



*Helping Families,  
Strengthening Communities*

# **Comprehensive Community Strengths & Needs Assessment**

Hinds County Human Resource Agency

## **2013**

**Kenn Cockrell**  
President & CEO

## **I. AGENCY OVERVIEW**

### **History**

By resolution of the Hinds County Board of Supervisors on September 22, 1975, the Hinds County Human Resource Agency (HCHRA) was created as the public, non-profit Community Action Agency for Hinds County. Through a comprehensive service delivery system, HCHRA administers human service programs to eligible clients who require much-needed assistance. In addition to the services made available by way of the Low-Income Home Energy Assistance Program (LIHEAP) and the Community Services Block Grant (CSBG), clients also have access to the HCHRA Head Start Program. Head Start was established in Hinds County and the City of Jackson in 1965 through the combined efforts of the Child Development Group of Mississippi and the City of Jackson. HCHRA Head Start was organized in 1967 and placed under the Community Services Association (CSA), then the Community Action Agency for Hinds County. CSA served as the grantee for HCHRA Head Start until 1975 when funding discontinued. Until a new Community Action Agency was organized, HCHRA Head Start operated under the auspices of the Hinds County Board of Supervisors and an interim Board of Directors. However, in April 1976 HCHRA officially became the Community Action Agency for Hinds County and since that time has served as the grantee agency for Head Start and as the county's provider of human services.

HCHRA is undergoing an organizational transition by modernizing its community and family assessment and agency planning processes; increasing its responsiveness to the needs of the community; and re-strengthening the long standing bonds with other nonprofits, government offices, and the community as a whole.

## **Current Programs Overview**

*To empower disadvantaged Hinds County citizens to become self-reliant and realize their full potential* is HCHRA's mission. HCHRA moves this mission forward through diversified social service programs that are provided primarily through the Agency's four Neighborhood Service Centers, thirteen Head Start Centers, two Head Start Satellite Sites, four Early Head Start facilities and almost four hundred staff.

Services are provided to more than 30,000 citizens each year including seniors, individuals with disabilities and families of low income throughout Hinds County. The programs and services include: Case Management and Low-Income Home Energy Assistance Program (LIHEAP) services for 8,000+ individuals each year; 48,000 rural transportation service calls covering 285,000+ miles with priority given to elderly citizens and individuals with disabilities; childcare and early education services through Head Start and Early Head Start; household financial counseling including tax preparation assistance; emergency family assistance; and opportunities to develop job skills, readiness and placement. HCHRA works diligently to help our clients achieve positive, measurable outcomes using a comprehensive case management system managed by licensed social workers.

Through the Head Start and Early Head Start programs, more than 2,000 infants, toddlers and pre-school children receive quality child care and education that prepares them to enter kindergarten. Head Start also provides a range of program activities and services including early childhood development and health services, family and community partnerships, parent education, volunteer services and other activities for children and families. 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 HCHRA provides with the sole purpose of offering opportunities to help individuals succeed in life. The Head Start program ensures that children receive the right start with a solid educational foundation.

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. Head Start’s center-based programs standard model is the approved program option of HCHRA. This option is operated at each of the thirteen (13) Head Start (HS) centers. Eight (8) of these centers are located in the city of Jackson and five (5) are located in rural Hinds County. There are two (2) satellite sites and two (2) Early Head Start (EHS) sites. Two of the Head Start centers also provide EHS services. The Head Start centers operate five (5) days per week six (6) hours per day, while the EHS operates five (5) days per week eight (8) hours per day. The major goals of the center-based program are: to prepare children for public school kindergarten; to prepare infant and toddlers for transition into Head Start or other appropriate services; to serve children with special needs and/or disabilities in an inclusive environment; and to ensure provisions for quality services to all enrolled students and pregnant women/teens.

During the 2012-2013 school year, HCHRA provided such support for 2,351 children who were enrolled in Head Start and Early Head Start. Of the 2,351 enrolled, 31 were of

Hispanic or Latin origin, 24 were white, and 24 were biracial or multiracial. Eighty-three of those enrolled received special education. Twenty-eight pregnant women also received support through the Early Head Start Program. All of these services are provided by highly qualified staff including 111 classroom teachers and 114 teacher assistants. All HCHRA Head Start and Early Start teachers are credentialed in early childhood education or a closely related field; 24 have advanced degrees; 87 have bachelor degrees; and 79 have associate degrees, of which, 14 are pursuing a bachelor's degree.

HCHRA provided transportation service for 420 children who otherwise may not have consistent access to Head Start. Without the fleet of 12 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.

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 1,804 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. According to the National Childcare Information Center, parents need human and social capital, such as basic

skills, education, and employment experience to move their families out of poverty. 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)

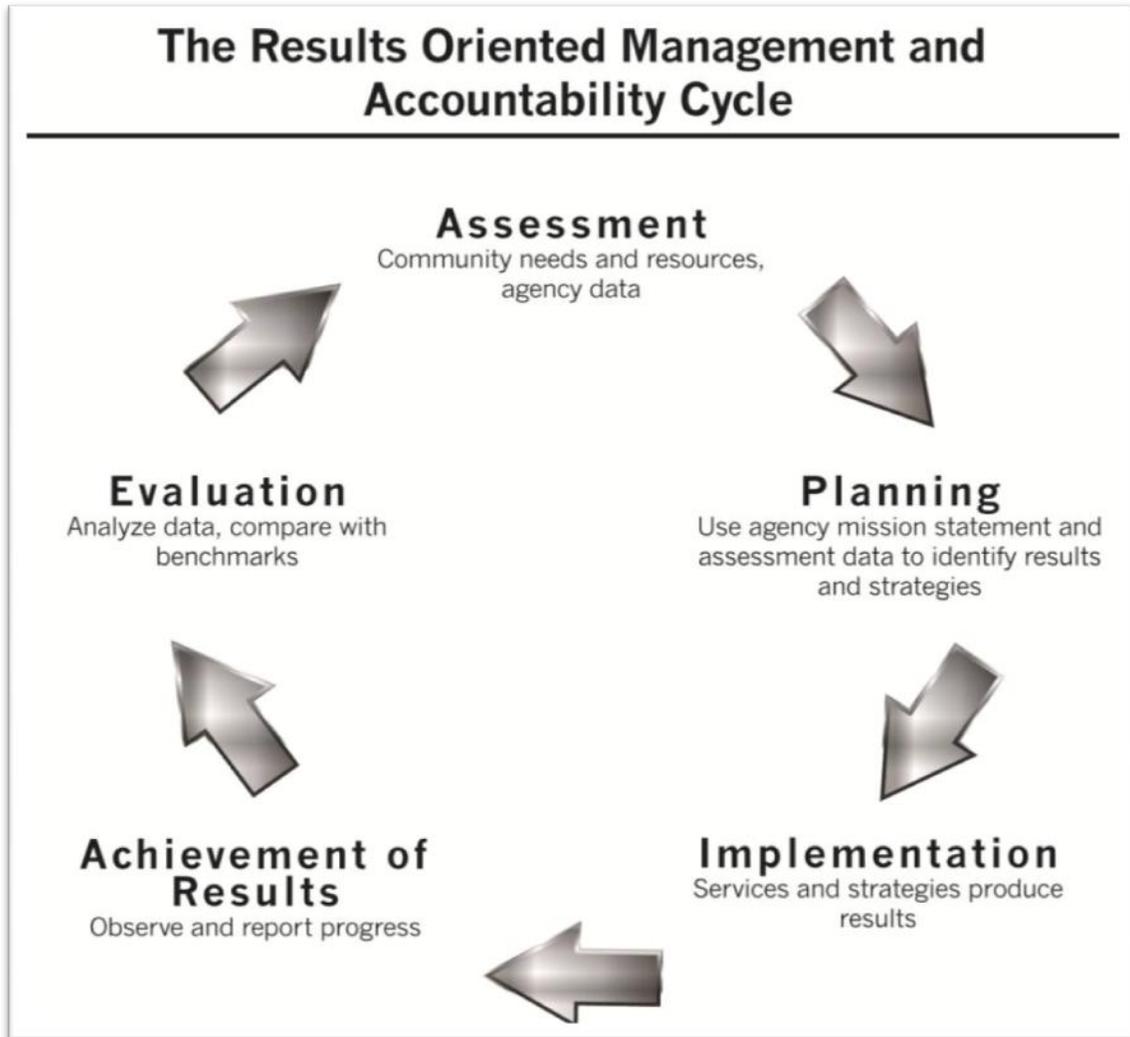
With poverty rates in Mississippi and Hinds County at 22% and 24% respectively, it is very important that our agency continues to improve programs and services and ensure that they are readily accessible to the community.

## **II. ASSESSMENT METHODOLOGY**

HCHRA’s program planning process includes a comprehensive 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 has a carefully developed structure and operating procedures in order to be effective at fulfilling its purpose. The strategic planning process helps HCHRA express a vision of the organization's potential and outline the steps necessary to work toward that potential, and determine the staffing needed to implement the plan. HCHRA uses The Results Oriented Management and Accountability (ROMA) Cycle developed by Julie Jakopic (Creating the Vision) and Barbara Mooney (Community Action Association of Pennsylvania) during their “Planning for Results” in 2006 as a guide for a results oriented planning process. They developed the ROMA Cycle to help contextualize the planning process within the full range of ROMA activities identified in U.S. Department of Health and Human Services CSBG IM 49.

The community services plan development cycle is as follows:

**Diagram 1: ROMA Cycle**



The annual community assessment process was conducted by the Hinds County Human Resource Agency from January 2013 through May 2013. HCHRA uses a bilateral, three-prong approach to assessing the community (Diagram 2: Assessment Process). Needs emphasis is placed on making decisions and setting priorities based on both quantitative and qualitative data, using both primary and secondary sources, and measuring them compared with the agency evaluation. Diagram 3 highlights the portion of the cycle this assessment will address, including evaluation of customer demographic data and outcomes compared to benchmarks.

Diagram 2: Assessment Process

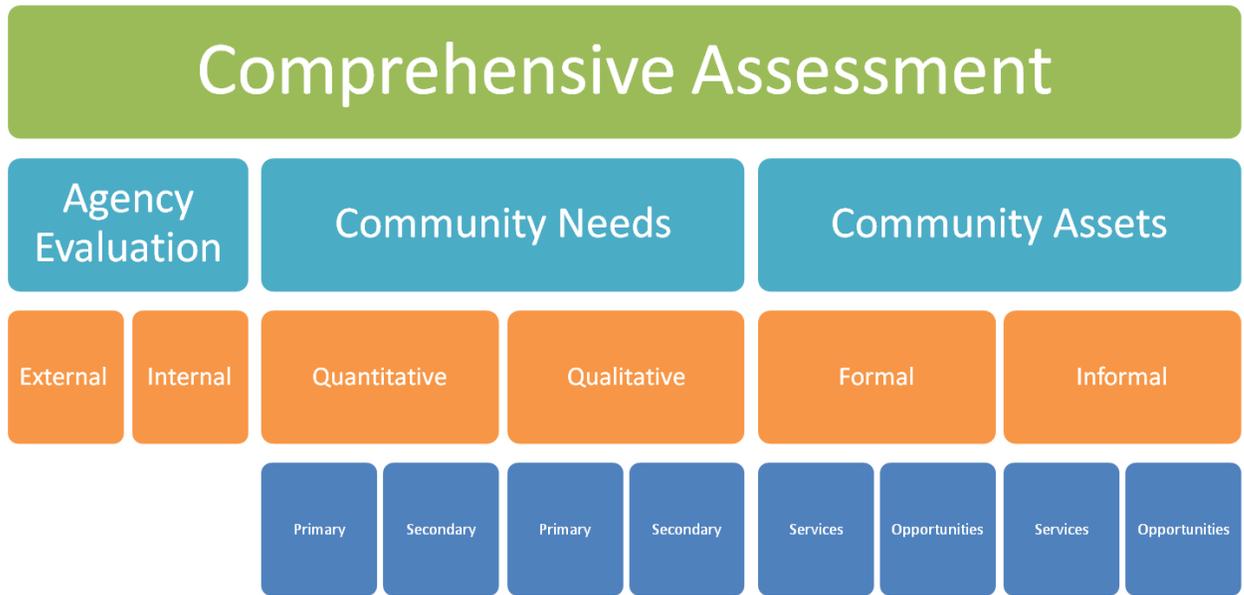
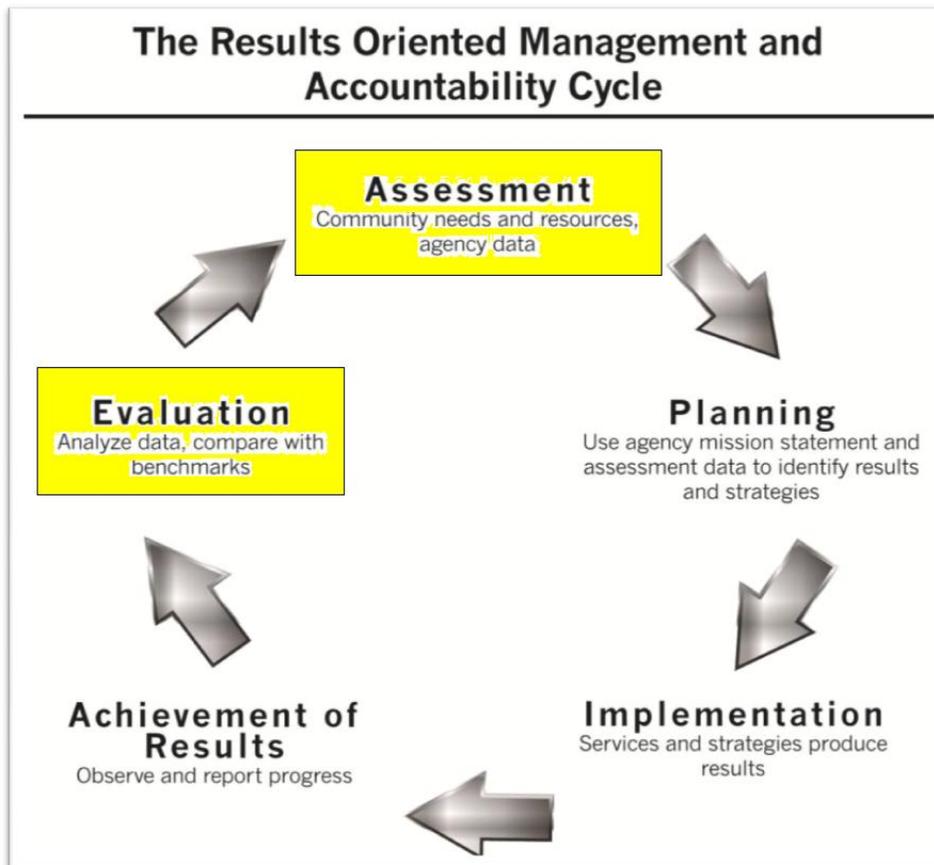


Diagram 3: ROMA Cycle, Evaluation and Assessment



Comprehensive assessment information was researched and gathered from:

- i. Agency Evaluation
- ii. Community Needs
  - o Quantitative
    - Primary – Customer research using agency intake and assessment forms and stored in HCHRA’s data system – Virtual ROMA;
    - Secondary – Community research through multiple federal and other national data sources including the CAP community assessment tool;
  - o Qualitative
    - Primary – Public opinion through distributed surveys and public forums
    - Secondary – Public opinion through partnership meetings and surveys
- iii. Community Assets
  - o Formal Partnerships – signed agreements and MOUs
    - Services – community organizations that provide actual assistance, vouchers, projects, programs or services to persons of low income
    - Opportunities – community businesses or organizations such as grocery stores, places of employment, childcare facilities, transit systems and housing options that are accessible to persons of low income
  - o Informal Partnerships – community assets that appear in the community but do not have formal agreements or MOUs with HCHRA
    - Services – community organizations that provide actual assistance, vouchers, projects, programs or services to persons of low income
    - Opportunities – community businesses or organizations such as grocery

stores, places of employment, childcare facilities, transit systems and housing options

### **III. COMPREHENSIVE ASSESSMENT**

#### **i. Agency Evaluation**

HCHRA uses a multi-method approach that involves (1) pre-assessment, which includes gathering baseline information via service scales; (2) data collection, which is done via the standard CSNA questionnaire, Virtual ROMA and the Head Start Family Partnership Agreement; (3) outcome projections, which involve transforming current status into projected outcomes via case management and family partnership agreements; and (4) implementation of 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.

HCHRA uses innovative ways and remains customer-based and outcome-focused by furthering development in three core levels of service: Family, Agency and Community. HCHRA focuses on assessing needs and developing opportunities and outcomes for persons of low-income to become more self-sufficient and for vulnerable populations to achieve their potential by strengthening family and other supportive systems (Family); so the conditions in which persons of low-income live are improved and so persons of low-income own a stake in their community (Community); so partnerships among supporters and providers of services to person of low-income are achieved and HCHRA increases its capacity to achieve results (Agency).

#### **2013 Outputs**

##### **Family**

- 7,635 families received home energy assistance

- 711 seniors were served more than 9,000 pre-plated lunches through congregate meals program
- 39,405 meals were delivered to 1,342 homes in Hinds County
- 2,355 children enrolled in Head Start and Early Head Start; 28 pregnant women were enrolled in Early Head Start
- 48,575 trips covering 285,887 miles were made via the Rural Transportation Program for citizens including the elderly and disabled
- 604 citizens received tax services

2012 outcomes at the family level include:

- Over 7,000 individuals were prevented from being homeless
- Over 700 elderly nutritional needs were met
- Over 1,349 household nutritional needs were met
- Over 2,000 infants and children obtain age-appropriate immunizations, medical, and dental care
- Over 2,000 infant and child health and physical development are improved as a result of adequate nutrition
- Over 1,000 children who participate in pre-school activities are developmentally ready to enter Kindergarten
- 144 clients gained employment
- 105 clients obtained skills/competencies required for employment
- Over 48,000 transportation needs were met
- Over \$1.5 million returned to the Hinds County economy through Earned Income Tax

Credits (EITC).

### **Community**

Two thousand one hundred twenty six (2,126) accessible safe and affordable child care or child development placement opportunities for low-income families in seventeen (17) centers were saved from reduction or elimination throughout Hinds County. Three neighborhood service areas were able to remain accessible in Hinds County. Transportation services including fifteen (15) buses with a total of two hundred thirty six (236) seats were saved from elimination. Three hundred ninety seven thousand hours of volunteer time was donated to the agency with over three hundred eighty four thousand of those hours coming from individuals of low income.

### **Agency**

HCHRA continued to develop its ability to produce outcomes throughout the 2013 year. The agency showed a partnership with 165 organizations. Three hundred eighty one (381) staff attended trainings in 2013 totaling to three thousand eight hundred twenty hours (3,820) of training. Sixteen (16) Board Members also attended training to account for one hundred ninety five (195) hours of training time. HCHRA hired a Nationally Certified ROMA Master Trainer set to begin in 2014 while also continuing to have a Certified ROMA Trainee set to complete training in 2014.

## **ii. Community Needs**

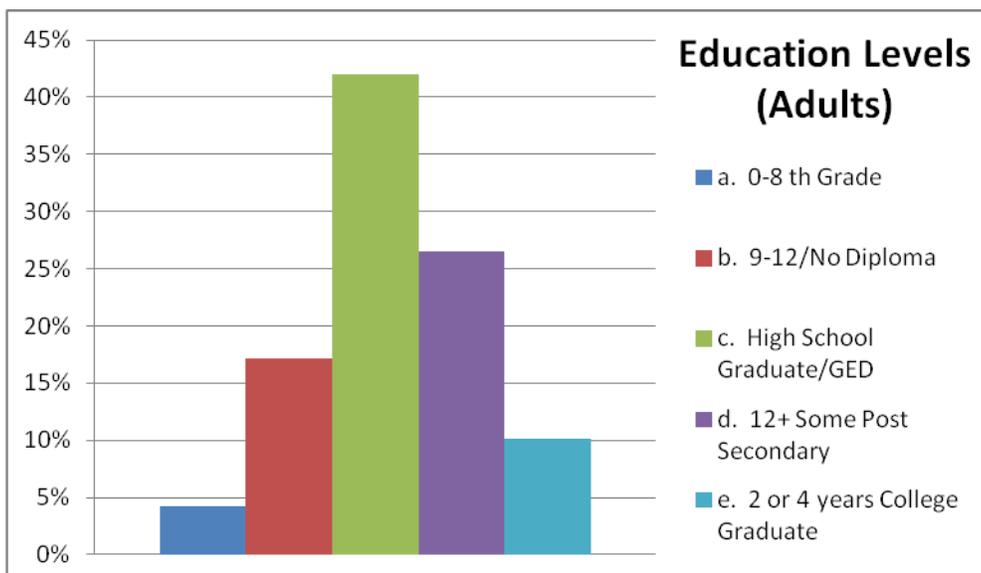
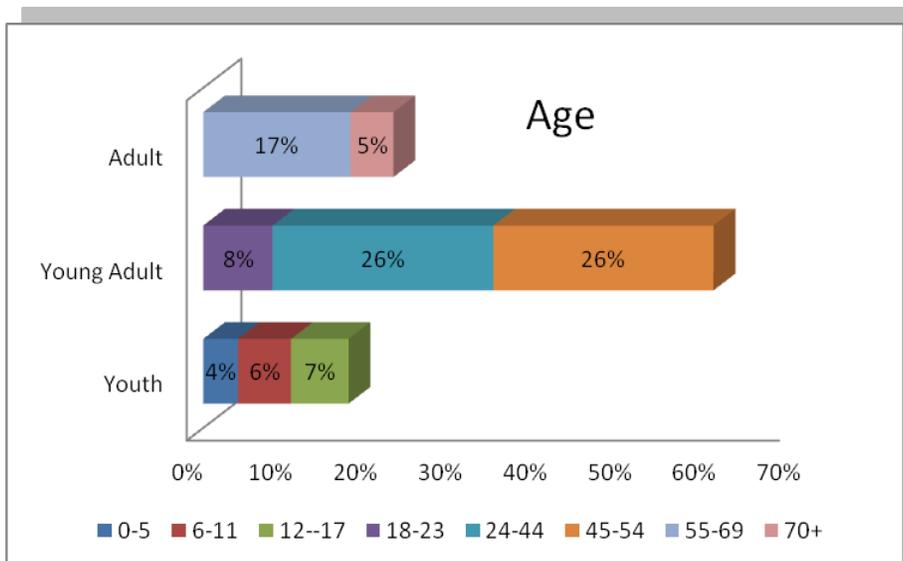
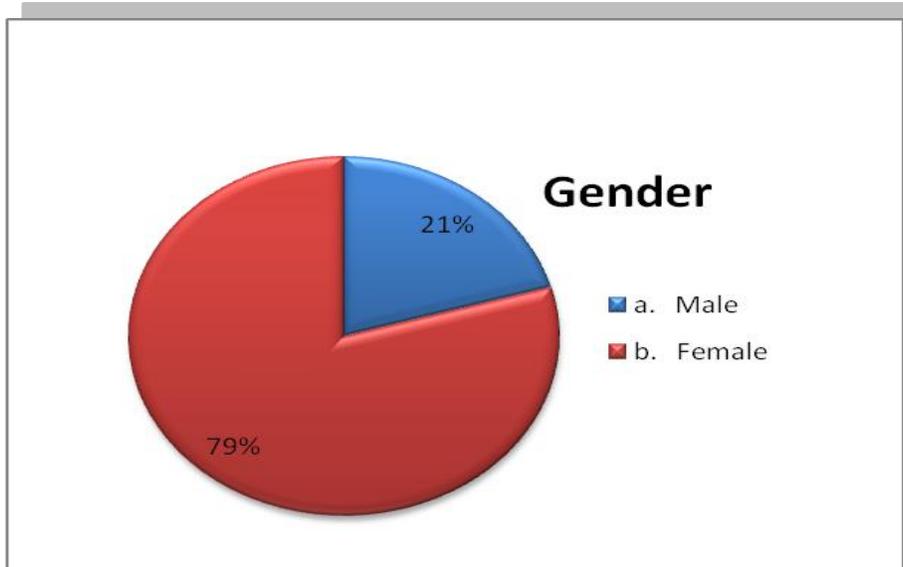
- **Quantitative Assessment Data**
  - **Primary**

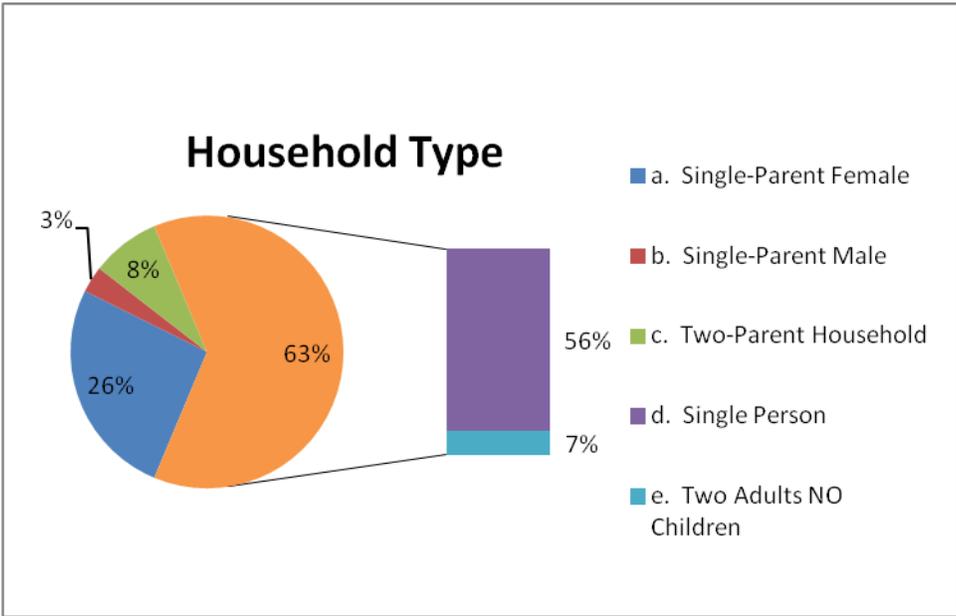
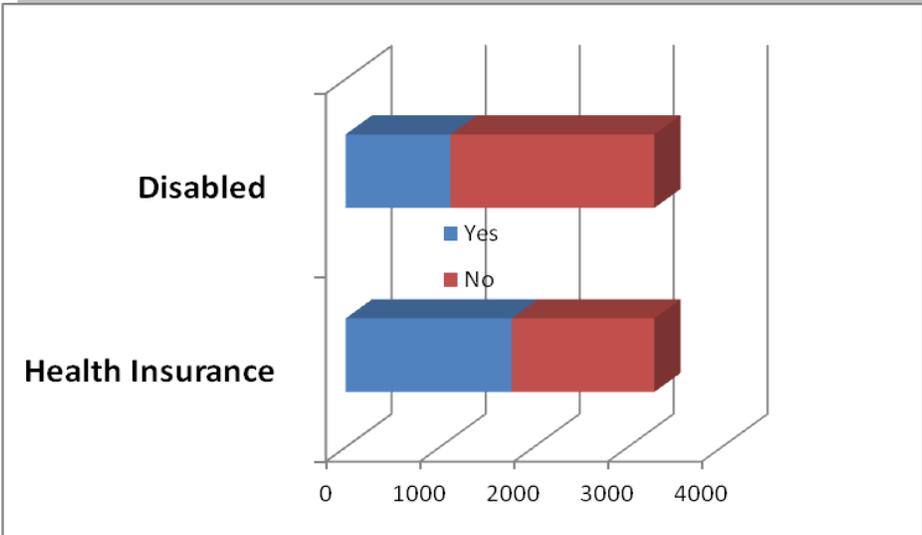
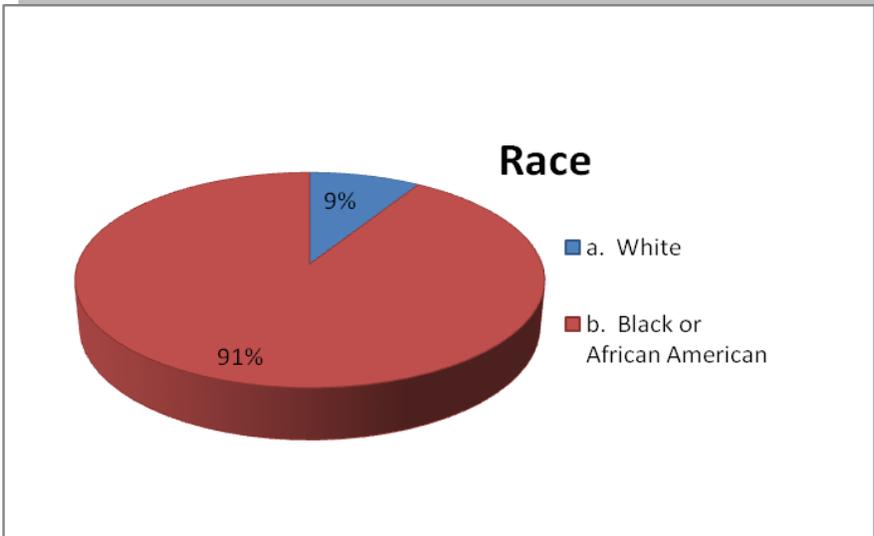
Moving forward, it is important to HCHRA that we not only study the demographics of communities as a whole, but also continue to develop an understanding of our populations from within their own defined communities, counties, neighborhoods and regions. Furthermore, it is important to use local data of individuals that are currently accessing our services through multiple projects and programs.

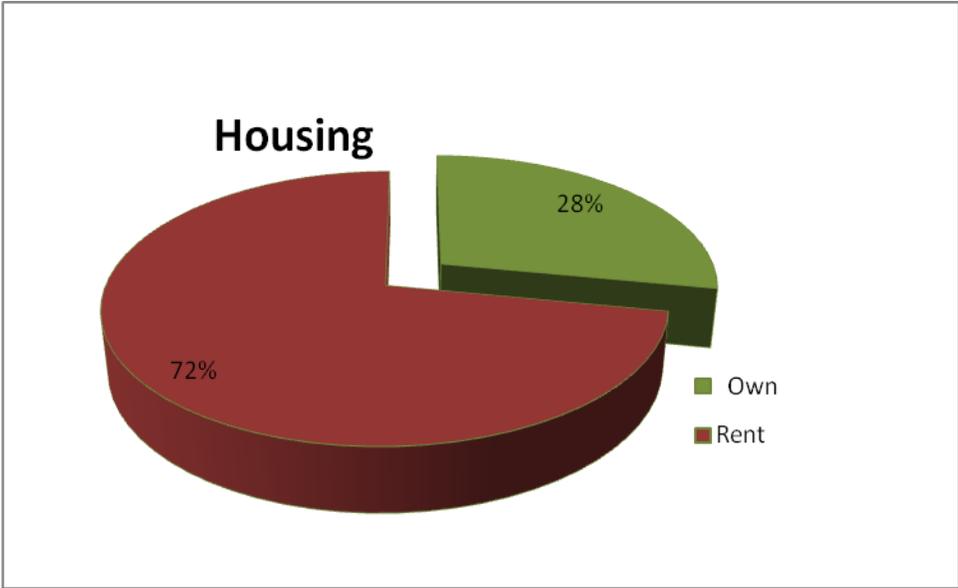
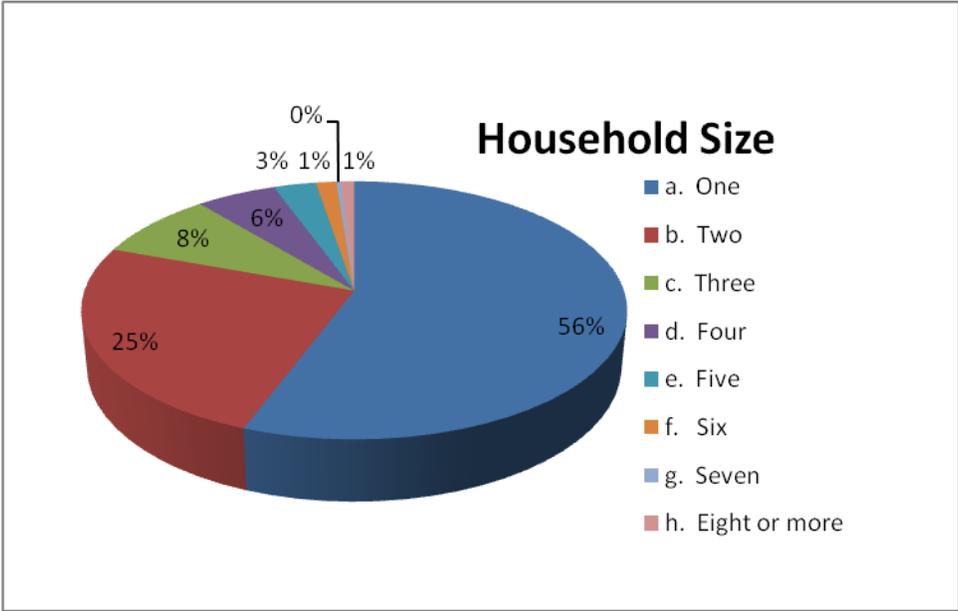
The raw materials of our customers' demography are records of the persons who comprise our populations, records that tell of the various demographic events these persons experienced, and the various characteristics that described them at different times in their lives. When assembling this raw material, we are concerned with particular persons. Demography is not about persons, as such, but about populations and about persons as members of a population. Populations have an existence and identity in time beyond the existence and identity of their members. Persons are born, live out their lives, and die. Populations endure, often for scores or hundreds of generations. This raw data has been pulled from HCHRA's case management system and is presented here as demographic information of our persons as a community population. Also, using our data system we are able to compile the needs of each of our customers and compile them into real community needs assessment.

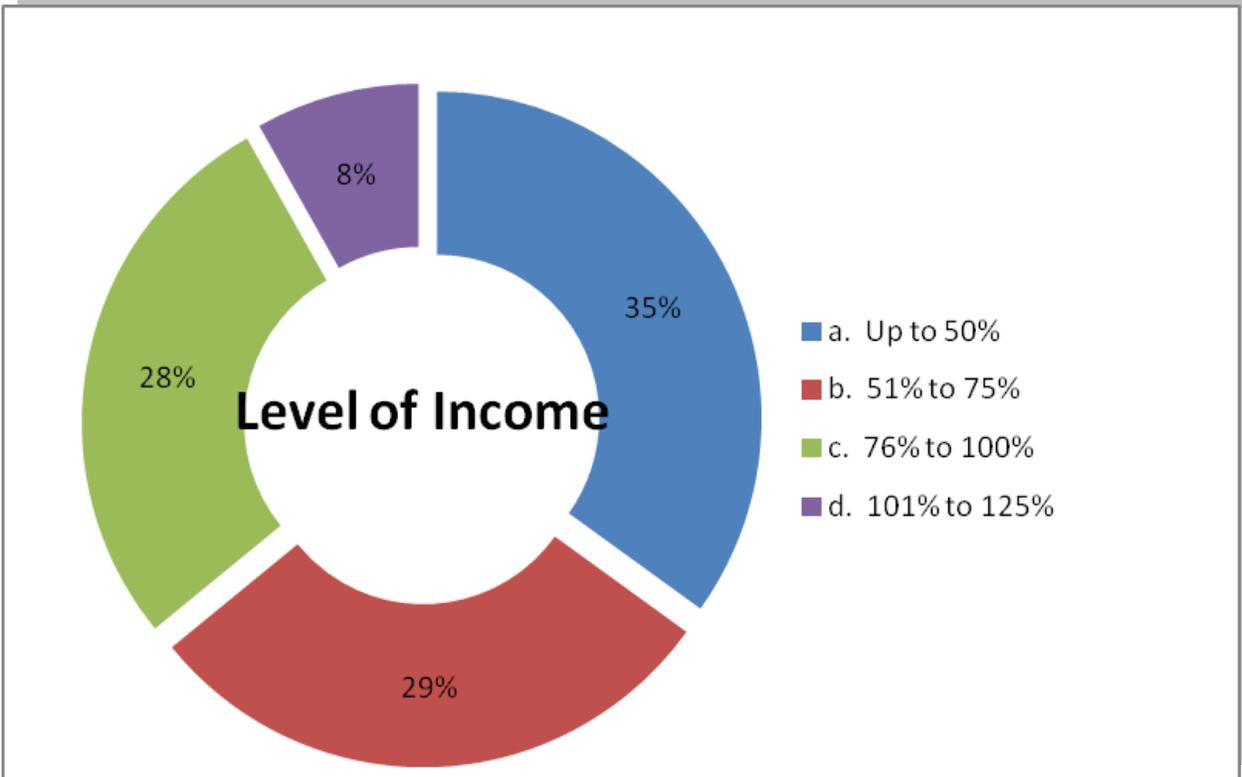
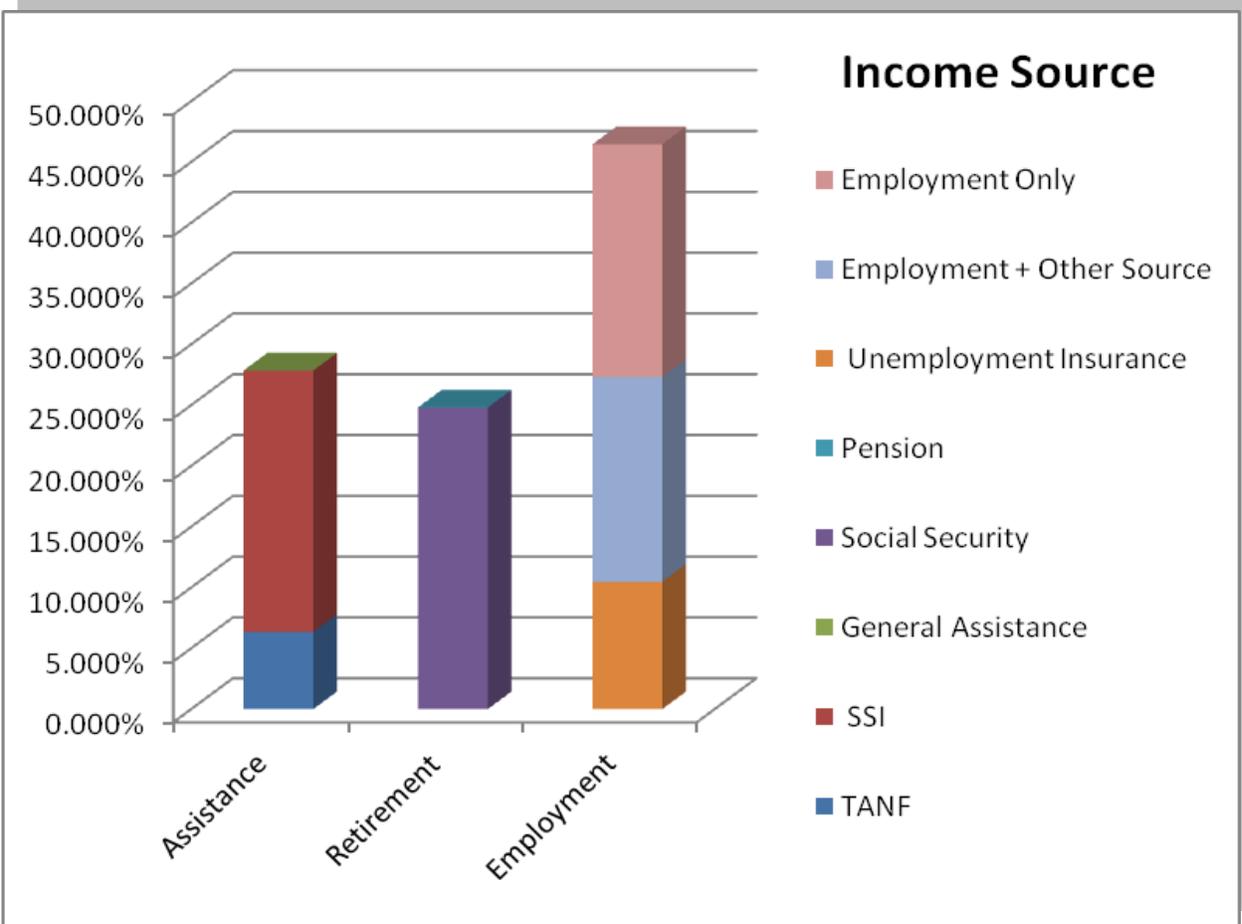
The Program Participant Data are the characteristics from participants that received services through CSBG and LIHEAP programs and only contain a percentage of individuals for which data was documented and collected throughout the 2013 fiscal year.

Program data is in the following illustrations.









<b>Gender</b>	<b>#Persons</b>	<b>Family Size</b>	<b>#Families</b>
a. Male	676	a. One	995
b. Female	2,608	b. Two	444
TOTAL*	<b>3,284</b>	c. Three	150
		d. Four	98
		e. Five	52
		f. Six	25
		g. Seven	6
		h. Eight or more	16
		TOTAL***	<b>1,786</b>
<b>Age</b>	<b>#Persons</b>	<b>Source of Family Income</b>	<b>#Families</b>
a. 0 - 5	135	a. Unduplicated # Families Reporting One or More Sources of Income	1,479
b. 6 - 11	206	b. Unduplicated # Families Reporting Zero Income	307
c. 12 - 17	223	TOTAL Unduplicated # Families Reporting One or More Sources of Income or Zero Income.***	<b>1,786</b>
d. 18 - 23	269		
e. 24 - 44	857	<b>Sources</b>	
f. 45 - 54	855	c. TANF	119
g. 55 - 69	571	d. SSI	402
h. 70 +	168	e. Social Security	464
TOTAL*	<b>3,284</b>	f. Pension	28
		g. General Assistance	5
		h. Unemployment Insurance	196
		i. Employment + Other Source	315
		j. Employment Only	342
		k. Other	0
		l. Total (Items c-k)	<b>1,871</b>
<b>9. Ethnicity/Race</b>	<b>#Persons</b>		
<b>I. Ethnicity</b>			
a. Hispanic, Latino or Spanish Origin			
b. Not Hispanic, Latino, or Spanish Origin	3,284		
TOTAL*	<b>3,284</b>		
<b>II. Race</b>			
a. White	290		
b. Black or African American	2,994		
c. American Indian and Alaska Native			
d. Asian			
e. Native Hawaiian and Other Pacific Islander			
f. Other			
g. Multi-Race (any two or more of the above)			
TOTAL*	<b>3,284</b>		
<b>10. Education Levels of Adults # (# For Adults 24 Years or Older Only)</b>	<b>#Persons</b>	<b>Level of Family Income (% Of HHS Guideline)</b>	<b>#Families</b>
a. 0-8 th Grade	103	a. Up to 50%	624
b. 9-12/Non-Graduate	421	b. 51% to 75%	521
c. High School Graduate/GED	1,029	c. 76% to 100%	495
d. 12+ Some Post Secondary	649	d. 101% to 125%	146
e. 2 or 4 years College Graduate	249	e. 126% to 150%	0
TOTAL**	<b>2,451</b>	f. 151% to 175%	0
		g. 176% to 200%	0
		h. 201% and over	0
		TOTAL***	<b>1,786</b>
<b>Other Characteristics</b>	<b>#Persons</b>	<b>Housing</b>	<b>#Families</b>
Health Insurance Yes	1,766	a. Own	500
Health Insurance No	1,518	b. Rent	1,285
Disabled Yes	1,116	c. Homeless	
Disabled No	2,168	d. Other†	
		TOTAL***	<b>1,785</b>
<b>Family Type</b>	<b>#Families</b>		
a. Single Parent Female	465		
b. Single Parent Male	56		
c. Two Parent Household	146		
d. Single Person	995		
e. Two Adults NO children	124		
f. Other	0		
TOTAL***	<b>1,786</b>		

The Program Information Report is a compilation of data from HCHRA's Head Start and Early Head Start programs for the 2012-2013 school year.

<b>Program Information Report (FY 2012-2013)</b>	<b>Number of Head Start (HS) and Early Head Start (EHS) Persons/Families</b>
Funded Enrollment	2,022 (HS) 104 (EHS)
Cumulative Enrollment	2,245 (HS) 110 (EHS)
Number Projected to be Entering Kindergarten in the Following School Year	1,023 (HS)
Number of Children for Whom Transportation is Provided	420 (HS)
<b>Race</b>	
Black or African American	2,163 (HS) 107 (EHS)
White	24 (HS)
Multi-race	24 (HS) 3 (EHS)
Other	32 (HS)
American Indian	3 (HS)
<b>Family Type</b>	
Total Families	2,093 (HS) 101 (EHS)
Two-Parent Families	314 (HS) 13 (EHS)
Single-Parent Families	1,779 (HS) 88 (EHS)
<b>Employment</b>	
Employed	1,081 (HS) 38 (EHS)
Unemployed	1,012 (HS) 63 (EHS)
<b>Job Training/School</b>	
Job Training or School	146 (HS) 46 (EHS)
Not in Job Training or School	1,947 (HS) 55 (EHS)
<b>Education</b>	
Advanced Degree or Baccalaureate Degree	21 (HS) 9 (EHS)
Associate Degree, Vocational School, or Some College	1,027 (HS) 49 (EHS)
High School Graduate/GED	573 (HS) 26 (EHS)
Less than High School Graduate	462 (HS) 17 (HS)

## 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 participation from our 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, civic organizations, citizens at large and service providers. Because HCHRA serves only Hinds County, the majority of those who responded live within this service area. The demographics of the population surveyed included:

- 90% - Female
- 89% - Under 60 years old
- 97% - African American / 2% Caucasian / 1% Other
- 80% - Single head of household
- 72% - Rent their homes
- 56% - Households with children under 5 years old
- 48% - High school diploma or less education
- 17% - Head Start families

**Table 1: Respondents' County of Residence**

<b>County of Residency</b>			
	<b>Frequency</b>	<b>Percent</b>	<b>Cumulative Percent</b>
<b>Hinds</b>	985	98.9	98.9
<b>Madison</b>	6	.6	99.5
<b>Rankin</b>	2	.2	99.7
<b>Claiborne</b>	1	.1	99.8
<b>Leflore</b>	1	.1	99.9
<b>Warren</b>	1	.1	100.00

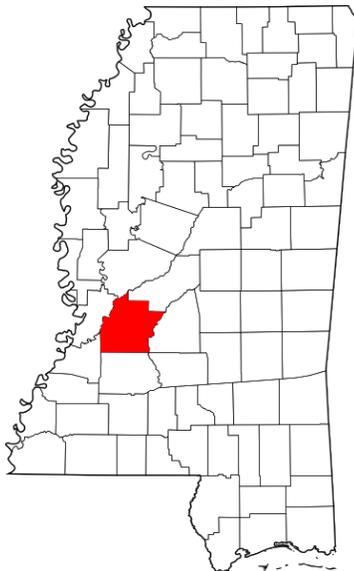
**Table 2: Respondents' City/Township of Residence**

<b>City/Township</b>			
	<b>Frequency</b>	<b>Percent</b>	<b>Cumulative Percent</b>
<b>Bolton</b>	27	2.7	92.6
<b>Byram</b>	22	2.2	97.2
<b>Canton</b>	2	.2	99.4
<b>Clinton</b>	42	4.2	82.9
<b>Edwards</b>	39	3.9	86.8
<b>Greenwood</b>	1	.1	99.7
<b>Jackson</b>	784	78.7	78.7
<b>Pearl</b>	2	.2	99.6
<b>Port Gibson</b>	1	.1	99.8
<b>Raymond</b>	16	1.6	98.8
<b>Ridgeland</b>	4	.4	99.2
<b>Terry</b>	30	3.0	89.9
<b>Tougaloo</b>	1	.1	99.9
<b>Utica</b>	24	2.4	95.0
<b>Vicksburg</b>	1	.1	100.0

- **Secondary**

According to the 2012 QuickFacts from the U.S. Census, the population of Mississippi is 2,986,450, which represent a .8% increase from 2010 to 2013. Jackson, the capital of the state, is located on the west bank of the Pearl River in the heart of Hinds County and is the main population center of Hinds County. Hinds County has a population of 248,643. Of this number, 24.2% families live below the poverty level. During the past three decades, the City of Jackson and Hinds County have experienced a dramatic shift in their racial make-up. These thirty years have seen a dramatic growth in the other two counties that comprise Jackson's Greater Metropolitan Area – Madison and Rankin Counties. Much like this has happened in other highly urban areas, the population seems to migrate out of the city into suburban areas that have been developed to meet the apparent demand of the local residents. This urban flight has resulted in concentrated areas of poverty in Jackson and has created challenges to the local governments as well as community service providers.

Out of the 248,643 residents of Hinds County, 53% of the population was females compared to 47% males. The racial composition at time of the 2012 census was: 70% - Black, 28% - White, and 2% - Hispanic.



**About Hinds County**

**Cities**

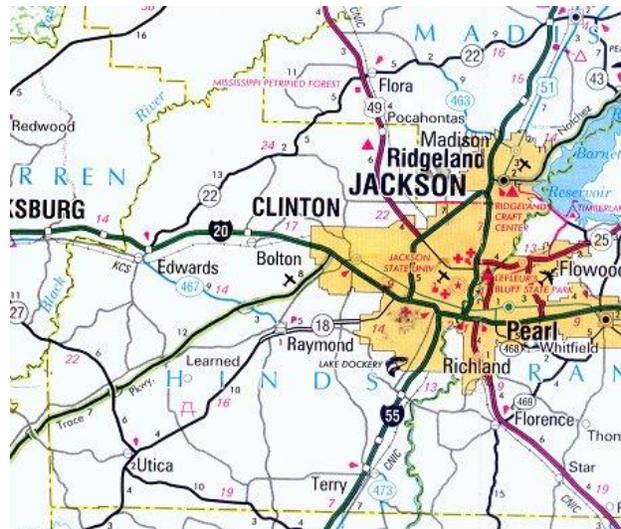
- Clinton
- Jackson
- Raymond
- Byram

**Towns**

- Bolton
- Edwards
- Learned
- Terry
- Utica

**School Districts**

- Clinton
- Hinds County
- Hinds County AHS
- Jackson Public



**Table 3: Hinds County QuickFacts**

People QuickFacts	Hinds County	Mississippi
Population (2012 Estimate)	248,643	2,984,926
Persons under 5 (2012 Percent)	7.1%	6.8%
Persons 65 years and over (2012 Percent)	11.2%	13.5%
Persons below poverty level (2008-2012 percent)	24.2%	22.3%
Per capita money income in the past 12 months (2012 dollars)	\$20,589	\$20,670
Median household income	\$38,152	\$38,882
Bachelor's degree or higher (2012 percent)	27.4%	20.0%

Source: U.S. Census, 2012 QuickFacts

**Table 4: Population Summary**

City	Total Population	Total Households	Population by Age (Percent)		Median Household Income (\$) (2011 estimate)
	Annual Rate (%)	Annual Rate (%)	0-4	Over 65	
<b>Bolton</b>	567 -0.79%	220 -0.57%	44 (7.76%)	73 (12.87%)	34,368
<b>Byram</b>	11,489 6.87%	4,402 7.07%	968 (8.43%)	832 (7.24%)	59,751
<b>Clinton</b>	25,216 0.11%	9,766 0.99%	1,608 (6.38%)	3,447 (13.67%)	55,332
<b>Edwards</b>	1,034 -1.59%	406 -0.36%	62 (62.00%)	139 (13.44%)	27,518
<b>Learned</b>	94 1.25%	30 1.84%	12 (12.77%)	15 (15.96%)	40,083
<b>Jackson</b>	173,514 -0.78%	64,523 -0.66%	13,498 (7.78%)	17,328 (9.99%)	35,831
<b>Raymond</b>	1,933 -0.42%	448 -0.16%	56 (2.90%)	190 (9.83%)	44,525
<b>Terry</b>	1,063 1.37%	407 1.97%	88 (8.28%)	107 (10.07%)	38,781
<b>Utica</b>	820 -1.04%	297 -0.17%	71 (8.66%)	108 (13.17%)	35,147

Source: U.S. Census Bureau, Census 2010 Summary File 1

**Table 5: Population By Gender, 2007 - 2011**

Geographic Area	0 to 4		5 to 17		18 to 64		Over 64	
	M	F	M	F	M	F	M	F
<b>Hinds County, Mississippi</b>	9,294	8,868	24,040	23,538	71,617	81,919	9,468	16,143
<b>Mississippi</b>	107,134	102,670	278,161	268,994	892,826	931,724	144,145	218,740
<b>United States</b>	10,308,314	9,862,063	27,583,764	26,293,608	95,838,920	97,108,272	15,282,403	22,599,606

Source: U.S. Census Bureau, American Community Survey, 2011 Data Release, December 2012.  
 The 2011 American Community Survey 5-year data is a 5-year average of data collected from 2007 through 2011.

**Table 6: Population Profile - Race , 2012**

Geographic Area	Black (%)	White (%)	Hispanic or Latino (%)
<b>Hinds County, Mississippi</b>	69.8	28.2	1.6
<b>Mississippi</b>	37.4	59.9	2.9

Source: U.S. Census, 2012 QuickFacts

**Table 7: Population Profile: Language other than English spoken at home, 2012**

Geographic Area	Spanish	Other Indo-European	Asian and Pacific Islander
<b>Hinds County, Mississippi</b>	4,224 (1.8%)	1,755 (.8%)	1,243 (.5%)
<b>Mississippi</b>	63,125 (2.3%)	15,089 (.5%)	18,140 (.7%)

Source: U.S. Census, 2012 U.S. Census Bureau, American Community Survey, 2010-2012, 3-Year Estimate.

**Table 8a: Population Profile - Poverty, 2011**

Geographic Area	All Ages		Age 0-17		Age 0-4		Age 5-17	
	Number of Persons	Poverty Rate						
<b>Hinds County, Mississippi</b>	62,970	26.2	23,267	36.7	7,584	41.8%	15,683	34.4
<b>Mississippi</b>	658,232	22.8	239,159	32.4	78,073	37.2%	161,086	30.4
<b>United States</b>	48,452,035	15.9	16,386,500	22.5	5,406,513	26.8%	10,976,987	20.8

Source: U.S. Census Bureau, Small Area Income and Poverty Estimates (SAIPE), 2011. Estimates for 2011 were released in December 2012.

**Table 8b: Population Profile - Poverty, 2008 - 2012**

Location	Age Group	Data Type	2008	2009	2010	2011	2012
<b>Mississippi</b>	5 to 17	Number	148,122	153,333	160,282	161,086	171,183
		Percent	27.8%	28.9%	30.2%	30.4%	32.1%
	Under18	Number	222,716	230,409	240,782	239,159	249,060
		Percent	29.5%	30.7%	32.4%	32.4%	33.9%
	All Ages	Number	590,480	620,446	644,156	658,232	689,116
		Percent	20.8%	21.8%	22.4%	22.8%	23.8%
<b>Hinds</b>	5 to 17	Number	14,214	14,553	15,100	15,683	17,100
		Percent	30.9%	31.4%	32.9%	34.4%	37.8%
	Under18	Number	22,304	21,502	21,813	23,267	24,224
		Percent	34.2%	32.9%	34.1%	36.7%	38.7%
	All Ages	Number	55,043	55,442	54,448	62,970	67,539
		Percent	23.1%	23.3%	22.9%	26.2%	28.0%

Source: U.S. Census Bureau, Small Area Income and Poverty Estimates (SAIPE). Estimates for Mississippi Counties. All ages in poverty, [Year].

**Table 9: Poverty Rate (ACS), 2007 - 2011**

Geographic Area	Poverty Rate for All Persons		
	Total Population	In Poverty	Poverty Rate
<b>Hinds County, Mississippi</b>	237,482	55,009	23.2
<b>Mississippi</b>	2,860,440	617,805	21.6
<b>United States</b>	298,788,000	42,739,924	14.3

Source: U.S. Census Bureau, American Community Survey, 2011 Data Release, December 2012. The 2011 American Community Survey 5-year data is an average of data collected from 2007 through 2011.

## Youth/Children

**Table 10: Youth Population Change (ACS), 2005 - 2012**

Location	Category	Data Type	2005 - 2009	2006 - 2010	2007 - 2011	2008 - 2012
Hinds	Under 5 years	Number	19,280	18,162	18,162	17,926
		Percent	7.7%	7.4%	7.4%	7.3%

Source: U.S. Census Bureau, American Community Survey. Updated December 2013.

**Table 11: Child Population by Household Type (Percent & Number)**

Location	Household Type	Data Type	2008 - 2012
Mississippi	married-couple households	Percent	55.2%
		Number	411,416
	father only households	Percent	7.0%
		Number	51,868
	mother only households	Percent	37.8%
		Number	281,825
Hinds	married-couple households	Percent	42.3%
		Number	26,851
	father only households	Percent	8.7%
		Number	5,525
	mother only households	Percent	49.1%
		Number	31,169

Source: U.S. Census Bureau, American Community Survey. Updated December 2013.

**Table 12: Enrolled in Pre-School or Nursery School**

Location	Data Type	2005 - 2009	2006 - 2010	2007 - 2011	2008 - 2012
Mississippi	Percent	50.6%	50.9%	52.7%	52.5%
Hinds	Percent	69.4%	69.5%	67.2%	62.9%

Source: U.S. Census Bureau, American Community Survey. Updated December 2013.

## Seniors

**Table 13: Seniors in Poverty, 2007 - 2011**

Geographic Area	Seniors	Seniors in Poverty	Senior Poverty Rate
<b>Hinds County, Mississippi</b>	25,478	3,283	12.9
<b>Report Area</b>	25,478	3,283	12.9
<b>Mississippi</b>	361,039	52,213	14.5
<b>United States</b>	38,283,844	3,593,580	9.4

Source: U.S. Census Bureau, American Community Survey, 2011 Data Release, December 2012. The 2011 American Community Survey 5-year data is an average of data collected from 2007 through 2011.

## Employment

**Table 14: Employment/Unemployment Information, July 2013**

Geographic Area	Labor Force	Employment	Unemployment	Unemployment Rate
<b>Hinds County, Mississippi</b>	118,929	109,620	9,309	7.8
<b>Report Area</b>	118,929	109,620	9,309	7.8
<b>Mississippi</b>	1,308,314	1,196,015	112,299	8.6
<b>United States</b>	157,195,791	145,112,518	12,083,273	7.7

Source: U.S. Department of Labor, Bureau of Labor Statistics, Local Area Unemployment Statistics, August 28, 2013.

**Table 15: Change in Unemployment, July 2012 - July 2013**

Geographic Area	Unemployment, July 2012	Unemployment, July 2013	Unemployment Rate, July 2012	Unemployment Rate, July 2013
<b>Hinds County, Mississippi</b>	11,837	9,309	9.6	7.8
<b>Report Area</b>	11,837	9,309	9.6	7.8
<b>Mississippi</b>	139,988	112,299	10.3	8.6
<b>United States</b>	13,408,180	12,083,273	8.6	7.7

Source: U.S. Department of Labor, Bureau of Labor Statistics, Local Area Unemployment Statistics, August 28, 2013.



**Table 16: Change in Unemployment Rates, July 2012 - July 2013**

Geographic Area	Jul 2012	Aug 2012	Sep 2012	Oct 2012	Nov 2012	Dec 2012	Jan 2013	Feb 2013	Mar 2013	Apr 2013	May 2013	Jun 2013	Jul 2013
<b>Hinds County, Mississippi</b>	9.6	8.2	8.4	8.1	7.4	8.4	9.7	8.9	8.0	7.4	8.3	9.0	7.8
<b>Report Area</b>	9.6	8.2	8.4	8.1	7.4	8.4	9.7	8.9	8.0	7.4	8.3	9.0	7.8
<b>Mississippi</b>	10.3	9.1	9.0	8.7	8.0	9.1	10.7	9.9	8.7	8.2	9.3	9.8	8.6
<b>United States</b>	8.6	8.2	7.6	7.5	7.4	7.6	8.5	8.1	7.6	7.1	7.3	7.8	7.7

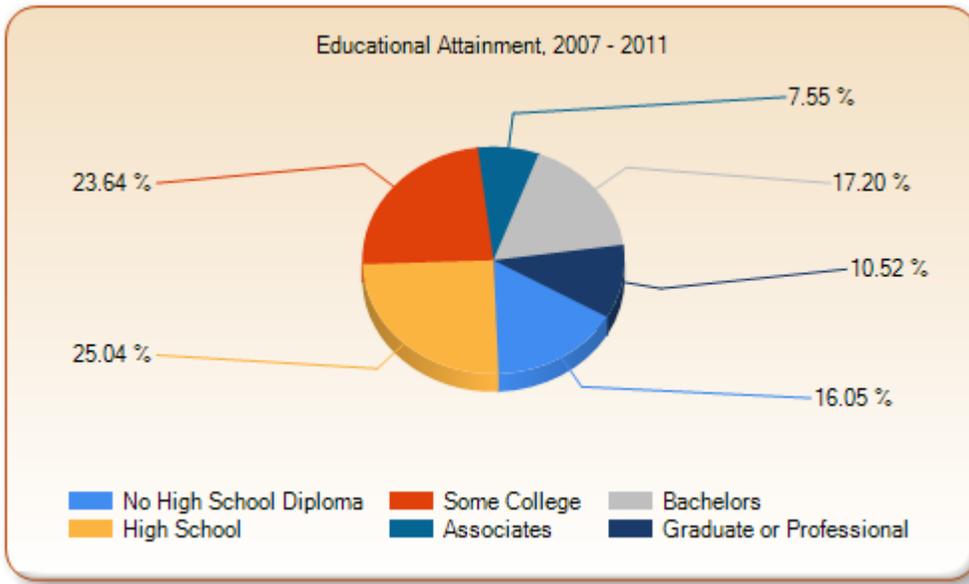
Source: U.S. Department of Labor, Bureau of Labor Statistics, Local Area Unemployment Statistics, August 28, 2013.

**Table 17: Median Annual Household Income, 2011**

Geographic Area	Median Household Income (\$)
<b>Hinds County, Mississippi</b>	35,014.00
<b>Mississippi</b>	36,963.00
<b>United States</b>	50,502.00

Source: U.S. Census Bureau, Small Area Income and Poverty Estimates (SAIPE), 2011. Estimates for 2011 were released in December 2012.

## Education



**Table 18: Percent Attaining Educational Levels, 2007 - 2011**

Geographic Area	% No High School Diploma	% High School Only	% Some College	% Associates	% Bachelors	% Graduate or Professional
<b>Hinds County, Mississippi</b>	16.02	25.0	23.6	7.6	17.2	10.5
<b>Report Area</b>	16.05	25.0	23.6	7.6	17.2	10.5
<b>Mississippi</b>	19.69	30.6	22.3	7.8	12.6	7.0

Source: U.S. Census Bureau, American Community Survey, 2011 Data Release, December 2012.

The 2011 American Community Survey 5-year data is a 5-year average of data collected from 2007 through 2011.

**Table 19: Number of Mothers without a High School Diploma**

Hinds	Total	Number	893	851	785	727	610
		Percent	23.1%	23.0%	22.2%	21.1%	18.3%
	White	Number	142	105	109	100	100
		Percent	16.2%	13.9%	13.5%	14.1%	13.4%
	Nonwhite	Number	751	746	676	627	510
		Percent	25.1%	25.3%	24.8%	23.0%	19.5%

Source: Mississippi State Department of Health. Public Health Statistics. [Year] Summary Statistics by County.

**Table 20: Mothers with Four Years of College or More**

Location	Race	Data Type	2008	2009	2010	2011	2012
Hinds	Total	Number	947	871	861	808	842
		Percent	24.5%	23.5%	24.4%	23.5%	25.2%
	White	Number	413	349	381	359	371
		Percent	47.3%	46.6%	47.3%	50.8%	49.9%
	Nonwhite	Number	534	522	480	449	471
		Percent	17.9%	17.7%	17.6%	16.5%	18.1%

Source: Mississippi State Department of Health, Public Health Statistics, Summary Statistics by County.

**Table 21: Hinds County Educational Attendance**

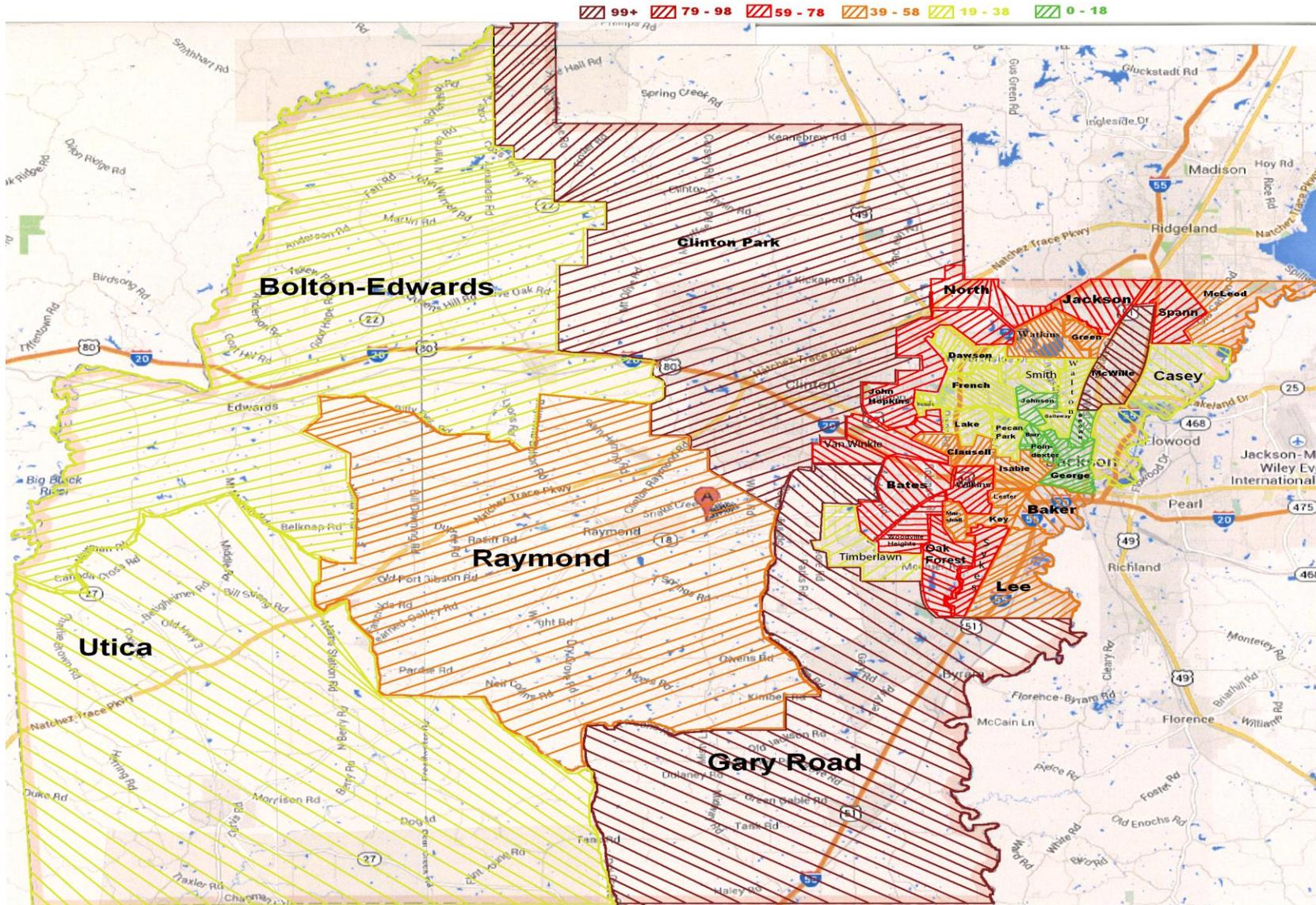
	Hinds County, Mississippi					
	Total		Percent of enrolled population			
			In public school		In private school	
	Estimate	Margin of Error	Estimate	Margin of Error	Estimate	Margin of Error
Population 3 years and over enrolled in school	77,171	+/-2,763	83.2%	+/-2.3	16.8%	+/-2.3
Nursery school, preschool	4,502	+/-1,312	68.7%	+/-14.3	31.3%	+/-14.3
Kindergarten to 12th grade	47,151	+/-1,313	89.0%	+/-2.3	11.0%	+/-2.3
Kindergarten	4,209	+/-1,010	84.3%	+/-9.2	15.7%	+/-9.2
Elementary: grade 1 to grade 4	14,902	+/-1,452	84.9%	+/-5.1	15.1%	+/-5.1
Elementary: grade 5 to grade 8	13,948	+/-1,623	92.0%	+/-4.1	8.0%	+/-4.1
High school: grade 9 to grade 12	14,092	+/-1,240	91.7%	+/-3.8	8.3%	+/-3.8
College, undergraduate	21,497	+/-2,385	78.2%	+/-5.1	21.8%	+/-5.1
Graduate, professional school	4,021	+/-993	58.1%	+/-13.1	41.9%	+/-13.1
Percent of age group enrolled in school						
--						
3 and 4 years	53.2%	+/-10.2	69.5%	+/-14.3	30.5%	+/-14.3
5 to 9 years	95.9%	+/-2.5	84.0%	+/-4.9	16.0%	+/-4.9
10 to 14 years	98.9%	+/-0.9	91.5%	+/-3.6	8.5%	+/-3.6
15 to 17 years	97.2%	+/-2.1	89.4%	+/-4.7	10.6%	+/-4.7
18 and 19 years	72.6%	+/-8.5	84.6%	+/-7.0	15.4%	+/-7.0
20 to 24 years	48.3%	+/-7.3	78.4%	+/-7.8	21.6%	+/-7.8
Population 18 years and over	185,284	+/-287	(X)	(X)	(X)	(X)
Enrolled in college or graduate school	13.5%	+/-1.3	75.0%	+/-4.9	25.0%	+/-4.9
Enrolled in college or graduate school	11.5%	+/-1.8	71.0%	+/-8.7	29.0%	+/-8.7
Enrolled in college or graduate school	15.3%	+/-2.0	77.5%	+/-6.0	22.5%	+/-6.0
Population 18 to 24 years	31,105	+/-779	(X)	(X)	(X)	(X)
Enrolled in college or graduate school	44.7%	+/-5.6	77.3%	+/-6.5	22.7%	+/-6.5
Males 18 to 24 years	15,050	+/-645	(X)	(X)	(X)	(X)
Enrolled in college or graduate school	39.2%	+/-8.3	79.5%	+/-9.4	20.5%	+/-9.4
Females 18 to 24 years	16,055	+/-397	(X)	(X)	(X)	(X)
Enrolled in college or graduate school	49.9%	+/-8.2	75.6%	+/-7.7	24.4%	+/-7.7

Source: U.S. Census Bureau, 2012 American Community Survey American

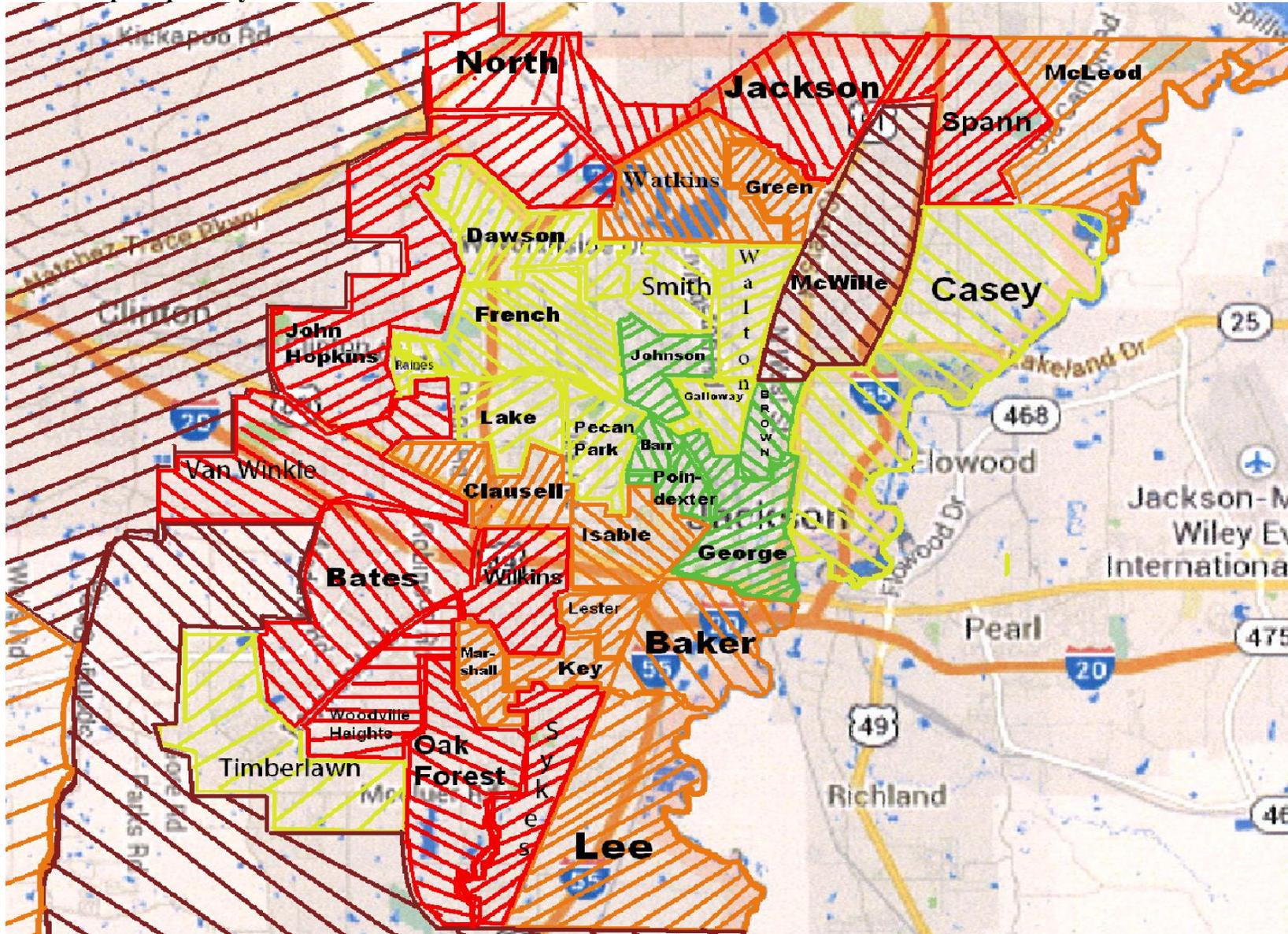
**Table 22: Hinds County Pre-K Enrollment vs. Kindergarten Enrollment**

District	School	Pre-K Enroll	Kinder Enroll	Gap	Free Lunch	Reduced Lunch	Total Lunch	LI Gap
Clinton	Clinton Park Elementary	5	331	326	38%	8%	46%	150
Jackson	Baker Elementary School	19	78	59	97%	1%	98%	58
Jackson	Barr Elementary School	20	38	18	93%	3%	96%	17
Jackson	Bates Elementary School	0	86	86	85%	5%	90%	77
Jackson	Brown Elementary School	13	28	15	94%	4%	98%	15
Jackson	Casey Elementary	0	55	55	46%	8%	54%	30
Jackson	Clausell Elementary School	20	73	53	91%	2%	93%	49
Jackson	David Magnet	0	47	47	51%	14%	65%	31
Jackson	Dawson Elementary School	40	72	32	94%	3%	97%	31
Jackson	French Elementary School	20	53	33	95%	3%	98%	32
Jackson	Galloway Elementary School	20	43	23	94%	2%	96%	22
Jackson	George Elementary School	21	31	10	93%	0%	93%	9
Jackson	Green Elementary School	20	63	43	91%	2%	93%	40
Jackson	Isable Elementary School	20	79	59	95%	1%	96%	57
Jackson	John Hopkins Elementary School	20	81	61	93%	4%	97%	59
Jackson	Johnson Elementary School	40	55	15	94%	2%	96%	14
Jackson	Key Elementary School	20	67	47	96%	1%	97%	46
Jackson	Lake Elementary School	39	61	22	93%	2%	95%	21
Jackson	Lee Elementary School	20	64	44	96%	1%	97%	43
Jackson	Lester Elementary	0	49	49	93%	2%	95%	47
Jackson	Marshall Elementary School	20	62	42	92%	5%	97%	41
Jackson	Mc Leod Elementary School	0	68	68	74%	8%	82%	56
Jackson	Mcwillie Elementary School	63	200	137	66%	6%	72%	99
Jackson	North Jackson Elementary School	20	87	67	85%	4%	89%	60
Jackson	Oak Forest	0	80	80	88%	5%	93%	74
Jackson	Pecan Park Elementary School	40	70	30	90%	2%	92%	28
Jackson	Poindexter Elementary School	20	36	16	95%	3%	98%	16
Jackson	Raines Elementary School	19	45	26	95%	3%	98%	25
Jackson	Smith Elementary School	20	54	34	92%	3%	95%	32
Jackson	Spann Elementary School	0	65	65	82%	4%	86%	56
Jackson	Sykes Elementary School	0	83	83	89%	2%	91%	76
Jackson	Timberlawn Elementary School	20	57	37	81%	4%	85%	31
Jackson	Van Winkle Elementary School	21	103	82	84%	3%	87%	71
Jackson	Walton Elementary School	40	74	34	91%	3%	94%	32
Jackson	Watkins Elementary School	18	59	41	96%	1%	97%	40
Jackson	Wilkins Elementary School	20	88	68	89%	4%	93%	63
Jackson	Woodville Heights	0	72	72	88%	4%	92%	66
Hinds Cty	Bolton-Edwards Elementary School	20	59	39	90%	5%	95%	37
Hinds Cty	Gary Road Elementary School	0	275	275	52%	10%	62%	171
Hinds Cty	Raymond Elementary School	0	75	75	55%	7%	62%	47
Hinds Cty	Utica Elementary/Middle School	20	42	22	85%	8%	93%	20
<b>All</b>	<b>Total</b>	<b>718</b>	<b>3208</b>	<b>2490</b>				<b>1988</b>

# Pre-K Gap Map



Pre-K Gap Map – City of Jackson Zoom



# Transportation

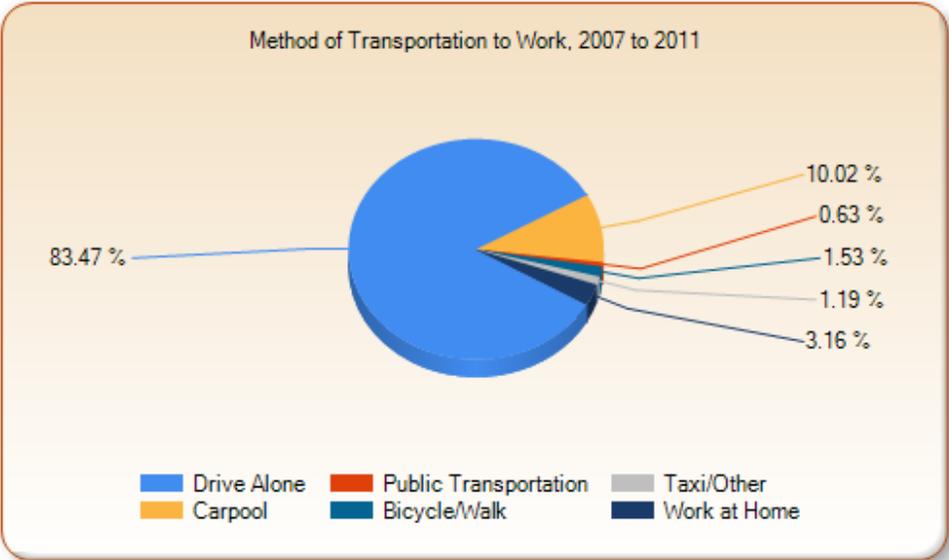


Table 23: Method of Transportation to Work

Geographic Area	Workers 16 and Up	Method of Transportation to Work (Percent)					
		Drive Alone	Carpool	Public Transportation	Bicycle/Walk	Taxi/Other	Work at Home
Hinds County, Mississippi	104,569	83.5	10.0	0.6	1.5	1.2	3.2
Report Area	104,569	83.5	10.0	0.6	1.5	1.2	3.2
Mississippi	1,193,495	83.0	11.1	0.4	1.9	1.2	2.4
United States	139,488,208	76.1	10.2	5.0	3.4	1.2	4.2

Source: U.S. Census Bureau, American Community Survey, 2011 Data Release, December 2012.

- **Qualitative**
  - **Primary and Secondary Information**

Throughout 2012-2013, HCHRA's Department of Community Programs and Services hosted several community meetings at the Agency's Neighborhood Service Centers. Focus groups representing various constituents, including low-income, elderly, and citizens with disabilities, offered comments and suggestions that addressed needs in their respective communities. Head Start staff and CSBG 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 the HCHRA Family & Community Services Division staff. This tool not only provided crucial information for the Agency, but also served introspectively for families.

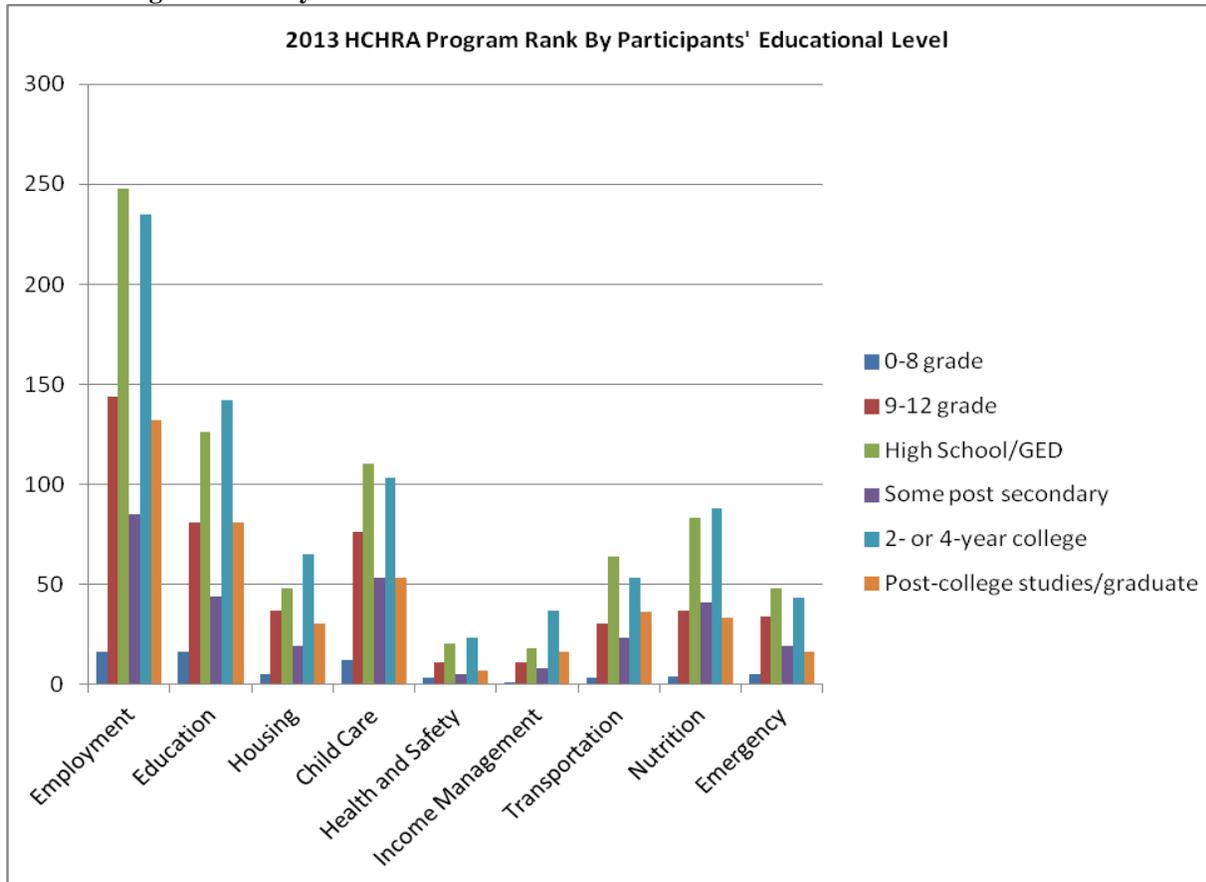
Acquiring input from external stakeholders was equally important; therefore, the HCHRA Board of Directors and Head Start Policy Council were encouraged to share assessments of the community's needs by completing CSNA surveys. By attending local and regional conferences and trainings, these stakeholders 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. In addition, HCHRA uses external data from the following: United States Census 2010, United States Census 2012 QuickFacts, Children's Defense Fund, Mississippi Employment Security Commission, U.S. Department of Housing and Urban Development, Mississippi Department of Human Services, HCHRA's 2012-2013 Community Strengths and Needs Assessment Survey, Head Start Program Information Report, Doodle Days Child Care Research, Annie E. Casey Foundation, Jackson Public School District, Hinds County Public School District, Clinton Public School District and Public Community

Meetings.

**Table 24: Program Rank by Educational Level**

2013 HCHRA Program Rank by Educational Level							
	Education						Total
	0-8 Grade	9-12 Grade	High School/GE D	Some Post Secondary	2- or 4-Year College	Post-College Studies/ Graduate	
<b>Employment</b>	16	144	248	85	235	132	860
<b>Education</b>	16	81	126	44	142	81	490
<b>Housing</b>	5	37	48	19	65	30	204
<b>Child Care</b>	12	76	110	53	103	53	407
<b>Health and Safety</b>	3	11	20	5	23	7	69
<b>Income Management</b>	1	11	18	8	37	16	91
<b>Transportation</b>	3	30	64	23	53	36	209
<b>Nutrition</b>	4	37	83	41	88	33	286
<b>Emergency</b>	5	34	48	19	43	16	165

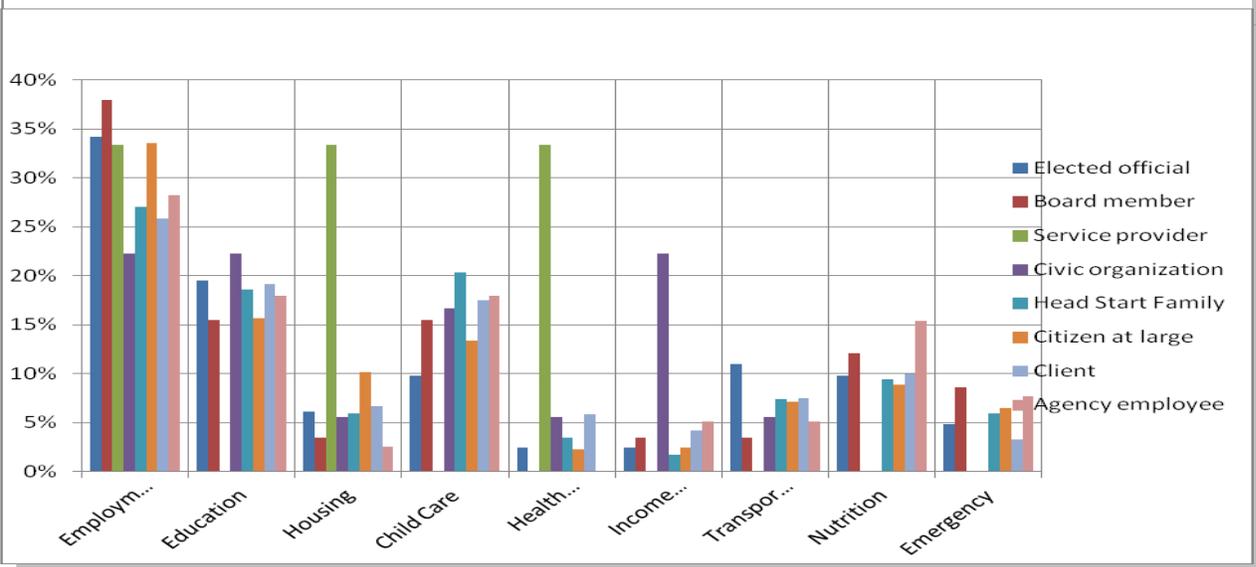
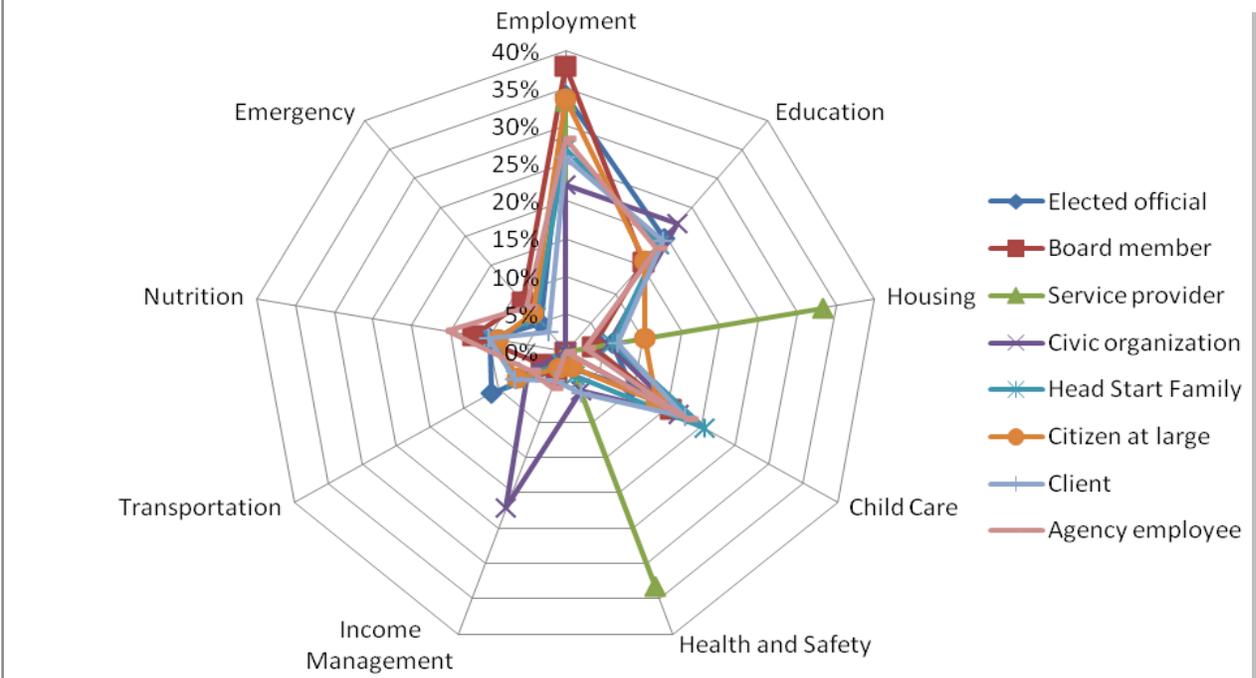
**Chart 1: Program Rank by Educational Level**



**Table 25: 2013 HCHRA Program Rank by Occupation**

	Are you a/an:								Total
	Elected Official	Board Member	Service Provider	Civic Organization	Head Start Family	Citizen at Large	Client	Agency Employee	
Employment	28	22	3	4	77	329	31	11	505
Education	16	9	0	4	53	154	23	7	266
Housing	5	2	3	1	17	100	8	1	137
Child Care	8	9	0	3	58	131	21	7	237
Health and Safety	2	0	3	1	10	22	7	0	45
Income Management	2	2	0	4	5	24	5	2	44
Transportation	9	2	0	1	21	70	9	2	114
Nutrition	8	7	0	0	27	87	12	6	147
Emergency	4	5	0	0	17	64	4	3	97

**Chart 2a & 2b: HCHRA Program Rank by Occupation**

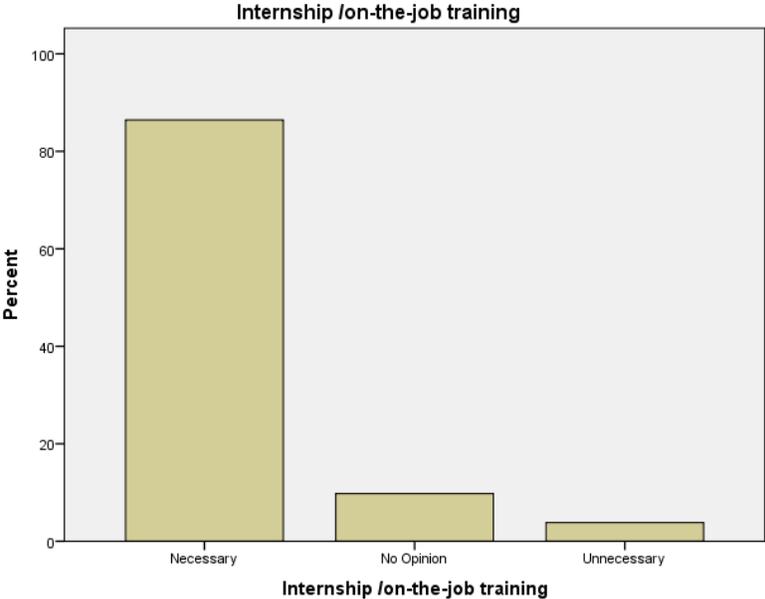


The Board’s Planning Committee is charged with reviewing the annual assessment to ensure that current programs appropriately address current needs; to assist in developing strategic plans; and to identify service gaps and recommend ways to fill such gaps via new programs, additional funding, or realignment 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.

**Education and Employment**

The following charts and tables provide a compilation of needs ranked in order of importance. Charts 3-5 and tables 26-28 reveal that employment represents the greatest need, with more than 86% 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.

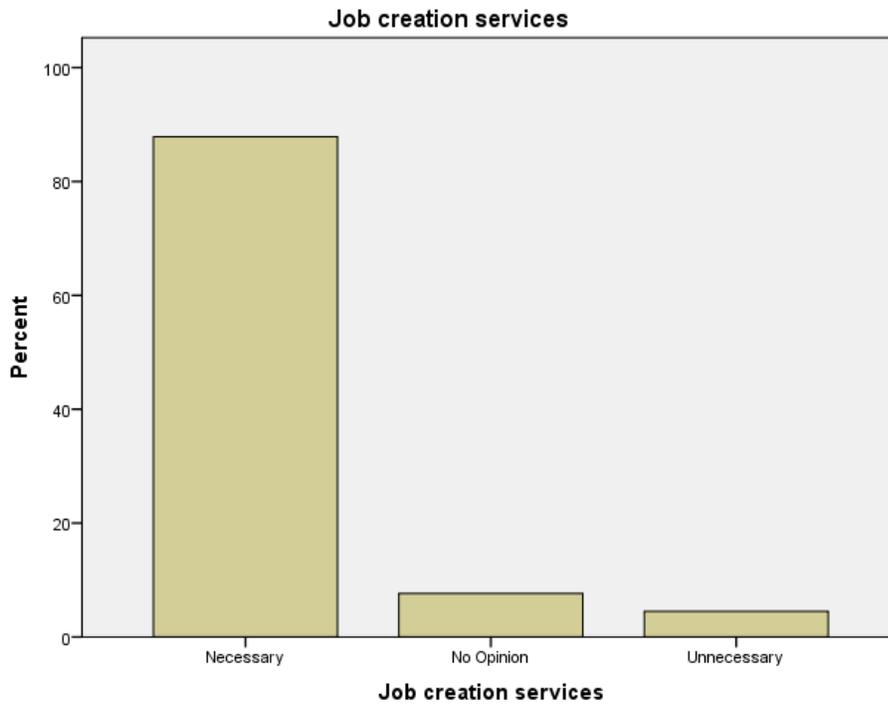
**Chart 3: Employment/On-the-Job Training**



**Table 26: Employment/On-the-Job Training**

<b>Internship/On-the-job Training</b>			
<b>Employ_a</b>	<b>Frequency</b>	<b>Percent</b>	<b>Cumulative Percent</b>
<b>Necessary</b>	929	86.4	86.25
<b>Unnecessary</b>	105	9.8	96.2
<b>No Opinion</b>	41	3.5	100.0

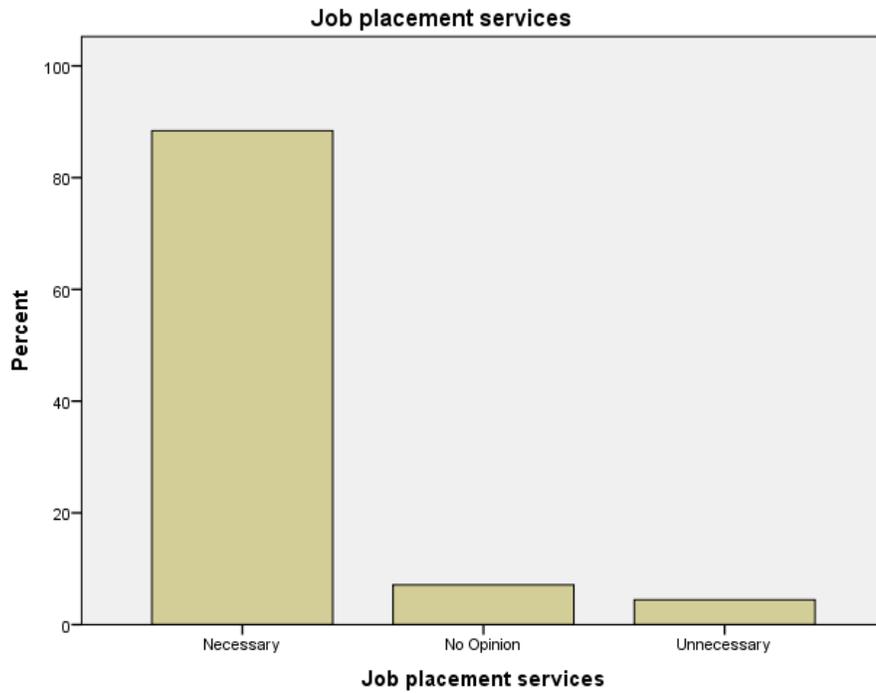
**Chart 4: Employment/Job Creation**



**Table 27: Employment/Job Creation**

<b>Job Creation Services</b>			
<b>Employ_b</b>	<b>Frequency</b>	<b>Percent</b>	<b>Cumulative Percent</b>
<b>Necessary</b>	897	87.9	87.9
<b>Unnecessary</b>	78	7.6	95.5
<b>No Opinion</b>	46	4.5	100.0

**Chart 5: Employment/Job Placement**



**Table 28: Employment/Job Placement**

<b>Job Placement</b>			
<b>Employ_c</b>	<b>Frequency</b>	<b>Percent</b>	<b>Cumulative Percent</b>
<b>Necessary</b>	893	88.4	88.4
<b>Unnecessary</b>	72	7.1	95.5
<b>No Opinion</b>	45	4.5	100.0

Although 52% of respondents were currently employed, 80% of them indicated that they would attend educational or job training classes, if it meant a better job (see **Chart 6 and Table 29: Educational/Job Training Opportunity**). This is an indicator that the majority of respondents were underemployed.

**Chart 6: Educational/Job Training Opportunity**



**Table 29: Educational/Job Training Opportunity**

<b>Would you attend educational or job training classes if it meant a better job?</b>			
<b>Q5</b>	<b>Frequency</b>	<b>Percent</b>	<b>Cumulative Percent</b>
<b>Yes</b>	826	80.4	80.4
<b>No</b>	201	19.6	100.0

Additional CSNA results show that another 48% was unemployed. These statistics are validated when one considers that 87% of respondents rated cash assistance as “necessary;” 89% had an annual household income of less than \$25,000 and 40% of these received less than \$5,000 a year.

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 28% of respondents indicated having a 2- or 4-year college

degree, 48% had a high school diploma or less. Recognizing the importance of education, 92% of the respondents indicated that improved public education and that General Education Diploma (GED) classes were “necessary.” Tutorial services and youth educational services were also shown to be “necessary” by 90% and 93% respectively.

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](http://www.spssi.org))*

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 - 90%; Drug and alcohol abuse prevention - 89%; Congregate Meals Program - 83%; Home-delivered meals - 90%; Physical and dental examinations - 91 %; and Transportation - 92%.

## Housing

Just as education can impact employment prospect ability, employment can impact housing accessibility. CSNA respondents noted affordable housing (91%) and rental assistance (91%) as “necessary”. Housing rehabilitation and weatherization are “necessary” as indicated by 80% and 80% of respondents respectively. Table 30 shows fair market rents (FMR) in Mississippi. For a state that has a poverty rate 7% higher than the national average, it is clear that the average Mississippian cannot afford this “fair” market. (Source: Department of Housing & Urban Development)

**Table 30: 2013 Fair Market Rents in Mississippi**

DWELLING SIZE (by # Bedrooms)	FMR
0	\$482
1	\$671
2	\$810
3	\$1,009
4	\$1,108

## Health and Nutrition

Reports by the Mississippi Department of Health show that the health of Hinds County mirrors these research findings implicating a potential correlation. Table 31 outlines some key factors.

**Table 31: 2013 Hinds County Health Findings**

CONDITION	POPULATION PERCENTAGE
Poor or Fair Health	21%
Children in Single-Parent Households	58%
Children in Poverty	37%
Adult Obesity	36%
Low Birthrate	15.4%
Excessive Drinking	13%

## Survey Comparison

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 household financial counseling (84%); money management training (82%); housing counseling (82%); and tax preparation assistance (80%). As respondents recognized the need to address financial well-being, they also identified other “essential” services for their physical and mental health. Although health and safety, transportation, and nutrition were rated as the least “necessary”, respondents revealed an increase in need for these services compared to last year. (See Table 32)

**Table 32: Least Necessary/Increased Need**

<b>HEALTH &amp; SAFETY NEEDS</b>	<b>PREVIOUS</b>	<b>CURRENT</b>	<b>PERCENTAGE INCREASE</b>
Physical and Dental Exams and Immunizations	90%	91%	1%
Pregnancy-Related and Infant Health	89%	90%	1%
Alcohol and Drug Prevention	87%	89%	2%
Shelter	89%	89%	0%
Clean Water Supply	89%	90%	1%
Crime Intervention	89%	92%	3%
<b>NUTRITION</b>	<b>PREVIOUS</b>	<b>CURRENT</b>	
Congregate Meals	81%	82%	1%
Home-Delivered Meals	90%	90%	0%
Nutritious Snacks for Children	84%	85%	1%

(Source: CSNA Basic Output Data 2012 and 2013)

## Childcare

The CSNA basic output data showed 89% of respondents indicated childcare as “necessary.” Eighty-four percent (84%) of the respondents deemed services for children as “essential,” which is a 3% increase from last year. When considering the 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 33 provides a snapshot of average childcare costs in Mississippi.

**Table 33: Average Childcare Costs in Mississippi**

<b>CHILDCARE CENTER TYPE</b>	<b>COST PER YEAR</b>
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](http://www.doodledays.com))

According to the American Community Survey from the US Census, in Hinds County, there were 3,392 women between 15-50 years old who had a birth in the past 12 months, 71% of these women were unmarried. Fifty-one percent of these women were between the ages of 15-19. The American Community Survey also estimated that there are 4,702 children in Hinds County enrolled in nursery school and preschool; however, there are still 17,723 (7.2%) children under 5 years old in Hinds County.

Not counting Hinds County Head Start, there are more than 31 public preschools in Hinds County serving more than 12,000 students (Source: [PublicSchoolReview.com](http://PublicSchoolReview.com)). Twenty-five of these

preschools are a part of Jackson Public School's Pre-Kindergarten program which has been run by the school district for more than 18 years.

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 2012-2013 program year, 2,194 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 most of these and other services increased in the past year. Further evidence was provided via the HCHRA Head Start and Early Head Start Program Information Reports (PIR). During 2012-2013, housing subsidies such as utilities and rehabilitation were provided for 31 families. This represented only 5% of the 591 Head Start and Early Head Start families that received other vital assistance such as mental health services, substance abuse prevention/treatment, domestic violence assistance, marriage and parenting education, and child support assistance, among others. 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 2,194 Head Start and Early Head Start families served, 327 represent two-parent households. Within these families, only 13% or 42 households with both parents working; 60% or 196 have only one-parent working; and 27% or 89 are families with both parents unemployed. Within the 1,867 single-parent families, 53% or 986 were unemployed while 881 were working.

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 (77%), home-based (65%) or a combination of the two (70%). However, 73% 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. Chart 7: Trends in Child Poverty provides a glance of a 50-year span (1959-2009). The poverty rate was at its lowest 40 years ago (14%). 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 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 to the type of child care service preferred, the Head Start Distance Evaluation indicated that 63% of all respondents considered it "essential" to have childcare services within five miles of home (**see Attachment: Head Start Distance Evaluation**).

**The complete 2013 HCHRA CSNA Data Output Report is attached.**

### **iii. Community Assets**

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 2014 and others will be identified. Current partnerships for which HCHRA has a Memoranda of Understanding are listed as formal, and resources in the community which have not been formalized are listed as informal. The services and opportunities include:

#### **Childcare**

- **Formal**

  - Family Services**

    - Mississippi Department of Human Services-Hinds County

  - Community Opportunities**

    - Hinds County School District Pre-K Program
    - Jackson Public School District Pre-K Program
    - Clinton Public School District Pre-K Program

- **Informal**

  - Family Services**

    - Children's Defense Fund

  - Community Opportunities**

    - Boys and Girls Clubs
    - Daycares
    - City of Jackson daycare programs

#### **Education**

- **Formal**

  - Family Services**

    - Hinds Community College
    - Voice of Calvary Center - GED Preparation
    - Tougaloo College Educational Opportunity Center
    - ACE Training Center

  - Community Opportunities**

    - Hinds County School District

- Jackson Public School District
- Clinton Public School District

- **Informal**

- **Family Services**

- Clinton Community Christian Corporation - GED Training
    - Job Corp
    - JSU Continuing Education Learning Center

- **Community Opportunities**

- Jackson-Hinds Library System
    - Jackson State University
    - Hinds Community College

**Employment**

- **Formal**

- **Family Services**

- Dress for Success Metro Jackson
    - Jackson WIN Job Center
    - New Way Mississippi

- **Community Opportunities**

- N/A

- **Informal**

- **Family Services**

- Career Development Center
    - City of Jackson Department of Human and Cultural Services
    - Job Corp

- **Community Opportunities**

- Capitol Staffing
    - TempStaff/Execustaff
    - AAP Staffing

**Emergency Services and Linkages**

- **Formal**

- **Family Services**

- Atmos Energy

- Catholic Charities
- Entergy Mississippi
- Gateway Rescue Mission
- Operation Shoe String

**Community Opportunities**

- Hinds County Rural Transportation Program
- Mississippi Center for Legal Services
- Shady Grove Baptist Church

- **Informal**

**Family Services**

- Salvation Army
- American Red Cross

**Community Opportunities**

- Clinton Community Christian Center (4C's)
- JaTran Transportation Services
- American Civil Liberties Union (ACLU), MS
- Mission First Legal Clinic

**Health and Safety**

- **Formal**

**Family Services**

- Hind County Sheriff's Department - Crime Prevention, SALT Council
- Voice of Calvary Ministries
- South Central Community Action Agency - Weatherization

**Community Opportunities**

- Jackson-Hinds Comprehensive Health Center

- **Informal**

**Family Services**

- Medicare
- Medicaid

**Community Opportunities**

- Central MS Medical Center
- University of MS Medical Center

- Baptist Medical Center
- Hinds County Health Department
- Mission First

## **Housing**

- **Formal**

- **Family Services**

- N/A

- **Community Opportunities**

- N/A

- **Informal**

- **Family Services**

- Housing Authorities
    - Housing Education & Economic Development (HEED)
    - Housing And Urban Development (HUD)

- **Community Opportunities**

- Habitat for Humanity
    - Azalea Christian Manor Apartments
    - Christian Brotherhood Homes
    - Madonna Manor for Seniors

## **Income Management**

- **Formal**

- **Family Services**

- United Way of the Capital Area

- **Community Opportunities**

- N/A

- **Informal**

- **Family Services**

- Consumer Credit Counseling Services of Jackson
    - First Baptist Church of Jackson - Credit Counseling Program

- **Community Opportunities**

- Local Banks - BankPlus, Regions, Trustmark, Wells Fargo, etc.

## **Nutrition**

- **Formal**

  - Family Services**

    - Central MS Planning and Development District (CMPDD) - Senior Meals Programs
    - HCHRA's Congregate Meals - Senior Meals Program
    - HCHRA's Home Delivered Meals Program - Senior Meals Program

  - Community Opportunities**

    - N/A

- **Informal**

  - Family Services**

    - MS Department of Human Services - Hinds County
    - City of Jackson Department of Human and Cultural Services

  - Community Opportunities**

    - Food Banks
    - Grocery Stores

## **Transportation**

- **Formal**

  - Family Services**

    - Willowood Development Center
    - HCHRA's Project Head Start Program
    - HCHRA's Home Delivered Meals Program - Senior Meals Program

  - Community Opportunities**

    - HCHRA's Central Office

- **Informal**

  - Family Services**

    - City of Jackson, MS Transit System - JaTran

  - Community Opportunities**

    - N/A

#### **IV. PRIORITIZED NEEDS**

The last step in the needs assessment process is the prioritization of the issues to give HCHRA an idea of which area to focus on first. All of the issues are important and have an effect on poverty and the community. As an agency with limited time and resources, prioritizing issues can determine which issues to address, whether addressing one issue more comprehensively may help to solve other issues, and whether HCHRA should address an issue or let it be addressed by others. After prioritizing issues, HCHRA can then move on to determine goals, objectives and action steps for the strategic plan. Finally, prioritization can help the Agency with determining which categories to focus on first, trying new strategies, developing more partnerships, integrating services and creating change. All needs/issues fall into one of nine categories (or domains): Employment, Education, Housing, Child Care, Health & Safety, Income Management, Transportation, Nutrition, or Emergency Services.

To adequately establish priorities, develop goals, and allocate funds to meet those goals, the needs assessment process provides information about area poverty causes, conditions, needs and available resources. The resulting data focuses attention on the magnitude and intensity of problems and indicate gaps in resources and services.

The Agency plan for setting priorities requires input from the Board of Directors. Using data from the needs assessment, the Board identifies the short and long-range needs of the low-income in the community; consequently, the Board sets priorities and develops criteria and methodology to address the needs. Criteria include severity of need, magnitude of need, availability of resources, and impact.

Final decision-making and approval of priorities rests with the Board, which also determines funding allocations, taking into consideration the amount of funds available to address the needs.

The information gathered is just that – information. The data (both statistical and Agency gathered) gives a snapshot of the real and perceived conditions in the region. Analysis provides the opportunity to not only look at needs, but also discuss various assets the community has that can be brought to the table at the time of solutions. It puts the data into context. Without context, the information is meaningless.

Needs assessments and their analysis provides HCHRA an opportunity to educate the board and staff about the community as a whole, discuss service delivery, and develop ways to work across programs to address the needs of the community. A cross functional team representing different programs and different levels within the Agency and inclusive of interested HCHRA board members, will lay the foundation as HCHRA moves from the needs assessment to the strategic plan, and the development of programs and activities. In addition, partners and stakeholders in the community have been a part of the analysis of the data and information.

With this assessment, HCHRA’s cross functional team has given priority to decipher this data and to find information that will be helpful in creating the design that meets needs of the Hinds County community citizens. 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.

Based on this assessment, HCHRA’s cross functional planning team gives suggestions of priority to the service categories as follows:

## **1. Employment**

The number one Agency service priority is employment services. Despite low levels of unemployment, average household income has declined since 2000. The number of children living in low-income families has continued to rise. Programs that provide supports for low-income working parents can increase income and child well-being. HCHRA programs can support low-income working parents – and therefore their children – by providing relief from work-related expenses such as child care and transportation by increasing income, and by strengthening the safety net for temporary unemployment spells. Hinds County employment desires also show a need to develop programs, procedures or assets to expand opportunities for living wage jobs. Needs are present at the Family, Agency and Community level.

## **2. Education**

The Agency's number two priority is education. A great emphasis should be put on education for this year after both qualitative and quantitative information revealed that Hinds County has both a need and a want for education services.

HCHRA has discussed that a quality Head Start program through twelfth grade education is essential to the development of individuals and the health of communities. Unfortunately, more than half of the people of Hinds County are finishing higher education institutions, yet are not graduating from college. One correlation not immediately at the forefront is educational systems' outcomes directly related to poverty and lack of community development. Therefore, HCHRA should continue to focus on the underlying causes of poverty and how they affect the education opportunities for persons of low income. This service model is best seen through the current Project Head Start.

### **3. Housing**

The third Agency priority is to assist eligible families through housing services. A large emphasis is placed in this category by service providers. This information leads to show that partners believe housing continues to be the top priority in their view. In our efforts to end homelessness, we must continue to provide access and referrals to affordable rental housing and comprehensive support to individuals and families facing poverty. When examining the availability of low-cost housing over time, the extent to which affordable housing is a barrier today becomes clear. According to the Institute for Children, Poverty, and Homelessness, there were 300,000 more low-cost rental units than low-income renter households in 1970 that is 6.5 million units for 6.2 million households. By 1985, there was an affordable housing shortfall of 3.3 million units. By 2011, the affordable housing shortage reached 5.3 million units. Today, only one in four households eligible for rental subsidies actually receives assistance due to overwhelming demand, forcing many families onto lengthy waiting lists.

### **4. Child Care**

The fourth Agency priority is child care. In the 2013 State of the Union address, President Barack Obama made a historic pledge to provide universal, high-quality pre-K education to our nation's children. He chose to make this one of his administration's priorities with good reason: Early childhood education has myriad benefits, including better, more equitable long-term outcomes for children of divergent economic backgrounds. Moreover, investments in these programs help cultivate a future workforce, secure long-term economic competitiveness, and develop our nation's future leaders. High-quality pre-K and child care would also throw a much-needed raft to families across America that are struggling to stay afloat while footing costly child care bills, missing work to provide care, or sending their children—our nation's future innovators and workforce—to low-quality care centers.

## **5. Health & Safety**

Customer health is the Agency's fifth service priority. The Affordable Care Act is the most far-reaching effort to contain health care costs to date. The new law includes an array of reforms to the way health care is paid for and delivered—reforms that reward the value and quality of care, not just the quantity of care. These signals to health care providers are already catalyzing change throughout the health care system. But health care costs remain a major challenge.

National health spending is projected to continue to grow faster than the economy, increasing from 18 percent of the economy to about 25 percent by 2037. Even with the new law, federal health spending is projected to increase from 25 percent of total federal spending to about 40 percent by 2037. These trends could squeeze out critical investments in education and infrastructure, contribute to unsustainable debt levels, and constrain wage increases for middle-class workers.

According to listings on [lifescrpt.com](http://lifescrpt.com), there are 146 registered pediatricians throughout the Hinds County area. The state's only academic medical center is also located in Hinds County and provides much needed access to low-income individuals and serves as a start point for this issue. The research shows that we have adequate access to quality healthcare, yet education about those resources still remains an issue.

## **6. Income Management**

The sixth Agency priority is providing income management to low-income individuals and families. Partnerships with businesses, social entrepreneurs, cooperatives, local and national bank chains, governmental agencies and local community provide answers for many challenges identified in the income management. Partnerships create opportunities for bringing real-life experience and income management practices into HCHRA's case management structure, for

inviting speakers from the corporate world to serve on panels and participate in conferences on the role of business in alleviating poverty, as well as for sponsoring events for education innovation.

## **7. Transportation**

The seventh Agency priority is providing transportation to low-income individuals and families. People's inability to access jobs and services because of a lack of transportation is an important element of the social exclusion that defines urban and rural poverty. Urban transport policy can attenuate this poverty, both by contributing to economic growth and by introducing a conscious poverty reduction focus to infrastructure investment, to public transport service planning, and to fare-subsidy and financing strategies. There is a rich agenda of urban transport policies that are both pro-growth and pro-poor, yet which are consistent with the fiscal capabilities of even the poorest communities.

## **8. Nutrition**

The eighth Agency priority is to alleviate the impact of hunger on low-income families in the area. Special attention is given to families with children, teen parents, elderly poor, non-readers, potential suicides, substance abusers, and the homeless. Many of the programs that provide vital services to low-income Americans have been at-risk during this previous climate of budget battles and debt limit deadlocks. In particular, the nutrition programs administered by the Department of Agriculture were under increased scrutiny as Congress debated debt deals and holds hearings in preparation for last year's Farm Bill reauthorization. At the center of these discussions and attacks were the Supplemental Nutrition Assistance Program, or SNAP, formerly known as food stamps.

Nearly one in seven Americans, more than half of whom are children or seniors, receive help from SNAP in stretching their food budgets to last through the end of the month. Recent

increases in program enrollment reflect both the growing need among American households and the success of outreach efforts to families who are eligible to receive these benefits. HCHRA's nutrition programs should continue to understand and respond to the ever growing limitations of opportunities for nutrition while it has a continued side by side attachment to poverty.

## **9. Emergency Services**

HCHRA strives for community participation in all programs administered by the Agency and realizes the importance of emergency services, which is identified as the ninth priority. 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.

**Table 34: Prioritized Needs**

<b>PRIORITIZED LIST OF COMMUNITY NEEDS TO BE ADDRESSED AND MET BY HCHRA WITH CSBG/OTHER FUNDS</b>	<b>Will This Need Be Addressed This Year?</b>
<p>1. EMPLOYMENT</p> <p>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 [ ]</p>
<p>2. EDUCATION</p> <p>Description of Involvement: Information &amp; referral; skills training; transportation; child care assistance; after-school programs; tutoring &amp; literacy training</p>	<p>YES <input checked="" type="checkbox"/> CSBG FUNDS  <input checked="" type="checkbox"/> NON-CSBG  NO [ ]</p>
<p>3. HOUSING</p> <p>Description of Involvement: Information &amp; referral; home repair; home safety &amp; health; homeless services</p>	<p>YES <input checked="" type="checkbox"/> CSBG FUNDS  <input checked="" type="checkbox"/> NON-CSBG  NO [ ]</p>
<p>4. CHILD CARE</p> <p>Description of Involvement: Information &amp; referral; short-term, limited child care assistance; after-school programs; tutoring &amp; literacy training; early childhood development services</p>	<p>YES <input checked="" type="checkbox"/> CSBG FUNDS  <input checked="" type="checkbox"/> NON-CSBG  NO [ ]</p>
<p>5. HEALTH &amp; SAFETY</p> <p>Description of Involvement: Information &amp; referral; medical &amp; dental screening; medication assistance; other health-related services</p>	<p>YES <input checked="" type="checkbox"/> CSBG FUNDS  <input checked="" type="checkbox"/> NON-CSBG  NO [ ]</p>
<p>6. INCOME MANAGEMENT</p> <p>Description of Involvement: Information &amp; 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 [ ]</p>
<p>7. TRANSPORTATION</p> <p>Description of Involvement: Information &amp; referral; transportation to client services</p>	<p>YES <input checked="" type="checkbox"/> CSBG FUNDS  <input checked="" type="checkbox"/> NON-CSBG  NO [ ]</p>
<p>8. NUTRITION</p> <p>Description of Involvement: Information &amp; referral; hot meals and staple goods</p>	<p>YES <input checked="" type="checkbox"/> CSBG FUNDS  <input checked="" type="checkbox"/> NON-CSBG  NO [ ]</p>
<p>9. EMERGENCY SERVICES</p> <p>Description of Involvement: Information &amp; referral; food, shelter &amp; clothing; energy assistance; donated goods &amp; services</p>	<p>YES <input checked="" type="checkbox"/> CSBG FUNDS  <input checked="" type="checkbox"/> NON-CSBG  NO [ ]</p>

## **V. 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 involves 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 have physical disabilities 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, citizens with disabilities 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, HCHRA 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 2013, HCHRA launched an aggressive radio and 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. In addition to the advertising campaign, HCHRA's recruiting process includes the following: posting notices on bulletin boards at grocery stores, hardware stores, office supply stores, restaurants, libraries, and schools; press releases and public service announcements; appearing on local talk shows (television and radio); speaking at churches and community meetings; door-to-door recruitment; family referrals; referrals from other public and private agencies; and in setting up booths at various community events to promote awareness about the Head Start program.

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 referrals 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.

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, 89% of CSNA respondents indicated shelter as “necessary,” and 90% 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.

## **VI. RECOMMENDATIONS**

As the 2013 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**

- 42 individuals will receive a full-time job above minimum wage.
- 34 individuals will receive a full-time job at minimum wage.
- 50 individuals will receive a part-time job at minimum wage.
- 21 individuals will receive a part-time job at above minimum wage.
- 100 individuals will receive training, job application assistance, and resume writing.

- 3 individuals will receive vocational training, internships, on-the-job training, and summer jobs.

### **Education**

- 5 individuals will complete literacy/adult basic education training.
- 5 individuals will complete their GED.
- 18 individuals will complete vocational training/acquire job skills.
- 15 individuals will graduate with a 2-year degree.
- 5 individuals will graduate with a 4-year degree.
- 4 individuals will be assisted with child care classes.

### **Income Management**

- 35 individuals will complete money management skills training.
- 10 individuals will be debt free.
- 25 individuals will meet their monthly income/exceed expenses.
- 300 individuals will have checking accounts.
- 50 individuals will have savings accounts.
- 85 individuals will have all their income from wages/salaries and not from governmental assistance.
- 200 individuals will participate in consumer credit counseling.
- 600 individuals will receive tax counseling and tax preparation assistance.

### **Housing**

- 48 individuals will have safe and adequate housing that is subsidized.
- 90 individuals will have safe and adequate housing: single-family rental.
- 50 individuals will have safe and adequate housing: single-family owner.
- 13 individuals will spend less than 1/3 of income on housing.
- 2 homes will be weatherized.
- 2 homes will be repaired or rehabilitated.
- 6 individuals will be assisted with securing transitional shelter, group home and/or services for the homeless.

### **Emergency Services**

- 3 individuals will receive temporary housing.
- 200 individuals will be assisted with rent/mortgage.
- 450 individuals will receive energy crisis assistance.
- 5 individuals will be assisted with emergency food, clothing and furniture.
- 2 individuals will be assisted with crisis intervention.

- 15 individuals will be assisted with emergency health system repair.
- 100 individuals will be linked with other services and organizations to assemble a combination of short-term resources and long-term support.

### **Health & Safety**

- 130 individuals will have health insurance: non-employer.
- 50 individuals will have health insurance: employer.
- 50 individual's homes will be safe and fully accessible.
- 100 families will have identified physician/clinic.
- 30 individuals will have permanent care provider.
- 100 individuals will complete health education training.
- 150 individuals will have clear evidence of good personal hygiene.
- 200 individuals will partner with health institutions.
- 200 individuals will have transportation to health care facilities and medical appointments.

### **Nutrition**

- 25 individuals will be free of governmental assistance for food.
- 125 individuals will require limited governmental assistance for food.
- 400 families will be assisted with meals.
- 60 individuals will complete nutrition education training.
- 75 individuals will be assisted with self-help projects, such as community gardens, community canneries and food buying groups.

### **Low-Income Home Energy Assistance (LIHEAP)/Weatherization**

- 5,000 families will become stable after LIHEAP and/or weatherization assistance.
- 2,000 households will be stabilized to become self sufficient - This will include households with vulnerable citizens (*disabled, elderly and children*).
- 750 households will experience increased energy affordability.
- 1,400 fewer households will require crisis intervention.
- 2,000 previously served LIHEAP recipients will make regular utility payments.
- 1,400 households will increase efficiency of energy consumption.

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

- To reinstate the Head Start Centers accredited by the National Association for the Education of Young Children (NAEYC) and increase the accredited centers by three.
- 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.

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.



**Helping Families,  
Strengthening Communities**

# **ATTACHMENTS**

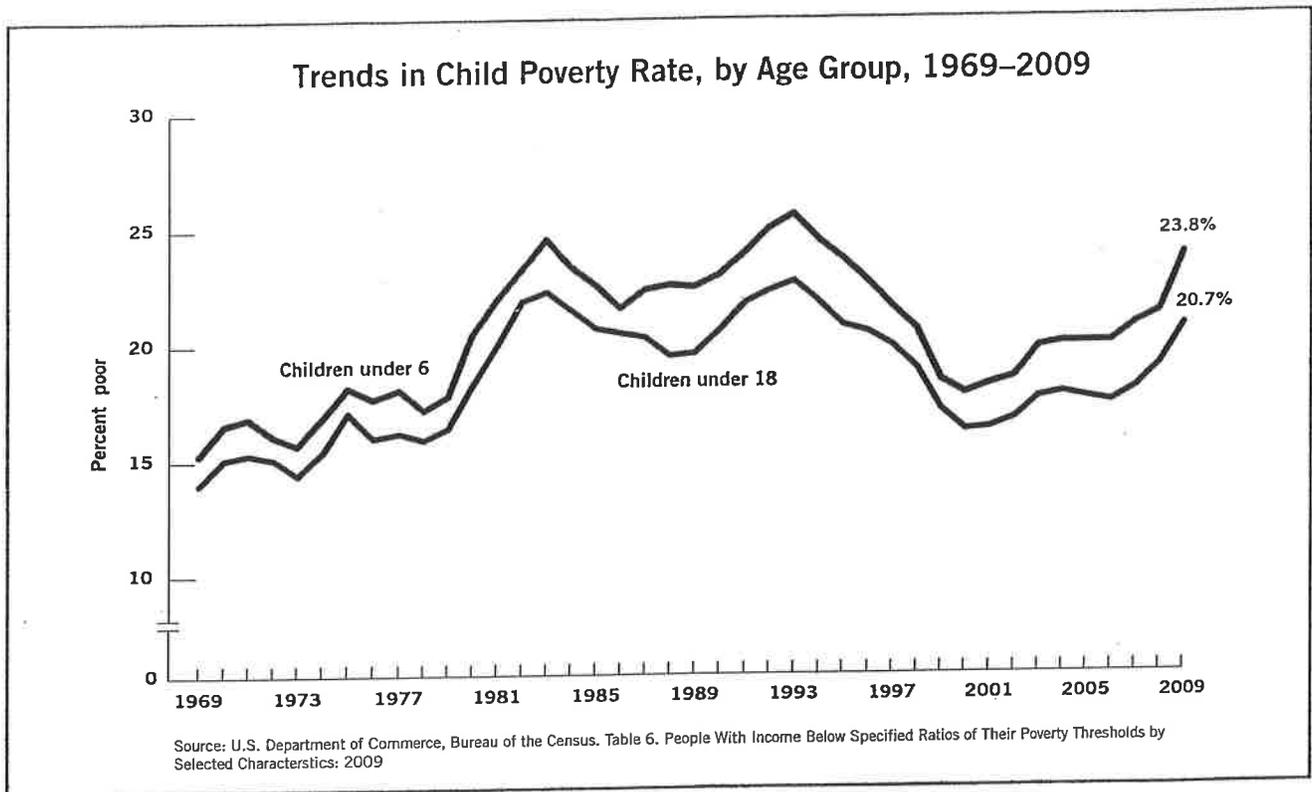
**Trends in Poverty Chart**

**Head Start Distance Evaluation**

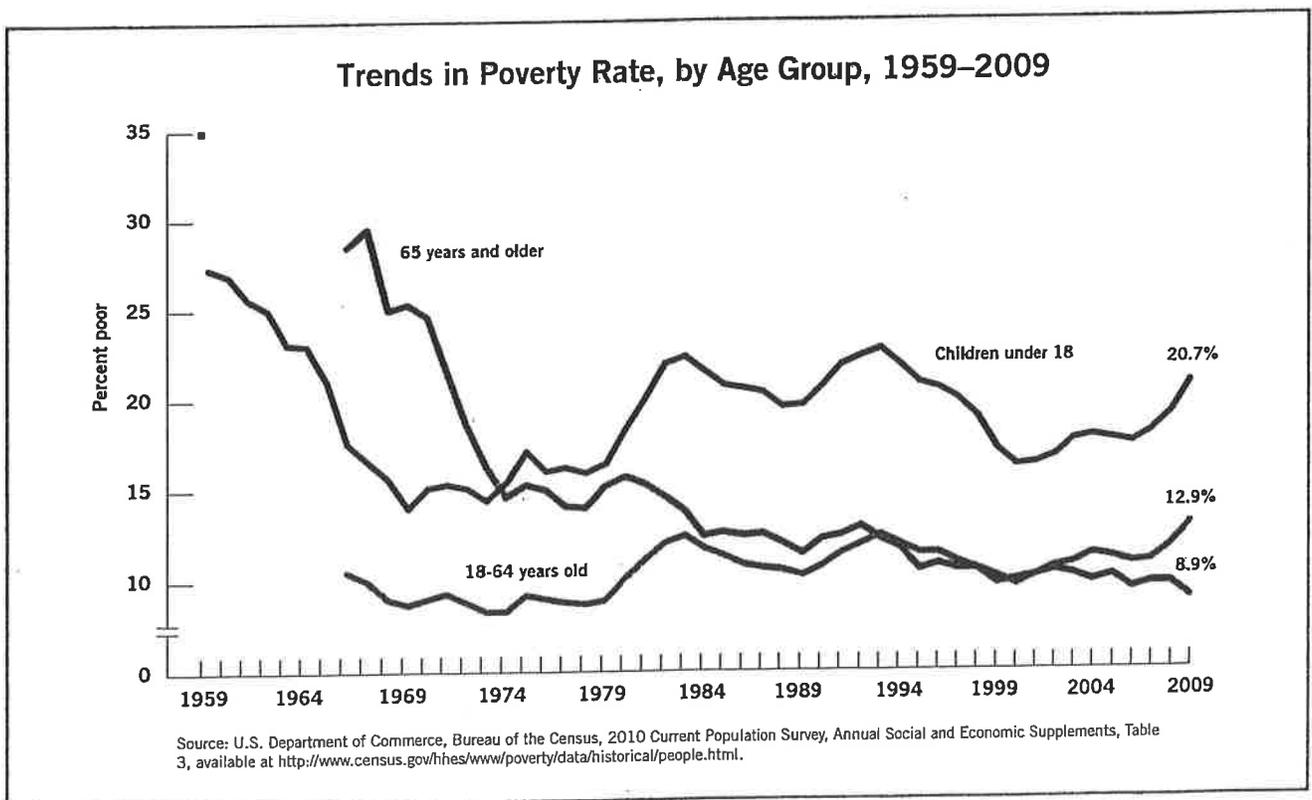
**Needs Ranked by Group**

**CSNA Data Output Report**

Our youngest children are most at risk of being poor, at the same time that their brains are rapidly developing and attention to their developmental needs is critical.



**Children are more likely to be poor than any other age group. Nearly four million more Americans fell into poverty in 2009; nearly 1.5 million were children.**



## 2013 HCHRA Needs Assessment Head Start Evaluation

If there is a Head Start/child Development Center in your community, what is the distance? \* Center-based services Crosstabulation

		Center-based services				Total
		Essential	Very Desirable	Desirable	Not important	
If there is a Head Start/child Development Center in your community, what is the distance?	5 miles or less	Count 403 77.4%	72 13.8%	32 6.1%	14 2.7%	521 100.0%
	between 5 and 10 miles	Count 124 76.5%	16 9.9%	14 8.6%	8 4.9%	162 100.0%
	between 10 and 15 miles	Count 78 78.0%	12 12.0%	7 7.0%	3 3.0%	100 100.0%

**If there is a Head Start/child Development Center in your community, what is the distance? \* Center-based services**

	Center-based services				Total
	Essential	Very Desirable	Desirable	Not important	
15 miles or over	38 73.1%	4 7.7%	4 7.7%	6 11.5%	52 100.0%
Total	643 77.0%	104 12.5%	57 6.8%	31 3.7%	835 100.0%

**If there is a Head Start/child Development Center in your community, what is the distance? \* Home-based services Crosstabulation**

	Home-based services				Total
	Essential	Very Desirable	Desirable	Not important	
5 miles or less	336 66.7%	78 15.5%	62 12.3%	28 5.6%	504 100.0%
between 5 and 10 miles	94 61.8%	28 18.4%	23 15.1%	7 4.6%	152 100.0%

If there is a Head Start/child Development Center in your community, what is the distance? \* Home-based services Crosstabulation

		Home-based services				Total
		Essential	Very Desirable	Desirable	Not important	
between 10 and 15 miles	Count	59	13	14	5	91
	% within If there is a Head Start/child Development Center in your community, what is the distance?	64.8%	14.3%	15.4%	5.5%	100.0%
15 miles or over	Count	26	9	7	5	47
	% within If there is a Head Start/child Development Center in your community, what is the distance?	55.3%	19.1%	14.9%	10.6%	100.0%
Total	Count	515	128	106	45	794
	% within If there is a Head Start/child Development Center in your community, what is the distance?	64.9%	16.1%	13.4%	5.7%	100.0%

**If there is a Head Start/child Development Center in your community, what is the distance? \* Combination of the above Crosstabulation**

	Combination of the above				Total
	Essential	Very Desirable	Desirable	Not important	
5 miles or less	372 71.1%	80 15.3%	52 9.9%	19 3.6%	523 100.0%
Count % within If there is a Head Start/child Development Center in your community, what is the distance?					
between 5 and 10 miles	107 67.3%	25 15.7%	21 13.2%	6 3.8%	159 100.0%
Count % within If there is a Head Start/child Development Center in your community, what is the distance?					
between 10 and 15 miles	70 70.7%	16 16.2%	8 8.1%	5 5.1%	99 100.0%
Count % within If there is a Head Start/child Development Center in your community, what is the distance?					
15 miles or over	30 60.0%	9 18.0%	5 10.0%	6 12.0%	50 100.0%
Count % within If there is a Head Start/child Development Center in your community, what is the distance?					
<b>Total</b>	579 69.7%	130 15.6%	86 10.3%	36 4.3%	831 100.0%
Count % within If there is a Head Start/child Development Center in your community, what is the distance?					

For a center-based Heard Start/Child Development program, which schedule best meets your needs? \* Center-based services Crosstabulation

		Center-based services				Total
		Essential	Very Desirable	Desirable	Not important	
For a center-based Heard Start/Child Development program, which schedule best meets your needs?	8 hours a day/5 days a week	Count 445 80.6%	69 12.5%	26 4.7%	12 2.2%	552 100.0%
	Half day (morning preferred)	57 69.5%	13 15.9%	6 7.3%	6 7.3%	82 100.0%
	Half day (afternoon preferred)	30 65.2%	6 13.0%	6 13.0%	4 8.7%	46 100.0%
	More than 8 hours a day/5 days a week	58 79.5%	8 11.0%	5 6.8%	2 2.7%	73 100.0%
Total		590 78.4%	96 12.7%	43 5.7%	24 3.2%	753 100.0%

For a center-based Heard Start/Child Development program, which schedule best meets your needs? \* Home-based services Crosstabulation

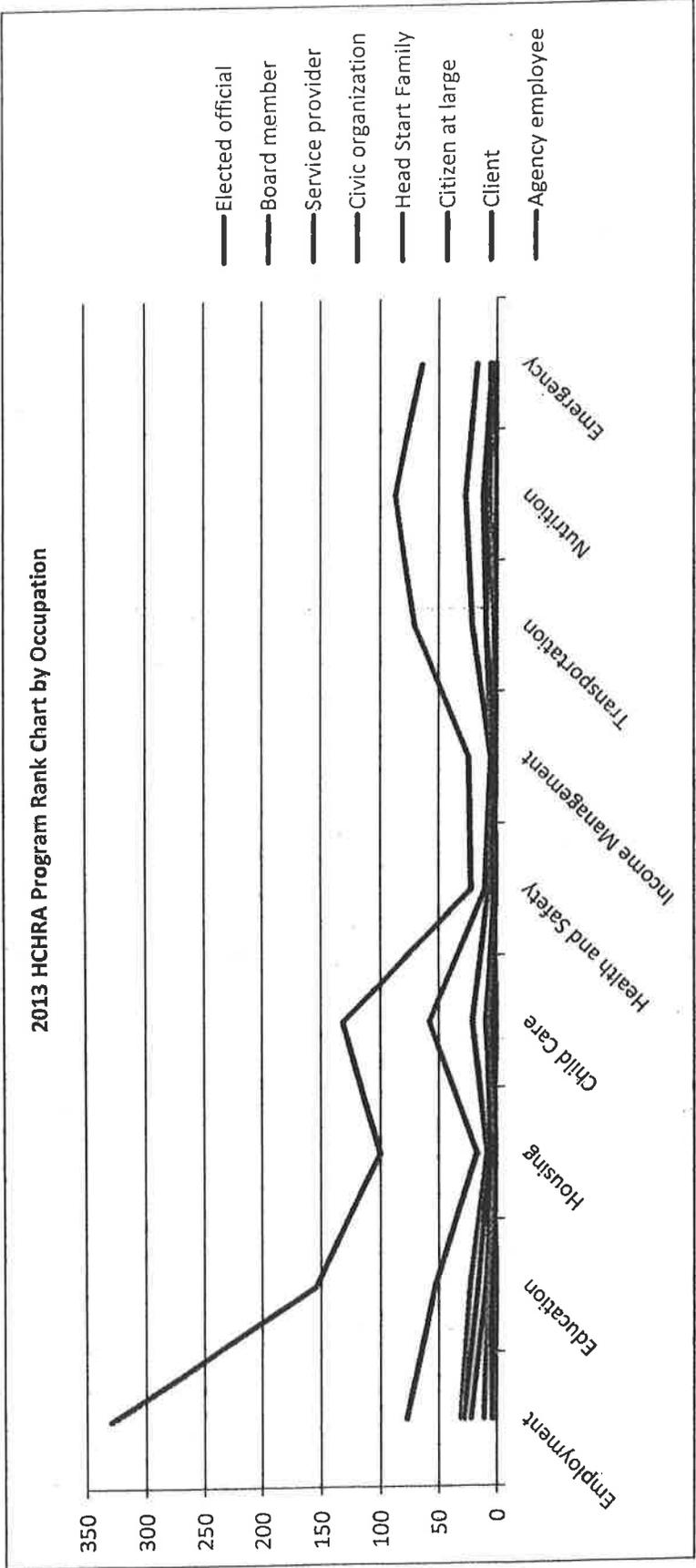
	Home-based services				Total
	Essential	Very Desirable	Desirable	Not important	
For a center-based Heard Start/Child Development program, which schedule best meets your needs?	358 68.3%	77 14.7%	64 12.2%	25 4.8%	524 100.0%
8 hours a day/5 days a week	Count % within For a center-based Heard Start/Child Development program, which schedule best meets your needs?	Count % within For a center-based Heard Start/Child Development program, which schedule best meets your needs?	Count % within For a center-based Heard Start/Child Development program, which schedule best meets your needs?	Count % within For a center-based Heard Start/Child Development program, which schedule best meets your needs?	Count % within For a center-based Heard Start/Child Development program, which schedule best meets your needs?
Half day (morning preferred)	44 57.9%	15 19.7%	12 15.8%	5 6.6%	76 100.0%
Half day (afternoon preferred)	27 60.0%	9 20.0%	6 13.3%	3 6.7%	45 100.0%
More than 8 hours a day/5 days a week	44 59.5%	15 20.3%	10 13.5%	5 6.8%	74 100.0%
Total	473 65.8%	116 16.1%	92 12.8%	38 5.3%	719 100.0%

For a center-based Heard Start/Child Development program, which schedule best meets your needs? \* Combination of the above Crosstabulation

	Combination of the above				Total
	Essential	Very Desirable	Desirable	Not important	
For a center-based Heard Start/Child Development program, which schedule best meets your needs?	Count 392 71.1%	92 16.7%	50 9.1%	17 3.1%	551 100.0%
8 hours a day/5 days a week	Count 47 61.0%	15 19.5%	11 14.3%	4 5.2%	77 100.0%
Half day (morning preferred)	Count 30 66.7%	7 15.6%	5 11.1%	3 6.7%	45 100.0%
Half day (afternoon preferred)	Count 57 74.0%	7 9.1%	7 9.1%	6 7.8%	77 100.0%
More than 8 hours a day/5 days a week	Count 526 70.1%	121 16.1%	73 9.7%	30 4.0%	750 100.0%
Total					

2013 HCHRA Program Rank by Group

	Are you a/an:										Total
	Elected official	Board member	Service provider	Civic organization	Head Start Family	Citizen at large	Client	Agency employee			
Employment	28	22	3	4	77	329	31	11	505		
Education	16	9	0	4	53	154	23	7	266		
Child Care	8	9	0	3	58	131	21	7	237		
Nutrition	8	7	0	0	27	87	12	6	147		
Housing	5	2	3	1	17	100	8	1	137		
Transportation	9	2	0	1	21	70	9	2	114		
Emergency	4	5	0	0	17	64	4	3	97		
Health and Safety	2	0	3	1	10	22	7	0	45		
Income Management	2	2	0	4	5	24	5	2	44		



## 2013 HCHRA Needs Assessment Basic Output

August 30, 2012 - July 1, 2013

### Internship /on-the-job training

	Frequency	Percent	Valid Percent	Cumulative Percent
Valid	Necessary	929	79.1	86.4
	No Opinion	105	8.9	96.2
	Unnecessary	41	3.5	100.0
	Total	1075	91.5	100.0
Missing	System	100	8.5	
Total	1175	100.0		

### Job creation services

	Frequency	Percent	Valid Percent	Cumulative Percent
Valid	Necessary	897	76.3	87.9
	No Opinion	78	6.6	95.5
	Unnecessary	46	3.9	100.0
	Total	1021	86.9	100.0
Missing	System	154	13.1	
Total	1175	100.0		

### Job placement services

	Frequency	Percent	Valid Percent	Cumulative Percent
Valid	Necessary	893	76.0	88.4
	No Opinion	72	6.1	95.5
	Unnecessary	45	3.8	100.0
	Total	1010	86.0	100.0
Missing	System	165	14.0	
Total	1175	100.0		

**Improved public education**

		Frequency	Percent	Valid Percent	Cumulative Percent
Valid	Necessary	991	84.3	92.0	92.0
	No Opinion	46	3.9	4.3	96.3
	Unnecessary	40	3.4	3.7	100.0
	Total	1077	91.7	100.0	
Missing	System	98	8.3		
Total		1175	100.0		

**GED/Adult basic education classes**

		Frequency	Percent	Valid Percent	Cumulative Percent
Valid	Necessary	946	80.5	91.6	91.6
	Unnecessary	51	4.3	4.9	96.5
	No Opinion	36	3.1	3.5	100.0
	Total	1033	87.9	100.0	
Missing	System	142	12.1		
Total		1175	100.0		

**Tutorial assistance**

		Frequency	Percent	Valid Percent	Cumulative Percent
Valid	Necessary	905	77.0	90.5	90.5
	No Opinion	53	4.5	5.3	95.8
	Unnecessary	42	3.6	4.2	100.0
	Total	1000	85.1	100.0	
Missing	System	175	14.9		
Total		1175	100.0		

**Youth services**

		Frequency	Percent	Valid Percent	Cumulative Percent
Valid	Necessary	944	80.3	93.0	93.0
	No Opinion	37	3.1	3.6	96.7
	Unnecessary	34	2.9	3.3	100.0
	Total	1015	86.4	100.0	
Missing	System	160	13.6		
Total		1175	100.0		

**Money management skills training**

		Frequency	Percent	Valid Percent	Cumulative Percent
Valid	Necessary	911	77.5	83.8	83.8
	No Opinion	105	8.9	9.7	93.5
	Unnecessary	71	6.0	6.5	100.0
	Total	1087	92.5	100.0	
Missing	System	88	7.5		
Total		1175	100.0		

**Household financial counseling**

		Frequency	Percent	Valid Percent	Cumulative Percent
Valid	Necessary	858	73.0	83.0	83.0
	No Opinion	95	8.1	9.2	92.2
	Unnecessary	81	6.9	7.8	100.0
	Total	1034	88.0	100.0	
Missing	System	141	12.0		
Total		1175	100.0		

**Tax preparation assistance**

		Frequency	Percent	Valid Percent	Cumulative Percent
Valid	Necessary	799	68.0	79.7	79.7
	No Opinion	108	9.2	10.8	90.4
	Unnecessary	96	8.2	9.6	100.0
	Total	1003	85.4	100.0	
Missing	System	172	14.6		
Total		1175	100.0		

**Rent/mortgage assistance**

		Frequency	Percent	Valid Percent	Cumulative Percent
Valid	Necessary	986	83.9	90.9	90.9
	No Opinion	57	4.9	5.3	96.1
	Unnecessary	42	3.6	3.9	100.0
	Total	1085	92.3	100.0	
Missing	System	90	7.7		
Total		1175	100.0		

**Decent/affordable housing**

		Frequency	Percent	Valid Percent	Cumulative Percent
Valid	Necessary	925	78.7	91.0	91.0
	No Opinion	48	4.1	4.7	95.7
	Unnecessary	44	3.7	4.3	100.0
	Total	1017	86.6	100.0	
Missing	System	158	13.4		
Total		1175	100.0		

**Housing counseling**

		Frequency	Percent	Valid Percent	Cumulative Percent
Valid	Necessary	790	67.2	80.0	80.0
	No Opinion	105	8.9	10.6	90.7
	Unnecessary	92	7.8	9.3	100.0
	Total	987	84.0	100.0	
Missing	System	188	16.0		
Total		1175	100.0		

**House rehabilitation**

		Frequency	Percent	Valid Percent	Cumulative Percent
Valid	Necessary	799	68.0	80.0	80.0
	No Opinion	113	9.6	11.3	91.3
	Unnecessary	87	7.4	8.7	100.0
	Total	999	85.0	100.0	
Missing	System	176	15.0		
Total		1175	100.0		

**Weatherization**

		Frequency	Percent	Valid Percent	Cumulative Percent
Valid	Necessary	802	68.3	79.5	79.5
	No Opinion	124	10.6	12.3	91.8
	Unnecessary	83	7.1	8.2	100.0
	Total	1009	85.9	100.0	
Missing	System	166	14.1		
Total		1175	100.0		

**Crisis intervention**

		Frequency	Percent	Valid Percent	Cumulative Percent
Valid	Necessary	920	78.3	87.2	87.2
	No Opinion	81	6.9	7.7	94.9
	Unnecessary	54	4.6	5.1	100.0
	Total	1055	89.8	100.0	
Missing	System	120	10.2		
Total		1175	100.0		

**Food/clothes donation**

		Frequency	Percent	Valid Percent	Cumulative Percent
Valid	Necessary	924	78.6	89.7	89.7
	No Opinion	58	4.9	5.6	95.3
	Unnecessary	48	4.1	4.7	100.0
	Total	1030	87.7	100.0	
Missing	System	145	12.3		
Total		1175	100.0		

**Shelter**

		Frequency	Percent	Valid Percent	Cumulative Percent
Valid	Necessary	900	76.6	89.1	89.1
	No Opinion	56	4.8	5.5	94.7
	Unnecessary	54	4.6	5.3	100.0
	Total	1010	86.0	100.0	
Missing	System	165	14.0		
Total		1175	100.0		

**Cash assistance**

		Frequency	Percent	Valid Percent	Cumulative Percent
Valid	Necessary	902	76.8	86.6	86.6
	No Opinion	84	7.1	8.1	94.7
	Unnecessary	55	4.7	5.3	100.0
	Total	1041	88.6	100.0	
Missing	System	134	11.4		
<b>Total</b>		<b>1175</b>	<b>100.0</b>		

**Nutrition counseling**

		Frequency	Percent	Valid Percent	Cumulative Percent
Valid	Necessary	886	75.4	83.3	83.3
	Unnecessary	89	7.6	8.4	91.6
	No Opinion	89	7.6	8.4	100.0
	Total	1064	90.6	100.0	
Missing	System	111	9.4		
<b>Total</b>		<b>1175</b>	<b>100.0</b>		

**Congregate meals**

		Frequency	Percent	Valid Percent	Cumulative Percent
Valid	Necessary	824	70.1	82.2	82.2
	No Opinion	93	7.9	9.3	91.4
	Unnecessary	86	7.3	8.6	100.0
	Total	1003	85.4	100.0	
Missing	System	172	14.6		
<b>Total</b>		<b>1175</b>	<b>100.0</b>		

**Home delivered meals for elderly/disabled**

		Frequency	Percent	Valid Percent	Cumulative Percent
Valid	Necessary	940	80.0	90.2	90.2
	Unnecessary	56	4.8	5.4	95.6
	No Opinion	46	3.9	4.4	100.0
	Total	1042	88.7	100.0	
Missing	System	133	11.3		
Total		1175	100.0		

**Clean water supply**

		Frequency	Percent	Valid Percent	Cumulative Percent
Valid	Necessary	920	78.3	89.7	89.7
	Unnecessary	57	4.9	5.6	95.2
	No Opinion	49	4.2	4.8	100.0
	Total	1026	87.3	100.0	
Missing	System	149	12.7		
Total		1175	100.0		

**Physical/Dental exam and immunization**

		Frequency	Percent	Valid Percent	Cumulative Percent
Valid	Necessary	979	83.3	90.7	90.7
	Unnecessary	51	4.3	4.7	95.5
	No Opinion	49	4.2	4.5	100.0
	Total	1079	91.8	100.0	
Missing	System	96	8.2		
Total		1175	100.0		

**Prevention of alcohol/drug abuse**

		Frequency	Percent	Valid Percent	Cumulative Percent
Valid	Necessary	902	76.8	88.6	88.6
	Unnecessary	68	5.8	6.7	95.3
	No Opinion	48	4.1	4.7	100.0
	Total	1018	86.6	100.0	
Missing	System	157	13.4		
Total		1175	100.0		

**Pregnancy related/infant health**

		Frequency	Percent	Valid Percent	Cumulative Percent
Valid	Necessary	908	77.3	90.2	90.2
	Unnecessary	56	4.8	5.6	95.7
	No Opinion	43	3.7	4.3	100.0
	Total	1007	85.7	100.0	
Missing	System	168	14.3		
Total		1175	100.0		

**Crime intervention**

		Frequency	Percent	Valid Percent	Cumulative Percent
Valid	Necessary	931	79.2	91.5	91.5
	Unnecessary	50	4.3	4.9	96.4
	No Opinion	37	3.1	3.6	100.0
	Total	1018	86.6	100.0	
Missing	System	157	13.4		
Total		1175	100.0		

**Child care**

		Frequency	Percent	Valid Percent	Cumulative Percent
Valid	Necessary	977	83.1	90.8	90.8
	No Opinion	51	4.3	4.7	95.5
	Unnecessary	48	4.1	4.5	100.0
	Total	1076	91.6	100.0	
Missing	System	99	8.4		
Total		1175	100.0		

**Transportation**

		Frequency	Percent	Valid Percent	Cumulative Percent
Valid	Necessary	950	80.9	92.4	92.4
	Unnecessary	44	3.7	4.3	96.7
	No Opinion	34	2.9	3.3	100.0
	Total	1028	87.5	100.0	
Missing	System	147	12.5		
Total		1175	100.0		

**Referral to other services**

		Frequency	Percent	Valid Percent	Cumulative Percent
Valid	Necessary	886	75.4	88.1	88.1
	No Opinion	65	5.5	6.5	94.5
	Unnecessary	55	4.7	5.5	100.0
	Total	1006	85.6	100.0	
Missing	System	169	14.4		
Total		1175	100.0		

**Employment status**

		Frequency	Percent	Valid Percent	Cumulative Percent
Valid	Yes	566	48.2	52.0	52.0
	No	522	44.4	48.0	100.0
	Total	1088	92.6	100.0	
Missing	System	87	7.4		
<b>Total</b>		<b>1175</b>	<b>100.0</b>		

**Attending educational/job training classes?**

		Frequency	Percent	Valid Percent	Cumulative Percent
Valid	Yes	826	70.3	80.4	80.4
	No	201	17.1	19.6	100.0
	Total	1027	87.4	100.0	
Missing	System	148	12.6		
<b>Total</b>		<b>1175</b>	<b>100.0</b>		

**If "No", Why?**

		Frequency	Percent	Valid Percent	Cumulative Percent
Valid	Satisfied with current job	57	4.9	36.5	36.5
	Lack of transportation	36	3.1	23.1	59.6
	Lack of/can't afford child care	32	2.7	20.5	80.1
	Other	31	2.6	19.9	100.0
	Total	156	13.3	100.0	
Missing	System	1019	86.7		
<b>Total</b>		<b>1175</b>	<b>100.0</b>		

**Volunteering in a community group?**

		Frequency	Percent	Valid Percent	Cumulative Percent
Valid	Yes	842	71.7	78.9	78.9
	No	225	19.1	21.1	100.0
	Total	1067	90.8	100.0	
Missing	System	108	9.2		
Total		1175	100.0		

**New businesses are expending?**

		Frequency	Percent	Valid Percent	Cumulative Percent
Valid	No	628	53.4	57.5	57.5
	Yes	464	39.5	42.5	100.0
	Total	1092	92.9	100.0	
Missing	System	83	7.1		
Total		1175	100.0		

**Do you have children who attend or have attended Head Start?**

		Frequency	Percent	Valid Percent	Cumulative Percent
Valid	Yes	637	54.2	60.8	60.8
	No	410	34.9	39.2	100.0
	Total	1047	89.1	100.0	
Missing	System	128	10.9		
Total		1175	100.0		

Are you currently working with another social services agency?

	Frequency	Percent	Valid Percent	Cumulative Percent
Valid No	967	82.3	94.2	94.2
Valid Yes	59	5.0	5.8	100.0
Valid Total	1026	87.3	100.0	
Missing System	149	12.7		
Total	1175	100.0		

List the agency you are working with

	Frequency	Percent	Valid Percent	Cumulative Percent
Valid	1146	97.5	97.5	97.5
MDHS	15	1.3	1.3	98.8
Medicaid	2	.2	.2	99.0
Disability	1	.1	.1	99.1
first book reading literary	1	.1	.1	99.1
Housing Authority	1	.1	.1	99.2
HUD	1	.1	.1	99.3
JPS	1	.1	.1	99.4
Kiddie Kingdom childcare	1	.1	.1	99.5
Magnolia Speech School	1	.1	.1	99.6
MDHS, WIC	1	.1	.1	99.7
MFFK	1	.1	.1	99.7
New horizon church	1	.1	.1	99.8
Voice of Calvary Ministries	1	.1	.1	99.9
WIC	1	.1	.1	100.0
Total	1175	100.0	100.0	

**Center-based services**

	Frequency	Percent	Valid Percent	Cumulative Percent
Valid Essential	695	59.1	76.8	76.8
Valid Very Desirable	113	9.6	12.5	89.3
Valid Desirable	60	5.1	6.6	95.9
Valid Not important	37	3.1	4.1	100.0
Total	905	77.0	100.0	
Missing System	270	23.0		
Total	1175	100.0		

**Home-based services**

	Frequency	Percent	Valid Percent	Cumulative Percent
Valid Essential	556	47.3	64.7	64.7
Valid Very Desirable	139	11.8	16.2	80.9
Valid Desirable	114	9.7	13.3	94.2
Valid Not important	50	4.3	5.8	100.0
Total	859	73.1	100.0	
Missing System	316	26.9		
Total	1175	100.0		

**Combination of the above**

	Frequency	Percent	Valid Percent	Cumulative Percent
Valid Essential	627	53.4	69.9	69.9
Valid Very Desirable	137	11.7	15.3	85.2
Valid Desirable	92	7.8	10.3	95.4
Valid Not important	41	3.5	4.6	100.0
Total	897	76.3	100.0	
Missing System	278	23.7		
Total	1175	100.0		

**Good learning environment**

		Frequency	Percent	Valid Percent	Cumulative Percent
Valid	Essential	852	72.5	85.7	85.7
	Very Desirable	94	8.0	9.5	95.2
	Desirable	29	2.5	2.9	98.1
	Not important	19	1.6	1.9	100.0
Total		994	84.6	100.0	
Missing	System	181	15.4		
Total		1175	100.0		

**Skilled and sensitive staff**

		Frequency	Percent	Valid Percent	Cumulative Percent
Valid	Essential	785	66.8	84.0	84.0
	Very Desirable	103	8.8	11.0	95.0
	Desirable	29	2.5	3.1	98.1
	Not important	18	1.5	1.9	100.0
Total		935	79.6	100.0	
Missing	System	240	20.4		
Total		1175	100.0		

**Medical/dental/mental health services**

		Frequency	Percent	Valid Percent	Cumulative Percent
Valid	Essential	773	65.8	81.7	81.7
	Very Desirable	114	9.7	12.1	93.8
	Desirable	43	3.7	4.5	98.3
	Not important	16	1.4	1.7	100.0
Total		946	80.5	100.0	
Missing	System	229	19.5		
Total		1175	100.0		

**Nutritious meals and snacks**

		Frequency	Percent	Valid Percent	Cumulative Percent
Valid	Essential	793	67.5	84.7	84.7
	Very Desirable	89	7.6	9.5	94.2
	Desirable	38	3.2	4.1	98.3
	Not important	16	1.4	1.7	100.0
	Total	936	79.7	100.0	
Missing	System	239	20.3		
Total		1175	100.0		

**Service for disabled children**

		Frequency	Percent	Valid Percent	Cumulative Percent
Valid	Essential	785	66.8	84.0	84.0
	Very Desirable	91	7.7	9.7	93.8
	Desirable	36	3.1	3.9	97.6
	Not important	22	1.9	2.4	100.0
	Total	934	79.5	100.0	
Missing	System	241	20.5		
Total		1175	100.0		

**Service for immigrants**

		Frequency	Percent	Valid Percent	Cumulative Percent
Valid	Essential	685	58.3	78.1	78.1
	Very Desirable	88	7.5	10.0	88.1
	Desirable	63	5.4	7.2	95.3
	Not important	41	3.5	4.7	100.0
	Total	877	74.6	100.0	
Missing	System	298	25.4		
Total		1175	100.0		

**If there is a Head Start/child Development Center in your community, what is the distance?**

	Frequency	Percent	Valid Percent	Cumulative Percent
Valid	5 miles or less	605	51.5	62.8
	between 5 and 10 miles	181	15.4	18.8
	between 10 and 15 miles	117	10.0	12.1
	15 miles or over	60	5.1	6.2
	Total	963	82.0	100.0
Missing	System	212	18.0	
Total		1175	100.0	

**For a center-based Head Start/Child Development program, which schedule best meets your needs?**

	Frequency	Percent	Valid Percent	Cumulative Percent
Valid	8 hours a day/5 days a week	622	52.9	73.3
	Half day (morning preferred)	93	7.9	11.0
	More than 8 hours a day/5 days a week	83	7.1	9.8
	Half day (afternoon preferred)	51	4.3	6.0
	Total	849	72.3	100.0
Missing	System	326	27.7	
Total		1175	100.0	

**Sex**

	Frequency	Percent	Valid Percent	Cumulative Percent
Valid	Female	966	82.2	90.5
	Male	101	8.6	9.5
	Total	1067	90.8	100.0
Missing	System	108	9.2	
Total		1175	100.0	

Age

	Frequency	Percent	Valid Percent	Cumulative Percent
Valid 20-44	787	67.0	73.4	73.4
Valid 45-59	162	13.8	15.1	88.5
Valid 60+	103	8.8	9.6	98.1
Valid 0-19	20	1.7	1.9	100.0
Total	1072	91.2	100.0	
Missing System	103	8.8		
Total	1175	100.0		

Race

	Frequency	Percent	Valid Percent	Cumulative Percent
Valid Black	1016	86.5	96.7	96.7
Valid White	28	2.4	2.7	99.3
Valid Hispanic	6	.5	.6	99.9
Valid Native American/Alaskan	1	.1	.1	100.0
Total	1051	89.4	100.0	
Missing System	124	10.6		
Total	1175	100.0		

Language

	Frequency	Percent	Valid Percent	Cumulative Percent
Valid English only	1042	88.7	97.9	97.9
Valid Bilingual	17	1.4	1.6	99.5
Valid Spanish only	3	.3	.3	99.8
Valid Other	2	.2	.2	100.0
Total	1064	90.6	100.0	
Missing System	111	9.4		
Total	1175	100.0		

**Education**

		Frequency	Percent	Valid Percent	Cumulative Percent
Valid	High School/GED	296	25.2	28.1	28.1
	2- or 4- year college	290	24.7	27.5	55.5
	9-12 grade	188	16.0	17.8	73.4
	Post-college studies/graduate	149	12.7	14.1	87.5
	Some post secondary	106	9.0	10.0	97.5
	0-8 grade	26	2.2	2.5	100.0
	Total	1055	89.8	100.0	
Missing	System	120	10.2		
Total		1175	100.0		

**Are you a/an:**

		Frequency	Percent	Valid Percent	Cumulative Percent
Valid	Citizen at large	378	32.2	62.4	62.4
	Head Start Family Client	104	8.9	17.2	79.5
	Elected official	44	3.7	7.3	86.8
	Board member	32	2.7	5.3	92.1
	Agency employee	20	1.7	3.3	95.4
	Service provider	15	1.3	2.5	97.9
	Civic organization	7	.6	1.2	99.0
	Total	6	.5	1.0	100.0
Missing	System	606	51.6	100.0	
Total		569	48.4		
Total		1175	100.0		

**Singlehead household**

		Frequency	Percent	Valid Percent	Cumulative Percent
	Yes	885	75.3	80.2	80.2
Valid	No	218	18.6	19.8	100.0
	Total	1103	93.9	100.0	
Missing	System	72	6.1		
Total		1175	100.0		

**Size**

		Frequency	Percent	Valid Percent	Cumulative Percent
	3-4	503	42.8	46.2	46.2
	1-2	381	32.4	35.0	81.3
Valid	5-6	181	15.4	16.6	97.9
	7-8	17	1.4	1.6	99.4
	9+	6	.5	.6	100.0
	Total	1088	92.6	100.0	
Missing	System	87	7.4		
Total		1175	100.0		

**number of children under5 in household**

		Frequency	Percent	Valid Percent	Cumulative Percent
	1-2	522	44.4	49.9	49.9
	None	465	39.6	44.4	94.3
Valid	3-4	53	4.5	5.1	99.3
	5+	7	.6	.7	100.0
	Total	1047	89.1	100.0	
Missing	System	128	10.9		
Total		1175	100.0		

under5\_age

	Frequency	Percent	Valid Percent	Cumulative Percent
4	141	12.0	44.3	44.3
1	68	5.8	21.4	65.7
3	58	4.9	18.2	84.0
Valid 2	32	2.7	10.1	94.0
5	17	1.4	5.3	99.4
.0	2	.2	.6	100.0
Total	318	27.1	100.0	
Missing System	857	72.9		
Total	1175	100.0		

under5\_race

	Frequency	Percent	Valid Percent	Cumulative Percent
Black	730	62.1	97.6	97.6
White	10	.9	1.3	98.9
Valid Hispanic	7	.6	.9	99.9
Native American/Alaskan	1	.1	.1	100.0
Total	748	63.7	100.0	
Missing System	427	36.3		
Total	1175	100.0		

**Number of disabled children in household**

		Frequency	Percent	Valid Percent	Cumulative Percent
Valid	None	940	80.0	89.5	89.5
	1-2	105	8.9	10.0	99.5
	3+	5	.4	.5	100.0
	Total	1050	89.4	100.0	
Missing	System	125	10.6		
Total		1175	100.0		

**what is the disability?**

		Frequency	Percent	Valid Percent	Cumulative Percent
Valid	Autism	49	4.2	51.6	51.6
	Developmental Impairment	20	1.7	21.1	72.6
	Speech/Language	12	1.0	12.6	85.3
	Other	9	.8	9.5	94.7
	Hearing Impairment/Deaf	3	.3	3.2	97.9
	Orthopedic	1	.1	1.1	98.9
	Visual Impairment/Blindness	1	.1	1.1	100.0
	Total	95	8.1	100.0	
Missing	System	1080	91.9		
Total		1175	100.0		

**Number of disabled adults**

		Frequency	Percent	Valid Percent	Cumulative Percent
Valid	None	842	71.7	77.7	77.7
	1-2	236	20.1	21.8	99.5
	3+	5	.4	.5	100.0
	Total	1083	92.2	100.0	
Missing	System	92	7.8		
Total		1175	100.0		

**Number of elderly**

		Frequency	Percent	Valid Percent	Cumulative Percent
Valid	None	893	76.0	84.6	84.6
	1-2	146	12.4	13.8	98.5
	3+	16	1.4	1.5	100.0
	Total	1055	89.8	100.0	
Missing	System	120	10.2		
Total		1175	100.0		

**household annual income**

		Frequency	Percent	Valid Percent	Cumulative Percent
Valid	\$0-4,999	405	34.5	40.0	40.0
	\$5,000-9,999	146	12.4	14.4	54.4
	\$10,000-14,999	135	11.5	13.3	67.8
	\$15,000-19,999	124	10.6	12.3	80.0
	\$25,000+	111	9.4	11.0	91.0
	\$20,000-24,999	91	7.7	9.0	100.0
	Total	1012	86.1	100.0	
Missing	System	163	13.9		
Total		1175	100.0		

**Income source**

		Frequency	Percent	Valid Percent	Cumulative Percent
Valid	Wages	411	35.0	42.0	42.0
	Social Security/SSI	264	22.5	27.0	69.0
	Food Stamps	237	20.2	24.2	93.3
	Unemployment	42	3.6	4.3	97.5
	Other	11	.9	1.1	98.7
	TANF	10	.9	1.0	99.7
	VA	3	.3	.3	100.0
	Total	978	83.2	100.0	
Missing	System	197	16.8		
Total		1175	100.0		

**Housing**

		Frequency	Percent	Valid Percent	Cumulative Percent
Valid	Rent	673	57.3	72.1	72.1
	Own	232	19.7	24.9	97.0
	Other	24	2.0	2.6	99.6
	Homeless	4	.3	.4	100.0
	Total	933	79.4	100.0	
Missing	System	242	20.6		
Total		1175	100.0		

**County**

		Frequency	Percent	Valid Percent	Cumulative Percent
Valid	Hinds	985	83.8	98.9	98.9
	Madison	6	.5	.6	99.5
	Rankin	2	.2	.2	99.7
	Claiborne	1	.1	.1	99.8
	Leflore	1	.1	.1	99.9
	Warren	1	.1	.1	100.0
	Total	996	84.8	100.0	
Missing	\$null\$	179	15.2		
Total		1175	100.0		

City

	Frequency	Percent	Valid Percent	Cumulative Percent
JACKSON	784	66.7	78.7	78.7
CLINTON	42	3.6	4.2	82.9
EDWARDS	39	3.3	3.9	86.8
TERRY	30	2.6	3.0	89.9
BOLTON	27	2.3	2.7	92.6
UTICA	24	2.0	2.4	95.0
BYRAM	22	1.9	2.2	97.2
RAYMOND	16	1.4	1.6	98.8
Valid RIDGELAND	4	.3	.4	99.2
CANTON	2	.2	.2	99.4
PEARL	2	.2	.2	99.6
GREENWOOD	1	.1	.1	99.7
PORT GIBSON	1	.1	.1	99.8
TOUGALOO	1	.1	.1	99.9
VICKSBURG	1	.1	.1	100.0
Total	996	84.8	100.0	
Missing \$null\$	179	15.2		
Total	1175	100.0		