for #3- How to best handle things. Like the days when she won't stop climbing or those times when I get frustrated because she won't stop the echolalia and it starts to affect my mental health.
- ✦ Response for # 4- My experience wasn't a positive one because I wasn't prepared to hear the word Autism. If preparation is even possible. I was very thankful that my mother was with me! I was very emotional! In fact, Dani offered me her bottle when she realized I was crying!
- ✦ Response for # 5- More than satisfied! We are so, so grateful for FEN! I truly believe that the staff genuinely cares about our daughter! We can see and sense the love there, both ways! Dani loves FEN too!
- ✦ I love the entire staff at FEN! But Ms. Tina holds a very special place in my heart! There are times when I ask her a question and before I even get it all out she's saying "Whoah". Don't even go there lady! You are a good mother! You're doing a great job! She just seems to know what I'm thinking and/or feeling before I even say it! She's full of vital information and always takes the time to talk to me through the things if need be! We love her dearly! Ms. Heather is incredible with Dani too! Dani loves them both!! As do we!! I love filling out these kind of questionnaires! Traci Buckley

## RESOURCES TO ENHANCE THE OPERATION OF THE PROGRAM

For an extensive list of the resources available within the community, please refer to Section 6, Community Resources and Strengths, of the Head Start Community Assessment.

### 2020 WHERE ARE WE NOW?

**Table 12: Last Year's Priorities and Current Status for Broome**

<i>Issues from 2020</i>	<i>Actions Taken</i>	<i>Current Status as of 2021</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 have 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	*Special Class Integrated Setting (SCIS) classes meet to discuss difficult cases and work with our school psychologist.
3. Increase access and implementation of technology for our children in SCIS, SEIT and related service settings	*All SCIS classes, SEIT, and therapists have technology devices that (Telehealth) is the use of digital information and communication technologies, such as computers and mobile devices, to access therapy services remotely.	*Teachers will need some support to embed use of technology into instruction. *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. Not all staff members are able to conduct AAC evaluations in our region.	*We have SLP's who are participating in on-line classes to support growth in this area. We have started to implement some of the PECS (Picture Exchange Communication System)	Therapy staff members are able to conduct AAC evaluations at this time. We are implementing some of the PECS (Picture Exchange Communication System)
5. We have made a complete revision in our evaluation process. We will 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 AND RELATED SERVICES**

## **Reflections of the Broome Community Assessment Team on Current Needs for 2020-21:**

### **1. Shortage of Related Service and SEIS Personnel:**

Yearly, this is an expressed need. Broome and Chenango Counties report 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. We have seen a decline in the number of early childhood teachers and speech language pathologists available for recruitment. When COVID-19 is over, we will continue working on this goal.

### **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 fifth 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 and trauma (ACEs). Staff plans age-appropriate behavioral interventions. This year we are providing 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 as well.

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

This assessment indicates that the following community priorities need to be addressed in 2020-2021 by the Special Education Department's programs, services and their community partners:

### **Broome and 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 and family's emotional needs

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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 and prioritize issues and problems. The CA draft was distributed to the full committee mid-March for revision/approval of the report. Policy Council reviewed and approved the Head Start summary report on March 11, 2020.. The Governing Board approved the entire summary report on March 25, 2021.

**Table 1. Community Assessment Timeline**

TASK	November	December	January	February	March
Director’s Planning	X	X			
CA Orientation Meeting			2/5		
Data Collection			X	X	
Data Analysis/Writing Document			X	X	
Work Groups Identify Needs				2/6-2/28	
CA Committees review document					3/6
Executive Director’s Review					3/9
Make Changes to Document					X
CA reviewed by Policy Council					3/10
Make Changes to Document					X
CA reviewed by Governing Board					3/25