



Community Assessment

2016-2017

Community Assessment

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FAMILY ENRICHMENT NETWORK, INC.
Agency-Wide Community Assessment
24 Cherry Street • POB 997 • Johnson City, NY 13790-0997
11/1/16 – 10/31/17

GENERAL AREA DESCRIPTION:

Geographic Features

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

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

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

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

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

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

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

Economic Features

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

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

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

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

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

Demographic Features

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

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

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

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

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

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

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

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

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

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

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

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

Sources:

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

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

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

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

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

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

Child Care Resource and Referral Program

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

QUALITY CHILD CARE

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

There is information available in the community to aid parents in finding quality child care.

When parents call Family Enrichment Network's Referral Specialist, not only do they speak to a qualified and trained individual, they are also mailed information on what to look for in a quality program and questions to ask prospective providers. This information can be accessed on our website as well. Parents can review violations on registered or licensed providers on the OCFS website by conducting a Day Care Facility search. Information on finding quality child care can be found online at Child Care Aware of America or the National Association for the Education of Young Children (NAEYC) websites. Links can be found on our website.

QUALITYstarsNY

QUALITYstarsNY is New York's quality rating and improvement system. QUALITYstarsNY was field tested in 13 communities across New York State in 2010 and partially implemented in

low performing school districts, as well as field test communities, in 2012. Since Binghamton was a field test community, there are currently 5 programs still in QUALITYstarsNY locally. Full implementation across the state has been postponed due to funding issues. In 2016, the Governor's Executive Budget for the Proposed FY 2017 Budget, included \$5 million for QUALITYstarsNY, which is an increase of \$2 million over the FY 2016 Enacted Budget. The CCR&R staff continue to prepare child care programs for implementation with quality improvement projects.

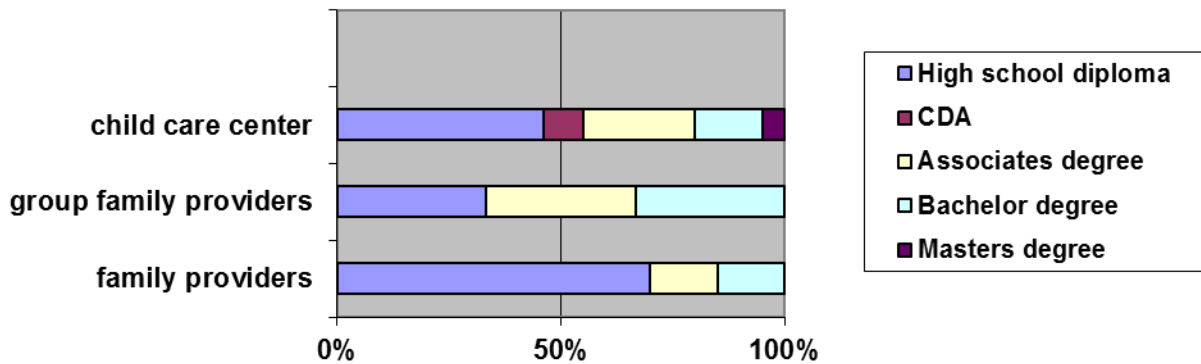
The quality of child care programs in our community is hard to determine due to the lack of a full quality rating system. Accreditation of programs is almost non-existent due to the cost of accreditation. One licensed child care center, Campus Preschool at Binghamton University, is accredited through the National Association for the Education of Young Children (NAEYC). One nursery school program, the Endicott First Presbyterian Nursery School, is also accredited through NAEYC.¹ There are no family child care programs accredited through the National Association of Family Child Care.²

Education of the Child Care Workforce

Child care programs in Broome, Chenango, and Tioga Counties are surveyed about the educational qualifications of providers and child care center staff annually. According to Child Care Aware of America's *Child Care in America: 2012 State Fact Sheets*, 44% of family child care providers across the county have a high school diploma or lower.³ Our survey shows a significantly higher percentage with 60% of family and group family child care providers having a high school diploma. Only 37% of family providers have a college degree, with an associate's degree or higher.⁴ The national average for child care center staff, teacher, or assistant teacher

with a high school diploma or lower is 20%.⁵ Locally, we are directly in line with the national averages as indicated in Chart 1.

CHART 1: % of Education of Child Care Workforce



Turnover

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

Staff turnover varies by program and type of program. When a program closes, a family needs to find alternate care. The nature of family child care is there is no turnover in provider. When the provider leaves, the program closes. Center based turnover is much different and varies by program. In a survey of local child care center directors, the average turnover rate in 2015 was

38%, which was higher than the 2014 rate of 27% and is on the higher end of the national average between 25% and 40%.⁶

CCR&R Resource for Child Care Quality Improvement

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

- **Technical Assistance:** Specialists offer basic technical assistance to answer questions for providers. In 2015, Specialists offered 1201 technical assistances to 173 providers and programs. Specialist can offer onsite technical assistance visits to programs to help with best child care practices. In 2015, Specialists offered 223 onsite technical assistance visits to 80 providers and programs.⁷
- **Quality Improvement Partnership:** The Quality Improvement Partnership (QIP) is an intensive technical assistance project to any modality of registered or licensed child care. The QIP is limited and available only to 6 providers in Broome County, 2 providers in Tioga County, and 3 providers in Chenango County in the 2014-2015 CCR&R contract year. The QIP project is long term and consists of a minimum of 3 evening workshops, initial and final program assessments, the development of a quality improvement plan, onsite technical assistance and mentoring to reach goals of the quality improvement plan, and grant funds to purchase supplies needed for program quality improvement. In 2015, the QIP project was offered to 11 programs. More funding is necessary to expand these services.
- **Infant Toddler Project:** Family Enrichment Network has an Infant Toddler Specialist as part of the Regional Infant Toddler Network. The Infant Toddler Specialist works in the

5 counties of Broome, Tioga, Chenango, Tompkins, and Cortland. The Infant Toddler Specialist offers mentoring, technical assistance, onsite intensive technical assistance, and training to parents, providers, OCFS licensing staff, CCR&R staff, and the community on infant/toddler best practices and the importance of offering quality care to those ages. The Infant Toddler Specialist also offers the SECURE project (Social Emotional Coaching towards Understanding Relationships and Environments) which is an intensive technical assistance project specifically aimed at improving the quality of programming for infants and toddlers. In 2015, the SECURE project was offered to 4 programs in the 5 counties. Table 1 below shows the breakdown of services provided by the Infant Toddler Specialist in 2015.

TABLE 1: 2015 Infant Toddler Specialist Reported Numbers⁸

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

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

- Legally Exempt Enrollment: Since July 2006, the CCR&R has been the Legally Exempt Enrollment Agency for Broome, Chenango, and Tioga Counties, working collaboratively

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

TABLE 2: 2015 Legally Exempt Enrollment By Type⁹

| | FCC | In Home |
|-----------------|-----|---------|
| Broome County | 65 | 108 |
| Chenango County | 16 | 27 |
| Tioga County | 56 | 45 |

In addition to enrolling legally exempt providers, the Enrollment Agency is required to conduct home inspections of 20% of the legally exempt family child care providers,

providing care in their own home, who are not participating in the Child and Adult Care Food Program (CACFP). Broome County DSS has an additional requirement that legally exempt family child care providers providing care over 30 hours a week must be in CACFP.

Chart 2 shows there is only 26% of enrolled legally exempt providers in Broome County who are inspected, by either Enrollment Agency staff or CACFP staff. Therefore, we do not know the quality of the child care provided in 74% of the legally exempt homes in the County. With the reauthorization of the federal Child Care and Development Block Grant, which is where the subsidy funding comes from, additional inspection requirements will soon be required for the states. New York State OCFS has yet to determine how they will meet the additional requirements for inspections.

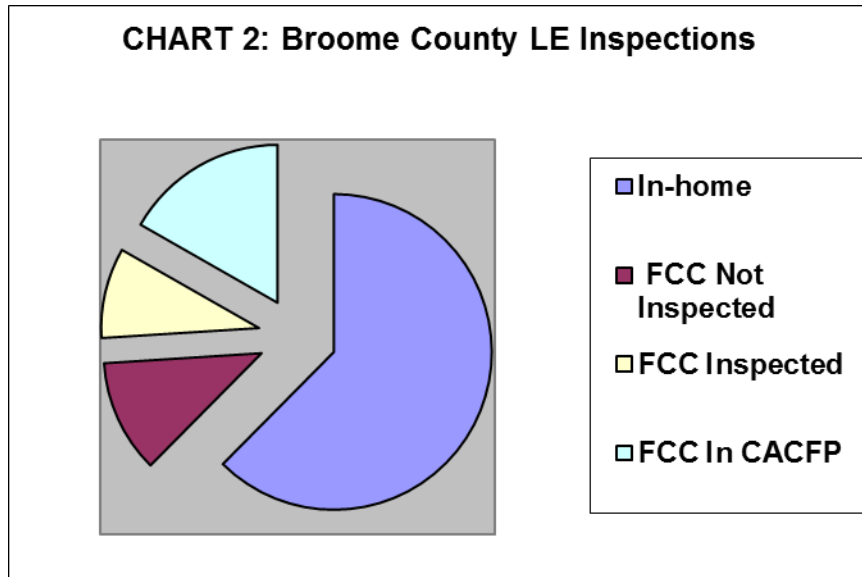


CHART 3: Chenango County LE Inspections

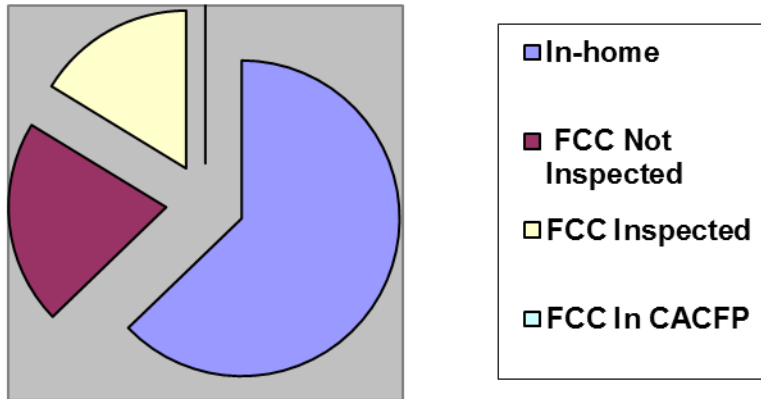
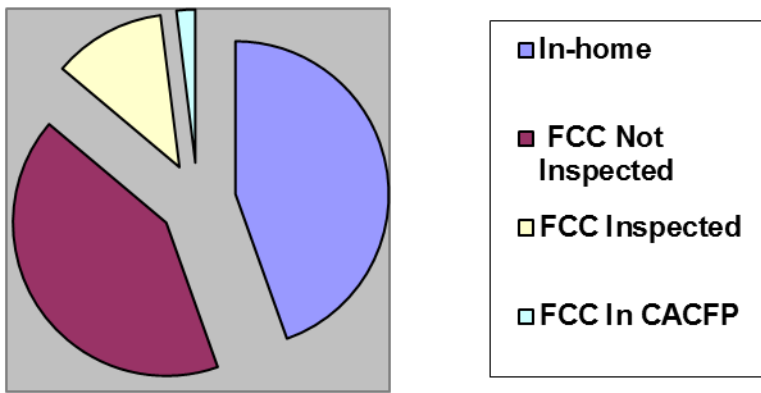


CHART 4: Tioga County LE Inspections



As Chart 3 and Chart 4 indicate, both Chenango and Tioga Counties are similar with inspection percentages, and are less than Broome County because of the Broome DSS requirement that legally exempt family child care providers providing care over 30 hours a week be in CACFP. Only 14% of Tioga County legally exempt providers are inspected, while 16% of Chenango County legally exempt providers are inspected.¹⁰

This shows a high number of child care arrangements receiving money from the County and State which are not inspected and there is no way to determine the quality of care provided to these children.

- The Child and Adult Care Food Program: The Child and Adult Care Food Program (CACFP) plays a vital role in improving the quality of child care. CACFP ensures that young children in child care have access to a nutritious diet and learn improved eating habits through early nutrition education. This is especially important today because childhood obesity has become a national epidemic. More than 1/3 of children in the United States are overweight or obese. The New York State Department of Health together with the United State Department of Agriculture (USDA) allocates funds to Family Enrichment Network to be the regional sponsoring agency for family child care providers. Family Enrichment Network in turn reimburses eligible registered, licensed, and enrolled legally exempt family child care providers for nutritious meals and snacks served to children in their care. CACFP offers ongoing training to participating providers in relevant areas such as the nutritional needs of children, food safety, menu planning, and physical activities. A CACFP representative from Family Enrichment Network visits each site at least three times a year providing in-home assistance and nutrition training. CACFP participation decreased again in 2015 due to providers leaving the childcare field and pursuing other job opportunities.

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

TABLE 3: CACFP Participation Numbers¹¹

| | Registered Providers in CACFP | Licensed Providers in CACFP | Number of Registered/Licensed Providers NOT in CACFP | Percentage of Total Providers in CACFP |
|-----------------|-------------------------------|-----------------------------|--|--|
| Broome County | 26 | 17 | 23 | 53% |
| Chenango County | 9 | 6 | 6 | 40% |
| Tioga County | 15 | 11 | 3 | 58% |

TABLE 4: Legally Exempt Participation in CACFP

| | Legally Exempt Providers in CACFP | Legally Exempt Providers Eligible But Not in CACFP | Percentage of Total Eligible LE Providers in CACFP |
|-----------------|-----------------------------------|--|--|
| Broome County | 16 | 51 | 34% |
| Chenango County | 0 | 15 | 0% |
| Tioga County | 4 | 51 | 13% |

The large percentage of Broome County legally exempt providers is due to the Broome County DSS additional standard mandating legally exempt family child care providers, caring for children in their own home, over 30 hours a week, to be enrolled in CACFP. The CACFP staff continue to do outreach and recruitment to enroll providers into the CACFP program. Enrollment in the CACFP program is an indicator of quality child care.

- Physical Activity Project: Funding from the Broome County Health Department’s Community Transformation Grant and the Broome County United Way, ended in September 2014 and the Physical Activity Specialist position ended. A grant was received from Excellus Blue Cross Blue Shield to start the Eat Play Grow Project in

September 2015. This project is funded through June 2017 and will give the CCR&R Specialist the opportunity to work with 20 child care programs implementing the Eat Play Grow curriculum. The goal of the Eat Play Grow Project is to work with child care programs, both family and center-based, with the important message that good nutrition, physical activity and sufficient sleep are vital to our health and well-being. The CCR&R Specialist works with each program, modeling how to teach the 11 lessons of the Eat Play Grow curriculum and supporting lesson extensions. Each program receives the curriculum, children's books that go with the curriculum, and activity items, such as parachute, bean bags, CDs, healthy play foods, and art materials. USDA MyPlate materials are also given, including posters, Team Nutrition emergent readers, and Healthy Kids Recipe books. Excellus is also providing each family with An Apple A Day family nutrition tracker. The long-term goals of the program are to help children and families form healthy eating and physical activity habits so they can live long, healthy lives, free of disease.

- Child Care Provider Professional Development and Training: Research has shown that caregiver professional development or training has a direct correlation to the quality of child care provided. 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.¹²

CCR&R Training Opportunities

CCR&R publishes a semi-annual calendar of all training offered to meet OCFS requirements. The CCR&R ensures that each category is offered at least twice annually

in each of the three counties in the service delivery area. CCR&R also publishes a quarterly newsletter containing Agency news, updates on regulations, best practices information, and educational articles.

Table 5 shows the trainings offered by Family Enrichment Network’s CCR&R and the number of attendees in 2015, both duplicated and unduplicated numbers of providers trained.

TABLE 5: 2015 Training Attendance¹³

| | # of sessions scheduled | Total # of providers trained | Unduplicated # of providers trained |
|-----------------|-------------------------|------------------------------|-------------------------------------|
| CCR&R Trainings | 82 | 795 | 393 |

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

Health and Safety Competency Training

CCR&R offers the initial 15 hour Health and Safety Competency Training, which is required for any new family or group family child care registration/license. The OCFS-approved curriculum requires that it be presented to a minimum of 2 and a maximum of 10 potential providers after their daycare application has been submitted to OCFS.

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

CCR&R provided 4 sessions of the Health and Safety Competency Training for 19 new providers and/or provider assistants in 2015.

After completely the Health and Safety Competency Training, 5 participants across the 3 counties successfully completed the registration/licensing process, with 2 in Broome County, 1 in Tioga County, and 1 in Chenango County. All newly registered/licensed providers in our service delivery area completed this required training with Family Enrichment Network. There are no newly registered/licensed providers in our service delivery area in 2015 who completed Health and Safety with another agency.

Online Training

In addition to in-person trainings, CCR&R offers distance-learning or online training so providers will be able to access training from home. In 2015, Family Enrichment Network continued to have 10 different online training courses approved by SUNY Professional Development Program (PDP) and available for providers. These courses all need to be re-approved by SUNY PDP by the end of 2016, meeting the new online training criteria in order to still be allowed. These new requirements are requiring a significant amount of CCR&R staff time revising existing courses and creating additional courses to keep up with the training needs of providers.

Table 6 indicates the online trainings completed in 2015.

TABLE 6: 2015 Online Training

| | # of providers who completed online training | # of online training courses completed |
|-----------------|--|--|
| Broome County | 6 | 10 |
| Chenango County | 0 | 0 |
| Tioga County | 1 | 1 |

Child Development Associate Credential (CDA)

CCR&R offers Child Development Associate (CDA) credential classes. The National CDA Council updated the credentialing process in 2013. In addition to 120 hours of formal instruction, CDA candidates must also submit an application, take a test, complete classroom observations and an interview with the CDA Council Advisor, and submit a portfolio for final credentialing approval. Accordingly, CCR&R has updated the CDA curriculum and restructured the class schedule. The CDA classes are offered to coincide with the school calendar, with a combination of classroom lectures and self-study work. To date, 38 participants have completed the class series since it started in 2011. Of those, 3 have completed the entire process and received their CDA credential, with several more still compiling their applications. For the 2015-2016 classes, there are 10 participants enrolled.

CPR and First Aid Training

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

TABLE 7: 2015 CPR/First Aid Class Participation

| | # of Trainings Offered | # of Providers Trained |
|-----------------|------------------------|------------------------|
| Broome County | 10 | 80 |
| Chenango County | 5 | 19 |
| Tioga County | 1 | 4 |

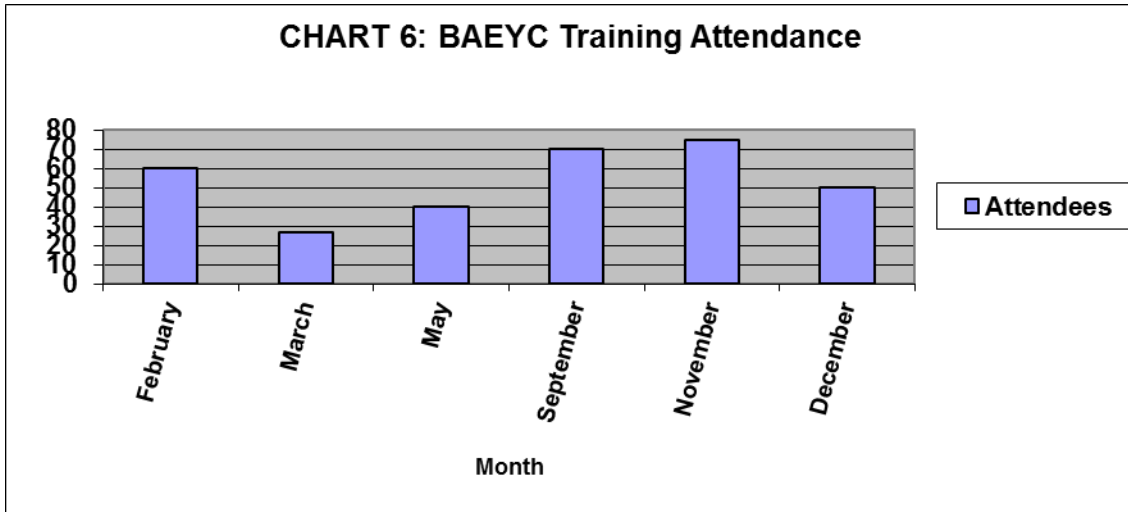
Videoconference Training

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

Videoconferences are free trainings presented by expert panelists, broadcast live from Albany to locations throughout the State. The CCR&R Co-trainers facilitate discussions and activities at the local training sites during the broadcast. The videoconferences are available to child care providers of all modalities. SUNY PDP scheduled 6 videoconferences in 2015, but only has 3 scheduled for 2016. Child care providers who rely on the free videoconferences to obtain the required training hours will no longer be able to do so. They will need to find other training opportunities, which require a fee. This may pose a new financial burden for these programs.

Training Partnerships

Family Enrichment Network's CCR&R is a partner with the Binghamton Association for the Education of Young Children (BAEYC) Professional Enrichment Program (PEP) workshops. These workshops or trainings are primarily utilized by child care center staff and cost \$5 per training or are free for BAEYC members. Chart 6 shows the numbers of attendees at each of the 8 trainings offered in 2015.¹⁴



Funding for Training

Training provided by the CCR&R is a “fee for service” program. Information is provided to child care providers about the Educational Incentive Program (EIP) funds to help them pay for training. This funding is allocated yearly in the NYS budget through the Office of Children and Family Services and SUNY PDP to offer scholarships for eligible child care providers to use for eligible trainings. Providers can utilize this funding for credit or non-credit courses at the college-level as well as conferences and CCR&R trainings offered by credentialed trainers. Providers can only use EIP funding for non-credit training conducted by a NYS Early Learning Trainer Credentialed trainer. Currently, CCR&R has 3 staff who are credentialed trainers and are able to present training eligible for EIP funding. Despite this scholarship option, providers still indicate training costs as a barrier to professional development and additional funds are necessary for our community.

Training Needs

CCR&R conducts training needs surveys annually, as well as on all evaluations distributed at trainings. A highly requested topic by family child care providers is training by Tom Copeland, the nation's leading expert on the business of family child care, including taxes and record keeping. Funding is needed to bring Mr. Copeland to our area.

Child care providers of all modalities continue to request training on children's challenging behaviors. CCR&R staff offer workshops on Conscious Discipline basics or FLIP IT. The community could still benefit from bringing in outside experts, such as Dr. Becky Bailey on Conscious Discipline.

In addition, child care providers are requesting training on the topic of special needs in general, particularly on autism. One in 68 children are diagnosed with autism¹⁴ and providers are looking for information on how to recognize the signs and symptoms and how to develop a curriculum that meets the needs of children with autism. CCR&R staff attend workshops and come back to present on this topic as well.¹⁶

SUPPLY AND DEMAND OF CHILD CARE

Parents needing child care while they work or go to school have various care options: child care centers, registered/licensed family child care homes, informal or legally exempt providers, school age child care programs, or in-home child care providers (nannies). Head Start, nursery schools or preschools do not typically offer full time child care and often do not meet the needs

of working parents. Tables 8, 9, and 10 show the breakdown of providers in Broome, Chenango, and Tioga Counties.¹⁷

TABLE 8: Child Care Providers in Broome County - 2015

| | Child Care Centers | Family Child Care | Group Family Child Care | SACC Programs |
|----------------------|--------------------|-------------------|-------------------------|---------------|
| Binghamton | 8 | 16 | 13 | 12 |
| Endicott/Endwell | 5 | 13 | 1 | 5 |
| Johnson City | 2 | 9 | 1 | 2 |
| Vestal | 3 | 2 | 3 | 5 |
| Surrounding Areas | 2 | 7 | 4 | 3 |
| Broome County Totals | 20 | 47 | 22 | 27 |

TABLE 9: Child Care Providers in Chenango County - 2015

| | Child Care Centers | Family Child Care | Group Family Child Care | SACC Programs |
|------------------------|--------------------|-------------------|-------------------------|---------------|
| Afton | 0 | 1 | 0 | 0 |
| Bainbridge/Guilford | 0 | 1 | 0 | 0 |
| New Berlin | 0 | 2 | 1 | 0 |
| Norwich | 0 | 10 | 6 | 2 |
| Oxford | 0 | 3 | 2 | 1 |
| Sherburne | 0 | 5 | 4 | 0 |
| Greene | 0 | 8 | 1 | 1 |
| Surrounding Areas | 0 | 2 | 0 | 0 |
| Chenango County Totals | 0 | 32 | 14 | 4 |

TABLE 10: Child Care Providers in Tioga County - 2015

| | Child Care Centers | Family Child Care | Group Family Child Care | SACC Programs |
|----------------------------|--------------------|-------------------|-------------------------|---------------|
| Apalachin | 0 | 1 | 1 | 2 |
| Candor | 0 | 4 | 0 | 0 |
| Newark Valley | 0 | 1 | 1 | 1 |
| Owego | 1 | 3 | 2 | 1 |
| Waverly | 1 | 1 | 3 | 0 |
| Surrounding Areas | 0 | 3 | 2 | 1 |
| Tioga County Totals | 2 | 13 | 9 | 5 |

When comparing the local child care numbers with U.S. Census data, there is a great need for child care in our area. To meet the demand for child care for children under age 5, 1,661 more slots are needed in Broome County, 612 slots in Chenango County and 751 slots in Tioga County(See Tables 11, 12, and 13). To address the demand for school age child care for children ages 5 to 12, 3,384 more slots are needed in Broome County, 1,184 in Chenango County and 1,309 slots in Tioga County.

TABLE 11: Broome County Unmet Need

| | Under 5 | 5-12 Years |
|---|---------------|---------------|
| # of Children ¹⁸ | 10,480 | 17,707 |
| Demand for Child Care ¹⁹ | (63%) 6,602 | (53%) 9,384 |
| Regulated Capacity ²⁰ | 2,043 | 1,975 |
| Using Relative/In-Home Care ²¹ | (43.9%) 2,898 | (42.9%) 4,025 |
| Total Unmet Need (Slots Needed) | 1,661 | 3,384 |

TABLE 12: Chenango County Unmet Need

| | Under 5 | 5-12 Years |
|---------------------------------|-------------|---------------|
| # of Children | 2,735 | 5,078 |
| Demand for Child Care | (63%) 1,723 | (53%) 2,691 |
| Regulated Capacity | 355 | 353 |
| Using Relative/In-Home Care | (43.9%) 756 | (42.9%) 1,154 |
| Total Unmet Need (Slots Needed) | 612 | 1,184 |

TABLE 13: Tioga County Unmet Need

| | Under 5 | 5-12 Years |
|---------------------------------|-------------|---------------|
| # of Children | 2,973 | 5,399 |
| Demand for Child Care | (63%) 1,873 | (53%) 2,861 |
| Regulated Capacity | 300 | 325 |
| Using Relative/In-Home Care | (43.9%) 822 | (42.9%) 1,227 |
| Total Unmet Need (Slots Needed) | 751 | 1,309 |

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

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

1. Infant Toddler Care: According to reports of Family Enrichment Network’s NACCRRAware database, 966 children were served using the referral services in Broome, Chenango, and Tioga

Counties in 2015. 47% of the care needed in Broome County were under the age of 3, 54% of the care needed in Chenango County was under the age of 3 and 51% of the care needed in Tioga County was for infants and toddlers. Referral Specialists state that infant and toddler spaces fill quickly when they are available in programs. In family child care, a child is considered an “infant” until the age of 2. A family child care provider can only care for 2 children under the age of 2 (without an approved assistant), so spots are limited. Child care centers lose money in infant classrooms due to the needed staffing ratios, so there is no incentive to open more classrooms for this age. More care for infants is needed in the community.

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

In 2014, Family Enrichment Network CCR&R started tracking the calls received from parents requesting child care for children with behavior issues, emotional concerns, autism, educational disabilities, or developmental delays. During 2015, in Broome County, 27 families with children exhibiting ones of these needs were looking for care, 3 families in Chenango County, and 8 families in Tioga County.

3. School Age Child Care: According to the U.S. Department of Labor and U.S. Bureau of Labor Statistics report “Women in the Labor Force: A Databook” from March 2013, 70.3% of mothers with children under 18 years of age are in the workforce. Mothers with children 6 to 17 years of age are more likely to participate in the labor force (74.8%) than mothers with children under 6 years of age (64.7%).²² Each day, more than 4 million children between the ages of five and fourteen go home to an empty house and are unsupervised, placing them at a higher risk for a range of problems, including school failure or risk taking behaviors, such as smoking, drug experimentation, drinking, and early sexual experimentation. Studies also show that school days between the hours of 3pm and 7pm are the peak times for children to commit crimes or become crime victims.

Because of the lack of after school care and the cost, families often turn to unregulated care, such as relatives, friends, or self-care, which can include the oldest child providing care for the younger siblings or some children home alone. Most states do not have regulations or laws that clarify when a child is considered old enough to care for him/herself or to care for other children.²³

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

According to Family Enrichment Network’s NACCRRAware database, 966 children were served using the referral service in 2015. Of these children, 33% needing care in Broome County were ages 5-12, 21% in Chenango County were school age, and 30% in Tioga County were school age.

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

As shown in Tables 8 through 10, there are 11 family/group family child care providers in the rural areas of Broome County, 2 in Chenango County, and 5 in Tioga County. There are only 2 centers in the rural areas of Broome County and none in Chenango or Tioga Counties.

MARKET RATES OF CHILD CARE

Child care is expensive, especially high quality child care. Low income families traditionally have less access to higher quality, affordable child care. The welfare to work movement created its own set of issues for working parents. Many of the jobs that welfare recipients have entered pay very low wages with no benefits. They also frequently involve non-traditional hours (evenings, weekends, or overnights). According to the Annie E. Casey Foundation's 2013 Kids Count Data Book, 23% of children in New York State live in poverty. National 22% of children live in poverty.

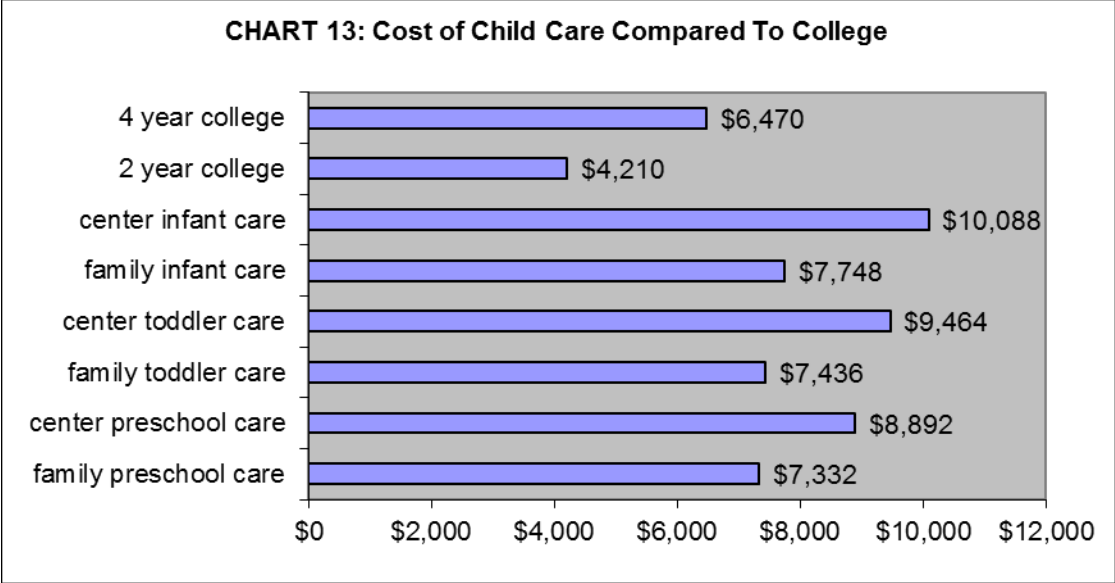
A total of 754 families in Broome County are receiving child care assistance.²⁵ There are 60 families in Chenango County receiving child care assistance²⁶. There are 202 families in Tioga County receiving child care assistance.²⁷ The New York State Child Care Block Grant (NYS CCBG) projected allocation is \$3,941,194 to Broome County from 2015-2016, \$600,000 to Chenango County for 2015-2016, and \$1,709,000 to Tioga County for 2015-2016.

The average cost of full-time child care for infants in Broome County is \$7,748 per year per child in family child care and \$10,088 for center based child care. The average cost of full time child care for a preschooler in Broome County is \$7,332 per year per child for family child care and \$8,892 per year for center based child care.²⁸

TABLE 14: Subsidized Rate (Market Rate) Versus Private Pay Rates for Child Care ²⁹

| | DSS Market Rate Center-based Weekly Rate | Private Pay Rate Center-based Weekly Rate | DSS Market Rate Family care Weekly Rate | Private Pay Rate Family care Weekly Rate |
|------------|--|---|---|--|
| Infants | \$190 | \$194 | \$150 | \$149 |
| Toddlers | \$180 | \$182 | \$140 | \$143 |
| Preschool | \$170 | \$171 | \$140 | \$141 |
| School Age | \$160 | \$143 | \$140 | \$125 |

Both the subsidized/market rate and the private pay rate is more than the cost of public college tuition in New York: \$6,470 per year for a four year state college³⁰ or \$4,210 for a local two year college.



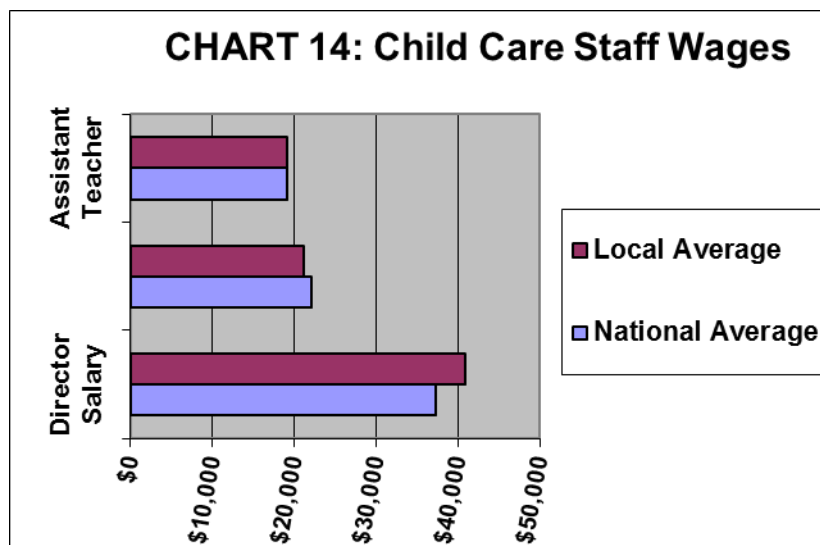
According to a report published by Child Care Aware of America titled “Parents and the High Cost of Child Care: 2015 Report”, New York State ranks #3 in a list of least affordable states for infant care in child care centers and #1 for the least affordable state for preschool age care in child care centers.

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

The biggest cost for a program is salaries for staff. NYS OCFS regulations dictate required staff-child ratios. Even if a program can accommodate more children in the physical space, it is often not cost effective to add additional staff. Knowing the importance of high quality child care, the qualifications of the child care providers are critical. However, the people we entrust to provide quality child care for our children are often not highly compensated. On average, in center-based

care, an assistant teacher earns \$9.21 per hour, while a lead teacher earns \$10.18 per hour. The increase in minimum wage to \$9.00 in New York in December 2015 affected many child care centers. Many are only paying minimum wage.

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



ECONOMIC IMPACT

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

Locally, the importance of child care is being discussed due to the closing of several child care centers over the last 3 years. In the spring of 2015, WSKG conducted Community Conversations around the issues of early care and education. In August 2015, a second Early Care and Learning Summit was held to highlight the local issues with child care centers closing and to discuss the importance of looking at child care differently.

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

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

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

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

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

While the cost of child care has increase, funding for child care has decreased. We need businesses to understand the importance of investing in early childhood education. WinningBeginningNY has developed the video “It’s Our Business: Why New York State Business Leaders Support Early Childhood Education” showcasing business leaders discussing the importance of early care and learning to our current and future workforce. The video is designed to help others understand that investments in early childhood have short and long-term

economic benefits for our State, its families, and future workforce. The video can be viewed on the WinningBeginningNY website at www.winningbeginningny.org.

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

IDENTIFICATION AND PRIORITIZATION OF CCR&R ISSUES

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

1. Need to expand child care services in all areas of Broome, Chenango, and Tioga Counties through outreach and media.
2. Need to expand services for infant and toddler care throughout the service area.
3. Need to expand services for children with challenging behaviors and special needs.
4. Need to engage the community, providers, parents, and businesses to the importance of high quality child care and the need for more community and business support.
5. Need to support child care providers and programs to improve the quality of their programming by offering trainings, mentoring, and grants.

Endnotes:

¹ The National Association for the Education of Young Children (NAEYC) Program Accreditation search at www.naeyc.org.

² The National Association for Family Child Care Program Accreditation search at www.nafcc.org.

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

⁴ Family Enrichment Network’s Family/Group Family Child Care Provider Needs Assessment Survey, September 2015.

- ⁵Child Care Aware of America Report “Child Care in America: 2012 State Fact Sheets” for New York.
- ⁶Family Enrichment Network’s Center/SACC Needs Assessment Survey, September 2015.
- ⁷Family Enrichment Network NACCRRAware Database search, January 2016.
- ⁸Family Enrichment Network Infant Toddler Network Reports, January 2015-December 2015.
- ⁹ Child Care Facility System (CCFS) Legally Exempt Database search, January 2016.
- ¹⁰ Family Enrichment Network CACFP Minute Menu and CIPS search, January 2016.
- ¹¹New York State Office of Children and Family Services Child Care Regulations, www.ocfs.state.ny.us.
- ¹² Family Enrichment Network CCR&R Training Spreadsheet, 2015.
- ¹³ Binghamton Association for the Education of Young Children workshop attendance, received from BAEYC Board Member, Jennifer Perney, January 2016.
- ¹⁴Family Enrichment Network’s Family/Group Family Child Care Provider and Center/SACC Needs Assessment Survey, September 2015.
- ¹⁵ CCFS Database search, January 2016 and NACCRRAware Database search, January 2016.
- ¹⁶U.S. Census Bureau: State and County QuickFacts: www.factfinder2.census.gov.
- ¹⁷2003 Kids Count Data Book
- ¹⁸ NACCRRAware Database search, January 2016.
- ¹⁹ *Who’s Minding the Kids? Child Care Arrangements: Spring 2005/Summer 2006.*
- ²⁰The Children’s Defense Fund Report “The State of America’s Children,” 2005.
- ²¹ The National Association of Child Care Resource and Referral Agencies (NACCRRRA) report, “Child Care in Rural America: From Challenges to Solutions,” 2010.
- ²²Broome County Department of Social Services, January 2015.
- ²³Chenango County Department of Social Services, January 2016.
- ²⁴Tioga County Department of Social Services, January 2016.
- ²⁵ NACCRRAware Database search, January 2016.
- ²⁶ New York State Office of Children and Family Services Market Rates, April 2014.
- ²⁷ www.suny.edu, 2015-2016.
- ²⁸ www.sunybroome.edu, 2015-2016.
- ²⁹Child Care Aware of America: “Parents and the High Cost of Child Care: 2015 Report”.
- ³⁰Family Enrichment Network’s Family/Group Family Child Care Provider and Center/SACC Needs Assessment Survey, September 2015.

Family Support Services Programs

Family Support Services Program Descriptions

Family Support Services

Over the past year, the Family Support Services Department of Family Enrichment Network offered three programs two of which were in two counties: The Courthouse Children's Center, Broome County, the Kinship Caregiver's Program Broome and Tioga Counties, and the Nutrition Outreach and Education Program (NOEP) in Broome & Tioga Counties.

The Courthouse Children's Center 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 that is funded through the Office of Court Administration. Professional early childhood staff cares for children 6 weeks to 12 years of age while their adult caregivers attend to business in the courthouse. Changes in the Governor's budget in 2013 resulted in the opening times of the Center being changed three times and finally in June 2013 the funding was stabilized to provide four and a half days of childcare a week. The Center is now open full day Monday through Thursday and half day Friday morning. The Children's Center staff offer a monthly curriculum to provide children with fun, educational and safe experiences away from the high tensions that can erupt in the family court waiting room. Adults who leave children in the center are also offered a variety of community referrals and resources.

In 2015 the Courthouse Children's Center worked with 1223 children an average of 102 children. The statistics for 2015 are as follows: 906 families served including 266 new families who had never used the center before. 90% of families were at the poverty level or no more than 200% above the poverty income guidelines.¹ Throughout the year community resources and referrals were given out 3618 times. Throughout this time the Children's Center has also been

involved in the Permanent Judicial Commission on Justice for Children, Literacy Program. This program promotes literacy by distributing free books and literacy activities to all the children cared for in the center. In 2015 the staff distributed 1279 books and 904 Literacy Packets. Distributing ~~over 1400~~ 1300 quality books a year is a challenge for the agency and the Children's Center relies heavily on donations and fundraisers to achieve this goal.

The Kinship Caregiver's Program funding changed in 2015. Through to September 30, 2015 it was funded by the Kinship Navigator's, Children's Bureau Grant which began in October 2012. Initial funding included money for a Kinship Navigator Coordinator. This position was primarily to work with Kinship Navigator in Broome County to distribute and collect *Permission to Contact* forms that funneled families needing kinship care first to the Kinship Navigator phone banks and then onto the FEN Kinship Program. In late summer of 2013 this funding was more than doubled so that starting October 1, 2013 the Kinship Navigator Program provided extra funds to allow the program to continue to provide direct kinship services to kinship families through the Kinship Advocate and Kinship Counselor positions.

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

On September 1, 2015 the 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. Also to provide some limited counseling hours for kinship families in Broome County. This grant is collaborates with Mother's & Babies Perinatal Network are to provide the Kinship Caregiver Support groups and the Kinship youth services. One benefit of this new grant with OCFS is that they no longer require income eligibility and the program is open to all kinship families.

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

The numbers of children being raised by someone other than their parents has been steadily growing. As of the U.S 2010 census, in New York State 129,522 grandparents are responsible for the grandchildren living with them and over 439,654 children under the age of 18 live in households headed by a grandparent or other relative.² In Broome County there are 2,371 grandparents reported as caregivers in a home with grandchildren under the age of 18 years. Of those, 1221 or 51.5 percent are fully responsible for 2,226 grandchildren. This is well above the state level of 35 percent. Nearly 19 percent of grandparent caregivers live below the poverty level.³ Grandparents and non-parent caregivers can have many questions about raising children in today’s society and many may not know where to turn for guidance and support.

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

The mission of the PASTA program is to help grandparents and other kinship caregivers cope with today's challenges while working towards a stable future for themselves and the kinship children they care for. In the final Kinship Navigator grant year, 150 kinship families were stabilized, 127 kinship families were assisted with the Non Parent Caregiver grant receiving needed cash assistance to help with the raising of their kinship children, 50 kinship families received advocacy in family court and 16 kinship families received free counseling services.⁴ Please note that on average, the kinship program works with 40 families a month; this includes both new families and those already in the database.

Nutrition Outreach Education Program (NOEP)

The Supplemental Nutrition Assistance Program (SNAP) 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. Elderly and/or disabled households and/or working families with dependent child care or adult care costs related to employment or training must have a monthly gross income below 200% of poverty guidelines.

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

Like most counties, Broome County's SNAP participation has been steadily increasing over the past couple of years, in spite of the fact that Broome County's population fell by 4,000 people a 2% decline since 2010.⁵

In December 2015 in Broome County there was an increase in the numbers of households and individuals receiving SNAP from the previous December with 17,062 households consisting

of 31,513 individuals being approved for SNAP benefits. Of these households, 14,145 or 82% were “SNAP Only” which means they had a source of income other than public assistance.⁶ Measuring this data would suggest that those in Broome County who participate in SNAP are largely the working poor, disabled and/or senior citizens. Please note that many more households applied for SNAP but were not approved because they did not meet the eligibility requirements, however these families were still facing food/hunger insecurities. Hunger Solutions New York states that 40 percent of SNAP recipients are children.⁷

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

The Nutrition Outreach Education Program Coordinator answers any questions about SNAP through presentations and outreach efforts at area Senior Citizens Centers, Disabled Housing Facilities, WIC Sites, local food pantries and the Mobile Food Pantry. This is only a partial list of the outreach sites at which the NOEP Coordinator attempts to address the application process, reduce the stigma attached to SNAP, and remove any other barriers to participation in SNAP. Over the course of 2015 the Broome County NOEP Coordinator provided 784 prescreens (94 more than the previous year) and enabled 443 households 52 more than the previous year) to receive SNAP. These efforts resulted in \$1,531,008 SNAP dollars coming into Broome County an increase of \$179,712 dollars.⁸ These numbers show that hunger in Broome County is not improving.

During 2014, FEN had to reapply for the NOEP contract in Broome County and also applied to operate the NOEP program in Tioga County. These proposals were successful and the Broome NOEP contract was re-awarded from July 2014 to June 2018 – four years.

A huge addition to the Family Support Services Department in 2014 was the expansion of the NOEP contract for Tioga County ~~NOEP~~ which also started in July 2014.

During 2015, the Tioga County NOEP Coordinator made 625 Face-to-Face outreach connections with Tioga County residents and collaborated with 11 other Tioga County agencies. These efforts helped bring some of the \$8,948,017 total SNAP dollars into Tioga County in 2015. Tioga County SNAP participation has remained fairly steady, as the lack of jobs and opportunities does not entice people into the area. In addition, at the end of 2014, Tioga County lost their only public transportation bus system, “Ride Tioga”, making it more difficult for the rural residents to access services and programs⁹.

The Tioga County Department of Social Services Report that was released in 2016, stated the while 613 Tioga County residents received Temporary Assistance, 3,688 received SNAP. This data serves to show the majority of Tioga County SNAP recipients are the working poor, Senior Citizens and/or disabled persons.¹⁰

Food insecurity is a major problem. There are 13 pantries in Tioga County. Only two are large pantries with large inventories. The 11 smaller, rural pantries do not keep enough stock to really fill up a cupboard, and residents can only pick up food at their local pantry once a month. They are not allowed to pick up food from a pantry in another town or more than once a month.

There are 8 mobile pantries that service Tioga County, including outlying areas and they are well attended. There are no restrictions regarding income or how often/where a resident can access these mobile pantries. There are also 11 free Soup Kitchen/Fellowship Meals offered to anyone, however, all but two are located only in the Waverly/Sayre area.¹¹

The largest problem facing Tioga County is that free Summer Meals are not getting to income eligible children. SNAP participation in Tioga County is high with 91% percent of eligible people receiving SNAP. However, very few of these eligible children are attending the free Summer Meals programs. This is usually due to transportation issues and means that SNAP eligible children are going without the meals they would normally be eating in school. The Tioga County NOEP Coordinator is part of the Tioga County Anti-Hunger Task Force, which is addressing these issues.

Emergency Food Assistance

Originally intended as a last resort for those in need of immediate assistance, more and more working families, single adults, students, children, and senior citizens are relying on the emergency food system as a regular source of food. State guidelines determining who may receive emergency food do not currently exist; however individual emergency food providers often establish their own income guidelines and may limit the number of allowed visits.

For over the past 25 years, Health Hunger Prevention and Nutrition Assistance Program (HPNAP) provided State and Federal funds to improve the quality of food distributed to an estimated total of 2,600 Emergency Food Relief Organizations (EFRO) such as food banks, food pantries, soup kitchens and emergency shelters in New York State which provide over 195 million meals each year to people who are in need.¹²

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 works closely with the staff of the Food Bank of the Southern Tier and the local food pantries to ensure that each client who utilizes the food banks, but does not receive SNAP benefits, is referred to the NOEP. Likewise, individuals who learn about NOEP from other sources are referred by NOEP to food resources in the community. These collaborative efforts account for many referrals to NOEP.

In 2014 the Food Bank of the Southern Tier (FBST) distributed 2,854,303 pounds of food, 33% of the Food Bank's total. It is important to note that the FBST serves 6 Southern Tier

counties. There were 143 Mobile Food Pantry distributions in Broome County at 22 sites. The FBST served 409,390 requests for food consisting of 174,363 children, 209,807 adults and 25,220 seniors.¹³ The Broome County Council of Churches manages the Community Hunger Outreach Warehouse (CHOW) with 25 participating food pantries and 27 soup kitchens and community meals. Catholic Charities of Broome County also oversees two food pantries in Binghamton and Endicott. In 2015 the Binghamton site served 14,263 households consisting of 38,639 people of which 17,740 were children, 18,549 were adults and 2,350 were seniors. The Endicott site, Mother Teresa's Cupboard, served 6366 households consisting of 15,537 individuals of which 6161 were children, 8,377 were adults, and 999 were seniors.¹⁴ (Catholic Charities Food Pantries) Please note that these numbers do not include all the food assistance programs, however they are from the largest independent food pantries in Broome County. Keeping this in mind, the number of people struggling to find enough food to eat in Broome County is staggering and the numbers have continued to increase.

Family Support Services Identification of Unmet Programs Needs

Courthouse Children's Center

1. Restored Funding for Full Operation. During 2015 funding for the Courthouse Children's Center remained the same as 2014 and the center could not provide child care services on a Friday afternoon. Increasing funding would ~~to~~ allow for Center services for a full five days a week would be of the most benefit to families who need to use the Center. In January 2015 as Broome County added another Family Court judge and when all judges and magistrates ~~are~~ were in session there were seven courtrooms in operation.

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

Kinship

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

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

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

3. Increased Mental Health Services, In Broome and Tioga Counties there are not enough free mental health services or providers that accept Medicaid. Counseling services are needed to stabilize kinship families and help kinship children deal with the grief and loss they experience because of their kinship situation.

4. Decrease Staff Turnover at Department Social Services in 2015 there was a large staff at the Department of Social Services. This creates challenges as newer case workers are not always aware of the kinship program or the special kinship laws and benefits.

5. Increased substance abuse treatment programs. In 2015 the number of children coming into kinship families increased because of the surge in Heroin addictions. This has become the main reason that children end up in kinship care. There are not enough local programs and many addicted parents are forced to leave the area to seek treatment.

6. A 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. _

7. Teens Aging out of Kinship Care Coverage was identified as a new unmet need in 2009; this remains an unmet need for 2015. Kinship foster care families can receive financial support for longer than those teens in the informal kinship care setting. In many instances once a teen turns 18 years of age the family can no longer collect the Non-Parent Caregiver subsidy even if the teen is still in high school. There are exceptions to this, however the eligibility requirements are complicated to understand and do not cover every situation

8. Respite Care is very important and often unavailable for kinship families. In this program respite care is defined as the opportunity for kinship caregivers to spend an extended period of time away from their kinship children. This does not apply to babysitting offered during a meeting to allow a caregiver to participate. Family Enrichment Network's Kinship Program has been unable to fulfill any requests received from kinship caregivers for daylong, overnight or weekend respite care. Currently in our community respite care is available through Catholic Charities for families who have children with a mental health diagnosis. The type of respite care is provided in a number of formats: community- based, out of home,

recreational or group. However kinship families whose children do not have a mental health diagnosis have no extended respite care available to them at all. Based on responses from local kinship caregivers at support group meetings there is a strong need for this service. The extended family that generally is available to help family members with occasional child care is over utilized once these same family members become kinship caregivers. Since the tables have been turned for kinship families there are often no other family resources available to help out.

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

NOEP

1. Access to 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%.¹⁵ This means that an alarming number of children are going without their essential nutrition over the long summer break.

2. Access to healthy affordable fruit /vegetables in food deserts and rural areas. This problem goes hand in hand with the lack of grocery stores; however in 2014 2015 the addition of two more CHOWbuses, a mobile community ~~food~~ Farmer's Market that provides healthy, low-cost ~~foods~~ produce to the public has helped improved access for fresh fruits and vegetables for some of those located in food deserts.
3. Access to and participation in school breakfast programs. Again in both Broome & Tioga counties the number of SNAP eligible children who participate in the free and reduced school breakfast programs is lacking. Children require proper nutrition to focus and learn. The public needs more education on this program and schools need to remove the barriers that prevent children from participating. In 2015 the Binghamton School District was designated as a free school meals district because of the high percentage of income eligible families. This means that all children can eat for free at school, however social stigma and cramped morning schedules still remain as barriers.
4. 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.
5. Access to Specialized Food for those with Medical Conditions Those who suffer from Celiac Disease (gluten intolerance), Diabetes or other medical conditions requiring specific types of food, are particularly vulnerable when faced with hunger. These individuals have a difficult time finding the correct food at local Food Pantries and can have no other option but to eat food that is harmful for their medical condition. Currently

there is no system in place to provide for those with a nutritional/dietary condition. *Please note:* this does not refer to people who are trying to lose weight, but those with serious food allergies and/or food restriction.

IDENTIFICATION & PRIORITIZATION OF FAMILY SUPPORT SERVICES

COMMUNITY WIDE NEEDS

1. Housing

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

- e. *Increase housing for sex offenders.* There is an acute lack of acceptable, legal housing for sex offenders in our community. This also becomes a problem for our re-entry population.

2. Transportation

- a. *Restore 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. This year , 2015, 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 2014 the situation has not improved. The reductions created a loss of fundamental transportation services for our county and an added burden for our residents.

- 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.

3. Food Insecurity

- a. *Increase the number of supermarkets in Binghamton.* Currently the Center City and North Side of Binghamton do not have any supermarkets, creating a food desert. The only place families can purchase food are at some Dollar Stores and the more expensive small corner markets and gas stations. People must use public transportation (if it is available and they have the funds) to access the proper supermarkets.
- b. *Offer Mobile Food Pantries in Western Broome.* Endicott and Johnson City are underserved by the Mobile Food Pantry and both these towns have large populations of low income households. In 2015 a monthly Mobile Food Pantry site was added to Mother Teresa's Pantry in Endicott through the efforts of the Broome County NOEP Coordinator and the Pantry Coordinator. Also the Cherry Street FEN location in Johnson City became a three time a year regular Mobile Food Pantry site.
- c. *Increased evening hours at food pantries.* More food pantries need to offer evening hours for those people who work during the day, as the number of individuals suffering food insecurity has increased in the county.
- d. *WIC needs evening hours as well to give families more accessibility.*

- e. *Reduce social stigma and increase participation in 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 participation does not 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.
- g. *Increase education on SNAP benefits for eligible college students*
- h. *Expand nutrition education programs* to include budgeting, shopping and food preparation.

4. Mental Health

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

occur because their mental illness/addictions may make it difficult to follow social norms. This places the individual into a downward spiraling situation. Serious gaps also exist in mental health services for the 18 through 21-year-old age group.

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

5. Adult Education/ Job Training Programs

- a. *Provide financial aid for adult job training programs.* At this time financial aid can be received for those who are taking a two or four year degree at the local community college but not for those who wish to take adult education/job training programs at BOCES such as welding, cosmetology or a nursing assistant. This inequity in access to further education prevents many low-income people from being able to achieve a level of work-based training that would allow them to move from minimum wage paying jobs
- b. *Increase availability of independent living skills training for adults.*
- c. *Provide a Perpetrator's Domestic Violence program.* Broome County used to have a program for men who abuse through a local not-for-profit agency.

However this program is now only available through a private practice. The financial requirements are different and the program is not available to as wide an audience as in the past. Broome County should have a low to no cost option.

- d. *Anger Management classes.* Currently the only class in Broome County is geared toward parents; however there is a need for a general anger management class for adults as well.

6. Family Court Liaison

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

7. Formerly Incarcerated Individuals.

- 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 families' lives.

- b. *Income.* Those just released must wait 45 days before they are eligible for cash assistance through Broome County DSS. This becomes an immediate hardship for an individual who is trying to start their reintegration in a positive manner.
- c. *Paid Transitional Employment* to allow the individual to gain work experience, build their resume and receive a source of income. Too many parolees are underemployed or lack any employment for many years after being released. See Ban the Box at the top of the list.
- d. *Employer Education* to encourage more local employers to consider hiring those with criminal histories and to keep them up to date on the incentives available for hiring felons.
- e. *Legal Aid* to help formerly incarcerated with issues of custody and parental rights hearings that often were started after their incarceration. Child support amendments can be very difficult when the court of origin is in another county or state.

8. Rural Communities

- a. *Increased support and services to the rural areas of Broome County.* Family Support Services programs work with many rural-based families who do not have reliable transportation. Requiring families to travel to city hubs for services, leads to many needy families missing out on important support and assistance

9. Services for Teens /Young Adults

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

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

10. Parenting Classes

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

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

11. Financial Supports for Low Income Households

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

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

12. Moving Assistance

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

13. Head Lice and Bedbugs Education.

- a. *Head Lice*. Many families are stigmatized because they are not given the correct information for getting rid of lice. Common knowledge on the methods for getting

rid of lice are inaccurate and based on research completed in the 1920's on body lice and fleas. Misinformation abounds. Without correct information families are doomed to being stigmatized by Head Lice and their children can be kept out of school erroneously¹⁶

- b. *Bedbugs* have been a growing problem in the county over the past couple of years and again this has impacted low income families even more as their resources are limited. It also affects the ability of agencies to obtain second hand beds for people as the fear of bed bugs has restricted the acceptance of good second hand beds and bedding.

Endnotes

- ¹ Courthouse Children's Center Database 12/2014 and www.labor.ny.gov/workforcenypartners/ta/TA11-1AttA.pdf - 2011-02-08 for the poverty guidelines
- ² AARP <http://www.aarp.org/relationships/friends-family/grandfacts-sheets>
- ³ U.S. Census Bureau 2003 publication
- ⁴ Broome County Kinship Caregivers Program Data Base 12/2015
- ⁵ Article Press & Sun Bulletin March 26, 2016
- ⁶ Broome County DSS Intake Supervisor March 2016
- ⁷ Hunger Solutions New York
- ⁸ NOEP Online Report 2014-2015
- ⁹ Press & Sun Bulletin Article, September 18, 2014
- ¹⁰ Tioga County Department of Social Services March 2016
- ¹¹ Family Enrichment Network Tioga NOEP Database 2015
- ¹² NYS Department Health Hunger Prevention and Nutrition Assistance Program website
- ¹³ Food Bank of the Southern Tier
- ¹⁴ Catholic Charities Food Pantries, March 2016
- ¹⁵ Broome County Child Hunger Task Force Fact Sheet 2015
- ¹⁶ The Nitty Gritty of Head Lice, Pat Beck Cortland Area Child Care Council and Karen Mastronardi , Prevention Services for Youth 2000

HOUSING

Housing Department Program Description

Family Enrichment Network's annual Community Assessment has identified safe and affordable housing as a community need for three years in a row.¹ Due to this chronic need, Family Enrichment Network has made strides to address this issue, which led to the creation of our Housing Department in July, 2013. The Housing Department currently consists of 2 programs: the Caring Homes program and the Housing program. The following is a brief description of each program, followed by identified needs in our community.

Caring Homes Program

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

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

During Caring Homes third grant year (Feb 1, 2015 – Jan 31st, 2016), 49 families were provided financial assistance. Of the 49 families, 34 homeless families were provided security deposits to obtain permanent housing and 15 families at risk of becoming homeless were able to maintain their housing due to financial assistance for shut off notices &/or rent arrears. A total of 420 phone screenings were completed. The need has increased.

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

Caring Homes ensures that all callers, regardless of program eligibility, are provided referrals. There were 123 outside referrals. Those needing emergency shelter are referred to local resources such as the YWCA Emergency Shelter, YMCA shelter, RISE domestic violence shelter, Volunteers of America (VOA) shelter, and Broome County Department of Social Services for emergency assistance to secure their shelter stay. Other referrals related to physical and emotional well-being are made to resources such as:

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

The City of Binghamton recently renewed our Caring Homes program for another year (Feb 1, 2016 – Jan 31, 2017). Family Enrichment looks forward to continuing their efforts to assist homeless families and those at risk of becoming homeless.

Housing

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

11 Roberts Street:

In April 2013 Family Enrichment began its commitment to address the need for safe and affordable housing. FEN purchased a property in Johnson City. The 2-family property consists of a first floor 2 bedroom apartment and a second floor 1 bedroom apartment. FEN collaborates with Binghamton Housing Authority working together to gain housing for those approved for Section 8. This helps to ensure we are providing outstanding housing to those in direct need. Since occupancy in late fall 2013, we have had consistent tenants. Binghamton Housing Authority is happy to have another property available to their clients, as their current Section 8 wait list of over 500 + families.²

51 Roberts Street:

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

241 St. Charles Street:

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

Looking Ahead:

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

Housing Program Identification of Unmet Needs

Although Caring Homes successfully assisted many families find permanent housing and/or divert homelessness, the need in our area exceeds what our program is able to provide. Strict guidelines limit the amount of families we are able to assist through this program. For example, during our first year (2013-2014), only 105 out of 200 phone screens were determined eligible. In our second year (2014-2015), only 138 out of 340 phone screens were determined eligible. During our third year (2015-2016), only 254 out of 420 phone screens were determined eligible. Strict eligibility guidelines for the use of Emergency Solutions Grant funds come from two sources: the City of Binghamton and the federal government's Housing and Urban Development (HUD).

To be eligible, clients must be residing within Binghamton city limits, have an income below 30% of the area median income, and a situation that categorizes them under HUD's very specific definitions of "Homeless" or "At Risk of Homelessness."³

Unmet Needs, As Identified by Clients and Local Agencies

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

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

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

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

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

In conclusion, Family Enrichment Network continues to work to prevent homelessness and support those at risk of becoming homeless. We have identified the need to expand our housing program to support the community in providing safe and affordable housing. We will continue to develop and grow as long as the need is warranted.

Endnotes:

¹ *Family Enrichment Network Annual Community Assessment*

² *Conversation with Kim Mitchel/Section 8 Housing Coordinator, Binghamton Housing Authority, March 2014*

³ *Electronic Code of Federal Regulations website- Emergency Solutions Grant*

<http://www.ecfr.gov/cgibin/retrieveECFR?gp=1&SID=3c51f2ee7e89a1f0800c6de1337781b0&ty=HTML&h=L&n=24y3.1.1.3.8&r=PART>

Head Start & Early Head Start

Child Development and Adult Education Needs

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

Adult Literacy

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

Literacy begins with the ability to read and understand the written language and the use of numbers. Reading and math skills are the foundation for all other learning. What's most disturbing about adult non-literacy is its legacy. According to Gary Rice, Ph.D., Assistant Professor of Education at the University of Missouri-St. Louis, "There's a lineage of illiteracy, you can unravel this thing all the way back." He goes on to say that the "key to improving childhood literacy may be improving adult literacy."⁴ Studies show that the higher the parents' level of education, the more likely that the child will pursue further studies. According to a study by Patrice de Broucker and Laval Lavallee, "Young adults aged 26 to 35 were close to three times more likely to earn postsecondary credentials (college diplomas) if their parents had a postsecondary education than if their parents had not completed high school."⁵ Obtaining an education is important not only because it permits a person to flourish and thrive, but also because it allows a person to develop other capabilities. Locally, 20% of our Broome County HS/EHS parents state that they have difficulty reading the local paper along with six percent of our Tioga County parents.⁶ If parents are struggling to read the local paper, than what help can they be to their children with reading them a bedtime story or as they get older, homework?

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

embedded in printed materials). Literacy levels were separated into four levels of achievement: *Below Basic*, *Basic*, *Intermediate*, and *Proficient*. Results indicated “twenty-two percent of adults were *Below Basic* (indicating that they possess no more than the most simple and concrete literacy skills) in quantitative literacy, with 14 percent in prose literacy and 12 percent in document literacy.”⁷ Breaking this down in terms of financial capabilities, 22% of adults are unable to perform the very basic of tasks, including, balancing a checkbook or creating a monthly household budget.

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

prose literacy respectively, had been involved in all four school activities measured (volunteering to help out, going to parent/teacher meetings, spoken individually with a teacher, and or sent food for parties or snacks).⁸ Parental well being directly affects the rest of the family. According to research conducted by Barbarin et al. (2006), “the skills children need to meet the demands of school (in the domains of language and numeracy) are linked to resources present in the child’s familial environment. Being able to meet the material needs of the child and having the human and social capital associated with higher Social Economic Status may lower strain and equip parents to cope with expected and unexpected life events.”⁹

In the United States 25.7 million (13 percent) of people between ages 18 and 64 are without a high school diploma or equivalent.¹⁰ This number is expected to increase as the number of high school dropouts, especially minority populations, increases. Added to the dropout rate, an impact of the 2008-2012 economic recessions, many states have seen an increase in the number of older, unemployed or underemployed adults who are returning to school to obtain their high school equivalency diploma to in order to upgrade their future employability. According to the United States Census Bureau’s Demographic, 2010 American Community Survey for Broome County, 23,470 (11.7%) residents age 25 and older do not possess a High School Diploma or Equivalency Diploma. Of those residents, 7,817(16.5%) reside in Binghamton and 2,200(14.5%) reside in Johnson City.¹¹ According to New York State Education Department (NYSED), “Board of Regents Chancellor Merryl H. Tisch and New York State Education Commissioner John B. King, Jr. today released high school graduation rates for the 2010 cohort (students who entered 9th grade in 2010). The overall graduation rate increased to 76.4 percent from the previous year’s 74.9 percent.”¹² According to NYSED, Binghamton City

School's dropout rate is down 6% to 54%, even though New York State's overall graduation rates have increased 2%, the difference between the state rate and Binghamton rate being more than 22%.¹³ This means that about half the students at Binghamton High School are not receiving a high school diploma. This epidemic has been seen with the increased number of young students now enrolled in the Family Enrichment Network (FEN) GED program. Many of the younger students have mentioned bullying as a reason for not attending school. According to recent complaints by Binghamton City School District parents, bullying is a problem at East Middle School in Binghamton.¹⁴ Some parents also feel that the bullying situation runs district-wide. And with those students attending middle school moving on to High School, the bullying perpetuates into that next level of education. The earlier we get to children with efforts to build self-esteem and defuse thoughts of bullying the better. Second Step and Conscious Discipline efforts taught in the earlier ages, should transfer through to the Middle and High School levels of education, hopefully, with a positive effect on keeping children from dropping out. We must use our village to raise our children before they give up on a High School education. Forty percent of the current students who attend are 20 years old or younger. As the graduation rates continue to plummet, this number is expected to grow.

Narrowing in on the Head Start/Early Head Start population, this 2015-2016 program year 17% Heads of Household and 15% secondary adult in our Broome County HS/EHS families reported at least one member of the household lacking a High School diploma or GED diploma and 12% Heads of Household and 6% secondary adult in our Tioga County HS/EHS of the children's parents lacking a High School diploma or GED diploma. Forty-one percent of the families in our Broome HS/EHS and 26% of the families in our Tioga HS/EHS reported that they

were interested in continuing their education.¹⁵ With 24.6% of Head Start/Early Head Start families reporting education as their goal for the 2015-2016 Head Start/Early Head Start Program Year, up 2.4% from last year,¹ it is obvious that continuing education and literacy are important areas for our agency to explore.

Financial Education

But to be “literate” in today’s world, we must also include having a firm grasp on problem-solving, higher-level reasoning skills, and financial literacy which includes financial capability. Financial literacy as defined by Lois Vitt and colleagues (2000) is “the ability to read, analyze, manage, and communicate about the personal financial conditions that affect material well-being.” Financial capability, according to Atkinson et al. (2006), “incorporates skills, behavior, and knowledge in five areas: making ends meet, keeping track, planning ahead, choosing products, and staying informed.” “The JumpStart Coalition for Personal Financial Literacy, a national group of organizations promoting financial literacy at all grades, notes on its Web site that the average student who graduates from high school ‘lacks basic skills in the management of personal financial affairs. Many are unable to balance a checkbook and most simply have no insight into the basic survival principles involved with earning, spending, saving and investing.’” According to a final report of the President’s Advisory Council on Financial Capability (Jan. 29, 2013), “Financial education should take its rightful place in American schools. More specifically, it recommended integrating ‘important aspects of personal finance into teaching of math and English language arts Common Core State Standards for K-12 education as well as other subjects.’”¹⁷

With approximately 22% of adults in the United States possessing no more than the most simple and concrete of knowledge in quantitative literacy and our School Districts focusing so heavily on higher level mathematic reasoning, financial literacy and basic concepts of budgeting are going by the wayside. According to State Financial Education Requirements, JumpStart Coalition for Personal Financial Literacy, “personal finance instruction in the K – 12 curriculums is not required in 52% of states, and only 8% require at least a one-semester course.”¹⁸ Although personal finance is a requirement in New York State (Economics, the Enterprise System and Finance offered in twelfth grade) there is no assessment to pass that requires proficiency,¹⁹ and for those who want to obtain a High School Equivalency (HSE) diploma, there is no personal finance test required. Even in the newly adopted Test of Adult Secondary Completion (TASC), the current assessment tool for receiving a HED based on the new common core standards does not include a section on personal finance. In the 2015-16 program year 36% of Broome and 21% Tioga Counties Head Start/Early Head Start families reported finances as a family relationship need,²⁰ with 14.8% (of Broome) and 9.8% (of Tioga) of those families working on that as a family goal.²¹

Adult/Parent Education

Recent Federal and State legislation regarding upcoming education changes has created more of a need to educate Head Start/Early Head Start parents both for their own educational goals and those of their children. In December 2015, the House of Representatives passed a bill called the “Every Student Succeeds” Act, which minimizes the role the federal Department of Education will play in elementary and secondary education in the future years. This bill was created to replace the “No Child Left Behind,” law o that expired in 2007. According to Richard

Hanna, U. S. House Representative, and the “bill makes key reforms to federal education policy that will maximize flexibility for states and local school districts and reduce the government’s role in state education policy. This bill prohibits the federal government from mandating a one-size-fits-all set of standards such as Common Core, a failed experiment that has led to the development of rigid curriculums that stifle classroom innovation.” He goes on to say that, “the bill authorizes the Preschool Development Program to provide competitive grants to states in order to assess the availability and quality of existing preschool programs.”²² Some highlights included in the bill include changes/modifications to current laws regarding 1) Common Core: Prevents any federal agency from incentivizing, requiring, or conditioning the receipt of federal funds on the adoption of Common Core standards or any other set of specific academic standards. It also makes clear that states can withdraw from the Common Core program with no financial penalty. 2) Preschool Development Grants: authorizing \$250 million for the Preschool Development Grant program to be used to develop update, or implement a strategic early learning plan. 3) Academic Standards: Prohibiting the federal government from requiring states to adopt a particular set of standards, assessments, or accountability structure. 4) Measuring Progress: states will be required to test annually in reading and math but these results will not be used to determine individual school progress by the federal government; however, states still have to identify consistently low-performing schools and are responsible for developing turnaround models.²³ “The Common Core State Standards Initiative is a state-led effort coordinated by the National Governors Association Center for Best Practices (NGA Center) and the Council of Chief State School Officers (CCSSO)”, which “provide teachers and parents with a common understanding of what students are expected to learn. Consistent standards will

provide appropriate benchmarks for all students, regardless of where they live.”²⁴ New York State plans to implement the common core learning standards in all schools in 2011-12 with full classroom instruction fully aligned to the new standards by the 2012-13 school year.²⁵ This new legislation will affect all of our parents and their children. Standards have been developed for our Pre-Kindergarten children and a new High School Equivalency test has been developed to be implemented in 2014 for our parents who wish to pursue their High School Equivalency Diploma. With the “Every Student Succeeds Act 2015, the future of New York State education, from pre-school through adult education, is yet to be determined; but we know education expectations and curriculum, will be changing again.

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

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

In the Tioga area, FEN offers classes at the Tioga Workforce Employment Center, Mondays & Wednesdays from 1:00 p.m. to 4:00 p.m. in Owego. This is the only adult education offered in the Tioga county area.

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

Although there are three main organizations that offer adult literacy and TASC programs, Binghamton High School and Broome-Tioga BOCES, and LVA, along with The Family Enrichment Network, there are many organizations referring adults for assistance. Center City

Coordination (C³), Cornell Cooperative Extension, Department of Social Services, and the Refugee Resettlement Program are just a few. Family Enrichment Network is currently serving 58 students in the adult GED and ESOL programs. Statistics presented earlier showed that 10,017 people age 25 and older in the Binghamton and Johnson City areas do not possess a high school diploma or equivalency diploma up 52% from the United States Census Bureau's Demographic, 2005-2009 American Community Survey 5-Year Estimates for Broome County²⁶. Based on this information 95% of the population of people who do not possess a high school diploma is not being served. This number is sure to grow with the current Binghamton City School Graduation Rate of 54%.²⁷

Research shows a clear-cut and unquestionable need for Adult Education programs, but funding for such programs is limited and dwindling on a yearly basis. According to Latta, "the degree to which adult education programs are given such low priority is made clear by the discrepancy in federal and state funding."²⁸ Latta goes on to report that according to the Digest of Education Statistics, the K-12 system spends close to \$7,500 for every child enrolled in school, and the higher education system spends around \$16,000 per student enrolled, but the adult education system (which enrolls and serves the most difficult to educate segments of our adult population) spends an average of \$310 on each student.²⁹ With federal and state funding shrinking for adult education programs, the new Common Core Standards raising the expectations and level of education preparedness of future High School graduates entering the labor force, and the need for a technology literate society increasing, adult education programs have been forced to become more creative in their pursuit to find new avenues to secure continued funding for their programs.

New York State identified three main barriers to why the people who need the TASC do not always succeed in obtaining one; cost, access, and most importantly, preparation programs. The New York State Board of Regents recommends “expanding instructional programs, including basic literacy and adult education programs; enhancing the quality of programs available; and building on promising models of instruction.”³⁰In order to prepare people for post secondary education, the GED assessment was revamped for 2014. The content of the new 2014 TASC assessment test currently aligns with the Common Core Standards and contain a five-test format reading, writing, math, science and social studies. A big change to the test is that it is now going to be completely computer based, which presents a new challenge to existing preparation programs and testing centers that now have to supply the computers for instruction and assessment. With the new requirements for preparation programs and testing centers, with little funds to back them, more programs will disappear causing a greater problem to the population trying to further their education and consequently, their financial stability.

The amount of adult education classes in the Binghamton area is declining with the needs and benefits of the classes rising especially in Adult Basic Education. Lack of funding and a decrease in participation have caused Broome-Tioga BOCES to restructure and scale down adult education services and even close centers, such as its involvement in the Tioga Workforce Center. Many programs find that program location, hours of service programs are offered, lack of transportation, and lack of childcare services are among a few problems preventing adults in need of literacy, ESOL, and TASC education from attending classes. Tioga County offers no public transit system, so those who do not have access to private transportation, lack a means to attend a class even if their work schedule or life allow for it. According to the United States

Department of Labor Bureau of Labor Statistics Employment Projections, people that possess a high school or high school equivalency diploma earn \$174 dollars more a week³¹ and \$200,000 more a lifetime³² than a person who hasn't received a diploma. According to The Condition of Education 2014, in 2012 young adults with a High School Diploma or Equivalency earned on average \$7,100 (or 24%) more than their counter parts that had less than high school completion.³³ And furthermore, "Between 2002 and 2012, the median earnings for young adults without a high school credential declined by 10% from \$25,500 to \$22,900; \$2,600 a year.³⁴ According to Broucker and Lavallee, parents with higher education levels are more likely to set their children on the path to educational success. They state, "Parental education plays a significant role in children's ability to match or improve upon their parents' educational attainment. Most probably, this occurs because the learning environment in the home reflects the parents' own academic background."³⁵ Support for the 95% of Binghamton and Johnson City residents that do not have a high school or high school equivalency diploma are imperative for the economical and educational growth of our area.

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

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

Advancing Thinking

According to the 2007 Head Start Act, family Literacy encompasses four components: interactive literacy activities between parents and their children, training for parents on how to be the primary teacher for their children and full partners in the education of their children, parent literacy that leads to economic self-sufficiency and financial literacy, and age-appropriate education approaches that prepare children for success in school and life experiences. Family Enrichment Network hires highly qualified staff for its Head Start and Universal Pre-Kindergarten classrooms that are trained in providing age-appropriate instruction throughout the program. Teaching staff are encouraged to continue their training through professional development opportunities that are based on goals they develop each year. Goal setting behavior is an essential human activity in which a person can identify an area in need of improvement and then works towards an acceptable solution, which may not be apparent at first.³⁶ Reflection on teaching practices and goals can be useful in learning from any experience and can be used as a mechanism for both improving teaching and turning experiences into knowledge about teaching. Reflection, as defined by Dewey, is “the kind of thinking that consists in turning a subject over in the mind, and giving it serious thought.”³⁷ Reflection extracts any combination of formally taught knowledge, reading, implicit knowledge, experience, critical incidents, and emotions to create new knowledge that enhances the capacity to visualize new realities and outcomes.³⁸ Often there is little time for reflection in our daily schedules. A basic challenge with

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

Implications

In order to better meet the needs of children and the families in our community, there needs to be increased numbers of TASC, ABE, and ESL classes for non-English speaking families and an addition of classes to the Tioga County area. A variety of course days and times would accommodate working families who would like to pursue further education within our service area. Eighteen percent (18%) of our Broome and fifteen percent (15%) of our Tioga families that completed the Parent Questionnaire for the 2015-2016 program expressed the need of either TASC Services, educational tutor, or ESL classes in order to complete their education.³⁹ It is vital that services be available for these families in order to increase the economical outlook for our service area as well as quality of life and education for the families and children that we serve. The programs we offer must be in alignment with the Common Core Standards and with the future TASC test in mind and be ever diligent to the ongoing changes to curriculum as New York State roles out its future plans for education.

In addition to providing more adult education opportunities, our community needs to provide dependable and high quality transportation and childcare in conjunction with these courses to allow families to fully take part and not have the worries of how they are going to be able to get

there and who is going to care for their children. This may include increasing low-cost or no-fee program slots to for these families. Additional full-day slots for two-, three-, and four-year-old Head Start children would allow more families to attend the programs that they need to attend in order to pursue further education. As an added bonus to the attending children, they would be engaged in language rich environments that would build on their language and literacy skills as well as the families.

Along with offering more adult education classes, and extending Head Start and Early Head Start offerings to more children, our families need continued exposure to sound financial literacy. Household budgeting, credit counseling, and programs that explore the benefits of banking and keeping checking/savings accounts would help our families not just in the present, but in planning for their future and their children's futures. According to Johnson and Sherraden, people who had an allowance, bank account, or investment when they were children saved more of their income as adults.⁴⁰

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

Child Education

The core features of emotional development include the ability to identify and understand one's own feelings, to accurately read and comprehend emotional states in others, to manage strong emotions and their expression in a constructive manner, to regulate one's own behavior, to

develop empathy for others and to establish and sustain relationships.⁴¹ Kindergarten teachers rate these motivational and socioemotional skills as more important to school success than being able to hold a pencil or read.⁴² They want children to be ready for learning-to be able to cooperate, follow directions, demonstrate self-control, and “pay attention”.⁴³ “One of the most important skills that children develop is self-regulation-the ability to manage one’s behavior so as to withstand impulses, maintain focus, and undertake tasks even if there are other more enticing alternatives available. Self-regulation underlies the ability to undertake every task, so that it has implications for not just how children get along with one another but also how they can focus and learn in the classroom.”⁴⁴ A survey done on Kindergarten teachers at the Binghamton City School District in June of 2015 asked teachers to rank, in order of importance, the student attributes that could be developed in pre-k to help children succeed in Kindergarten. The top two responses were positive social skills and self-regulation. Head Start and Early Head Start philosophy has always put these skills at an utmost priority; exceeding the important of academic skills. It’s always been the philosophy of Family Enrichment Network that a child must have their basic needs met, feel safe in their environment and have strong, trusting relationships with peers and teachers before their brain is ready for academic learning. Unfortunately, meeting these needs in children has become increasing more difficult in recent years. Our program has seen a significant increase in behavioral concerns in children and the number of children being referred and needing services remains high; including the need of one on one aides due to safety and/or behavioral concerns. “Over the past several years, a number of studies have shown a rise in behavior problems among preschoolers. Investigators say that these problems include prolonged tantrums, physical and verbal aggression, disruptive vocal and

motor behavior, property destruction, self-injury, noncompliance, and withdrawal.”⁴⁵ “Persistent physical aggression, high-school dropout rates, adolescent delinquency, and antisocial behavior have all been associated with early childhood conduct problems. The preschool years are a sensitive period for learning to regulate development of aggression. Children who exhibit high levels of physical aggression in elementary school are at the highest risk of engaging in violent behaviors as adolescents”⁴⁶ Because difficult behavior exhibits itself early-even before children begin kindergarten-the pattern of rejection and negative experiences begins early, too. The early experience of rejection can have lasting emotional and behavioral impacts beyond elementary school, creating a downward spiral that becomes increasingly difficult to reverse.⁴⁷ Without intervention, the troubles born out of problems in social and emotional development create high costs for society in terms of juvenile delinquency and adult crime.⁴⁸

Broome County continues to see a rise in crime and drugs in recent years while poverty rates remain high. Information released in February of 2016, poverty rates in Broome County were at 17.8%, above the NYS poverty rate and the US Poverty rate both at 15.6%. The number of children living in poverty in Broome County is at 24.8%. Recently 430 teachers, administrators, aides, and other school officials from Maine-Endwell and Windsor school districts met for a conference on poverty and education with presentations by nationally recognized brain-based teaching expert Eric Jensen, Ph.D. He led activities in a workshop to help attendees realize the ways that growing up in poverty affects students’ abilities to learn and how stress can impact the brain. Maine-Endwell’s poverty rates have doubles in the past 12 years and many staff are not as accustomed to helping students who are dealing with the stresses of poverty.⁴⁹ With Head Start

and Early Head Start being an income eligible program, almost 100% of our children are living in poverty. Families living in poverty are often not focusing on education, academics, and appropriate social interaction since so often priorities can range from food security, housing, employment, the stresses of being a single parent, domestic violence, drug use, among others. A lot of children we serve have never been in a program before so lack structure and social exposure; some have even been expelled from various daycares in the community before entering our program. These leads to children having a very hard time with daily routines, transitions, classroom rules, interacting appropriately with peers, and more.

The drug epidemic continues to be on the rise in Broome County, affecting many of our Head Start and Early Head Start families. Broome County has been designated a High Intensity Drug Trafficking Area, a move that will give police agencies wider access to resources for combating the growing use of heroin, methamphetamine, and other illegal substances.⁵⁰ Broome is now among 28 similar HIDTA programs around the country. Drug overdose deaths increased from 10 in 2008 to 39 in 2014; if the patterns continue officials fear heroin fatalities will more than double in 2015.⁵¹ Broome County is also rated fourth highest in number of methamphetamine lab seizures in the state, according to the U.S. Drug Enforcement Administration. Crime rates also continue to rise in Broome County. In 2013, Broome County had more property crime than any other area of New York State.⁵² The Binghamton crime rate is much higher than the New York average crime rate and is higher than the national average crime rate.⁵³

With so many of our families dealing with drugs, crime, poverty and incarceration it's not surprising our children are living in chaotic, stressful homes, and coming to school lacking those social emotional skills to make them successful learners.

Within the Classroom

Within the last few years we have seen children with more severe behavioral concerns, lack of social emotional skills when entering our program, and children with intense outbursts of anger and frustration; including physical and verbal aggression. Over the last three to four years our program has tried to combat these growing concerns by implemented the *Conscious Discipline* program. *Conscious Discipline* is a self-regulation program that combines social and emotional learning with discipline and guidance. *Conscious Discipline* helps adults and teachers consciously respond to daily conflict with children, transforming conflict into opportunities to teach those critical social emotional skills. The foundation of the program is the brain research to understand how internal emotional states dictate children's behavior. The program also provides teachers with the seven skills of discipline; which include Composure, Encouragement, Assertiveness, Choices, Positive Intent, Empathy, and Consequences. A few key strategies of Conscious Discipline include a Safe Place in the classroom, breathing techniques to calm self, "I Love You Rituals"-connection, touch, and eye contact being essential pieces, and how to have children address their conflict with their peers. Prior to the 2015-2016 school year all teaching staff was trained on the use of this program. During this school year, our program has struggled to complete these trainings due to staffing issues. It remains a priority to have all new staff trained by beginning of the next school.

We also use the *Second Step* program which is an early learning program designed to increase children's school readiness and social success by building their social-emotional competence and self-regulation skills. It supports skill development in four key areas of social-emotional competence: empathy and compassion, emotion management, friendship skills and problem solving, and skills for learning.

Teachers continue to be faced with touch situations on a daily basis and are having to be more and more creative and thoughtful in their teacher to adapt to the growing behaviors. Due to this however, teachers are becoming burnt out at a much faster pace than in past years. Our agency is constantly looking for professional development opportunities for staff with behavioral management, social emotional skills, play therapy for trauma, and physical intervention being key topics right now.

Beyond the Classroom

One of the biggest barriers we are facing as an agency in meeting the needs of the children we are serving is finding staff. Our agency is facing an extreme staff shortage ranging from teachers to one on one aides to therapists. Many classrooms this year have had substitutes filling in long-term for a lead teacher or assistant teacher. We have several children approved for one on one aides due to behavioral and/or safety concerns that do not have their one on one aides due to lack of staff. Children are also approved for services such as SEIT or other therapies that are going without services due to lack of SEIT teachers and therapists. Our Broome County program currently has seven children on the waitlist for Speech Therapy and four children on the waitlist for Occupational Therapy. We are also down one Speech Language Pathologist and have replaced a 40 hour a week Occupational Therapist (OT) position with a 32 hour a week OT. We

are not alone with this struggle. Many other daycares and non-profits in the Human Services realm are dealing with the same issues. Dan Brown, the Executive Director at the Racker Center, said in an interview on January 13, 2016 that the Racker Center has over 90 openings. Broome Tioga BOCES is continuing to do continuous recruitment of Special Education Teachers, Occupational Therapists, aides, and substitutes. Across the county, teacher shortages are making headlines. In 2015 Arizona had more than 500 vacant teaching positions and Montana had more than 1,100 vacancies.⁵⁴ In 2015, Forty-nine states reported a shortage of teachers in special education, and 90% of high-poverty school districts had difficulty attracting highly-qualified teachers in that area.⁵⁵ “Nationally, teacher preparation programs are seeing this same pattern of decreased interest. Having weathered the hard years of the recession, college graduates are understandably gravitating towards professions they perceive as financially sustainable and stable and in turn, public service and teaching are receding as primary options.”⁵⁶ In a recent poll of teachers, done by Teach For America, only 13% of teachers would recommend that a young person go into teaching. On a more local level, SUNY Broome has only 17 expected graduates in their Early Childhood Education program; in years past you could have seen 100 or more graduates from this ECE program. Our agency currently has one of the highest turnover rates we’ve ever experienced this year, more than doubling from last year.

So where have all the teachers gone? The toxic combination of high student debt with low paying work, mixed with standardized testing and reforms such as Common Core and No Child Left Behind are continuing to make people run away from the field. In 2015, Nancie Atwell, a veteran teacher with forty-two years of experience, won the first million dollar Global Teacher Prize from the Varkey Foundation. In a CNN interview, she was asked what she would say to

students considering a career in teaching; “Honestly, right now I encourage them to look in the private sector. Because public school teachers are so constrained right now by the Common Core standards and the tests that are developed to monitor what teachers are doing with them. It’s a movement that has turned teachers into technicians, not reflective practitioners. And if you’re a creative, smart young person I don’t think this is the time to go into teaching...”⁵⁷

Low pay continues to plague the Early Childhood field. In 2004, based on a report by the Economic Policy Institute, a quarter of center based teachers and administrators have incomes below 200% of the poverty line, roughly the minimum necessary to pay for basic necessities without public assistance.⁵⁸ This report also shows that it’s becoming harder to find qualified teachers because wage and benefits are low and have almost remained stagnant over the last 15 years; which center based teachers and administrators only half as likely to get health care through their job as other workers and only 21% of center based early childhood educators participate in any kind of pension plan.⁵⁹

With the increased needs of the children in our community, the shortage of services and staff, and the low wages but high qualifications we are battling a lot in the Early Childhood field. More and more teachers are struggling to provide quality learning in the classroom in addition to struggling to remain financially secure in their own life. Too many teachers are not finding the Early Childhood field worth the investment. It will remain an overwhelming battle until lawmakers on the state and federal level do something to ensure compensation for high standards and high qualifications in the Early Childhood field. “Any approach to improving staff standards in ECE will fail unless it also raises compensation to keep more qualified people in the field. The present reality will persist, with many ECE staff having low education levels, no meaningful

training in early childhood development, and no opportunities to learn from experienced and qualified peers. It is well past time to recognize that society can't afford not to pay more for ECE teachers. Only with public investment can the community as a whole reap the long-term benefits of high-quality early childhood education.”⁶⁰

Health/Nutrition Needs

Health Insurance

As of December 2015, the following children were receiving Medicaid:

- 2997 TANF Children on Medicaid and Assistance;

- 12,948 Medicaid only Children;

- 17,033 *Total Children on Medicaid*⁶¹

As of 2009-2011, 5.1% of children in Broome County are uninsured, many of whom may be eligible for Medicaid.⁶² Although access to primary and preventive care has improved in this community, it remains a concern for Head Start families. Private and hospital-based clinics provide health services to the majority of Head Start families. Historically, low Medicaid reimbursement rates have played a role in restricting health care accessibility.

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

subscribing doctors, location of the physician's office, preferred hospital, location of participating pharmacies, and availability of all services at a convenient site.

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

With the enactment of the Affordable Care Act along with the state takeover of the administration of the Medicaid program from the local Department of Social Services, all new enrollees applying for Medicaid will now go through the New York State Department of Health. An applicant can apply over the phone, online, or receive assistance through a Navigator or Certified Application Counselor. All these insurance affordability programs were moved to Modified Adjusted Gross Income (MAGI) based on IRS tax rules.

Child Health Plus:

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

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

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

Family Health Plus:

As of December 2014 this program has been discontinued due to the increase in income levels for Medicaid eligible under the new ACA Guidelines. The ACA established a new eligibility category called the “adult group” (ages 19-64) that provides coverage to individuals with modified adjusted gross income up to 138 percent (%) of the federal poverty level (FPL). For 19 and 20 year olds, their income will be compared to up to 138% of the FPL if they are living alone or up to 154% of the FPL if they are living with parents. For parents or caretaker relatives, their income will now be compared to 138% (a reduction from 150%) of the FPL.⁶³

Table IV. Health Care Visits of Head Start Families⁶⁴

| HEALTH CARE | PERCENTAGE OF CHILDREN | | PERCENTAGE OF PARENTS | |
|-----------------------|------------------------|-----|-----------------------|-----|
| | 2014-2015 | | 2014-2015 | |
| Medical Visits | | | | |
| Every two years | 0% | 0% | 3% | 0% |
| Once a year | 19% | 29% | 18% | 15% |
| Twice a year | 7% | 8% | 4% | 2% |
| As Needed | 74% | 63% | 72% | 81% |
| Never | 0% | 0% | 2% | 2% |
| Dental Visits | | | | |
| Every two years | 0% | 0% | 4% | 2% |
| Once a year | 11% | 22% | 20% | 21% |
| Twice a year | 47% | 35% | 26% | 27% |
| As Needed | 38% | 37% | 46% | 32% |
| Never | 4% | 6% | 4% | 18% |
| Vision Exams | | | | |
| Every two years | 6% | 9% | 15% | 11% |
| Once a year | 12% | 18% | 20% | 31% |
| Twice a year | 6% | 2% | 3% | 2% |
| As Needed | 45% | 47% | 43% | 40% |
| Never | 31% | 24% | 19% | 16% |

Oral Health/Health Plan Coverage

According to the Economic Opportunity Report, June 5, 2000, nearly 30 percent of low-income children received no dental care and nearly 60 percent failed to receive the recommended minimum level of care. Broome County Department of Social Services has operated a mandatory managed care program with several different product lines since 1998. There are currently over 33,000 individuals enrolled in these plans. As a result of a Medicaid Redesign Proposal, dental care was added to the Medicaid managed care benefit package and those enrollees access dental care through their plan's dental network. Child Health Plus and Family Health Plus offer dental care. While local data is not available for health plans supporting the

safety net populations, in the Quality Reports for HMO's statewide (QARR, available at NYSDOH website), the plans reported the following: for CHP B: one annual dental visit per child; CDPHP 59%, Fidelis 54%, GHI-HMO 53%, and Excellus 62%. Access to dental care improved in 2008 with the opening of two new offices – Wilson Dental and Binghamton Dental. These practices were formed especially to accommodate Medicaid patients. As of October 1, 2009, Medicaid reimburses a maximum of four annual fluoride varnish applications for covered children from birth until seven years of age.⁶⁵

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

In response to a long-standing community need, Our Lady of Lourdes established the Lourdes Center for Oral Health in January of 2005. In June of 2015 the center expanded from 6 chairs to 12 chairs to better serve the community and families in need. Basic oral health care is an important factor in overall health, yet access to it remains a challenge. This program was established to meet the oral health care needs of vulnerable populations who are unable to establish a dental home or to obtain access to dental services in private dental practices. An article 28 clinic, with a focus on restoring and maintaining dental health for children and adults, the center targets those who are uninsured, on Medicaid, or enrolled in a managed care plan including New York's Child Health Plus program, a population that is underserved for dental

services in the Broome County area. Lourdes also offers a Patient Financial Assistance Program to help patients who meet specific guidelines and are not eligible for any other available program. Lourdes Center for Oral Health has an insurance navigator available one day a week on site to assist patients who need to obtain insurance.⁶⁶

In October of 2006 Mobile Dental Services were added and in 2012 a School Based Sealant Program offering a well-rounded realm of services to community sites and local school districts. Lourdes Dental Services has provided free screenings, oral health education, preventive and restorative dental services and provides a dental home to all children enrolled in the Family Enrichment Head Start and Opportunities for Broome Head Start programs whose families may find it difficult to access needed dental services elsewhere in the community. Currently dental services are provided by Lourdes at 23 community sites, serving 7 school districts and 5 Head Start sites.⁶⁷

There are approximately 1,500 children enrolled at the Article 28 Clinic operated by United Health Services Hospitals (UHS) at Binghamton General Hospital. UHS operates two school-based health centers (Benjamin Franklin and Roosevelt elementary schools in the Binghamton City School District) and provides screening and sealants to children in those two schools, and restorative care referrals. The UHS clinic is currently taking new patients. The insurances that UHS Dental Clinic accepts are: Medicaid, Healthplex (including CDPHP and Excellus Blue Cross/Blue Shield), Fidelis (Dentaquest), and private insurance and self pay.⁶⁸

The Dental Hygiene program at SUNY Broome Community College offers a dental clinic for preventive services such as various cleanings, x-rays, local anesthesia and health teaching. The clinic is during the fall and spring college semesters. Fees for service are 30 dollars per adult

and 20 dollars for children from ages 6 to 17 years and senior citizens over the age of 65. A Veterans' clinic is held the first Tuesday of November to provide free services to Veterans. Children from ages 3 to 5 years are seen in the spring semester. Medicaid patients with proof of proper qualification and BCC students are not charged. The clinic served approximately 1800 people in August to May 2015.⁶⁹ The Clinical Campus at Binghamton University, in collaboration with health professionals who volunteer their time, at space provided by the Broome County Health Department, offer a free primary care clinic for uninsured adults. Services include dental screenings and referral for follow-up care only for individuals age 18 and over. Approximately 10 clients per week are screened and referred out for restorative care.

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

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

In response to the documented need and lack of services, Tioga County Health Department obtained and operates a mobile dental van, Tioga Mobile Dental Services. The 53

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

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

In an effort to promote dental visits by the age of one, postcards are mailed to all families of one year olds in Tioga County. Also, information regarding children's oral health is included in all birth packets mailed to new parents. The hope is that these efforts will lead to early awareness of the importance of good oral health and entry into the dental care before problems arise.⁷⁰

Children entering the Family Enrichment Network Head Start Program must have a professional dental exam within ninety days of entry. Children in Broome County who are unable to obtain a professional dental exam receive an oral health screening by a Registered

Dental Hygienist from The Lourdes Center for Oral Health. Lourdes Center for Oral Health provided approximately 130 screenings for the Head Start children in the 2015-2016 program year, and plans to provide prophylactic and restorative care for approximately 60 of them when clinic staffing is reestablished⁷¹. The partnership between Family Enrichment Network and the Lourdes Mobile Dental unit has enhanced our ability to obtain dental care for children on Child Health Plus and Medicaid. Since opening in January 2005 Lourdes Center for Oral Health has been accepting referrals and providing a dental home to Head Start children on Child Health Plus and Medicaid.

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

In Broome County, approximately 121,658 residents are served by fluoridated water. This accounts for approximately 62% of the population⁷². There is no fluoridated water supply in Tioga County. The New York State Fluoride Supplementation Program was discontinued in the Spring of 2012. Family Enrichment Network purchased fluoride tablets in order to continue offering it to the children. Families are also encouraged to obtain fluoride through their primary care physicians or private dentists.

Immunizations

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

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

New York State law requires vaccinations or other documentation of immunity as a condition of child care, school, and college attendance. The purpose of the law is to reduce the incidence of vaccine preventable diseases and associated morbidity and mortality by increasing vaccination rates. In July 2014, the school requirements were updated to more closely reflect the ACIP (Advisory Committee on Immunization Practices) recommendations changes include verification that all immunizations were given in the correct intervals, as well as two doses of varicella and a booster dose of polio after the age of 4, for all Kindergarten, 1st grade, 6th grade and 7th grade. In subsequent years, this requirement will be extended to new Kindergarten and 6th graders, as well as the students in the next grade (for example, in the 2015-2016 school year these requirements will apply to grades K,1,6, and 7).⁷³

Effective July 1, 2014, the following vaccine doses are required by New York State for school entrance into Day-Care, Nursery, Head Start, or Pre-K:(there were no changes in the 2015-2016 school year):

- 4 Diphtheria and Tetanus Toxoid-Containing Vaccine
and Pertussis vaccine (DTaP/DPT)
- 3 Polio Vaccine (IPV and/or OPV)
- 1 Measles, Mumps, Rubella (MMR)
- 1-4 Haemophilus Influenza Vaccine (Hib) (number of doses varies with age of child at the time of immunization)
- 3 Hepatitis B (Hep B)
- 1 Varicella (chicken pox)

- 1-4 Pneumococcal Conjugate Vaccine (PCV-13) Children starting their series on time and at appropriate intervals should receive 4 doses. (Number of doses varies with age of child at the time of immunization)

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

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

One dose of the Measles, Mumps, and Rubella (MMR) vaccine is required on or after the child's first birthday. This can be given at the same time as the varicella vaccine. Children in grades Kindergarten through 12 must have received two doses of the MMR vaccine for school attendance. The second dose should be received when the child is 4 to 6 years of age. In 2014, there were 644 cases of measles in the USA. Most of the people who contracted measles were unimmunized or under immunized

With some exceptions, all parents are advised that four doses of polio vaccine (IPV) is the preferred schedule. ACIP recommends four doses of the inactivated polio vaccine (IPV) given by injection at two months, four months, and 6-18 months and at four to six years prior to school entry. The final dose in the series must be received on or after the fourth birthday and at least 6 months after the previous dose. Although we no longer see polio in our country, it

continues to be endemic in Afghanistan, Pakistan, and Nigeria. In 2008, 14 additional countries reported cases of polio as a result of importations. These countries are only a plane ride away!

In New York State, all children born on or after January 1, 2005, must be immunized against tetanus and pertussis for entry into any school. The DTaP vaccine prevents against infection from diphtheria, tetanus and pertussis. These are serious and even life-threatening infections, especially in young children. Children should receive four doses of DTaP by the time that they are eighteen months old and a booster dose at their fourth birthday. If the fourth dose of DTaP was administered at age four years or older, the fifth (or booster) dose of DTaP vaccine is not necessary.

The Tdap vaccine provides protection against tetanus, diphtheria, and pertussis. The recommendation from the Centers for Disease Control is to administer Tdap as a single dose booster to adolescents and adults in place of the Td vaccine. New York State requires that children born on or after January 1, 1994 and enroll in grades 6 through 12 receive the Tdap booster. The primary objective of the Tdap vaccination is to protect adolescents against pertussis. It is especially important for adolescents and adults to receive the Tdap booster if they will come into contact with infants. Babies that aren't fully protected against pertussis (whooping cough) are more likely to contract the disease, develop serious complications, and die. In 2010, a pertussis outbreak in California took the lives of 10 infants. Tdap may be given as young as 7 years of age. For children enrolling in grades 6 to 12 who received a dose of Tdap at 7 years of age or older, the booster dose of Tdap is not required in 6th grade.

New York State requires immunization against pneumococcal disease of every child born on or after January 1, 2008. Immunization must be obtained beginning with enrollment in any

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

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

Beginning September 2016, students entering 7th and 12th grades in New York State public, private and parochial schools will be required to be fully vaccinated against meningococcal disease according to Advisory Committee on Immunization Practices (ACIP) recommendations. The complete adolescent meningococcal vaccine series includes a first dose at 11 or 12 years of age and a booster dose on or after the 16th birthday

New York State requires that all public and private schools (including pre-K programs, licensed child care centers, nursery schools, and Head Start programs) complete an immunization survey. This survey assesses the immunization rate for children within New York State. According to the 2011-2012-school survey, 94 percent of Broome County children entering Head Start programs and 97.7 percent of Tioga County children entering the Owego Head Start programs were completely immunized. There must, however, continue to be an ongoing community effort to promote immunizations. Vaccine myths must be dispelled through education and promotion of reputable sources of information such as the Centers for Disease Control, and the American Academy of Pediatrics. Vaccine safety is continually monitored by the Vaccine Adverse Reporting System. This National Government Program encourages anyone to report any adverse event that happens after getting a vaccine.

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

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

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

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

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

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

As of January 1, 2008, providers must enter all immunizations administered to children less than 19 years of age into the New York State Immunization Information System (NYSIIS). This is a free, web-based statewide immunization registry.⁷⁴

Lead Poisoning Prevention

Lead is a common environmental contaminant. Exposure to lead is a preventable risk that exists in all areas of the United States. Like other counties in New York, Broome and Tioga County has older housing stock, major highways and industries that have historically contributed

to lead contamination. The risk to Broome and Tioga County children is real. Reduced lead use in paint, gasoline and other products has helped to decrease rates of lead poisoning, but research has found that even very low levels of lead can have serious irreversible effects on children. Young children and pregnant women are especially vulnerable to the harmful effects of lead exposure. Lead poisoning can cause many problems with growth, behavior, and ability to learn.

The Broome and Tioga County Health Departments offer services to all children with elevated blood lead levels through the Lead Poisoning Prevention Program (LPPP). LPPP's role is to survey and coordinate appropriate follow up for lead poisoned children. Staff members inform parents about strategies to prevent and reduce exposure to lead hazards. They can provide home visits to educate parents about lead hazards and perform environmental investigations. Referrals are made to Maternal Child Health and Development for home visits by a public health nurse to offer lead poisoning prevention guidance, child developmental assessments, and specific nutritional recommendations. LPPP coordinates communications and activities between the Regional Lead Poisoning Resource Center, health care providers and parents. In Broome County, 3226 blood lead tests for children were performed and tracked in 2015. In Tioga County, 651 blood lead tests for children were performed and tracked in 2015. Although these numbers look small in comparison, Tioga County has more than double the incident rate of lead poisoning than that of upstate New York.

Blood lead levels of 10 mcg/dl or greater are elevated and require action. Blood lead levels of 5mcg/dl are at the CDC "reference value". The reference value level is based on the U.S. population of children ages 1-5 years who are in the highest 2.5% of children when tested

for lead in their blood. Tioga County’s LPPP staff follow all of the children with blood lead levels of 5mcg/dL or higher. The following chart shows the results by blood lead levels for Broome County.

| Elevated blood lead levels (mcg/dl) 2015 | Total number of blood lead test results (2015) | Number of test results from those having their first screening (2015) |
|--|--|---|
| 5-9 | 174 | Data not available |
| 10-14 | 51 | 19 |
| 15-19 | 29 | 4 |
| 20 and above | 71 | 11 |

LPPP strives to increase lead testing rates to better identify and serve those children with elevated blood lead levels. Broome County staff prepared and presented information to health care providers, day care directors, parents and other organizations with ties to children’s health. The Tioga County LPPP has also done presentations to code enforcement and to the Board of Health and to the county legislators. A letter was written for the realtors and town/village offices to give to people who get permits to renovate their home to advise people how to renovate safely. Presentations emphasized recognizing lead hazards, preventing lead poisoning and clarifying the New York State Public Health Laws which state that every child shall be tested for lead at age one and again at age two by their health care provider. Each child shall be assessed for their risk to lead exposure at each routine well-child visit at least until age six. Pregnant women also should be assessed for their risk to lead *exposure*.

Other outreach efforts in both counties included mailings to families with newborns and children celebrating one and two year birthdays.

The Broome County Health Department has the Childhood Lead Poisoning Primary Prevention Program (CLPPP). Primary Prevention is defined as the identification and correction

of lead based paint hazards in high-risk housing prior to the lead poisoning of a child. High risk housing is defined as any dwelling unit that is likely to impact a child's blood lead level based on specific housing and neighborhood characteristics. Referred homes that meet program criteria are tested for lead based paint hazards. Then the Health Department works with property owners to correct the lead based paint hazards that are identified.

The Broome CLPPP has a strong partnership with Broome County Women, Infants and Children (WIC) Supplemental Food Program to test children for blood lead while at their WIC appointment. While it remains the responsibility of the child's physician to test for blood lead, this program is performing limited blood lead testing in an effort to catch those that have not been tested. An evaluation of the program revealed that over 50% of children tested in WIC had never been tested before. All parents are provided information and services to help keep blood lead levels as low as possible. The website www.gobroomecounty.com/eh/lead has additional information about the Broome County Health Department Lead Poisoning Prevention Programs.

In 2015, the Broome County Health Department was awarded a HUD Lead Hazard Control grant to control lead paint hazards and address health issues in local low-income housing. The Health Department is administering this grant to remediate 147 units in need of lead hazard control work. Grant funding is available in the form of five-year forgivable loans for both rental and owner-occupied housing units built before 1978. To be eligible, units must house at least one child age 6 or younger or a pregnant woman. HUD's income guidelines must be met, but eligibility is based on the income of residents and tenants, not the income of property owners. The grant period for HUD Lead Hazard Control will end February 28, 2014.

Both Broome and Tioga County Health Departments also receive New York State grant funding to administer the Healthy Neighborhoods Programs. Staff conduct home visits to identify health and safety hazards including those associated with asthma, lead poisoning, residential safety and indoor air quality. Education and health and safety supplies are provided to participants to reduce risks associated with identified hazards. Recommendations and referrals are made to link participants with local resources. While there are no age or income restrictions, there are targeted neighborhoods in Broome County by zip code and census tracts. Tioga County serves their residents throughout the county.⁷⁵

Prenatal Care

“Babies of mothers who do not get prenatal care are three times more likely to have a low birth weight and five times more likely to die than those born to mothers who do get care.”⁷⁶

There were 2071 live births to residents of Broome County in 2012, approximately 38.1% to teenagers between the ages of 15-19. Nearly 77% of pregnant women accessed prenatal care in their first trimester⁷⁷. Most Broome County private obstetric care providers do not accept Medicaid. Two clinics in Broome County focus their care on this population. They are the Lourdes deMarillac Clinic and United Health Services Perinatal Center. In addition to providing Perinatal care, they employ social workers to identify areas of psycho-social need in pregnant women, to connect them with resources to assist them beyond just physical care. Lourdes Hospital is now offering insurance navigators in the billing office as well as the emergency room to assist patients in enrolling for insurance. There is also a full time navigator offered at 303 Main St. as well as the Shippers Road Practice. The other obstetric care providers in the area use the social workers in these clinics to assist their patients as well. Lourdes Hospital and the

Demarillac Clinic is close to being approved as a Baby Friendly Hospital/ Prenatal Clinic as we are a Breast Feeding Friendly Office. Demarillac will be offering Lactation Specialists on site for the Patients.

Mothers and Babies Perinatal Network supports individuals in making healthy childbearing choices and promotes healthy pregnancies and relationships with their children. They offer education on health pregnancy, pregnancy risk factors and child spacing, child safety, and effective parenting the general public and professionals working with individuals and families. They have programs for teenagers to increase their awareness of sexual choices and increase their understanding about the effects of relationships, nutrition, employment, financial literacy and other issues have on their decision making. Insurance Navigators are available to assist individuals and families in enrolling in Medicaid. The PAL Family Resource Centers provide an alternate play setting for stay-at home parents and child caregivers, as well as opportunities to improve their parenting skills and connect with community resources. MBPN is currently looking for funding to continue the PAL Centers operations, since New York State Office of Children and Family Services cut their funding at the end of their fiscal year.⁷⁸

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 sequestration cuts of April 2013 were restored in August 2014, restoring the number of pregnant women served to 12 from 8. The expectant mothers are visited biweekly 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. Monthly group sessions are offered to allow for a variety of educational activities intended to encourage current pregnant women and new mothers to connect with each other and share common experiences, as well as provide a network of support.

Seventy infants have been enrolled in Early Head Start through the pregnant mothers tract since the beginning of the program.⁷⁹

Asthma

Asthma continues to be of concern as the leading chronic illness in the pediatric population, disproportionately impacting young children. In 2013, over eight per cent of children in the 5 to 14 year age group experienced asthma; this is the highest percentage of any age group. For children less than 18 years, 57.9% experienced one or more asthma attacks⁸⁰. Hospitalization rates for this age group were 18.3 per 10,000 in 2012, much higher than the adult rate of 13 per 10,000⁸¹. An especially troubling aspect is that asthma rates are increasing over time. In 2010, 8.4% of the population had asthma, compared to 7% in 2001.⁸²

Asthma is considered epidemic by the New York State Department of Health⁸³. During 2006-2011, asthma prevalence for children ages 0-17 years was 10.4%. Asthma prevalence was highest for the 5-9 year age group. Emergency room utilization and hospitalization rates for asthma in New York State were higher than national rates for all age groups and exceed the goals of Healthy People 2020. In addition, asthma continues to be an economic burden. The total cost for asthma hospitalizations in New York State increased 61% from 2002 to 2011, with the average cost per hospitalization increasing 78 %⁸⁴. Broome County has seen a rise in emergency room visits for children 0-4 years, with rates increasing from 68.8 per 10,000 in 2009 to 90.3 per

10,000 in 2012. The hospitalization rate also increased from 29.1 per 10,000 in 2009 to 38.1 in 2012⁶. While emergency room visits for children ages 5-11 years showed a decline from 2009-2012, hospitalizations increased from 12.1 per 10,000 to 14.8 per 10,000.

According to the New York State Department of Health⁸⁵, asthma prevalence for the Medicaid Managed Care population in New York State continues to be higher than the general population. For the 0-4 age group, rates have consistently been approximately 13% since 2006, with the 2011 rates reported at 13.4%. Asthma rates for non-Hispanic blacks (13.3%) and Hispanics (13.9%) are higher than the rest of the population, with non-Hispanic whites reported at 10.1%. These factors are often characteristic of Head Start and Early Head Start families. Broome County asthma prevalence increased from 93.7 per 1000 Medicaid recipients in 2006-2008 to 97.2 per 1000 Medicaid recipients in 2012-2013⁸⁶

As these demographics are prevalent in FEN families, this places the children at high probability of having an asthma diagnosis. Black families account for 30% of enrollees at FEN. Sixty percent of families enrolled at FEN have Medicaid insurance.

Early detection and intervention are crucial to reduce the adverse outcomes associated with this chronic disease. While asthma cannot be cured, it can be controlled through proper management. In addition, asthma may limit a child's ability to play, learn and sleep, as well as necessitate complex and expensive interventions that can result in both direct medical costs and indirect costs in terms of lost school days and lost work days

In 2015, Judith Quaranta, Assistant Professor at Binghamton University's Decker School of Nursing surveyed families to determine asthma prevalence as well as potentially undiagnosed and undertreated cases of asthma. This had previously been done in 2011. The following table

shows the results of the surveys of 133 families who completed the survey. These findings illustrate that there is a high likelihood of undertreated cases of asthma in Head Start and Early Head Start. The Health Services Coordinator plans to use the Asthma questionnaire to survey children on an ongoing basis and provide instruction and support to parents/guardians whose children show symptoms.

| Asthma Symptom | N | Yes | %Yes | No | %No | % children with asthma |
|-----------------------------------|-----|-----|------|-----|------|------------------------|
| Wheeze | 133 | 47 | 35.3 | 86 | 64.7 | 25* |
| Cough | 133 | 86 | 64.7 | 47 | 35.3 | 27* |
| Chest tightness | 124 | 27 | 20.3 | 97 | 72.9 | 17* |
| Shortness of breath | 129 | 36 | 27.1 | 93 | 69.9 | 25* |
| Cough lasting more than 1 week | 129 | 63 | 47.4 | 66 | 49.6 | 25* |
| Trouble sleeping because of: | | | | | | |
| wheeze | 123 | 34 | 25.6 | 96 | 72.2 | 18* |
| cough | 133 | 71 | 53.4 | 62 | 46.6 | 27* |
| Chest tightness | 123 | 20 | 15 | 103 | 77.4 | 12* |
| Missed school due to breathing | 130 | 33 | 24.8 | 97 | 72.9 | 21* |
| ER or hospitalized from breathing | 131 | 23 | 17.3 | 108 | 81.2 | 14* |
| Asthma dx | 133 | 29 | 21.8 | 194 | 78.2 | |
| Household tobacco use | 133 | 51 | 38.3 | 82 | 61.7 | 11 |
| Vapor cigarettes | 133 | 5 | 3.8 | 128 | 96.2 | 0 |

- Chi Square analysis shows statistically significant relationships (p<.01)

In fall 2015, Binghamton University Nursing Students presented American Lung Association’s “A is for Asthma” DVD, which uses Sesame Street characters to teach children asthma symptoms and how to react if they or a friend has asthma symptoms. The students were educated in what to do in the event of an asthma attack. Children were also given the opportunity to listen to their lungs with stethoscopes. All Head Start classes received this programming.

To address the issue of potentially uncontrolled asthma, current asthma initiatives in collaboration with the Decker School of Nursing include offering the Asthma and Allergy

Foundation of America *Wee Breathers* program to provide in-home asthma management education to families of children with asthma. This will entail four sessions taught by undergraduate nursing students trained in asthma management. Families will be offered a stipend of \$10 per session, then an additional \$10 for completing the post test, for a total of \$50.⁸⁷

Vision Care

The Department of Social Services has worked with vision providers in the community to increase the number who participate in the Medicaid Program. Medicaid Managed Care and Child Health Plus plans offer vision benefit; therefore all families of Medicaid eligible children are encouraged to enroll in them managed care. The number of providers who accept Medicaid has increased, but is still limited. The Johnson City and Binghamton Lions Club provide vouchers to the Family Enrichment Network Health Office for children who do not have insurance. The Lions Clubs will consider bearing the cost of repairing or replacing broken glasses that Medicaid will not pay for on an individual basis with consideration to the availability of their funds and the child's need. The Tioga County Boys and Girls Club provide Sight for Students vouchers to children without insurance. Head Start parents learn of the availability of these programs through Family Advocates, and health staff. There are a number of vision care providers who do not accept Medicaid or Medicaid Managed Care, especially Fidelis, which is widely used in Tioga County.

Food Insecurity

CHOW (Community Hunger Outreach Warehouse) the hunger relief and advocacy program of the Broome County Council of Churches, serves individuals and families in need of

emergency food assistance. Recipients are referred to CHOW by First Call for Help, a program of the United Way, though some are referred by congregations and other agencies. Individuals and families can get food assistance every four weeks or 12 times a year. Currently, CHOW stocks 32 pantries and distributes food to approximately 30 shelters, soup kitchens, and distribution sites.

When a client visits a CHOW pantry, they are given enough food for five days. The food packages are based on family size and are designed to give adequate nutrition. CHOW has seen an increase in the number of individuals and families who are food insecure in Broome and surrounding counties. In 2015, CHOW and its sub-program Broome Bounty, the area's only food recovery program, served approximately 1,000,000 meals through its pantries and soup kitchens. Over 40% of the people served by CHOW are children. The need for food assistance for families is especially acute during the summer months when children who receive subsidized meals in school are eating all their meals at home.

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

The CHOW Farm uses land in the Town of Conklin that was rendered uninhabitable by the flood of 2006. In 2015 the project harvested over 2,000 pounds of fresh produce to those who lack food security. They were unable to grow corn and potatoes. Last year, CHOW partnered with VINES at the farm and began production farming with the hope of growing larger amounts of fresh produce to reduce food insecurity and prevent long-term chronic disease. The CHOW bus is CHOW's low-cost/no-cost year-round farmers market that focuses on

communities that lack access to affordable fresh produce and have high levels of food insecurity. In 2015 112, 000 pounds of produce was distributed to families either without access to farmer's markets or who could not afford farmer's market prices for fresh fruits and vegetables. The proceeds from this project combat childhood hunger by providing USDA lunches and supplemental pantry meals to children and their families in rural communities. A grant from the Low Income Interest Fund has allowed CHOW to purchase two new busses for this service.

The goal of CHOW is to alleviate hunger in Broome County by providing food to those who need it and by increasing awareness of the growing number of families and individuals facing food shortages. With the support of the community and our partners, we are working to improve the lives of those in need of assistance by providing immediate help and by assisting them in accessing the various programs that are available in the community to help them better manage their lives.⁸⁸

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

The mobile food pantry is a converted beverage truck used to deliver fresh produce, dairy products and other food and grocery products directly to distribution sites where people are in need of food. When the truck arrives at the site, volunteers place the food on tables surrounding the truck and clients can choose the items they need.⁸⁹

WIC

Parents with low incomes are challenged to provide proper nutrition for their families. The Broome and Tioga County Women, Infants and Children (WIC) Supplemental Food

Programs provides nutrition assessment, nutrition education and counseling, as well as health referrals and vouchers for healthy foods to pregnant, breastfeeding and postpartum women, infants, and children up to the age of five. Families must meet financial and nutritional needs to be eligible. The main goal of the Broome and Tioga County WIC Programs is to promote optimal nutrition and health practices among low-income families to reduce infant morbidity and mortality as well as decrease the incidence of childhood obesity. WIC also supports those participants with special needs by working closely with health care providers in the area to provide for certain food allergies, for example soy milk and tofu is available for those with milk protein allergies. Studies have shown that women who participate in the program during their pregnancies had lower Medicaid costs for themselves and their babies than did women who did not participate. WIC participation was also linked with longer gestation periods, higher birth weights and lower infant mortality. The program receives State and Federal funding and is administered by the New York State Department of Health, Division of Nutrition, and Bureau of Supplemental Food Program⁹⁰

In 2015, Broome County Health Department was awarded the RFA to continue WIC services for the next five year period. During which time the focus is to build on three core services to include growing the breastfeeding program, providing nutrition education with a participant centered focus, and providing greater client accessibility to include providing all anthropometric and hematological testing on site and offering extended clinic hours to better meet the needs of our working families. The current RFA is set to expire in October 2020.

The Broome County WIC Program works to meet the needs of its clients by providing services at one permanent and five outreach clinics throughout Broome County. There are over

4525 participants enrolled in the program, with a no show rate of average 18.7 percent each month. Generally, participants are scheduled to receive checks four times a year. In 2011, New York State changed the recertification requirement for children. Children are required to recertify only one time per year. This reduces the number of times a child is required to be present for reassessment and allows anthropometric information and hematologic information to be obtained from acceptable referral sources during the Health and Nutrition Update (mid-point reassessment). This change was made to help increase participant retention and decrease participant barriers to service. Additionally, to help accommodate working families the WIC Program also has extended hours of operation to include early morning, evening and Saturday appointments as scheduled.

According to the FFY 2015 participation figures report, the Broome County WIC Program is reaching an estimated 52 percent of the eligible women, infants and children in the area. In the past year, Broome County WIC discontinued in-hospital certifications due to flat funding from the NYS DOH. All anthropometric and hematologic information is obtained on-site, no referral is necessary for service..⁹¹

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

The Tioga County WIC Program provides services throughout the county with four outlying clinic sites. FFY2015 the program had an operating budget of \$285,323 that provided participant-centered nutrition services for 1,958 participants, of which 539 were women that had

access to breastfeeding information, support and Peer Counselors. The breastfeeding team issued 30 hospital grade electric pumps and eight manual pumps. Due to this hard work and dedication the program has a 79.4% initiation rate, which is .03% above the State average. Also, the program supports local agricultural businesses with offering 627 families Farmer Market Coupons valued at \$15,048. WIC meets its goals: healthy pregnancies; healthy birth outcomes; and healthy childhood growth and development by providing nutrient-rich foods, including whole grains, low-fat dairy, fresh fruits and vegetables, which are often lacking in the diets of low-income populations. WIC's focus on promoting healthy lifestyles has brought about positive change in the individuals we serve.

Data collected by the NYS Department of Health shows that among WIC participants in Tioga County:

- More children are watching less than 2 hours of TV per day
- Fewer women are smoking before, during and after their pregnancy
- More women are choosing to breastfeed and to breastfeed longer

Highlights

- 1) 79.4% of WIC mothers chose breastfeeding as the preferred method of feeding their newborn. This is a 3.7% increase over 2014 and an 12.4% increase since our Expanded Breastfeeding Peer Counselor Program began in 2009.
- 2) Tioga Opportunities Program, Inc. was selected for an award to provide WIC Program Services under the Request for Application (RFA) #:1406050221. The selection was based on the

competitive review and evaluation of Tioga Opportunities, Inc. response to this RFA, which was released in October 2014.

The estimated five-year award amount is \$1,517,300 for the contract period October 1, 2015 - September 20, 2020. The first year contract value is \$303,460 for the period October 1, 2015 - September 30, 2016.

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

The program looks forward to embracing new technologies to reach out to the community, developing individualized training programs that supports staff to enhance their skills , continue to offer community breastfeeding support programs and will look for additional monies to develop nutrition community programs that will not only better the WIC community; but our community as a whole.⁹²

Medication Administration in Child Care Settings

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

An individual must either:

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

or:

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

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

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

Once the health care plan is approved and signed by the health care consultant, it must be submitted to their licensor for approval.⁹³

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

CPR/AED/First Aid Certification

Training in CPR/AED/First Aid is a valuable asset, especially for individuals caring for children, providing advanced preparation for dealing with emergencies. The Family Enrichment Network has 3 Certified CPR/AED/First Aid Trainers. There are 97 classroom staff persons, childcare givers, transportation staff, and Family Enrichment Network employees certified in CPR/AED/First Aid through the American Safety and Health Institute.

Mental Health

Lourdes Center for Mental Health, Greater Binghamton Health Center and Family & Children's Society all serve children and adults as licensed NYS Office of Mental Health (OMH) Clinics within Broome and surrounding counties. United Health Services also operates a NYS OMH Clinic serving adults. The NYS Success Broome County System of Care (BCSOC-> Bringing Community Services to Our Children) partnered with Broome County (BC) Promise Zone funded family and youth engagement activities such as Parent Mentoring Groups, Parent Cafés and youth focus groups. BC Promise Zone has seven school districts implementing the community school model: Binghamton, Union Endicott, Johnson City, Whitney Point, Windsor, Chenango Valley and BOCES. Community school coordinators work diligently with Binghamton University interns from a variety of majors and interests to provide support to students during and after school day with an academic and social-emotional focus designed to improve school attendance and academic achievement. Last year, we served 450 students across Broome County. There are plans to open NYS OMH Clinics in 4 schools located at Maine Endwell, Windsor, Whitney Point, & Union Endicott utilizing Family & Children's OMH clinic license for satellite clinics. BC Promise Zone has continued the administration of the Prevention Needs Assessment (PNA) survey every other year to 8+ Broome County School Districts. The Clinic Plus program, run by the Family Enrichment Network and housed at Broome County

Mental Health provides free and confidential emotional wellness screenings for children in grades kindergarten through 8th grade in 12 of the Broome County School Districts and to Head Start children through collaboration with FEN.⁹⁴

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

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

The ability of a family to be successful in obtaining and maintaining mental health services is largely dependent on their ability to overcome problems with transportation, childcare, and financial concerns. They often request intervention when the family is in crisis. In addition to FEN's short term services, several case management services are available that

will help a family with all of their hurdles, making them more likely to achieve success over all. These include The Mental Health Association of the Southern Tier, Broome Co. SPOA, and Family Enrichment Network's Kinship Caregiver's Program. The Kinship Caregiver's Program has provided vital support and counseling for Head Start and Early Head Start families in Broome and Tioga Counties who have taken on the responsibility for the care of grandchildren, nieces and nephews, etc., but state funding is frequently in jeopardy, rendering its future uncertain.

Broome County SPOA continues to see an increase in its services to a younger population. These numbers indicate that more clinics are seeing children four, five, and six years old, and more schools are identifying them. SPOA reports that services have become more accessible recently with decreased waiting times at local agencies such as Greater Binghamton Health Center (which recently added walk-in hours), Lourdes Center for Mental Health, and Family and Children's Society (which has plans to deliver same-day clinic services). Families in need of medication for their children are encouraged to utilize one of these three facilities where psychiatrists and psychiatric nurse practitioners are able to prescribe medication.⁹⁵

The 2010 U.S. Census data indicates that 20 percent of the local population speaks a language other than English at home, and approximately 13 percent of the population is foreign born. According to the 2001 Mental Health Surgeon Report, the non-white population including immigrants and refugees are less likely to use mental health services for systematic reasons, which include language and financial barriers, mistrust, stigma and shame, perception of racism and discrimination, lack of culturally appropriate treatment, and differences in conceptions of health and treatment. In order to reduce and eliminate mental health disparities, education and

prevention are extremely important. Through education, trust building, and feeling connected to the mental health community, immigrant populations may be more inclined to receive needed services. The Mental Health Association of the Southern Tier provides agencies who serve English Language Learning families with interpreter and translation services.⁹⁶

Social Services Needs

According to Broome County Child Protective Services, in 2015, there were approximately 4,203 reports made of alleged abuse or maltreatment.⁹⁷ In the last few years the most frequent risk factors associated with children who are found to be abused or neglected are (in order): unreasonable expectations of children by caregiver; primary caregiver does not meet all children's needs; and domestic violence. Child Protective Services continues to have two Advocates from RISE Inc. that continue to work closely with families where domestic violence is or has been an issue. In Tioga County in 2014, there were 984 reports of alleged abuse or maltreatment involving 2,172 children. Of the 984 reports received:

- 57 (5.8%) alleged Sexual Abuse
- 118 (12%) alleged Domestic Violence
- 132 (13.4%) alleged illegal drugs, such as methamphetamines, heroin, “bath salts”, and others (this is a significant increase from 2.2% in 2013)

As of December 31, 2014, CPS staff had determined or closed 629 reports:

- 275 (43.7%) were unfounded
- 148 (23.5%) were indicated.

Of the indicated reports, 23 (3.7%) were open for Preventive Services, and 125 (19.9%) were closed at determination. ⁹⁸

Head Start families, through their participation in our program, work in partnership with Family Advocates to identify, assess and address their personal and family goals. Head Start families are actively working on progression toward individualized goals. The top three goal areas identified as a priority for Head Start families participating in the Broome county program are parenting/family/discipline education and support, literacy, and housing/basic needs.⁹⁹ Families participating in the Tioga county program identified parenting/family/discipline education and support and literacy as the top two goal areas they are working on. Employment and finances, with 28.3% each, were tied for the third highest area of need. ¹⁰⁰

Parenting/family/discipline education is, by far, the most requested area of interest for our families, and this year was no exception. Through their participation in Head Start, families are offered ongoing support and resources about parenting and child development. By engaging in the family services that are offered, families can also regularly receive information about different parenting workshops and support groups that are being offered throughout the community. In addition, there are many opportunities for parents to network with other parents who have children in Head Start and Early Head Start. One opportunity available for mothers is our “Just Moms” group which began six years ago. Head Start and Early Head Start mothers have an opportunity to attend a monthly group with other moms who may be facing some of the same issues they face as moms to young children. By offering workshops on stress management, healthy eating, picky eaters, child development, and strategies for dealing with challenging behavioral issues these moms are better equipped to provide the best possible care for their

children and their families. This group can also provide moms with important networking opportunities and the opportunity to provide peer support to one another.

The Head Start and Early Head Start program places great emphasis on engaging fathers and male role models. A father's role in their child's life can have an enormous impact on the child's development, self-esteem, and future success in life. Staff is trained to regularly reach out and encourage all fathers and male role models to participate in program activities. The Agency recently received the *Pathways to Fatherhood* grant. This program will complement the Head Start program by providing an additional opportunity for us to engage fathers and help them to be the best fathers they can be.

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

There are a variety of household make-ups that exist in our Head Start community. In our Tioga program 47.8% are two-parent households, 35.9% are single-parent female households, 4.3% are single-parent male households, 5.5 % are kinship families, and 6.5% is foster homes.¹⁰¹ In the Broome program there are 49% are two-parent households, 43% are single-parent female households, 2% are single-parent male households, and 6% are kinship families.¹⁰²

On this year's Tioga Community Assessment Parent Questionnaire Head Start families reported that 1% percent of them have themselves or have family members who have been or are currently involved with the criminal justice system.¹⁰³ Broome County Head Start parents report that 4% of they or their family members have been or currently are involved with the criminal justice system. There has been no change in the percentages of Broome families that have reported assistance with drug (1%) or alcohol (1%) rehabilitation.¹⁰⁴ There were not any Tioga families that reported assistance with drug or alcohol rehabilitation. Again in Broome County, six families reported involvement with domestic violence on this year's community assessment questionnaire.¹⁰⁵ In both Broome and Tioga this year 1% of families reported being involved with emotional abuse.¹⁰⁶

Financial stability is an important factor for families to become and remain self-sufficient. Through the family partnership process with our Broome families, we learned that 28.5% of Head Start families consider themselves to have financial issues, and of that, 10.1% of families are actively working on addressing it as a family goal by making an effort to improve their financial stability.¹⁰⁷ 28.3% of our Tioga families reported having financial issues and 25% of them are actively working to improve their financial situation.¹⁰⁸

According to the responses on our Broome County Community Assessment Parent Questionnaire there was a slight increase in the percentage of Head Start families that indicated that payment of rent is their most significant housing issue (29%).¹⁰⁹ Several families, 24%, also indicated that the neighborhoods they live in are a concern for them.¹¹⁰ Additionally, 20% of families also report that they have a problem with disruptive neighbors.¹¹¹

Similar to Broome families, 23% of Tioga Head Start families report that paying their rent is their top housing issue.¹¹² Additional housing issues that are reported to be a concern to Tioga families are paying for utilities and needing major repairs, both at 19%.¹¹³

The community we live in is still an important issue to our families. Many of our families still have concerns with crime, drugs, and violence in their neighborhoods. Overall, 27% of Broome families reported that they do not feel safe in their neighborhoods.¹¹⁴ Of that, 25% reported that they are concerned about crime and 27% reported having concerns about drug use.¹¹⁵ Twenty-two percent of the families who said they did not feel safe in their neighborhoods also indicated a concern about violence.¹¹⁶ In contrast, only 9% of our Tioga families reported that they had safety concerns in their neighborhoods.¹¹⁷ As in years past, when asked the question, “What would you do to improve your community?” Head Start families in both counties provided responses that are very similar. The most common responses were related to reducing crime and/or violence, decreasing drug activity, providing more opportunities for young people, and providing more employment opportunities.¹¹⁸

Finally, 27% of Head Start families in Broome and 17% of Tioga families identified education as a priority for their family.¹¹⁹ Of those, approximately 15% of Broome families and 10% of Tioga families are actively working toward increasing or completing their education.¹²⁰ In addition, a significant number of Head Start families indicated that employment is a goal for their family. With the support from Head Start Family Community Partnership staff, 18.5% of Tioga families and 15% of Broome families are currently addressing it as a goal.¹²¹ (See the Employment Section for specific information.)

Employment Needs

True welfare reform comes from a climate that encourages work, and it is necessary to have support systems in place so the environment is conducive to entering the workforce. A need still exists for low skill/entry level jobs for people with little or no work experience and limited education. The Welfare Reform Act of 1996 requires most public assistance recipients to be involved in job-related activities and/or working in order to receive benefits, requiring 50 percent of a state's TANF caseloads meet work requirements. The same law also includes time limits, which affect part-time workers and other families of low income now receiving partial public assistance. In July 2013, HHS released a memo notifying states of the ability to apply for a waiver of the work requirements. President Obama's administration hoped the change would allow states greater flexibility to operate welfare programs and increase TANF applicant's ability to find employment. Broome County Department of Social Services' Welfare to Work Unit consisting of the Safety Net and Welfare to Work Family Assistance Divisions offers a variety of programs and services to public assistance and food stamp recipients, designed to help families gain and retain employment and self-sufficiency. Programs and services include trainings and workshops pertaining to employability assessments, job readiness, and employment searches, WORKFARE/Community Work Experience as well as on the job opportunities. In May of 2012, the TANF Work Experience Program opened, collaborating with the Broome County Urban League and the STAR Group. An opportunity for work experience and job skills is available for TANF recipients at a recycling center and Thrift Store, The Urban Star where 103 people were assisted to find employment in 2014.¹²²

According to the latest available statistics, the Broome County Department of Social Services Annual Report - 2014, Temporary Assistance caseloads increased from 3356 to 3403 (47) in all categories, as of December 31, 2013. Family Assistance, Safety Net, and Emergency programs saw an increase in applications by 1247 with approved cases remaining the same, (a decrease of 7); denied and/or withdrawn cases increased by 890; additionally, a decrease of 782 other cases were open/closed or reopened or reactivated. Medicaid and Medicaid-SSI caseloads increased by 12.3 percent from 2013 to 2014, contributing factors include increasing numbers of elderly residents and state policy changes are causes for increased caseloads. Maintaining medical services for incarcerated and in-hospital psychiatric individual cases also factored into increased caseloads. Non-public assistance Supplemental Nutrition Assistance Program (SNAP, formally known as Food Stamps) applications increased by 256, with an overall decrease of 216 applications approved/opened from 2013 to 2014. Additionally, of the 8681 households screened for Expedited Food Stamps, 3480 were found to be eligible, or 40%. The Department of Social Services (DSS) implemented The Safety Net Front End Project hoping to decrease the number of Safety Net applications as well as booking dates, as measures of reducing Safety Net expenditures. The Safety Net Housing Project ensures appropriate housing placement and program integrity. Overall, emergency housing costs decreased by 14%; also, during 2014, 1002 TANF and Safety Net recipients entered employment, a decrease of 13%. The total numbers of front desk contacts during 2014 totaled 171,964, a decrease of 7368.¹²³ Tioga County does not provide access to their Department of Social Services Annual report online.

Currently, 49 percent of Broome County and 55% of Tioga County Head Start and Early Head Start families work full-time or part-time; 33 percent of Broome County and 19% of Tioga

County families receive either partial or full public assistance; and 38 percent of Broome County and 29% of Tioga County families have other sources of income (SSI/SSD/SS). This demonstrates a 6 percent decrease in Broome County Head Start and Early Head Start working families while public assistance services increased 6 percent.¹²⁴ Of the 30% of Broome County, 34 % of Tioga County Head Start and Early Head Start working families, state they are ineligible to receive public assistance; 24 percent of Broome County and 28% of Tioga County families state they are ineligible to receive other benefits due to employment. Head Start and Early Head Start parents in Broome County stated 8 percent, 17 % in Tioga County, take advantage of insurance through their employer, 1 percent of Broome County and 4% of Tioga County parents have private insurance and 3 percent of Broome County families report they have no insurance. In both Broome and Tioga Counties, the remaining families use various managed care programs, such as Medicaid, Medimax, and Child/Family/Health Plus. The majority of Broome County and Tioga County Head Start and Early Head Start families named dental and eye care as the most difficult services to obtain for their families. Twenty-two percent of Broome County, thirty-eight percent of Tioga County Head Start and Early Head Start families said too few providers were the number one reason for the difficulty in obtaining care. Broome County and Tioga County Head Start and Early Head Start families stated they found it difficult to find providers who accept their insurance.¹²⁵

Broome County Transit buses cover approximately 80 square miles with 17 fixed routes throughout the urban sectors of the Triple Cities with over 700 bus stops. Many of these routes operate seven days a week with weekday hours continuing until approximately 10:00 p.m.; Saturday hours end by 7:00 p.m. and Sunday hours end by 5:00 p.m. Broome Transit services

include specialized routes to corporate/industrial plants, shopping centers and recreational parks, having added three new stops at the Parkway Plaza in February 2014. Current fares remain the same for this coming year, fixed one-way routes \$2.00 with senior and disabled rider fees pay \$1.00, children under 5 years of age remain free. Thirty-one day bus passes continue to be \$70.00 for a regular pass and \$44.00 for students, elderly, disabled riders, and current medicare recipients. Interested riders can purchase a 12-single-ride pass for \$20.00 or a 22-single-ride pass for \$40.00. B.C. Lift and rural rider's cost remained the same at \$2.50 each ride.¹²⁶ Broome County Legislators continue to struggle with how to offer the current level of public transportation without raising property taxes. In an article in the Press and Sun Bulletin, dated November 16, 2015, Broome County officials have concerns about a potential loss of \$600, 000 in Federal Transportation funds. Federal Legislators approved a six year transportation bill which would eliminate a current program providing approximately half of all nationwide funding for public transportation. The Broome County Transit System currently receives more than one-third of their \$13,000,000 2016 budget from federal grants. Broome County transit serves about 2.4 million riders annually, according to the article.¹²⁷ Broome County will continue to take an active role in advocating for the current level of services now being offered. Broome County Department of Public Transportation's modern Congressman Maurice Hinchey Hub at Broome County Transit Junction provides access to local and long distance carriers Greyhound and Shortline/Coach USA bus lines. Riders are able to make connections to other local transit routes and/or longer distance transportation needs to out of the area in the comfort of a spacious facility. Broome County moved the offices for the Department of Motor Vehicles from the old Clinton Street site to the transportation hub in January 2014 to provide greater convenience for residents.

In an article in the Press and Sun Bulletin September 15, 2014, Tioga County Legislators voted unanimously to halt public transportation as of November 30, 2014. The decision was made after legislators were unable to find an alternate resolution to the drop in ridership, after rescheduling and changing routes in hopes of providing better services to residents. New York State took over scheduling transportation for Medicaid patients in 2013, preferring to use taxi services over public transportation. This change of Medicaid services caused a drop in ridership from approximately 1000 per month to zero in January 2014. The state agreed to offset unexpected costs as a result of the change for 2014, but was not expected to go beyond that.¹²⁸

While a majority of our parents have achieved a GED or high school diploma, 28 percent of Broome County and 16 percent of Tioga County do not have a diploma and the job market for those without this basic level of education is limited.¹²⁹ Not having a high school diploma, GED, or specialized skill does hinder a job seeker from obtaining employment, which would enable them to become self-sufficient. Minimum wage was increased to \$9.00 per hour, as of December 31, 2015.

Labor Market Trends

Total nonagricultural jobs in the Binghamton metro area (Broome and Tioga Counties) declined by 1,200 over the year to 103,400 in 2015. Job gains were experienced in private education and health services (+200) and trade, transportation and utilities (+100). Declines were found in the following industries: professional and business services (-400), information (-300), leisure and hospitality (-200), manufacturing (-100), natural resources, mining and construction (-200) and other services (-100). The jobless rate in Binghamton metro area declined from 6.5 percent in 2014 to 6.0 percent in 2015.

Job Openings

The number of job openings registered with the New York State Department of Labor in Binghamton metro area stood at 2,035 in February 2015. Most openings were found in the following occupational groups: Healthcare Practitioner and Technical (360 jobs, 17.7%); Office, Clerical and Secretarial (198 jobs, 9.7%); Sales and Related (184 jobs, 9.0%); Transportation and Material Moving (140 jobs, 6.9%); and Architecture and Engineering (126 jobs, 6.2%).

Developing Trends

Healthcare occupations and industries are expected to have the fastest employment growth and to add the most jobs between 2014 and 2024, the U.S. Bureau of Labor Statistics reported. With the increase in the proportion of the population in older age groups, more people in the labor force will be entering prime retirement age. As a result, the labor force participation rate is projected to decrease and labor force growth to slow. This slowdown of labor force growth is expected, in turn, to lead to Gross Domestic Product (GDP) growth of 2.2 percent annually over the decade. This economic growth is projected to generate 9.8 million new jobs--a 6.5-percent increase between 2014 and 2024. The projections are predicated on assumptions including a 5.2 percent unemployment rate in 2024 and labor productivity growth of 1.8 percent annually over the projected period. Highlights of the BLS projections for the labor force and macro-economy, industry employment, and occupational employment are included below.

Labor Force and the Macro-economy

The civilian labor force is projected to reach 163.8 million in 2024, growing at an annual rate of 0.5 percent. The labor force continues to age. The median age of the labor force was 37.7 in 1994, 40.3 in 2004, and 41.9 in 2014, and is projected to be 42.4 in 2024. At the same time, the overall labor force participation rate is projected to decrease from 62.9 percent in 2014 to 60.9 percent in 2024. The labor force participation rate for youth (ages 16 to 24) is projected to decrease from 55.0 percent in 2014 to 49.7 percent in 2024. The youth age group is projected to make up 11.3 percent of the civilian labor force in 2024 as compared with 13.7 percent in 2014. In contrast, the labor force participation rate for the 65-and-older age group is projected to increase from 18.6 percent in 2014 to 21.7 percent in 2024. This older age group is projected to represent 8.2 percent of the civilian labor force in 2024 as compared with 5.4 percent in 2014. Labor force diversity is projected to increase, with white non-Hispanics making up 59.6 percent of the civilian labor force in 2024, compared with 64.6 percent in 2014. Real GDP (2009 chained dollars) is projected to grow at an annual rate of 2.2 percent, from \$16.1 trillion in 2014 to \$19.9 trillion in 2024. Within GDP, medical services will continue to grow as a share of nominal personal consumption expenditures. This category is projected to account for 18.0 percent of consumption in 2024--higher than its 16.7-percent share in 2014 and 15.0-percent share in 2004.

Industry Employment

Service-providing sectors are projected to capture 94.6 percent of all the jobs added between 2014 and 2024. Of these 9.3 million new service sector jobs, 3.8 million will be added to the healthcare and social assistance major sector. The healthcare and social assistance major sector is expected to become the largest employing major sector during the projections decade,

overtaking the state and local government major sector and the professional and business services major sector. Healthcare and social assistance is projected to increase its employment share from 12.0 percent in 2014 to 13.6 percent in 2024. Construction is projected to add 790,400 jobs by 2024. Even with these additional jobs, employment in the construction major sector is not projected to return to the 2006 peak. Manufacturing employment, between 2014 and 2024, is projected to decline at a 0.7 percent rate annually, a more moderate decline than the 1.6 percent rate experienced in the prior decade.

Occupational Employment

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

Skill Needs

Each company looks for a different mix of skills and experience depending on the business it's in. Yet it's no longer enough to be a functional expert. To complement these unique core competencies, there are certain "soft skills" every company looks for in a potential hire. "Soft skills" refer to a cluster of personal qualities, habits, attitudes and social graces that make

someone a good employee and compatible to work with. Companies value soft skills because research suggests and experience shows that they can be just as important an indicator of job performance as hard skills. Some of the most common soft skills employers are looking for and will be assessing you on include:

1. **Strong Work Ethic** - Are you motivated and dedicated to getting the job done, no matter what? Will you be conscientious and do your best work?

2. **Positive Attitude** - Are you optimistic and upbeat? Will you generate good energy and good will?

3. **Good Communication Skills** - Are you both verbally articulate and a good listener? Can you make your case and express your needs in a way that builds bridges with colleagues, customers and vendors?

4. **Time Management Abilities** - Do you know how to prioritize tasks and work on a number of different projects at once? Will you use your time on the job wisely?

5. **Problem-Solving Skills** - Are you resourceful and able to creatively solve problems that will inevitably arise? Will you take ownership of problems or leave them for someone else?

6. **Acting as a Team Player** - Will you work well in groups and teams? Will you be cooperative and take a leadership role when appropriate?

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

8. **Ability to Accept and Learn from Criticism** - Will you be able to handle criticism? Are you coachable and open to learning and growing as a person and as a professional?

9. **Flexibility/Adaptability** - Are you able to adapt to new situations and challenges? Will you embrace change and be open to new ideas?

10. **Working Well Under Pressure** - Can you handle the stress that accompanies deadlines and crises? Will you be able to do your best work and come through in a pinch?

Employment and Training Resource

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

- Broome Employment Center, 171 Front Street, Binghamton, New York 13905.
- Tioga Employment Center, 1062 NY-38, Owego, NY 13827

Individuals seeking new or better jobs are provided with job leads and job search training to be able to compete for jobs meeting their qualifications. Short-term training programs are offered to individuals pursuing employment in selected fields, such as health care, manufacturing and customer service, while others could be considered for longer-term educational/vocational training.¹³⁰

Child Care Needs

One of the many goals of Head Start Families indicate they are working on is finding reliable and affordable child care. Forty-nine percent of Head Start families in Broome County and fifty-five percent of families in Tioga County indicate that they are working, while more than 60 percent of Head start families in both counties currently have incomes of less than \$15,000 or less per year. Childcare affordability is an issue with two percent of families in Broome and six percent of families in Tioga, stating that expense is their greatest childcare

concern. While childcare expenses have continuously risen, Head Start families' incomes have not risen at the same rate. Daycare subsidies are often available to these families; however there is usually a portion that the parent/guardian must pay. At least one family was forced to keep their child in an inadequate setting with friends rather than having the ability to utilize child care that would offer a safe and structured environment. Sixty-one percent of Broome families and 45 percent of Tioga families stated they are interested in continuing, or are currently working on their education, yet childcare subsidies are not available to families who choose to further their education instead of obtaining a job.

Broome County Head Start serves 321 children. Of these, 164 are in half day classrooms and 157 are in full day classrooms. There are three sites for Broome County Head Start including Cherry Street, Saratoga and Woodrow Wilson Elementary School. There are also 15 children in a half day Universal Pre-Kindergarten class at the Cherry Street site. Broome County Early Head Start serves 40 infants and 40 toddlers in full day, full year settings. There are three sites for Early Head Start, including Cherry Street, Saratoga and Carlisle.

Tioga County Head Start has three sites throughout the county. These sites are located in Waverly, Newark Valley and Owego NY. Tioga County Head Start has the capacity to serve 90 children. Of these, 60 are half day classrooms and 30 are full day classrooms. Tioga County Universal Pre-Kindergarten has the capacity to serve 14 children. Tioga County Early Head Start serves 16 infants and 16 toddlers in a full day and full year setting in Owego, NY.

Two percent of Broome families and eight percent of Tioga families site lack of availability and flexibility of caregivers as their main concern. Many Head Start families work

non-traditional shifts. Twelve percent of Broome families and 13 percent of Tioga families state that childcare provided between 3pm and 11pm would best meet their childcare needs, and additional three percent of families need child care during hours other than 7am to 4pm. Four percent of Broome families and six percent of Tioga families state that their hours vary. Families express concerns that childcare is difficult to obtain for these times and worry about lack of licensed/registered providers and centers during these off hours. Twenty four percent of Broome Head Start families still utilize child care outside of Head Start, and for Tioga 28 percent use child care outside of Head Start. Of these families, 67 percent of Broome Families and 92 percent of Tioga families utilize friends or family, and nine percent of Broome families and 31 percent of Tioga families report that they are not satisfied with their provider. Four percent of Broome Head Start families utilize after school programs.

Of Head Start families in Broome and Tioga, nearly 45 percent are single parent households. Especially in single parent households, childcare is a means to obtain and sustain employment. While non-traditional hours pose a concern, approximately 10 percent of families in both Broome and Tioga state that their need for childcare is between the 7:00 a.m. and 4:00 p.m. range. Head Start gives families referrals and information for Family Enrichment Network's Child Care Resource and Referral to help with childcare needs.¹³¹ (For more information on Child Care Resource and Referral see section on CCR&R).

RESOURCES TO ENHANCE THE OPERATION OF THE PROGRAM

Enrichment Programs for Children

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

Children's Museums

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

Permanent and changing exhibits of art, history, folk life and natural history, hands-on science gallery, planetarium shows are featured. Many special activities are organized.

Planetarium shows on Fri at 7:00 and 8:00 p.m. and Sat at 1:00, 2:00, and 3:00 p.m.

Cost: Museum admission plus \$4.00

Museum Cost

Children 4 and under with an adult = Free

Children 5 to 18/Any Student = \$6.00

Adults = \$8.00

Seniors (62 & up) = \$6.00

Museum Hours:

Mon & Tues Closed

Wed & Thurs 12:00-5:00 p.m.

Friday 12:00-9:00 p.m.

Sat & Sun 12:00-5:00 p.m.

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

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

Cost:

Under 4 years = free

Students & Seniors = \$3.00 Adults = \$5.00

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

March-Mid-December

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

January-February

Special weekend nights once a month.

Workshops for 4's and Under

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

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

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

Open to all on school holidays.

Cost:

Under 1 year = Free

General Admission = \$7.00

Hours:

Tues.-Fri. 10 a.m.- 4 p.m.

Sat. 10 a.m.-5 p.m.

Sun. 12 p.m.-5 p.m.

Mon. 10 a.m.-3 p.m. (Birth-Pre-K)

Coloring outside the Lines-At the Discovery Center

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

Cost: Free with Admission

Monday's at 11:00 a.m.

Imagination Exercise-At the Discovery Center

Using our weekly story as our inspiration, we'll give our imagination a work out with puppets, theater, and small world play!

Cost: Free with Admission

Tuesday's at 11:00 a.m.

Little Hands Science-At the Discovery Center

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

Cost: Free with Admission

Wednesday's at 11:00 a.m.

Dance Party-At the Discovery Center

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

Cost: Free with Admission

Thursday's at 11:00 a.m.

Explore and More-At the Discovery Center

Topics Vary

Cost: Free with Admission

Saturday's at 11:00 a.m.

Sunday's at 1:00 p.m.

Waterman Conservation Education Center 403 Hilton Road Apalachin 625-2221

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

Hours:

Mon. – Fri. 9 a.m.-4 p.m.

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

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

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

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

Cost: Free; additional programs at a cost

Open daily from sunrise to sunset

Libraries and Story Hours

Broome County Public Library 185 Court Street Binghamton 778-6400

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

Cost: Free with library card

Library Hours:

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

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

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

Monday's and Thursday's at 10:00 a.m.

Preschool MESS-At the BC Library-Math, Early literacy, Science, Staories, plus! Every week we will be doing a different form of MESS+: one week will be science, another week will include a math activity, another week will focus on early literacy, etc. Come join us as we make a mess with stories and learning! For children ages 3 to 6.

Wednesday's at 3:30 p.m.

BARK-9-At the BC Library- The "Books and Reading Canine" program helps to improve children's reading and communication skills by employing a powerful method: reading to a dog. BARK-9 uses registered therapy animals who have been tested for health, safety and temperament. When these special animals come to hear children read, it's fun! And that makes all the difference. All ages are welcome.

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

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

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

Library Hours:

Mon-Thurs 9:00 a.m. - 9:00 p.m.

Fri-Sat 9:00 a.m. – 5:00 p.m. (closed Saturdays from late June-Labor Day)

Story Time:

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

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

Preschool Tues. 10:00 a.m.

Cost: Free with library card

BARK-9-At the G.F.J Library- The "Books and Reading Canine" program helps to improve children's reading and communication skills by employing a powerful method: reading to a dog. BARK-9 uses registered therapy animals who have been tested for health, safety and temperament. When these special animals come to hear children read, it's fun! And that makes all the difference. All ages are welcome.

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

Vestal Public Library 320 Vestal Parkway Vestal 754-4244

Library Hours: (hours change in the summer)

Monday 2:00 p.m. – 9:00 p.m.

Tues-Thurs 9:00 a.m. – 9:00 p.m.

Friday 9:00 a.m. – 5:00 p.m.

Saturday 10:00 a.m. – 2:00 p.m.

Story Times:

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

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

Cost: Free with library card

BARK-9-At the Vestal Library- The "Books and Reading Canine" program helps to improve children's reading and communication skills by employing a powerful method: reading to a dog. BARK-9 uses registered therapy animals who have been tested for health, safety and temperament. When these special animals come to hear children read, it's fun! And that makes all the difference. All ages are welcome.

Mondays 6:00-8:00 p.m.

Barnes & Noble 2443 Vestal Parkway Vestal 770-9505

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

Cost: Free/open to public.

Coburn Free Library 275 Main St Owego 687-3520

Library Hours:

Mon, Wed, & Fri 10:00 a.m. – 5:00 p.m.

Tues & Thurs 1:00 p.m. – 5:00 p.m.

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

Story time for ages 1-5: 10:15 a.m. on Wednesday's.

Cost: Free with library card

Tappan-Spaulling Memorial Library PO Box 397 (Rock St) Newark Valley 642-9960

Library Hours:

Tuesday 10:00 a.m. – 8:00 p.m.

Wednesday 2:00 p.m. – 8:00 p.m.

Thursday 3:00 p.m. – 8:00 p.m.

Saturday 9:00 a.m. – 1:00 p.m.

Waverly Free Library 18 Elizabeth St Waverly 565-9341

Tuesday 10:00 a.m. – 8:00 p.m.

Wednesday 10:00 a.m. – 6:00 p.m.

Thursday 10:00 a.m. – 8:00 p.m.

Friday 11:00 a.m. – 5:00 p.m.

Saturday 10:00 a.m. – 4:00 p.m.

Pre-K Story time: 10:15 a.m. on Wednesday's.

Cost: Free with library card

Parks

County

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

Cole Park- Colesville Road, Harpersville 693-1389

Greenwood Park- Greenwood Road, Nanticoke 778-2193

Otsinigo Park- Bevier Street, Binghamton

Hawkins Pond- Windsor 693-1389

Dorchester Park-Whitney Point 692-4612

Round Top Picnic Area 778-6541

Cost: All Broome County Parks are free

Ross Park Zoo 60 Morgan Rd Binghamton 724-5461

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

Cost:

2 years and Under = free

3 to 11 years = \$5.00

Cost to ride carousel = free with admission

Open Every day April-Sept
10:00 a.m.-5:00 p.m.

| | |
|---|----------------------------|
| Picnic and Playground = free | October-November |
| 12 years-Adults = \$7.00 | Limited days |
| Senior (over 55) = \$6.00 | 10:00 a.m. -4:00 p.m. |
| College Student & Military ID = \$6.00 | *Last ticket sold one hour |
| Group Rate = \$4.50 per person if 10 or more people | prior to closing |

Large Motor Activities

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

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

Water Park @ Skate Estate:
 Cost: \$4.50 for a ½ hour
 Cost: \$7.00 for an hour

Skating @ Skate Estate:
 Cost: \$5.00 (\$8.00 on Saturday Evenings)

Laser Tag @ Skate Estate:
 Cost: \$5.00

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

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

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

Dance Scapes: 14 Willow St.; Johnson City 729-4783
 Fee varies depending on the number of classes taken

Chenango Ice Rink: 614 River Rd.; Binghamton 204-5075
 Fee varies depending on the number of classes taken

BCC Ice Center: 901 Front St; Binghamton (Broome Community College) 778-5423

Cost: Adults: \$6

Students (17 & under): \$5

Skate Rental: \$3

Chenango Gymnastics: 120 Chenango Bridge Rd (RT 12-A); Binghamton 648-7366

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

Tumbling Tots (3 yrs.)

Preschool (3-5 yrs.)

All Ability (5 & up)

Call for fees and schedules

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

Lions (1-2 yrs.) \$30 a month

Tigers (3-4 yrs.) \$45 a month

Bears (5-6 yrs.) \$55 a month

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.

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

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

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

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

Family Resource Center at 460 Broad St in Waverly 565-2374

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

Cost: Free

Additional Programming for Children

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

Cost for participation varies.

- Boys and Girls Club of Binghamton
- Boys and Girls Club of Western Broome
- Tioga County Boys and Girls Club
- Broome Community College Classes for Kids
- Jewish Community Center
- Town of Union Recreation Department

- Town of Vestal Recreation Department
- Southern Tier Gymnastics Academy
- Aero Gymnastics
- Binghamton YMCA
- Johnson City YMCA
- Cornell Cooperative Extension
- Binghamton YWCA
- Indoor Playground at Southern Tier Sports Center
- Fine Arts Studio (Endicott)
- Endicott Performing Arts Center
- Bricks 4 Kidz

Retail Resources

Activities for children offered at local retail stores.

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

Educational Services for Adults

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

ESL Opportunities

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

GED Programs

- Binghamton High School: GED program two times a week in evenings, five times a week during the day (9 a.m. – 3 p.m. at Columbus School)
- BOCES: Provides technical training, educational counseling, GED, ESL, and high school equivalency classes, Owego Free Academy and Endicott Learning Center.
- American Civic Association offers GED Tuesday and Thursday 6:00 p.m. to 8:00 p.m.
- Tioga Workforce Employment Center Monday and Wednesday from 1:00 p.m. to 4:00 p.m.

Vocational Opportunities for Families with Children 0-5 Years

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

Undergraduate Programs

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

Counseling Services

- **ACCORD (Broome and Tioga)** – lends support to families involved in the court system. Court Appointed Special Advocate program provides

services to families navigating the family court system; families are assigned by the court. Also provides Mediation services.

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

Support for Victims of Violence

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

Alcoholism & Substance Abuse

- **A.A., 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.

Youth Programs

- **Mothers & Babies Perinatal Network Youth Services-** provides 6th, 7th, and 8th grade classroom presentations addressing topics of “building healthy relationships”, “parenting can wait”, and “making good decisions”.
- **The Haven** – After-school program for youth in grades 7 – 12 who are in school or in a GED program.
- **Broome County Urban League** – operates an after school youth enrichment center providing youth development activities and tutoring. Also provides a summer enrichment program for youth ages 5-11.
- **Boys & Girls Club of Binghamton** – provides youth development activities for youth of all ages, school-age child care program, and sports, recreation and fitness program for all ages.
- **Boys & Girls Club of Western Broome** – provides youth development activities for youth of all ages, school-age child care program, and sports, recreation and fitness program for all ages.
- **Tioga County Boys & Girls Club** - provides youth development activities for youth of all ages, school-age child care program, and sports, recreation and fitness program for all ages.
- **Cornell Cooperative Extension Broome County – Citizen U Project** – youth development program promoting citizenship, community action and community improvement.
- **Cornell Cooperative Extension Broome County – 4-H Youth Development** – provides an experiential learning youth education program for boys and girls ages 5-19. It provides practical life skills education in healthy lifestyles, citizenship and Science, Technology, Engineering and Mathematics (STEM).
- **Cornell Cooperative Extension Tioga County - 4-H Youth Development** – provides an experiential learning youth education program for boys and girls ages 5-19. It provides practical life skills education in healthy lifestyles, citizenship and Science, Technology, Engineering and Mathematics (STEM).
- **Discovery Center-** hands on museum and learning environment for children. After school program available.
- **Liberty Partnership Program** – provides case management, tutoring/mentoring, counseling and summer enrichment activities for at-risk youth identified by local high schools.
- **YMCA-** provides youth development activities for youth of all ages, school-age child care program, and sports, recreation, and fitness programs for all ages.
- **Tioga/Tompkins County Youth Engagement Services Program – YES Club** - works with youth in grades 8 through 12 within Newark Valley High School to minimize barriers that impede school performance,

improve attendance patterns, improve grades and passing rates, minimize disciplinary issues, and provide additional alternative academic experiences to increase student success.

- **Tioga/Tompkins County Youth Engagement Services Program – YES Mentoring** - supports youth who are engaging in at-risk behaviors and could benefit from one-on-one mentoring from a local volunteer mentor.

Services/Programs for Families

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

- **Mothers & Babies Perinatal Network of the Southern Tier – Facilitated Enrollment Program-** provides assistance with health insurance coverage through NY’s public health insurance programs.
- **Mothers & Babies Perinatal Network PAL Family Resource Center Clothing Closet** – provides families in need with gently used clothes.
- **Broome County Department of Social Services Families First Anger Management and Parenting Classes** – provides educational classes about anger management and parenting.

Programs for Families with Children with Special or High Needs

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

Housing Assistance/Emergency/Crisis Services

- **YWCA Young Women’s Residential Achievement Program** – supportive living program for homeless women ages 18 – 23 years old.
- **Metro Interfaith** – low income housing, assists with improving credit and home ownership.

- **Opportunities for Broome (OFB)** – emergency housing, furniture and appliance donations, and help with housing, court, and code enforcement.
- **Tioga Opportunities** – provides rental assistance, apartments and home repair services. Also coordinates food delivery to many of the county's emergency food pantries and soup kitchens.
- **Mental Health Association Project Uplift** – housing assistance for the homeless and food pantry.
- **Cribs for Kids** – local chapter for the National Cribs for Kids program that provides education about safe sleep environments and cribs to families in need-provided by Mother's & Babies.
- **United Way of Broome County 211** – centralized system for community resources and referrals.
- **Berkshire Farm & Center Services for Youth Life House Runaway Homeless Youth Program** - provides crisis intervention, case management and housing services for runaway and homeless youth under age 18.
- **Catholic Charities Teen Transitional Living Program** – transitional/independent living program for runaway and homeless youth ages 16 – 21.
- **Council of Churches Community Hunger Outreach Warehouse (CHOW)** – emergency food service to local food pantries. Infant formula available through referrals from WIC.
- **Lend-A-Hand** – assists with rent, utilities, prescriptions furnishings, etc.
- **Salvation Army** – provides clothing, furniture, and housing.
- **Rise** – emergency housing for victims of domestic violence.
- **Rescue Mission** – supportive/emergency housing for homeless men.
- **Volunteers of America** – emergency housing for the homeless.
- **YMCA** – emergency housing for homeless males ages 18 and older.
- **YWCA** - emergency housing for homeless females ages 16 and older.
- **Broome County Department of Social Services** – provides comprehensive social services for persons of low-income, and adult and child preventive/protective services, including the PINS (Persons in Need of Supervision) program.
- **Tioga County Open Door Mission** – provides outreach that assists individuals and families to obtain food, clothing, furniture, financial assistance, infant items, and shelter for homeless men ages 18 and older.
- **Tioga County DSS** - provides comprehensive social services for persons of low-income, and adult and child preventive/protective services.
- **Catholic Charities** - provides services to those in need such as food, clothing and emergency assistance.
- **Tioga County Rural Ministry** – provides emergency financial assistance for things such as gas, rent, prescription assistance, and NYSEG shutoffs.

- **Beds for Kids** - provides free or low cost beds, mattresses and furniture. Clothing closet provides free and low cost clothing.
- **The Bridge** - a non-profit organization of churches serving Waverly, Athens and Sayre school districts. Provides crisis vouchers for shelter, utilities, food, and transportation. Also operates a furniture and clothing closet.

Family Enrichment Network's Community Partnerships

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

- A contract between a **Child Psychologist** and Family Enrichment Network provides observation, diagnosis, and prescriptive plans for Head Start children; consultation and referral for parents; and technical assistance and training for staff.
- Family Enrichment Network contracts with a **Licensed Clinical Social Worker** to provide Professional Development services, referrals, technical assistance and individual/group training for staff; and meetings on preventive mental health topics, crisis intervention, and referrals for Head Start and Early Head Start parents.
- A contract with **UHS** assures staff ongoing EAP services to assist them in addressing personal, family, and work related issues.
- A partnership between Broome County Department of Social Services Office of Child Support Enforcement and Family Enrichment Network promotes **child support services** for all eligible, Head Start single-parent families.
- A joint effort between Broome County Public Library Children's Services Department and Family Enrichment Network encourages learning, strengthens parent involvement in

children's literacy and language development, and increases families' enjoyment of reading.

- An agreement between the Broome County Health Department and Family Enrichment Network facilitates the identification and provision of **services to infants and toddlers with disabilities** in the county who also attend Early Head Start.
- An agreement between the Tioga County Health Department and Family Enrichment Network facilitates the identification and provision of **services to infants and toddlers with disabilities** in the county who also attend Early Head Start.
- An agreement between the Binghamton City School District and Family Enrichment Network facilitates the identification and provision of **services to preschool children with disabilities** in the district who also attend Head Start.
- An agreement between the Candor School District and Family Enrichment Network facilitates the identification and provision of **services to preschool children with disabilities** in the district who also attend Head Start.
- An agreement between the Johnson City School District and Family Enrichment Network facilitates the identification and provision of **services to preschool children with disabilities** in the district who also attend Head Start.
- An agreement between the Newark Valley School District and Family Enrichment Network facilitates the identification and provision of **services to preschool children with disabilities** in the district who also attend Head Start.
- An agreement between the Owego-Apalachin School District and Family Enrichment Network facilitates the identification and provision of **services to preschool children with disabilities** in the district who also attend Head Start.
- An agreement between the Susquehanna Valley School District and Family Enrichment Network facilitates the identification and provision of **services to preschool children with disabilities** in the district who also attend Head Start.
- An agreement between the Waverly School District and Family Enrichment Network facilitates the identification and provision of **services to preschool children with disabilities** in the district who also attend Head Start.
- **English for Speakers of Other Languages (ESL) Program** provides a weekly adult English class through collaboration between Family Enrichment Network and Literacy Volunteers of Broome/Tioga.

- Head Start parents who are seeking **continuing education programs** have access to information and services through a partnership between Family Enrichment Network and Broome Community College. BCC representatives provide site meeting programming for interested parents.
- Family Enrichment Network works in partnership with the **Broome County Employment Center** to promote **employment opportunities** and support Head Start parents who are entering the job force.
- Partnerships between Office for the Aging, Retired Senior Volunteer Program, and Head Start allow for the recruitment, selection, and enrollment of **elderly volunteers** for the classroom to work individually with children with special needs.
- A partnership between Johnson City School District's Universal Pre-K and Family Enrichment Network allows 53 full-day and 15 half-day children/families to receive comprehensive Head Start services in a **Universal Pre-kindergarten** setting.
- A partnership between Binghamton City School District and Family Enrichment Network allows 69 four-year children/families **and** 34 three-year old children/families to receive comprehensive Head Start services in a **Universal Pre-kindergarten** setting at the Woodrow Wilson School in Binghamton.
- Agreements with Binghamton University's School of Education and the Decker School of Nursing, Broome Community College, the Department of Social Services, and the Association for Retarded Citizens expand the number of participating **interns and volunteers**, enrich individualized programming for Head Start children/families, and develop career experiences for participants.
- A partnership between the SOS Shelter and the Family Enrichment Network exists to identify and provide **referrals and follow-up to families experiencing domestic violence**. The SOS Shelter, in regards to domestic violence provides training to the Agency staff.
- WIC in partnership with Family Enrichment Network works to demonstrate a joint effort to offer preschool children and their families' **nutritious foods and nutrition education**.
- A partnership with Lourdes Mobile Dental Unit offers preschool children an opportunity to participate in **ongoing dental care** on site. In addition to **dental screening, cleaning and restorative dental services** are provided.
- A partnership with Wilson Dental Group provides our infants, toddlers, and pregnant women with **early dental screening** and the possibility of establishing a dental home.

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

INFORMATION ON CHILDREN WITH DISABILITIES

Needs of Children with Special Needs

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

Nearly 25 percent (80 children) of Family Enrichment Network's Head Start enrollment in Broome County, and an additional 30 percent (30 children) in Tioga County and 10 percent of

Family Enrichment Network's Early Head Start enrollment in the 2015-2016 program year were children with special needs.¹³²

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

The Health Department and evaluative agencies report a steady increase in the number of children undergoing evaluations each year. This is attributed to the success of local early intervention efforts including identification, referral, and tracking. Broome Community College's mentoring program for larger daycare centers is helping their staff become more adept at identifying possible special needs. Providers estimate more than 90% of those referred qualify for services. Efforts continue to make transition from Early Intervention to Committee on Preschool Special Education (CPSE) to Committee on Special Education (CSE) as seamless as possible. Binghamton School District CPSE reports a continuing increase in referrals from EI. The referral process from EI to preschool hinges on the child's third birthday. A CPSE meeting must be held and child approved for 3-5 year old preschool prior to the day before the child's third birthday or the child must be discharged from EI. Referrals are made year round. Due to the increase in Binghamton's referrals, Binghamton City School District became an evaluation

agency. Binghamton School District's CPSE reports a significant number of referrals this school year, with many identifying severe delays and/or challenging behaviors requiring the provision of 1:1 aides. Those which are less severe are predominantly speech delays. This increase will have an impact on local evaluators, therapists, schools and preschools. As districts conduct CPSE Annual Review meetings full time beginning in February, it is extremely difficult to schedule meetings for new referrals.

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

Broome and Tioga Counties continue to experience a shortage of speech, occupational (greatest shortage) and physical therapists, as well as special education teachers and one-to-one aides for the three to five age group, particularly in January through March when most programs are full and/or private providers have reached the maximum number they can serve. Aggravating the shortage are the growing numbers of children being identified in rural areas, and the necessity for therapists to travel long distances throughout the County, thereby losing precious therapy time. In addition, Broome County CPSE reimbursements are extremely low, which impacts therapists taking on new CPSE cases. The NYS Education Department is expecting all approved agencies to provide Special Education Itinerant Teachers (SEIT) and integrated services. Pediatric mental health and neurological services are scarce. Countywide, there is a need for more aides and counseling services (including play therapy), to enable students to be maintained in regular education programs. Evaluators indicate an increase in referrals, especially from Day Care providers, in the areas of behavioral needs, autism, and sensory concerns, as well as an increase in the number of children with special needs living with

grandparents. The most critical needs are for more Sensory Integration services in preschool classrooms and in homes, as well as ongoing training for staff and families and 1:1 classroom aides. ¹³³

The Early Childhood Direction Center Reports:

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

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

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

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

Impending New York State budget cuts are already affecting the Early Intervention Program. A projected 10 percent cut, has prompted the resignation of services providers such as speech therapists in some smaller, rural counties. This in turn delays the implementation of IEP's.

Services for Children with Special Needs

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

The Early Childhood Direction Center (ECDC) is located in Binghamton at the Southern Tier Independence Center and serves a 12 county area. It provides planning information and referral assistance to parents and professionals on the Department of Health procedures for children birth through two, the CPSE process, and programs for preschool children with disabilities (birth to five years of age). The ECDC functions cooperatively with the Stated Education School Improvement Specialist (SEIS), both of which provide New York State special education information booklets, resource materials, and training for staff and parents.¹³⁴

The Child Find Program formerly (ICHAP) is a program funded under the New York State Department of Health. The Child Find Program ensures eligible children birth to age three are engaged in primary health care, receive developmental surveillance and screening and are appropriately referred to Early Intervention.¹³⁵

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

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

HCA Diagnostic/Treatment Services Building Blocks Preschool/Infant Programs performs assessments, evaluations, treatment, and family support services through a staff of

physical and occupational therapists, audiologists, speech pathologists, nurses, social workers, psychologists and medical consultants. HCA will provide on-site evaluations.

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

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

HCA currently operates ten Individualized Residential Alternative facilities (IRA). These residential settings are home to adolescents adults. With the support of family and a skilled residence staff these residents are working to develop life skills that promote the greatest level of independence and self-determination possible.¹³⁶

The High Risk Birth Clinic, a satellite certified treatment program of Broome Developmental Services and the Office of Mental Retardation and Developmental Disabilities, delivers prevention, diagnostic evaluation, and therapeutic services to children birth through age six. The program is family-centered and views parental involvement as an integral component. Therapy is performed in the clinic or in the home, depending on how needs are best met. Older children may be seen for specialized evaluation. The psychologist is available for specialized neuropsychological and Autism Spectrum evaluations. Parent information support groups are available also.¹³⁷

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

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

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

The Association does not charge fees to its consumers for any of the above listed services.¹³⁸

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

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

- Physical development including hearing and vision
- Learning or cognitive development
- Speech and language development and communication

- Social or emotional development
- Self-help skills

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

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

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

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

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

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

- Transportation

Services may be provided at:

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

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

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

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

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

The Institute for Child Development (Children's Unit) at Binghamton University

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

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

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

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

The Children's Unit also conducts assessments:

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

- Diagnostic Evaluations¹³⁹

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

RACIAL AND ETHNIC COMPOSITION, CULTURE AND LANGUAGES

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

The 2010 U.S. census highlights several notable demographic facts for community organizations in Broome County to consider in their planning decisions. The foreign-born population rose from 5% in 2000 to 6% in 2010. Additionally, the 2010 census notes that 8.9% of the Broome county population speaks a language other than English at home (U.S. Census 2010). The increasing diversity in local population most likely will continue rise due to local immigration trends, increased refugee resettlement, and secondary migration. Broome county

refugee resettlement has been modest during the past decade (approximately 10 refugees/year), but the numbers are gradually rising.

A growing immigrant and refugee population places many demands on the local community. The local school systems must keep up with the additional English as Second Language needs. The New York Times reports that Broome County ranks 28th out of 63 counties in school diversity. The NYT reports that Hispanic and Asian students make up 6% of the Broome County student population (projects.nytimes.com). Adult ESL classes are a growing need for many immigrants and refugees in the Broome County area. As previously noted, 8.9% of the local population speaks a language other than English at home (U.S. Census 2010). Without strong English language skills, individuals are unable to be self-sufficient community members. Proficiency in English language permits immigrants and refugees to pursue educational and employment opportunities.

Employment assistance proves another difficult hurdle for newcomers to the United States. Immigrants and refugees must learn the protocols of obtaining employment in the United States (e.g. applications, resumes, interviews, etc.). Such trainings are not readily available to newcomers in the Broome county area. A difficult fiscal climate limits available funding in such areas. Hence, many community-based organizations (CBOs) are not able to assist newcomers with employment services.

Immigrants and refugees place many language demands on local service providers Governmental agencies, human services providers, hospitals, court system, and numerous other organizations press to assist a growing population that lacks adequate English language skills. This language divide poses many challenges for both the newcomer and provider. Often

newcomers unknowingly fail to access available benefits due to a lack of language skills. The local community needs to be proactive in addressing the increased need for language services. ESL programs must be available to prepare newcomers to be functional in English and organizations must have language services in place to address critical language divides.

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

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

Table VI. Percentage of Minority Children within Family Enrichment Network Service Area by School District¹⁴⁰

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

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

The ethnic make-up of Head Start families in the 2015-2016 program year differs from that of the general population in Family Enrichment Network’s Broome County service area. The percentage of minorities served by Head Start exceeded the percentage of minorities in the general population as illustrated in tables VII and VIII. In comparison to the 2014-2015 program year, changes in the racial/ethnic breakdown of Head Start families were noted with a decrease of 13% white population, an increase in the Asian population, of .4%, a decrease of 3.4% in the African American population, and the “mix” category saw a decrease of .6%. Hispanic families decreased by 19.9% in the 2015-2016 program year. Tioga County families demonstrate a slightly higher percentage of diversity than the county’s statistics.

Table VII. Hispanic and Non-Hispanic in Head Start to General Population¹⁴¹

Broome County Program

| | HEAD START FAMILIES 2015-2016 PROGRAM YEAR | BROOME COUNTY GENERAL POPULATION |
|--------------|---|-------------------------------------|
| Hispanic | 7.1% | 3.9% |
| Non-Hispanic | 92.9% | 87.9% |

Tioga County Program

| | HEAD START FAMILIES 2015-2016 PROGRAM YEAR | TIOGA COUNTY GENERAL POPULATION |
|--------------|---|------------------------------------|
| Hispanic | 1.1% | 1.6% |
| Non-Hispanic | 98.9% | 95.6% |

Table VIII. Percentage of Minorities in Head Start to General Population¹⁴²

Broome County Program

| | BROOME HEAD START FAMILIES 2015-2016 PROGRAM YEAR | BROOME COUNTY GENERAL POPULATION |
|-----------|--|-------------------------------------|
| White | 34.2% | 87.9% |
| Asian | .9% | 3.9% |
| Black | 29.6% | 5.5% |
| Other/Mix | 27% | 2.8% |

Tioga County Program

| | TIOGA HEAD START FAMILIES 2015-2016 PROGRAM YEAR | TIOGA COUNTY GENERAL POPULATION |
|-----------|---|------------------------------------|
| White | 95.7 | 97% |
| Asian | 0 | 0.8% |
| Black | 1.1% | 0.9% |
| Other/Mix | 2.1% | 1.3% |

During the 2015-2016 program year, the percentage of Head Start ESL families is 16.16%. Table IX breaks down the number of Head Start families who spoke English as a second language during the past four program years. Thirteen different languages other than English were represented during this program year.

Table IX. Language Spoken By Head Start Families Other Than English¹⁴³

| LANGUAGE | NUMBER OF FAMILIES 2012-2013 | NUMBER OF FAMILIES 2013-2014 | NUMBER OF FAMILIES 2014-2015 | NUMBER OF FAMILIES 2015-2016 |
|---------------|------------------------------|------------------------------|------------------------------|------------------------------|
| Spanish | 20 | 13 | 18 | 23 |
| Vietnamese | 2 | 1 | 0 | 0 |
| Laotian | 1 | 0 | 1 | 0 |
| Pushto | 1 | 0 | 0 | 2 |
| Arabic | 2 | 5 | 6 | 11 |
| Urdu | 1 | 0 | 0 | 1 |
| Kurdish | 7 | 14 | 14 | 11 |
| Creole | 6 | 9 | 6 | 3 |
| Portuguese | 0 | 0 | 1 | 0 |
| Chinese | 1 | 1 | 0 | 1 |
| Bosnian | 0 | 0 | 1 | 0 |
| American Sign | 3 | 1 | 1 | 0 |
| Hindi | 0 | 2 | 1 | 1 |
| Japanese | 0 | 0 | 1 | 1 |
| Patio | 0 | 0 | 0 | 1 |
| Russian | 0 | 0 | 0 | 1 |

| | | | | |
|--------------|----|----|----|----|
| Kareeni | 0 | 0 | 0 | 2 |
| Dogboni | 0 | 0 | 0 | 1 |
| TOTAL | 53 | 47 | 50 | 59 |

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

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

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

Whereas Welfare Reform affects the population as a whole, there is one piece of legislation that affects only ESL families. Refugee’s eligibility for Food Stamps was revised on

November 2, 1998. The revised requirements state that certain refugees, asylees, and deportees are only eligible for food stamps for a total of seven years from their entry into the United States. Although this revised legislation offers refugees an extra two years of food stamps, it still pressures families with its many requirements and places additional burdens on other food programs, such as CHOW. All groups of low income from diverse racial and ethnic backgrounds are faced with the same issues resulting from Welfare Reform:

- Unavailability of adequately paid jobs, a living wage
- Lack of public transportation when and where needed
- Need for wrap-around, non-traditional child care
- Education necessary to secure a job which leads to self-sufficiency

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

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

The Mental Health Association of the Southern Tier, which serves people in the Southern Ties who have mental health diagnosis or are at risk, has both Compeer and Cultural Diversity Programs. The compeer program is set up to build self-confidence, self-reliance, and healthy

relationships by involving them in one-to-one friendships, innovative programs, and regular social contact.

UNMET NEED OF HEAD START AND EARLY HEAD START COMMUNITY

Family Enrichment Network provides Head Start and Early Head Start programming to 413 Broome County children and their families 122 Tioga County children and their families. Though the program has increased its full day offerings to families in both communities, there is still a need to do more. Forty-three percent of Broome families and 38 percent of Tioga families reported a need to expand its program.

Table X. Needed Expansion¹⁴⁴

| County | Larger Population | Full-Year | Longer Day | Other* |
|---------------|--------------------------|------------------|-------------------|---------------|
| Broome | 24% | 28% | 42% | 6% |
| Tioga | 20% | 24% | 40% | 16% |

Other Comments: all programs run 5 days per week; higher income guidelines; full-day/full year Broome County; serve rural areas; more classrooms; and more advertisement.

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

offers 53 three year old children in Broome County and up to 20 three year old children in Tioga County with full-day programming.

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

IDENTIFICATION AND PRIORITIZATION OF ISSUES & PROBLEMS

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

1. Identify methods to recruit, hire, and retain qualified Early Childhood Education staff members.
2. Investigate new programs/resources for managing challenging behaviors in classrooms and homes.
3. Educate, support, and help to build resilience in staff and families to develop realistic and age appropriate expectations of development and behaviors.
4. Explore ways to expand vision care for children five and under who are on Medicaid.
5. Assist families in becoming motivated to participate in and reach financial wellness goals.
6. Advocate to law makers about the broken system that keeps families in low-income circumstances.
7. Investigate funding sources and apply for grants to expand our Tioga County GED program to include an evening class that offers transportation and child care.
8. Identify support services/resources to assist our teen GED participants who are not part of our Head Start/Early Head Start program.

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- ¹⁰⁴ 2015-2016 Broome County Community Assessment Parent Questionnaire
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- ¹⁰⁹ 2015-2016 Broome County Community Assessment Parent Questionnaire
- ¹¹⁰ 2015-2016 Broome County Community Assessment Parent Questionnaire
- ¹¹¹ 2015-2016 Broome County Community Assessment Parent Questionnaire
- ¹¹² 2015-2016 Tioga County Community Assessment Parent Questionnaire
- ¹¹³ 2015-2016 Tioga County Community Assessment Parent Questionnaire
- ¹¹⁴ 2015-2016 Broome County Community Assessment Parent Questionnaire
- ¹¹⁵ 2015-2016 Broome County Community Assessment Parent Questionnaire
- ¹¹⁶ 2015-2016 Broome County Community Assessment Parent Questionnaire

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- ¹¹⁸ 2015-2016 Broome and Tioga Community Assessment Parent Questionnaires
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Special Education Services Program



Introduction

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

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

Chenango County: Approved for 32 SCIS slots – 3.5 hour duration

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

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

INFORMATION ON CHILDREN WITH DISABILITIES

Since 1975, children with disabilities from birth through age 21 have been guaranteed a free and appropriate public education. In New York State, the Department of Health is the lead agency for birth through three services (called Early Intervention) and the Department of Education is responsible for children ages three through twenty-one. Each school district has established a Committee on Preschool Special Education (CPSE) to oversee the referral, evaluation, determination of eligibility, and provision of services for those children ages three through five. The following table provides a snapshot of services provided to children ages birth-5 in Broome County for 2015.

Broome County Early Intervention and Preschool Services

Source: Broome County Health Department Division of Children with Special Needs

A Multi Year Comparison of Broome County's Early Intervention Programming

| Year | # of Active Cases | # of Referrals |
|-------------|-------------------|----------------|
| 2011 | 653 | 390 |
| 2012 | 999 | 412 |
| 2013 | 813 | 390 |
| 2014 | 850 | 419 |
| 2015 | 872 | 445 |

| Eligible Services | <u>2014</u> # of Children (Duplicated Services Possible) | <u>2015</u> # of Children (Duplicated Services Possible) |
|--------------------------|--|--|
| Speech Services | 236 | 293 |
| Special Instruction | 190 | 226 |
| Physical Therapy | 149 | 151 |
| Occupational Therapy | 167 | 193 |
| Family Training | 5 | 17 |
| Social Work | 8 | 22 |
| Vision Services | 7 | 1 |
| Core Evaluations | 320 | 386 |
| Supplemental Evaluations | 96 | 216 |

**A Comparison of Broome County’s CPSE Service Delivery Models for 15-16 School Year
(As of February 1, 2016)**

| Service | Type of Service | Number of Children | Percentage |
|-------------------------------------|-----------------------------|--|---|
| Related Service | Speech Therapy | 326 (287+39 TBD) | 44% of duplicated count |
| | Occupational Therapy | 144 (126+18 TBD) | 19% of duplicated count |
| | Physical Therapy | 92 (82+10 TBD) | 12% of duplicated count |
| | Aides (1:1 and shared) | 35 (25 in program, 10 preschool or HS) | 23% of integrated pgm children; 6% of unduplicated count |
| Special Education Itinerant Teacher | Minimum of 2 hours per week | 47 (40+7 TBD) | 6% of duplicated count |
| Integrated Program | 3 Hour Day | 68 | 12% of unduplicated count |
| Integrated Program | 3.5 Hour Day | 43 | 8% of unduplicated count |
| Special Class Program | 5 Hour Day | 17 | 3% of unduplicated count |
| Total (Duplicated Count) | | 772 | |
| Total (Unduplicated Count) | | 561 | |

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

Annual statistics show that 2016 Early Intervention active cases and referrals were higher than the previous year. EI speech has increased from last year. Therefore, when speech providers are not available, special instruction providers may be used to provide this service. This would account for the increase in EI Special Instruction from the previous year. We also see that if children have an EI provider and are not on a waitlist, they remain in EI until their last possible date instead of moving to CPSE for service. Our department monitors County information carefully, as it is one factor that may predict the level of services needed in our community when children turn three and can access programs and services at FEN.

Broome General Program Description

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

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

The second model of collaborative programming in Broome County is our SCIS/ Universal Pre-Kindergarten (UPK) classrooms at Horace Mann Elementary (Binghamton CSD) and Charles F. Johnson Elementary (Union-Endicott CSD). Each of these sites offer integration

within district funded Universal Pre-Kindergarten Programs. Each site operates using a 16:2:1 ratio with 10 typically developing UPK students, six preschool students with special needs, two teachers (one general education certified, one special education certified) and one classroom teaching assistant. The Family Enrichment Network is responsible for hiring both the special education staff and the certified general education teachers for these sites. While the district provides assistance in referral of UPK students, FEN is responsible for completion of enrollment and intake for these students. The district provides curricular oversight and training opportunities for both the general education and special education staff. Enrollment at both sites this year has been at 100%.

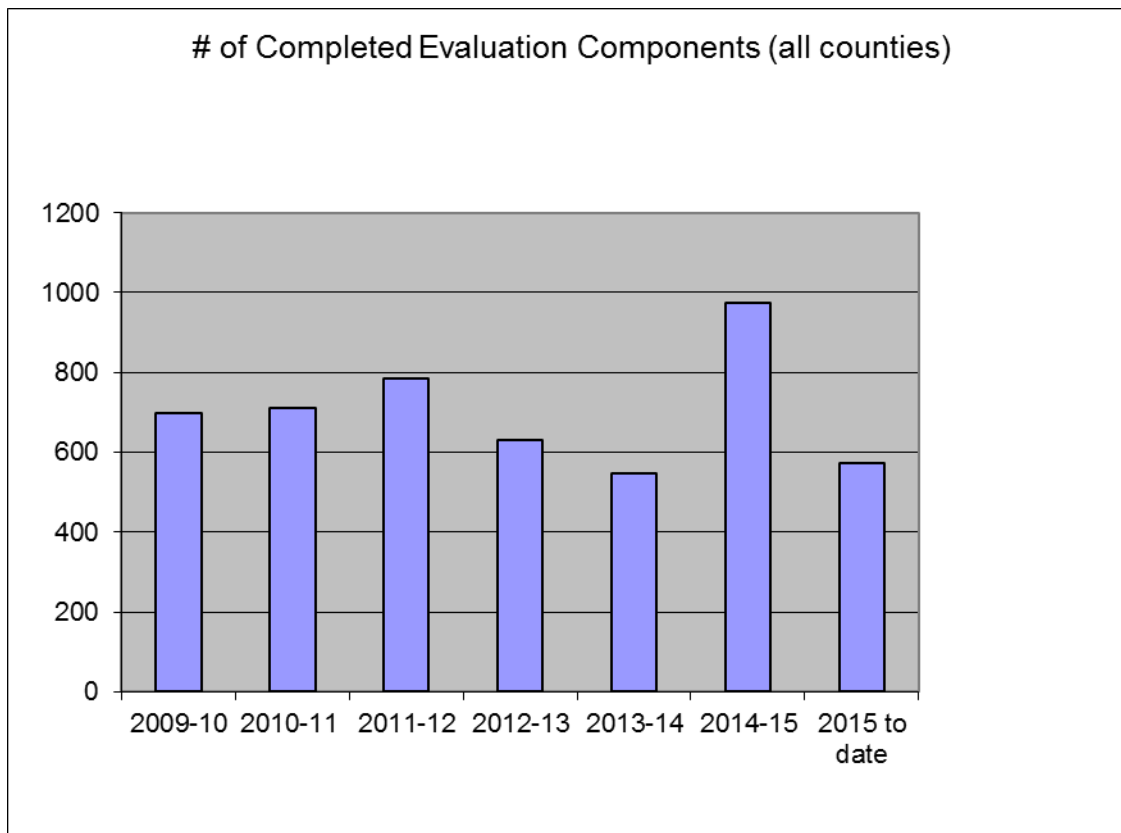
In 2014, the Binghamton CSD received additional SED funding to expand some of their UPK programs from half-day to full day. Horace Mann was one of those sites to offer full day UPK to families. The Binghamton CSD has been a strong partner sharing resources and including our staff in trainings and local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

As of March 2016, 47/48 places are filled and we anticipate full capacity by the end of March. Further placements will result in a variance.

Multi-disciplinary Evaluations

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

When a child is referred for an evaluation, the approved agency will complete several mandated components – psychological evaluation, social history, and a speech, educational, occupational therapy, and/or physical therapy evaluation, depending on the child’s presenting needs. As of January 31, 2016, we have completed 281 evaluation components at our Broome evaluation site. This is 20 evaluations higher than last year at this time.



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

Progress on Prior Need to Improve the Timeliness of Evaluations:

An important aspect of our evaluation team is to ensure that evaluation reports are completed in a timely manner so that districts can meet SED time requirements and families

have information prior to their child’s CPSE meeting. The following tables represent the timeliness of evaluations completion over a four-year period. The first table shows the time from conducting the evaluation to receiving the report in the SES office. The second table captures the time from the date SES receives a district referral for evaluation to the date the evaluations are sent out to the district. We continue to closely monitor these timeframes in order to make recommendations to strengthen our internal process.

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

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

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

Evaluation Timeframe for 14-15

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

Evaluation Timeframe for 13-14

| Evals Done | # of Evals | 0-7 days | 8-14 days | 15-21 days | 22-30 days | Over 30 days |
|------------|------------|----------|-----------|------------|------------|--------------|
| Psych | 150 | 117 | 24 | 6 | 2 | 1 |
| ST | 117 | 107 | 9 | 1 | 0 | 0 |
| OT | 80 | 52 | 19 | 3 | 5 | 1 |
| PT | 29 | 15 | 11 | 3 | 0 | 0 |

| | | | | | | |
|---------|-----|-----|-----|----|----|-----|
| ED | 40 | 33 | 4 | 1 | 2 | 0 |
| Total | 416 | 324 | 67 | 14 | 9 | 2 |
| Percent | | 78% | 16% | 3% | 2% | .5% |

Evaluation Timeframe for 12-13

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

Timeline- From date referral received to completed evaluations sent back

| 15-16 | 0-30 | 31-60 | 61-90 | 91-120 | 120+ |
|-----------------|------|-------|-------|--------|------|
| Children Eval'd | 14 | 87 | 25 | 3 | 1 |
| Percent | 11% | 67% | 19% | 2% | <1% |

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

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

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

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

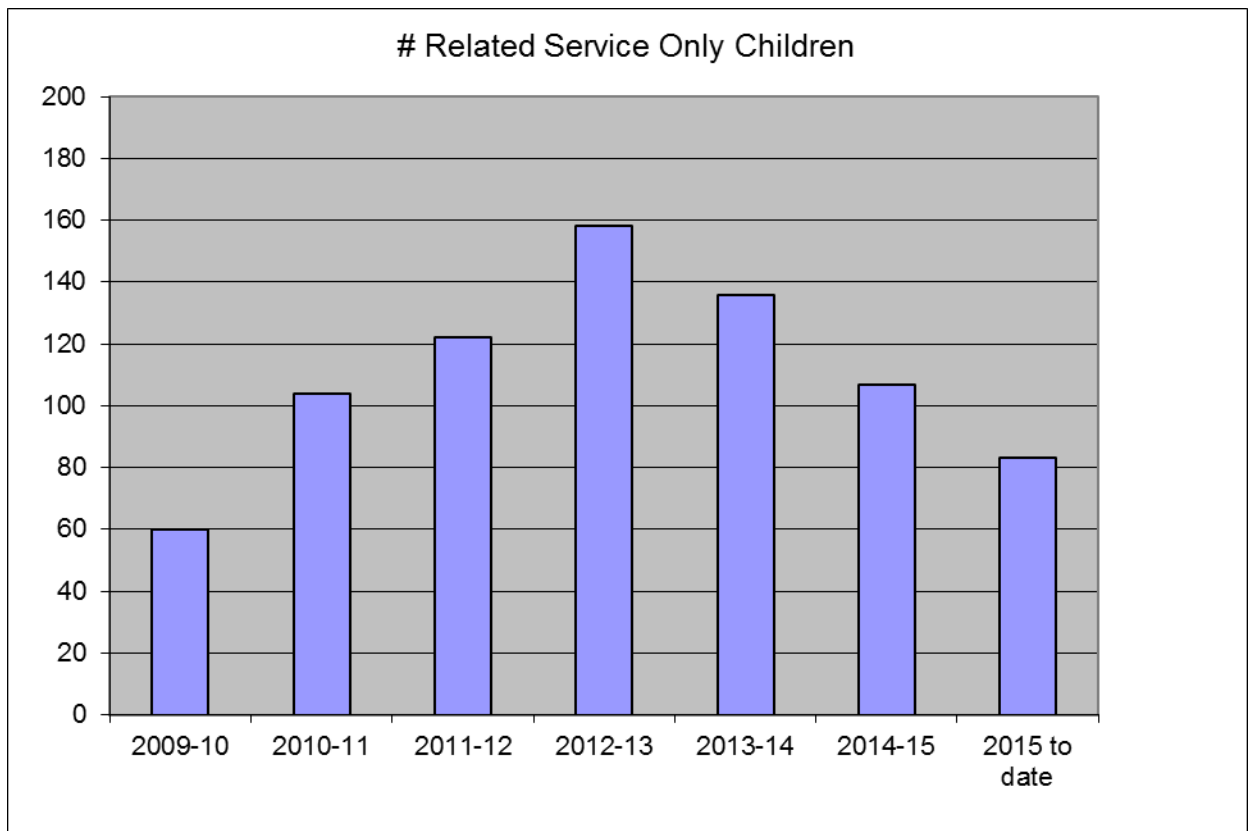
The majority of the evaluations taking more than 30 days to complete are due to parents' failure to respond to phone calls, not showing up for evaluations, or failure to return paperwork necessary for completion of evaluations. To address these issues we continue to employ the use of our social worker and Head Start Family Advocates to deliver necessary paperwork and follow up with parents on missing items. The community assessment team commented that they were aware of delays and appreciated our ongoing communication with them in regard to evaluation and CPSE meeting scheduling.

Itinerant Related Services Provided by Family Enrichment Network

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

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

At this time we have been unable to fill a speech pathologist vacancy and have one part time occupational therapist rather than a full time occupational therapist. If this persists as we close the school year, many of these children will be recommended for compensatory services over the summer. FEN will have availability during the summer as only children with great delays and recorded regression are recommended for summer services.



Discussion:

A continued concern held by all Broome County participants is the decreased capacity to provide related services in Broome County. Many therapists have left Early Intervention and CPSE due to changes in how providers will be reimbursed and because reimbursement rates have remained stagnant in Broome County and NYS. As a result, there are growing numbers of

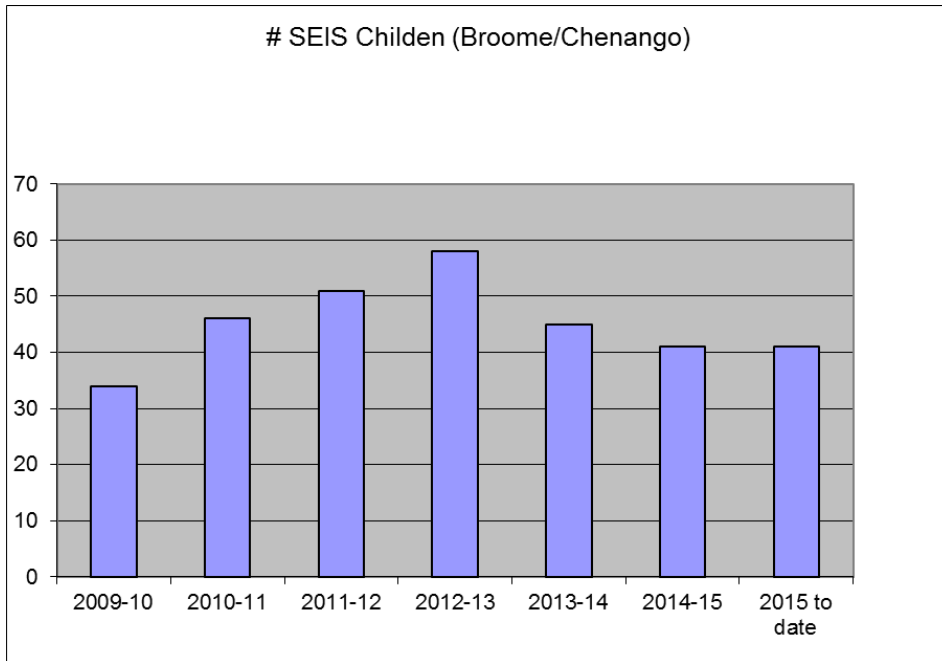
children in EI and CPSE that are waiting for services. This has created a situation in which more children enter the CPSE earlier and with greater needs. Unfortunately, related service numbers are not stable. Historically, there is a spike in need from Feb-May and then a dramatic decrease over the summer and fall, making it difficult for an agency to maintain that higher level of staffing.

Broome Special Education Itinerant Services (SEIS)

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

Family Enrichment Network continues to be one of the few providers of SEIS throughout our catchment area. Many providers have discontinued this service due to the inherent difficulties in providing this service in a cost effective manner.

Currently the Family Enrichment Network has 1.6 FTE Special Education Itinerant Service teachers to support Broome children. In the past FEN has maintained two FTE teachers, but due to a lack of providers to recruit we have been unable to meet the SEIS needs of our community.

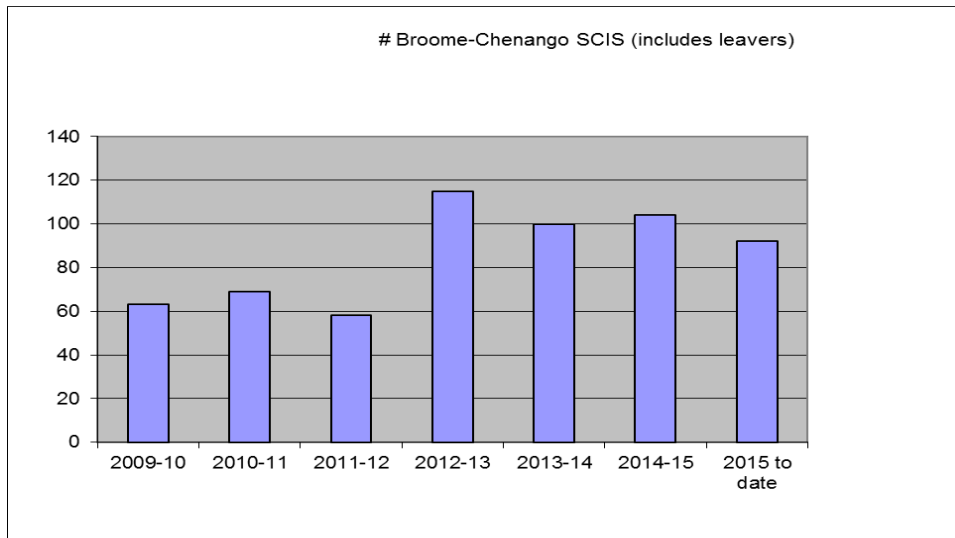


Discussion: Each year the number of children referred for SEIS increases by January. As of March 2016, we have needed to reduce service hours for children to be able to at least meet minimal needs. When we do hire another Special Education Itinerant teacher, we will be able to restore those hours. We continue to group children recommended for SEIS, when appropriate, to increase our ability to meet districts' needs for this level of support.

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

Special Class Integrated Setting (SCIS)

The Special Class Integrated Setting has expanded since its initial opening in 2002. We have a potential of 60 openings in Broome County. As of March 2016, 47/48 program openings have been filled (6 SCIS classes). At this time we could add variances if needed.



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 almost fully enrolled for the 15-16 school year, SES is able to enroll a limited number of children beyond our ratio by applying for a variance. For those children who are referred to a program after April, more than likely they will begin their enrollment during the summer, when we have more available openings.

The Community Assessment Team also expressed concern regarding the increase in children with severe behavioral needs. More children are being classified with severe management needs. Often these children are very bright and are able to meet preschool

benchmarks, but have great difficulties with peer and adult interactions, following routines and rules, and moving through transitions. Some have been expelled from their day care or preschool programs. They do not match the profile of children placed in current integrated classrooms, so SEIS and an aide may be recommended by the CPSE. However, this is generally not successful as the child needs full time special education support. There was much discussion by our Broome county partners (County, districts) to develop a special education program to meet the needs of these children.

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

Chenango County Services

The following table provides a snapshot of services provided to children ages birth-5 in Chenango County for 2015.

Chenango County Early Intervention and Preschool Services
Source: Chenango County Health Department Division for Children with Special Needs

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

| Year | # of Active Cases | # of Referrals |
|------|----------------------------------|----------------|
| 2010 | 144 | 98 |
| 2011 | KIDS System - 26 NYEIS – 26 * | 79 |
| 2012 | KIDS System - 8 NYEIS – 37 * | 79 |

| | | |
|-------------|--------------------------------|-----|
| 2013 | KIDS System – 2 NYEIS – 130 | 104 |
| 2014 | 156 | 108 |
| 2015 | 82** | 121 |

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

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

| Eligible Services | 2011 NYEIS | 2012 NYEIS | 2013 | 2014 | 2015 |
|--------------------------|------------|------------|------|------|------|
| Speech Services | 15 | 23 | 47 | 33 | 34 |
| Special Instruction | 7 | 9 | 27 | 23 | 39* |
| Physical Therapy | 11 | 15 | 38 | 32 | 42 |
| Occupational Therapy | 4 | 4 | 16 | 23 | 23 |
| Family Training | | | | | |
| Social Work | | | | | |
| Vision Services | 1 | 2 | 0 | 2 | |
| Core Evaluations | | | | | |
| Supplemental Evaluations | | | | | |

*21 cases are S.I. covering for Speech, 2 cases are S.I. covering for OT

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

| Year | 2010-11 As of 2/18/11 | 2011-12 As of 2/14/12 | 2012-13 As of 2/22/13 | 2013-14 As of 3/1/14 | 2014-15 As of 2/27/15 | 2015-16 As of 2/1/16 |
|--|-----------------------------|-----------------------------|--------------------------|-------------------------|-----------------------------|----------------------------|
| # Active Cases | 112 | 104 | 98 | 120 | 116 | 143 |
| # Enrolled in Integrated Preschool Settings/% Enrolled | 37 – 33% | 33-32% | 20-29.5% | 30-25% | 34-29% | 44-31% |
| # Receiving Related Serv/% RS | 75 – 66% | 71-68% | 68-70.5% | 90-75% | 87-75% | 99-69% |

A Comparison of Chenango County's CPSE Service Delivery Models for 2015-16 (As of February 1, 2016)

| Service | Type of Service | Number of Children | Percentage |
|-------------------------------------|------------------------|-----------------------|------------|
| Related Service | Speech Therapy | 88 | 61.5 |
| | Occupational Therapy | 30 | 21 |
| | Physical Therapy | 17 | 11.9 |
| | Aides (1:1 and shared) | 4 | 2.8 |
| Special Education Itinerant Teacher | Minimum of 2 hrs/wk | 17 | 11.9 |
| | | | |
| Integrated Program | 2.5 Hour Day | 21 | 14.7 |
| Integrated Program | 3 Hour Day | 2 | 1.4 |
| Integrated Program | 3.5 Hour Day | 17 | 11.9 |
| Special Class | 5 Hour Day | 4 | 2.8 |
| Total (Duplicated Count) | | 200 | |
| Total (Unduplicated Count) | | 143 | |

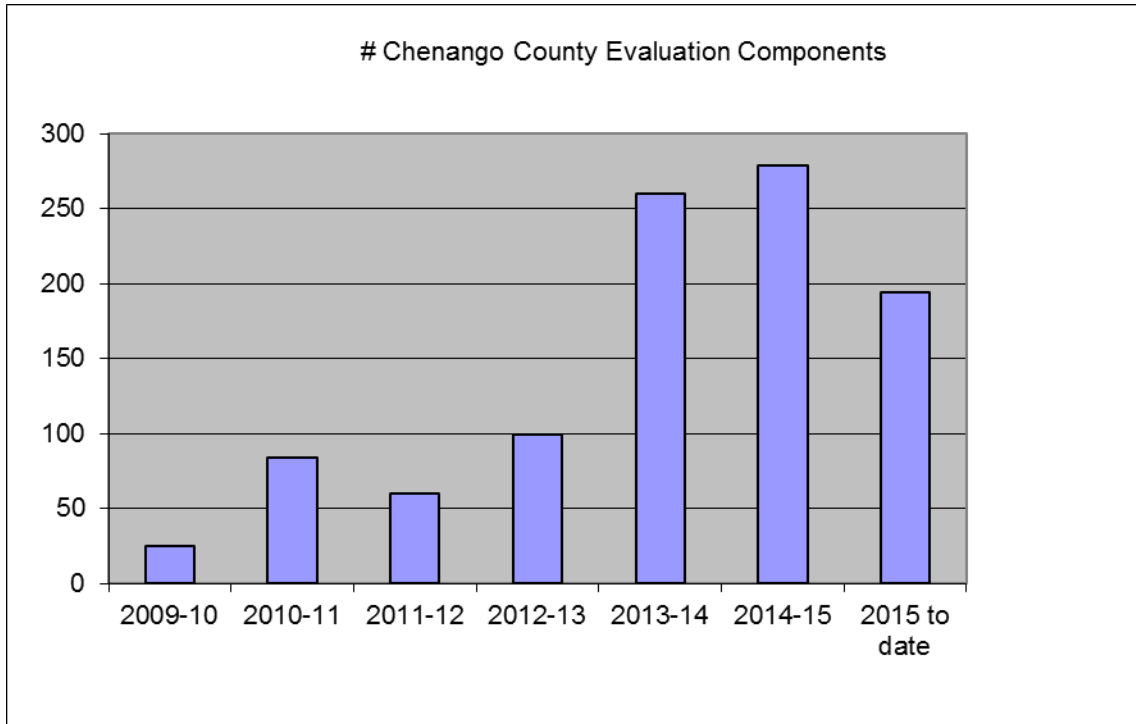
Special Education Itinerant Services

Family Enrichment Network began providing Special Education Itinerant Teacher (SEIT) services in 2006 for Chenango County. During the 2009-10 school year we saw a reduction in the number of children referred for SEIS. During the 12-13 school year, we had children on a waitlist. We continue to support a full time SEIT teacher and could provide more SEIT if we could find a qualified and willing candidate. As of February 2016 we are serving 15 children, four more compared to last year. There is a need for more SEIT services; however, it is difficult to find qualified individuals who are interested in this type of work. There are long distances to travel through four counties, and the time spent in travel and the cost of mileage impact cost effectiveness. Children have made significant progress through the program, and districts, parents, and counties report they appreciate our providing this service.

Multidisciplinary Evaluations

We have a full evaluation team set up at our Chenango Broad Street site to provide evaluations to determine eligibility for initial referral as well as supplemental evaluations. We have worked diligently to provide evaluations in a timely manner, at times bringing therapists

from Cherry Street to Norwich in order to provide additional evaluation slots when referrals have



Norwich site: Evaluation Timeframe for 13-14*

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

*for evaluations started during the 2013-2014 year.

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

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

Special Class in an Integrated Setting: In July 2012, integrated classes were expanded to Chenango County in Norwich. Family Enrichment Network collaborates with the DCMO BOCES to provide two morning and two afternoon integrated 8:1:3 classes. The 8:1:3 designation is considered an enhanced model whereby eight children with severe needs receive support from a special education teacher and three classroom aides, eliminating the need to hire individual one-on-one aides. Since the beginning of the program, we have continued to have approved variances to increase the number of students in these classes to nine. Currently, we have five variances. In addition, starting March 1, 2016 we received NYS approval to change all classes to 3.5 hours. This change will provide our program with a substantial increase in revenue.

Discussion of Chenango County Community Assessment Participants 2016

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

- 1) Hiring of staff to meet the IEP services of children
- 2) Continue to monitor the evaluation timeline
- 3) Continue to provide all evaluation appointments in one day, due to transportation difficulties of families
- 4) Continue to increase communication among the county, FEN, and component school districts
- 5) Parent Training, either short-term or all year, could be a psychologist or SEIT teacher, but preferably by a Social Worker
- 6) Counseling for children with mental health needs

Some of these discussed needs will be more difficult to provide than others. For example, we have changed our evaluation schedule so that all evaluation components are held on the same day to assist parents with transportation challenges. 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.

**PARENT SURVEY SUMMARY AND DISCUSSION
BROOME COUNTY INTEGRATED PROGRAM**

| Question | Total # Respondents | Responses |
|---|----------------------------|------------------------------|
| I feel comfortable contacting my child's teacher and/or therapist. | 17 | 15- yes 2- maybe |
| I receive frequent feedback from my child's teacher and/or therapist about my child's progress | 17 | 16- yes 0- maybe 1- no |
| I would be interested in attending parent informational sessions. | 17 | 9- yes 6- maybe 2- no |
| <i>Was your child evaluated by Family Enrichment Network? If so, was the experience a positive one?</i> | 17 | 12- yes 3- maybe 2- no |
| I am satisfied with the overall special education program and services provided by the Family Enrichment Network. | 17 | 16- yes 1- no |

BROOME INTEGRATED PROGRAM PARENTAL RESPONSES

- Response to #1 –I don't know their names.
- Response to #2- Only once since he started school.
- Response to #4-I wasn't told the time that they were going to do his evaluation.
- I would like more interaction with the teachers and therapists.
- They are so sweet and helpful.
- They are Great!
- Response to #2-I receive feedback all the time!
- I LOVE the program my son has had such a positive change in learning since he has started at H. Mann.
- I think that you guys are doing a good job.
- Thank you for your time and patience with my child.
- I receive feedback weekly from his speech therapist. I would like feedback from OT.
- I am greatly appreciative of all the help my son receives in school. I have seen a great improvement in his school work. Thank you for your hard devoted work!
- I hear from his therapist, but rarely hear from his teacher.
- They are wonderful with my child.

BROOME COUNTY RELATED SERVICE

| Question | Total # Respondents | Responses |
|---|------------------------|--------------------|
| I feel comfortable contacting my child's teacher and/or therapist | 5 | 5- yes |
| I receive frequent feedback from my child's teacher and/or therapist about my child's progress | 5 | 5- yes |
| I would be interested in attending parent informational sessions | 5 | 2- yes 3- maybe |
| Was your child evaluated by Family Enrichment Network? If so, was the experience a positive one? | 5 | 5- yes |
| I am satisfied with the overall special education program and services provided by the Family Enrichment Network. | 5 | 5- yes |

BROOME COUNTY SEIT SERVICE

| Question | Total # Respondents | Responses |
|--|------------------------|--------------------|
| I feel comfortable contacting my child's teacher and/or therapist | 5 | 4- yes 1- maybe |
| I receive frequent feedback from my child's teacher and/or therapist about my child's progress | 5 | 4- yes 1- no |

| | | |
|--|---|--|
| I would be interested in attending parent informational sessions. | 5 | 5- yes How to communicate between the teacher/therapist on a daily basis! |
| Was your child evaluated by Family Enrichment Network? If so, was the experience a positive one? | 5 | 4-yes 1-maybe |
| I am satisfied with the overall special ed program & services provided by FEN | 5 | 4-yes Please work on getting therapists. 1-maybe |

CHENANGO COUNTY INTEGRATED PROGRAM

| Question | Total # Respondents | Responses |
|--|---------------------|-----------------------------|
| I feel comfortable contacting my child's teacher and/or therapist | 15 | 14- yes 1- no |
| I receive frequent feedback from my child's teacher and/or therapist about my child's progress | 15 | 12- yes 2-maybe 1- no |
| I would be interested in attending parent informational sessions. | 15 | 6- yes 7-maybe 2-no |
| Was your child evaluated by Family Enrichment Network? If so, was the experience a positive one? | 15 | 13-yes 0-maybe 2-no |
| I am satisfied with the overall special ed program & services provided by FEN. | 15 | 13-yes 1-maybe 1-no |

CHENANGO COUNTY INTEGRATED PROGRAM PARENTAL RESPONSES

- They are very approachable.
- Response to # 2- I receive feedback 100% of the time in a timely manner.
- They are wonderful.
- Response to # 2- I wouldn't say frequent enough. We wouldn't mind hearing from the OT therapist. We still deal with multiple tantrums at home.
- I think it would be great if we could meet with the teachers and discuss our child's behavior at school.
- My child really needs speech and I didn't even know there wasn't one until recently. It has put her far behind for kindergarten.
- Hannah Vincent is AWESOME!
- Excellent program.
- We are very pleased with the progress of our child.
- Why does any of this matter?
- Very Satisfied! We LOVE this school! We have seen such a huge improvement.

CHENANGO COUNTY SEIT

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

The Special Services Department continues to work closely with families to develop strong relationships in keeping with the mission and goals of the Family Enrichment Network. Feedback from our districts based on their interactions with families further support that our relationships with families are positive and help support the partnership that families will need to develop as their children transition to elementary school.

As another resource for families, The Special Education Services department also manages a small grant from the Office of People with Developmental Disabilities (OPWDD). It supports

children from ages 3-7 who have been identified or may be eligible for OPWDD classification. A team of Family Enrichment Network special education staff work with each family in the home setting to offer strategies and resources to assist parents with managing their child's behavioral needs. This is the fourth year of the grant and it has grown to serve 10 families.

The following highlights the work of this grant:

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

RESOURCES TO ENHANCE THE OPERATION OF THE PROGRAM

The reader is directed to Section 3 of the Head Start Community Assessment for an extensive list of the resources available within the community.

2016 WHERE ARE WE NOW?

Last Year's Priorities and Current Status for Broome

| <i>Issues from 2/2015</i> | <i>Actions Taken</i> | <i>Current Status as of 2/2016</i> |
|---|--|--|
| 1. Increase SES capacity to provide more related services and SEIT from January-June. | *Grouping children for more related services and SEIT has helped increase our capacity. *Discharging children from service when goals are met instead of waiting until annual review meetings has created a few more openings for services. | Although SEIT is now reimbursed per session, the rate continues to be a challenge. It has been extremely difficult recruiting staff as well. |
| 2. Continue to provide support for children with significant behavioral difficulties | *Hired FT Psychologist *Continuation of OPWDD Family Support Services Grant | *Special Class Integrated Setting (SCIS) classes meet to discuss difficult cases *UPK class at Horace Mann has been successful in meeting the needs of this population. *Broome County families in Family Support Service Grant are satisfied with support |

| Continued | | |
|---|--|--|
| 3. Increase access and implementation of technology for our children in SCIS, SEIT and related service settings | *All SCIS classes, SEIT, and therapists have mini iPads | *Teachers will need some support to embed use of technology into instruction and not use iPad solely as an incentive for children. *Some uses of technology observed – for visual schedules, as a verbal output device, assist with participation during circle or story time, record progress monitoring |
| 4. Work toward establishing a FEN Speech/Language Pathologist as an expert in Alternative/Augmentative Communication and who will be able to conduct AAC evaluations in our region. | *We have a SLP who has been participating in on-line classes to support her growth in this area. | *This is a long term goal; our staff member is not able to conduct AAC evaluations at this time. |
| 5. Improvement of evaluation process – continue to monitor the timeliness of evaluations, including team annual review reports | *We will continue to internally monitor our process for quality and timeliness | *Last year’s annual review reports were sent to districts in advance of all meetings. *We are able to meet NYSED evaluation timelines until January when we schedule evaluations two months ahead; this is a function of the amount of referrals and evaluation staff availability. |
| 6. Quality of UPK programs | *Binghamton UPK staff attended Binghamton staff development throughout the year. *FEN UPK staff introduced to Common Core *Materials purchased to support literacy development *Measuring literacy, math, social/emo growth as requested from each district | *New Director is becoming familiar with previous procedures and practices |
| 7. Parent Training | *No actions taken | *Parent participation is very weak |

UNMET NEEDS FOR SPECIAL EDUCATION SERVICES & RELATED SERVICES

Reflections of the Broome Community Assessment Team on Current Needs for 16-17:

- 1. Shortage of Related Service and SEIS Personnel:** Yearly, this is an expressed need. Broome reports a shortage of providers for related services and special instruction in the second half of the school year when recommendation for services increase. Although we try to group children when appropriate, travel time and competing schedules limit our flexibility to be efficient from a fiscal perspective. The SED reimbursement rate for SEIS does not allow for travel time or the impact on class schedules (breakfast, lunch, and naptime). This year we are seeing a decline in the number of early childhood teachers and speech language pathologists available for recruitment.

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- 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 third year that SES has focused on this population at our Horace Mann site. The classes are fully integrated with typical UPK children and children with IEPs who have high behavioral management needs. Staff plan age appropriate behavioral interventions. Districts have requested that next year we provide targeted staff development to teachers and aides in the area of social emotional needs.
 - 3. Alternative/Augmentative Devices:** Districts would like to have access to an expert who can evaluation and recommend appropriate assistive technology for their preschool population. They have requested that any assistive technology being currently utilized in our classes or therapy sessions be noted on the IEP along with goals to further advance the child's skills. SES will continue to support a Speech Language Pathologist who is working toward being able to provide AAC evaluations.
 - 4. 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
 - 5. Parent Trainings:** Districts and our committee parent member felt that offering parent trainings through FEN or sharing training information provided within the community

would be very beneficial. Some topics to explore might be – helping parents to understand the language of special education and more specifically learn about various diagnoses; assist parents with understanding how to read their child’s IEP and help interpret assessment scores; develop a handout or pamphlet describing community agencies that can help them navigate the special education process; start a support group for FEN families; assist with the transition to kindergarten; and tips on attending parent-teacher conferences.

IDENTIFICATION AND PRIORITIZATION OF ISSUES & PROBLEMS

This assessment indicates that the following community priorities need to be addressed in 2016-2017 by the Special Education Department’s programs and services and their community partners:

Broome:

1. Programs and supports for children with behavioral challenges
2. Continue with Response to Intervention plan
3. Staff trainings for social-emotional needs in the preschool setting
4. Alternative/Augmentative expert
5. Continue to monitor the evaluation process timeline

THE COMMUNITY ASSESSMENT PROCESS

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

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

The committee adhered to a strict timeline to complete this report (Table XII). Each program committee met in January for an orientation to the CA process and work group assignments. Work groups collected information, met as needed and submitted data to Family Enrichment Network by the February deadline. The program work groups met to identify & prioritize issues and problems. The CA draft was distributed to the full committee mid-March for revision/approval of the report. Policy Council reviewed and approved the Head Start summary report on April 12, 2016. The Governing Board approved the entire summary report on April 28, 2016.

Table XII. Community Assessment Timeline

| TASK | November | December | January | February | March | April |
|--------------------------------|----------|----------|---------|-----------|-------|-------|
| Director's Planning | X | X | | | | |
| CA Orientation Meeting | | | 1/13 | | | |
| Data Collection | | | X | X | | |
| Data Analysis/Writing Document | | | X | X | | |
| Work Groups Identify Needs | | | | 1/14-2/11 | | |
| CA Committees review document | | | | | 3/12 | |
| Executive Director's Review | | | | | | 4/11 |
| Make Changes to Document | | | | | | X |
| CA reviewed by Policy Council | | | | | | 4/12 |
| Make Changes to Document | | | | | | X |
| CA reviewed by Governing Board | | | | | | 4/28 |

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