

# Cortland County Community Action Program, Inc. CAPCO



## Community Assessment 2018

32 N. Main Street  
Cortland, NY 13045  
[www.capco.org](http://www.capco.org)

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## Executive Summary

This report summarizes a quantitative and qualitative exploration of the causes and conditions of poverty in Cortland County, New York. The research analyzes input from customers and community stakeholders representing the following sectors: education, public, private, community-based and faith-based. The report also analyzes secondary, observable data about conditions in the service area and among customers in the organization's Head Start programs. Based on a cross-analysis of perceived and observed data, this report documents the following findings, accompanied by recommendations for response. A complete discussion of the findings begins on page 70 of this report.

**Finding 1: Restricted access to safe, affordable housing and transportation are concerns expressed by program customers and community members, and conditions that cause instability in the lives of people living in poverty.**

### Recommendations for Finding 1:

- Improve human service system coordination to reduce the stress of housing instability for CAPCO customers:
  - *Establish a partnership between CAPCO Energy Programs and Cortland Housing Assistance Council to streamline access to services that will improve the conditions in which CAPCO customers live.*
  - *Work with Cortland Housing Authority to streamline the housing assistance application process for CAPCO customers.*
  - *Provide CAPCO customers with referrals to legal aid programs that assist tenants.*
  - *Participate on the Cortland County Housing Consortium that develops and advances the Consolidated Housing Plan for the county.*
  - *Exploring partnerships that expand the capacity of Family Development's Emergency Assistance program to more assist customers with transportation barriers.*

**Finding 2: The supply of child care and early education services for children under age 3 in the county is entirely insufficient, severely limiting the opportunity to support the healthy development of young children living in families with low incomes.**

### Recommendations for Finding 2:

- *Expand center-based Early Head Start to the extent possible to provide optimal child development services that allow time for parents to work during the school day.*
- *Expand home-based Early Head Start as able to provide child development services that young children with low incomes might not receive in informal child care arrangements.*
- *Expand Healthy Families as able to provide child development services that young children with low incomes might not receive in informal child care arrangements.*
- *Partner with the Child Development Council on strategic efforts that aim to expand access to high quality early care and learning services in the county.*

**Finding 3: Substance abuse assistance and mental health services are growing needs and subjects of concern among CAPCO customers and community stakeholders.**

### Recommendations for Finding 3:

- *Facilitate access to mental health and substance abuse services for CAPCO customers*
- *Take steps to become a trauma-informed organization*
- *Incorporate high quality social-emotional learning curricula into existing programming for children and adults (e.g. Conscious Discipline; Devereux Your Journey Together, Strengthening Families Protective Factors Framework)*

Finding 4: Underemployment is a condition of concern in the county and among CAPCO customers

Recommendations for Finding 4:

- *Expand center-based Early Head Start to support more hours of employment among parents of young children who qualify for the program*
- *Explore partnering with BOCES, Cortland Works or other partners to better connect CAPCO customers with career development, job training, and adult education services*

Finding 5: CAPCO customers are likely to draw on their own personal strengths and resilience, social connections and community supports to address challenges in their lives

Recommendations for Finding 5:

- *Explore options to build customer leadership capabilities and add frameworks for customer-led groups to harness customer strengths in service to the agency mission*

## State of the Grantee

The Cortland County Community Action Program, Inc. (CAPCO) is a community based; not-for-profit 501c3 Corporation located in Cortland, New York and is the second largest human service provider in the county. CAPCO was incorporated in 1974 and designated as Community Action Agency under the provisions of the Economic Opportunity Act of 1964 signed by President Lyndon Johnson in his declaration of the “War on Poverty”. For 45 years, CAPCO has worked intensely with low income people in our community. Through a broad range of programs and resources, CAPCO provides assistance to over 3,500 people in the community annually. CAPCO is governed by a 15 member tripartite board of directors. One third of the members of the board are elected public officials or their representatives. At least one third of the members are representatives of the low-income community with the remainder of the seats being representatives from the private sector to be chosen from “business, industry, and labor, religious, law enforcement, education or other major groups and interests in the community served.” The board structure reflects and promotes the unique anti-poverty leadership, action, and mobilization responsibilities assigned by law to community action agencies. CAPCO’s board is responsible for assuring the agency continues to assess and respond to the causes and conditions of poverty in our community, achieves anticipated family and community outcomes, and remains administratively and fiscally sound. The main office for CAPCO is located at 32 North Main Street, Cortland, NY 13045 and operates the following programs throughout Cortland County:

**Head Start:** Head Start is a comprehensive program designed to foster the healthy development of pre-school aged children from ages 3 to 5 years old from low-income families. Head Start provides children with daily nutritious meals and many opportunities for social, emotional, and intellectual growth which can prepare them for success in school and life. The CAPCO Head Start Program is funded for 200 children and their families throughout Cortland County. The program also connects children to a health care source and provides vital support services to their families. In addition, other services provided to the children are education services, transportation (if eligible), disabilities services, Individual Education Program and Individual Family Service Plan, as well as mental health, nutrition services and family engagement. The cornerstone of the program is parent and community involvement which has made it one of the most successful preschool programs.

**Early Head Start:** The Early Head Start Program is for low-income infants, toddlers, expectant mother, and their families. The CAPCO Early Head Start Program is funded for 72 children and their families through the center based program option, as well as the home-based program option. This program is relatively new to the agency, as well as the community. The Early Head Start Program enhances the children’s physical, social, emotional, and intellectual development; assists expectant mothers to access comprehensive prenatal and postpartum care; support parents’ efforts to fulfill their parent’s roles and help parents move towards self-sufficiency.

**Energy Services:** Energy Services is a service provider for residential and commercial energy conservation. Energy costs are reduced by installing weatherization measures. These include but are not limited to air sealing, insulation of floors, walls, crawl spaces and attics, installation of high efficiency heating systems, clean and tunes, and hot water tanks. A Comprehensive Building Assessment or Energy Audit is conducted to determine the insulation levels, air infiltration rates and appliance efficiency. This program has no income requirements and is for residential and commercial buildings. An audit fee is collected before the Audit is performed, a work scope is then determined and a contract is negotiated with the owner for the costs involved. The Energy Services department utilizes a staff of highly trained individuals to install energy saving measures for income eligible households.

**The Weatherization Assistance Program (WAP)-through Energy Services:** WAP has income guidelines which is the gross income before taxes and deductions. This is a free service to eligible clients. Furthermore,

renters must check with their landlord first. Make sure he/she is willing to upfront the money. Tell them this program will benefit them, as well as you. Have them call the program if they are unsure about how the program operates. Landlords will submit a non-refundable upfront audit fee of \$100-\$200 for 1-4 units. This will be collected and applied toward their landlord contribution of 25%-35% of the total costs which is required on rental property. For 5 or more units, the actual cost of the audit will be collected. You must have 50% of your tenants be income eligible in order for us to weatherize your building. This program is free to income eligible landlords. The guideline charts are provided by this department in their brochures or on-line at [www.capco.org](http://www.capco.org).

**EmPower New York – through Energy Services:** The focus of EmPower New York is on cost-effective electric reduction measures, particularly lighting and refrigerator replacements, as well as other cost-effective home performance strategies such as insulating and draft reduction measures. This is a free service to those which meet the programs eligibility requirements.

**Electrical Reduction (ER) – through Energy Services:** Energy-efficient lighting, refrigerators and freezers, change-out of electric dryers and hot water tanks to natural gas, pipe insulation and other electric reduction measures. In some situations, families may be provided exclusively with energy reduction services.

**Home Performance (HP) – through Energy Services:** Insulation, draft reduction and heating system repair/replacements and other shell measures. Homes referred for HP services will also be serviced with ER measures. Eligibility requirements are the utility bills must be in the name of the customer in need, customer must reside in a 1-4 unit building, customers must be HEAP/WAP eligible, and HP services are targeted to homes with high heating costs.

**WIC:** WIC is a federally funded supplemental food and nutrition education program funded by the US Department of Agriculture for women (pregnant, breastfeeding or up to 6 months postpartum), infants and children up to the age of five which provides vouchers for nutritious foods, nutrition counseling, and referrals to health care. At WIC clinics, participants receive nutrition education and are issued a set of checks listing specific foods for that month. The checks are redeemed at local stores contracted to accept WIC checks. By providing some of the foods needed daily for good health, WIC can help you stretch the food budget. Nutritionists at the WIC clinic can help plan healthy meals for families, advise on infant feeding, children's diet needs, and the food needs of pregnant and breastfeeding women. WIC also employs a certified lactation consultant, and peer counselors who are available after normal clinic hours to help with topics relating to breastfeeding such as nutrition facts, positioning, and returning to work. WIC has electric and manual breast pumps available for special needs. In addition to appointments at the Cortland office, WIC also provides each participating household with a set of vouchers which can be used to purchase fresh fruits and vegetables at local farmers markets. To be eligible for WIC, you must meet four eligibility criteria:

- Categorical: Women who are pregnant, breastfeeding or have just had a baby; infants; and children under 5 years old.
- Residential: Must be a resident of New York State.
- Income: Must have a gross income under 185% of the Federal Poverty Level or receive Food Stamps, Medicaid or Temporary Assistance for needy families.
- Nutritional: Must have a nutritional need.

**Consumer Directed Personal Assistance Program (CDPAP):** In 1973, a group of individuals with severe disabilities, joined together to find a solution to the way they were receiving care. At that time, these individuals had not suitable alternatives available other than the traditional approaches of institutionalization, such as a nursing home or hospital. Others could go home with no support, with the help of a family member willing to care for them. From this group of disabled individuals, a model for what is now

referred to as the Consumer Directed Personal Assistance Program (CDPAP) was developed. It would be the cornerstone of a program which recognizes that disabled individuals have the ability to choose their own caregivers and to direct their own home care services. CDPAP helps promote independence and Consumer Empowerment. The personal care aides hired by participants provide support including health and daily care and wide range of services which can include basic housekeeping, personal care or high level of nursing services. In 2016, CAPCO CDPAP made it possible for more than 75 participants to live in their homes free of the constraints imposed by traditional home care and institutional settings. Without the support of CDPAP, many of these individuals would most likely remain in a nursing home situation. Thirteen families received support and care for their disabled family members through CDPAP, allowing them to continue to be employed and over 100 individuals obtained employment and received the necessary skills and training to increase their employability in the home care industry in the home care industry. CDPAP fosters independence and consumer empowerment by affording more control over identifying and acquiring personal care needs. This control makes consumers less reliant on a medical service model to obtain the daily assistance they need to fully participate in their own communities. The Consumer benefits by being able to live independently in the community, giving them a sense of empowerment to make decisions on how and when their care is provided. The Consumer's family benefits by allowing them to maintain/obtain employment if they were providing care to their loved ones.

**Volunteer Driver Program:** The Volunteer Driver Program is a new resource CAPCO offers to the community. It provides transportation for Medicaid eligible individuals for non-emergency medical appointments and care. Transportation is provided by volunteer drivers who are reimbursed for their mileage. The program provides a caring, safe transport to medical appointments and saves significant Medicaid resources.

**Family Development:** Family Development works with people in the community to develop and provide resources and supports to encourage strong, healthy families. Family Development makes resources available which help to increase individuals' dignity and self-reliance while helping to move them out of poverty. These programs include:

**Health/Nutrition Education & Programs (through Family Development):** This program assists families in getting healthy food options into their homes, as well as education on how to incorporate healthy options into their diet and how to prepare new foods. This food assistance helps to decrease financial resources being spent on food and allows for the family to use those resources on other necessities.

- Snack Packs
- Community Supported Agriculture (CSA)
- Exercise & Cooking Classes
- SNAP EBT benefits at Farmers Market

**Parent Education (through Family Development):** This program provides parents with support and resources which help them to improve their parenting skills and enhance family engagement. These classes are individualized toward the needs of the parents. The classes are delivered in a group format that allows parents to be a resource to each other. The classes overall goal is to increase parents' knowledge on family/discipline/family engagement topics and decrease instances of child abuse and neglect.

- Parents with Hope
- Everybody's Baby Shower
- Pajama Party

**Heat Share Energy Assistance Program (through Family Development):** This supports low-income families throughout New York State. In partnership with utility companies, elected officials and community organizations, Heat Share helps low income people handle utility costs.

- Project Share (NYSEG)
- Care & Share (National Grid)

**Marathon Family Success Center (through Family Development):** This program allows those living in rural areas of the county to receive services closer to home. The center which is located in Marathon, NY provides services and resources to families which they would otherwise need to drive miles to receive.

**Community Action Angels (through Family Development):** This program believes that all people in need deserve to be helped and in return should be given the opportunity to help others....creating a Circle of Giving.

- Volunteers
- Family Essentials
- Coat Giveaway
- Holiday Extravaganza
- Nickel Store
- Everybody's Baby Shower
- School Supply Giveaway
- Emergency Assistance

**Adult Education (through Family Development):** This program allows adults to work toward their educational goals in small groups or with a one-on-one tutor. The focus is on young adults working towards their High School Equivalency diploma and adults looking to increase literacy skills for job readiness and/or to increase their quality of life.

- Tutoring, support and assistance in the High School Equivalency process
- Literacy Volunteers of Cortland County

**Nutrition and Outreach Program (NOEP):** NOEP offers free, confidential, one-on-one services that help food insecure people in the community get nutrition assistance. The NOEP Coordinator helps applicants gather documentation for, fill out, and send in the SNAP application and works to increase participation in the School Breakfast Program and the Summer Food Service Program, which provide nutritious meals to school-aged children.

**Healthy Families of Cortland County:** The Healthy Families home visiting program matches parents with knowledgeable and caring workers who provide information and support during pregnancy and early childhood. Services include helping families access community resources and services, educating families on parenting and child development, connecting families with medical providers, and assessing children for developmental delays.



## Methodology

Cortland County Community Action Program (CAPCO) worked with Pro Action of Steuben and Yates, Inc. (Pro Action), a fellow Community Action Agency, to conduct a full Community Assessment, encompassing the overall agency community needs assessment and the Head Start grantee community assessment.

The primary data gathering phase included surveys distributed to clients of CAPCO's Head Start programs, as well as community stakeholders representing community-based, faith-based, private sector, public sector and educational organizations. In addition, a focus groups was organized for CAPCO customers and Head Start parents, which was attended by two individuals. Through these methods, the study explored stakeholder perceptions about the health of the community, the performance of its institutions, and the conditions most affecting its residents of all ages. In addition, the study probed both through surveys and focus groups to produce insight about community assets and protective factors that can be brought to bear on community challenges. The insight from these surveys and focus groups is presented in this report's section entitled *Needs of Low-income Individuals, Children and Families: Perceived*.



The secondary data gathering phase included updating “observed” data from sources such as the U.S. Census Bureau, Bureau of Labor Statistics, New York State Department of Health, New York State Department of Temporary and Disability Assistance and others. Most of this data was compiled using the Community Commons, while some was gathered directly from the source. Most of the secondary data is presented in the Service Area Data section of this assessment. In addition, data from CAPCO Head Start's PIR Summary Reports from 2017-2018 and 2014-2015 is compiled within the report as observed data in the sections entitled *Early Education Need and Capacity* and *Needs of Head Start Eligible Children and their Families: Observed in Program Data*.

From this primary and secondary data, a matrix of perceived and observed conditions (*Appendix I*) was developed. Those issues emerging as both a *perceived* need among community and customer stakeholders, **and** an *observed* need in the general and Head Start populations warranted findings. The report presents findings and recommendations in the section of the assessment entitled *Findings on the Causes & Conditions of Poverty, and Recommendations*.

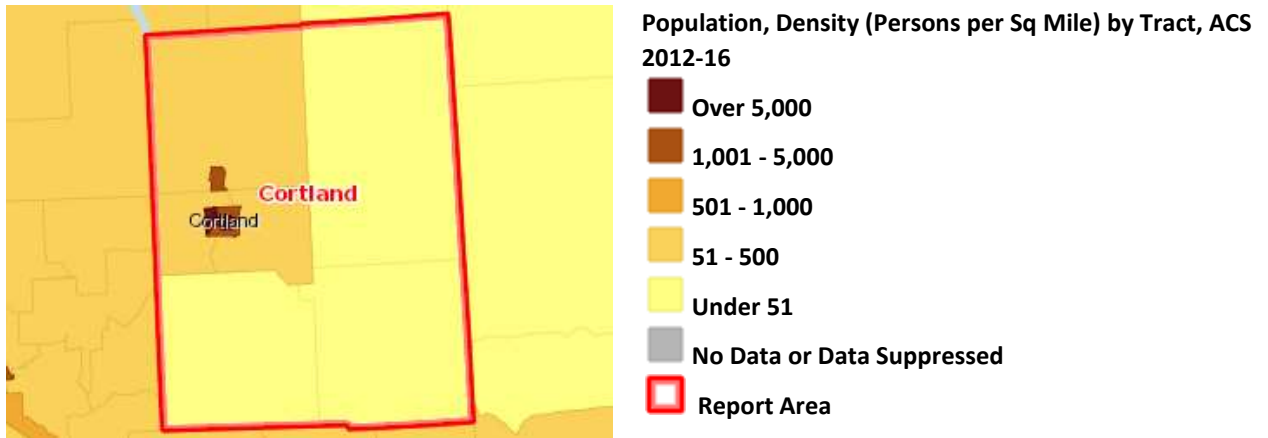
## Service Area Profile

### Report Area

The report area is Cortland County. Cortland County Community Action Program (CAPCO) serves the entire county, encompassing 498.8 square miles of land area. Cortland County is located in the Central New York region. It borders Tompkins and Cayuga counties to the west; Tioga and Broome Counties to the South;

Chenango and Madison counties to the east; and Onondaga County to the North. The county encompasses 498.76 square miles of land. There is one city (Cortland) and there are 15 towns in the county. The towns include: Cincinnatus, Cortlandville, Cuyler, Freetown, Harford, Homer, Lapeer, Marathon, Preble, Scott, Solon, Taylor, Truxton, Virgil, and Willet. In addition, there are three villages: Homer, McGraw, and Marathon. Cortland County’s lush farmlands and central location make it attractive for business and tourism alike. CAPCO Head Start serves the school districts of Cincinnatus Central, Cortland City, Homer Central, Marathon Central, and McGraw Central. Data included in this report is presented either by county or by school district throughout the report, depending on the purpose of including the specific data point, and the availability of the data by school district.

Within the service area, population centers can be found in Cortland and Homer. The remainder of the county is rural with population densities of less than 1,000 persons per square mile or less.



## *Population*

### Population and Population Change

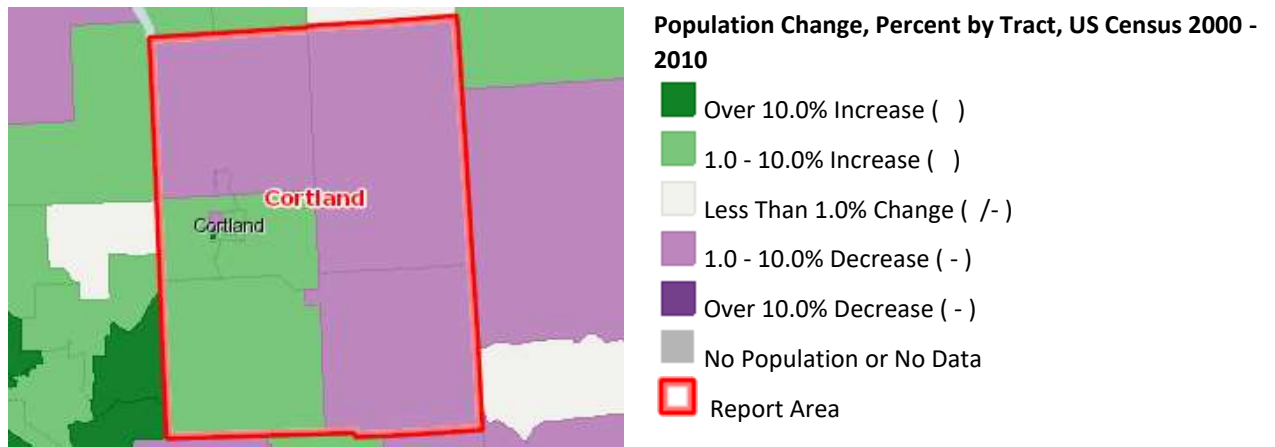
Following are charts showing population and population change in the service area.

Report Area	Total Population	Total Land Area (Square Miles)	Population Density (Per Square Mile)
Cortland County, NY	48,713	498.77	97.67
New York	19,697,457	47,124.95	417.98
United States	318,558,162	3,532,068.58	90.19

According to the United States Census Bureau Decennial Census, between 2000 and 2010 the population in the report area grew by 737 persons, a change of 1.52%.

Report Area	Total Population, 2000 Census	Total Population, 2010 Census	Total Population Change, 2000-2010	Percent Population Change, 2000-2010
Cortland County, NY	48,599	49,336	737	1.52%
New York	18,974,502	19,378,102	403,600	2.13%
United States	280,405,781	307,745,539	27,339,758	9.75%

Data Source: US Census Bureau, Decennial Census. 2000 - 2010. Source geography: Tract



### Age & Gender Demographics

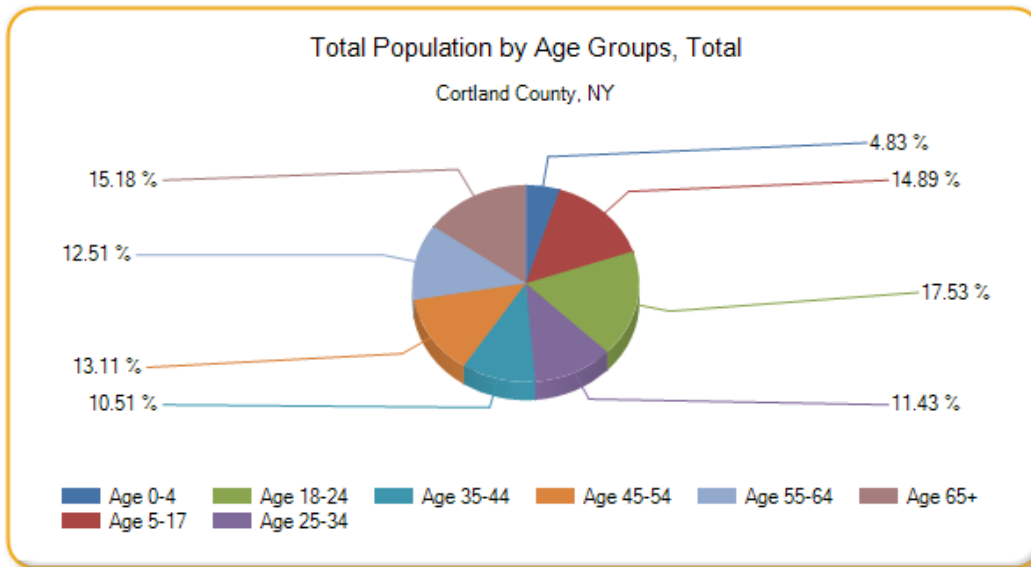
The following tables and charts show the number and distribution of people in the county by gender and by age.

#### **Total Population by Gender**

Report Area	Male	Female	Percent Male	Percent Female
Cortland County, NY	23,778	24,935	48.81%	51.19%
New York	9,555,130	10,142,327	48.51%	51.49%
United States	156,765,322	161,792,840	49.21%	50.79%

**Total Population by Age Groups**

Report Area	Age 0-4	Age 5-17	Age 18-24	Age 25-34	Age 35-44	Age 45-54	Age 55-64	Age 65+
Cortland County, NY	2,355	7,251	8,541	5,570	5,120	6,388	6,094	7,394
New York	1,170,723	3,055,686	1,966,965	2,831,379	2,501,802	2,780,247	2,496,854	2,893,801
United States	19,866,960	53,745,478	31,296,577	43,397,907	40,548,400	43,460,466	40,061,742	46,180,632



**Population Age 0-4**

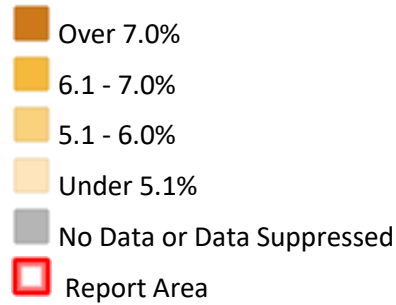
This indicator reports the percentage of children aged 0-4 in the designated geographic area.

Report Area	Total Population	Population Age 0-4	Percent Population Age 0-4
Cortland County, NY	48,713	2,355	4.83%
New York	19,697,457	1,170,723	5.94%
United States	318,558,162	19,866,960	6.24%

Data Source: US Census Bureau, American Community Survey. 2012-16. Source geography: Tract



**Population Age 0-4, Percent by Tract, ACS 2012-16**



**Veterans**

This indicator reports the percentage of the population age 18 and older that served (even for a short time), but is not currently serving, on active duty in the U.S. Army, Navy, Air Force, Marine Corps, or the Coast Guard, or that served in the U.S. Merchant Marine during World War II.

Report Area	Total Population Age 18+	Total Veterans	Veterans, Percent of Total Population
Cortland County	39,097	3,149	8.05%
New York	15,448,079	789,553	5.11%
United States	243,935,157	19,535,341	8.01%

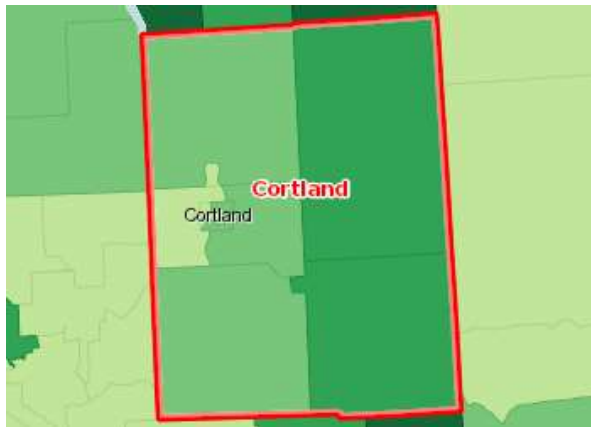
*Data Source: US Census Bureau, [American Community Survey](#). 2012-16. Source geography: Tract*

**Families with Children**

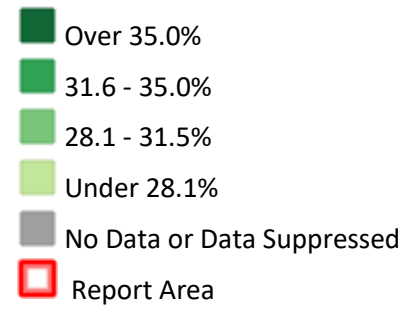
According to the most recent the American Community Survey estimates, 27.81% of all occupied households in the report area are family households with one or more child(ren) under the age of 18. As defined by the US Census Bureau, a family household is any housing unit in which the householder is living with one or more individuals related to him or her by birth, marriage, or adoption. A non-family household is any household occupied by the householder alone, or by the householder and one or more unrelated individuals.

Report Area	Total Households	Total Family Households	Families with Children (Under Age 18)	Families with Children (Under Age 18), Percent of Total Households
Cortland County, NY	17,683	10,909	4,918	27.81%
New York	7,266,187	4,611,982	2,197,231	30.24%
United States	117,716,237	77,608,829	37,299,113	31.69%

*Data Source: US Census Bureau, American Community Survey. 2012-16. Source geography: Tract*

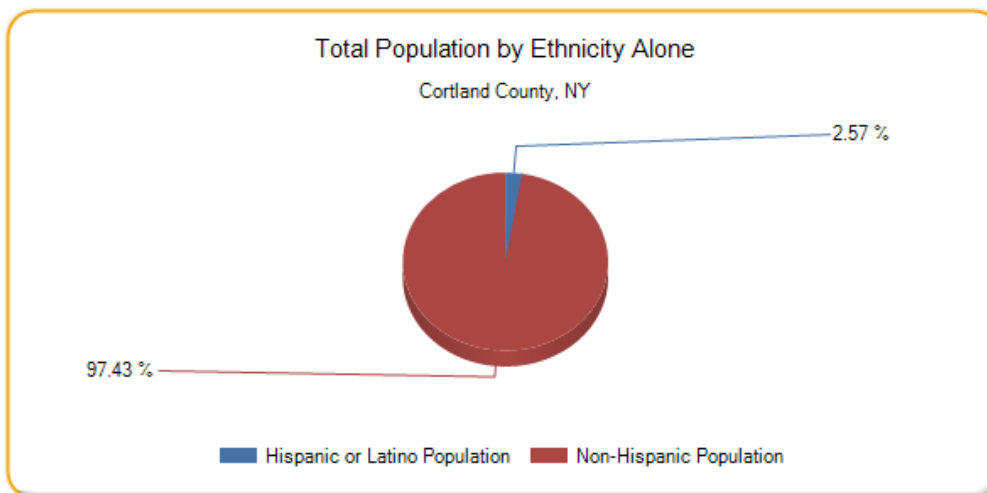
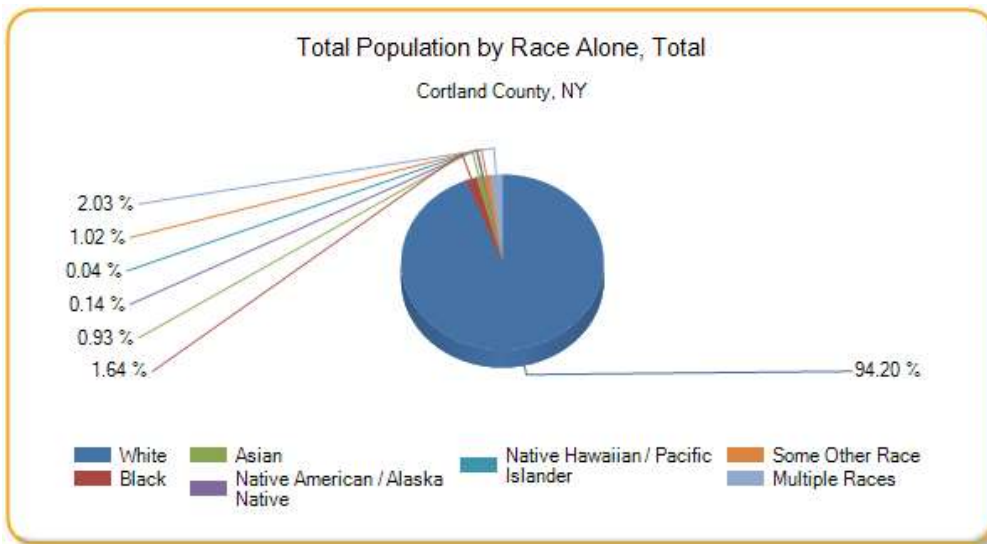


**Households with Children (Age 0-17), Percent by Tract, ACS 2012-16**



**Race and Ethnicity**

The following charts depict the distribution of the county population by race and by ethnicity.



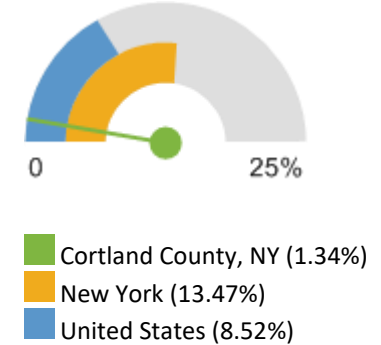
## Languages

This indicator reports the percentage of the population aged 5 and older who speak a language other than English at home and speak English less than "very well."

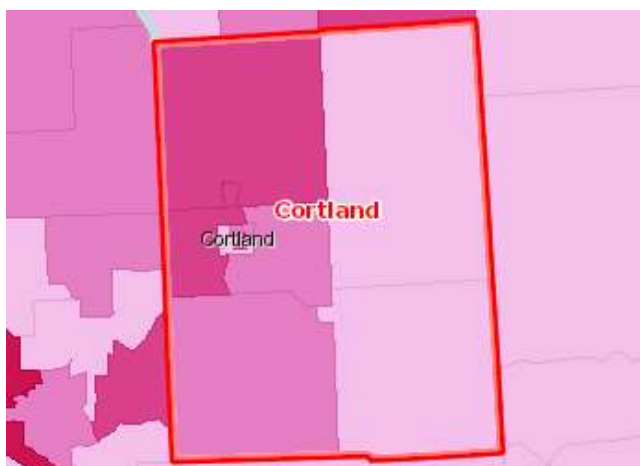
### Population with Limited English Proficiency

Report Area	Population Age 5+	Population Age 5+ with Limited English Proficiency	Percent Population Age 5+ with Limited English Proficiency
Cortland County, NY	46,358	619	1.34%
New York	18,526,734	2,494,711	13.47%
United States	298,691,202	25,440,956	8.52%

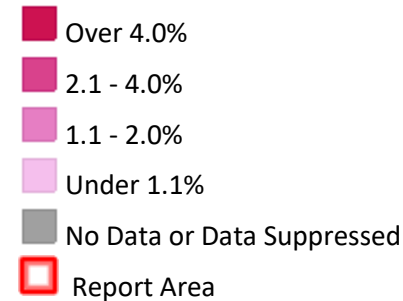
Percent Population Age 5 with Limited English Proficiency



Data Source: US Census Bureau, American Community Survey, 2012-16. Source geography: Tract



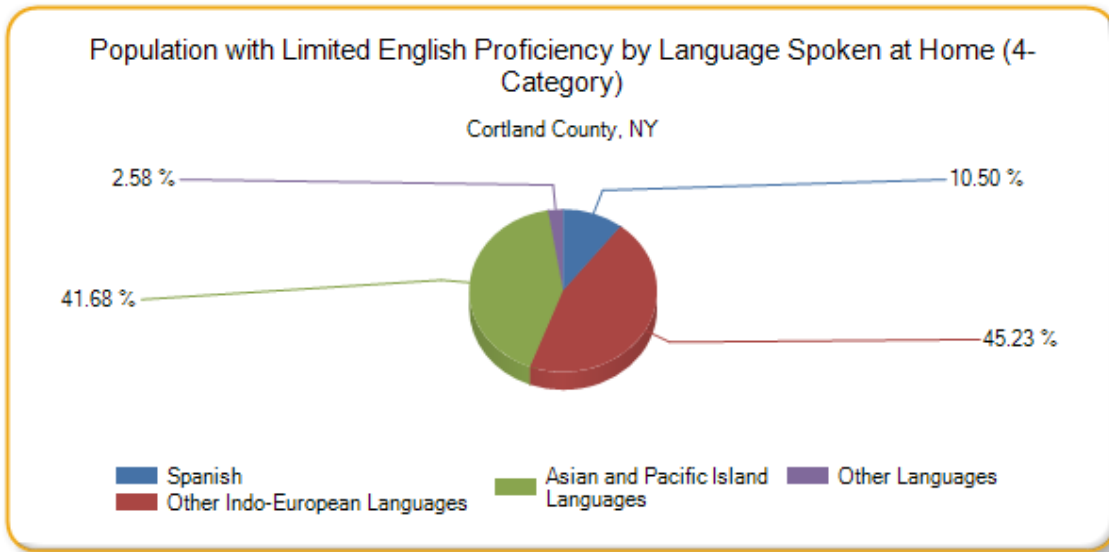
Population with Limited English Proficiency, Percent by Tract, ACS 2012-16



### Population with Limited English Proficiency by Language Spoken at Home (4-Category)

Report Area	Spanish	Other Indo-European Languages	Asian and Pacific Island Languages	Other Languages
Cortland County, NY	65	280	258	16
New York	1,239,490	627,233	537,112	90,876
United States	16,268,850	3,423,686	4,815,252	933,168

Data Source: US Census Bureau, American Community Survey, 2012-16. Source geography: Tract



In the school districts served by CAPCO Head Start, there are a total of 22 students classified as English Language Learners. This represents 0.4% of the student body in grades PreK through 12 in those school districts.

*Data Source: NYSED School Report Cards*

### Citizenship Status

The following table displays data on the Citizenship status of individuals living in Cortland County.

	<b>Cortland County, New York</b>	
	Estimate	Percentage of Total
<b>Total:</b>	48,334	
U.S. citizen, born in the United States	47,043	97.3%
U.S. citizen, born in Puerto Rico or U.S. Island Areas	67	0.1%
U.S. citizen, born abroad of American parent(s)	263	0.5%
U.S. citizen by naturalization	601	1.2%
Not a U.S. citizen	360	0.7%

*Data Source: US Census Bureau, American Community Survey. 2013-17. Source geography: Tract*



## Education

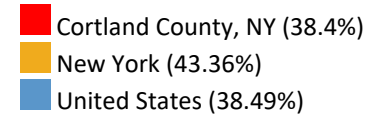
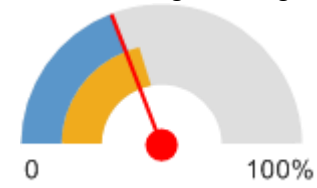
### Educational Attainment

38.4% of the population aged 25 and older, or 11,738 have obtained an Associate's level degree or higher.

#### Population with Associate's Level Degree or Higher

Report Area	Total Population Age 25	Population Age 25 with Associate's Degree or Higher	Percent Population Age 25 with Associate's Degree or Higher
Cortland County, NY	30,566	11,738	38.4%
New York	13,504,083	5,855,753	43.36%
United States	213,649,147	82,237,511	38.49%

Percent Population Age 25 with Associate's Degree or Higher



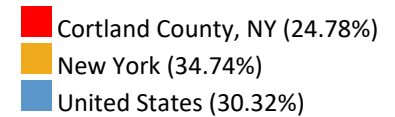
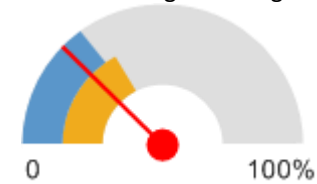
Data Source: US Census Bureau, American Community Survey. 2012-16. Source geography: Tract

24.78% of the population aged 25 and older, or 7,575 have obtained a Bachelor's level degree or higher.

#### Population with a Bachelor's Degree or Higher

Report Area	Total Population Age 25	Population Age 25 with Bachelor's Degree or Higher	Percent Population Age 25 with Bachelor's Degree or Higher
Cortland County, NY	30,566	7,575	24.78%
New York	13,504,083	4,691,446	34.74%
United States	213,649,147	64,767,787	30.32%

Percent Population Age 25 with Bachelor's Degree or Higher



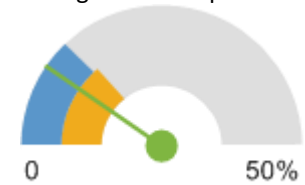
Data Source: US Census Bureau, American Community Survey. 2012-16. Source geography: Tract

Within the report area there are 2,925 persons aged 25 and older without a high school diploma (or equivalency) or higher. This represents 9.57% of the total population aged 25 and older.

**Population with No High School Diploma**

Report Area	Total Population Age 25	Population Age 25 with No High School Diploma	Percent Population Age 25 with No High School Diploma
Cortland County, NY	30,566	2,925	9.57%
New York	13,504,083	1,900,892	14.08%
United States	213,649,147	27,818,380	13.02%

Percent Population Age 25 with No High School Diploma



- Cortland County, NY (9.57%)
- New York (14.08%)
- United States (13.02%)

Data Source: US Census Bureau, American Community Survey. 2012-16. Source geography: Tract

**School Enrollment**

The following table shows school enrollment in the CAPCO Head Start service area for the 2016-2017 School Year compared with enrollment for the 2012-2013 school year. Enrollment throughout the service area is down an average of 5.88% over the 5-year report period.

CORTLAND HEAD START SERVICE AREA: STUDENT ENROLLMENT CHANGE			
School District	2012/2013 PK-12 Enrollment	2016/2017 PK-12 Enrollment	Change in Enrollment (12/13 - 16/17)
CININNATUS CSD	613	570	-7.54%
CORTLAND CITY SD	2659	2504	-6.19%
HOMER CSD	2069	1919	-7.82%
MARATHON CSD	736	717	-2.65%
MC GRAW CSD	544	517	-5.22%
		AVG ENROLL CHANGE	-5.88%

Data Source: New York State Education Department Data Site, retrieved from data.nysed.gov

**Proficiency and Graduation**

The following chart summarizes student achievement on state tests by listing the grade levels in each school district in which the rate of students demonstrating proficiency is lower than the state rate. In addition, the table shows the rate of third grade ELA proficiency among students *with* economic disadvantage is 22.6 percentage points lower, on average, than the rate for students *without* economic disadvantage.

**CORTLAND HEAD START SERVICE AREA: STUDENT PROFICIENCY AND GRADUATION 16-17 SY**

School District	4-Year Grad Rate	Met State Criterion?	Grades with Lower than State Average Rates of Proficiency on State Standardized Tests	Point Gap Gr. 3 % Proficient ELA Econ. Disadvantage & Without
CINCINNATUS CSD	89%	Y	ELA: Gr. 3, 4, 5, 6 & 7; MATH: 3, 4, 6, 7 (8 no data)	-16
CORTLAND CITY SD	74%	N	ELA: Gr. 3, 4, 5, 6, 7 & 8; MATH: Gr. 4, 5, 6, 7 & 8	-25
HOMER CSD	92%	Y	ELA: Gr. 3, 4, 5, 6, 7 & 8; MATH: Gr. 3, 4, 5, 6, 7 & 8	-29
MARATHON CSD	88%	Y	ELA: Gr. 3, 4, 5, 6, 7 & 8; MATH: Gr. 3, 4, 6, 7 & 8	-31
MC GRAW CSD	94%	Y	ELA: Gr. 3, 4, 5, 6 & 7; MATH: Gr. 3, 4, 5, 6, 7 & 8	-12
<b>AVERAGE POINT GAP</b>				-22.6

Data Source: New York State Education Department Data Site, retrieved from data.nysed.gov

**Colleges, Universities and Trade Schools**

Cortland County is home to SUNY Cortland and Onondaga-Cortland-Madison BOCES. Also nearby in Tompkins county are Tompkins-Cortland Community College, Ithaca College and Cornell University.

**Employment, Income and Poverty**

**Employment**

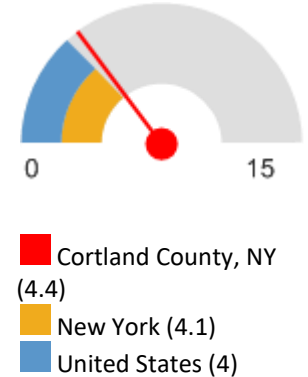
**Unemployment Rate**

Total unemployment in the report area for the current month was 964, or 4.4% of the civilian non-institutionalized population age 16 and older (non-seasonally adjusted).

Report Area	Labor Force	Number Employed	Number Unemployed	Unemployment Rate
Cortland County, NY	22,133	21,169	964	4.4
New York	9,757,182	9,355,495	401,687	4.1
United States	162,996,774	156,527,318	6,469,456	4

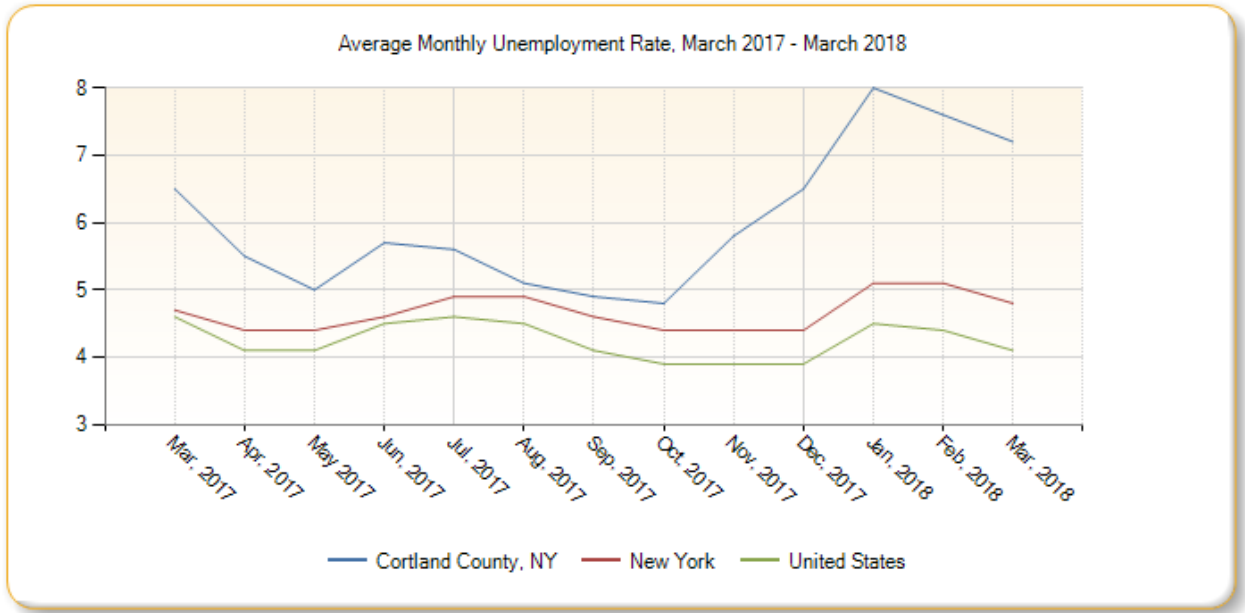
Data Source: US Department of Labor, Bureau of Labor Statistics. 2018 - August. Source geography: County

Unemployment Rate



**Average Monthly Unemployment Rate, March 2017 - March 2018**

Report Area	Mar. 2017	Apr. 2017	May 2017	Jun. 2017	Jul. 2017	Aug. 2017	Sep. 2017	Oct. 2017	Nov. 2017	Dec. 2017	Jan. 2018	Feb. 2018	Mar. 2018
Cortland County, NY	6.5	5.5	5	5.7	5.6	5.1	4.9	4.8	5.8	6.5	8	7.6	7.2
New York	4.7	4.4	4.4	4.6	4.9	4.9	4.6	4.4	4.4	4.4	5.1	5.1	4.8
United States	4.6	4.1	4.1	4.5	4.6	4.5	4.1	3.9	3.9	3.9	4.5	4.4	4.1



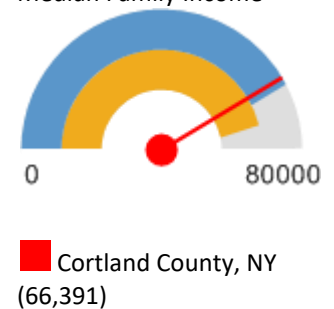
**Income**

**Median Family Income**

This indicator reports median family income based on the latest 5-year American Community Survey estimates. A family household is any housing unit in which the householder is living with one or more individuals related to him or her by birth, marriage, or adoption. Family income includes the incomes of all family members age 15 and older.

Report Area	Total Family Households	Average Family Income	Median Family Income
Cortland County, NY	10,909	\$79,289	\$66,391
New York	4,611,982	\$104,233	\$74,036
United States	77,608,829	\$90,960	\$67,871

Median Family Income



Data Source: US Census Bureau, American Community Survey. 2012-16. Source geography: Tract

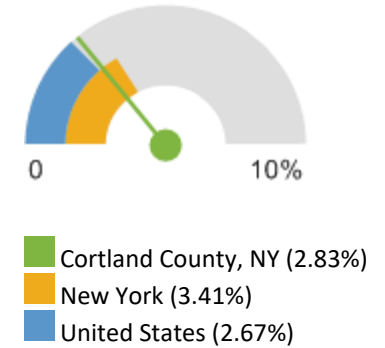
New York (74,036)  
United States (67,871)

**Income - Public Assistance Income**

This indicator reports the percentage households receiving public assistance income. Public assistance income includes general assistance and Temporary Assistance to Needy Families (TANF). Separate payments received for hospital or other medical care (vendor payments) are excluded. This does not include Supplemental Security Income (SSI) or noncash benefits such as Food Stamps.

Report Area	Total Households	Households with Public Assistance Income	Percent Households with Public Assistance Income
Cortland County, NY	17,683	500	2.83%
New York	7,266,187	247,773	3.41%
United States	117,716,237	3,147,577	2.67%

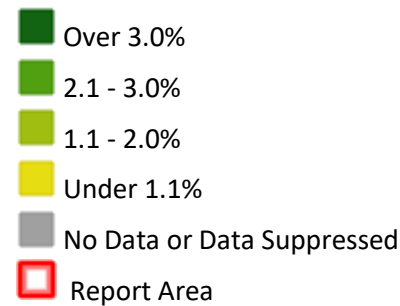
Percent Households with Public Assistance Income



Data Source: US Census Bureau, American Community Survey. 2012-16. Source geography: Tract



**Households with Public Assistance Income, Percent by Tract, ACS 2012-16**



**Income Sources**

Among households with income, the following sources are represented.

Total households	17,925	+/-366	17,925
With earnings	14,143	+/-325	78.9%
Mean earnings (dollars)	68,097	+/-3,411	(X)
With Social Security	5,879	+/-253	32.8%
Mean Social Security income (dollars)	18,963	+/-596	(X)
With retirement income	4,176	+/-256	23.3%
Mean retirement income (dollars)	21,255	+/-2,027	(X)
With Supplemental Security Income	1,096	+/-162	6.1%

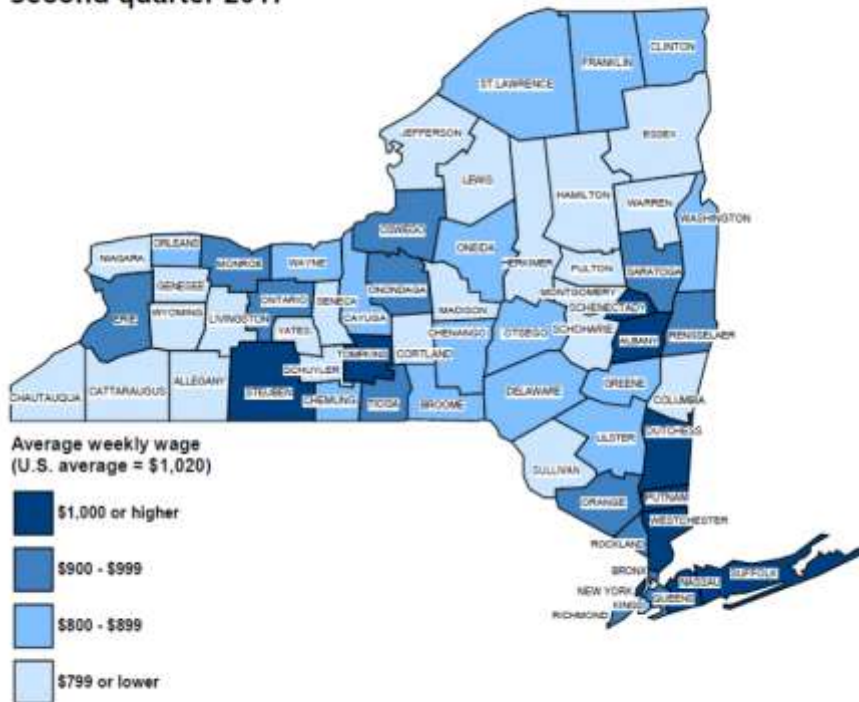
Mean Supplemental Security Income (dollars)	9,379	+/-947	(X)
With cash public assistance income	525	+/-144	2.9%
Mean cash public assistance income (dollars)	3,000	+/-495	(X)
With Food Stamp/SNAP benefits in the past 12 months	2,427	+/-239	13.5%

Data Source: U.S. Census Bureau, American Community Survey 2013-2017 Five-Year Estimates

### Average Weekly Wages

According to the U.S. Bureau of Labor Statistics, the average weekly wage in Cortland County during the 2<sup>nd</sup> quarter of 2017 was \$772.

**Chart 3. Average weekly wages by county in New York State, second quarter 2017**



Source: U.S. Bureau of Labor Statistics.

**Poverty: Rates of Poverty**

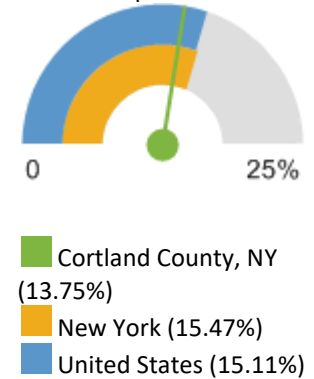
**Poverty - Population Below 100% FPL**

Within the report area 13.75% or 6,209 individuals are living in households with income below the Federal Poverty Level (FPL).

Report Area	Total Population	Population in Poverty	Percent Population in Poverty
Cortland County, NY	45,150	6,209	13.75%
New York	19,186,062	2,967,564	15.47%
United States	310,629,645	46,932,225	15.11%

Data Source: US Census Bureau, American Community Survey. 2012-16. Source geography: Tract

Percent Population in Poverty



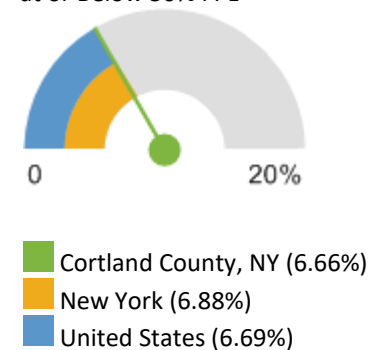
**Poverty - Population Below 50% FPL (Deep Poverty)**

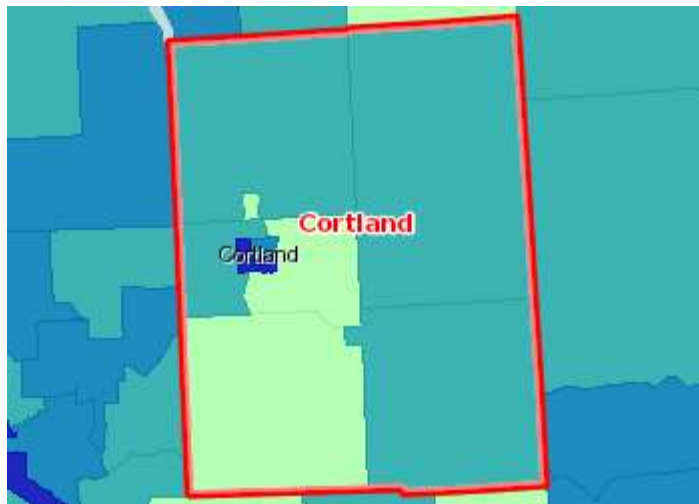
In the report area 6.66% or 3,005 individuals are living in households with income below 50% of the Federal Poverty Level (FPL).

Report Area	Total Population	Population with Income at or Below 50% FPL	Percent Population with Income at or Below 50% FPL
Cortland County, NY	45,150	3,005	6.66%
New York	19,186,062	1,320,485	6.88%
United States	310,629,645	20,787,162	6.69%

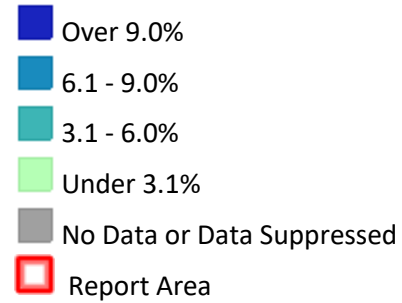
Data Source: US Census Bureau, American Community Survey. 2012-16. Source geography: Tract

Percent Population with Income at or Below 50% FPL





**Population Below 50% Poverty Level, Percent by Tract, ACS 2012-16**

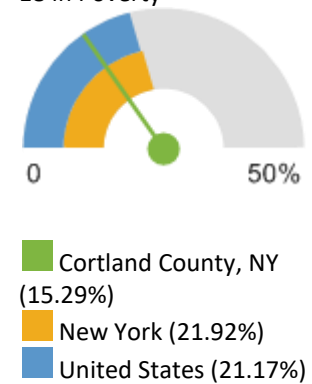


**Poverty - Children Below 100% FPL**

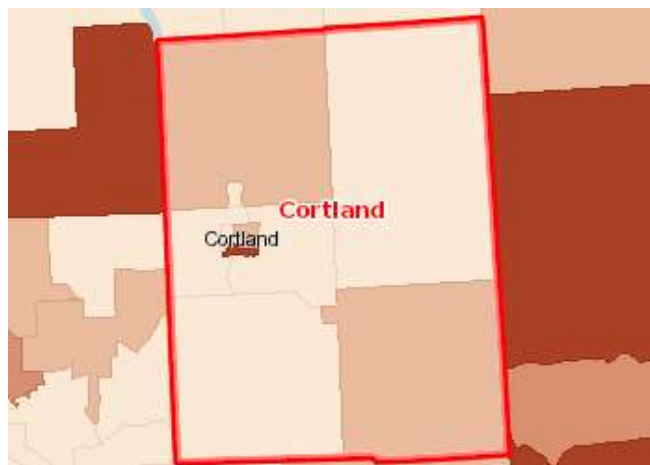
In the report area 15.29% or 1,430 children aged 0-17 are living in households with income below the Federal Poverty Level (FPL).

Report Area	Total Population	Population Under Age 18	Population Under Age 18 in Poverty	Percent Population Under Age 18 in Poverty
Cortland County, NY	45,150	9,350	1,430	15.29%
New York	19,186,062	4,154,193	910,806	21.92%
United States	310,629,645	72,456,096	15,335,783	21.17%

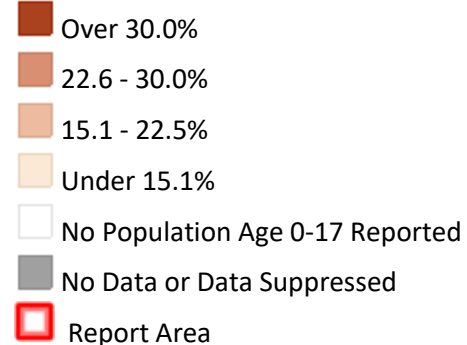
Percent Population Under Age 18 in Poverty



Data Source: US Census Bureau, American Community Survey. 2012-16. Source geography: Tract



**Population Below the Poverty Level, Children (Age 0-17), Percent by Tract, ACS 2012-16**



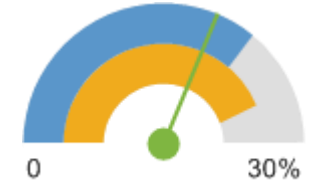


**Health, Disability and Nutrition**  
**Insurance - Population Receiving Medicaid**

This indicator reports the percentage of the population with insurance enrolled in Medicaid (or other means-tested public health insurance).

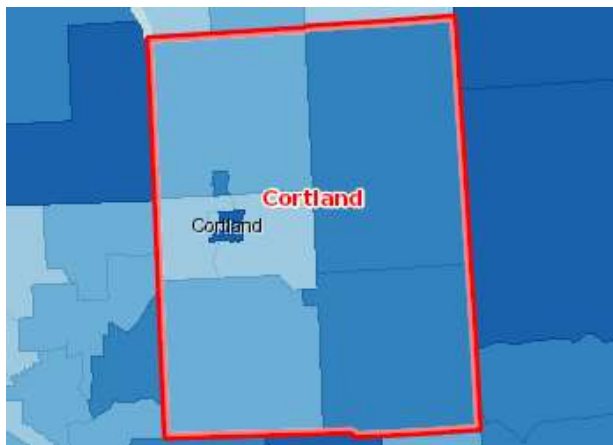
Report Area	Total Population (For Whom Insurance Status is Determined)	Population with Any Health Insurance	Population Receiving Medicaid	Percent of Insured Population Receiving Medicaid
Cortland County, NY	48,238	45,411	8,501	18.72%
New York	19,453,583	17,785,491	4,688,785	26.36%
United States	313,576,137	276,875,891	59,874,221	21.62%

Percent of Insured Population Receiving Medicaid



- Cortland County, NY (18.72%)
- New York (26.36%)
- United States (21.62%)

Data Source: US Census Bureau, American Community Survey, 2012-16. Source geography: Tract



**Insured, Medicaid / Means-Tested Coverage, Percent by Tract, ACS 2012-16**

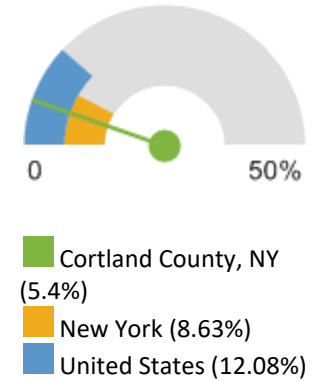
- Over 25.0%
- 20.1 - 25.0%
- 15.1 - 20.0%
- Under 15.1%
- No Data or Data Suppressed
- Report Area

### Insurance - Uninsured Adults

This indicator reports the percentage of adults age 18 to 64 without health insurance coverage.

Report Area	Total Population Age 18 - 64	Population with Medical Insurance	Percent Population With Medical Insurance	Population Without Medical Insurance	Percent Population Without Medical Insurance
Cortland County, NY	27,911	26,403	94.6%	1,508	5.4%
New York	12,190,679	11,138,393	91.37%	1,052,286	8.63%
United States	194,808,251	171,274,851	87.92%	23,533,400	12.08%

Percent Population Age 18-64 Without Medical Insurance



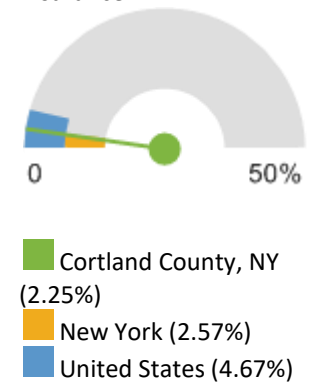
Data Source: US Census Bureau, Small Area Health Insurance Estimates. 2016. Source geography: County

### Insurance - Uninsured Children

This indicator reports the percentage of children under age 19 without health insurance coverage.

Report Area	Total Population Under Age 19	Population with Medical Insurance	Percent Population With Medical Insurance	Population Without Medical Insurance	Percent Population Without Medical Insurance
Cortland County, NY	9,699	9,481	97.75%	218	2.25%
New York	4,328,252	4,216,944	97.43%	111,308	2.57%
United States	76,219,054	72,659,457	95.33%	3,559,597	4.67%

Percent Population Under Age 19 Without Medical Insurance



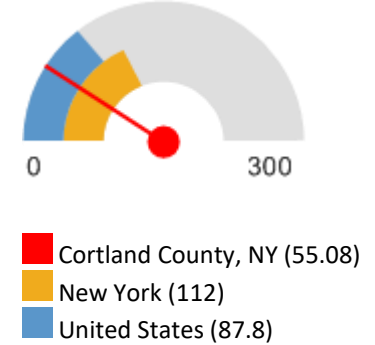
Data Source: US Census Bureau, Small Area Health Insurance Estimates. 2016. Source geography: County

### Access to Primary Care

This indicator reports the number of primary care physicians per 100,000 population. Doctors classified as "primary care physicians" by the AMA include: General Family Medicine MDs and DOs, General Practice MDs and DOs, General Internal Medicine MDs and General Pediatrics MDs. Physicians age 75 and over and physicians practicing sub-specialties within the listed specialties are excluded. This indicator is relevant because a shortage of health professionals contributes to access and health status issues.

Report Area	Total Population, 2014	Primary Care Physicians, 2014	Primary Care Physicians, Rate per 100,000 Pop.
Cortland County, NY	49,024	27	55.08
New York	19,746,227	22,113	112
United States	318,857,056	279,871	87.8

Primary Care Physicians, Rate per 100,000 Pop.



Data Source: US Department of Health Human Services, Health Resources and Services Administration, Area Health Resource File. 2014. Source geography: County

### Health: Substance Abuse

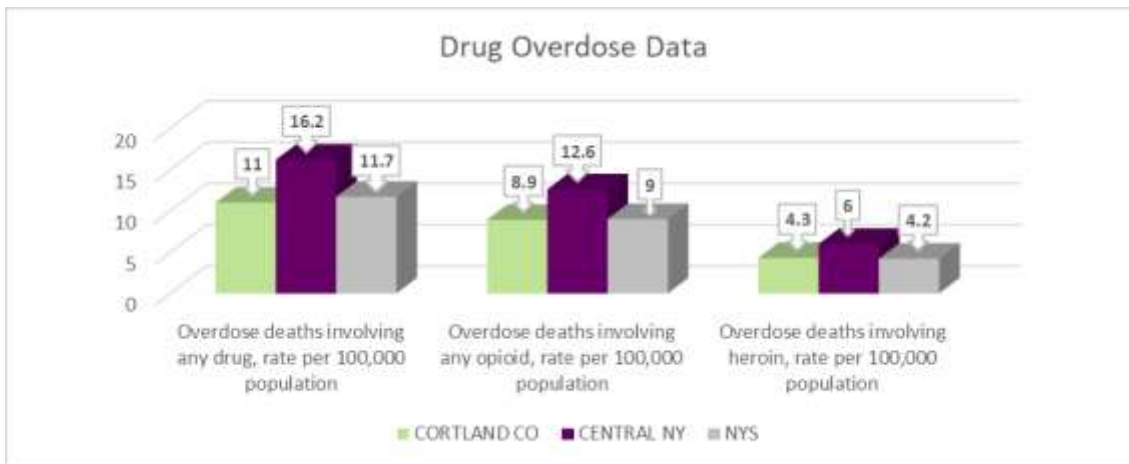
In Cortland County, 77.4% of adults live in homes where smoking is prohibited, compared with an 80.9% statewide rate. About 21.5% of Cortland adults smoke cigarettes, compared with 15.9% of adults across the state. The county's alcohol-related motor vehicle injuries and deaths per 100,000 rate (56.0) is much higher than the state rate of 30.4 per 100,000 and Cortland County is in the 4<sup>th</sup> ranking category on this measure. Drug-related hospitalizations (12.5 per 10,000) is a good deal lower than in New York State. (24/10,000). The rate of adult binge-drinking (19%) is higher in Cortland than the state rate of 17.7%.<sup>1</sup>

The New York State Department of Health provides data on opioid and other drug overdoses and emergency department visits. The charts below show how rates of drug overdose and drug-related emergency department visits in Cortland compare to regional and statewide rates.<sup>2</sup>

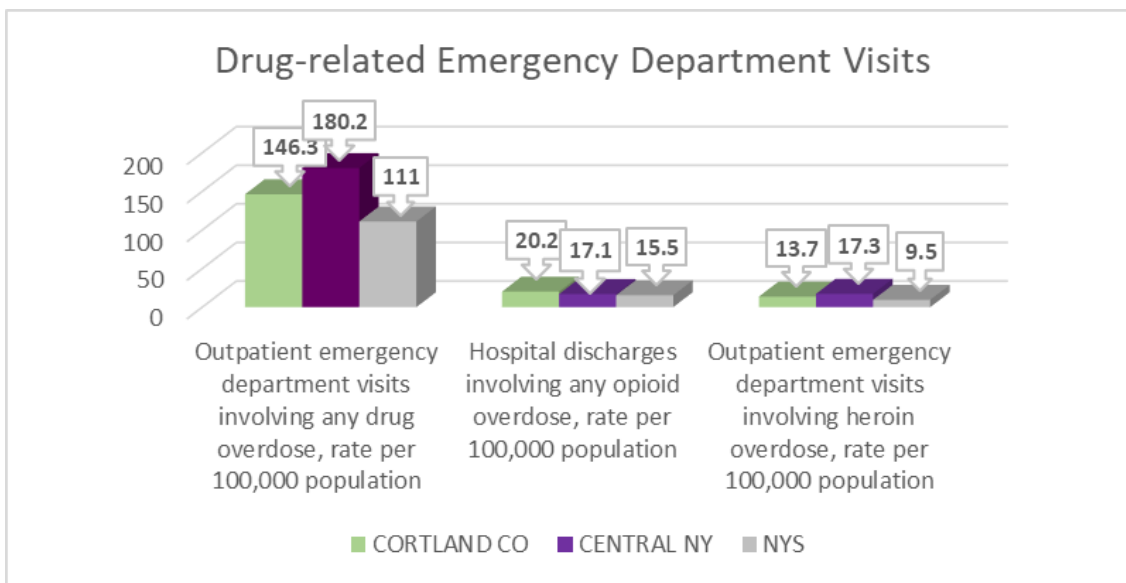
<sup>1</sup> NYS DOH County Health Assessment Indicators retrieved from [https://www.health.ny.gov/statistics/chac/chai/docs/sub\\_44.htm](https://www.health.ny.gov/statistics/chac/chai/docs/sub_44.htm)

<sup>2</sup> NYS DOH Opioid Related Data, retrieved from [https://www.health.ny.gov/statistics/opioid/#i\\_two](https://www.health.ny.gov/statistics/opioid/#i_two)

## Drug Overdose



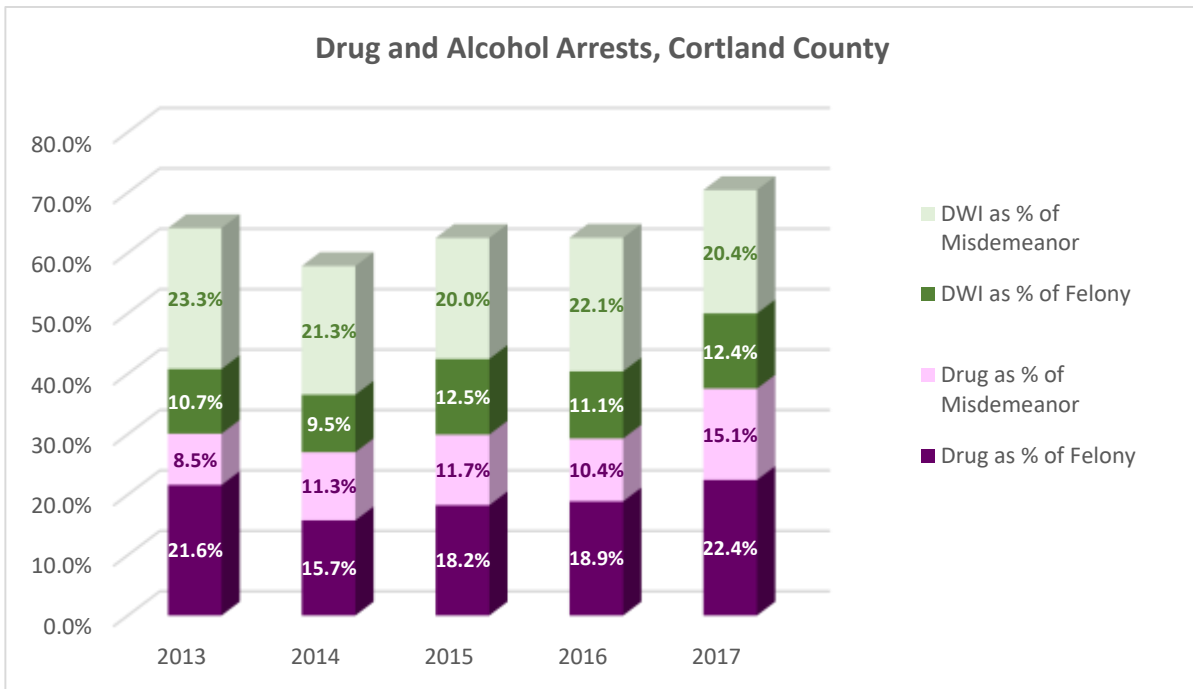
## Drug-related Emergency Department Visits



Cortland County has a higher rate of opioid analgesic prescription at 603.3 per 1,000 population compared with a regional rate of 567.1 /1,000 and a state rate of 400.3 /1,000.

Data from the NYS Division of Criminal Justice Services shows a growing trend in drug arrests over the past five years while alcohol arrests have remained fairly steady, as depicted in the graph below.<sup>3</sup>

<sup>3</sup> NYS Division of Criminal Justice Services, retrieved from <http://www.criminaljustice.ny.gov/crimnet/ojsa/arrests/index.htm>



**Health: Nutrition**

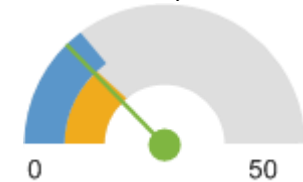
**Food Insecurity Rate**

This indicator reports the estimated percentage of the population that experienced food insecurity at some point during the report year. Food insecurity is the household-level economic and social condition of limited or uncertain access to adequate food.

Report Area	Total Population	Food Insecure Population, Total	Food Insecurity Rate
Cortland County, NY	49,231	6,160	12.51%
New York	19,746,227	2,672,460	13.5%
United States	318,857,056	47,539,790	14.91%

*Data Source: Feeding America. 2014. Source geography: County*

Percentage of Total Population with Food Insecurity



- Cortland County, NY (12.51)
- New York (13.5)
- United States (14.91)

**Food Insecurity - Food Insecure Children**

This indicator reports the estimated percentage of the population under age 18 that experienced food insecurity at some point during the report year. Food insecurity is the household-level economic and social condition of limited or uncertain access to adequate food.

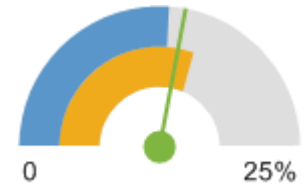
Report Area	Population Under Age 18	Food Insecure Children, Total	Child Food Insecurity Rate
Cortland County, NY	10,165	2,300	22.63%
New York	4,239,262	938,610	22.14%
United States	73,580,326	17,284,530	23.49%

**Population Receiving SNAP Benefits (ACS)**

This indicator reports the estimated percentage of households receiving the Supplemental Nutrition Assistance Program (SNAP) benefits.

Report Area	Total Households	Households Receiving SNAP Benefits	Percent Households Receiving SNAP Benefits
Cortland County, NY	17,683	2,471	13.97%
New York	7,266,187	1,118,434	15.39%
United States	117,716,237	15,360,951	13.05%

Percent Households Receiving SNAP Benefits

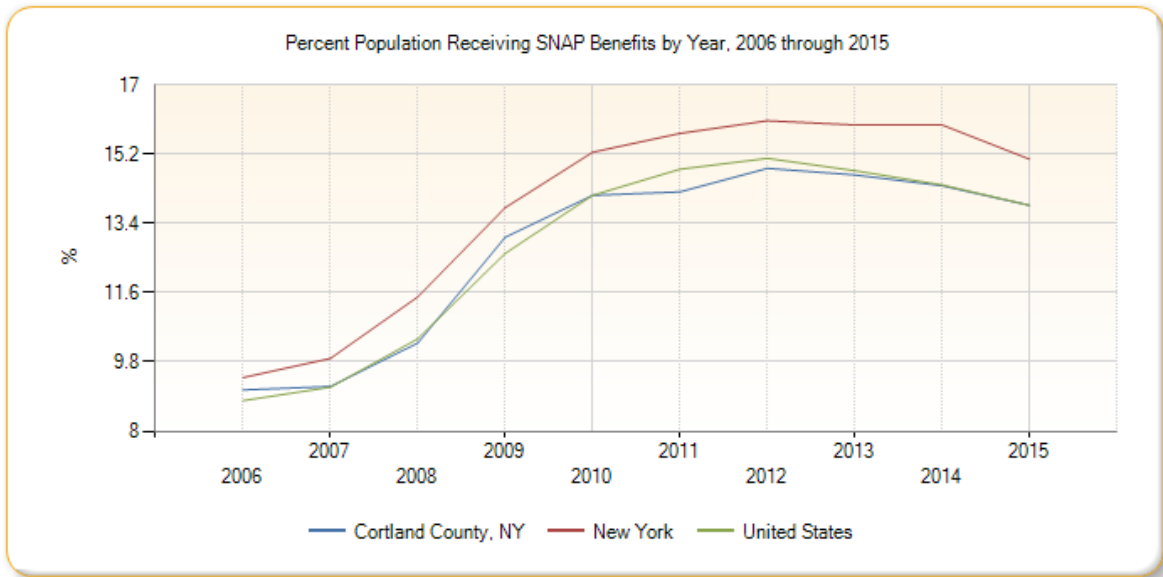


- Cortland County, NY (13.97%)
- New York (15.39%)
- United States (13.05%)

*Data Source: US Census Bureau, American Community Survey. 2012-16. Source geography: Tract*

**Percent Population Receiving SNAP Benefits by Year, 2006 through 2015**

Report Area	2006	2007	2008	2009	2010	2011	2012	2013	2014	2015
Cortland County, NY	9.07%	9.16%	10.29%	13.04%	14.13%	14.22%	14.83%	14.66%	14.38%	13.87%
New York	9.39%	9.89%	11.49%	13.81%	15.25%	15.74%	16.07%	15.96%	15.96%	15.07%
United States	8.79%	9.14%	10.4%	12.62%	14.13%	14.81%	15.09%	14.77%	14.4%	13.87%



### Children Receiving SNAP Benefits

In 2017, 23.4% of Cortland County children under age 18 received Supplemental Nutrition Assistance Program (SNAP) benefits, compared with 24.5% of children statewide.<sup>4</sup>

### Free & Reduced Lunch

The following table depicts rates and trends in rates of students participating in the free and reduced lunch programs in Cortland County school districts served by CAPCO Head Start. Rates of eligibility have risen over the five-year report period in all districts. Rates are higher than the state in all districts except Homer<sup>5</sup>.

CORTLAND COUNTY SCHOOLS: STUDENT RATES OF ELIGIBILITY FOR FREE OR REDUCED PRICE LUNCH					
School District	12/13 Student Rate of Eligibility	16/17 SY Student Rate of Eligibility	Change in Student Rate of Eligibility (12/13 to 16/17)	16/17 SY NYS Student Rate of Eligibility	Difference 16/17 SY Local & State Student Rates of Eligibility
CINCINNATUS CSD	47%	57%	10%	53%	4%
CORTLAND CITY SD	49%	55%	6%	53%	2%
HOMER CSD	33%	42%	9%	53%	-11%
MARATHON CSD	49%	57%	8%	53%	4%
MC GRAW CSD	43%	57%	14%	53%	4%

<sup>4</sup> NYS Kids Well-being Indicators Clearinghouse, retrieved from

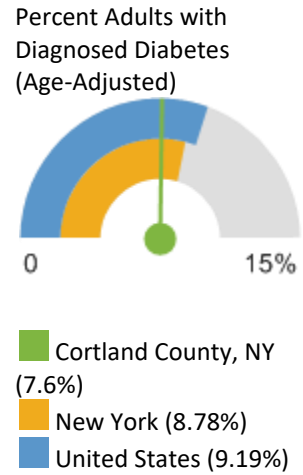
[http://www.nyskwic.org/get\\_data/county\\_report\\_detail.cfm?countyid=36097&Go.x=19&Go.y=20&Go=Go](http://www.nyskwic.org/get_data/county_report_detail.cfm?countyid=36097&Go.x=19&Go.y=20&Go=Go)

<sup>5</sup> NYS Education Department School District Report Cards retrieved from <https://data.nysed.gov/lists.php?start=87&type=district>

**Diabetes (Adult)**

This indicator reports the percentage of adults aged 20 and older who have ever been told by a doctor that they have diabetes. This indicator is relevant because diabetes is a prevalent problem in the U.S.; it may indicate an unhealthy lifestyle and puts individuals at risk for further health issues.

Report Area	Total Population Age 20	Population with Diagnosed Diabetes	Population with Diagnosed Diabetes, Crude Rate	Population with Diagnosed Diabetes, Age-Adjusted Rate
Cortland County, NY	36,422	3,023	8.3	7.6%
New York	14,894,437	1,426,272	9.58	8.78%
United States	236,919,508	23,685,417	10	9.19%



Data Source: Centers for Disease Control and Prevention, National Center for Chronic Disease Prevention and Health Promotion. 2013. Source geography: County

**Overweight & Obesity**

Among a sample of Elementary School students in Cortland County, 36.8% are overweight or obese. This rate is higher than the rate for Upstate New York (34.4%) and the entire state (32.2%). Seven Valleys Health Coalition identifies this as an indicator to monitor in its 2017 Cortland Counts annual report on community health and well-being.

Figures from the WIC (Women, Infants, Children) program show that 33.3% of women in the program were pre-pregnancy obese, placing the county in the 4<sup>th</sup> ranking group on this indicator. The rate of children age 2-4 in the WIC program who are obese is in Cortland (13.5%) is slightly lower than the state rate of 13.6% and Cortland County places in the 2<sup>nd</sup> ranking group on this indicator.

A little less than 65.5% of Cortland County adults are overweight or obese, a rate higher than the 60.5% of adults in New York State who are overweight or obese. While Cortland compares somewhat unfavorably on these indicators, the county does not fall below the 3<sup>rd</sup> ranking group on these indicators.<sup>6</sup>

**Health: Outcomes**

Cortland Counts is an assessment of health and well-being in Cortland County that is updated annually. This report tracks multiple indicators of health and well-being, designating each as “favorable status,” or “a closer look is required.” The following categories of indicators specific to health outcomes are noted in the 2017 report as needing a closer look (could not be marked as favorable status):

- Cigarette Use
- Residents served by community water systems with optimally fluoridated water
- Dental visits in past year

<sup>6</sup> NYS DOH County Health Assessment Indicators retrieved from [https://www.health.ny.gov/statistics/chac/chai/docs/sub\\_44.htm](https://www.health.ny.gov/statistics/chac/chai/docs/sub_44.htm)



- Lung and bronchus cancer
- Breast cancer
- Colorectal cancer
- Chlamydia incidence
- Diseases of the heart mortality
- Malignant neoplasms mortality rate
- Cerebrovascular disease mortality rate
- Chronic lower respiratory disease mortality rate
- Death rate due to diabetes
- Suicide rate
- Overweight, Obesity and healthy weight rates, all ages

**Health: Mental Health**

**Lack of Social or Emotional Support**

This indicator reports the percentage of adults aged 18 and older who self-report that they receive insufficient social and emotional support all or most of the time. This indicator is relevant because social and emotional support is critical for navigating the challenges of daily life as well as for good mental health. Social and emotional support is also linked to educational achievement and economic stability.

Report Area	Total Population Age 18	Estimated Population Without Adequate Social / Emotional Support	Crude Percentage	Age-Adjusted Percentage
Cortland County, NY	38,954	7,986	20.5%	20.6%
New York	14,954,839	3,574,207	23.9%	23.9%
United States	232,556,016	48,104,656	20.7%	20.7%

Percent Adults Without Adequate Social / Emotional Support (Age-Adjusted)



- Cortland County, NY (20.6%)
- New York (23.9%)
- United States (20.7%)

*Data Source: Centers for Disease Control and Prevention, Behavioral Risk Factor Surveillance System. Accessed via the Health Indicators Warehouse. US Department of Health Human Services, Health Indicators Warehouse. 2006-12. Source geography: County*

### Access to Mental Health Providers

This indicator reports the rate of the county population to the number of mental health providers including psychiatrists, psychologists, clinical social workers, and counsellors that specialize in mental health care.

Report Area	Estimated Population	Number of Mental Health Providers	Ratio of Mental Health Providers to Population (1 Provider per x Persons)	Mental Health Care Provider Rate (Per 100,000 Population)
Cortland County, NY	49,023	129	380	263.1
New York	19,746,147	47,032	419.8	238.1
United States	317,105,555	643,219	493	202.8

Mental Health Care Provider Rate (Per 100,000 Population)



■ Cortland County, NY (263.1)  
 ■ New York (238.1)  
 ■ United States (202.8)

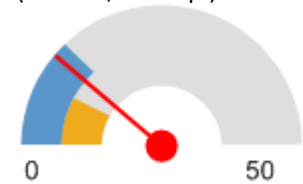
Data Source: University of Wisconsin Population Health Institute, County Health Rankings. 2018. Source geography: County

### Mortality - Suicide

This indicator reports the rate of death due to intentional self-harm (suicide) per 100,000 population. Figures are reported as crude rates, and as rates age-adjusted to year 2000 standard. Rates are resummarized for report areas from county level data, only where data is available.

Report Area	Total Population	Average Annual Deaths, 2010-2014	Crude Death Rate (Per 100,000 Pop.)	Age-Adjusted Death Rate (Per 100,000 Pop.)
Cortland County, NY	48,808	5	11.1	11.2
New York	19,701,739	1,685	8.55	8.1
United States	318,689,254	42,747	13.4	13
<a href="#">HP 2020 Target</a>				<= 10.2

Suicide, Age-Adjusted Death Rate (Per 100,000 Pop.)



■ Cortland County, NY (11.2)  
 ■ New York (8.1)  
 ■ United States (13)

Data Source: Centers for Disease Control and Prevention, National Vital Statistics System. Accessed via CDC WONDER. 2012-16. Source geography: County

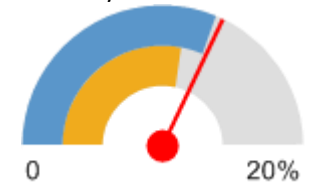
**Health: Disabilities**

**Population with Any Disability**

This indicator reports the percentage of the total civilian non-institutionalized population with a disability.

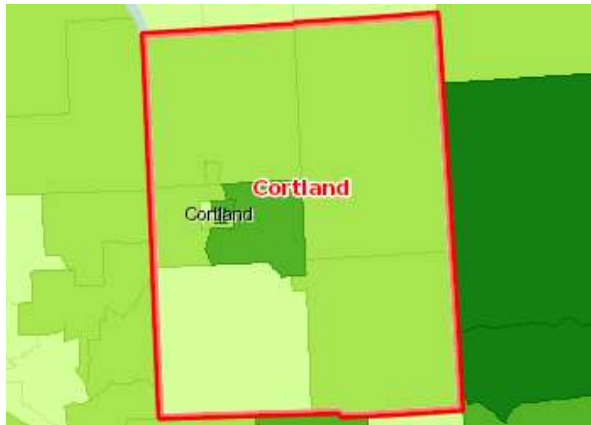
Report Area	Total Population (For Whom Disability Status Is Determined)	Total Population with a Disability	Percent Population with a Disability
Cortland County, NY	48,238	6,159	12.77%
New York	19,453,583	2,187,789	11.25%
United States	313,576,137	39,272,529	12.52%

Percent Population with a Disability



- Cortland County, NY (12.77%)
- New York (11.25%)
- United States (12.52%)

Data Source: US Census Bureau, American Community Survey, 2012-16. Source geography: Tract

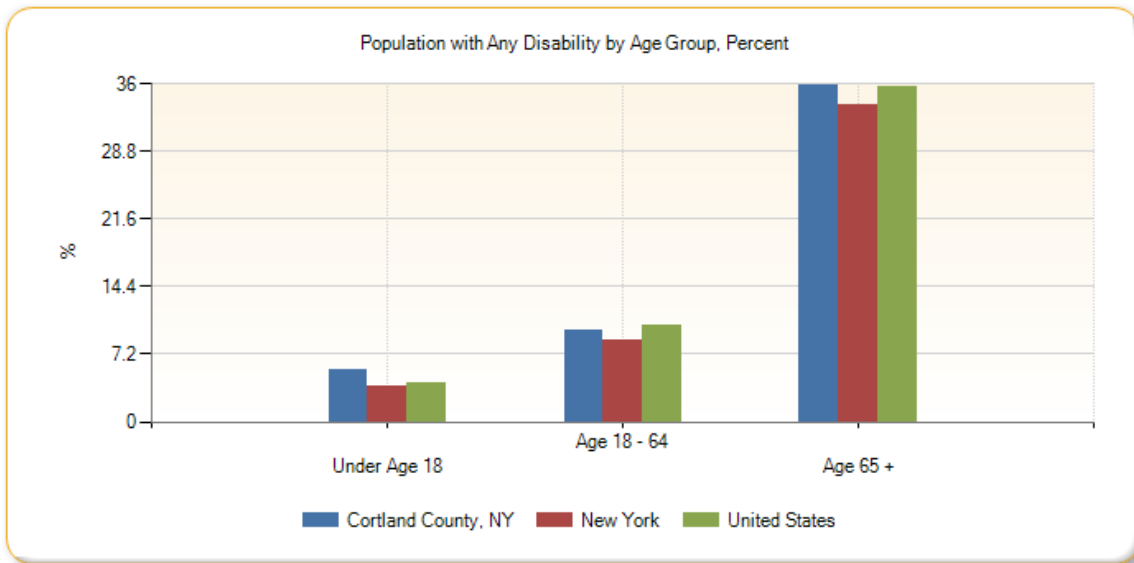


**Disabled Population, Percent by Tract, ACS 2012-16**

- Over 18.0%
- 15.1 - 18.0%
- 12.1 - 15.0%
- Under 12.1%
- No Data or Data Suppressed
- Report Area

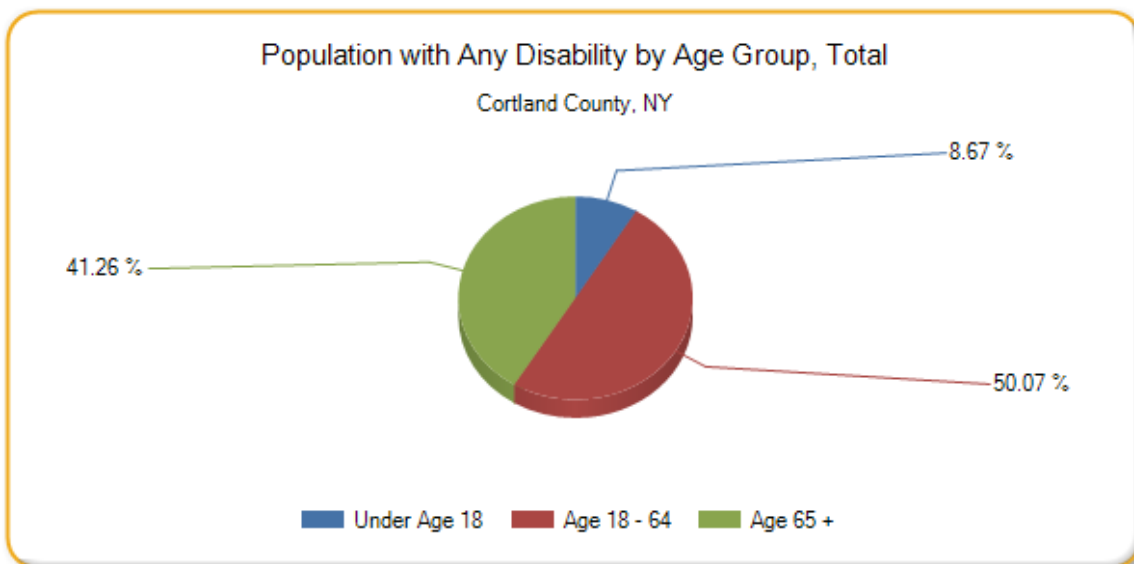
**Population with Any Disability by Age Group, Percent**

Report Area	Under Age 18	Age 18 - 64	Age 65
Cortland County, NY	5.56%	9.78%	35.85%
New York	3.82%	8.7%	33.74%
United States	4.14%	10.34%	35.75%



**Population with Any Disability by Age Group, Total**

Report Area	Under Age 18	Age 18 - 64	Age 65
Cortland County, NY	534	3,084	2,541
New York	161,316	1,082,491	943,982
United States	3,042,011	20,188,257	16,042,261



**Disability: Children with Disabilities**

According to the Cortland County Health Department’s 2017 Annual Report, 196 children were served in the Early Intervention program last year, compared with 153 children served in 2013. Preschool Special Education served 210 students in 2017, compared with 208 in 2013. A shortage of providers, especially Preschool Special Education, is cited as a barrier to effectively serving the eligible children.

In the 2016-2017 school year, the school districts in the CAPCO Head Start service area served 849 students with disabilities out of a total student body of 6,227 for a rate of 13.6% students with disabilities in the districts served. The highest rate of students with disabilities (19.5%) occurs in Marathon Central School District and the lowest rate (11.1%) occurs in Cortland City School District.

## Social Services

### Social Services: Family Well-being

In 2016, 38.1 per 1,000 children under age 18 in Cortland County were in indicated reports of child abuse /maltreatment, compared with a statewide rate of 16.2 per 1,000. In addition, Cortland County reports a slightly higher rate than the state of admissions to foster care (1.9/1,000 vs. 1.5/1,000) and a slightly higher rate of children in foster care (3.6/1,000 vs. 3.0/1,000). In Cortland County, 39.1% children in foster care were discharged in 2016, while 36.8% across the state were discharged the same year.<sup>7</sup>

A total of 217 victims of domestic violence were reported in 2017 in Cortland County, suggesting that 2.0% of families in the county are affected by violence and that someone experienced family violence every two days in Cortland County during 2017. Of these reported victims, 118 were a female in an intimate partner incident, 33 were a male in an intimate partner incident, and 66 were family victims not part of an intimate partner relationship. The highest number of victims (129) was reported by the Cortland City Police.<sup>8</sup>

In Cortland County, there are 708 grandparents living with their own grandchildren. Of these, 46.2% (327) are responsible for the grandchildren. Among grandparents living with and responsible for their grandchildren, 66.7% are female and 59.3% are married.<sup>9</sup>

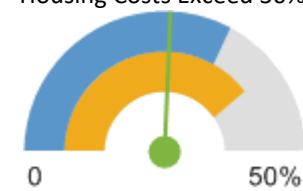
### Social Services: Housing and Homelessness

#### **Housing Cost Burden (30%)**

This indicator reports the percentage of the households where housing costs exceed 30% of total household income. This indicator provides information on the cost of monthly housing expenses for owners and renters. The information offers a measure of housing affordability and excessive shelter costs

Report Area	Total Households	Cost Burdened Households (Housing Costs Exceed 30% of Income)	Percentage of Cost Burdened Households (Over 30% of Income)
Cortland County, NY	17,683	4,535	25.65%
New York	7,266,187	2,898,139	39.89%
United States	117,716,237	38,719,430	32.89%

Percentage of Households where Housing Costs Exceed 30% of Income



■ Cortland County, NY (25.65%)  
■ New York (39.89%)  
■ United States (32.89%)

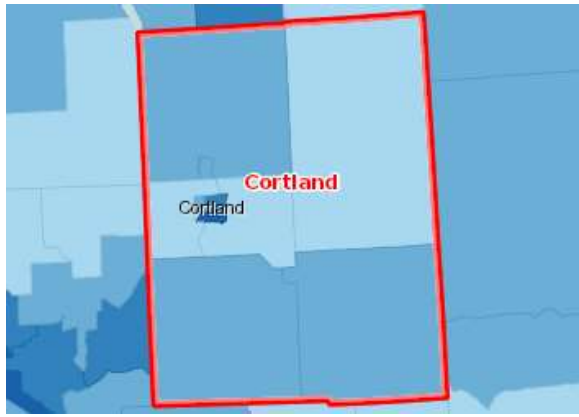
Data Source: US Census Bureau, American Community Survey. 2012-16. Source geography: Tract

<sup>7</sup> NYS Kids Well-being Indicators Clearinghouse, retrieved from

[http://www.nyskwic.org/get\\_data/county\\_report\\_detail.cfm?countyid=36097&Go.x=19&Go.y=20&Go=Go](http://www.nyskwic.org/get_data/county_report_detail.cfm?countyid=36097&Go.x=19&Go.y=20&Go=Go)

<sup>8</sup> NYS Division of Criminal Justice Services retrieved from <http://www.criminaljustice.ny.gov/crimnet/ojsa/domesticviolence/index.htm>

<sup>9</sup> American Community Survey 5-Year Estimates, retrieved from <https://factfinder.census.gov>



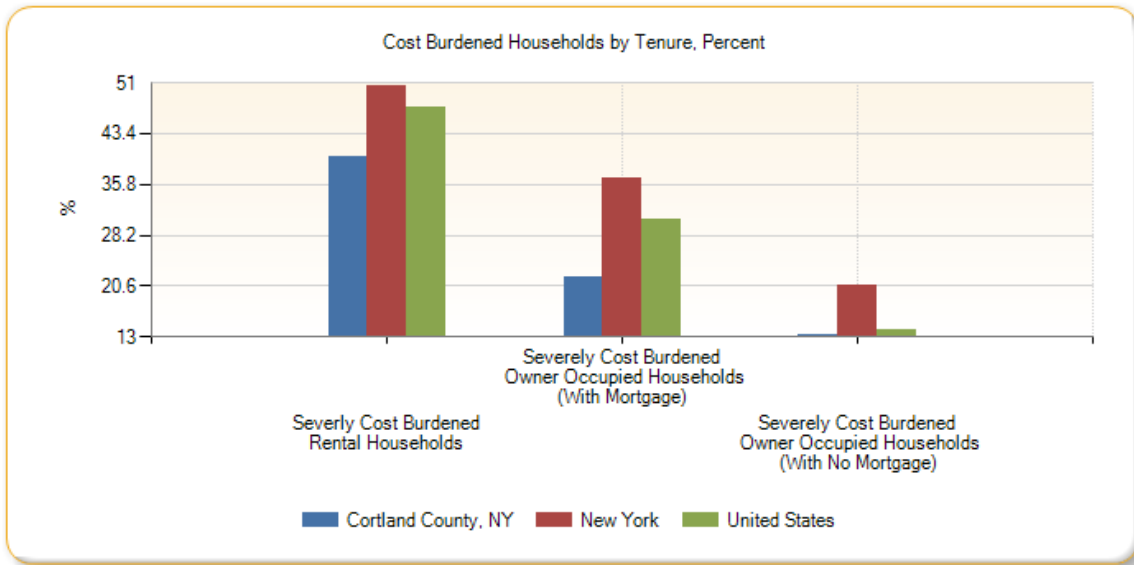
**Cost Burdened Households (Housing Costs Exceed 30% of Household Income), Percent by Tract, ACS 2012-16**

- Over 35.1%
- 28.1 - 35.0%
- 21.1 - 28.0%
- Under 21.1%
- No Data or Data Suppressed
- Report Area

**Cost Burdened Households by Tenure, Percent**

This data shows the percentage of households by tenure that are cost burdened. Cost burdened rental households (those that spent more than 30% of the household income on rental costs) represented 40.02% of all of the rental households in the report area, according to the U.S. Census Bureau American Community Survey (ACS) 2010-2016 5-year estimates. The data for this indicator is only reported for households where tenure, household housing costs, and income earned was identified in the American Community Survey.

Report Area	Rental Households	Percentage of Rental Households that are Cost Burdened	Owner Occupied Households (With Mortgage)	Percentage of Owner Occupied Households w/ Mortgages that are Cost Burdened	Owner Occupied Households (No Mortgage)	Percentage of Owner Occupied Households w/o Mortgages that are Cost Burdened
Cortland County, NY	6,172	40.02%	6,387	21.87%	5,124	13.04%
New York	3,371,574	50.48%	2,439,349	36.62%	1,455,264	20.81%
United States	42,835,169	47.27%	48,016,540	30.62%	26,864,528	14.04%



During the 2016-2017 School Year, there were 98 students in the school districts served by CAPCO Head Start who experienced homelessness, representing 1.6% of the student body in those districts. During the 2012-2013 school year, there were 81 students reported as having experienced homelessness, demonstrating a 21% increase in student homelessness over the past five school years.<sup>10</sup>

### Public Safety and Crime

Property crime has generally decreased in Cortland since 2013, however with an uptick in 2017. Violent crime appears to have held steady but the NYS Division of Criminal Justice Service began using the FBI’s expanded definition of rape in 2015, possibly accounting for some of the increase in rape crimes documented in the chart below. Other crimes have declined or remained fairly steady.<sup>11</sup>

NYS DIVISION OF CRIMINAL JUSTICE SERVICES													
INDEX CRIMES REPORTED TO POLICE: 2013 - 2017													
County	PD	Year	Incomplete/ # of Months Rptd	Index Total	Violent Crime					Property Crime			
					Violent Total	Murder	Rape	Robbery	Agg. Assault	Property Total	Burglary	Larceny	MV Theft
Cortland	County Total	2013		1,064	51	0	12	9	30	1,013	210	791	12
Cortland	County Total	2014		1,081	49	2	15	8	24	1,032	229	780	23
Cortland	County Total	2015		751	51	2	16	8	25	700	141	549	10
Cortland	County Total	2016		820	43	1	19	2	21	777	154	616	7
Cortland	County Total	2017		994	49	0	28	10	11	945	165	766	14

### Transportation

Cortland County is served by a public transportation system called Cortland Transit. According to its website, Cortland Transit operates fixed route services within the city of Cortland and to Marathon, Cincinnatus, Willett, Tompkins Cortland Community College and Cornell University. It also offers a “Dial-A-Ride” “curb-to-curb” service within some of its routes. The Seven Valleys Health Coalition defined a goal within its

<sup>10</sup> NYS TEACHS SIRS Data on Student Homelessness retrieved from <http://www.nysteachs.org/info-topic/statistics.html>

<sup>11</sup> NYS Division of Criminal Justice Services retrieved from [http://www.criminaljustice.ny.gov/crimnet/ojsa/indexcrimes/county\\_totals.htm](http://www.criminaljustice.ny.gov/crimnet/ojsa/indexcrimes/county_totals.htm)

“Economic Track”<sup>12</sup> to “maintain & expand public transportation. Its “Way2GoCortland” website promotes the various transportation options in the county.

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<sup>12</sup> Economic Tracks Goals, retrieved from Seven Valleys Health Coalition  
[http://docs.wixstatic.com/ugd/f06d2c\\_9f95e645560b4c53beb64c39932ba6b4.pdf](http://docs.wixstatic.com/ugd/f06d2c_9f95e645560b4c53beb64c39932ba6b4.pdf)



## Early Education Need and Capacity

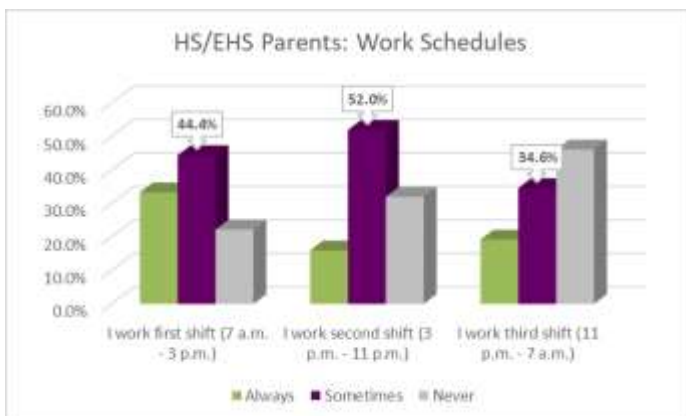
### *Child Care Need Among Head Start Families*

#### Head Start Parent Employment and Work Schedules

According to 2017-2018 PIR Data, 58.2% of Head Start / Early Head Start families have both or the only parent working, showing that about 163 of the 280 families enrolled in the programs relied on it (at least in part) for child care purposes. By contrast, figures from the U.S. Census Bureau's American Community Survey show that, of the general population with children under the age of six in Cortland County, 79% have all parents working. Head Start children from families with a stay-at-home parent, of course, experience the substantive benefits of participating in the program regardless of the family's ability to take advantage of its role as child care to facilitate workforce participation. The following table shows the family employment based on program and family composition:

Information About Two-parent Families 2017-2018						
	# of Two-parent Families In Program	% Enrolled Families that are Two-parent Families	# with both parents employed	# with one parent employed	# with both not working	# of families who "need" child care
Head Start	93	44.3%	49	35	9	49
Early Head Start	35	50.0%	15	18	2	15
Information About One-parent Families 2017-2018						
	# of One-parent Families In Program	% Enrolled Families that are One-parent Families	# with the parent employed	# with the parent not working	# of families who "need" child care	
Head Start	117	55.7%	79	38	79	
Early Head Start	35	50.0%	20	15	20	
<b>TOTAL HS/EHS FAMILIES WHO NEED CHILD CARE</b>						<b>163</b>

Employed Head Start parents responding to a survey report **working, on average, 34.1 hours per week**. The following chart displays the typical shifts reported by Head Start parents.



### *Other Child Care Programs Serving Young Children*

#### Head Start Eligible Children Aged Three and Four

In the CAPCO Head Start service area, an estimated 207 three- and four-year-olds are eligible for Head Start based on 2016-2017 enrollment figures from the school districts served by the program. The program in

2016-17 was funded to serve 200 children. There are approximately just 7 eligible children who cannot be served by the program. . *The following table shows the eligibility estimates.*

CAPCO HEAD START ELIGIBILITY CALCULATION						
School District	16/17 K Enroll	16/17 Gr. 1 Enroll	16/17 Gr. 2 Enroll	Est 3 & 4 y.o. (two-thirds of the K-2 enrollment)	County Rate Poverty Children <5	Estimated Eligible Age 3 & 4
CININNATUS CSD	33	30	55	79	0.241	19
CORTLAND CITY SD	186	164	184	356	0.241	86
HOMER CSD	113	125	122	240	0.241	58
MARATHON CSD	57	50	55	108	0.241	26
MC GRAW CSD	37	35	40	75	0.241	18
			Total 3 & 4	858		
					Est. Eligible	207
					HS Capacity	200
					Eligible, Not served	7

#### Head Start Eligible Children Under Age Three

In the CAPCO Head Start service area, an estimated 342 children under age three would be eligible for Early Head Start based on birth records and rates of poverty among children under age 5 in the county. The program is currently funded to serve 72 children in this age group. *The following table shows the eligibility estimates.*

CAPCO EARLY HEAD START ELIGIBILITY CALCULATION							
School District	Births 2016	Births 2015	Births 2014	Births 2013	Est <3 y.o. (three- fourths of the 2013-2016 births)	County Rate Poverty Children <5	Estimated Eligible <3
CININNATUS CSD	40	31	35	36	107	0.241	26
CORTLAND CITY SD	256	227	215	246	708	0.241	171
HOMER CSD	106	103	123	100	324	0.241	78
MARATHON CSD	71	59	65	53	186	0.241	45
MC GRAW CSD	35	34	30	27	95	0.241	23
				total <3	1419		0
						Est. Eligible	342
						EHS Capacity	72
						Eligible, Not served	270

#### Public Pre-kindergarten

A total of 190 four-year-olds (of all incomes) attended public PreK in the service area during the 2016 – 2017 school year. Some four-year-olds (64) attending public PreK also are served by Head Start because the two programs combine to serve children. **Therefore, these children are counted in both Pre-K and Head Start totals served.** It is important to note that key school districts in the service area have expanded UPK and reduced collaboration with community based partners. For example, during the years 2010 through 2017, CAPCO Head Start served 30 students at Homer Elementary School, while the school district served zero. As

of the 2018-2019 school year, CAPCO Head Start serves six children in this school while the district serves 54 under its own UPK grant. At McGraw Elementary, CAPCO Head Start served between 14 and 30 children and the school district served zero. CAPCO Head Start slots are now down to 14, whereas the school district is serving 36 under UPK grants without plans for community-based collaboration. **Given these policy decisions by school districts in our service area to serve Head Start eligible children without collaborating with Head Start, CAPCO Head Start is in the difficult position of directly competing with school districts to enroll children aged three and four in our programs.**

#### Children Not Served In Head Start and Pre-kindergarten

According to the calculations presented in *Tables 4 & 5* above, there are an estimated 2,277 children **under the age of five** in the CAPCO Head Start service area. While all 2,277 of these children would benefit from early childhood education programming, about 1,799 children in this age group have all parents in the labor force (based on 79% county-wide rate of children < age 6 with all parents in the labor force) and therefore potentially “need” child care. Subtracting from this total the number of children served in center-based programs through CAPCO Head Start and Early Head Start (248) and public Prekindergarten in the service area (190 less 64 counted in Head Start total) results in a difference of 1,425, or, the estimated number children in this age group who are not served by public programs. Of these, 352 are preschoolers (age 3 & 4) and 1,073 are infants and toddlers (under age three). According to a report provided by the Child Development Council there are 337 slots of private, regulated center-based preschool child care in the county, which is nearly enough to fill the potential demand for care in this age group without even using the estimated 108 slots of capacity in family and group family child care modalities. However, the **shortage** of center-based care in the county for **infants and toddlers** numbers more than 900 slots. The estimated capacity available in family and group family modalities reduces the shortage to 742, a number that is still profoundly insufficient to meet the need.

According to its 2017 Policy Impact Report, the Cortland County Department of Social Services provided child care fee assistance to 115 families per month in 2016. Based on U.S. Census Bureau estimates from the American Community Survey, there are 585 families with children under age 5 with incomes below 185% of the Federal Poverty Level, while the eligibility threshold for child care fee assistance is higher than that at 200% of FPL. Therefore, there are *at least* 585 families who could be eligible for fee assistance if the parents work, have TANF or are involved in other programs. If 58.2\*<sup>13</sup> percent of these families meet at least one of these conditions, then approximately 340 children need child care and are eligible for fee assistance. **By these conservative estimates, the child care subsidy program is serving, on average, 33.8 percent of those who need and are eligible for it.**

This report documents that the average weekly wage in Cortland County is \$762. The average market rate for child care for children under age five (calculated as the average of the low of \$98 per week for a preschooler in subsidized family child care and a high of \$200 per week for an infant in private-pay center care) is \$149 per week. Therefore, **a family earning the average weekly wage would have to pay 19.6 percent of its income to pay for child care for one child**, while an acceptable level of affordability for child care is ten percent of family income.

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<sup>13</sup> 58.2% is the rate of families in CAPCO Head Start/Early Head Start will all parents in the workforce.

## Needs of Low-income Individuals, Children and Families: Perceived

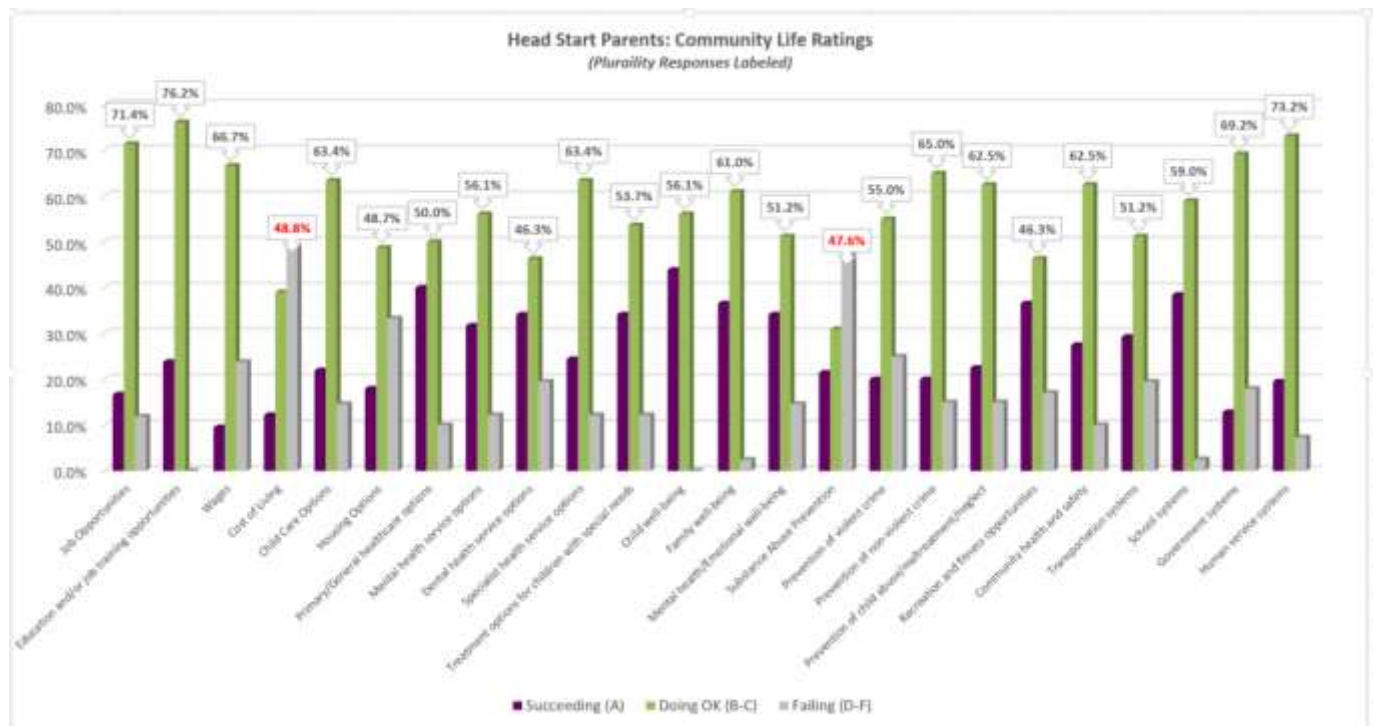
This section of the report summarizes the quantitative and qualitative data collected through surveys and one focus group from program participants involved with CAPCO Head Start and other programs. In addition, it presents data collected from other CAPCO stakeholders (that do not participate in programs) who responded to surveys.

### *Head Start Parent Survey Data*

There were 44 Head Start parents who completed surveys. Of these, 28 were parents of Head Start participants, 14 were parents of Early Head Start enrollees, and 3 had children in both programs. Data from these surveys is summarized below.

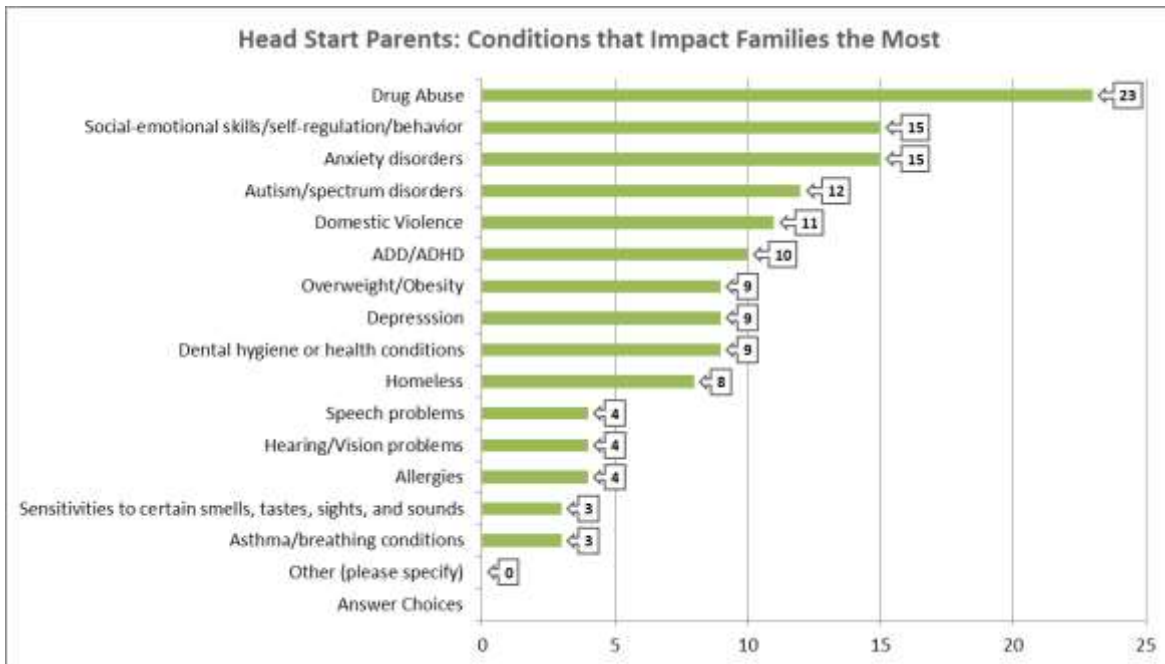
### Community Ratings

Respondents rated the community on aspects of quality of life as “Succeeding (A)”; “Doing OK (B-C), or “Failing (D-F)”. The chart below shows the distribution of “grades” given. Majorities of respondents rated the community as “Doing OK” on most aspects of quality of life. There was not a single area of community life that a plurality of respondents graded as “Succeeding.” The areas receiving the highest share of “A” grades include: child well-being (43.9%) and Primary/General Healthcare Options (40%). The county rated lowest on Cost-of-Living, with 48.8% of respondents giving it a “Failing” rating, and 47.6% of respondents gave “Substance Abuse Prevention” a rating of “Failing.”



### Childhood Conditions Affecting Families

The survey asked respondents to select from a list of three childhood conditions they think affect families the most. The following chart shows the most frequently selected choices.



### Parental Challenges and Strengths

An open ended question asked respondents to describe the biggest challenge they had faced in the past year, and the strength that they drew on to overcome it. Challenges and strengths were coded to reveal themes, with strengths relating to the *Center for Social Policy's Strengthening Families: A Protective Factors Framework*. These protective factors include: knowledge of parenting and child development, concrete support in times of need, social & emotional competence of children/parents; parental resilience, and social connections.

Respondents identified **challenges** primarily in the area of **money**, or **finances**, offering comments such as, "Financially supporting a family of 4 with on[e] income;" "No money," "Cost of living," and "Living, trying to afford."

Other challenges reported included **loss, day-to-day coping and mental health issues**. Some representative comments include: "Overcome some loss personal & physical;" "My daughters depression and how she hurts herself by biting and pinching herself after my mother, her grandma died," "Being a single mother," and "Depression, anxiety, divorce," Related challenges reported included **transition and instability**, expressed in comments such as, "Settling in NY after coming from SC;" "Balancing family life while facing disease (cancer)," and "Learning to adapt to saying home due to my anxiety."

Finally, parents reported challenges relating to **health** and **disability**, describing these in terms such as, "Finding Drs. close that understand my child," "Giving birth to my son early due to complications," "My daughters autism effecting her language and walking," and "My son has been given true diagnosis on his developmental delay, so trying to work with everyone to make sure he is getting the right services."

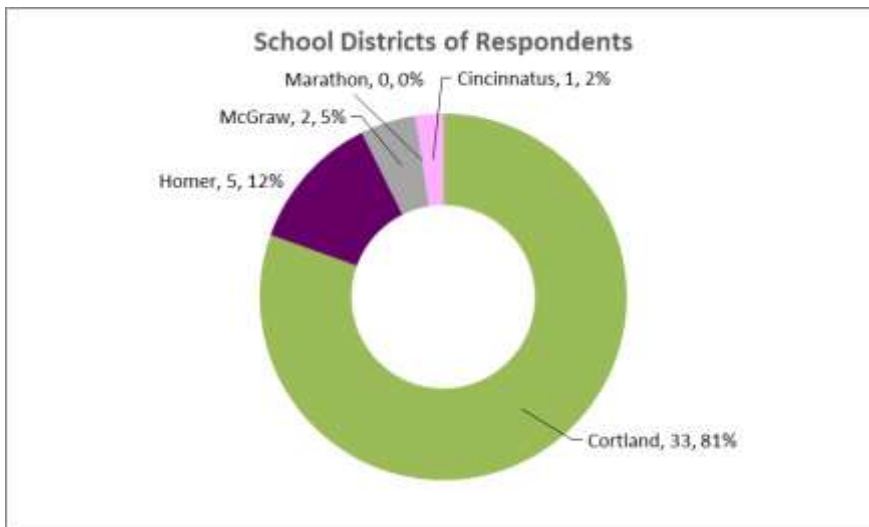
Parents primarily report drawing on their own **resilience** to overcome challenges. **Parental resilience** includes concepts such as calling forth inner strength, solving general life problems, having faith or feeling hopeful, and believing one can make and achieve goals. Parent comments demonstrating use of resilience to address challenges included, "Positive thinking and determination," "Setting goals," "Never give up no matter how tired or frustrated you become;" "Positive, hopeful, responsibility," and "Loving my children and keep moving forward."

A second strength that parents frequently report drawing on to meet challenge is **social connections**. **Social connections** includes concepts such as trusting relationships, feeling respected, and having friends or family members who provide a variety of concrete and emotional support that buffers parent stress. Parent comments reflecting their use of social connections to overcome challenges include, *“Having my family support and believing in myself and hard work,” “My husband and kids,” “Help from family and friends,”* and, *“I have lots of support from family and friends.”*

Also mentioned often as a strength to overcome challenges is **concrete supports in times of need**. This factor includes the concepts of being resourceful, being able to access basic necessities and aspects of accessing services and navigating systems. Representative comments included, *“We now have a car we can drive and are in a safe stable environment,” “Working many jobs,”* and *“Saved money. Worked overtime,”* and, *“Started seeing a therapist.”*

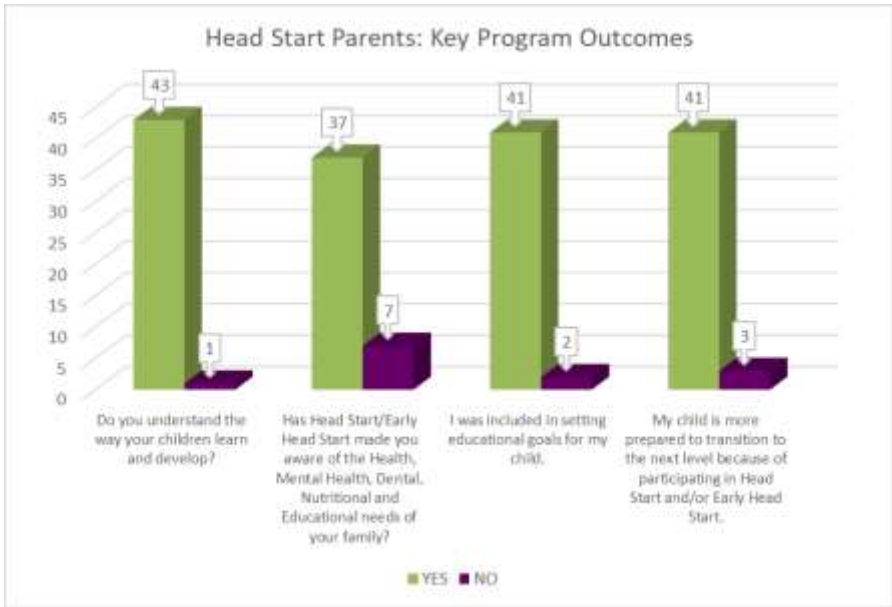
### School Districts Represented

The following chart shows the distribution of school districts where responding families reside:



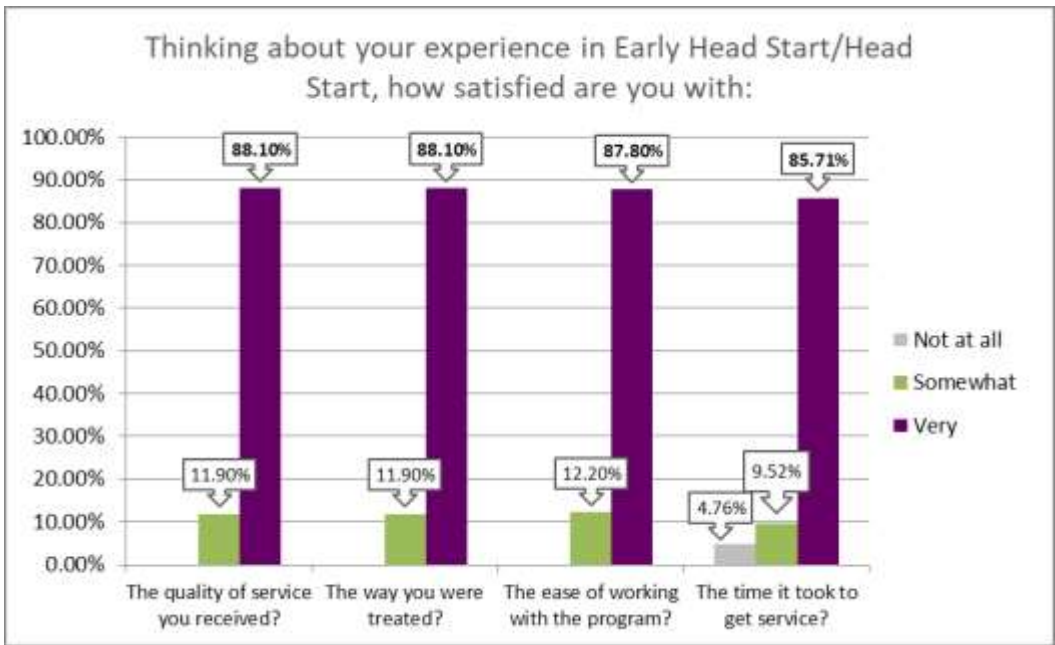
### Program Outcomes

Respondents answered, “yes” or “no” to provide their perception of whether certain outcomes were met as a result of their participation. The following chart depicts the response:



**Service Satisfaction**

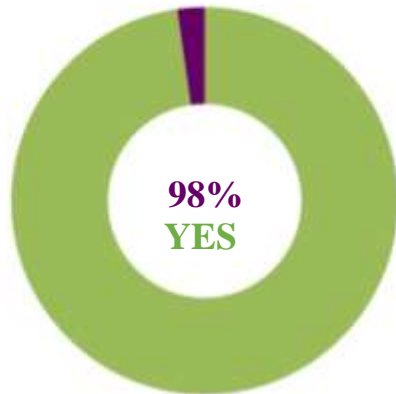
Participants responded about their level of satisfaction with certain aspects of their Head Start participation. The following chart displays the frequency of responses.



### Program Recommendation

The overwhelming majority of respondents agreed they would recommend CAPCO Head Start to others.

Would you recommend CAPCO Head Start/Early Head Start to others?



### Program Options

Respondents provided open-ended responses about how the program could serve them better, and were offered an example that read, "Offer additional classrooms, etc.." In the 21 open-ended free text responses given, parents cited **summer options** (4 mentions); **transportation** (3 mentions,) and **longer hours / wrap-around care** (3 mentions). One respondent suggested adding classrooms in Head Start and another suggested adding slots in Early Head Start. Other respondents suggested **improvements to program practices and amenities** such as more feedback and communication about the child's day and academic progress, or more food options for children, or offering school pictures.

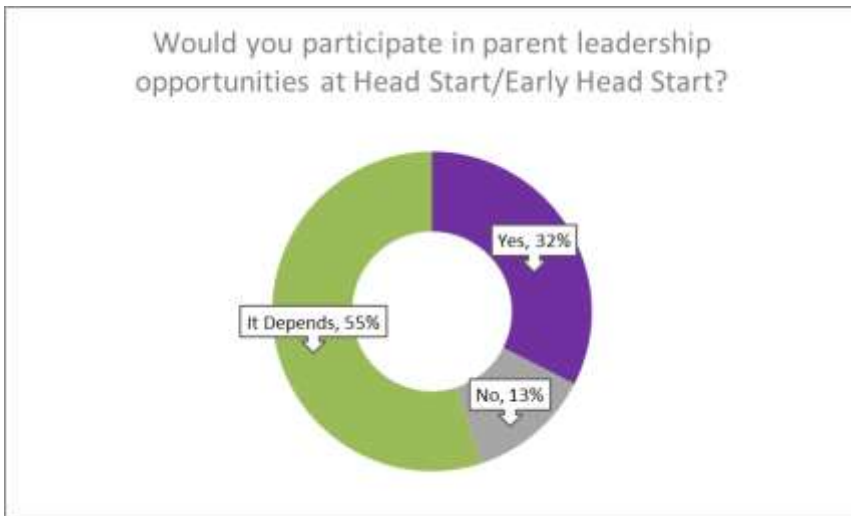
### Comments and Suggested Improvements

A separate question solicited respondents' general comments and suggested improvements. Within the 15 responses, most related to **program practices** with suggestions about allowing parents to, "Give food their children like," "Celebrate child's birthday in class," provide more communication about community programs and align instructional practices with those used in local school district Kindergarten classes. Two parents mentioned program capacity, one with a plea to, "Get my daughter in a classroom," and the other stating, "More spots for Early Head Start." One person referenced high employee turnover and suggested, "Make sure all employees feel valued."

### Parent Leadership

The survey asked parents to say if they would participate in parent leadership opportunities at Head Start. The following chart displays the distribution of responses.

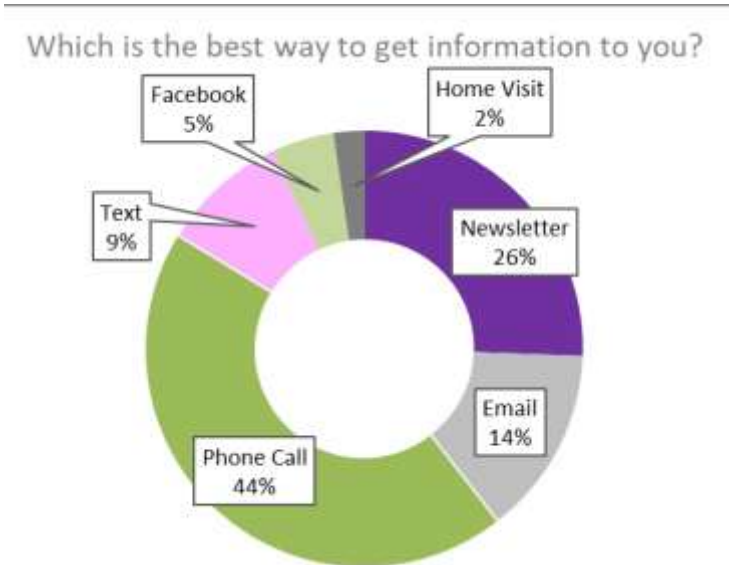




Most people who said, “no” or “it depends,” suggested that time and availability would be the factor limiting their participation.

**Methods of Communication**

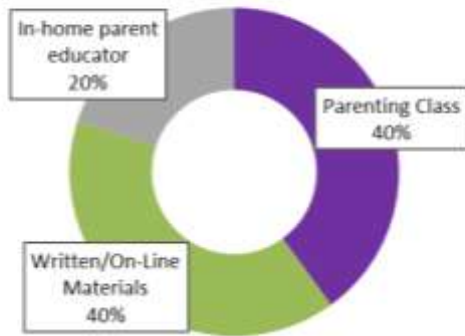
Parents selected from fixed choice responses to indicate their preferred way to receive information from the program. See the chart below for the distribution of responses.



**Parenting and Child Development Learning**

Parents selected from fixed choices to express a preference for how to receive parenting education. The chart below displays the distribution of responses.

Which is the best way for parents to improve their understanding of parenting, child learning, and development?



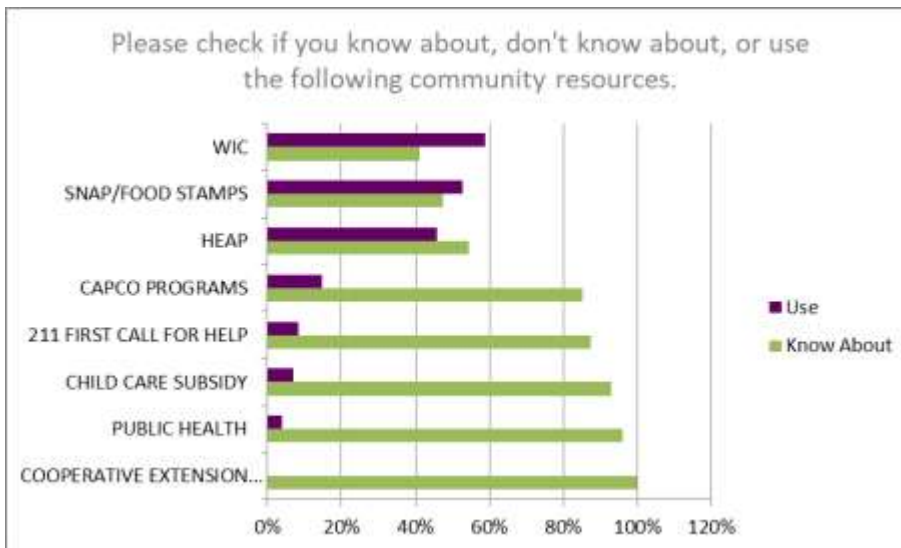
An open-ended question solicited ideas for useful topics for parenting classes or tip sheets. The most frequently mentioned topics were **child behavior/discipline** (mentioned 8 times) and **supporting child education & development** (mentioned 7 times.) **Nutrition** was mentioned four times, and **coping or stress management** was mentioned 2 times).

### Child Care

Parents described their child care arrangements in an open-ended question. They report primarily using **self-arranged care**, in which parents alternate schedules to allow one to be home when the other isn't (5 mentions), **daycare or sitter** (5 mentions,) and **school, pre-school or Head Start** alone or as part of the mix with these other child care methods (5 mentions). Informal care from family or friends was mentioned 3 times. Six respondents identified themselves as stay-home parents, unemployed or indicated the question did not apply to them.

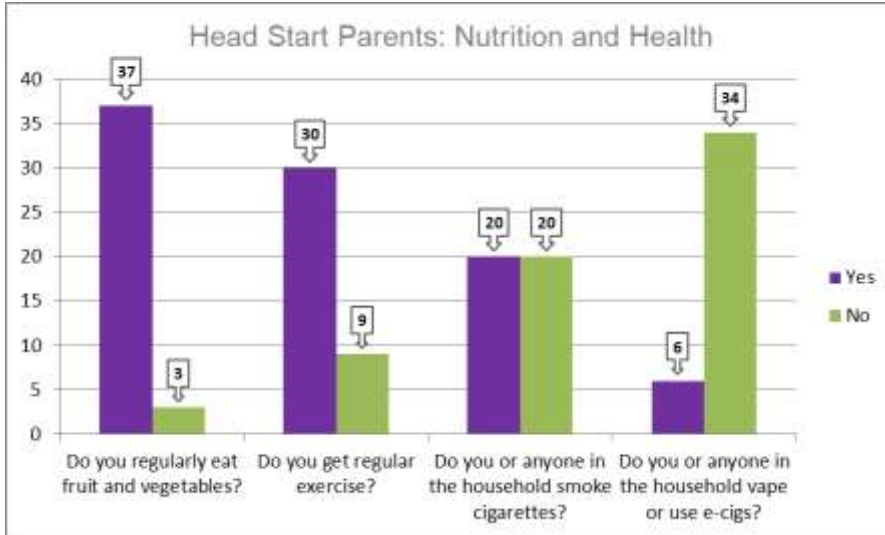
### Services Used

The following chart shows that a number of local services are not widely used, even though parents know about them.



## Health and Nutrition

The following chart depicts responses to questions about nutrition and health.



Respondents were prompted to say what is holding the back if they wish they had healthier habits. Among the 18 who answered the question, the most common responses were those that reflected difficulty in becoming motivated and accomplishing a change in habits. Time for fitness routines and money for healthy food were also mentioned.

### *Community Survey Summary*

Please see Appendix II for the Community Survey data summary.

### *Customer Focus Group Summary*

Just two CAPCO customers attended a focus group to provide deeper perspective on community conditions. One was a parent involved in the Head Start programs. These focus group participants were presented the following questions and prompts for discussion:

- **Q1a: What are some things about our community that make it a great place to live?**
- **Q1b: What are some things the community could improve on?**
- **Q2a: In a perfect world, what would you want more of in your life?**
  - [PROMPT: For those who are parents, is there anything particular to parenting?
- **Q2b: And in that perfect world, what would you want less of in your life?**
  - [PROMPT: For those who are parents, is there anything particular to parenting?
- **Q3: Is there anything you can think of that CAPCO could do differently to serve you better in terms of creating the life you want for yourself?**
- **Q4: What are some things that you are really great at?**
- **Q5: What are the sources of strength that you draw on if challenges arise?**

The group was also offered the opportunity to provide additional thoughts during an open discussion time. In the course of the ninety-minute discussion, the following themes emerged.

**The community is strengthened by its small-town culture and the many activities and services it offers for residents.**

Focus group participants agree that Cortland County is a great place to live because of the **small-town culture** and many **activities offered** throughout the year. For example, one participant said, *“It has a small-town feel. It’s classified as a city but it feels like a small town; it’s small enough to get around,”* and later, *“You get to know people. You don’t feel rushed through things here like you do in bigger cities.”* The other participant added, *“For the most part people are very inviting. Every place has its ups and downs, but you could pretty much go out and find someone who will brighten your day.”* Regarding activities, the two participants collaborated to create a list that started with the statement, *“I like the seasonal changes. They always have something based on season, like the Pumpkin Festival, the Ice Show, the Cortland Junior Fair in summer.”* To this list, the pair of participants added: the fireworks, the New Year’s Eve celebration, Sidewalk Days, Trick Or Treating, Family Nights at the Y, events and opportunities at the library including the Dolly Parton Imagination Library and movie nights. In addition, the participants pointed out the community offers a wide array of **services**, summarized in statements such as, *“If you go one place they can direct you to a lot of different things: Catholic Charities, things for women, Career Works, things to help get jobs, Section 8, things with houses. There’s always someone there to help and guide you along the way as long as you give them information about what you need;”* *“A lot of help for vets here, too;”* *“There’s really a little bit for everyone;”* and, *“If someone went without anything it’s because they didn’t ask any questions about it.”*

**The community needs improvement in the areas of transportation systems, jobs and the cost of living.**

Participants noted that **public transportation options** in the community are insufficient and this affects access to education and services for residents. They pointed out that **variety in available jobs** could improve, and that wages are not always commensurate with experience and skills if someone lacks credentials. A participant described challenges with *“The **cost of living**,”* and provided an immediate example of housing costs, saying, *“Apartments, rent, the price for even a one-bedroom is ridiculous. Like \$500, \$600 and nothing is included.”* When prompted to say more about housing costs, the pair of participants confirmed that, *“Housing is a big thing here, affordable housing,”* and provided examples. The participants also said that the cost of healthy foods and fitness opportunities prevents people from adopting healthier lifestyles, saying, *“People do want to get healthy but it costs so much to join, it’s a little outrageous,”* and, *“It may never change ... the cost of healthy food versus junk. Like, how they continue to always make it so they sell soda for \$1 and water for \$1.50.”*

**The community could improve through better communication and coordination among service agencies, as well as through communication with the public that helps them identify appropriate services to meet their needs.**

Participants describe a helping system that places undue burden on participants when it requires duplicative or repetitive application and recertification documentation and when it makes referrals without confirmation that the service seeker will be eligible for help at the destination. For example, after talking about cost of living and wages, the participants referenced challenges relating to the benefits cliff. When prompted to think about how helping systems could improve, one participant, said, *“The communication between the two of them. Like, if they need paperwork. Sometimes you need to go get it when they could have faxed it.”* The other participant chimed in to say, *“The guidelines should have a little more wiggle room because you can go to Catholic Charities and it would be different from DSS.”* They seemed to be saying that eligibility parameters in individual services are so precise that it is not clear, even to service professionals, the exact best fit for the

customer because the above statement was followed by, *“Because then people would know where to go and which things will be beneficial instead of going here, there and everywhere. It would be easier if they had a standard thing for the different agencies because they do, for the most part, the same type of stuff.”* Later in the conversation, the participants returned to this concern when talking about what they wanted less of in their life. They cited stress as something to decrease, and said that a source of stress is keeping up with the documentation and appointments for accessing services. In addition, during a segment on how CAPCO could serve them better, the participants returned to the idea that people would be saved from undue time and travel if services could be better coordinated and communicated to the public (seeming to suggest that CAPCO could take a lead on this.) One participant summarized the concept saying, *“Not for nothing, but if a person needs help and they have to go here, there and everywhere, a person can get frustrated and you get that back and forth thing, say a person who is walking or taking public transportation, and they get overwhelmed and don’t want to do it anymore. Especially in the cold. Or if you have young children and you have to take your children. It can be very, very overwhelming.”* They suggested communication methods, for example, *“One thing is ... to have a list compiled of all the agencies and the things they do because a lot of it ties in and it’s like, where do I go, who do I see? It’s like a big jigsaw puzzle trying to make the pieces fit. Sometimes I find things out and think, why didn’t somebody tell me this before?”* At the same time, participants recognized the challenges in reaching a wide, diverse audience such as those who can afford cable versus those who cannot, those who are computer literate or have a smart phone versus those not accessing the internet, and those who read the newspaper and those who do not.

#### **People primarily want more stability, freedom and equity in their lives.**

The two participants both agreed that **stability** is the main thing that they want more of in their lives. When prompted to say more about what they mean by stability, they referenced stability in housing arrangements, financial stability and stability in emotional health. This differed based on the individual circumstances of the two participants, but the result of stability for both of them was **freedom from stress and worry**. For example, the Head Start parent participant said, *“As a parent I just want stability. My kids to have roof over head, food in their bellies, a clean house, clean clothes. We don’t have Nikes and Gucci stuff but they have what they need. And they get that they are not going to have that because we have to pay bills to live. Stability is definitely number one.”* The other participant said, *“Financial is definitely a part of it, but I want to sit back enjoy life, don’t worry about bills or having to move, to be comfortable. But I also have mental health issues and would want that stable, too. But to sit back, relax and watch the world go by.”* The other participant agreed, saying that after buying a house instead of renting, she and her husband, *“Don’t have to worry about a landlord telling you to move out and always having that black cloud over your head.”*

The concept of **freedom** returned when the participants acknowledged wanting more money in their lives (*“We all want that!”*) One participant saw money as a gateway to a certain freedom, to *“Buy what you want today,”* and be spontaneous. The other participant seemed to link money with **equity**, commenting, *“To be treated equally. Nowadays, especially with youth growing up, I don’t think they are treated equally. People depend on name brand stuff versus a child where the parent can’t afford it, where it’s Nike or Champion. Some people get pushed aside because of what they wear. Kids are cruel; adults can be, too, but kids are cruel.”*

#### **Focus group participants count as strengths their organization skills, time management, work ethic, interpersonal skills and adaptability.**

Reflecting on what they are, “great at,” participants cited organization skills and time management, joking that both of them, *“Hate being late.”* Similarly, these participants seem to take pride in their **work ethic** and commitment to responsibilities. For example, one participant related, *“I used to have to get to Ithaca and if it*

*snowed, I would dig out and get there and the people who lived right there were not going to drive in it. The job has to be done and somebody has to, and I'm going to be that person because somewhere, everywhere, somebody is relying on someone for assistance. You can't be superman but you can try real hard to fulfill your responsibilities. It's so easy to say, I'm not doing it, I'm not gonna go, I don't care."* On a related note, one participant said, *"I've been told I have great **customer service** skills,"* and *"I deal with people that basically have lost a job, not the easiest situation. I calm them down, get the information, make them laugh. I've been there; I know all about it,"* and the other participant related a similar example highlighting her **interpersonal skills**. Both participants described their **adaptability** as a strength. One said, *"The ability to change. Most of my life I was doing physical, manual work to now when I'm doing intellectual work."* The other participant described her adaptability when deciding to leave work to become a stay-home parent.

**When faced with challenges, participants rely on their personal resilience, social connections and community supports.**

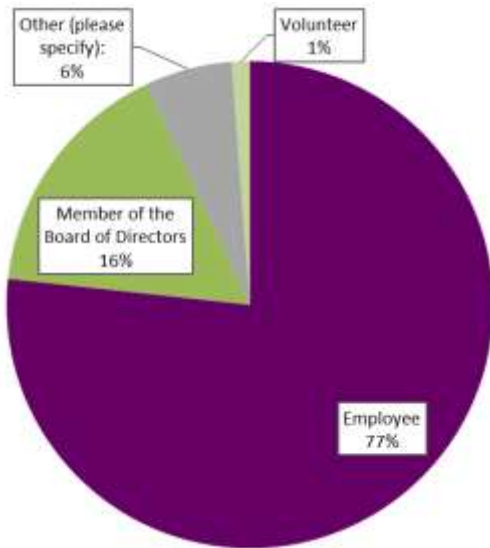
The two participants varied on the extent to which they reached out more to their **social connections** (family and friends) or to their **community supports** when faced with challenges. This seemed to differ depending on their individual life circumstances. For example, one participant instantly said, *"Family,"* and, *"My family is a big supporter."* The other participant referred to family as the, *"Last I would call,"* and said, *"One I use a lot of is I call my professional support group. I'm involved in a lot of different agencies and counselors because I suffer from ... . So if I'm upset I can call, talk to them. What can i do now, what can i do later. Talk it out."*

In either case, they both relied first on their own **resilience**, with one saying this explicitly, *"A lot of time I rely on myself first. Then if I can't handle it I go to the second."* The other participant said, *"I think my kids get me that strength. If I get too stressed or think I can't overcome something, I think of my children and somehow I manage to jump that hurdle because it has to be done. Some stress is just hard, there are difficult choices, and your support makes that easier."*

## *CAPCO Board, Staff and Volunteer Survey*

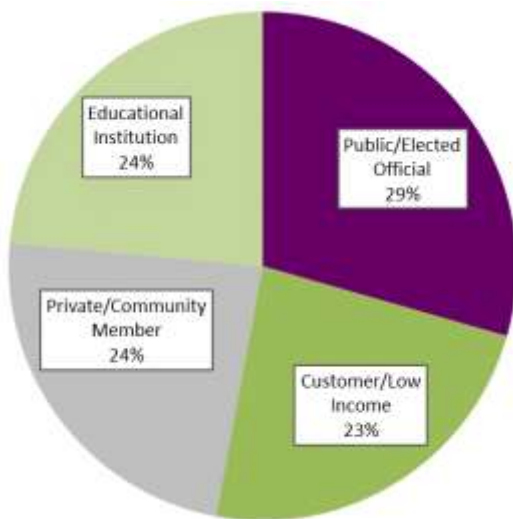
### Respondent Distribution

Board members, staff and volunteers received a link to an online survey. There were 86 respondents, distributed as shown in the following graph:



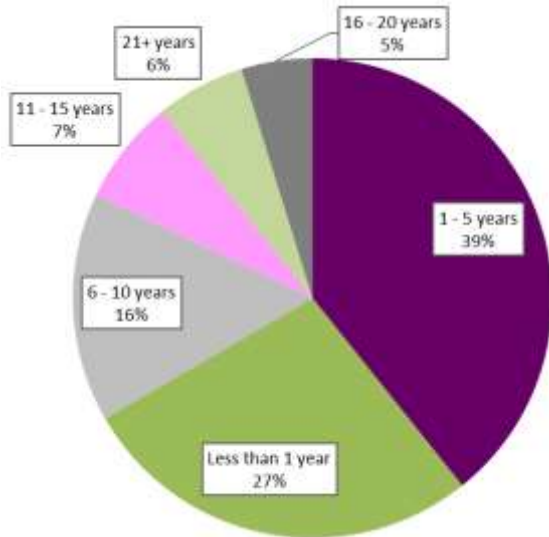
### Board Sectors Represented

Among board members who responded, the sectors represented were distributed as shown in the following graph:



### Respondent Length of Involvement with CAPCO

Respondents reported their length of involvement with the agency as follows:



### Knowledge of CAPCO's Programs and Services

The majority of respondents rate themselves as “very knowledgeable,” about the agency’s programs and services

Value	Percent	Count
Very Knowledgeable	61.2%	52
Somewhat Knowledgeable	23.5%	20
Extremely Knowledgeable	15.3%	13
Total		85





### Most Pressing Needs of the Low-Income Population in the Community

Respondents selected their top three from among a list of 20 community needs including:

Safe, Affordable Housing; Transportation; Child Care; Substance Abuse Assistance; Job Skills / Employment Training; Mental Health Services; Adult Education / Literacy; Parenting Education; Food Assistance; Dental Care; Financial Assistance; Family Counseling; Health Care; Domestic Violence Assistance; Safety / Crime Prevention; Youth Programs; Heating / Utility Assistance; Senior Citizens Services and Veteran Services. Among these, the five most frequently selected needs were:

SERVICE	NUMBER OF SELECTIONS
Safe, Affordable Housing	32
Transportation	29
Child Care	27
Substance Abuse Assistance	26
Job Skills / Employment & Training	20

Respondents then ranked the needs with the following needs ranking in the top five:

1. *Safe, Affordable Housing (score, 527)*
2. *Transportation (score, 516)*
3. *Substance Abuse Assistance (score 475)*
4. *Child Care (score 462)*
5. *Job Skills / Employment & Training (score 323)*

### Services Not Meeting Demand in Our County

Respondents selected three services that do not meet demand in the county. They selected from the following list of choices: Safe, Affordable Housing; Transportation; Child Care; Mental Health Services; Substance Abuse Assistance; Job Skills / Employment Training; Dental Care; Parenting Education; Youth Programs; Adult Education / Literacy; Safety / Crime Prevention; Financial Assistance; Food Assistance; Health Care; Senior Citizens Services; Domestic Violence Assistance; Summer Recreation Programs; Family Counseling; Heating / Utility Assistance; Veteran Services; Other (please specify); None of the above

The five services receiving the most selections follow:

SERVICE	NUMBER OF SELECTIONS
Safe, Affordable Housing	38
Transportation	29
Child Care	25
Mental Health Services	24
Substance Abuse Assistance	22

Respondents then ranked the services that do not meet demand with the following services ranked in the top five:

1. *Safe, Affordable Housing (score, 723)*
2. *Transportation (score, 540)*
3. *Mental Health Services (score, 465)*
4. *Child Care (score, 459)*
5. *Substance Abuse Assistance (score, 425)*

### Most challenging Issues Low-income Households will Face in the Next Three Years

Respondents selected the three most challenging issues that low-income households will face in the next three years. They selected from the following list: Safe, Affordable Housing; Transportation; Child Care; Mental Health Services; Substance Abuse Assistance; Job Skills / Employment Training; Dental Care; Parenting Education; Youth Programs; Adult Education / Literacy; Safety / Crime Prevention; Financial Assistance; Food Assistance; Health Care; Senior Citizens Services; Domestic Violence Assistance; Summer Recreation Programs; Family Counseling; Heating / Utility Assistance; Veteran Services; Other (please specify); None of the above.

The five challenges receiving the most selections follow:

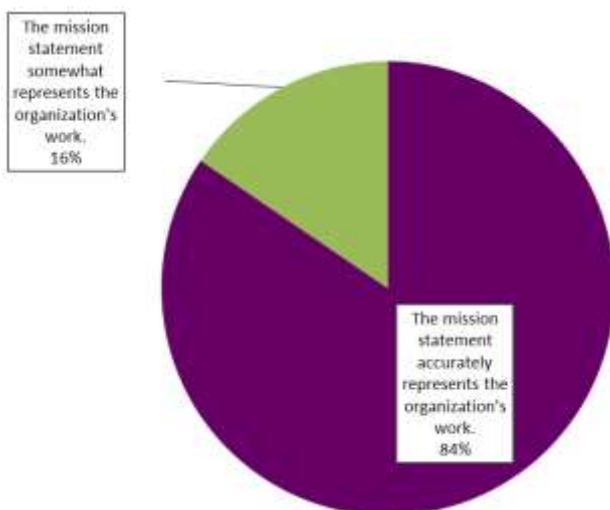
SERVICE	NUMBER OF SELECTIONS
Safe, Affordable Housing	37
Substance Abuse Assistance	29
Job Skills / Employment Training	28
Mental Health Services	26
Child Care	24

Respondents then ranked the challenges with the following ranked in the top five:

6. *Safe, Affordable Housing (score, 641)*
7. *Substance Abuse Assistance (score, 511)*
8. *Mental Health Services (score, 453)*
9. *Job Skills / Employment Training (score, 444)*
10. *Child Care (score, 416)*

### Mission Statement Fit

CAPCO's mission statement follows: *CAPCO is dedicated to providing and advocating for community-wide actions and programs that increase individuals' dignity and self-reliance and improve community conditions, engaging all sectors of the community in Cortland County's fight against poverty.* Respondents indicated their view on whether the statement accurately reflects the organization's scope of work. The large majority agreed that it does, as the following chart shows.



## Priorities

Respondents had the opportunity to answer an open-ended question about, given unlimited resources, what direction, focus, goals, or programs the organization should address. The following is the list of responses received.

- Healthy food prep/food safety
- Accessibility to healthy foods and education to low income families about the importance of good nutrition for children.
- Addressing the root causes of poverty so families would be enabled to provide better for lives for themselves.
- Adult Literacy, Employment
- After school program for head start and early head start children, as well as more busing for them.
- Child care
- Continue to help people become independent members of society through a variety of avenues.
- Daycare assistance program for those who are working or going to school for low income single parents.
- Development of entrepreneurialism among low income people
- Education needs to be addressed more.. teachers need at least a half hour more a day to get things done, there needs to be a better handle on challenging behaviors rather than telling them to use the calm done area and being used and abused by children. People fall out of love with the job because of the lack of support and all around being severely underpaid for what they do.
- Fun Preventative programs for Jr./Sr. High school kids (education on drugs/how to recreate appropriately without substance abuse, teen pregnancy, how to be parents, how to get and keep a job, how to give back to the community, etc.)
- Health and nutrition of day care children and family's.
- Heath Care
- Helping families learn to eat healthy and exercise as a family.
- Helping families reach their full potential with education and financial situations.
- Helping parents become more involved at school with kids
- Helping parents get rid of head lice in their homes and families. We send them home when they have live lice and expect them to endure what can be costly and time consuming activity to eradicate head lice.
- Higher pay for staff as they act as a counselor, teacher, mentor
- Higher wages for employees to help retain staff
- Homelessness, housing

## Growth Opportunities to Address In the Future

Respondents were invited to select as many as apply from the following list of fixed choice responses: Staff Retention; Staff Development; Program Development; Communication; Advocacy; Fundraising; Leadership Training; Use of Technology; Marketing; Financial Management; Board Training; Board Development; Other (please specify).

The five opportunities receiving the most selections follow:

OPPORTUNITY	NUMBER OF SELECTIONS
Staff Retention	39
Staff Development	29
Program Development	28
Communication	27
Advocacy	25

### Other Comments

Respondents were prompted to add any additional comments they wished to add. The following comments were received.

- CAPCO is a great organization who try there best to help the community and there staff with little income
- CAPCO is an exceptional program and so are all the staff!
- CAPCO staff believe in their mission and are dedicated to it in all they do. I have only heard consumers of CAPCO services and programs applaud the agency and all it has done for them and their family!
- Head start is a huge part of CAPCO but I feel it is the most "taken advantage" of in a negative way. Families treat us like daycare and it is our job to "raise" their children while in reality we can be physically abused and spit on and it's supposed to be ok. These issues make it so your heart is no longer in your job. And that alone tears me up inside.
- I have lived in Cortland for 34 years. The major issue I see is hopelessness. The people who live around the poverty level, that I have interacted with, don't seem to have much hope that their situation in life will improve. It seems like this is all they know. I don't know how to fix this. It certainly will take much time and effort. I love CAPCO for providing many opportunities for people to personally grow and influence their families and community.
- I think that there is too much financial help for people who chose not work and not enough for the people who work
- I would like to see everyone work together for health nutrition and exercise. More positivity
- I would like to see program relationships and communication within our agency become better. I feel that many employees do not know what other programs are offered within our agency and I feel that can hinder the families we serve from getting the help they need.
- It would be good to have the opportunity to get to know fellow board members better.
- Just taking the survey has been a good learning experience! I do need to better understand the decisions that CAPCO navigates as it pursues its mission and the setting in which it does so.
- Not at this time
- Not right now
- Overall I believe CAPCO does a remarkable job in Cortland. However unmet needs still face families daily.
- Retaining good staff requires better pay.
- The paperwork should be taken over by a part time person whose sole job is just paperwork. Teachers have enough to do and their job should be meeting the needs of the children not initialing more than 30 times that things are getting done and the playground is good daily. Also cross referencing and the time to do this and other paperwork is nuts!!
- no

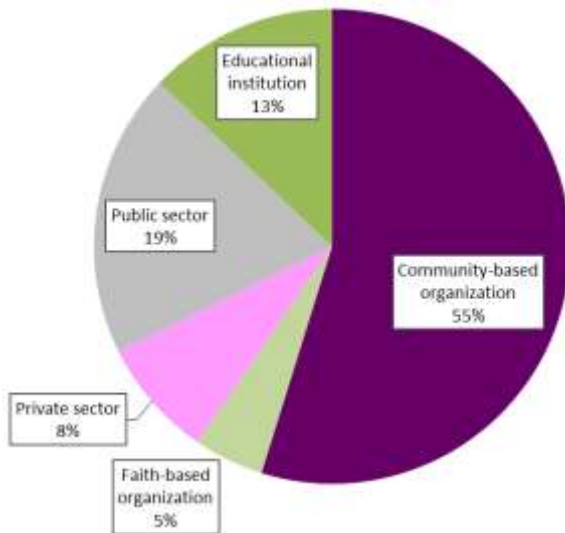
### ***CAPCO Community Partner Surveys***

There were 62 responses to the survey sent to community partners. Respondents represented local organizations as follows:

- Access To Independence
- Aid to Victims of Violence
- CAPCO
- Catholic Charities
- Catholic Charities of Cortland County
- Central New York ULC
- Cortland Community Center
- Cortland County Health Department
- Cortland County Mental Health
- Cortland Regional Medical Center
- Cortland Regional Wound Care Center
- Habitat for Humanity of Tompkins and Cortland Counties
- SUNY Cortland
- Seven Valleys Health Coalition
- YWCA Cortland
- AAA
- CACTC
- Child Development Council
- Child Development Council
- City of Cortland

### **Sectors Represented**

Respondents represented sectors as the following distribution graph shows:



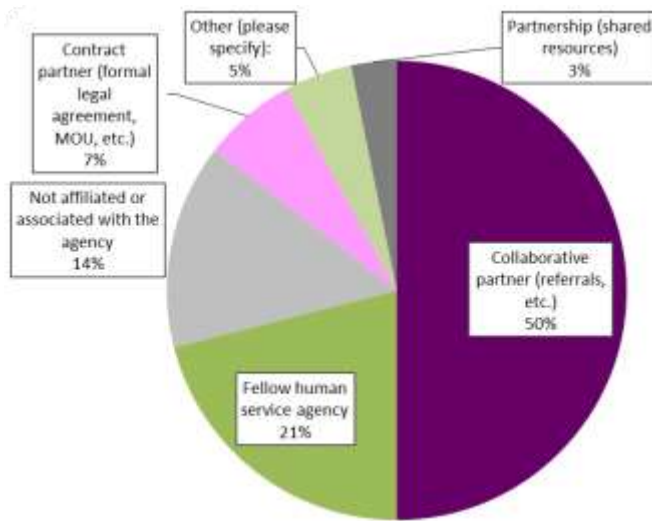
### Position/Title of Respondents

Respondents indicated holding the following position titles:

- Program Director
- Aging Services Specialist
- Associate Professor
- Coordinator
- Director of Development
- Executive Director
- Mobility Manager
- Agency Relations Coordinator
- AmeriCorps Prevention Outreach Coordinator
- Assistant Manager
- Asst. Superintendent for Pupil and Personnel Services
- Auditor/ Tech
- Board Member
- Board member
- CCRR Program Director
- CEO
- Care Manager
- Child Care Specialist
- Community Education Coordinator
- Community Outreach Liaison

### Relationship to CAPCO

Respondents report relationships with CAPCO as depicted in the following distribution graph.



### Positive Aspects of Living in the County

Respondents could write in three answers and the following text analyses represent the responses for each entry under option 1, option 2 and option 3.



### Negative Aspects of Living in the County

Respondents could write in three answers and the following text analyses represent the responses for each entry under option 1, option 2 and option 3.





### Most Pressing Needs of the Low-Income Population in the Community

Respondents selected their top three from among a list of 20 community needs including: Safe, Affordable Housing; Child Care; Job Skills / Employment Training; Transportation; Substance Abuse; Assistance; Mental Health Services; Financial Assistance; Health Care; Adult Education / Literacy; Food Assistance; Parenting Education; Youth Programs; Dental Care; Domestic Violence Assistance; Family Counseling; Senior Citizens Services; Heating / Utility Assistance; Safety / Crime Prevention; Summer Recreation Programs; Veteran Services

Among these, the five most frequently selected needs were:

NEED	NUMBER OF SELECTIONS
Safe, Affordable Housing	32
Child Care	23
Job Skills / Employment Training	22
Transportation	22
Substance Abuse Assistance	20

Respondents then ranked the needs with the following needs ranking in the top five:

1. *Safe, Affordable Housing (score, 623)*
2. *Child Care (score, 435)*
3. *Job Skills / Employment Training (score, 421)*
4. *Transportation (score, 415)*
5. *Substance Abuse Assistance (score, 378)*

### Services Not Meeting Demand in Our County

Respondents selected three services that do not meet demand in the county. They selected from the following list of choices: Safe, Affordable Housing; Transportation; Child Care; Mental Health Services; Substance Abuse Assistance; Job Skills / Employment Training; Dental Care; Parenting Education; Youth Programs; Adult Education / Literacy; Safety / Crime Prevention; Financial Assistance; Food Assistance; Health Care; Senior Citizens Services; Domestic Violence Assistance; Summer Recreation Programs; Family Counseling; Heating / Utility Assistance; Veteran Services; Other (please specify); None of the above

The five services receiving the most selections follow:

NEED	NUMBER OF SELECTIONS
Safe, Affordable Housing	30
Transportation	28
Child Care	19
Mental Health Services	18
Substance Abuse Assistance	18

Respondents then ranked the services not meeting demand with the following ranking in the top five:

1. *Safe, Affordable Housing (score, 586)*
2. *Transportation (score, 530)*
3. *Child Care (score, 358)*
4. *Mental Health Services (score, 346)*
5. *Substance Abuse Assistance (score, 339)*

### Most challenging Issues Low-income Households will Face in the Next Three Years

Respondents selected the three most challenging issues that low-income households will face in the next three years. They selected from the following list: Safe, Affordable Housing; Transportation; Child Care; Mental Health Services; Substance Abuse Assistance; Job Skills / Employment Training; Dental Care; Parenting Education; Youth Programs; Adult Education / Literacy; Safety / Crime Prevention; Financial Assistance; Food Assistance; Health Care; Senior Citizens Services; Domestic Violence Assistance; Summer Recreation Programs; Family Counseling; Heating / Utility Assistance; Veteran Services; Other (please specify); None of the above.

The five challenges receiving the most selections follow:

SERVICE	NUMBER OF SELECTIONS
Safe, Affordable Housing	30
Child Care	24
Substance Abuse Assistance	20
Mental Health Services	19
Transportation	19
Job Skills / Employment Training	18

Respondents then ranked the challenges with the following ranked in the top five:

1. *Safe, Affordable Housing (score, 489)*
2. *Child Care (score, 383)*
3. *Substance Abuse Assistance (score, 315)*
4. *Mental Health Services (score, 308)*
5. *Transportation (score, 305)*

### Partnering to Better Address Issues in the Future

Respondents answered an opened ended question about what community partners and collaborators can do to better address these issues in the future. The following text analysis reflects the nature of the responses.



### Service Reductions

Respondents were asked if they had eliminated any services in the past year. The large majority (84%) had not. Those who said they had eliminated services provided the following details.

- Funds that go towards community wellness.
- Downsized Prevention Education Program due to lack of funding
- Nursery School
- SNAP Outreach
- Sr. Center hours
- We have reduced, but not eliminated, what we offer for Medicaid transportation services.
- We no longer keep donated clothing in our office
- lost an aging services worker
- nursery school program

### Impending Funding Cuts

Respondents were asked if they were aware of any impending funding cuts that would impact their services. The large majority (82%) were not. Those who said they were aware of impending cuts provided the following details.

#### ***Nature of Funding Cut***

- Effective 2019, \$7K was cut from our program.
- Mobility Management
- OMH delay of guidance and payment of mobile crisis
- Others would be in a better position to address this
- Reduced funding for prevention programs and possible elimination of mobility management services
- Rural Health Network cuts. Have to cut outreach services.
- Uncertainty about the continuing availability of SNAP benefits, food coupons at farmer's markets, CSA's and farm stands.
- Value Based Payments are looming for all Medicaid services providers.
- We are not receiving many monetary contributions for our services, to assist more low income seniors.
- Youth program funding
- budget \$

#### ***Impact on Services***

- Chronic disease prevention services.
- Hopefully better monitoring of quality and thus better outcomes but some service providers may not survive in the VBP world.
- Less services available
- Lower income bus riders.
- Others would be in a better position to address this
- Our farmer's market strives to provide fresh healthy food to all economic income levels, seniors, WIC, etc.
- We will have to fundraise for needed services.
- Youth programming in the county will be impacted.
- Continuing education
- Delay in roll out of 24 hour mobile crisis response. Many other agencies are having to cut programs or continue to do more with less- which leads to burnout.
- Less assistance w/ needs

### Opportunities for Partnership

Respondents had the opportunity to specify programs that might benefit from partnering with CAPCO. They provided the following responses, along with contact information for initiating a conversation about partnership.

- All agencies could benefit from working together
- CAPCO could provide more in-services for staff at my agency.
- Certified childcare services.
- Connect Seniors w/ other ages to promote knowledge/experience/what happens to everyone if they are lucky enough to make it to this time - maybe during school w/ projects every year/grade till graduation . . . just a thought :)
- Connecting our Educator to the CAPCO clients to make sure they consistently are reminded of our services.
- Cortland Area Communities That Care
- Enhance opportunities for youths and adults to have contact with small and large scale agricultural enterprises. Encourage schools to offer more food growing, cooking classes so that youths have a better appreciation of healthy, fresh food and where it comes from. Youths who grow up in farming enterprises should be encouraged to value and share their experiences to encourage them to continue their agricultural education and stay in farming life, if they desire. Businesses that use local agricultural products should be encouraged to create jobs in our area (e.g. Byrne Dairy yogurt factory).
- First Transit
- First Transit needs all the help they can get in order to offer more reliable transportation with a wider catchment area.
- Happy to be working with you on the ACEs project!
- I don't know.
- I think sitting down to better understand CAPCO's full service offering and vice versa would be worthwhile. New programs have been added to both agencies.
- I would like to learn more about the services provided by CAPCO. I believe that The Center could be a great resource to CAPCO staff who may work with LGBTQ individuals. We are happy to provide education or help in any way that we can.
- It may be beneficial to have someone speak to our staff about what CAPCO has to offer to our clients.
- Mental health counseling
- More mutually beneficial family visits - with SUNY Cortland folks as well as Head Start folks
- N/A
- Na
- No

### *Population Demographics*

The average age of children in the Head Start program has gone down very slightly from 3.57 in 2014-15 to 3.56 in 2017-18. In Early Head Start, the average age between 2014-15 and 2017-18 has risen very slightly from 1.28 to 1.36.

During the same period, Head Start has seen a slight decline in racial diversity. In 2014-15, 11.3% of enrollees identified as non-white. In 2017-18, 11.1% of enrollees identified as non-white. In Early Head Start, enrollees identifying as non-white has jumped 7.3 points from 12.2% to 19.5% over the same period. In the general population, 5.8% of the population identify as a race other than white.

**Compared with the general population, higher rates of children in Head Start and Early Head Start identify as a race other than white.**

### *Education*

The rate of Head Start parents with less than high school as their highest education achieved was higher last year at 11.9% than the 8.7% rate in 2014-15 and is higher than the 9.6% rate in the county's general population of adults older than age 25. At the same time the rate of Head Start parents who have achieved a bachelor's degree or higher is much higher at 38.6% last year than the 11.2% rate in 2014-15 and higher than the rate of 24.8% in the general Cortland County population.

In the Early Head Start program, the rate of families whose highest level of education is less than high school graduation or equivalent has jumped from 7.9% in 2014-15 to 18.6% in 2017-18. In the general population, 9.6% of residents over age 25 have less than a high school diploma as their highest level of education. At the same time, the rate of Early Head Start families with the highest level of educational attainment as a baccalaureate or advanced degree has jumped considerably over the same period from 5.3% to 38.6%, compared with a 24.8% rate in the general population.

**A growing number of families with baccalaureate or advanced degrees are eligible for Head Start and Early Head Start.**

### *Employment, Income, Poverty*

**Parents in the Head Start program experience unemployment at higher rates than their peers in the general population.** Among individual parents of Head Start and Early Head Start enrollees in 2017-18, the rate of unemployment was 31.4%, compared with an August 2018 county-wide unemployment rate of 4.4%.

At the same time, with nearly 69% of parents working (an average of 34.1 hours per week among survey respondents), 66% of Head Start and 87% of Early Head Start enrollees qualify for the program with incomes below 100% of the Federal Poverty Level. In the general population, the rate of poverty among children under age 5 is 24.1%. **Despite working, parents with children in Head Start live in poverty. Children enrolled in Head Start experience poverty at far more than double the rate of their peers in the general population.** An additional 6.5% of children were eligible for Head Start and 7% were eligible for Early Head Start based on receipt of TANF, a program for which general eligibility is 185% of the Federal Poverty Level. Therefore, 78.3% of enrollees are living in poverty or on very low incomes, despite their parents having employment.

In 2017-18, 6.7% of families in the Head Start program received Supplemental Security Income (SSI) as a source of income, compared with 5.8% in 2014-15, a slight drop. In the general population, 6.1% receive SSI.

## ***Health, Disability and Nutrition***

### Physical Health

By the end of the program year in 2014-15 and in 2017-18, large majorities of in Head Start and Early Head Start had health insurance. The same was true for the percentages with a medical home and, in 2017-18, 100% of children in both programs had a medical home. In 2014-15, ?% of Head Start and 100% of Early Head Start enrollees were up-to-date on immunizations or met guidelines for exemptions. That year, 100% of Head Start and 70.2% of Early Head Start enrollees were up to date on the schedule of age-appropriate primary and preventive health care. In 2017-18, 100% of children were up to date on immunizations but only 46.1% of Head Start enrollees and 72.2% of Early Head Start enrollees were up to date on the schedule of age-appropriate primary and preventive care. **Some children in HS/EHS are not accessing preventive care despite being documented as having ongoing source of continuous, accessible health care.**

A small number of children in CAPCO Head Start and Early Head Start were diagnosed with a chronic condition between PIR reporting periods. A higher number, but still a small percentage of children, were receiving treatment in the two comparison years for chronic conditions. In 2014-15, the condition for which the most Head Start children (7) needed treatment was asthma. In 2017-18, **hearing problems was the most commonly treated condition among Head Start children (14), followed by asthma (8)**. In 2013-14, the condition for which the most Early Head Start children (6) needed treatment was asthma. In 2017-18, three Early Head Start children were treated for **hearing difficulties, vision problems and high lead levels**.

### Oral Health

Compared with 2014-15, a smaller share of Head Start enrollees had a dental home at the end of last program year (83.9% versus 89.1%). Despite this access on 34.6% completed a professional dental examination in 2017-18 and 52.9% did so in 2014-15. In 2017-18, 11.5% of enrollees were diagnosed as needing treatment and 52.0% of those got it. By comparison, in 2014-15, 16.7% of enrollees were diagnosed as needing treatment and 27.0% of those got it. Cortland Counts has identified two oral health indicators as needing a closer look. These include, "Residents served by community water systems with optimally fluoridated water," and "Dental visits in past year." **Despite access to dental care, children in Cortland County's general population and in CAPCO Head Start programs may not be getting sufficient preventive oral health services.**

### Mental/Behavioral Health

Within Head Start, 3.7% of 2017-18 enrollees were the subject of three or more consultations between parents and the mental health consultant, down from 7.7% of enrollees in 2014-15. The share of enrollees referred outside the program for mental health services was less than one percent in both years. No children in Early Head Start met these conditions in either year.

Data on the prevalence of mental health conditions among children in the general population is not widely available. Cortland Counts does include the county's suicide rate on its list of indicators for a closer look. Access to mental health services in the county compares favorably to the state rate, with 263.1 providers in per 100,000 residents in Cortland compared with 238.1 providers per 100,000 residents statewide.

### Disability

**Compared with school students in the county and across the state, children enrolled in CAPCO Head Start and Early Head Start experience disability at higher rates. And, rates of disability in the Early Head Start program are on the rise.** While 26.3% of CAPCO Head Start 2017-18 enrollees had an Individualized Education Plan and 13.9% of Early Head Start enrollees had an IFSP, 13.6% of students in school districts in

the service area were counted as students with disabilities. The statewide public school rate of students with disabilities is 17%. The 26.3% of Head Start enrollees with an IEP compares with the 2014-15 Head Start rate of 27.1%, so the rate is down in the Head Start program. However, the 13.9% rate of EHS students with an IFSP is up from **zero** in 2014-15.

### Nutrition

Compared with a sample of elementary school students in the county, CAPCO Head Start enrollees experience overweight and obesity at lower rates. In the county, 36.8% of a sample of elementary students were overweight or obese, compared with 32.7% of 2017-18 Head Start enrollees and 32.1% of 2014-15 enrollees. CAPCO Head Start children do experience obesity at higher rates (18.9% in 2017-18) compared with children in WIC who are obese (13.5%). Within the program, the rate of overweight and obesity has gone up only very slightly since 2014-15 by less than one point. The rate of underweight in the program has gone down from 4.5% to 1.8%. **Rates of overweight and obesity among CAPCO Head Start enrollees are lower than rates among peers in elementary schools in the service area. Rates of obesity are higher in CAPCO Head Start than rates reported among a sample of children in the county's WIC program.**

Children in the Head Start program experience food insecurity at much higher rates than all children in the county. For example, 23.4% of children under age 18 in the county receive SNAP. By comparison, 48.6% of families with children in Head Start and 64.3% of families with children in Early Head Start receive SNAP. Of concern is that fewer families accessed WIC and SNAP in 2017-18 than in 2014-13, by 17.7 and 14.5 points, respectively, among Head Start families, and by 10 and 6.8 points among Early Head Start families. **Despite high rates of food insecurity, children in CAPCO Head Start are accessing assistance at declining rates.**

### *Social Services*

#### Family well-being

In the general population, 3.6 per 1,000 children were in foster care last year compared with 18.4 per 1,000 children in CAPCO Head Start and 36.6 per thousand in CAPCO Early Head Start. Within CAPCO Head Start & Early Head Start, 54.3% of families are headed by one parent while 45.7% are headed by two parents. In the general population, among households with children under age 18, 63.5% are headed by a married couple, while 36.5% are headed by a single householder with no spouse present. Despite these unfavorable indicators on measures of family well-being, families in Head Start and Early Head Start use child abuse and neglect, domestic violence, parenting education, and relationship/marriage education at very low rates.

#### Housing/Homelessness

Among school children in school districts served by CAPCO Head Start, 1.6% were identified as homeless during the 2016-17 school year. Nearly three percent children in Head Start (6 children) were homeless during the 2017-18 program year, while the same number of children were homeless during the 2014-15 program year. In 2017-18, the six children found housing during the year. In 2014-15, five of the six children found housing. In Early Head Start, just one child in both 2014-15 and 2017-18 experienced homelessness, which is a lower rate than school students in the service area. **Compared with the 2014-15 program year, children in Head Start last year experienced homelessness at a slightly higher rate. Children in Head Start experienced homelessness at higher rates than children in school districts served by CAPCO Head Start.**

#### Transportation

School Districts, in collaboration with Head Start, transported 56 children to school buildings in the 2017-2018 program year. The Early Head Start program did not provide transportation.

#### Crime

Three Head Start families (1.4%) and no Early Head Start Families used assistance to families of incarcerated individuals during the 2017-18 program year.

## Findings On the Causes & Conditions of Poverty, and Recommendations

The Matrix of Perceived and Observed Conditions at Appendix I of this report summarizes the issues emerging as concerning in the CAPCO service area. Any issue where observed **and** perceived evidence suggests cause for concern warrants a finding.

### Finding 1: Restricted access to safe, affordable housing and transportation are concerns expressed by program customers and community members, and conditions that cause instability in the lives of people living in poverty.

Community stakeholders consistently ranked safe, affordable housing as the most pressing need in the community, the number one service for which capacity is insufficient to meet demand, and the number one challenge facing low-income residents of the county. CAPCO Head Start customers gave the community failing grades on cost of living and, in focus groups, discuss cost of living almost exclusively in terms of housing costs. What's more, focus group participants say they want more stability in their lives, and they describe stability prominently in terms of housing, referencing the hope of a life free from worry about having to move or being told to leave by a landlord. Respondents to the community survey (82% of whom classify themselves as CAPCO program customers) rank safe, affordable housing as the number six top need in their household when selecting from a list of 20 choices, and 44% of these respondents say they have fallen behind on rent or mortgage payments in the past 12 months. With respect to housing quality, of those completing the community survey, 33% indicate their home needs minor repairs and 18.5% said their home needs major repairs with an additional 18.5% saying the home needs weatherization measures. Among reasons for not buying a home, the choices receiving the most selections include: "I do not have good credit," (18 selections), "I cannot afford a down payment," (12 selections) and "I cannot afford monthly payments," (11 selections.) In addition, 26% of survey respondents (7 individuals out of 27 responding) indicate they are at risk of becoming homeless, with 3 of these attributing the risk is attributed to unemployment and/or mental health issues, 2 attributing it to inability to afford costs and/or medical health or disability issues and 1 attributing it to separation from a spouse. On a separate question, 3 respondents said they were threatened with eviction, 2 said they were evicted, 2 said they were homeless and 2 said they have a condemned house. (Respondents could select more than one answer.)

Community and program data bears out the perception that access to safe, affordable housing is an area of concern. There has been a 21 percent increase in student homelessness in the past five years in the school districts serving the county and children in Head Start experience homelessness at even higher rates. Furthermore, 40% of renters in the county are cost-burdened by paying more than 30 percent of their income for housing. It wasn't mentioned in the focus groups or in the surveys, but Cortland's Consolidated Housing Plan verifies that the housing needs in the City of Cortland for some 3,000-4,500 students of SUNY Cortland affect the overall housing market in the area.

In the community survey, respondents ranked transportation as the number two top need in their household when selecting from a list of 20 choices. In addition, the majority of respondents (57.7%) say that walking is their primary mode of transportation, and the same share say that transportation has been a problem for them in the past year. Respondents selected from among a list presenting the nature of transportation problems, with "inability to afford gas," being the most frequently selected (10) closely followed by "inability to afford car repairs," (9), and, "No access to a car" (8). Focus group participants noted that public transportation options in the community are insufficient and this affects access to education and services for residents. Nearly 17% of community survey respondents cited transportation problems as a reason that someone in their household does not work.



### Recommendations for Finding 1:

- Improve human service system coordination to reduce the stress of housing instability for CAPCO customers:
  - *Establishing a partnership between CAPCO Energy Programs and Cortland Housing Assistance Council to streamline access to services that will improve the conditions in which CAPCO customers live.*
  - *Working with Cortland Housing Authority to streamline the housing assistance application process for CAPCO customers.*
  - *Provide CAPCO customers with referrals to legal aid programs that assist tenants.*
  - *Participate on the Cortland County Housing Consortium that develops and advances the Consolidated Housing Plan for the county.*
  - *Exploring partnerships that expand the capacity of Family Development’s Emergency Assistance program to more assist customers with transportation barriers.*

### Finding 2: The supply of child care and early education services for children under age 3 in the county is entirely insufficient, severely limiting the opportunity to support the healthy development of young children living in families with low incomes.

Community stakeholders consistently rated child care in the top five most pressing needs, services with demand exceeding capacity, and challenges facing people with low incomes. The capacity in Early Head Start to serve the estimated number of children eligible falls short by 270 slots. Meanwhile, there is a shortage of more than 900 regulated child care slots to serve the estimated number of children under age three with two parents working. And, the amount of child care subsidy funding allocated to the county is able to serve just one-third of a (conservative) estimate of the number of children eligible. These access problems could be the reason that, among Head Start and Early Head Start families answering a survey, it is just as common to use self-arranged and informal child care, or to organize work shifts during school hours, as it is to use formal child care services. It could also be why only a small fraction of HS/EHS families report using child care subsidy, even though the large majority say they know about the service. Respondents to the general community survey (82% of whom have used CAPCO services in the past year) report similar child care experiences. Community survey respondents rank child care as the 5<sup>th</sup> top need in their household in the past year. The most common forms of child care selected were “Head Start / Early Head Start” (8 selections) and “Parent, family friends or neighbors,” (8 selections). While “registered child care or child care center,” was not an available choice on this question, a later question inquired if these child care modalities have ever been used. This question generated 8 “yes” responses and 7 “no” responses. Among fixed choice responses for reasons why registered child care wasn’t used, “I can’t afford it,” was most frequently selected (7 selections), followed by “I had a reliable babysitter,” selected 3 times. Three respondents said they self-pay for child care while three respondents said they use child care subsidy.

### Recommendations for Finding 2:

- *Expand center-based Early Head Start to the extent possible to provide optimal child development services that allow time for parents to work during the school day.*
- *Expand home-based Early Head Start as able to provide child development services that young children with low incomes might not receive in informal child care arrangements.*
- *Expand Healthy Families as able to provide child development services that young children with low incomes might not receive in informal child care arrangements.*
- *Investigate the possibility of implementing Pathways to Kindergarten program developed by Community Action Angels*
- *Partner with the Child Development Council on strategic efforts that aim to expand access to high quality early care and learning services in the county.*

**Finding 3: Substance abuse assistance and mental health services are growing needs and subjects of concern among CAPCO customers and community stakeholders.**

CAPCO customers give the community a failing grade on Substance Abuse Prevention and stakeholders rank Substance Abuse Assistance in the top five most pressing needs, services for which demand exceeds capacity, and greatest challenges facing people with low incomes. Over the report period, there has been a two-point increase in children being referred outside of the Head Start program for mental health services, and the county's suicide rate is marked as an indicator needing a closer look in Seven Valley Health's Cortland Counts needs assessment. The county has worse-than-state rates of opioid overdose hospital discharges, opioid analgesic prescription, smoking, alcohol-related motor vehicle deaths and binge drinking. Drug arrests have gone up over the report period and a number of health conditions associated with smoking and drinking are on the list for a closer look in the Cortland Counts assessment. Focus group participants have noticed crime and drug activity in their neighborhoods, along with binge drinking among college students. Half of Head Start parents responding to a survey report there is a smoker in the household.

**Recommendations for Finding 3:**

- *Facilitate access to mental health and substance abuse services for CAPCO customers*
- *Take steps to become a trauma-informed organization*
- *Incorporate high quality social-emotional learning curricula into existing programming for children and adults (e.g. Conscious Discipline; Devereux Your Journey Together, Strengthening Families Protective Factors Framework)*

**Finding 4: Underemployment is a condition of concern in the county and among CAPCO customers, negatively affecting the conditions in which low income people live**

The county's rate of unemployment is higher than the state and national rates. In addition, families in Head Start programs are unemployed at higher rates than peers in the general population. Still, many families in Head Start programs do have some work, yet the large majority still qualify for the program based on having incomes below 100% of poverty.

Among community survey respondents (82% of whom indicate they have received CAPCO services in the past year,) just half are employed full-time while 25% have part-time work and 25% are not employed. This compares with a county-wide unemployment rate of 4.4%. Respondents selected from fixed choice responses to indicate why non-working household members do not work. The reason for 33.3% of respondents was physical disability, for 20.8% of respondents was caring for children, and for another 20.8% was mental health problems. Respondents had the opportunity to select employment-related services that they need. The most frequently selected response was "help finding a better job," (10 selections) followed closely by, "help finding a job," (9 selections), and "job training/retraining services," (8 selections.)

The consequences of underemployment are documented in the community survey, which shows consequences that respondents have experienced in the past year. For example, 41% of those completing the survey indicated they have borrowed money from friends or family for bills and the same number indicated they have fallen behind on rent or mortgage payments. Some 22% of those completing the survey said they have been pressured by a bill collector, and 18.5% have had their utilities shut off.

Focus group participants describe difficulty aligning jobs, skills and experience, and note that some jobs just don't pay enough. Some people have little choice but to opt out of the workforce, and anecdotes shared by focus group participants illustrate this condition. Job Skills and Training was ranked in the top five most pressing needs facing low income people in the community.

Recommendations for Finding 4:

- *Expand center-based Early Head Start to support more hours of employment among parents of young children who qualify for the program*
- *Explore partnering with BOCES, Cortland Works or other partners to better connect CAPCO customers with career development, job training, and adult education services*

Finding 5: CAPCO customers are likely to draw on their own personal strengths and resilience, social connections and community supports to address challenges in their lives

CAPCO customers answering a survey and those participating in focus groups can easily identify the protective factors of personal resilience, social connections and community supports when thinking about their approach to challenges. They also describe other skills such as interpersonal skills, time management and organization that they use to manage life responsibilities.

Recommendations for Finding 5:

- *Explore options to build customer leadership capabilities and add frameworks for customer-led groups to harness customer strengths in service to the agency mission*

## Resources in the Community to Address Identified Needs

Customer stakeholders provided input on community assets and personal strengths. The following chart summarizes their input:

COMMUNITY ASSETS, PERSONAL SOURCES OF STRENGTH		
	Perceptions of Head Start Customers	Perceptions of Non-customer Stakeholders
Community Assets	<ul style="list-style-type: none"> <li>• Small-town culture and convenience</li> <li>• Parks, Festivals, Activities</li> <li>• Services</li> </ul>	<ul style="list-style-type: none"> <li>• Small town feel</li> <li>• Sense of Community</li> <li>• Services</li> </ul>
Sources of Strength	<ul style="list-style-type: none"> <li>• Social Connections</li> <li>• Concrete Supports)</li> <li>• Resilience</li> </ul>	<ul style="list-style-type: none"> <li>• n/a (question wasn't asked)</li> </ul>

A search of 2-1-1 Cortland produced the following information on programs serving Cortland County by category of need (for top identified needs):

### MENTAL HEALTH

**BOCES, Onondaga-Cortland-Madison - Turning Point with Day Treatment; [ocmboces.org](http://ocmboces.org); 1710 NYS Route 13, Cortland City NY 13045; Phone: 607-758-5240**

K-12 students with mental health diagnosis and requiring moderate to intensive behavioral supports. Academic instruction, based on New York State requirements, includes reading, writing and mathematics geared to students' individual functional levels and grade-appropriate areas such as social studies and science. Art, music and physical education also provided. Qualified students receive services from Franziska Racker Centers, such as therapy, psychiatric services, crisis intervention, family support/therapy and case management.

**Catholic Charities [www.ccocc.org](http://www.ccocc.org); 33-35 Central Ave., Cortland City NY 13045; Phone: (607) 756-5992 X 127**

(1) *Case Management*: Services, such as case management, residential services and emergency assistance, targeted to individuals affected by mental illness and substance abuse, living in poverty, delinquent and at-risk youth. (2) *Residential Services* Safe, appropriate housing for adults with serious mental illness or recovering from substance abuse, addiction or co-occurring disorders. Options range from facilities with 24-hour supervision to independent living with rent subsidies for low-income persons within the target population. Residential options are combined with treatment programs tailored to the individual's level of independence, including recreational, educational and employment opportunities. Residents acquire social and daily living skills to become more self-sufficient, socially integrated and independent. (3) *Wishing Wellness Center* Peer/consumer-driven program supporting individuals with mental health challenges. Peer staff members facilitate access to services, supports and opportunities and help others navigate the community in group and individual settings. Weekly activities includes arts and crafts, group trips and other leisure pursuits. Educational and group support for the community, including these support groups: traumatic brain injury, eating disorders, grief support, employment connection

**CMC- Behavioral Services Unit; 101 Dates Dr, Ithaca NY 14850, Phone: 607-274-4304**

20-bed inpatient adult psychiatric care unit and 6-bed inpatient adolescent program with 24-hour comprehensive psychiatric care and medical and social evaluation during crisis and stabilization. Specialized and general services for people temporarily unable to cope with everyday stresses. Group psychotherapy and cognitive discussion groups in

several formats, plus: daily programming; individualized plans; therapeutic environment; individual care; comprehensive discharge planning

**Collaborative Solutions Network; [collaborativesolutionsnetwork.org](http://collaborativesolutionsnetwork.org); 201 E Green St, Ithaca NY 14850; Phone: 607-274-6302**

Support for youth with mental health challenges through: Whole Child Checkup Initiative: encourages brief mental health screenings as part of regular check ups with primary care doctors for early identification of mental health issues and connect families with appropriate resources; Solutions for Youth and Families Warm Line: helps individuals find appropriate mental resources in the community; Collaborative Care Community Model: "best practices" for youth transitioning to or from hospitals or residential care to decrease setbacks and days missed from school

**Cortland-Chenango Rural Services Counseling; 2704 Lower Cincinnatus Rd, Cincinnatus NY 13040; Phone: 607-863-3828**

Professional counseling for residents of Rural Services's service area, provided by Family Counseling Services of Cortland County. Grant covers counseling for clients without insurance

**Elmcrest Children's Center; [www.elmcrest.org](http://www.elmcrest.org); 960 Salt Springs Rd, Syracuse NY 13224; Phone: 315-446-6250**

Multi-service treatment and education center for children with emotional, behavioral and psychiatric disturbances and children with developmental disabilities and serious medical conditions. Family Support Program serves children in Cortland County 's foster care system who live in foster homes and frequently visit with their families in Elmcrest's Cortland office or other places in the community, decreasing the amount of time needed to safely return children home and prevent their return to foster care.

**Elmira Psychiatric Center; 100 Washington St, Elmira NY 14901; Phone: 607-737-4711**

The Elmira Psychiatric Center provides a wide array of comprehensive psychiatric services including Inpatient care and Community Based Psychiatric Services. Inpatient programs (located in Elmira) consists of a 52 bed Adult Unit and a 12 bed Child/Adolescent Unit. Community-based services comprise the largest component of the treatment spectrum and include Assertive Community Treatment, Clinic Treatment, Community Residences, School-based Day Treatment, Drop-In Centers, Family Care Residences, Intensive Case Management, Mobile Mental Health, and Prepaid Mental Health.

**Family & Children's Services; 127 W State St, Ithaca NY 14850; Phone: 607-273-7494**

(1) Individual, couple, family and group counseling to help people cope with difficulties or life challenges. (2) Geriatric mental health: counseling, medication (evaluation, consultation and management) and referrals for elders and their families; caregiver counseling; caregiver support group; (3) Diagnostic, treatment and consultation services for children 1-17. Individual, group and family therapy; psychiatric evaluation for medication and treatment planning; (4) Private, not-for-profit professional counseling agency for individuals, couples and families with emotional, personal and alcohol or drug-related problems. Also provides mental health services in school-based clinics in Cortland County; (5) Free, voluntary and confidential emotional and behavioral health screening for youth to prevent small problems from getting bigger. Parents fill out a checklist and send it to an agency screener. Screener contacts parents about results and discusses options and resources in the community; (6) Mental Health Clinic Mental health services, including counselors, consulting medical staff and psychiatric nurse practitioners to help clients regain and maintain emotional health.

**Family Counseling Services of Cortland County; [www.fcscortland.org](http://www.fcscortland.org); 165 Main St, Cortland NY 13045, Phone: 607-753-0234**

(1) Private, not-for-profit professional counseling agency for individuals, couples and families with emotional, personal and alcohol or drug-related problems. (2) Mental health services in school-based clinics in Cortland County. (3) Cortland Prevention Resources division offers free alcohol, tobacco and other drug related education, information, referral and community-based prevention services. See "Cortland Prevention Resources" for details. (4) Alcohol & Substance Abuse Evaluation & Treatment: evaluation and treatment options for people in recovery from drug and alcohol abuse, outpatient individual and group counseling, treatment and counseling to children and families of those affected by alcohol or other drugs

### **Family Health Network with Clinics in Cortland, Marathon and Moravia**

Primary Healthcare with behavioral health services

### **Helio Health; 847 James Street, Syracuse NY 13203; Phone: 315-471-0568**

Treatment for substance abuse, mental health and compulsive gambling, including: inpatient detoxification, rehabilitation; residences for individuals who have completed rehabilitation; outpatient substance use disorders, mental health and compulsive gambling clinics.

### **Hillside Children's Center; [www.hillside.com](http://www.hillside.com); 7432 County House Rd, Auburn NY 13021; Phone: 315-258-2100**

Hillside Family of Agencies is family-driven, youth-guided, trauma-informed, and culturally competent. We promise to provide compassionate, comprehensive, innovative and effective services to help families in the communities we serve reach their full potential. We partner with youth, adults and their families to provide individualized health, education and human services through an integrated system of care. Hillside Family of Agencies partners with youth, adults, and families facing some of the toughest challenges they may ever encounter - brought about by trauma, poverty and other factors - and helps them overcome those challenges to build stronger, healthier lives and communities. Hillside delivers solutions, not just services. Our residential treatment, community based, educational and youth development programs are backed by evidence-based practices that help determine true and meaningful impact.

### **Mental Health Association in Cortland County; Cortland NY 13045**

Advocacy services, educational presentations, prevention programs, information and referral resources, collaborating with the Mental Health Stigma Taskforce to combat stigma associated with mental illness, to improve mental health and emotional well-being of Cortland County residents.

### **Mental Health Department, Cortland County; 7 Clayton Ave, Cortland NY 13045; Phone: 607-758-6100**

(1) Helps individuals become more functional in emotional, cognitive, social, educational and/or self-care areas; (2) Programming to improve families' abilities to function as a unit and to prevent out-of-home placement through services such as: respite, parent support and education groups, intensive in-home parenting services, advocacy, information and referral services, crisis intervention, informal supportive counseling and case management, family recreational events; (3) Cortland County Mental Health Clinic - psychiatric and psychosocial evaluation and treatment, clinical therapeutic services including psychotherapy, psychological services, psychopharmacology; (4) Prevention Services for Youth: conducts needs assessments, develops mental health programs for youth, builds and/or strengthens mental health and youth development resources, helps schools/youth-based organizations find funding for programs and develop prevention education, works to reduce stigma associated with mental illness and increase access to mental health services, supports existing preventive efforts in the community

### **National Alliance on Mental Illness, Finger Lakes, 108 North Cayuga Street (by appointment only), Ithaca NY 14851-6544; Phone: 607-273-2462**

Support for families and friends of people diagnosed with major mental illnesses. Educates families and the public on serious mental illness. Advocates for families and their relatives with mental illnesses. Workshops to help family members cope more effectively with relatives with mental illnesses and for families with children and adolescents with mental illnesses. Support groups for family members.

### **Racker - Counseling for School Success; [www.rackercenters.org](http://www.rackercenters.org); 555 S Warren R, Ithaca NY 14850; Phone: 607-257-2353**

Operates day treatment programs, licensed by the State Office of Mental Health, at Tompkins-Seneca-Tioga BOCES and Onondaga-Cortland-Madison BOCES. Individual and group counseling, integrated with BOCES educational programs, for children and direct counseling and support for families from social workers and other mental health professionals.

### **Seven Valleys Health Coalition, Where2Go Health Care Provider Directory; <http://www.sevenvalleyshealth.org/h>; 10 Kennedy Pkwy, Cortland NY 13045; Phone: 607-756-4198**

Comprehensive, searchable (by specialty) online listing of Cortland County health care and mental health providers. Includes doctors, other primary care providers, therapists, counselors, specialists, dentists, and contact information. To access the database, go to: <http://www.sevenvalleyshealth.org/healthcare-provider-directory>

**Solutions for Youth and Families; 213 E Green St, Ithaca NY 14850, Phone: 607-257-1555**

Helps families and professionals work with youth with mental health and behavioral challenges affecting their success in school and community. List of private therapists serving children and youth, <http://dev.collaborativesolutionsnetwork.org/solutions/private-therapists/>. Referral to Solutions for Youth and Families team (SPOA) facilitating interagency/school collaboration, developing more integrated care systems

**Suicide Prevention and Crisis Service; ithacacrisis.org; Phone: 607-272-1616**

24-hour, free, anonymous crisis line with telephone counseling and information and referral for individuals experiencing emotional distress, problems of living and crisis situations: post trauma resources, website has information and resources, community education. Callers from the 607 area code are connected with SPCS's CrisisLine; if unavailable, with next nearest crisis line. Callers outside 607 area code are put in touch with crisis lines serving those area codes.

**Family Counseling Ministry; fcmsite.org; 29 Church St, Cortland NY 13045, Phone: 607-857-0003**

Ecumenical ministry of Susquehanna Association, New York Conference, United Church of Christ: free, unlimited consultation to member church clergy; non-judgmental, affordable counseling and therapy for individuals, couples, families and groups; one free workshop, program or sermon per member church per year on such topics as interpersonal relationships, grief, depression, work-related problems, marriage problems and family issues, e.g., with children or adolescents for those associated with member churches. Therapists may choose to see persons not connected with any member church or religious group.

**Syracuse Vet Center; <http://www.va.gov/directory/guide/f>; 109 Pine Street, Ste 101, Syracuse NY 13210; Phone: 315-478-7127**

Counsels combat veterans who need help readjusting to civilian life and victims of military sexual trauma. If veteran feels this program meets their needs, they can simply call the main number to get services. All veterans must have access to their DD 214.

**Trauma Response Team; Cortland NY 13045; Phone: 607-229-8237**

Helps agencies, organizations, businesses, schools and individuals impacted by sudden traumatic loss, such as suicide or other event, regain a sense of control over their lives and promote individual and community healing. Trained, organized teams from collaborating agencies are on call seven days a week throughout the year. The team's response usually takes place within 24 to 72 hours of the incident in one of these forms: formal interventions: defusings/debriefings; informal interventions: information and referral, education, problem solving, practical assistance; support can be offered in these ways: small groups, one-to-one, over the telephone, electronically or any combination of these. The team DOES NOT provide counseling or other forms of therapy.

**William George Agency; wgaforchildren.org; 380 Freeville Rd, Freeville NY 13068; Phone: 607-844-6460**

(1) Residential treatment of adolescent male sexual offenders.; (2) Institutionalized residential treatment for socially and emotionally handicapped boys ages 12-17 and high-school age girls. On-campus school, recreation and work-experience program. Professional social workers and psychologists provide regular treatment through individual counseling and therapeutic groups.

**EMPLOYMENT / JOB TRAINING**

**Access to Independence; <http://www.aticortland.org/programs> ; 26 North Main Street, Cortland NY 13045; Phone: 607-753-7363**

Employment Services: ATI offers a wide variety of core rehabilitation employment services beyond work readiness to help PWD secure and maintain community-based competitive employment.

**Area Agency on Aging; [www.cortland-co.org/ofa](http://www.cortland-co.org/ofa); 60 Central Ave, Cortland NY 13045**

Workers exchange program; Retired & Senior Volunteer Program;

**Association for Vision Rehabilitation and Employment - Manufacturing and Employment Div**

Employment opportunities for people who are blind or severely visually impaired. In-house manufacturing located in Binghamton; other opportunities based on availability; 10 computer stations equipped with accessible software programs, hardware devices and internet access for clients can try out accessible technology, practice adaptive computer skills, prepare resumes and conduct job searches.

**BOCES Onondaga Cortland Madison Adult Education; [www.ocmboces.org](http://www.ocmboces.org); 1710 NYS Route 13, Cortland NY 13045; Phone: 607-758-5111**

(1) Individual and group career counseling and development. Resource library with career books, files and company information. Job search services such as resume writing and high school diploma programs, plus referrals to other appropriate BOCES programs and agencies; (2) TASC/High School Equivalency; (3) New Vision; New Vision provides an in-depth overview of a chosen professional field by placing the student in an actual work environment outside of school. New Vision successfully integrates English and Social Studies into a meaningful curriculum based on a career interest. Programs: Animal and Environmental Science, Environmental Science, Criminal Justice, Medical Professions

**Catholic Charities Cortland County Job Quest; [www.ccocc.org](http://www.ccocc.org); 33-35 Central Ave, Cortland NY 13045; Phone: 607-756-2610**

Paid work opportunities for adults recovering from mental health problems and wanting to develop new job skills, refresh work habits and prepare for permanent employment.

**Challenge Workforce Solutions; [www.aboutchallenge.org](http://www.aboutchallenge.org); 950 Danby Rd, Suite 179, Ithaca NY 14850; Phone: 607-272-8990 ext 120**

(1) Contract staffing options for large and small businesses; (2) summer youth employment program

**Cornell University, K. Lisa Yang and Hock E. Tan Institute on Employment and Disability; [www.yti.cornell.edu](http://www.yti.cornell.edu); Dolgen Hall, Rm 201, Ithaca NY 14853; Phone: 607-255-7727**

Works with community agencies, businesses, schools, families and other stakeholders to promote inclusion of individuals with disabilities in all facets of life through training and technical assistance on disability management and persons with disabilities in the workplace; individuals and entities affected by the Americans with Disabilities Act; students with disabilities transitioning from secondary education settings to adult living, earning and learning. Workshops, training and consultation available in: pre-employment screening, health benefit plans, workplace accommodations for persons with disabilities, human resource practices

**Cortland County Community Action Program Getting Ahead; [www.capco.org](http://www.capco.org); 32 N Main St., Cortland NY 13045; Phone: 607-753-6781**

Workshops for youth and young adults, ages 17-30, focusing on skills needed for workplace success. Stipend for attendance/participation. Successful completion makes participants eligible for partial tuition assistance to attend technical classes or technical skills programs. Evening GED preparation classes for youth who have dropped out of high school and have little potential for returning to public school

**Cortland Works Career Center; <http://www.cortland-co.org/152/Cort>; 99 Main St, Cortland NY 13045; Phone: 607-756-7585**

(1) Employment support: work experience, school retention, job development and coaching for young people ages 14-21; (2) opportunities for paid on-the-job training; (3) Priority of Service for eligible veterans; veteran labor service counselor (Thursdays and Fridays); (4) career library with job listings and information computer resources and training: Microsoft Office testing and training: Excel, Word, Access, practice and enhance typing skills, software: Winway Resume (complete resume and cover letter program), Choices and Career Zone (career guidance and assessment tools), online classes through Metrix Learning System; (5) Workshops: interviewing skills, resume creation, self-assessment, mature worker, career and other specialized workshops; (6) Career development; (7) Senior Community Service Employment Program

**JM Murray Center, Inc; [www.jmmurray.com](http://www.jmmurray.com); 823 NYS Rte 13, Cortland NY 13045; Phone: 607-756-0246**

(1) Employment Connection; (2) Pre-employment; (3) Supported Employment

**Women's Opportunity Center Displaced Homemaker Program; [www.womensopportunity.org](http://www.womensopportunity.org); 315 N Tioga St, Ithaca NY 14850; Phone: 607-272-1520**

Information and employment help for women who have lost income due to divorce, separation or partner's death or disability. Career counseling and workshops, computer classes and job training, resume preparation, professional clothing, temporary transportation assistance



## CHILD CARE AND EARLY EDUCATION

**Cayuga Medical Center at Ithaca - Teddy Bearracks; 101 Dates Dr, Ithaca NY 14850; Phone: 607-274-4408**

Professional day care, a bed, meals, snacks and nursing care in Cayuga Medical Center's Pediatrics Unit for sick children two months and older.

**Child Development Council; [www.childdevelopmentcouncil.org](http://www.childdevelopmentcouncil.org); 100 Grange Pl., Suite 205; Cortland NY 13045; Phone: 607-753-0106**

Helps parents, child care providers and employers meet child care needs and the needs of Cortland's children through available, affordable and easily accessible care. Maintains database of Cortland-area child care providers. Parents can request referrals by fax, email, online form, telephone or online database at [www.childdevelopmentcouncil.org](http://www.childdevelopmentcouncil.org). Requestors receive a referral packet along with tips on interviewing and selecting a quality program. Offers training in several formats to help regulated child care providers meet the bi-annual, 30 hours of required training. College students studying child care can apply for discounts on textbooks for child care classes. Application deadlines are: first semester, September 15; second semester, February 15; third semester, June 15

**Community Action Program of Cortland County Head Start / Early Head Start; [ww.capco.org/index.php?option=com\\_](http://ww.capco.org/index.php?option=com_); 32 N Main St, Cortland NY 13045; Phone: 607-753-6781**

EARLY HEAD START: Programs for healthy prenatal outcomes, enhanced development of very young children and healthy family functioning for low-income infants, toddlers, pregnant women and their families; home based (pregnant women and infants): weekly visits, access to prenatal health care and breastfeeding education, interaction with other expectant parents; center based: High Scope Infant Toddler curriculum, tailored to family and child's physical, intellectual and social-emotional needs; HEAD START: access to medical and dental care, social and emotional growth, speech and language stimulation, creative arts, social experiences, culturally diverse experiences and concept development for three- to five-year olds. Sites include: Parker Elementary School, 89 Madison St, Cortland, 607-758-4156; 31 Randall St, Cortland, 607-758-4173; Smith Elementary School, 33 Wheeler Ave, Cortland, 607-758-4175; YMCA, 22 Tompkins St, Cortland, 607-756-8450; Homer Elementary School, 9 Park Pl, Homer, 607-749-1250; McGraw Elementary School, 50 West Academy St, McGraw, 607-836-3682

**Lansing Community Drop-in Program; [www.lansingtown.com](http://www.lansingtown.com); 25 Auburn Rd, Lansing NY 14882; Phone: 607-533-8896**

Drop-in child care for preschool children 18 months and older. Suggested donation: \$2 per hour per child with \$5 per day maximum

**Racker Preschool Program; [www.rackercenters.org](http://www.rackercenters.org); 882 State Rte 13, Cortland NY 13045; Phone: 607-753-9375**

Franziska Racker Centers offers Early Childhood services in inclusive classrooms in Tompkins, Tioga and Cortland Counties. Preschool Special Education services are conducted in partnerships with either daycare, head-start or preschool programs to create strong integrated settings. Children with special needs are eligible for services through Early Intervention to age 3 and Preschool Special Education programs through age 5. Social workers are a part of each classroom team and attend weekly meetings to address individual, family and classroom concerns. Families are encouraged to become a participant in the ongoing support of their loved one. Social work provides a consistent resource for families to glean information regarding diagnosis, evaluations, behavior strategies, equipment, medical assistance, special education and more.

**Social Services Department, Cortland County; [www.cortland-co.org/dss/](http://www.cortland-co.org/dss/); 60 Central Ave, Cortland NY 13045; Phone: 607-753-5248**

Income supports including child care fee assistance

### **YMCA of Cortland Child Watch**

Drop-in Care: Supervised activities for young children, emphasizing good manners, cleaning up, helping others, doing puzzles, etc.

**YWCA of Cortland Child Care Programs; [www.cortlandywca.org](http://www.cortlandywca.org); Cortland NY 13045; Phone: (607) 753-9651**

Here We Grow, Drop-In Care, School Age Care, Nursery, Learning Adventure; School-age care and recreation: before- and after- school programs at eight locations in Cortland, Homer and Marathon. Summer care and recreation: summer camps for children ages 5-12; Counselors-In-Training for youth 13-15.; Child Care: Here We Grow: 16 Miller St., across

from Cortland Memorial Hospital, Mon-Fri, year-round, 6:30 am to 5:30 pm. Ages 6 weeks-5 years. Camille Goyette, 315-756-6070; Learning Adventure: 5 Huntington St., Mon-Fri, year-round, 6 am-5:30 pm. Ages 6 weeks-5 years. Jennifer Geibel, 753-6762; Drop-In: 14 Clayton Ave. Mon-Fri, 8:30 am-3 pm. 6 weeks-five years. Tara Larrabee, 753-9651

## **SUBSTANCE ABUSE PREVENTION AND TREATMENT**

**Catholic Charities of Cortland County; [www.ccocc.org](http://www.ccocc.org); 33-35 Central Ave, Cortland NY 13045; Phone: 607-756-5992**

(1) Chemical Dependency Recovery: Treatment and support services in a safe, structured living environment while adjusting to a clean, sober and healthier lifestyle. Supervised community residence, recovery apartment program, permanent supportive housing for people in recovery from alcoholism and substance abuse

**Cayuga Addiction Recovery Services; [www.carsny.org](http://www.carsny.org); 6618 Route 227, Trumansburg NY 14886; Phone: 607-387-6118**

Provides services to individual who are or may be struggling with chemical dependency. (1) Outpatient & Outpatient Rehabilitation: Open-access for assessments, group programming, individual and family counseling, skill building, medication assisted treatment, primary health care (for active clients), Opioid Overdose Prevention and Response Training. (2) Residential Rehabilitation: Group programming, individual and family counseling, medication assisted treatment, educational/vocational services, parenting classes, mental health services, medical services, skill building and development, Opioid Overdose Prevention and Response Training. (3) Day Treatment: Assists and supports more chronically addicted clients with inadequate support systems and substantial deficits in activities of daily living, interpersonal skills, vocational/educational skills and resources and maladaptive social behavior skills hindering recovery efforts;

**Cortland Prevention Resources; [www.cortlandprevention.org](http://www.cortlandprevention.org); 73 Main St, Cortland NY 13045; Phone: 607-756-8970**

(1) Strengthening Families: Program designed for Parents and Youth ages 10-14. Skills-building curriculum to strengthen parenting skills, prevent teen substance abuse, behavior problems and improve family connection. Parents and youth meet separately for the first hour and together for the second hour. Meets one night a week for seven sessions. Dinner provided and childcare for non-participating siblings. Available Fall and Spring.; (2) Teen Intervene: Program designed for youth ages 12 to 19 who are experiencing mild-to-moderate problems associated with alcohol, drug or tobacco use. One-on-one format helps teens develop skills, identify how drugs impact their lives and promote healthy behaviors during two sessions (third session is optional with parents)

**Crouse Hospital; Outpatient Programs; Syracuse NY 13210; Phone: 800-727-6873**

Chemical dependency treatment programs, including detoxification, outpatient rehabilitation, inpatient rehabilitation at Commonwealth Place, Methadone maintenance

**Dick Van Dyke Addiction Treatment Center; <http://www.oasas.ny.gov/>; 1330 County Rte 132, Ovid NY 14521; Phone: 607-869-9500**

30-bed, tobacco-free, residential center operated by the New York State Office of Alcoholism and Substance Abuse Services (OASAS) with comprehensive treatment program to addicts, their families and significant others. Offers separate treatment programs for women and men, designed for the special needs of each gender. Emphasis on using medication-assisted recovery, including Suboxone, prescribed by center's physician.

**Expanded Syringe Access Program; [www.health.ny.gov/diseases/aids/](http://www.health.ny.gov/diseases/aids/); Cortland NY 13045; Phone: 518-402-0707**

Provides persons 18 years or older with hypodermic needles and syringes without a medical prescription. SAP items include: insert explaining proper use, risk of blood-borne diseases, proper disposal, dangers of injected drug use, accessing drug treatment and information about HIV/AIDS. Participating pharmacies in Cortland include: CVS Cortland, L.L.C., 13 Port Watson Street, 607-723-3230; Rite Aid Pharmacy, 170 Port Watson Street, 607-756-7591; 1067 State Route 222, 607-753-3029; Kinney Drugs, Inc., 3656 NYS Route 281, 607-753-9359; 14 Clinton Avenue, 607-250-2522; Tops Pharmacy, 3918 State Route 281, 716-288-9230; Walgreens Pharmacy, 3948 Route 281, 607-756-8489

**Family Counseling Services of Cortland County; [www.fcscortland.org](http://www.fcscortland.org); 165 Main St, Cortland NY 13045, Phone: 607-753-0234**

(1) Private, not-for-profit professional counseling agency for individuals, couples and families with emotional, personal

and alcohol or drug-related problems. (2) Mental health services in school-based clinics in Cortland County. (3) Cortland Prevention Resources division offers free alcohol, tobacco and other drug related education, information, referral and community-based prevention services. See "Cortland Prevention Resources" for details. (4) Alcohol & Substance Abuse Evaluation & Treatment: evaluation and treatment options for people in recovery from drug and alcohol abuse, outpatient individual and group counseling, treatment and counseling to children and families of those affected by alcohol or other drugs

**Helio Health; <https://www.helio.health/about/>; 847 James Street, Syracuse NY 13203; Phone: 315-471-0568**

Treatment for substance abuse, mental health and compulsive gambling, including: inpatient detoxification, rehabilitation, residences for individuals who have completed rehabilitation, outpatient substance use disorders, mental health and compulsive gambling clinics.

**Syracuse Recovery Services of Cortland; 6 Euclid Ave, Cortland NY 13045; Phone: 607-756-4167**

Comprehensive outpatient substance abuse services with individual and group treatment.

**Tully Hill Chemical Dependency Treatment Center; [www.tullyhill.com](http://www.tullyhill.com); 5821 Rte 80, Tully NY 13159; Phone: 315-696-6114**

Operates on belief that chemical dependency is a chronic, progressive and treatable disease. Uses evidence-based treatment approaches inpatient and outpatient programs, including the 12-step philosophy and a bio-psychosocial spiritual treatment model. Medical and nursing care, individual and group counseling, a family program. Specializes in treating professionals and uniformed professionals. Provides all-day family day program every Friday of the month. Provides family conferences throughout treatment stay.

**William George Agency; [wgaforchildren.org](http://wgaforchildren.org); 380 Freeville Road; Freeville NY 13068**

Outpatient program treating chemically-dependent youth: comprehensive assessment, treatment planning, group treatment, individual counseling, education, 12-step support program for recovery, family services

## HOUSING / HOMELESSNESS

**Access to Independence; [www.aticortland.org/](http://www.aticortland.org/); 26 North Main Street, Cortland NY 13045; Phone: 607-753-7363**

The Access to Independence (ATI) Housing Education Program: advocates for affordable, accessible and integrated housing throughout the Central NY region; Quarterly meetings of the Cortland County Housing Consortium; Provide information on fair housing and tenant rights; brings tenants, landlords, service providers and community members together to share: new housing options for people with disabilities, solutions to housing issues, best practices with other stakeholders

**Catholic Charities of Cortland County; 33-35 Central Ave, Cortland NY ; Phone: 607-756-5992**

Shelter Related Assistance: Last resort help with expenses for housing emergencies such as utility shut off, and eviction . Amount depends on severity and other circumstances. Benefits from the Department of Social Services, such as the Home Energy Assistance Program (HEAP), must be exhausted first. Homeless individuals seeking assistance should go to Social Services first; individuals referred by Cortland County Mental Health

**Cortland County Apartment Owners Association; [www.cortlandapartments.com](http://www.cortlandapartments.com); Cortland NY 13045; Phone: 607-423-7978**

Information on apartment rentals with listings of apartment complexes and apartment renting companies

**Cortland Housing Assistance Council; [www.cortlandhousing.org/](http://www.cortlandhousing.org/); 36 Taylor St, Cortland NY 13045; Phone: 607-753-8271**

Monitors and addresses Cortland County housing needs through several programs. (1) Apartment Rentals: Owns and manages affordable units in the City of Cortland with 24-hour emergency maintenance service; (2) First Time Home Buyers Purchase/Rehabilitation Program: Programs for eligible first time home buyers: subsidies to reduce closing costs and to rehabilitate the property after purchase, applicant(s) obtain their own mortgage with a lending institution, housing counseling for eligible applicants, such as pre-purchase and budget counseling. Apartment leases require a security deposit of one month's rent at lease signing. Special arrangements for security deposits can be made in unusual circumstances; (3) Handicapped Ramp Program: Visits site and prepares cost estimate, including labor, materials and building permit cost, if applicable. Prices depend on material used, size and whether temporary or permanent; (4)

Housing Counseling: help finding a home or apartment, advice on handling rent delinquencies, home budget management, energy conservation program information, home improvement and maintenance information, relocation assistance if unfortunate incident results in losing current housing, suggestions on handling difficulties with landlords

**Cortland Housing Authority; 42 Church St, Cortland NY 13045; Phone: 607-753-9364**

Operates 380 units of federally-subsidized public housing in Cortland County. Housing for seniors and individuals with disabilities is located in the City of Cortland; Villages of Homer, McGraw and Marathon, and Towns of Cincinnatus and Truxton. Housing for families is located in the City of Cortland, Villages of Homer and McGraw and Towns of Cincinnatus and Truxton. The Authority has 306 Housing Choice vouchers (Section 8) for Cortland County to help people rent private apartments. With these vouchers, tenants pay a maximum of 40% of their income for rent and utilities. The balance is covered by a federal subsidy.

**Friendship House; 13 Leon Ave, Cortland NY 13045; Phone: 607-756-6636**

Subsidized rental apartments for older adults and people with disabilities.

**Housing Visions; 20 Groton Ave, Cortland NY 13045; Phone: 607-299-4199**

Affordable, well maintained, high quality apartments with one to four-bedroom units. Section 8 participants welcome.

**My Brother's Keeper Sleeping Bag Group; 2 North St, Dryden NY 13059; Phone: 607-708-8077**

Ecumenical organization of members who make sleeping bags from donated materials for the homeless. Sleeping bags donated to Cortland and Syracuse Rescue Missions, Red Cross, local churches, Kitchen Cupboard and individuals when the need is known.

**Social Services Department of Cortland County; [www.cortland-co.org/dss/](http://www.cortland-co.org/dss/); 60 Central Ave, Cortland City NY 13045 ; Phone: 607-753-5248**

Income support including homeless assistance.

**The Arc of Madison Cortland; [www.madisoncortlandarc.org](http://www.madisoncortlandarc.org); 16 Crawford St, Cortland -1 13045, Phone: 607-756-2015**

Operates homes and supportive apartments in Madison and Cortland Counties to give individuals safe, clean homes with nutritious meals, opportunities to develop independent living skills and enjoy recreational activities.

*Appendix I: Matrix of Perceived and Observed Conditions*

**CAPCO Head Start 2018 Community Assessment: Matrix of Observed and Perceived Conditions**

<b>EDUCATION</b>				
	<b>Observed as Worse Than State Rate or Growing Problem in General Population</b>	<b>Observed as Worse than General Population or Growing Problem in HS/EHS Population</b>	<b>Perceived as a problem by Customer Population</b>	<b>Perceived as a problem by Community Stakeholders</b>
<b>Attainment</b>	<ul style="list-style-type: none"> <li>• lower Bachelor's or higher</li> <li>• Achievement gap &gt;22 points between economically disadvantaged and not disadvantaged</li> </ul>	<ul style="list-style-type: none"> <li>• Higher than GP without HS diploma</li> </ul>		
<b>Early Care &amp; Ed</b>	<ul style="list-style-type: none"> <li>• Shortage of regulated child care for estimated demand in infant-toddler age group</li> <li>• Subsidy serves only one-third of estimated eligible</li> <li>• Early Head Start capacity is grossly insufficient to serve eligible infants &amp; toddlers</li> </ul>	<ul style="list-style-type: none"> <li>• Very few parents surveyed use child care subsidy, despite knowing about it</li> </ul>	<ul style="list-style-type: none"> <li>• Common use of self-arranged care and relying on school / Head Start for child care</li> </ul>	<ul style="list-style-type: none"> <li>• Child Care is placed in the top 5 on most pressing need, demand without sufficient capacity, and greatest challenge facing low-income families</li> </ul>

<b>EMPLOYMENT, INCOME &amp; POVERTY</b>				
	<b>Observed as Worse Than State Rate or Growing Problem in General Population</b>	<b>Observed as Worse than General Population or Growing Problem in HS/EHS Population</b>	<b>Perceived as a problem by Customer Population</b>	<b>Perceived as a problem by Community Stakeholders</b>
<b>Employment</b>	<ul style="list-style-type: none"> <li>Higher than state and national unemployment</li> </ul>	<ul style="list-style-type: none"> <li>31.4% unemployed, compared with 4.4% in GP</li> <li></li> </ul>	<ul style="list-style-type: none"> <li>Jobs cited in focus groups as an area of improvement for the community</li> </ul>	<ul style="list-style-type: none"> <li>Job Skills/Training is placed in the top 5 on most pressing need</li> </ul>
<b>Income</b>	<ul style="list-style-type: none"> <li>4<sup>th</sup> (lowest) quartile among NYS counties in average weekly wages</li> <li>Median income lower than state &amp; national</li> </ul>	<ul style="list-style-type: none"> <li>Children qualify for Head Start despite 69% of parents working</li> </ul>	<ul style="list-style-type: none"> <li>HS parents give cost of living a failing grade</li> <li>Money cited in focus group as a something people want more of and that brings freedom / reduces stress</li> </ul>	
<b>Poverty</b>	<ul style="list-style-type: none"> <li>Nearly half of single moms of young children live in poverty</li> </ul>	<ul style="list-style-type: none"> <li>66% HS / 87% EHS qualify with HH income below 100% FPL; a handful more as TANF</li> </ul>	<ul style="list-style-type: none"> <li>Stigma of not having the same clothes etc due to money leads to bullying (focus group perspective)</li> </ul>	

<b>HEALTH, NUTRITION &amp; DISABILITY</b>				
	<b>Observed as Worse Than State Rate or Growing Problem in General Population</b>	<b>Observed as Worse than General Population or Growing Problem in HS/EHS Population</b>	<b>Perceived as a problem by Customer Population</b>	<b>Perceived as a problem by Community Stakeholders</b>
<b>Access &amp; Conditions</b>	<ul style="list-style-type: none"> <li>• Access to primary professionals</li> <li>• Conditions to watch include: lung &amp; bronchus, breast, and colorectal cancer; chlamydia; diseases of heart; malignant neoplasm; stroke, chronic lower respiratory</li> <li>• Water fluoridation and dental visits cited as indicators to watch</li> </ul>	<ul style="list-style-type: none"> <li>• Despite most enrollees having a dental home, only 35% completed a professional dental exam</li> </ul>		
<b>Weight</b>	<ul style="list-style-type: none"> <li>• Rates of obesity and overweight, all ages, indicators to watch and higher than state</li> </ul>	<ul style="list-style-type: none"> <li>• Higher rates of obesity than WIC children</li> <li>• While rate of overweight &amp; obesity remained the same in HS, the rate of obesity grew more than 5 points</li> </ul>	<ul style="list-style-type: none"> <li>• O&amp;O rated 7<sup>th</sup> (middle of rankings) among conditions affecting families</li> <li>• Cost of healthy food and fitness programs cited as a barrier to healthier habits by focus group participants</li> <li>• Survey respondents cite time, money and motivation as barriers to healthier lifestyles</li> </ul>	<ul style="list-style-type: none"> <li>• <i>(Survey asked about "food assistance" but not obesity or healthy weight.)</i></li> </ul>
<b>Food Security</b>		<ul style="list-style-type: none"> <li>• Children in Head Start receive SNAP at much higher rate of children in the general population</li> </ul>	<ul style="list-style-type: none"> <li>• Cost of living cited as a major problem in focus groups; community given failing grade on cost of living</li> </ul>	
<b>Disability</b>	<ul style="list-style-type: none"> <li>• Higher than state % of people with disability, any age</li> <li>• Children served in EIP up 28% over report period</li> </ul>	<ul style="list-style-type: none"> <li>• Children in HS experience disability at higher rates than school students in the service area (26.3% HS with IEP and 13.9% EHS with IFSP vs. 13.6% in districts served)</li> <li>• Rate up from zero to 13.9% in EHS</li> </ul>	<ul style="list-style-type: none"> <li>• Disability reported as a challenge on open-ended survey questions</li> <li>• Autism in top 5 conditions facing families</li> </ul>	<ul style="list-style-type: none"> <li>• <i>(Disability services was not a choice among needs presented in stakeholder survey)</i></li> </ul>

<b>MENTAL HEALTH &amp; SUBSTANCE ABUSE</b>				
	<b>Observed as Worse Than State Rate or Growing Problem in General Population</b>	<b>Observed as Worse than General Population or Growing Problem in HS/EHS Population</b>	<b>Perceived as a problem by Customer Population</b>	<b>Perceived as a problem by Community Stakeholders</b>
<b>Mental Health</b>	<ul style="list-style-type: none"> <li>• Suicide rate is an indicator to watch by Cortland Counts</li> </ul>	<ul style="list-style-type: none"> <li>• Two-point increase in rate of HS children referred outside the program for mental health services</li> </ul>	<ul style="list-style-type: none"> <li>• Parents rank in top 2 conditions affecting families most: anxiety and social-emotional/self-regulation</li> <li>• FG participants discuss need for stability</li> <li>• Survey respondents cite coping and mental health as challenges on open-ended questions</li> </ul>	<ul style="list-style-type: none"> <li>• MH ranks in top 5 demands with insufficient capacity and challenges facing low income people, is a close 6<sup>th</sup> on most pressing needs.</li> </ul>
<b>Substance Abuse</b>	<ul style="list-style-type: none"> <li>• Opioid overdose discharges</li> <li>• Opioid analgesic prescription</li> <li>• Drug arrests</li> <li>• Smoking</li> <li>• Alcohol-related motor vehicle deaths</li> <li>• Binge drinking</li> <li>• Health conditions linked to smoking are listed as indicators to watch by Cortland Counts</li> </ul>	<ul style="list-style-type: none"> <li>• Half of responding households have a smoker</li> </ul>	<ul style="list-style-type: none"> <li>• Parents give the community failing grades on substance abuse prevention</li> <li>• Parents discuss substance abuse as a factor in crime problems in parts of the county and want less of college students' drinking in their neighborhoods* (small focus group; one person)</li> </ul>	<ul style="list-style-type: none"> <li>• Substance Abuse Assistance ranked top 5 most pressing need, demand without sufficient capacity, challenge facing low income people, by all audiences.</li> </ul>



<b>SOCIAL SERVICES</b>				
	<b>Observed as Worse Than State Rate or Growing Problem in General Population</b>	<b>Observed as Worse than General Population or Growing Problem in HS/EHS Population</b>	<b>Perceived as a problem by Customer Population</b>	<b>Perceived as a problem by Community Stakeholders</b>
<b>Family Well-being</b>	<ul style="list-style-type: none"> <li>Indicated reports of abuse &amp; neglect</li> <li>Foster care admissions, in care</li> <li>One person every two days experiences family violence</li> </ul>	<ul style="list-style-type: none"> <li>Much higher rates of children in foster care</li> </ul>	<ul style="list-style-type: none"> <li>Customers rank DV as the 5<sup>th</sup> condition affecting people the most</li> </ul>	<ul style="list-style-type: none"> <li>Parenting Education ranks in the high-middle on pressing needs</li> </ul>
<b>Housing/Homelessness</b>	<ul style="list-style-type: none"> <li>21% increase in student homelessness</li> <li>40% of renters are cost-burdened</li> </ul>	<ul style="list-style-type: none"> <li>Higher rates of homelessness among children in HS compared with children in school districts served</li> </ul>	<ul style="list-style-type: none"> <li>Housing options received fairly low grades</li> <li>FG participants describe housing cost as a big problem and use it as the main example of high cost of living</li> </ul>	<ul style="list-style-type: none"> <li>Housing ranked top 5 most pressing need, demand without sufficient capacity, challenge facing low income people, by all audiences.</li> </ul>
<b>Transportation</b>	<ul style="list-style-type: none"> <li></li> </ul>	<ul style="list-style-type: none"> <li></li> </ul>	<ul style="list-style-type: none"> <li>Transportation systems receive mixed grades on survey</li> <li>Focus group participants note that transportation systems are insufficient, limiting access to education and job opportunities</li> <li>Community survey respondents report problems with access to transportation</li> </ul>	<ul style="list-style-type: none"> <li>Transportation ranked top 5 most pressing need, demand without sufficient capacity, challenge facing low income people, by all audiences.</li> </ul>
<b>Crime</b>	<ul style="list-style-type: none"> <li></li> </ul>	<ul style="list-style-type: none"> <li></li> </ul>	<ul style="list-style-type: none"> <li>Perception expressed in focus group that substance abuse leads to crime</li> </ul>	<ul style="list-style-type: none"> <li></li> </ul>

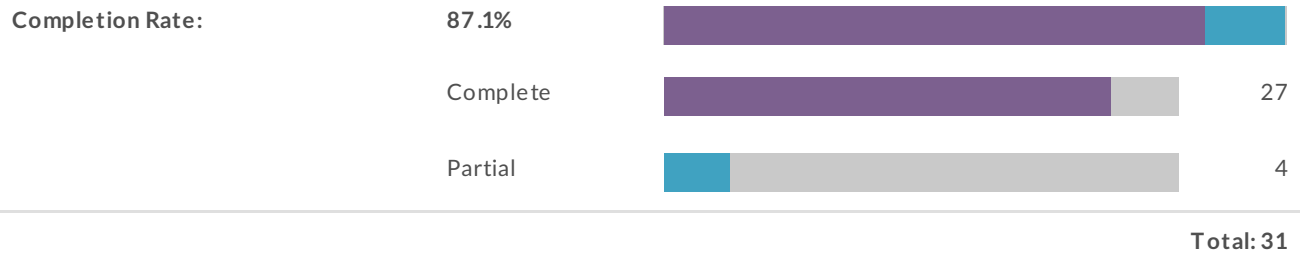
<b>COMMUNITY ASSETS, PERSONAL SOURCES OF STRENGTH</b>		
	<b>Perceptions of Head Start Customers</b>	<b>Perceptions of Non-customer Stakeholders</b>
<b>Community Assets</b>	<ul style="list-style-type: none"> <li>• Small-town culture and convenience</li> <li>• Parks, Festivals, Activities</li> <li>• Services</li> </ul>	<ul style="list-style-type: none"> <li>• Small town feel</li> <li>• Sense of Community</li> <li>• Services</li> </ul>
<b>Sources of Strength</b>	<ul style="list-style-type: none"> <li>• Social Connections</li> <li>• Concrete Supports)</li> <li>• Resilience</li> </ul>	<ul style="list-style-type: none"> <li>• n/a (question wasn't asked)</li> </ul>

***Appendix II: Community Survey Report***  
 (See following pages)

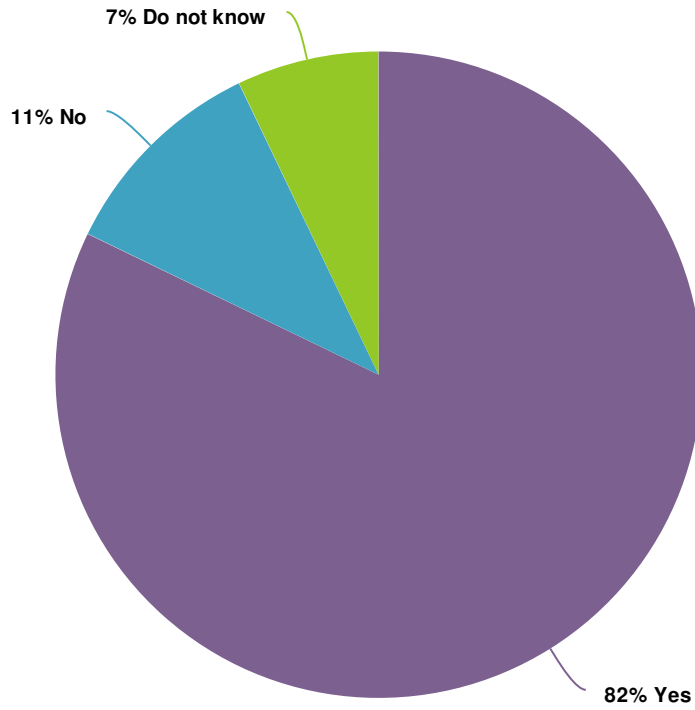


# Cortland County Community Action Program, Inc. 2018-19

## Response Counts

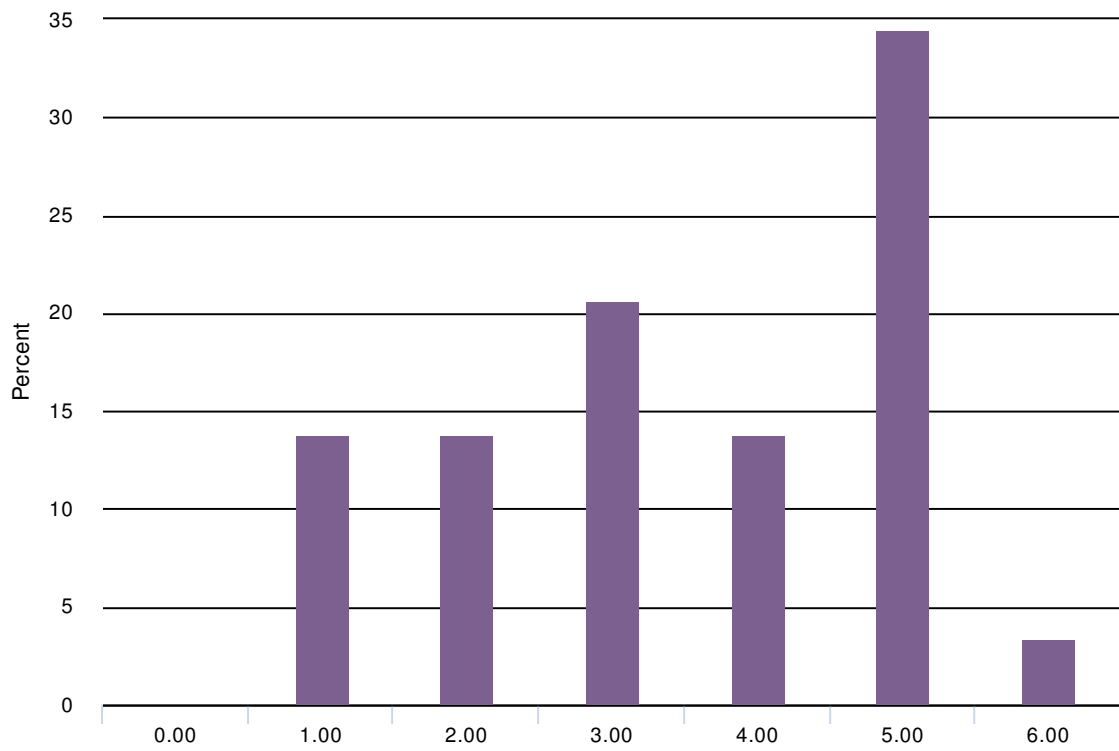


1. Are you receiving services or have you received services from our agency or its programs in the past 12 months?

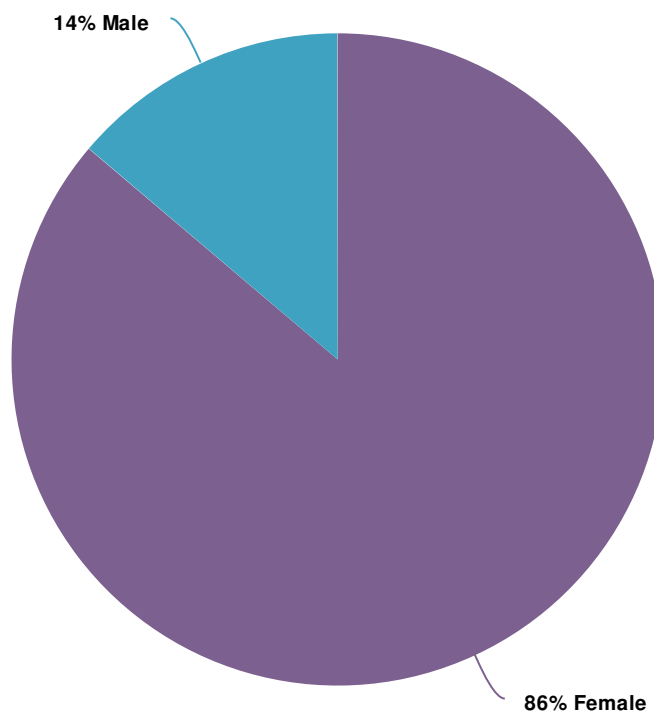


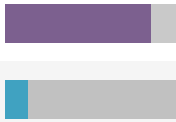
Value	Percent	Responses
Yes	82.1%	23
No	10.7%	3
Do not know	7.1%	2
		<b>Total: 28</b>

2. How many people live in your household?



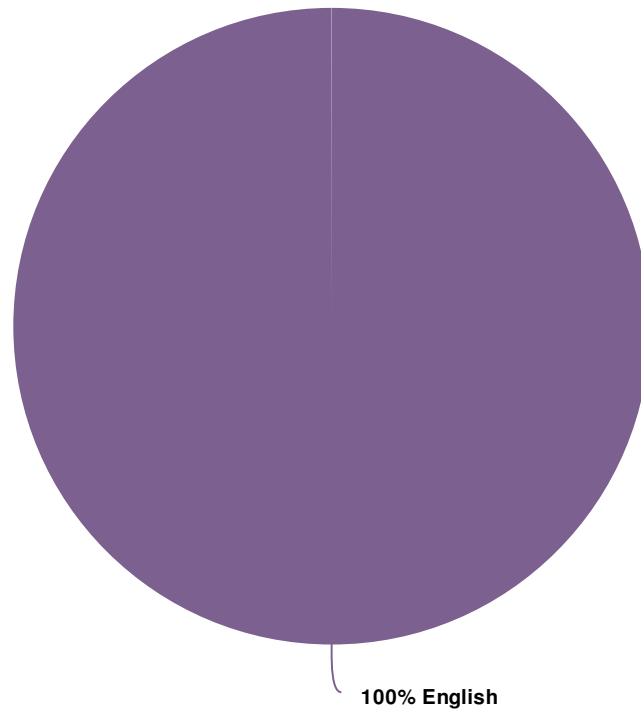
3. What is your sex?




Value		Percent	Responses
Female		86.2%	25
Male		13.8%	4

Total: 29

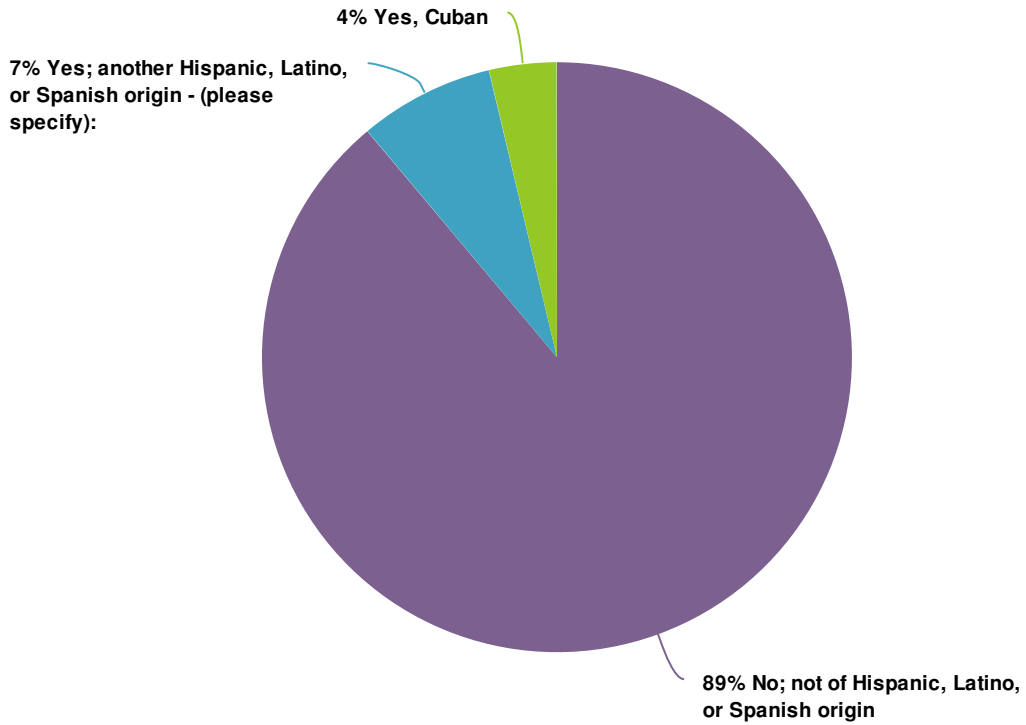
4. What is the primary language spoken in your household?



Value		Percent	Responses
English		100.0%	29

Total: 29

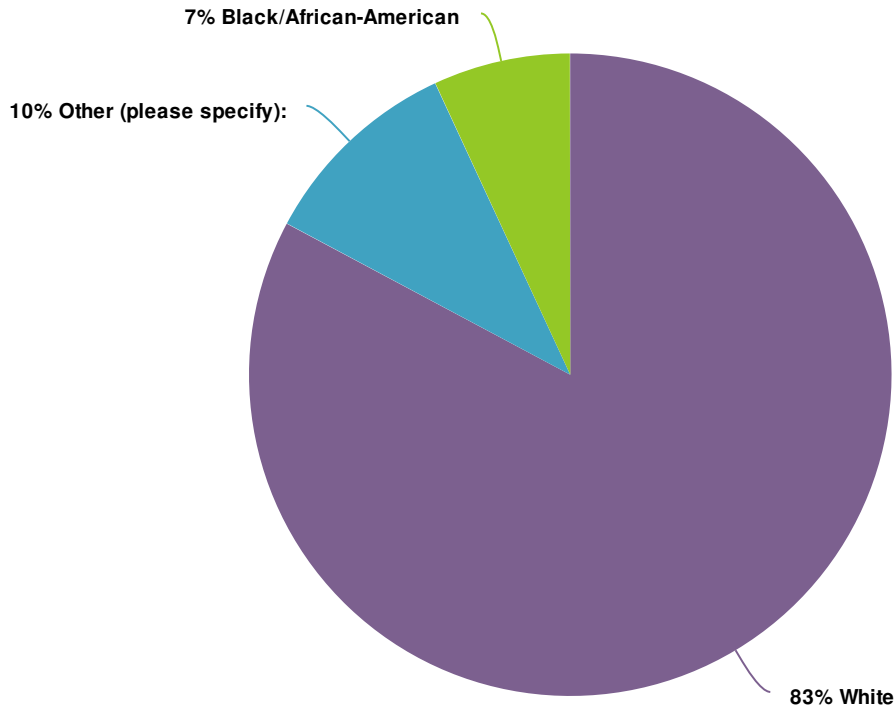
5. Are you of Hispanic, Latino, or Spanish origin?



Value	Percent	Responses
No; not of Hispanic, Latino, or Spanish origin	88.9%	24
Yes; another Hispanic, Latino, or Spanish origin - (please specify):	7.4%	2
Yes, Cuban	3.7%	1

Total: 27

## 6. What is your race?

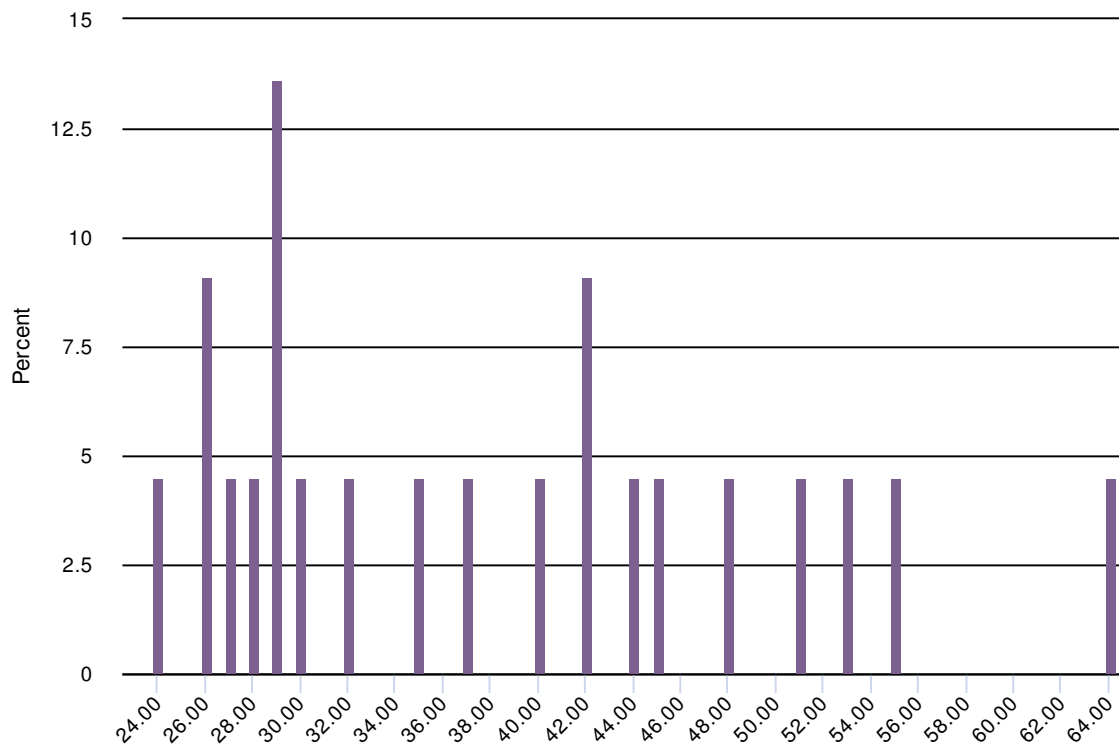


Value	Percent	Responses
White	82.8%	24
Other (please specify):	10.3%	3
Black/African-American	6.9%	2

Total: 29

7. What is your age?





8. What are the ages of the other people living in your home?

	1	2	3	4	5	6	7	8	9	10+
How many are age 0-3? Count	9	2	1	0	0	0	0	0	0	0
How many are age 4? Count	7	0	0	0	0	0	0	0	0	0
How many are age 5? Count	2	0	0	0	0	0	0	0	0	0
How many are age 6-11? Count	7	6	0	0	0	0	0	0	0	0
How many are age 12-17? Count	4	2	0	0	0	0	0	0	0	0
How many are age 18-24? Count	2	0	0	0	0	0	0	0	0	0
How many are age 25-55? Count	8	10	1	0	0	0	0	0	0	0
How many are age 56-64? Count	1	0	0	0	0	0	0	0	0	0
How many are age 65-74? Count	1	0	0	0	0	0	0	0	0	0
How many are age 75 and over? Count	1	0	0	0	0	0	0	0	0	0

## 9. Where do you live? Please enter your city/town/village information.

City Of:

berne cortlandc  
cortland

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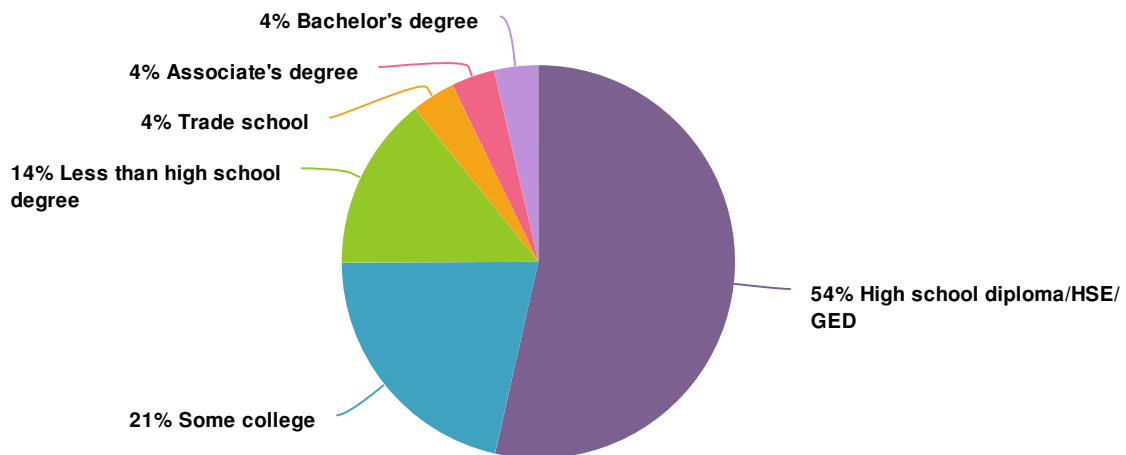
Town Of:

cincinnati cortlandville  
homer  
cortland

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Village Of:

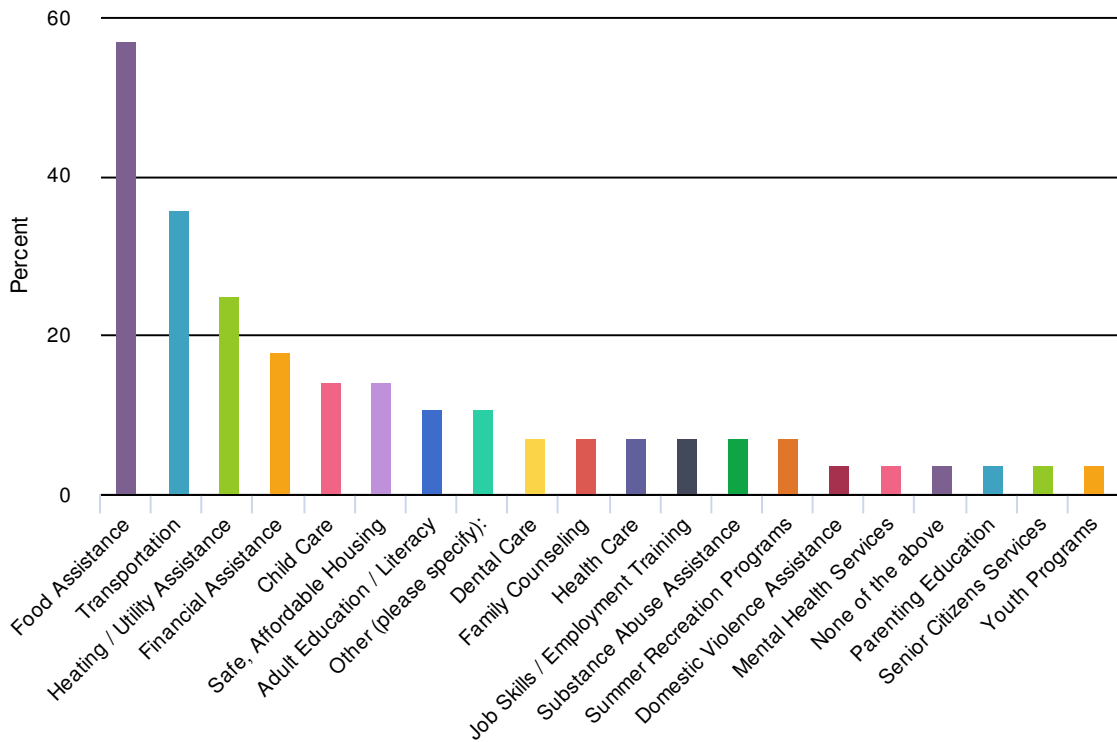
10. What is the highest level of education you have completed?











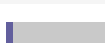

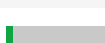

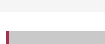
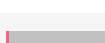
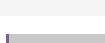
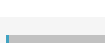
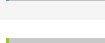
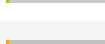


Value	Percent	Responses
High school diploma/HSE/ GED	53.6%	15
Some college	21.4%	6
Less than high school degree	14.3%	4
Trade school	3.6%	1
Associate's degree	3.6%	1
Bachelor's degree	3.6%	1

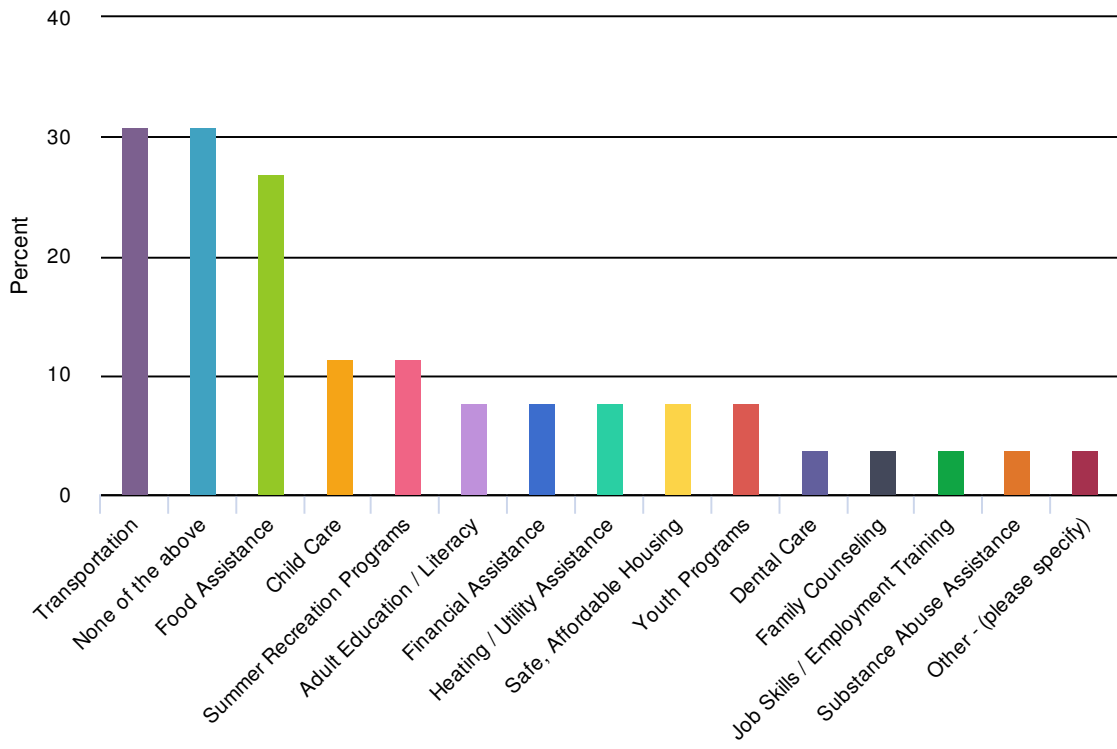
Total: 28











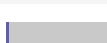

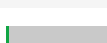

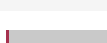
11. What have been your household's top THREE needs within the past 12 months. Check three that apply:



Value		Percent	Responses
Food Assistance		57.1%	16
Transportation		35.7%	10
Heating / Utility Assistance		25.0%	7
Financial Assistance		17.9%	5
Child Care		14.3%	4
Safe, Affordable Housing		14.3%	4
Adult Education / Literacy		10.7%	3
Other (please specify):		10.7%	3
Dental Care		7.1%	2
Family Counseling		7.1%	2
Health Care		7.1%	2
Job Skills / Employment Training		7.1%	2
Substance Abuse Assistance		7.1%	2
Summer Recreation Programs		7.1%	2
Domestic Violence Assistance		3.6%	1
Mental Health Services		3.6%	1
None of the above		3.6%	1
Parenting Education		3.6%	1
Senior Citizens Services		3.6%	1
Youth Programs		3.6%	1

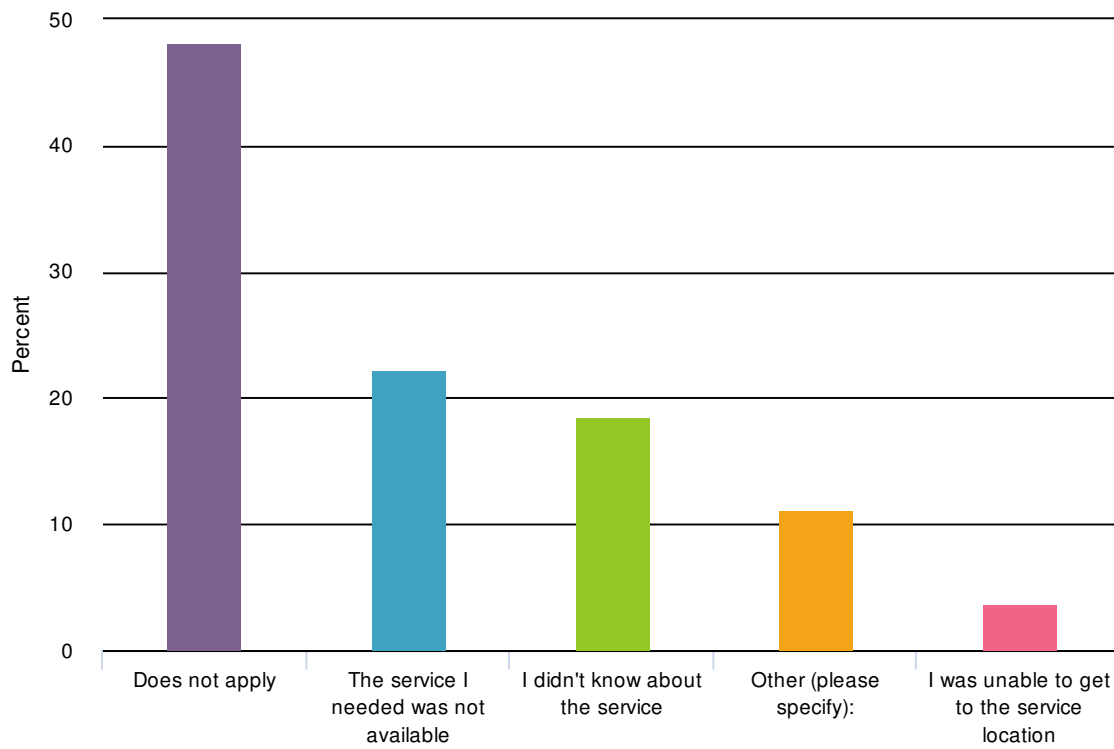
12. Check ALL the services you or someone in your household needed but did NOT receive within the past 12 months. Check all that apply:



Value		Percent	Responses
Transportation		30.8%	8
None of the above		30.8%	8
Food Assistance		26.9%	7
Child Care		11.5%	3
Summer Recreation Programs		11.5%	3
Adult Education / Literacy		7.7%	2
Financial Assistance		7.7%	2
Heating / Utility Assistance		7.7%	2
Safe, Affordable Housing		7.7%	2
Youth Programs		7.7%	2
Dental Care		3.8%	1
Family Counseling		3.8%	1
Job Skills / Employment Training		3.8%	1
Substance Abuse Assistance		3.8%	1
Other - (please specify)		3.8%	1

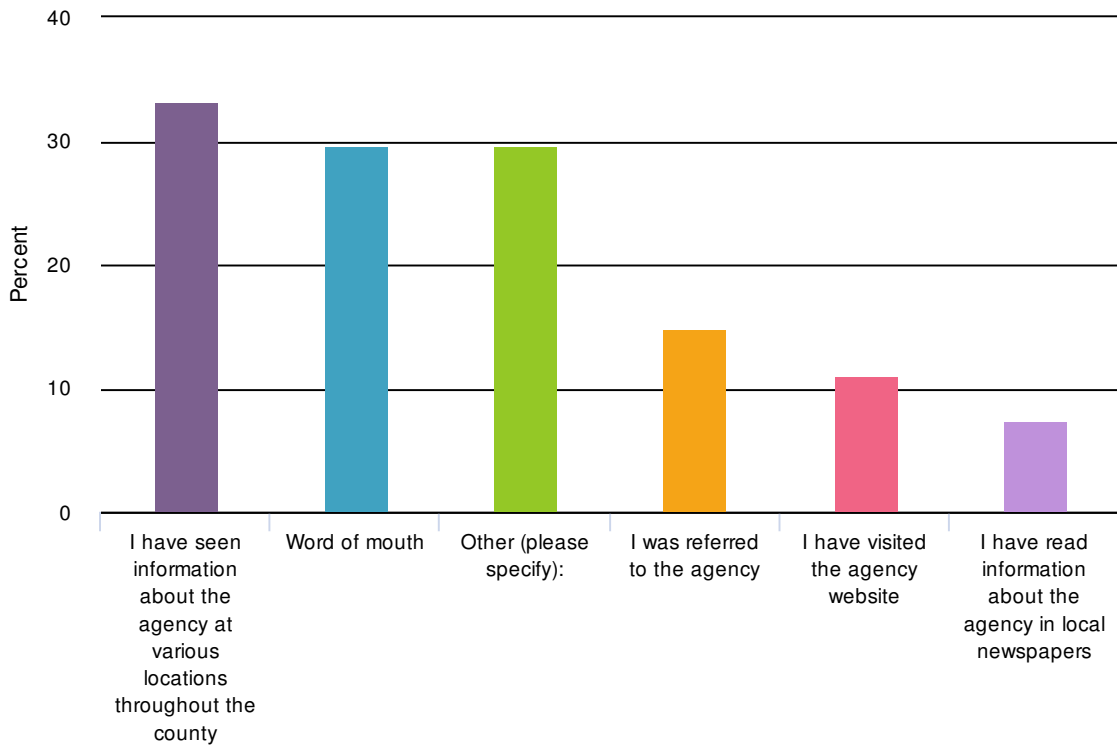
13. If you needed services, but didn't get them, what was the reason?





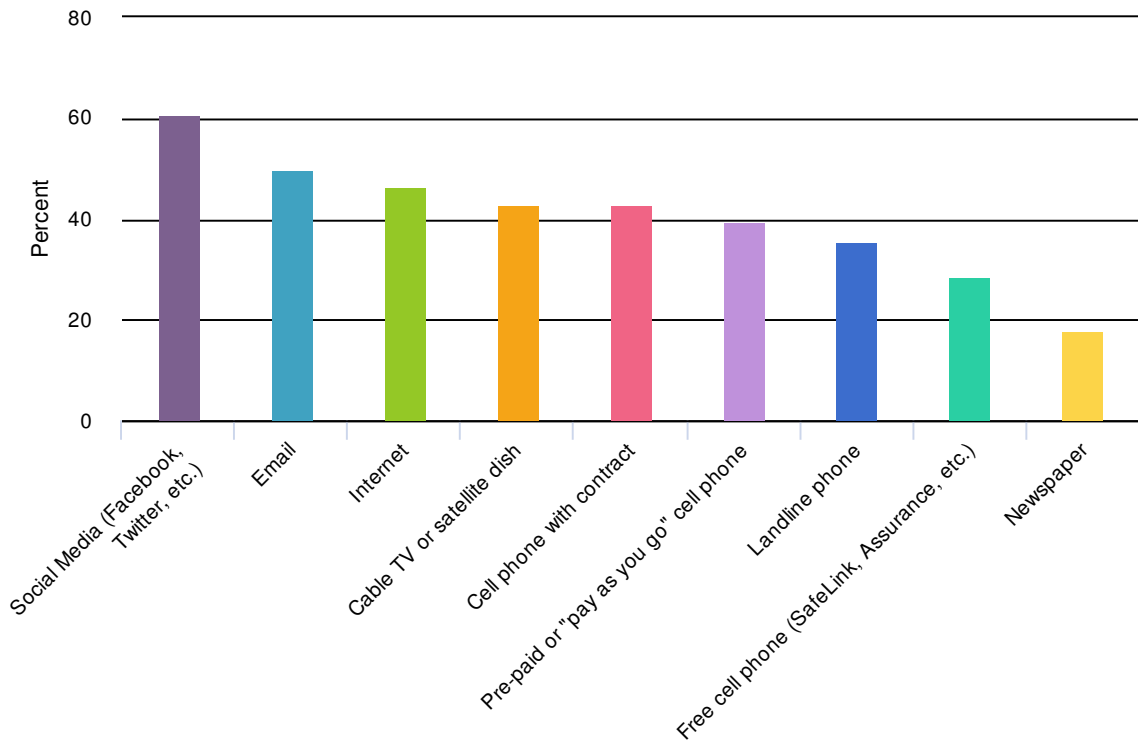
Value	Percent	Responses
Does not apply	48.1%	13
The service I needed was not available	22.2%	6
I didn't know about the service	18.5%	5
Other (please specify):	11.1%	3
I was unable to get to the service location	3.7%	1










14. How did you hear about our agency]? Check all that apply:



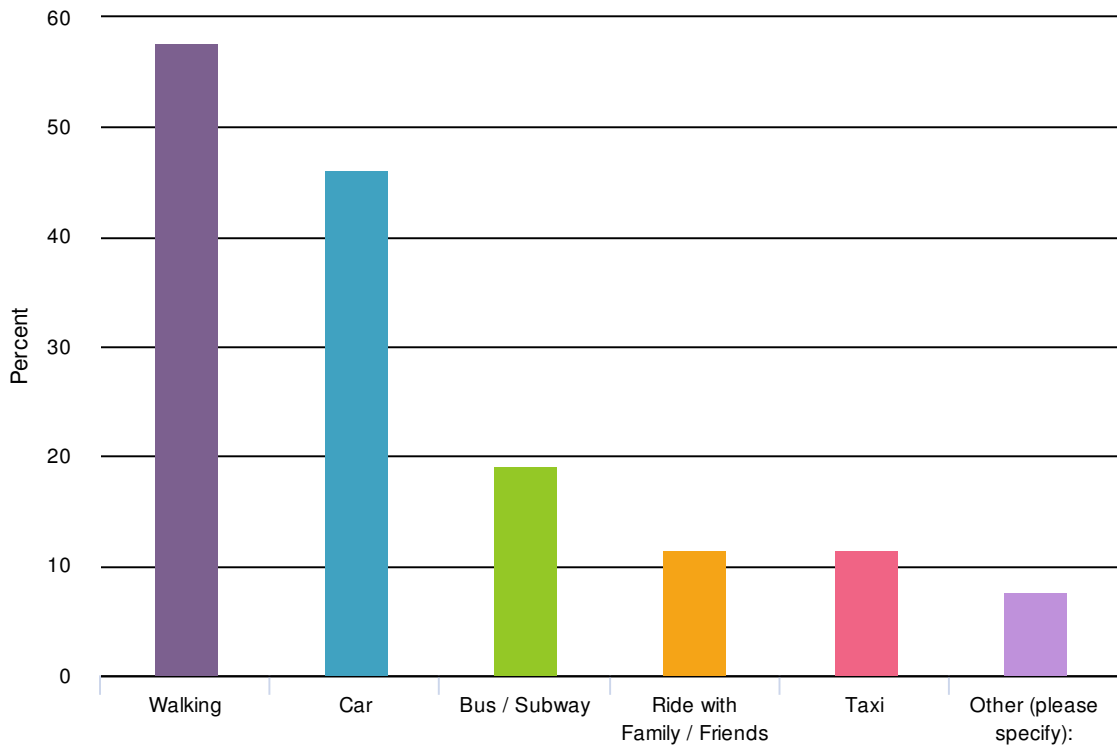
Value	Percent	Responses
I have seen information about the agency at various locations throughout the county	33.3%	9
Word of mouth	29.6%	8
Other (please specify):	29.6%	8
I was referred to the agency	14.8%	4
I have visited the agency website	11.1%	3
I have read information about the agency in local newspapers	7.4%	2

15. Which of the following do you or other members in your household use? Check all that apply:



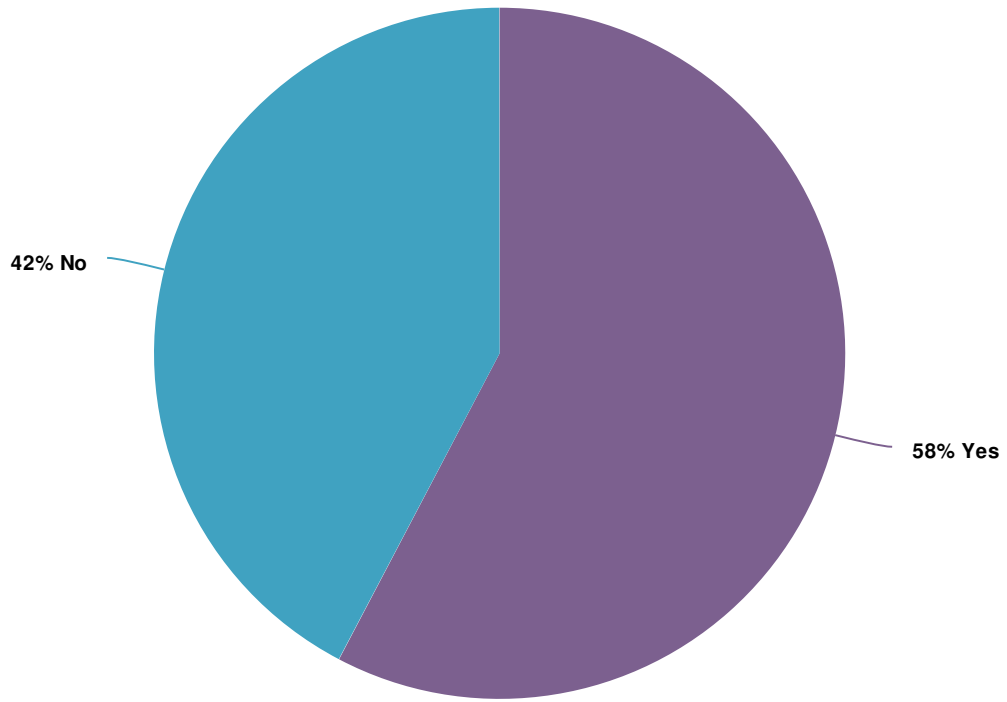
Value		Percent	Responses
Social Media (Facebook, Twitter, etc.)		60.7%	17
Email		50.0%	14
Internet		46.4%	13
Cable TV or satellite dish		42.9%	12
Cell phone with contract		42.9%	12
Pre-paid or "pay as you go" cell phone		39.3%	11
Landline phone		35.7%	10
Free cell phone (SafeLink, Assurance, etc.)		28.6%	8
Newspaper		17.9%	5

16. What is your primary mode of transportation?



Value	Percent	Responses
Walking	57.7%	15
Car	46.2%	12
Bus / Subway	19.2%	5
Ride with Family / Friends	11.5%	3
Taxi	11.5%	3
Other (please specify):	7.7%	2

17. In the past 12 months, has lack of transportation been a problem for your household?



Value	Percent	Responses
Yes	57.7%	15
No	42.3%	11
		<b>Total: 26</b>

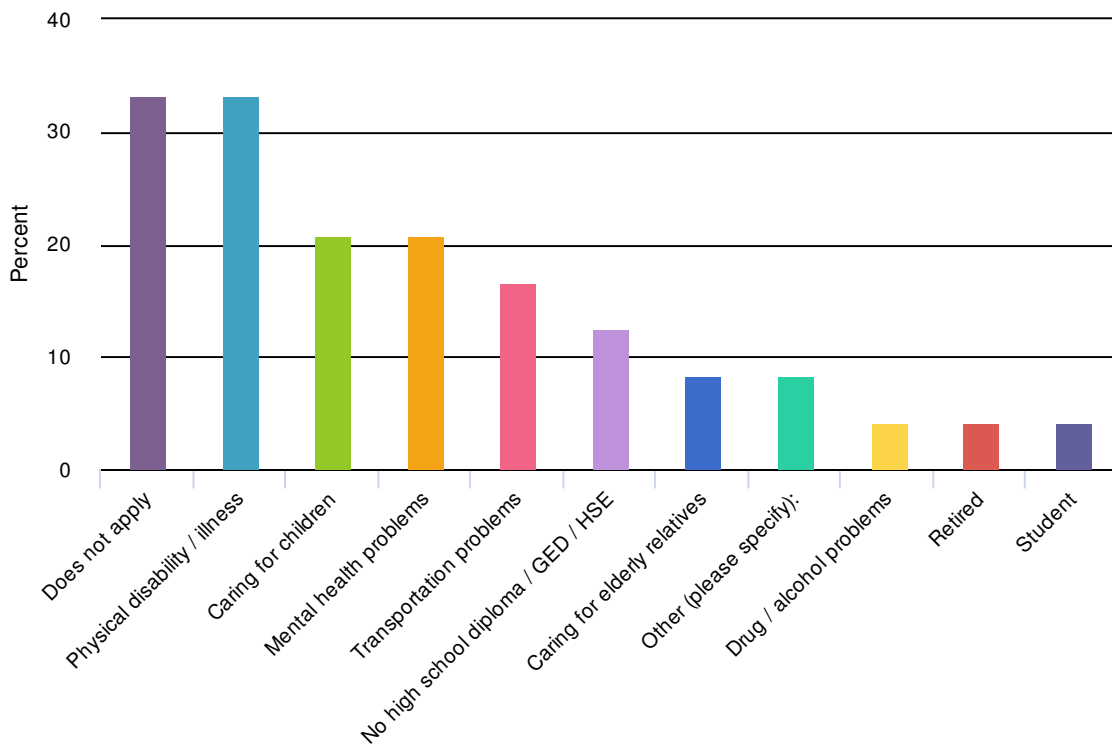
18. Please select below:

	Yes	No	Does not apply
Inability to afford gas Count	10	8	3
Inability to afford car repairs Count	9	9	4
No access to a car Count	8	9	5
No car insurance Count	6	8	5
No driver's license or license suspended Count	7	8	5
Unable to use the public bus system Count	3	10	5
Public transportation not accessible Count	2	11	8
Public transportation is too expensive Count	5	7	7
Unable to use the subway Count	0	8	12

## 19. How many people in your home are employed?
















	1	2	3	4	5	6+
Number of people Full-time Count	10	2	0	0	0	0
Number of people Part-Time Count	5	1	0	0	0	0
Number of people Not Employed Count	5	3	3	0	0	0

20. For the adults (18 years or older) in your household who are NOT working for pay, please indicate why they do not work. Check all that apply:



Value	Percent	Responses
Does not apply	33.3%	8
Physical disability / illness	33.3%	8
Caring for children	20.8%	5
Mental health problems	20.8%	5
Transportation problems	16.7%	4
No high school diploma / GED / HSE	12.5%	3
Caring for elderly relatives	8.3%	2
Other (please specify):	8.3%	2
Drug / alcohol problems	4.2%	1
Retired	4.2%	1
Student	4.2%	1

21. What income or benefits do you or anyone living in your household have? Check all that apply:

Value		Percent	Responses
SNAP (food stamps)		59.3%	16
Heating Energy Assistance Program (HEAP)		29.6%	8
Salary from job		25.9%	7
Women, Infants, and Children (WIC)		22.2%	6
Social Security Income (SSI)		18.5%	5
TANF (DSS Assistance)		18.5%	5
Child support		14.8%	4
Public assistance (DSS Emergency or Safety Net)		11.1%	3
Social Security		11.1%	3
Social Security Disability (SSD)		11.1%	3
Housing subsidy (ex: Section 8)		7.4%	2
Self-employment (including babysitting, cleaning, etc.)		7.4%	2
Other (please specify):		7.4%	2
New York State Disability		3.7%	1
Workers' compensation		3.7%	1

22. In the last 12 months, what was your estimated annual household income? (Please include all sources of income from the previous question.)



Value		Percent	Responses
\$0 - \$10,000		50.0%	13
\$10,001 - \$20,000		23.1%	6
\$20,001 - \$30,000		7.7%	2
\$30,001 - 40,000		7.7%	2
\$40,001 - 50,000		3.8%	1
\$60,001 - \$70,000		3.8%	1
More than \$80,000		3.8%	1
			<b>Total: 26</b>









23. Do you or does anyone in your household have a benefit package through work (health insurance, etc.)?

Value		Percent	Responses
No		69.6%	16
Does not apply		21.7%	5
Yes		8.7%	2
			<b>Total: 23</b>

24. Do you or does anyone in your household need the following? Check all that apply:

	Yes	No
Help finding a job Checks	9	13
Help finding a better job Checks	10	10
Job training / retraining services Checks	8	12
Assistance with resume writing or interviewing skills Checks	3	16
Tools / equipment for work Checks	2	17
Proper clothing for work Checks	5	16

25. In the past 12 months, have you or anyone in your household experienced any of the following financial situations? Check all that apply:

Value		Percent	Responses
Borrowed money from friends / family for bills		44.0%	11
Fell behind on rent or mortgage payments		44.0%	11
None of the above		28.0%	7
Pressured by a bill collector		24.0%	6
Had utilities (water, heat, telephone, cell phone, or electric) shut off		20.0%	5
Had property (car, appliance, or furniture) repossessed		8.0%	2
Could not pay child care bills		4.0%	1
Used rent-to-own services		4.0%	1

26. What is your housing status?

Value		Percent	Responses
I rent my place		67.9%	19
I own my place		10.7%	3
I live in subsidized housing		7.1%	2
I live with friends		7.1%	2
I live with parents or other relatives		3.6%	1
Other (please specify):		3.6%	1

Total: 28

27. Which of the following best describes the condition of your home?  
Check all that apply:

Value		Percent	Responses
It is in good shape, no repairs needed		33.3%	9
It needs minor repairs		33.3%	9
It needs major repairs		18.5%	5
It needs weatherization measures (insulation, weatherstrip, caulk, etc)		18.5%	5
Does not apply		11.1%	3
It is in such poor condition that it is unsafe		3.7%	1
It needs disability access improvements (wheelchair ramp, wider doorways etc.)		3.7%	1

28. If you rent your place, check the utilities that are included in your rent:

Value		Percent	Responses
Water		46.4%	13
Electricity		32.1%	9
None of the above are included		28.6%	8
Heat		25.0%	7
Does not apply - I do not rent		14.3%	4

29. If you do not own a home, what prevents you from buying one? Check all that apply.

Value		Percent	Responses
I do not have good credit		72.0%	18
I cannot afford a down payment		48.0%	12
I cannot afford monthly payments		44.0%	11
The home-buying process is too complicated		12.0%	3
Other (please specify):		8.0%	2
I choose not to own a home		4.0%	1
Does not apply, I own my own place		4.0%	1

30. Are you at risk of becoming homeless?

Value		Percent	Responses
No		74.1%	20
Yes		25.9%	7

Total: 27

31. If you are at risk of becoming homeless, what are the reasons? Check all that apply:

Value		Percent	Responses
Does not apply		66.7%	16
I am unemployed		12.5%	3
I have mental health issues		12.5%	3
I cannot afford mortgage / rent costs		8.3%	2
I have medical health or disability issues		8.3%	2
Other (please specify):		8.3%	2
I separated from my spouse (or will separate soon)		4.2%	1

32. Have you experienced any of the following problems related to housing in the past 12 months? Check all that apply:




Value		Percent	Responses
I have bad credit		46.4%	13
None of the above		39.3%	11
I can't afford the electric bill		17.9%	5
I can't find affordable housing		14.3%	4
My physical disability makes it hard to find housing		14.3%	4
I lost my job		14.3%	4
I can't afford the heat bill		10.7%	3
I was threatened with eviction		10.7%	3
I can't afford needed repairs		7.1%	2
I was evicted		7.1%	2
I am homeless		7.1%	2
I live in a condemned house		7.1%	2
Other (please specify):		3.6%	1

33. In the past 12 months, have you or has anyone in your household skipped or cut the size of a meal because there was not enough food?

Value		Percent	Responses
No		76.9%	20
Yes		23.1%	6


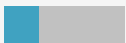


Total: 26

34. If yes, how often have you or has anyone in your household skipped or cut the size of a meal because there was not enough food?

Value		Percent	Responses
Does not apply, I have not skipped or cut the size of a meal		68.0%	17
Daily		16.0%	4
Monthly		16.0%	4











**Total: 25**

### 35. Are you able to afford enough formula for your infant?


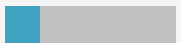
Value		Percent	Responses
I do not have an infant		58.3%	14
I do not use formula		29.2%	7
No		8.3%	2
Yes		4.2%	1

**Total: 24**

36. In the past 12 months, have you or has anyone in your household used any of the following food assistance services? Check all that apply:

Value		Percent	Responses
SNAP (food stamps)		68.0%	17
Food pantry		48.0%	12
Women, Infants, and Children (WIC)		48.0%	12
Backpack program		20.0%	5
School breakfast/lunch program		20.0%	5
Summer meals for kids		8.0%	2
Other (please specify):		8.0%	2
Dollar dinners		4.0%	1
Meals on Wheels		4.0%	1
None of the above		4.0%	1

37. In the past 12 months, have you or anyone in your household had to choose between buying food or paying a bill to meet other basic needs (housing, heat, etc.)?

Value		Percent	Responses
No		79.2%	19
Yes		20.8%	5

Total: 24

38. Please specify:



	Yes	No	Does not apply
Medical care Count	7	9	7
Dental care Count	7	10	5
Mental health care Count	4	9	8
Prescription drugs Count	5	11	6

39. Other (please specify):

40. If you or your family members did not get the care you needed, please indicate the main reasons. Check all that apply:

Value		Percent	Responses
Does not apply		64.0%	16
It costs too much		16.0%	4
The doctor does not accept my insurance or Medicaid		16.0%	4
Have no way to get to or from the appointment		8.0%	2
Have no insurance		8.0%	2
Nervous / afraid to go		8.0%	2
Cannot afford prescriptions		8.0%	2
The doctor does not accept new patients		8.0%	2
The medical office was not open when I could get there		4.0%	1
It takes too many days to get an appointment		4.0%	1
Other (please specify):		4.0%	1

41. How many children under the age of 17 in your household have no health insurance?

42. How many adults 18 years and older in your household have no health insurance?

43. Did you buy health insurance through the NYS of Health Marketplace (as part of the Affordable Care Act)?

Value		Percent	Responses
No		60.0%	15
Yes		24.0%	6
I do not know		16.0%	4

Total: 25

44. Is your child or are your children up to date on their scheduled immunizations?

Value	Percent	Responses
Yes	73.1%	19
Does not apply - I don't have children	23.1%	6
No	3.8%	1
		<b>Total: 26</b>

45. Do you feel safe in your neighborhood?

Value	Percent	Responses
Yes	84.0%	21
No	16.0%	4
		<b>Total: 25</b>

46. If no, why not?

47. Is there a child or are there children under the age of 18 with a disability in your household?

Value		Percent	Responses
No		76.9%	20
Yes		23.1%	6

Total: 26

48. Is there an adult 18 years or older with a disability in your household?

Value		Percent	Responses
Yes		53.8%	14
No		46.2%	12







Total: 26

49. Please answer the following:






Value		Percent	Responses
I DO have children under the age of 18 in my household.		66.7%	18
I DO NOT have children under the age of 18 in my household		33.3%	9

Total: 27




50. What do you currently use to meet your child care needs? Check all that apply:

Value		Percent	Responses
Head Start / Early Head Start		47.1%	8
Parent, family friends or neighbors		47.1%	8
After school program		23.5%	4
Pre-Kingergarten / Preschool		11.8%	2
Children are old enough to be left on their own		5.9%	1
Informal / unregistered provider / babysitter		5.9%	1

### 51. What time of day do you need child care? Check all that apply:

Value		Percent	Responses
Before / After School		38.9%	7
Evening		38.9%	7
Does not apply		38.9%	7
Daytime		27.8%	5
Weekends		22.2%	4

### 52. Have you ever used a day care center or a registered child care provider?

Value		Percent	Responses
Yes		44.4%	8
No		38.9%	7
Does not apply		16.7%	3

Total: 18

53. If not, why have you not used a day care center or registered child care provider? Check all that apply:

Value		Percent	Responses
I cannot afford it		41.2%	7
Does not apply		29.4%	5
I had a reliable babysitter		17.6%	3
Evening/night-time slots were not available		11.8%	2
I did not have transportation		11.8%	2
The day care center had no available slots		11.8%	2
I do not trust day care centers		5.9%	1
Weekend slots were not available		5.9%	1
Other (please specify):		5.9%	1

54. How do you meet the cost of your child care?

Value		Percent	Responses
Does not apply		58.8%	10
Subsidy		17.6%	3
Self-pay		17.6%	3
Other (please specify):		5.9%	1

Total: 17

55. Have any of the following been an issue for concern for the youth (under 18) in your household in the past 12 months? Check all that apply:



Value		Percent	Responses
None of the above		77.8%	14
Emotional or behavioral problems		11.1%	2
Alcohol abuse		5.6%	1
Bullying		5.6%	1
Drug abuse		5.6%	1
Sexual activity		5.6%	1
Skipping school or dropping out of school		5.6%	1
Teenage pregnancy		5.6%	1

56. Are you a grandparent or other relative raising children other than your own?

Value		Percent	Responses
No		82.4%	14
Yes		17.6%	3

Total: 17

57. If yes, please indicate the primary reason for care.

Value		Percent	Responses
Does not apply		66.7%	10
Substance abuse		13.3%	2
Death		6.7%	1
Someone is in jail or prison		6.7%	1
Mental illness		6.7%	1

Total: 15

58. Please add anything you would like our agency to know.

59. What is one service that has helped you or someone in your household the most within the past 12 months?

