

HINDS COUNTY HUMAN RESOURCE AGENCY

COMMUNITY STRENGTHS & NEEDS ASSESSMENT



Helping Families.
Strengthening Communities

2011-2012

Project Head Start | Early Head Start

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PROGRAM OVERVIEW

Hinds County Human Resource Agency's (HCHRA) Project Head Start and Early Head Start continue to offer comprehensive, quality programs for income-eligible families and their children ages 0-5 years. Highly qualified staff fosters partnerships with parents in order to effectively address the educational, physical, emotional, and social needs of their children.

With guidance from the Head Start Performance Standards and our service delivery approach, HCHRA provides comprehensive programs and services for families in Hinds County Mississippi. Our approach is in direct alignment with the Mississippi Head Start Association which "embraces a set of core values which promotes wellness, respects families' cultures and diversity, and supports family empowerment and community development". The HCHRA Head Start and Early Head Start Programs are among several other programs and services that we provide with the sole purpose of offering families a hand up and ensuring that children receive the right start with a solid educational foundation.

Our vision is to become an agency that is able to successfully coordinate and integrate all available resources and services for the impoverished and disenfranchised citizens within Hinds County Mississippi. We will continue to work to this end by focusing on our mission, which is:

**To empower disadvantaged Hinds County citizens to become self-reliant
and realize their full potential.**

Quality child care and early childhood education are essential components for a family on the road to self-reliance. As they face tough economic times with high unemployment and poverty rates, it is a relief for families to have access to quality childcare services. HCHRA's center-based programs provided such support for 2,126 children who were enrolled in Head Start and Early Head Start during the 2010-2011. Ninety-one of those enrolled received special education. Twenty-nine pregnant women also received support through the Early Head Start Program. All of these services are provided by highly qualified

staff including 134 classroom teachers and 111 teacher assistants. All HCHRA Head Start and Early Start teachers are credentialed in early childhood education or a closely related field: 14 have advanced degrees; 89 have bachelor degrees of which five are pursuing a master's; and 31 have associate degrees of which five are pursuing a bachelor's.

HCHRA provided transportation service for 435 children who otherwise may not have consistent access to Head Start. Without the fleet of 17 buses in our transportation system, the centers' average daily attendance could be adversely affected. HCHRA employs a holistic approach to service delivery, because our target population has an array of needs. Simply addressing one aspect of those needs would likely serve as a proverbial band aid providing temporary relief.

While operating 116 classes in 15 centers and three satellite sites, HCHRA not only offered quality care for the children but also addressed the needs of many families through our Department of Family & Community Services and the agency's Department of Community Programs. All Head Start and Early Head Start families have direct access to our comprehensive case management system, which affords these families total access to an array of programs, services, and linkages to other community resources - all of which are in place to help bring long-term stability to the family unit.

Research shows that family stability has a definite impact on a child's success. With 1,180 of the children and pregnant women we served coming from families with incomes 100% below the federal poverty line, it is imperative that HCHRA does everything within our ability to help families and their children become stable and realize self sufficiency. "To move their families out of poverty, parents need human and social capital, such as basic skills, education, and employment experience. Human and social capital can help families obtain assets (a savings account, their own home, etc.), expand their social networks, and acquire access to safe neighborhoods, high-quality schools, and other resources not otherwise available to them...Child care and child care subsidies...can also help reduce poverty and the related risk factors by providing parents access to safe, stable, high-quality care for their children while also supporting the recruitment, retention, increased income, and productivity of employed parents." (National Childcare Information Center)

With poverty rates in Mississippi and Hinds County at 22% and 23% respectively, it is very important that our agency continues to improve programs and services and ensure that they are readily accessible to this community. The following Community Strengths and Needs Assessment (CSNA) report offers an overview of just how dire the needs are in Hinds County Mississippi.

ASSESSMENT OVERVIEW

HCHRA's program planning process includes a strategic strengths and needs assessment that involves the collection of information which is used to guide and create consistency in decision making. The ultimate goal is to fill any gaps between current and desired results. HCHRA uses a multi-method approach that involves (1) pre-assessment, which includes convening community meetings with stakeholders and providing access to conferences and training workshops for Board and Policy Council members; (2) data collection, which is done via the standard CSNA survey and the Head Start Family Partnership Agreement; (3) data assessment, which involves transforming raw data into information suitable for post-assessment decision making; and (4) implementation or carrying multiple strategies for using the collected data to accomplish desired results. Input is provided from various stakeholders including agency clients, public officials, Head Start families, Policy Council, and Board of Directors.

Throughout 2010-2011, HCHRA's Department of Community Programs and Services hosted 10 community meetings at the agency's Neighborhood Service Centers. Focus groups representing various constituents, including low-income, elderly, and the physically challenged, offered comments and suggestions that addressed needs in their respective communities. Head Start staff and Community Services case managers provided Head Start families and agency clients opportunities to complete the CSNA survey. Head Start families were also assessed using the Family Partnership Agreement that was administered by HCHRA Family & Community Services Division staff. This tool not only provided crucial information for the Agency but also served introspectively for families.

Acquiring input from external stakeholders was equally important; therefore, the HCHRA Board of Directors and Head Start Policy Council were encouraged to share assessments of the community's needs by completing CSNA surveys. The Board and the Council were closely in tuned to the community and the needs of our clients. By attending local and

regional conferences and trainings, these stakeholders remained cognizant of various trends and ensuing challenges that the Agency and clients could face. Regularly scheduled Board and Policy Council meetings also offered specific information about HCHRA client needs.

The Board's Planning Committee is charged with reviewing the annual assessment to ensure that current programs appropriately address current needs; to assist in developing strategic plans; and to identify service gaps and recommend ways to fill such gaps via new programs, additional funding, or realignment of agency priorities. The Policy Council reviews CSNA results to identify Head Start-specific information and recommendations. While the Planning Committee and Policy Council assess and make recommendations, the Board of Directors has ultimate approval authority for the identification and prioritization of needs to be addressed. This applies to all HCHRA programs.

The following charts and tables provide a compilation of needs ranked in order of importance. Charts 1-3 and their accompanying tables reveal that employment represents the greatest need; with approximately 90% of respondents indicating on-the-job training, job creation and/or job placement as "necessary". This reflects the static economic climate of Hinds County and Mississippi. Between June 2010 and June 2011, the county's unemployment rate declined by only 0.1% from 10% to 9.9%. Mississippi's 11.1% unemployment rate remained unchanged. (Source: U.S. Bureau of Labor and Statistics)

Chart 1: Employment/On-the-Job Training

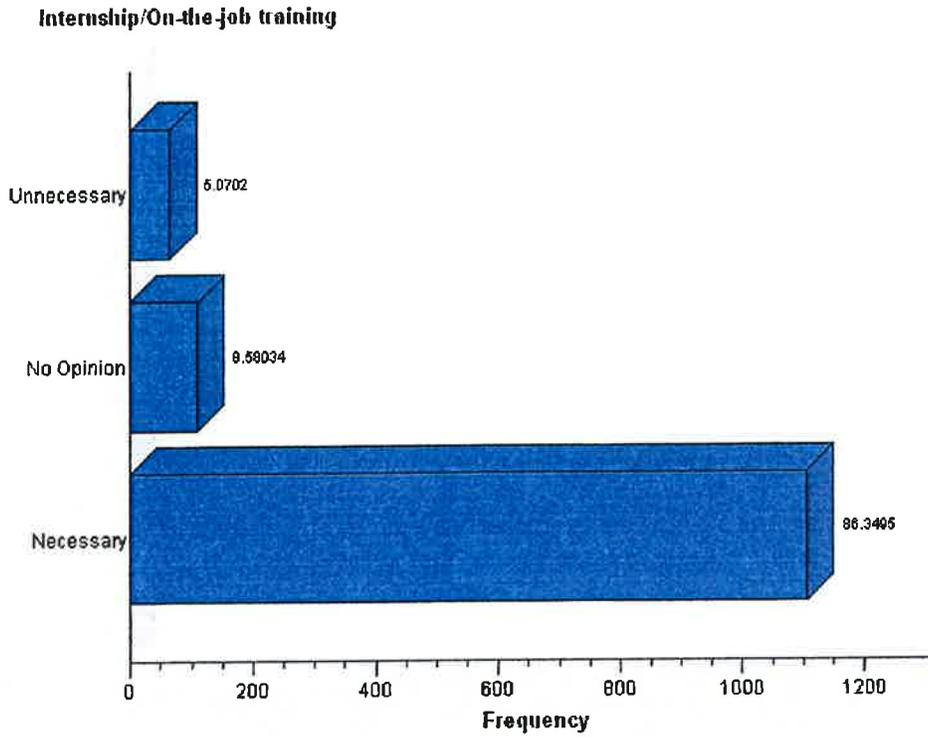


Table 1: Employment/On-the-Job Training

Internship/On-the-job Training				
Employ_a	Frequency	Percent	Cumulative Frequency	Cumulative Percent
Necessary	1107	86.35	1107	86.35
Unnecessary	65	5.07	1172	91.42
No Opinion	110	8.58	1282	100.00

Chart 2: Employment/Job Creation

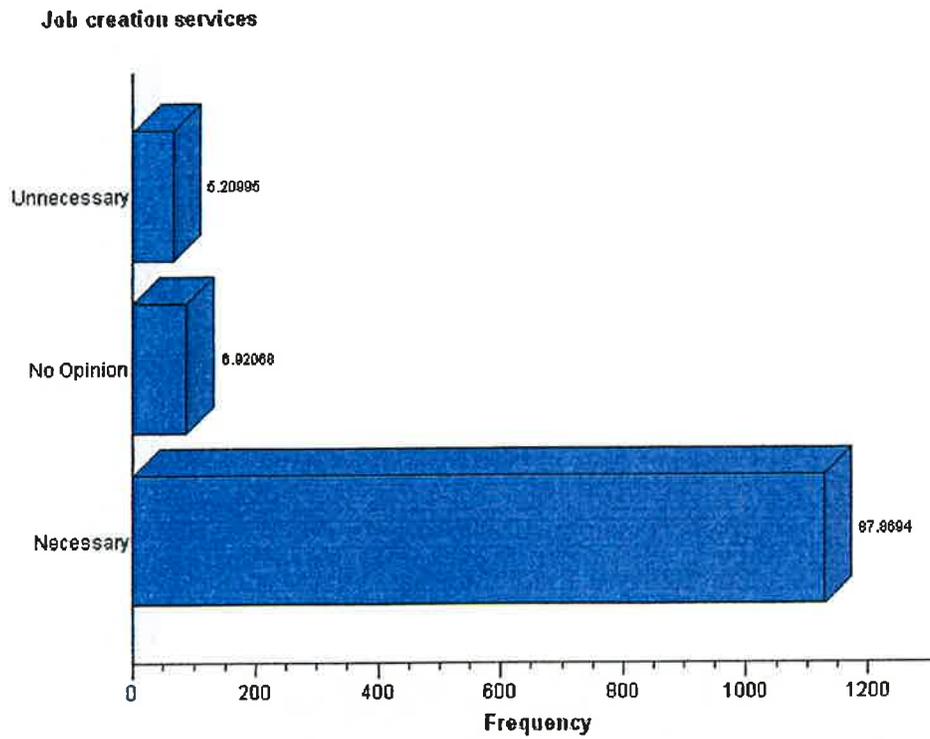


Table 2: Employment/Job Creation

Job Creation Services				
Employ_b	Frequency	Percent	Cumulative Frequency	Cumulative Percent
Necessary	1130	87.87	1130	87.87
Unnecessary	67	5.21	1197	93.08
No Opinion	89	6.92	1286	100.00

Chart 3: Employment/Job Placement

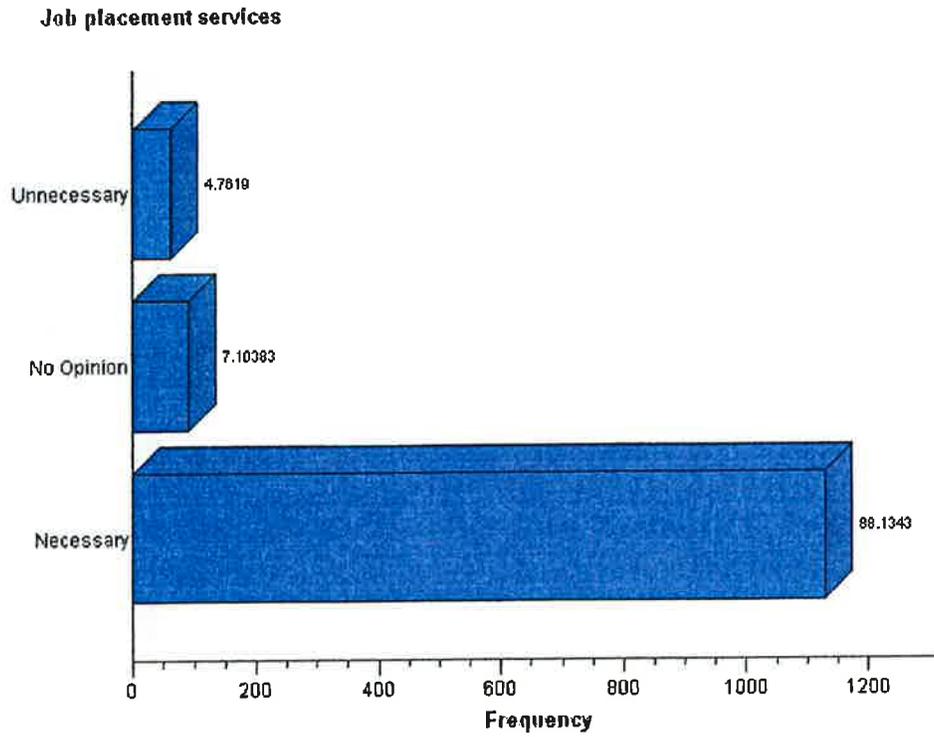


Table 3: Employment/Job Placement

Job Placement Services				
Employ_c	Frequency	Percent	Cumulative Frequency	Cumulative Percent
Necessary	1129	88.13	1129	88.13
Unnecessary	61	4.76	1190	92.90
No Opinion	91	7.10	1281	100.00

Although 59.47% of respondents were currently employed, 82% of them indicated that they would attend educational or job training classes, if it meant a better job. (See Chart 4 and Table 4: Educational/Job Training Opportunity) This is a clear indicator that the majority of respondents were underemployed.

Chart 4: Educational/Job Training Opportunity

Would you attend educational or job training classes if it meant a better job?

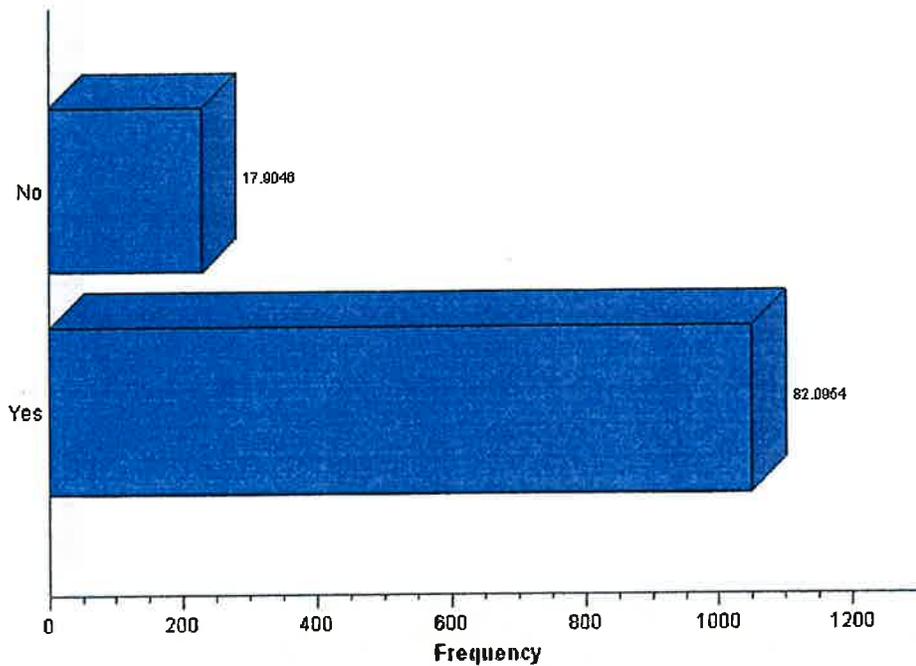


Table 4: Educational/Job Training Opportunity

Would you attend educational or job training classes if it meant a better job?				
Q5	Frequency	Percent	Cumulative Frequency	Cumulative Percent
Yes	1050	82.10	1050	82.10
No	229	17.90	1279	100.00

Additional CSNA results show that another 41% was unemployed. These statistics are validated when one considers that 89% of respondents rated cash assistance as “necessary”; 88% had an annual household income of less than \$25,000 and 41% of these received less than \$5,000 a year. Only 45% of respondents received income from employment wages, while 45.39% was from public assistance programs. Less than 5% of respondents’ received income from unemployment benefits and less than one percent from Veteran Administration benefits and pensions. Though alarming, these statistics align with the state’s 21.8% and the county’s 23.3% poverty rate. (Source: 2010 U.S. Census)

In addition to financial challenges, research shows that underemployment and unemployment can negatively impact family dynamics by creating circumstances that can result in family crisis. In an article published by the Society for Psychological Studies for Social Issues, authors Deborah Belle and Heather E. Bullock report that:

Job loss is associated with elevated rates of mental and physical health problems, increases in mortality rates, and detrimental changes in family relationships and in the psychological well-being of spouses and children. Compared to stably employed workers, those who have lost their jobs have significantly poorer mental health, lower life satisfaction, less marital or family satisfaction, and poorer subjective physical health.

Low paying jobs typically offer minimal opportunities to utilize one’s skills and come with a host of negative outcomes. Underemployment is associated with decreased self-esteem, increased alcohol use, and elevated rates of depression, as well as low birth weight among babies born to underemployed women. (Source: www.spssi.org).

Reports by the Mississippi Department of Health show that the health of Hinds County mirrors these research findings implicating a potential correlation. Table 5 outlines some key factors.

Table 5: Hinds County Health Findings

CONDITION	POPULTATION PERCENTAGE
Fair or Poor Physical Health	79%
Children in single-parent households	56%
Children under 18 years of age in poverty	34%
Adult Obesity	33%
Population under 65 years of age without health insurance	25%
Low Birthrate	14.8%
Excessive Drinking	13%

Because employment is considered the greatest need by CSNA respondents, it is rational to assume that there is a possible correlation between this number one ranking and the following needs that a majority of respondents revealed as “necessary”:

- Crisis intervention - 87%
- Access to food and clothing donations - 89%%
- Drug and alcohol abuse prevention - 84%
- Congregate Meals Program - 76%
- Home-delivered meals - 85%
- Transportation - 89% and
- Physical and dental examinations - 90%

Education and housing round out the top three most essential needs based on CSNA results. There is an obvious connection between education attainment and employment. Although the sluggish economy can negatively impact better-paying employment opportunities, limited education can do so as well. Though 27% of

respondents indicated having a 2 or 4 year college degree, 56% had a high school diploma or less. Respondents obviously recognize the importance of education, as 90% indicated that improved public education and 88% said that General Education Diploma (GED) classes were “necessary”. Tutorial services and youth educational services were also shown to be “necessary” by 88% and 90% respectively.

Just as education can impact employment prospect ability, employment can impact housing accessibility. CSNA respondents noted affordable housing (88%) and rental assistance (90%) as “necessary”. Housing rehabilitation and weatherization are “necessary” as indicated by 77% and 76% of respondents respectively. Table 6 shows fair market rents (FMR) in Mississippi. For a state that has a poverty rate 8% higher than the national average, it is clear that the average Mississippian cannot afford this “fair” market. (Source: Department of Housing & Urban Development)

Table 6: Fair Market Rents in Mississippi

DWELLING SIZE (by # Bedrooms)	FMR
0	\$583
1	\$659
2	\$764
3	\$919
4	\$947

The CSNA Basic Output data show that the need for childcare increased dramatically within a year. In 2010, 77% of respondents indicated these services as “necessary” compared to 91% this year. Services for children with disabilities were deemed “essential” by 81% of respondents compared to 67% last year. When considering the increased unemployment rate in Hinds County along with the greater demands for other services, it can be expected that childcare needs would also increase, as affordability becomes more challenging. Table 7 provides a snapshot of average childcare costs in Mississippi.

Table 7: Average Childcare Costs in Mississippi

CHILDCARE CENTER TYPE	COST PER YEAR
Infant Center	\$4,620
4-year-old Center	\$3,780
Infant Family Care	\$4,260
4-year-old Family Care	\$4,188
School-age Center	\$2,172
School-age Family Care	\$9,360

(Source: www.doodledays.com)

While the clients served by HCHRA need better job opportunities so that they can afford better housing and childcare services, they also need income management assistance to help maximize current resources and prepare for better handling of future financial increase. To that end, respondents shared that several services were “necessary” including money management training (82%); household financial counseling (78%); tax preparation assistance (76%); and housing counseling (76%). As respondents recognized the need to address financial health, they also identified other “essential” services for their physical and mental well-being. Although health and safety, transportation, and nutrition were rated as the least “necessary”, respondents revealed a significant increase for these services compared to last year. (See Table 8)

Table 8: Lease Necessary/Increased Need

HEALTH & SAFETY NEEDS	PREVIOUS 2010	CURRENT 2011	PERCENTAGE INCREASE
Physical and dental exams and immunizations	81%	89%	8%
Pregnancy-related and infant health	73%	86%	13%
Medical, dental, and mental services for children	65.9%	80%	15%
Alcohol and Drug Prevention	72%	84%	12%
Shelter	73%	87%	14%
Clean Water Supply	73%	86%	13%
Crime Intervention	73%	87%	14%
TRANSPORTATION	PREVIOUS	CURRENT	
To link with other services	77%	89%	12%
NUTRITION	PREVIOUS	CURRENT	
Congregate Meals	64%	76%	12%
Home-delivered Meals	73%	85%	12%
Nutritious Snacks for children	65%	81%	16%
Nutrition Counseling	67%	78%	11%

(Source: CSNA Basic Output Data 2010 and 2011)

In a recent online debate regarding whether or not the government should increase social services for the poor, 52% of the respondents said yes and 48% said no. One respondent who was for an increase stated:

Providing services for the poor is ultimately less expensive than institutionalizing or killing them, and it contributes to a better quality of life for all. By cutting social services to the poor, the government forces the poor to fend for themselves, or burdens their families with having to provide for them. In a bad economy such as this, with high unemployment and high food costs, the overall quality of life for everyone is reduced. A poor person without a family to help them will beg or steal and be a nuisance to society. [This] reduces the family's ability to provide for [themselves] and can produce a chain reaction of [dependency].

Another respondent who opposed an increase in social services said:

No, the U.S. Government should not increase social services for the poor but should work on job creation instead. Welfare for the disabled is appropriate but increasing social services for the poor in general is not a good idea. We need to create jobs and income for people to help themselves instead.

These comments represent how many Americans may feel about services that agencies like HCHRA provides. Regardless of where one stands in this debate, reality reveals a dire need for services. Despite all of HCHRA's in-house services, 86% of CSNA respondents indicated a need for referral to other agencies for more services. The CSNA Basic Output data tells the story, and suggests that no person trapped in poverty is there as a matter of personal choice. Life circumstances coupled with a failing economy results in significantly increased needs for the poor and disenfranchised. Our country's economic forecast is definitely cloudy; but as the CSNA revealed, most of the citizens we serve live in an economic tsunami and HCHRA is their only way out.

In addition to the CSNA survey, HCHRA used the Family Partnership Agreement to evaluate the needs of Head Start families. This Agreement not only served as an assessment tool for Head Start staff but it also offered a self-assessment opportunity for families. HCHRA staff worked with individuals and families to help them self-identify

social service and other needs. This Family Partnership Agreement is considered a “contract” between the family and HCHRA. Under this “contract”, individuals and families agreed to partner with the Agency to jointly develop a plan for accomplishing goals and objectives. During the 2010-2011 program year 2,217 families participated in the goal-setting process and identified needs in the areas of education, employment, health, transportation, and finance.

As revealed in the CSNA Basic Output data, the need for these and other services significantly increased in the past year. Further evidence was provided via the HCHRA Head Start and Early Head Start Program Information Reports (PIR). During 2009-2010, nine Head Start families received emergency or crisis assistance. This number increased 200% in 2010-2011, as 28 families required intervention i.e. emergency food, clothing, and/or shelter. Housing subsidies such as utilities and rehabilitation were provided for 192 families. This represented only 10% of the 1,915 Head Start families that received other vital assistance such as mental health services, substance abuse prevention/treatment, domestic violence assistance, marriage and parenting education, child support assistance, and so much more. In keeping with the mission of this agency ***to empower Hinds County citizens to become self reliant and realize their full potential***, HCHRA also helped parents increase job marketability by assisting them with educational pursuits and/or job training opportunities. Of the 2,217 families served, 301 represent two-parent households. Within these families, only 44 or 14% are households with both parents working; 60% or 178 have only one parent working; and 26% or 79 are families with both parents unemployed. Within the 1,916 single-parent families, 52% or 1,044 were unemployed while 872 were working. The Early Head Start Program served 46 families of which 45 were single-parent households and 34 of them were unemployed. However, 43 of these single parents were in job training or school. Parents recognize the need to learn and hone applicable skill sets that will better position them to care for their children.

As previously mentioned, the need for child care has increased as well as the need for full-day services. CSNA data showed that a high number of respondents indicated the need for some type of child care whether center-based (73%), home-based (61%) or a combination of the two (67%). However, 74% of all respondents

revealed the need for center-based services eight hours a day for five days a week. Access to quality child care is vital for all families, but it is crucial for poor families. The Children's Defense Fund reports that poverty creates a barrier to young children's healthy development. The attached **Trends in Child Poverty** chart provides a glance of a 50-year span - 1969-2009. Never falling below 14% for all children, the poverty rate spiked at about 27% in mid 1990 and at the beginning of the millennium it began to drop. Increasing slightly around 2002 and remaining flat for the next four years, poverty rates began to rise in 2006 and have since climbed steadily. The latest data from 2009 show poverty rates for children under six years old and those under the age of 18 as 24% and 21% respectively. African American children have the highest poverty rate followed by Hispanics, and 50% of those in both groups who live in poverty experience extreme poverty. Because children learn behavioral, emotional, social, and cognitive skills between birth and five, it is even more critical that they receive the best possible start. **(See Attachment: Trends in Poverty)**

Regardless of the type of child care service preferred, the attached Head Start Distance Evaluation data indicates that 1,273 respondents considered it "essential" to have childcare services within five miles of home. **(See Attachment: Head Start Distance Evaluation)**

Population Surveyed

Efforts were made to survey respondents who represented the vast audience with which HCHRA is involved. Clients served via our Department of Community Programs were provided surveys at in-take and during orientation. With 100% participation from our 18 Head Start and Early Head Start centers, parents were also among those surveyed. Other audiences included the HCHRA Board of Directors, Head Start Policy Council, elected officials, agency employees, and service providers. Because HCHRA services only Hinds County the majority of those who responded live within this service area.

The demographics of the population surveyed included:

- 99% - Female
- 98% - Under 60 years old
- 96% - African American/3% Caucasian/1% Hispanic
- 78% - Single head of household
- 68% - Rent their homes
- 60% - Households with children under 5 years old
- 56% - High school diploma or less education
- 56% - Head Start families
- 25% - Clients via HCHRA Department of Community Programs

Sources of data for the Community Strengths and Needs Assessment included:

1. United States Census 2010
2. Children's Defense Fund
3. MS Employment Security Commission
4. U.S. Department of Housing and Urban Development
5. Mississippi Department of Human Services
6. HCHRA's 2010-2011 Community Strengths and Needs Assessment Survey
7. Head Start Program Information Report
8. Doodle Days Child Care Research
9. Annie E. Casey Foundation
10. Public Community Meetings

Approximately 2,700 surveys were distributed and 1,346 were returned. Ninety-nine percent of the respondents who returned surveys live in Hinds County, the HCHRA service area, and 83% of those reside in Jackson proper. Four other counties and 12 other cities or townships were also represented, as shown in Tables nine and 10 respectively. The attached Table 11 reveals how these respondents ranked the community's needs. (See Attachment: Needs Ranked by Group)

Table 9: Respondents County of Residence

COUNTY				
County	Frequency	Percent	Cumulative Frequency	Cumulative Percent
BOLIVAR	1	0.08	1	0.08
COOK	1	0.08	2	0.16
HINDS	1267	99.45	1269	99.61
JEFFERSON	1	0.08	1270	99.69
MADISON	4	0.31	1274	100.00

Table 10: Respondents City/Township of Residence

CITY/TOWNSHIP				
City	Frequency	Percent	Cumulative Frequency	Cumulative Percent
BOLTON	25	1.97	25	1.97
BRYAM	22	1.74	47	3.71
CANTON	1	0.08	48	3.79
CLEVELAND	1	0.08	49	3.87
CLINTON	60	4.74	109	8.61
EDWARDS	36	2.84	145	11.45
FAYETTE	1	0.08	146	11.53
JACKSON	1045	82.54	1191	94.08
RAYMOND	21	1.66	1212	95.73
RICHLAND	1	0.08	1213	95.81
RIDGELAND	2	0.16	1215	95.97
TERRY	13	1.03	1228	97.00
UTICA	38	3.00	1266	100.00

Prioritized Needs

HCHRA's prioritized needs mirror those outlined by our community stakeholders. Each of these will be addressed and/or met internally and externally through formal partnerships for which we have acquired Memoranda of Understanding, referrals, and informal partnerships with other community service providers. It is the practice of this agency's leadership **not** to reinvent the wheel by unnecessarily duplicating services. Instead, HCHRA allocates resources in the most efficient manner by cultivating and maintaining partnerships with various service organizations in order to maximize the use of our funding. (See Table 12: Prioritized Needs, p.23)

An example of one such partnership is the coordination of the Low-Income Home Energy Assistance Program (LIHEAP) and Weatherization services. HCHRA has a formal working agreement with South Central Community Action Agency to provide weatherization services for eligible citizens in Hinds County. In addition, HCHRA coordinates other community services with LIHEAP and Weatherization by utilizing a single-point of entry approach to services as facilitated by a computerized tracking system known as Virtual Results Oriented Management Accountability or Virtual ROMA and followed by case management. HCHRA staff is well-trained and knowledgeable of services available to the community directly through our agency or via referrals to other community service providers.

The coordination process starts when HCHRA case management staff completes an intake assessment, which is designed to clearly identify clients' needs. Afterwards, the case manager assists the client with developing a plan to address those needs via our Community Service Block Grant (CSBG), LIHEAP, Weatherization, Head Start, or other services offered by our agency or other providers.

When clients are identified as specifically needing weatherization services, the HCHRA case manager makes contact with South Central and inputs data into Virtual ROMA. Once South Central performs its due diligence, other needs such as stoves, heaters, etc. may be identified. This information goes into Virtual ROMA, and HCHRA steps in to provide LIHEAP assistance. Shared access to client data and a strong partnership

ensures seamless LIHEAP and Weatherization coordination. During 2012, HCHRA will maintain our partnership with South Central Community Action Agency for Weatherization services. Since last year, the need for weatherization services increased 13%, as 76% of the respondents indicated weatherization as “necessary”.

Our goal is to cultivate multi-stakeholder collaboration and coordination in order to even better serve Hinds County. To this end, our community partnerships will remain in place for 2012 and others will be identified. Current partnerships for which we have formal Memoranda of Understanding include but are not limited to:

- Atmos Energy
- Catholic Charities
- Clinton Public School District
- Dress for Success
- Duling Adult Education Center
- Gateway Rescue Mission
- Habitat for Humanity
- Health Care Institute of Jackson
- Hinds Community College
- Hinds County School District
- Jackson-Hinds Comprehensive Health Center
- Jackson-Hinds Library System
- Jackson Public School District
- Jackson WIN Job Center
- Mississippi Center for Legal Services
- Operation Shoe String
- Tougaloo College
- United Way of the Capital Area

Table 12: HCHRA's Prioritized Needs

<p align="center">PRIORITIZED LIST OF COMMUNITY NEEDS TO BE ADDRESSED AND MET BY HCHRA WITH CSBG/OTHER FUNDS</p>	<p align="center">Will This Need Be Addressed This Year?</p>
<p>1. EMPLOYMENT Description of Involvement: Information and referral; on-the-job training; job counseling; job placement; and job development</p>	<p>YES <input checked="" type="checkbox"/> CSBG FUNDS <input checked="" type="checkbox"/> NON-CSBG NO <input type="checkbox"/> </p>
<p>2. EDUCATION Description of Involvement: Information & referral; skills training; transportation; child care assistance; after-school programs; tutoring & literacy training; comprehensive early childhood programs</p>	<p>YES <input checked="" type="checkbox"/> CSBG FUNDS <input checked="" type="checkbox"/> NON-CSBG NO <input type="checkbox"/> </p>
<p>3 HOUSING Description of Involvement: Information & referral; home repair; home safety & health; homeless services</p>	<p>YES <input checked="" type="checkbox"/> CSBG FUNDS <input checked="" type="checkbox"/> NON-CSBG NO <input type="checkbox"/> </p>
<p>4. CHILD CARE Description of Involvement: Information & referral; short-term, limited child care assistance; after-school programs; tutoring & literacy training; early childhood development services</p>	<p>YES <input checked="" type="checkbox"/> CSBG FUNDS <input checked="" type="checkbox"/> NON-CSBG NO <input type="checkbox"/> </p>
<p>5. INCOME MANAGEMENT Description of Involvement: Information & referral; energy conservation; money management skills; Earned Income Tax Credit (EITC) Services</p>	<p>YES <input checked="" type="checkbox"/> CSBG FUNDS <input checked="" type="checkbox"/> NON-CSBG NO <input type="checkbox"/> </p>
<p>6. HEALTH & SAFETY Description of Involvement: Information & referral; medical & dental screening; medication assistance; mental wellness other health-related services</p>	<p>YES <input checked="" type="checkbox"/> CSBG FUNDS <input checked="" type="checkbox"/> NON-CSBG NO <input type="checkbox"/> </p>
<p>7. TRANSPORTATION Description of Involvement: Information & referral; transportation to client services and Head Start Centers</p>	<p>YES <input checked="" type="checkbox"/> CSBG FUNDS <input checked="" type="checkbox"/> NON-CSBG NO <input type="checkbox"/> </p>
<p>8. NUTRITION Description of Involvement: Information & referral; hot meals and staple goods; nutrition counseling</p>	<p>YES <input checked="" type="checkbox"/> CSBG FUNDS <input checked="" type="checkbox"/> NON-CSBG NO <input type="checkbox"/> </p>
<p>9. EMERGENCY SERVICES Description of Involvement: Information & referral; food, shelter & clothing; energy assistance; donated goods & services</p>	<p>YES <input checked="" type="checkbox"/> CSBG FUNDS <input checked="" type="checkbox"/> NON-CSBG NO <input type="checkbox"/> </p>

Case Management/Family Partnership Agreements

In order to best address the needs of the families we serve, HCHRA will continue to incorporate a case management plan which includes six basic case management steps: (1) intake; (2) eligibility determination; (3) client assessment/goal-setting; (4) case plan development; (5) case plan reassessment; and (6) case management services termination. Program applicants will be assisted with accessing HCHRA services and those offered by other social service organizations throughout the county. The information obtained during the intake process will be used to determine eligibility for services. Once eligibility has been established, case managers will determine the level of assistance. Through our case management program, HCHRA will continue to target low-income households that meet eligibility criteria for Mississippi Department of Human Services (MDHS)-funded programs. HCHRA will target those families and individuals most in need who have been underserved, inappropriately served, unemployed and who are dependent upon Temporary Assistance for Needy Families (TANF), food stamps, or other entitlement programs. HCHRA will seek to provide services to families and individuals in proportion to the sub-population's percentage of the population of Hinds County. These sub-populations are the elderly/disabled and the non-elderly heads of households.

Perhaps the most important component of case management is the family assessment, which is an evaluation of the family's/individual's functioning level, strengths, and weaknesses. HCHRA will continue to use this process which will involve assessing needs from a holistic perspective. This will result in a more comprehensive assessment that will include current and past information on the family/individual thus provide a clear picture of the problems and identification of goals. Once the assessment is done, the case manager will use this information to work with the client in developing an individual service plan which will lead to self-sufficiency and/or stability. If a service plan includes goals and objectives that cannot be met directly by HCHRA, the case manager will assist the client in accessing other community providers for required services. In some cases, the case manager's role may be limited to clarifying and defining the need and referencing other available options to address that need. A well-formulated service plan must be developed in tandem by the family/individual and the

case manager in order to set goals and objectives and create a systematic process for meeting them. The service plan will identify the specific obstacles that block the family/individual from achieving self-sufficiency and/or stability and present possible solutions.

HCHRA recognizes the fact that successful case management is directly proportionate with the strength of the agency's linkages with other community service providers. Therefore, HCHRA will continue to provide opportunities for case managers to interact with other community agencies in order for the case managers to become better acquainted with the full range of services and programs that are available in Hinds County. A systematic process for distributing pertinent information about other service providers to case managers will remain in place, and emphasis will continue to be placed on the integration and coordination of these services. HCHRA understands that arming staff with the right information and implementing sound processes and procedures sets the tone for the case management environment; therefore, we will continue to provide case management in a way that empowers the case manager who in turn helps to empower the families/individuals we serve.

Individuals who contact with the agency for services will be scheduled to participate in an orientation session that will provide them with an overview of the agency and the services that we offer. An appointment system will be used in conjunction with orientation to schedule case management services. Names will be placed on the appointment list in the order in which services are requested. Based on the appointment list, each family/individual will be scheduled to complete the intake process. The case manager will then complete an assessment of the family's/individual's economic condition in order to determine need.

HCHRA will continue to maintain service sites that are geographically and physically accessible to all households served by the Agency. Case managers will make home visits to complete intakes for low-income individuals who are physically disabled or who do not have the means to travel to a service site. Arrangements will also be made to complete the intake process at other service provider locations or facilities as needed.

A criteria-based process will be used to assist staff in screening walk-ins to determine if an emergency exists that requires immediate assistance. In the absence of an emergency, walk-ins will be placed on the schedule for the next available orientation session in preparation for completing the intake process. If it is determined that an emergency exists, the client will be expeditiously seen by a case manager who will determine what services are readily available. In order to better serve clients, the case manager will use the information obtained through the needs assessment process to classify the intensity level as high, medium or low. This classification process will also identify cases that can be considered exempt from the need for case management services. Case management services will be terminated when the client achieves his/her goals or when the client no longer actively participates in the case management process – all of which will be documented in the client file.

Follow-up consultations will be directly related to the individual service plan and may be adjusted as needed to meet the needs of the client and help ensure successful achievement of the specific goals and objectives. During the early stages of the individual case plan, follow-up may be more frequent while it may become less frequent as the client progresses. Follow-up by case managers may be done by telephone, office appointment, or home visit. The type of contact will be determined by specific client needs. Compliance with the follow-up requirements of the individual case plan will be monitored by the case manager's supervisor.

If new needs are identified as a result of follow-up, the case manager will either revise the individual case plan or develop a new one in order to meet these newly-identified needs. The client's compliance with the service plan requirements will also be reviewed during the follow-up contact. The case manager will take corrective action as warranted. Failure to comply with the requirements of the service plan may result in a client being denied services.

To ensure maximum access to services, the case management supervisor will be responsible for rotating case managers to Neighborhood Service Centers for client services. The Administrative Office will continue to be open to receive clients for any emergency situations or intense case management follow up.

HCHRA's Head Start Program follows the case management model for providing assistance specifically to Head Start families. While they definitely have access to all programs and services offered by this Agency, our Department of Family and Community Services staff is dedicated to focusing on the needs of Head Start families. These families are given opportunities to complete a Family Partnership Agreement. This assessment tool is used to identify social service and other needs of the families and also serves as a "contract" between families and HCHRA. Under this "contract", families agree to partner with us in order to jointly develop a plan for accomplishing family goals and objectives.

As we work to address the needs of families and individuals living in poverty, we will also continue working to assist citizens who are often marginalized - the elderly, disabled and children with special needs. Efforts will continue to include citizens living in outlying areas who have limited access to transportation. In order to ensure accessibility to our programs and services for the elderly and/or persons with disabilities, HCHCRA conducts home visits when needed. Thursdays are designated for the elderly and disabled to receive case management appointments at the agency's Administrative Office, and transportation is dispatched to rural areas to ensure that citizens are able to make case management appointments and take care of other business. Services are prioritized for elderly and/or disabled clients with severe medical issues, loss of income or other attached emergencies.

Through partnerships with Local Education Agencies (LEA) as well as the local Health Department's First Step Program, Head Start staff ensures that every child identified with a disability receives proper services. In 2011 HCHRA launched an aggressive advertising campaign to reach parents of children with disabilities so that they could not only gain access to Head Start but also to other programs and services offered by HCHRA and our various community partners. Providing services for children with special needs remains a priority, as 94% of the CSNA respondents indicated such services as "essential" or "very desirable". Children with special needs will continue to be served largely through referral to agencies specializing in meeting the distinct requirements of this population. HCHRA case managers will work closely with Head Start Family Service Workers who have fully-developed resources for special needs Head Start children. For families with a special needs child, the case manager will incorporate services for the child in the case plan.

Our family-centered approach will promote open communication, trust, objectivity, empathy, and respect - all of which are necessary to ensure a shared vision and to reach measurable goals.

Homeless women with children comprise another targeted special-needs group that we will assist by coordinating services with homeless shelters. Hinds County does not have sufficient services to meet the needs of this growing population. As previously mentioned, 87% of CSNA respondents indicated shelter as “necessary”, and 89% indicated the same for food and clothing. Homeless women and children are among those who desperately require these very basic needs.

Through HCHRA Administrative Action Team meetings, informational handouts, and in-service training, agency staff will be provided periodic updates regarding available services and programs. Brochures, fliers, and other pertinent information will be given to Agency bus and van drivers to help them answer basic questions, since they are often a first point of contact for the Agency. Program information will also be provided to other agencies that operate home-delivered meal services in outlying areas, because many of these citizens will be eligible for HCHRA assistance.

HCHRA maintains a working relationship with Hinds County disaster assistance agencies, including the Red Cross, Hinds County Emergency Management Service, Hinds County Emergency Operations Center, Jackson Police Department, Hinds County Sheriff’s Department, and medical facilities. We will coordinate and cooperate with all agencies responding to disasters and assist with obtaining food and needed supplies to respond. To accommodate the elderly and others with physical and/or other limitations, HCHRA will coordinate special programs and/or events to offer detailed information, instructions, and other potentially life-saving tips to make certain that our clients are equipped with enough knowledge and resources, so that in an emergency they will be able to respond appropriately.

As the 2011 Community Strengths and Needs Assessment reveals, Hinds County Mississippi continues to experience poverty; therefore, its citizens continue to have a significant number of unmet needs. This only fuels the proverbial flame of determination for HCHRA, as we move forward and continue working diligently to address and meet the needs of as many people as possible through our comprehensive service delivery plan. The following are some of our goals and objectives for the Department of Community Programs and Services:

Employment

- 60 individuals will receive a full-time job above minimum wage.
- 34 individuals will receive a full-time job at minimum wage.
- 40 individuals will receive a part-time job at minimum wage.
- 35 individuals will receive a part-time job at above minimum wage.

Education

- 5 individuals will complete literacy/ABE training.
- 10 individuals will complete their GED.
- 20 individuals will complete vocational training/acquire job skills.
- 25 individuals will graduate with a 2-year degree.
- 10 individuals will graduate with a 4-year degree.

Income Management

- 5 individuals will complete money management skills training.
- 15 individuals will be debt free.
- 20 individuals will have monthly income that meets/exceeds expenses.
- 150 individuals will have checking accounts.
- 20 individuals will have savings accounts.
- 100 individuals will have income that is 100% wages/salaries.

Housing

- 40 individuals will have safe and adequate housing that is subsidized.
- 80 individuals will have safe and adequate housing: single-family rental.
- 70 individuals will have safe and adequate housing: single-family owner.
- 20 individuals will spend less than 1/3 of income on housing.
- 2 homes will be weatherized.
- 2 homes will be repaired or rehabilitated.

Nutrition

560 individuals will be served.

20 individuals will be free of governmental assistance for food.

300 families will be assisted with meals.

30 individuals will require limited governmental assistance for food.

60 individuals will complete nutritional education training.

150 will be assisted with self-help projects.

Health & Safety

150 individuals will have health insurance: non-employer.

40 individuals will have health insurance: employer.

55 homes will be safe and fully accessible.

45 families will have an identified physician/clinic.

45 individuals will have permanent health care provider.

250 individuals will complete health education training.

25 individuals will demonstrate clear evidence of good personal hygiene.

Low-Income Home Energy Assistance (LIHEAP)/Weatherization

4,490 families will become stable after LIHEAP and/or weatherization assistance.

2,110 households will be stabilized to become self sufficient - This will include households with vulnerable citizens (*disabled, elderly and children*).

615 households will experience increased energy affordability.

1,250 fewer households will require intense targeting for assistance or crisis intervention.

1,750 previously served LIHEAP recipients will make regular utility payments.

1,250 households will increase efficiency of energy consumption

HCHRA will also continue to work toward the following specific goals for our Head Start Program:

- To increase by three the number of Head Start Centers accredited by the National Association for the Education of Young Children (NAEYC) and maintain the current accreditation status for the Eulander Kendrick, Annie Smith (EHS), Holy Ghost, and South Jackson Head Start centers.
- To develop, expand and maintain additional community partnerships to generate additional non-federal resources thereby lessening the program's reliance on Head Start dollars while strengthening its posture in the community. We also plan to expand the scope of our partnerships with area LEAs to include donations of additional land and/or classroom space.
- To upgrade/improve Head Start facilities program-wide in order to provide for a safe, appropriate and healthy learning environment for children, staff and parents.
- To intensify our efforts to make parents aware of the monthly curriculum objectives.
- To improve the extent to which Head Start parents work with children outside of the center to support the curriculum objectives.
- To apply to the Housing and Urban Development Rural Housing and Economic Development Program for a grant. This will be used to acquire land for the design and construction of a full-service community center (that will include Head Start classrooms) in an under-served rural area of southwestern Hinds County.

As HCHRA works to successfully complete each of these short-term goals and strategically prepare to develop and accomplish long-term goals, we maintain a keen focus on the children and families we serve. We remain mission driven and determined to eradicate poverty in Hinds County Mississippi.

The complete 2011 HCHRA CSNA Data Output Report is attached.



*Helping Families,
Strengthening Communities*

ATTACHMENTS

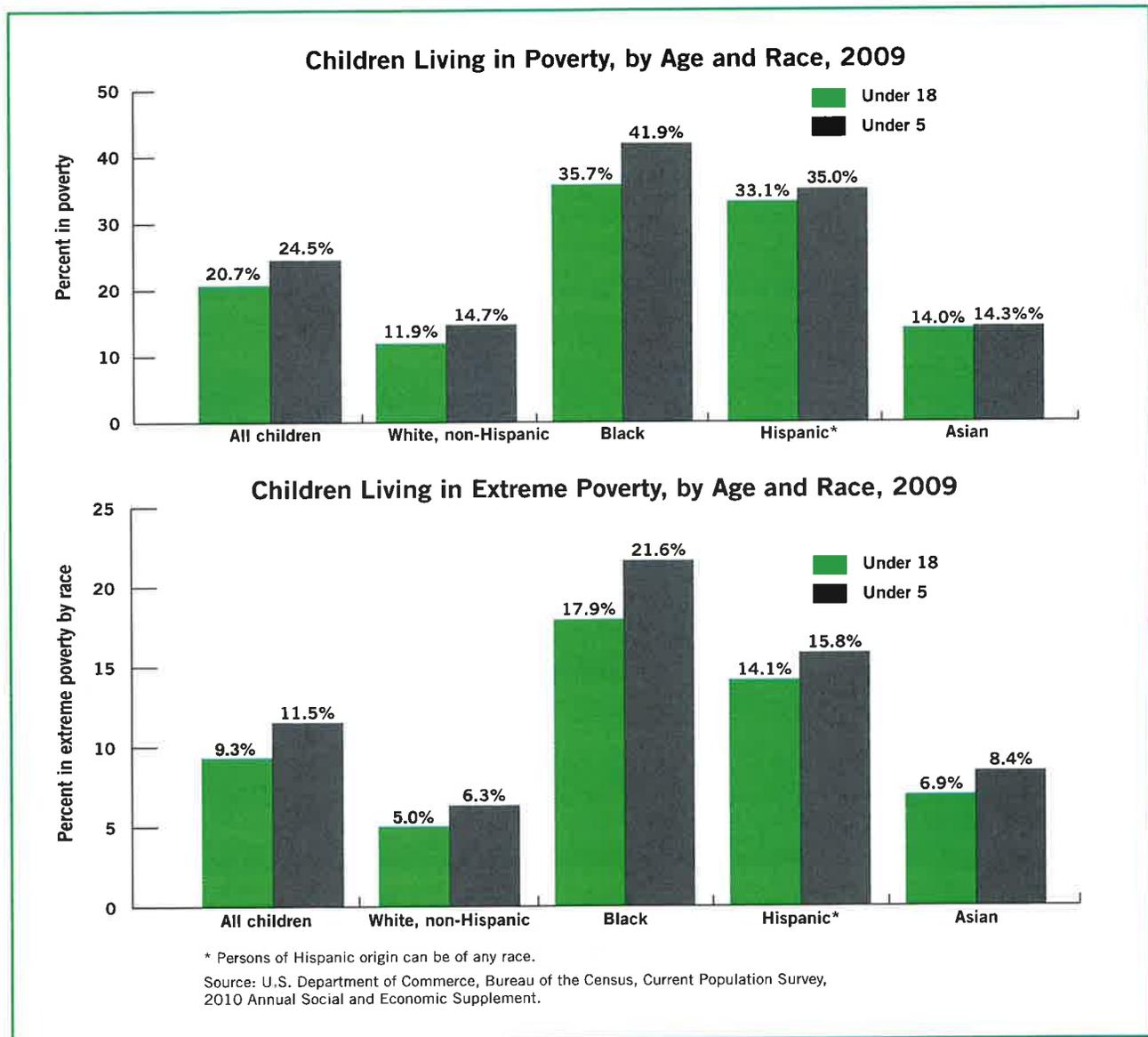
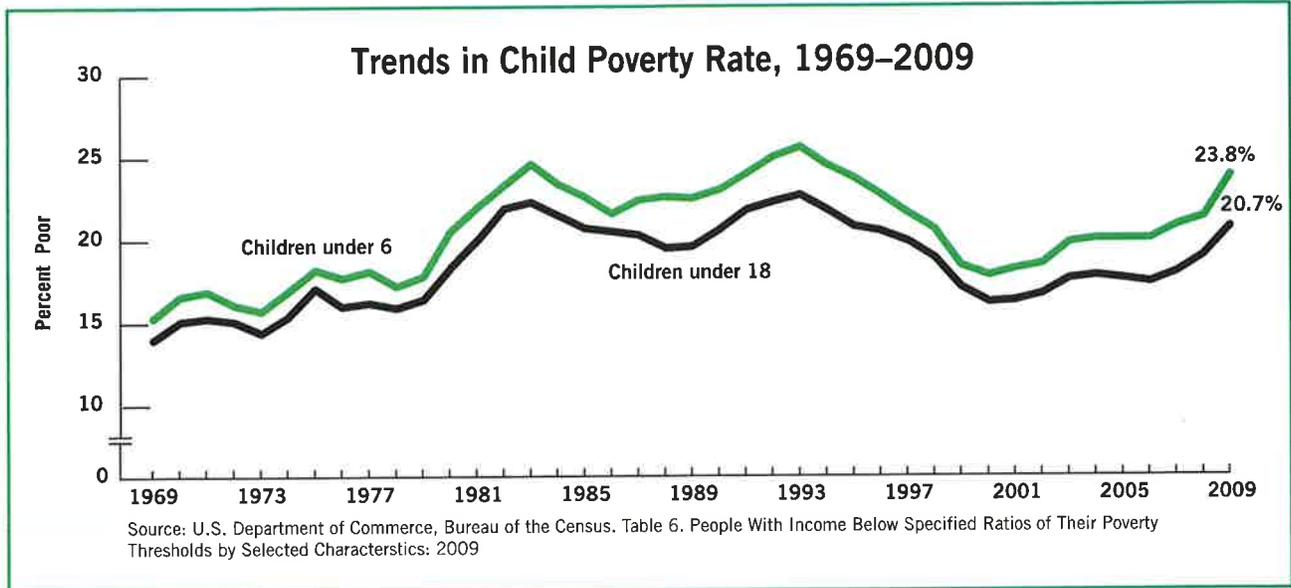
Trends In Poverty Chart

Head Start Distance Evaluation

Needs Ranked by Group

CSNA Data Output Report

Our youngest children are most at risk of being poor. Young children of color continue to suffer disproportionately from poverty and extreme poverty.



Attachment: Head Start Distance Evaluation

2011 HCHRA Head Start Distance Evaluation

Center-based services vs. Head Start Distance					
	Distance between Head Start Center and Respondent's home				Total
	5 miles or less	more than 5 miles but less than 10 miles	more than 10 miles but less than 15 miles	15 miles or more	
Essential	466	178	112	58	
Very desirable	94	48	22	16	180
Desirable	56	24	12	5	97
Not important	5	3	4	3	15
Total	621	253	150	82	1106

Frequency Missing = 267

Home-based services vs. Head Start Distance					
	Distance between Head Start Center and Respondent's home				Total
	5 miles or less	more than 5 miles but less than 10 miles	more than 10 miles but less than 15 miles	15 miles or more	
Essential	382	148	87	48	665
Very desirable	117	58	35	17	227
Desirable	89	34	25	9	157
Not important	16	10	5	5	36
Total	604	250	152	79	1085

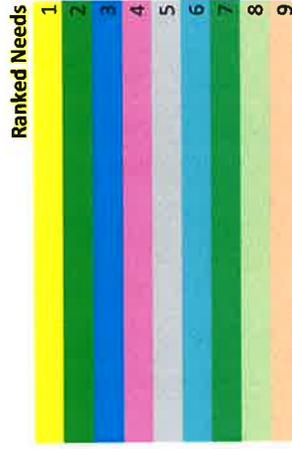
Frequency Missing = 288

Attachment: Head Start Distance Evaluation

Combination of the above vs. Head Start Distance					
	Distance between Head Start Center and Respondent's home				Total
	5 miles or less	more than 5 miles but less than 10 miles	more than 10 miles but less than 15 miles	15 miles or more	
Essential	425	172	108	48	753
Very desirable	108	46	28	17	199
Desirable	85	31	17	12	145
Not important	12	7	3	4	26
Total	630	256	156	81	1123
Frequency Missing = 250					

ATTACHMENT: Needs Ranked by Group

Respondent's relation to agency	Needs Ranked by Group									Total
	Employment	Education	Income management	Housing	Emergency	Nutrition	Health and safety	Child care	Transportation	
Elected official	81	13	10	9	3	3	9	9	6	143
Board member	16	14	4	4	0	2	5	6	2	53
Service provider	21	12	4	9	2	2	4	5	3	62
Civic organization	2	2	0	2	0	0	0	0	0	6
Head Start family	456	293	127	239	42	48	135	205	106	1651
Citizen at large	85	32	20	29	9	5	17	14	10	221
Client	281	107	64	104	15	17	50	72	53	763
Agency employee	6	1	0	6	1	0	2	3	4	23
Total	948	474	229	402	72	77	222	314	184	2922





Helping Families,
Strengthening Communities

Hinds County Human Resource Agency
Community Strengths and Needs Assessment (CSNA)
BASIC OUTPUT

The FREQ Procedure

county				
county	Frequency	Percent	Cumulative Frequency	Cumulative Percent
BOLIVAR	1	0.08	1	0.08
COOK	1	0.08	2	0.16
HINDS	1267	99.45	1269	99.61
JEFFERSON	1	0.08	1270	99.69
MADISON	4	0.31	1274	100.00

Frequency Missing = 99

city				
city	Frequency	Percent	Cumulative Frequency	Cumulative Percent
BOLTON	25	1.97	25	1.97
BRYAM	22	1.74	47	3.71
CANTON	1	0.08	48	3.79
CLEVELAND	1	0.08	49	3.87
CLINTON	60	4.74	109	8.61
EDWARDS	36	2.84	145	11.45
FAYETTE	1	0.08	146	11.53

city				
city	Frequency	Percent	Cumulative Frequency	Cumulative Percent
JACKSON	1045	82.54	1191	94.08
RAYMOND	21	1.66	1212	95.73
RICHLAND	1	0.08	1213	95.81
RIDGELAND	2	0.16	1215	95.97
TERRY	13	1.03	1228	97.00
UTICA	38	3.00	1266	100.00

Frequency Missing = 107

Internship/On-the-job training				
employ_a	Frequency	Percent	Cumulative Frequency	Cumulative Percent
Necessary	1107	86.35	1107	86.35
Unnecessary	65	5.07	1172	91.42
No Opinion	110	8.58	1282	100.00

Frequency Missing = 91

Job creation services				
employ_b	Frequency	Percent	Cumulative Frequency	Cumulative Percent
Necessary	1130	87.87	1130	87.87
Unnecessary	67	5.21	1197	93.08
No Opinion	89	6.92	1286	100.00

Frequency Missing = 87

Job placement services				
employ_c	Frequency	Percent	Cumulative Frequency	Cumulative Percent
Necessary	1129	88.13	1129	88.13
Unnecessary	61	4.76	1190	92.90
No Opinion	91	7.10	1281	100.00

Frequency Missing = 92

Improved public education				
educa_a	Frequency	Percent	Cumulative Frequency	Cumulative Percent
Necessary	1177	90.40	1177	90.40
Unnecessary	60	4.61	1237	95.01
No Opinion	65	4.99	1302	100.00

Frequency Missing = 71

GED/Adult basic education classes				
educa_b	Frequency	Percent	Cumulative Frequency	Cumulative Percent
Necessary	1136	87.79	1136	87.79
Unnecessary	71	5.49	1207	93.28
No Opinion	87	6.72	1294	100.00

Frequency Missing = 79

Tutorial assistance				
educa_c	Frequency	Percent	Cumulative Frequency	Cumulative Percent
Necessary	1119	87.76	1119	87.76
Unnecessary	72	5.65	1191	93.41
No Opinion	84	6.59	1275	100.00

Frequency Missing = 98

Youth services				
educa_d	Frequency	Percent	Cumulative Frequency	Cumulative Percent
Necessary	1149	89.98	1149	89.98
Unnecessary	59	4.62	1208	94.60
No Opinion	69	5.40	1277	100.00

Frequency Missing = 96

Money management skill training				
income_a	Frequency	Percent	Cumulative Frequency	Cumulative Percent
Necessary	1067	81.64	1067	81.64
Unnecessary	109	8.34	1176	89.98
No Opinion	131	10.02	1307	100.00

Frequency Missing = 66

Household financial counseling				
income_b	Frequency	Percent	Cumulative Frequency	Cumulative Percent
Necessary	1007	78.00	1007	78.00
Unnecessary	146	11.31	1153	89.31
No Opinion	138	10.69	1291	100.00

Frequency Missing = 82

Tax preparation assistance				
income_c	Frequency	Percent	Cumulative Frequency	Cumulative Percent
Necessary	965	76.10	965	76.10
Unnecessary	149	11.75	1114	87.85
No Opinion	154	12.15	1268	100.00

Frequency Missing = 105

Rent/mortgage assistance				
house_a	Frequency	Percent	Cumulative Frequency	Cumulative Percent
Necessary	1187	90.40	1187	90.40
Unnecessary	63	4.80	1250	95.20
No Opinion	63	4.80	1313	100.00

Frequency Missing = 60

Decent/affordable housing				
house_b	Frequency	Percent	Cumulative Frequency	Cumulative Percent
Necessary	1119	88.32	1119	88.32
Unnecessary	79	6.24	1198	94.55
No Opinion	69	5.45	1267	100.00

Frequency Missing = 106

Housing counseling				
house_c	Frequency	Percent	Cumulative Frequency	Cumulative Percent
Necessary	951	75.60	951	75.60
Unnecessary	166	13.20	1117	88.79
No Opinion	141	11.21	1258	100.00

Frequency Missing = 115

House rehabilitation				
house_d	Frequency	Percent	Cumulative Frequency	Cumulative Percent
Necessary	960	76.74	960	76.74
Unnecessary	142	11.35	1102	88.09
No Opinion	149	11.91	1251	100.00

Frequency Missing = 122

Weatherization				
house_e	Frequency	Percent	Cumulative Frequency	Cumulative Percent
Necessary	954	75.59	954	75.59
Unnecessary	146	11.57	1100	87.16
No Opinion	162	12.84	1262	100.00

Frequency Missing = 111

Crisis intervention				
emerg_a	Frequency	Percent	Cumulative Frequency	Cumulative Percent
Necessary	1101	86.56	1101	86.56
Unnecessary	94	7.39	1195	93.95
No Opinion	77	6.05	1272	100.00

Frequency Missing = 101

Food/clothes donation				
emerg_b	Frequency	Percent	Cumulative Frequency	Cumulative Percent
Necessary	1137	88.48	1137	88.48
Unnecessary	89	6.93	1226	95.41
No Opinion	59	4.59	1285	100.00

Frequency Missing = 88

Shelter				
emerg_c	Frequency	Percent	Cumulative Frequency	Cumulative Percent
Necessary	1103	87.19	1103	87.19
Unnecessary	92	7.27	1195	94.47
No Opinion	70	5.53	1265	100.00

Frequency Missing = 108

Cash assistance				
emerg_d	Frequency	Percent	Cumulative Frequency	Cumulative Percent
Necessary	1149	88.73	1149	88.73
Unnecessary	64	4.94	1213	93.67
No Opinion	82	6.33	1295	100.00

Frequency Missing = 78

Nutrition counseling				
nutri_a	Frequency	Percent	Cumulative Frequency	Cumulative Percent
Necessary	994	77.96	994	77.96
Unnecessary	166	13.02	1160	90.98
No Opinion	115	9.02	1275	100.00

Frequency Missing = 98

Congregate meals				
nutri_b	Frequency	Percent	Cumulative Frequency	Cumulative Percent
Necessary	948	76.21	948	76.21
Unnecessary	161	12.94	1109	89.15
No Opinion	135	10.85	1244	100.00

Frequency Missing = 129

Home-delivered meals for elderly/disabled				
nutri_c	Frequency	Percent	Cumulative Frequency	Cumulative Percent
Necessary	1091	85.23	1091	85.23
Unnecessary	107	8.36	1198	93.59
No Opinion	82	6.41	1280	100.00

Frequency Missing = 93

Clean water supply				
nutri_d	Frequency	Percent	Cumulative Frequency	Cumulative Percent
Necessary	1089	85.75	1089	85.75
Unnecessary	111	8.74	1200	94.49
No Opinion	70	5.51	1270	100.00

Frequency Missing = 103

Physical/Dental exam and immunization				
health_a	Frequency	Percent	Cumulative Frequency	Cumulative Percent
Necessary	1157	89.48	1157	89.48
Unnecessary	80	6.19	1237	95.67
No Opinion	56	4.33	1293	100.00

Frequency Missing = 80

Prevention of alcohol/drug abuse				
heath_b	Frequency	Percent	Cumulative Frequency	Cumulative Percent
Necessary	1072	84.41	1072	84.41
Unnecessary	112	8.82	1184	93.23
No Opinion	86	6.77	1270	100.00

Frequency Missing = 103

Pregnancy related/infant health				
health_c	Frequency	Percent	Cumulative Frequency	Cumulative Percent
Necessary	1084	85.83	1084	85.83
Unnecessary	99	7.84	1183	93.67
No Opinion	80	6.33	1263	100.00

Frequency Missing = 110\

Crime intervention				
health_d	Frequency	Percent	Cumulative Frequency	Cumulative Percent
Necessary	1103	87.06	1103	87.06
Unnecessary	97	7.66	1200	94.71
No Opinion	67	5.29	1267	100.00

Frequency Missing = 106

Child care				
linka_a	Frequency	Percent	Cumulative Frequency	Cumulative Percent
Necessary	1175	90.87	1175	90.87
Unnecessary	67	5.18	1242	96.06
No Opinion	51	3.94	1293	100.00

Frequency Missing = 80

Transportation				
linka_b	Frequency	Percent	Cumulative Frequency	Cumulative Percent
Necessary	1138	88.63	1138	88.63
Unnecessary	95	7.40	1233	96.03
No Opinion	51	3.97	1284	100.00

Frequency Missing = 89

Referral to other services				
linka_c	Frequency	Percent	Cumulative Frequency	Cumulative Percent
Necessary	1078	85.62	1078	85.62
Unnecessary	85	6.75	1163	92.37
No Opinion	96	7.63	1259	100.00

Frequency Missing = 114

Are you currently employed?				
Q4	Frequency	Percent	Cumulative Frequency	Cumulative Percent
Yes	779	59.47	779	59.47
No	531	40.53	1310	100.00

Frequency Missing = 63

Would you attend educational or job training classes if it meant a better job?				
Q5	Frequency	Percent	Cumulative Frequency	Cumulative Percent
Yes	1050	82.10	1050	82.10
No	229	17.90	1279	100.00

Frequency Missing = 94

Why not attending training classes?				
q6a	Frequency	Percent	Cumulative Frequency	Cumulative Percent
Lack of/cannot afford child care	91	31.38	91	31.38
Lack of transportation	43	14.83	134	46.21
Satisfied with current job	90	31.03	224	77.24
Other	66	22.76	290	100.00

Frequency Missing = 1083

Would you be willing to volunteer or participate in a community group?				
Q7	Frequency	Percent	Cumulative Frequency	Cumulative Percent
Yes	1011	79.11	1011	79.11
No	267	20.89	1278	100.00

Frequency Missing = 95

Based on your observation, do you think that local and new businesses are expanding in your community?				
Q8	Frequency	Percent	Cumulative Frequency	Cumulative Percent
Yes	531	40.81	531	40.81
No	770	59.19	1301	100.00

Frequency Missing = 72

Center-based services				
struct_a	Frequency	Percent	Cumulative Frequency	Cumulative Percent
Essential	856	73.48	856	73.48
Very desirable	185	15.88	1041	89.36
Desirable	105	9.01	1146	98.37
Not important	19	1.63	1165	100.00

Frequency Missing = 208

Home-based services				
struct_b	Frequency	Percent	Cumulative Frequency	Cumulative Percent
Essential	701	61.44	701	61.44
Very desirable	236	20.68	937	82.12
Desirable	164	14.37	1101	96.49
Not important	40	3.51	1141	100.00

Frequency Missing = 232

Combination of the above				
struct_c	Frequency	Percent	Cumulative Frequency	Cumulative Percent
Essential	793	67.15	793	67.15
Very desirable	206	17.44	999	84.59
Desirable	153	12.96	1152	97.54
Not important	29	2.46	1181	100.00

Frequency Missing = 192

Good learning environment				
child_a	Frequency	Percent	Cumulative Frequency	Cumulative Percent
Essential	1063	84.03	1063	84.03
Very desirable	155	12.25	1218	96.28
Desirable	40	3.16	1258	99.45
Not important	7	0.55	1265	100.00

Frequency Missing = 108

Skilled and sensitive staff				
child_b	Frequency	Percent	Cumulative Frequency	Cumulative Percent
Essential	995	81.16	995	81.16
Very desirable	170	13.87	1165	95.02
Desirable	50	4.08	1215	99.10
Not important	11	0.90	1226	100.00

Frequency Missing = 147

Medical/dental/mental health services				
child_c	Frequency	Percent	Cumulative Frequency	Cumulative Percent
Essential	982	80.36	982	80.36
Very desirable	178	14.57	1160	94.93
Desirable	50	4.09	1210	99.02
Not important	12	0.98	1222	100.00

Frequency Missing = 151

Nutritious meals snacks				
child_d	Frequency	Percent	Cumulative Frequency	Cumulative Percent
Essential	993	81.26	993	81.26
Very desirable	169	13.83	1162	95.09
Desirable	46	3.76	1208	98.85
Not important	14	1.15	1222	100.00

Frequency Missing = 151

Services for disabled children				
child_e	Frequency	Percent	Cumulative Frequency	Cumulative Percent
Essential	990	81.28	990	81.28
Very desirable	159	13.05	1149	94.33
Desirable	49	4.02	1198	98.36
Not important	20	1.64	1218	100.00

Frequency Missing = 155

Service for immigrants				
child_f	Frequency	Percent	Cumulative Frequency	Cumulative Percent
Essential	801	67.54	801	67.54
Very desirable	177	14.92	978	82.46
Desirable	135	11.38	1113	93.84
Not important	73	6.16	1186	100.00

Frequency Missing = 187

Other				
child_ga	Frequency	Percent	Cumulative Frequency	Cumulative Percent
Essential	346	67.45	346	67.45
Very desirable	71	13.84	417	81.29
Desirable	37	7.21	454	88.50
Not important	59	11.50	513	100.00

Frequency Missing = 860

If there is a Head Start/Child Development Center in your community, what is distance between the center and your home?				
Q10	Frequency	Percent	Cumulative Frequency	Cumulative Percent
5 miles or less	685	55.78	685	55.78
more than 5 miles but less than 10 miles	286	23.29	971	79.07
more than 10 miles but less than 15 miles	168	13.68	1139	92.75
15 miles or more	89	7.25	1228	100.00

Frequency Missing = 145

For a center-based Head Start/Child Development Center, which schedule best meets your needs?				
Q11	Frequency	Percent	Cumulative Frequency	Cumulative Percent
8 hours a day, 5 days a week	834	74.33	834	74.33
half day (morning preferred), 5 days a week	134	11.94	968	86.27
half day (afternoon preferred), 5 days a week	52	4.63	1020	90.91
More than 8 hours a day and/or 5 days a week	102	9.09	1122	100.00

Frequency Missing = 251

sex				
sex	Frequency	Percent	Cumulative Frequency	Cumulative Percent
Female	1136	99.91	1136	99.91
6	1	0.09	1137	100.00

Frequency Missing = 236

age				
age	Frequency	Percent	Cumulative Frequency	Cumulative Percent
0-19	80	6.06	80	6.06
20-44	1058	80.09	1138	86.15
45-49	167	12.64	1305	98.79
60 or over	16	1.21	1321	100.00

Frequency Missing = 52

race				
race	Frequency	Percent	Cumulative Frequency	Cumulative Percent
Black	1262	95.53	1262	95.53
White	39	2.95	1301	98.49
Hispanic origin	11	0.83	1312	99.32
Native American/Alaskan	1	0.08	1313	99.39
Asian/Pacific Islander	4	0.30	1317	99.70
Other	4	0.30	1321	100.00

Frequency Missing = 52

language				
language	Frequency	Percent	Cumulative Frequency	Cumulative Percent
English only	1273	96.95	1273	96.95
Spanish only	6	0.46	1279	97.41
Bilingual	30	2.28	1309	99.70
Other	4	0.30	1313	100.00

Frequency Missing = 60

education				
education	Frequency	Percent	Cumulative Frequency	Cumulative Percent
0-8 grade	42	3.23	42	3.23
9-12 grade	281	21.62	323	24.85
High school graduate	411	31.62	734	56.46
Some post secondary	78	6.00	812	62.46
2- or 4-year college graduate	344	26.46	1156	88.92
Post-college studies/graduate	144	11.08	1300	100.00

Frequency Missing = 73

relation				
relation	Frequency	Percent	Cumulative Frequency	Cumulative Percent
Elected official	54	4.94	54	4.94
Board member	18	1.65	72	6.58
Service provider	25	2.29	97	8.87
Civic organization	2	0.18	99	9.05
Head Start family	613	56.03	712	65.08
Citizen at large	86	7.86	798	72.94
Client	288	26.33	1086	99.27
Agency employee	8	0.73	1094	100.00

Frequency Missing = 279

Are you the single head of the household?				
singlehead	Frequency	Percent	Cumulative Frequency	Cumulative Percent
Yes	1012	77.79	1012	77.79
No	289	22.21	1301	100.00

Frequency Missing = 72

Your family size				
size	Frequency	Percent	Cumulative Frequency	Cumulative Percent
1-2	294	22.43	294	22.43
3-4	679	51.79	973	74.22
5-6	285	21.74	1258	95.96
7-8	44	3.36	1302	99.31
9 or more	9	0.69	1311	100.00

Frequency Missing = 62

Number of children under age 5 in household				
under5	Frequency	Percent	Cumulative Frequency	Cumulative Percent
None	390	29.55	390	29.55
1-2	796	60.30	1186	89.85
3-4	122	9.24	1308	99.09
5 or more	12	0.91	1320	100.00

Frequency Missing = 53

Number of disabled children in household				
disabl_c	Frequency	Percent	Cumulative Frequency	Cumulative Percent
None	1160	88.08	1160	88.08
1-2	147	11.16	1307	99.24
3 or more	10	0.76	1317	100.00

Frequency Missing = 56

Number of disabled adults in household				
disabl_a	Frequency	Percent	Cumulative Frequency	Cumulative Percent
None	1173	89.54	1173	89.54
1-2	135	10.31	1308	99.85
3 or more	2	0.15	1310	100.00

Frequency Missing = 63

Number of elderly(age 60 or over) in household				
elderly	Frequency	Percent	Cumulative Frequency	Cumulative Percent
None	1194	92.63	1194	92.63
1-2	94	7.29	1288	99.92
4	1	0.08	1289	100.00

Frequency Missing = 84

Your household annual income				
income	Frequency	Percent	Cumulative Frequency	Cumulative Percent
\$0 -4,999	515	41.87	515	41.87
\$5,000 -9,999	165	13.41	680	55.28
\$10,000 -14,999	139	11.30	819	66.59
\$15,000 -19,999	165	13.41	984	80.00
\$20,000 -24,999	104	8.46	1088	88.46
\$25,000 or over	142	11.54	1230	100.00

Frequency Missing = 143

Your household income source(s)				
sourcea	Frequency	Percent	Cumulative Frequency	Cumulative Percent
Wages	539	45.14	539	45.14
Unemployment Insurance	52	4.36	591	49.50
Social Security/SSI	131	10.97	722	60.47
Food Stamps	403	33.75	1125	94.22
TANF	8	0.67	1133	94.89
VA Benefits	3	0.25	1136	95.14
Pensions	5	0.42	1141	95.56
Other	53	4.44	1194	100.00

Frequency Missing = 179

Your housing				
house	Frequency	Percent	Cumulative Frequency	Cumulative Percent
Own	305	25.91	305	25.91
Rent	796	67.63	1101	93.54
Homeless	15	1.27	1116	94.82
Other	61	5.18	1177	100.00

Frequency Missing = 196