

HEAD START (0-5)
COMMUNITY ASSESSMENT 2005 -2006
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Head Start (0-5)
Community Assessment
Sangamon & Morgan Counties
2005-2006

The purpose of this assessment was to gather information about the socioeconomic conditions of and services received by the populations targeted for Springfield Urban League Head Start and Early Head Start services in Sangamon and Morgan Counties. Information was gathered by querying various agencies in the communities that serve the targeted populations, referring to local census data, and analyzing aggregate FCP Family Assessment results and early childhood developmental assessment results. It should be noted that family assessments were completed within 45 days of enrollment during recent Head Start program years. Therefore, the figures reported below that are related to the conditions of Head Start (0-5) families are reflective of their conditions, in many cases, prior to Head Start services and interventions. This is appropriate, as it is most reflective of the target population, many of which also have not yet received Head Start intervention. The following is a summary of the data gathered.

Demographics of Target Population

Springfield Urban League Head Start's target population includes residents of Sangamon and Morgan Counties. Sangamon County, one of the two in our geographical service area, covers 863 square miles and has a population of 192,042. Its largest city, Springfield, has a population of 113,586. Morgan County covers 560 square miles and has a population of 36,053. Its largest city, Jacksonville, has a population of 18,940 (2000 Census). The information in this section was drawn from the 2000 Census, as it was the most recent survey of the population.

Sangamon County

children under 5 years of age all races = 5,479
African-Americans of any age = 9,539
Asians of any age = 177
Hispanics of any age = 233
Caucasians of any age = 16,887
IDHS Medical cards in Sangamon County (excluding Springfield) = 1,893
IDHS Medical cards in Springfield = 6,727

Morgan County

children under five years of age all races = 956
African-Americans of any age = 452
Asians of any age = 9
Hispanics of any age = 19
Caucasians of any age = 4,397
IDHS Medical cards in Morgan County (excluding Jacksonville) = 1,592
IDHS Medical cards in Jacksonville =

The figures that follow, pertaining to the population that resides within the Springfield Urban League geographical service area, were provided by the census state data center located at the Illinois Department of Commerce and Community Affairs. These figures were gathered to describe the population targeted for Head Start services according to their ages and household income levels. Accordingly, the figures below represent children birth through five who were residing in households with incomes below the federal poverty guidelines. The census state data center reported the most recent figures available as of the time of the writing of this assessment, which were from the 2000 census.

Children Residing in Households with Incomes Below the Federal Poverty Guidelines

Springfield							
Age	Total	Caucasian	African-American	Asian or Pacific Islander	Hispanic (ethnic group that can be of any race)	American Indian	Other
Under 1 year	877	522	321	10	12	0	12
1 to 2 years	1859	1062	744	11	16	2	8
3 years	840	464	352	2	11	3	8
4 years	814	462	335	5	4	3	5
Total under 5 years							
5 years	811	456	336	6	7	1	5
Sangamon County (excluding Springfield)							
Age	Total	Caucasian	African-American	Asian or Pacific Islander	Hispanic (ethnic group that can be of any race)	American Indian	Other
Under 1 year	220	193	12	2	2	2	9
1 to 2 years	441	390	35	0	4	0	12
3 years	227	200	18	2	1	1	5
4 years	201	174	19	1	1	0	6
Total under 5 years							
5 years	220	194	20	0	2	1	3

Jacksonville							
Age	Total	Caucasian	African-American	Asian or Pacific Islander	Hispanic (ethnic group that can be of any race)	American Indian	Other
Under 1 year	153	127	22	2	1	0	1
1 to 2 years	301	251	42	1	5	0	2
3 years	143	127	15	0	1	0	0
4 years	137	118	17	0	1	0	1
Total under 5 years							
5 years	139	123	14	0	1	0	1
Morgan County (excluding Jacksonville)							
Age	Total	Caucasian	African-American	Asian or Pacific Islander	Hispanic (ethnic group that can be of any race)	American Indian	Other
Under 1 year	36	36	0	0	0	0	0
1 to 2 years	96	94	0	0	2	0	0
3 years	40	39	1	0	0	0	0
4 years	50	50	0	0	0	0	0
Total under 5 years							
5 years	42	41	0	0	1	0	0

*please note that for categories that have n/a, it does not necessarily indicate that there are 0 individuals within that category. Rather, n/a is used when the actual number is low enough that it could potentially allow the individuals in an age grouping to be identified.

Literacy/Education

There are many studies that link a child’s literacy development and school success to parental involvement and the literacy environment in the home. Family literacy supports parental involvement and works to foster a literacy-rich environment in the home. Family literacy builds on these premises to help parents and children make educational and non-educational gains. While it is difficult to determine exact numbers, there may be as many as 90 million adults in the United States with limited literacy skills. Many of them are parents (National Center for Family Literacy, 2004).

The National Adult Literacy Survey found that from 44-48% of adults in the United States do not have the skills needed to function effectively in society. According to this report the level needed to obtain a livable wage is set at a 6th grade reading level. With this benchmark ability, individuals should be able to obtain a job that puts them on the

high end of poverty. The National Institute for Literacy, 2004 reports that more than 20% of adults read at or below a fifth grade level, far below the level needed to earn this livable wage. These literacy figures are critically important to Head Start because adult literacy levels have a strong, positive relationship to children's success in school (IL Secretary of State, 2005).

According to the National Council on Family Literacy (NCFL), there are 21% to 25% of adults in our current population that have demonstrated skills at the very lowest levels of prose, document, and quantitative proficiencies. These adults are unable to fill out a deposit slip, locate the time and place of a meeting on a form, or do other basic reading-related tasks. However, with involvement in a family literacy program, these adults showed important gains in taking and passing the GED examination. Also, children who were involved in a family literacy program demonstrated significant growth in their use of language and in the development of their pre-academic skills.

With a strong literacy focus in the community the local school district/adult education program (Lawrence Education Center) reports average participants read at a 6th grade level. Statistically half of this population reads below this benchmark. These struggling adults are engaging locally in literacy fluency and comprehension goal setting and achievement through this important outreach.

According to statistics from the Illinois Secretary of State's Literacy Office (2005), the following information shows the make up of the population that is currently receiving services through Family Literacy grants:

- 1,478 adults served
- 91% are female
- 57% of the adults' first language is not English
- Average age of the adult student is 30
- 27% of the participating adults have an 8th grade education or less
- 25% of the adults are employed full-time or part-time
- 2,299 children served
- 54% of the students were female
- Average age is 5
- 48% of the students were recruited through Head Start, Even Start, Pre-K or Title I
- Average adult/child activity time together is about 18 hours per week; average child alone activity hours are 37.4 hours per week.

Literacy Service Providers

1. Lawrence Education Center

2. Even Start

Accessibility (eligibility requirements.)

literacy tutoring, GED preparation;
no fee

family literacy services delivered
through home visiting program

3. Lincoln Land Community College

TEAL program with GED and basic adult education free of charge; services for physical and learning disabled students at no cost beyond regular tuition and fees

Digital Divide

The last decade has seen a significant increase in awareness and use of technology as a tool with the potential to improve people’s lives. Technologies, including telecommunications, have become an integral part of the daily functioning of business, government and educational institutions. However, this rapid rise of technology has raised sobering concerns about access to technology in underserved and low-income communities. The Benton Foundation (1998) study found that advances in telecommunications are increasingly isolating those living in poverty by further distancing them from the kinds of jobs, education opportunities and technical tools they need in order to participate in the information economy.

There is a growing debate in government and community organizations about the digital divide, but the digital divide is more than electronic. It encompasses social, economic, cultural, geographic and learning inequalities. A tool that has the potential to integrate and uplift low-income families and children in today’s modern society has turned into a major barrier. According to NTIA (National Telecommunications and Information Administration), technology access “is now one of America’s leading economic and civil rights issues.”

Use of Computers by Race

	1997	2001
African-Americans	43.6%	55.7%
Caucasians	57.5%	70.0%
Asians	57.4%	71.2%

Consistent with the disparities reflected in the above table, according to NTIA, 44% of African-American children rely on schools for access to computers, as compared to 15% for non-Hispanic Caucasians and 11% for Asians. According to Hoffman and Novak (1999) young people’s greater access translates into greater usage. They found no difference between Caucasians and African-American students for frequency of web use when students had a computer at home.

NTIA also reports that 40% of Illinois households have internet access and 50% of Illinois households own a computer. These levels of access and ownership are not as high with Head Start families, although there appears to be a substantial desire for training:

EHS Computer Access

57% of EHS families have access to a computer and of them, 76% have access at home;
59% of those with access are interested in computer training; and
For the 25% who do not have access to a computer, 39% are interested in training.

HS Computer Access

81% of HS families have access to a computer and of them 73% have access at home; 55% of those are interested in computer training; and for the 19% who do not have access to a computer, 15% are interested in computer training.

Poverty

The Economic Policy Institute reported that in 2001, 51.2% of Illinois wage earners received less than the income needed to lift a family of four above the poverty level (\$18,097 annually for a family of four). Over two-thirds of wage earners in Illinois fell under 200% of the poverty level, or \$36,194 for a family of four. From 2001 to 2005, every year has progressively brought an increase in the proportion of poverty-level jobs and a decrease in the proportion of jobs that would potentially help families climb out of poverty.

Growth in the ranks of poor children over the past few decades has not been due to an increase in the number of welfare-dependent families; rather, it is has been as a result of the growth in the number of working poor. Kids Count 2004 reports that between 1976 and 2002, the number of poor children living in families totally dependent on welfare actually fell from 2.8 million to slightly under 1 million, while the number of poor children living in families with income from earnings, but no income from public assistance, increased from 4.4 million in 1976 to 7.3 million in 2002. It is also noteworthy that a large segment of children in poverty do not receive benefits from the government's major cash assistance programs (i.e., TANF and/or Supplemental Security Income).

Kids Count 2004 reports that, in 2001, 15% of Illinois children lived in families with incomes below the U.S. poverty threshold. Twenty-four percent of Illinois children lived in homes where no parent had secure parental employment (full-time, year-round employment). In 2004, 11.6% of Illinois families lived below 100% poverty and 27.1% of families lived below 200% poverty, the level at which families actually begin earning an adequate income. In 2004, according to data from Answers.com, 9.3% of the Sangamon County population and 6.5% of Sangamon County families had incomes below the poverty line. Out of the total population in Sangamon County, 12.7% of those under the age of 18 are living below the poverty line. In Morgan County, 9.7% of the population and 6% of families are below the poverty line. Out of the total population in Morgan County, 10.6% of those under the age of 18 are living below the poverty line.

Kids Count 2004 states that children growing up in single-parent households typically do not have the same economic or human resources available as those growing up in two-parent families. About 40% of children in female-headed families were poor in 2002, compared to 8% of children in married-couple families. Beyond poverty, children in divorced and single-parent families are at increased risk for: “low measures of academic achievement (repeated grades, low marks, low class standing); increased likelihood of dropping out of high school; early childbearing; and increased levels of depression, stress, anxiety, and aggression” (Kids Count 2004).

According to Kids Count 2004, the number of children living with a single father doubled during the 1990’s, and many states now have official initiatives to promote responsible fatherhood. It was concluded in an Urban Institute study, that “nearly 30% of the 2.5 million poor non-custodial fathers they studied were incarcerated, while the remainder were either unemployed or earned an average of just \$5,600 a year.”

Findings from the Illinois Families Study suggest that the federal mandate to decrease public aid caseloads as opposed to decreasing poverty has forced many recipients of welfare into undesirable, low-wage jobs. Many of the low-wage jobs most readily available to former welfare recipients undermine working parents’ best efforts. These jobs are often characterized by high turnover rates, and some temporary employers use low-skill workers as expendable resources. Such jobs perpetuate poverty through unstable schedules, limited access to health insurance or pensions, lack of sick leave, and job insecurity.

As another indicator of poverty, the Illinois Department of Human Services Bureau of Research and Analysis reported the following trends pertaining to what they refer to as TANF Medical and Cash Grant (MAG) cases in Sangamon and Morgan Counties as of the end of 2005.

TANF MAG Cases

Age and Race	Sangamon County					Morgan County				
	12/01	12/02	12/03	12/04	12/05	12/01	12/02	12/03	12/04	12/05
3-5 years	177	171	163	206	220	27	33	33	52	43
White	70	62	62	77	74	19	24	24	36	25
Non-White	107	109	101	129	146	8	9	9	16	18
0-2 years	234	232	196	295	293	32	22	40	63	59
White	92	78	71	110	107	22	16	21	40	31
Non-White	142	154	125	185	186	10	6	19	23	28

The number of TANF MAG cases has remained more or less the same in Sangamon County since 2004, but the number of cases in Morgan County decreased somewhat. The remaining cases may represent individuals who have multi-dimensional issues that prevent them from maintaining the type of employment that can increase their income level enough to withdraw from public assistance.

For the past few years, the average family of three received a cash grant of \$396 per month; this relatively small grant amount seriously hampered families in their ability to make the transition from welfare to work. Recipients of the cash grant have to use the money for virtually all of their expenses, including costs associated with housing, utilities, clothing, transportation, and consumables.

A study by IDHS of those who had left TANF for employment experienced several hardships during the six months before leaving TANF: 45% fell behind on rent payments, 13% had to move due to financial problems, 27% went without utilities, and 51% found that food does not last through the month.

Work, Welfare & Families has done extensive studies on what income a family needs in order to meet basic needs. They claim that, until family income reaches 200% of the federal poverty level, earned wages do not cover all the basic costs for a family's well-being and survival. Below 200% of poverty, families working full-time strive to earn enough to pay for all basic needs (housing, child care, food, transportation, health care, clothing, household items, nonprescription medicine, etc.). For example, in 2004, it was estimated that an average family of four had to earn \$37,700 to meet its basic needs.

A growing number of Illinois families' incomes are below the self-sufficiency wage, yet they make too much to be eligible for various services and supports (federal, state, or local). According to U.S. Census data, 27.1% of all Illinois families with related children under 18 earned less than the 200% poverty rate in 2002. By comparison, the 2002 poverty rate (100% poverty) for Illinois is 11.6%. The number of families struggling to make ends meet is two-and-a-half times greater than those with income below the federal poverty level. Services and supports helping families attain self-sufficiency can be better informed by more clearly understanding that all families below 200% of the federal poverty line, not just the 11.6%, are in poverty.

Literacy/Education

There are many studies that link a child's literacy development and school success to parental involvement and the literacy environment in the home. Family literacy supports parental involvement and works to foster a literacy-rich environment in the home. Family literacy builds on these premises to help parents and children make educational and non-educational gains. While it is difficult to determine exact numbers, there may be as many as 90 million adults in the United States with limited literacy skills. Many of them are parents (National Center for Family Literacy, 2004).

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- **Average age of the adult student is 30**
- **27% of the participating adults have an 8th grade education or less**
- **25% of the adults are employed full-time or part-time**
- **2,299 children served**
- **54% of the students were female**
- **Average age is 5**
- **48% of the students were recruited through Head Start, Even Start, Pre-K or Title I**
- **Average adult/child activity time together is about 18 hours per week; average child alone activity hours are 37.4 hours per week.**

During the 2005-2006 Head Start enrollment phase, over 200 Head Start families were identified as not having the equivalent of a GED education. According to the summary of information gathered through Family Assessments on all Springfield Urban League Head Start families, these percentages of families said that they would like to work on their GED: almost 6% in Morgan County Head Start, over 14% in Sangamon County Head Start, and almost 13% in Early Head Start. Four parents in Sangamon County reported that they would like to learn English as a second language.

All identified individuals were informed of local GED opportunities, including on-site classes at Head Start, but very few attended GED classes. The most common reasons why individuals weren't able to attend were: lack of transportation, lack of child care, and inflexible work hours.

Literacy Service Providers

1. Lawrence Education Center

Accessibility (eligibility requirements.)

Literacy tutoring, GED preparation; no fee

2. Lincoln Land Community College

TEAL program with GED and basic adult education free of charge; services for physical and learning disabled students at no cost beyond regular tuition and fees

Employment/Income

The estimated median income in Illinois in 2003 for a 4-person family was \$68,117. The estimated median income for a family in Sangamon County was \$53,900, and the estimated median for a family in Morgan County was \$46,040. Since current Head Start parents have to meet the 2005 DHHS Poverty Guidelines to be accepted into the program, it is estimated that the median income of a 4-person family falls between \$16,000 and \$19,000 (note: the poverty guidelines for a family of 4 is \$19,350).

Most jobs available to families with the same demographics as Head Start families would not lift a family above 200% of the poverty level. And yet growth of these low-wage jobs continues: 50.7% of the jobs in Illinois that experience the most growth pay poverty-level wages, according to the National Priorities Project. According to Kids Count 2004, families are in "extreme poverty" if their income is below 50% of the poverty level. Currently, a full-time minimum wage job (\$6.50 per hour) earns an annual income at 75% of the poverty level for a family of four.

Current supports and services generally assist a low-income family while it maintains a certain income level, but end far before a family's income rises to the livable wage of 200% of the poverty level. For example, as current policy stands, a family of three applying for the cash grant (TANF) has to earn less than \$486 per month (or 39% of the poverty line) to be eligible. This means that a family of three earning 50% below poverty, or just \$7,510 per year, has too much income to enroll in TANF. Established TANF recipients can earn more than 39% of the poverty line, but become ineligible with income at only 95% of the poverty level. These families leaving welfare fall well below 200% poverty, do not have enough of an income to make ends meet, and will require other supports before becoming fully self-sufficient. If a family becomes ineligible for

all supports at 186% of poverty but has yet to earn a sustainable income, they are likely to once again face hardships in making ends meet and risk spiraling back into poverty, trapped in a cycle perpetuated by the programs intended to help them (Work, Welfare & Families).

**Employment/Income-Related FCP Family Assessment Responses of
Head Start 0-5 Parents**

Question	County	Percentage of HS Families with Attribute By Year			
		2002-2003	2003-2004	2004-2005	2005-2006
The head of household was employed at the time of assessment (either part-time or full-time)	Sangamon	65%	69%	64%	61%
	Morgan	78%	55%	66%	74%
	EHS	42%	56%	60%	64%
Family's basic clothing needs <u>not</u> met	Sangamon	12%	18%	23%	16%
	Morgan	4%	1%	36%	5%
	EHS	16%	11%	26%	10%

The overall percentage of Head Start parents/guardians now employed has increased only marginally since last program year. According to the impressions of direct service workers, families are still not necessarily making a livable wage that will enable them to be “self-sufficient.” Parents still do not have the flexibility to be able to continue their education, go to job skills training, and attend parenting classes offered by Head Start or other local agencies. Many families feel that they are seemingly “locked” into a low-paying wage level of employment. Most of their jobs are unforgiving in the area of work scheduling and flexibility to allow the needs of a family to be met. A low percentage of their employers offer benefit packages that include sick days, vacation days, or insurance benefits. In brief, a sizable percentage of families are currently “entrapped” in a low-wage, low-skill world of employment.

Once individuals have obtained employment, it is often very challenging for them to retain the employment. Head Start families most often cite the following issues as factors in their loss of employment: lack of affordable/quality child care that offers services covering flexible hours or evening care, transportation complexities (keeping a vehicle maintained and repaired as well as prices of gas, insurance, and license plates), health issues for adults or children (either short-term or continuing health problems), and breakdowns in time-limited support systems (individuals or agencies who had agreed to

support them in some way). Other barriers to obtaining or retaining employment may be depression, alcohol or drug abuse, or domestic violence. Low levels of skills and/or education, learning disabilities, or the need to care for a child with serious emotional or physical health needs are additional factors.

In March 2005, the unemployment rate in Sangamon County was 4.6%, and the unemployment rate in Morgan County was 5.4%, according to the Illinois Department of Commerce and Economic Opportunity. The Illinois unemployment rate is 5.0%, whereas the national unemployment rate is 4.8%. Each of these rates has been slightly reduced since last year.

Work, Welfare and Families and its partners are asking that Illinois adopt as one of its goals that “everybody eligible is able to get services, supports and benefits without systemic barriers that limit access.” Barriers include: an extremely complex human services delivery system whose rules are difficult to determine, wide area of needs of low income families, varying eligibility requirements throughout the delivery system, and cutbacks of personnel and resources in the operational infrastructure.

Adult Education

It is common knowledge that employment-related income is strongly related to an individual’s formal education level, among other variables. According to the U.S. Census Bureau, adults ages 25 to 64 who worked at any time during 2000 earned an average of \$34,700 per year. Average earnings ranged from \$18,900 for high school dropouts to \$25,900 for high school graduates, \$33,000 for an associate’s degree, \$45,400 for college graduates, \$54,500 for a master’s degree, and \$99,300 for workers with professional degrees. Of course, work experience also influences earnings, but job retention is also positively related to education level.

Many working adults are not able to access jobs with family-supporting wages because they lack the education and skills training needed to advance. At the same time, many employers are finding it increasingly difficult to find the skilled employees they need. Both trends have a direct and negative impact on our economy and our communities. At a time when parents are actively looking for and obtaining employment, they are also experiencing increasingly limited access to the education and training that they need. Overall, funding has been drastically reduced for programs that were available to families for job training and education in the late 1990’s. Employers have more strict requirements that limit employees’ flexibility in schedules and benefits.

The Head Start Family Assessments show that almost half of Sangamon and Morgan County parents/caregivers have obtained a 12th grade education or GED. More parents in Sangamon County than in Morgan County have completed at least one year of college education, possibly because they have more educational resources in the area. A sizable percentage of all parents/caregivers want to continue their education or receive job

training (50% in Morgan County, 56% in Sangamon County, and 38% in Early Head Start.)

**Adult Education-Related FCP Family Assessment Responses of
Head Start 0-5 Parents**

Question	County	Percentage of HS Families with Attribute By Year			
		2002-2003	2003-2004	2004-2005	2005-2006
Head Start (0-5) primary caregivers with at least a 12 th grade education or GED	Sangamon	74%	72%	42%	45%
	Morgan	62%	68%	41%	49%
	EHS	54%	64%	41%	50%
Households with primary caregiver who completed at least 1 year of college	Sangamon	30%	24%	44%	45%
	Morgan	14%	21%	10%	36%
	EHS	10%	10%	25%	50%
Primary Caregivers who expressed that they want to continue their education	Sangamon	81%	79%	72%	56%
	Morgan	60%	71%	69%	50%
	EHS	88%	79%	59%	38%
Is reading and/or comprehension a problem for any adult family members?	Sangamon	8%	9%	5%	14%
	Morgan	10%	9%	6%	7%
	EHS	25%	25%	18%	9%
Has the primary caregiver had specialized job training? (most often was CNA, clerical, computer or sales training)	Sangamon	55%	51%	49%	32%
	Morgan	52%	50%	48%	29%
	EHS	56%	57%	51%	47%

Child Support

Non-payment of child support is a primary reason almost half a million children in Illinois receive public assistance. Parents who do not pay child support shift the cost of

caring for their children to the taxpayers of Illinois. By collecting child support, the Illinois Department of Public Aid lightens the taxpayers' burden.

Child support can be a critical form of income support that helps custodial parents, yet many single parents do not receive awarded child support. Families rely on these funds received through voluntary payments, garnishment of wages, and various collection measures as well as collection by the state.

Nationally, only 58% of all single-parent households have court orders for child support, and only half of those actually receive the support due to them. The Federal Office of Child Support in the Preliminary Statistics for 2003 reports that \$100 billion in accumulated unpaid support (up from \$92 billion in 2002) is due to 18 million children in the United States. The government child support agency collection rate for U.S. (the percentage of cases receiving one or more payments) was 50%, which is down from 68% in 2002. The collection rate in Illinois was 28% in 2003; the only state who had a lesser collection rate than Illinois was the District of Columbia.

The Association for Children for Enforcement of Support reported that the following percentages of children, who do not receive child support, live at or below the poverty level: 50% of all white children, 60% of all Hispanic children, and 70% of all black children. They also claim that children who receive child support are more likely to have contact with their fathers, better grade point averages, significantly better test scores, fewer behavior problems, and they remain in school longer.

Research by Manpower Demonstration Research Corporation has found that nearly two-thirds of poor non-custodial fathers had child support orders for an amount more than half of their monthly income. Results of small-scale pilot programs to reach out to these fathers and alleviate the problems of huge child support arrears debt have shown increases both in the dollars received by custodial mothers and more time spent by these fathers with their children. In general, research suggests that children benefit when both parents are active in their lives regardless of marital status, but this is most likely to occur when parents are married.

According to the aggregate results of the 0-5 Head Start Family Assessments as shown in the chart below, a smaller percentage of families have not had paternity established for one or more children than in previous years. A smaller percentage of Morgan County families are currently receiving child support for their child/children, but a larger number of Sangamon County families now receive child support.

**Child Support-Related FCP Family Assessment Responses of
Head Start 0-5 Parents**

Question	County	Percentage of HS Families with Attribute By Year			
		2002-2003	2003-2004	2004-2005	2005-2006
Paternity not established for your child or children?	Sangamon	15%	26%	37%	20%
	Morgan	5%	6%	12%	12%
	EHS	23%	25%	39%	30%
Do you currently receive child support for your child or children?	Sangamon	20%	22%	7%	20%
	Morgan	22%	25%	23%	12%
	EHS	3%	19%	16%	25%

Head Start and Early Head Start direct service workers indicate that there are several problematic issues and factors involved in the area of paternity establishment and obtaining child support:

- A mother may not pursue child support benefits because she doesn't want to jeopardize the informal working arrangement she has with the father of the child/children (have an "agreed-upon" plan of helping out with expenses and visitation);
- A mother who knows that the father isn't employed (perhaps because he is not job-ready or able to find suitable employment) may not want to report him due to putting him at risk with the law;
- A mother may not pursue child support because of fear of domestic violence;
- A mother may not press the issue of child support because she knows it will diminish the amount of TANF benefits she receives (fears receiving less money);
- A mother may not know where the father is living or working and is under the impression that nothing can be done about this;
- A mother may not be persistent in the processes of collection because of the paperwork challenges or possibilities of having to miss work for court dates or appointments;
- In some cases in which foster parents or grandparents are raising the child/children, they can't get access to the information from the other parent needed in order to pursue child support;
- A mother or legal caregiver may get discouraged because the father quits his job or takes a lesser paying job when child support collection occurs

- Since there are more single fathers raising children, they face some of the issues that mothers typically have experienced.
-

Transportation

During the 2003-2004 Head Start program year, 23% of Sangamon County Head Start families indicated that they did not currently own a reliable car, while 11% in Morgan County reported not owning one. Statewide, in 2004, 18% of TANF recipients indicated that they did not own a reliable car. In Sangamon County, 89% of Head Start families indicated that they have access to reliable transportation, while 85% of Morgan County Head Start families and 86% of Early Head Start families indicated that they have access to reliable transportation. Head Start transports 347 children in Sangamon County and 128 children in Morgan County. In 2004, 71% of families changed their child's pick-up/drop off location at least once during the program year, with a substantial number of parents requesting transport for their children to school during the year, due to vehicle repair needs or unreliable transportation issues.

A lack of transportation impacts access to services needed in the following major areas: employment, child care, health services, mental healthcare, social support, acquisition of basic needs, and parent involvement at Head Start and at schools.

Families who are able to acquire a vehicle often encounter the following issues: rising cost of insurance, rising cost of the license plates fee (currently seventy-eight dollars), difficulty getting car insurance due to past driving record, difficulty finding an insurance company who follows through properly on claims, high interest rates charged to individuals who desperately need to purchase a car, cost of normal day-to-day maintenance of vehicle and the escalating cost of fuel (the average price of gas for the United States is two dollars and eighty seven cents). Acquiring car seats also has been an issue for our Head Start families.

The problems with public transportation include the following: hours of service are limited and do not match people's work experience, routes only go to certain areas of Springfield, routes are not compatible to families' multiple needs (i.e., get to work, child care, school for children or adults, etc.), timing of transfers may cause great time delays (i.e., cause them to be late for work, or school).

The Work, Welfare and Families organization recently reported in 2004 that for low-income families in Illinois, problems with transportation include both accessibility and cost. A report released in 2004 indicated that transportation expenses are second highest to housing in family expenditures, which exceeds the combine costs of food and health care nationally. **On average, Americans spend 19% of every dollar they spend on transportation, while low-income families spend close to 40% (Work, Welfare and Families, 2004).** Furthermore, public transportation expenses have increased each year,

while labor, fringe benefits, materials/supplies, and insurance liabilities have also increased since 2005 and are projected to increase for the years 2006 and 2007 (Springfield Mass Transit Study).

Health

This section addresses the general health issues that do not fit into one of the subcategories of mental health, substance abuse, nutrition, birth-related information, immunizations or dental. The Head Start FCP family assessment results provide the most pertinent information pertaining to the degree to which Head Start (0-5) families are accessing health services and the level of medical problems encountered by the Head Start (0-5) children and families.

Health-Related FCP Family Assessment Responses of
Head Start 0-5 Parents

Question	County	Percentage of HS Families with Attribute By Year				
		1998	2000-2001	2001-2002	2004-2005	2005-2006
Do all children in the household have a doctor? (note: prior to HS intervention)	Sangamon	86%	90%	90%	94%	96%
	Morgan	93%	94%	96%	94%	91%
	EHS			76%	85%	92%
Families with children who reportedly had a medical or dental problem prior to Head Start intervention	Sangamon	27%	28%	27%	36%	23%
	Morgan	32%	25%	27%	31%	12%
	EHS			25%	25%	17%
Household in which all adult family members have a doctor	Sangamon	77%	81%	78%	78%	75%
	Morgan	75%	96%	80%	90%	68%
	EHS			84%	84%	91%
	HB			84%		
Households with at least one adult household member who smoked at the time of assessment	Sangamon	48%	49%	46%	33%	33%
	Morgan	70%	78%	72%	36%	52%
	EHS			41%	23%	28%

Health Service Providers
Sangamon County Health Dept.

Accessibility (eligibility requirements.)
serves Springfield residents and all other Sangamon County residents including low-income children and families (such as those

	receiving free and reduced lunches); accepts medical card, Kid Care, private health insurance, and CHIPS insurance; fee for some services with suggested donations for other services.
Morgan-Scott Volunteer Health Clinic	serves working people and their families who aren't covered by health insurance
Capitol Community Health Care Center	accepts all types of insurance and also serves families with no insurance
SIU Physicians & Surgeons (Pediatrics and Family Practice)	accepts all types of insurance
Morgan County Health Dept.	serves low-income families with the medical card, Kid Care, CHIPS and also children who are receiving free and reduced lunches
Catholic Charities St. Clare's Health Clinic	serves families with low-incomes (such as those receiving free and reduced lunches); Accepts the medical card, Kid Care, but not private insurance
Health Source	provides head lice treatment products at a discount price to Head Start children and families

Specific Barriers to Accessibility

The Morgan-Scott Volunteer Health Clinic has limited operating hours: 6pm-9pm, Monday nights. In 2005, 1,100 patients were seen for physician and/or medication visits. This number is consistent with past annual figures of 1,000-1,100 patients seen. The physicians treat an average of 15 patients each Monday evening and approximately 12 to 15 patients are seen for medications. The clinic is managed with only one paid staff member, the Executive Director, and a volunteer base consisting of 6 physicians, 10 pharmacists, 8 nurses, and 3 to 4 other ancillary staff. For the year 2003, the clinic operated with a \$10,000 deficit and for 2004 the deficit was reduced to \$1,000. This reduction was in part due to implementation of a new program, Indicare. Through this program medications are purchased from pharmaceutical companies for low or no cost. Funding remains a major concern for the Morgan-Scott Volunteer Health Clinic and any deficits are deducted from a dwindling reserve fund. At this time the deficit has decreased tremendously for 2005.

In Sangamon County, active collaborations between Head Start and the local health departments have resulted in a very important increase in health problem identification at

clinics. The challenge has been and continues to be a very pronounced difficulty with leading families to follow-up care to address the health problems identified at these clinics. The health care crisis is certainly not confined to the Head Start target population, as currently there are about 1.8 million Illinoisans who are uninsured, about 1 out of every 7 persons (Humana, 2005).

Dental

Dental services are generally considered by Head Start staff to be the area of greatest need for Head Start-eligible families. This is in spite of the fact that Medicaid once again covers dental services for individuals over the age of 21. A reason often cited for the pervasive dental needs is the relatively low number of local dentists that accept the medical card for dental services.

Dental-Related FCP Family Assessment Responses of
Head Start 0-5 Parents

Question	County	Percentage of HS Families with Attribute By Year				
		1998	2000-2001	2001-2002	2004-2005	2005-2006
Households in which all children have a dentist	Sangamon	43%	63%	60%	51%	46%
	Morgan	82%	65%	68%	79%	67%
	EHS			30%* (age)	38%* (age)	47%
Households in which all adult family members have a dentist	Sangamon	44%	60%	53%	49%	47%
	Morgan	68%	96%	61%	73%	58%
	EHS			57%	52%	44%

Dental Providers

Catholic Charities St. Clare's Health Clinic

Accessibility (eligibility requirements.)

low-income families; accepts Medical card, Kid Care, SCffIPS; offers dental exams, cleanings, polishing, fluoride, and sealants; urgent care is not available.

Orleans Park Dental Services (OPDS)

provides dental assessments, cleaning, fluoride treatments and exams for Head Start children.

Capitol Community Health

low-income families; accepts all types of insurance including the medical card. Provides assessments, cleanings

Illini Dental	low-income families; accepts all types of insurance; offers dental exams, fluoride treatments, sealants, urgent care, etc.
SIU School of Dental Medicine	provides routine care and urgent care in Alton, IL; children on a medical card have to wait about 3 weeks for paperwork to be approved.
Doral Dental Services	dental referral services that can be reached at 1-888-875-7482 (24hrs.) or 1-888-286-2447(M-F, 8am-5pm); callers may receive local referrals to providers by sharing medical card numbers and zip code information.
Dr. Karl Kerstin	accepting medical cards for children 3-18yrs. of age. Routine and urgent dental care provided.
Southern View Dental	accepting children 1 yr. of age and up; Medical card accepted on Tuesdays & Wednesdays only.

Specific Barriers to Accessibility

Arranging initial dental screening through Catholic Charities, OPDS and local dentist has not been a problem for staff and families. However, follow-ups have been more difficult. There are only a few dentists in the community that accept the medical card. When appointments and referrals have been scheduled for follow-up care, many Head Start families had repeatedly missed their appointments. Adult dental care for low income individuals is also prohibitive in Sangamon County, but evidently less in Morgan County.

The American Dental Association recommends that routine dental care for infants begins at six month. However, the pediatric dentists did indicate that they would see infants to treat a specific dental-related problem.

According to the IFLOSS efforts and research, access to oral health care is limited by such factors as the availability of providers and the Medicaid system. The Early Childhood Caries (ECC)/ (formally) Baby Bottle Tooth Decay (BBTD) Program states that ECC is a rampant form of dental decay found in young children and is caused by improper feeding practices. It is the most severe caries experience in children 3 years of age and younger. The term baby bottle tooth decay is no longer recommended because it implies that altering bottle use will prevent tooth decay in infants, when in reality, ECC is a complex disease and prolonged use of a bottle is only part of the

problem. The American Dental Association (ADA) recommends that infants and toddlers finish their bottles before taking a nap or going to bed for the night.

Birth-Related Information

The most current birth-related information available was for the calendar year of 2004. This delay in information processing and reporting to the community is cause for concern, as a crisis could be occurring for years before the figures are released to alert the public and service providers.

During 2001, there were 2,555 live births in Sangamon County and 423 in Morgan. In 2002, these figures had dropped to 2,460 in Sangamon County and increased to 430 in Morgan County (IDPH, 2005). The birth rate for 2003 in Sangamon County was 2,571 and for Morgan County the rate was 388. In 2004 there were 2,590 live births in Sangamon County and 433 in Morgan County. Two hundred sixteen low birth weight (LBW) babies were born in Sangamon County during 2001. Eight and one-half percent of all live births in Sangamon County were LBW during that year (DPH). During 2002, 211 LBW babies were born in Sangamon County, representing 8.6% of all live births. The LBW babies born in 2002 are now Head Start age-eligible and may still be experiencing difficulties dating back to these unfortunate beginnings. The number of LBW babies in Sangamon County increased by 40 from 1999 to 2000 and decreased by ten between 2000 and 2001. The 2002 figures showed a drop of five to 211. In Morgan County the percentage of LBW births was 6.4% based on 2001 statistics (IDPH). The 2002 percentage was markedly up to 10.2%. In Illinois in 2002, this figure was 8.2%, and in the U.S. it was 7.8% (Kids Count, 2004). As of 2002, Sangamon County has seen an increase of 1% in the number of live births resulting in LBW babies. Morgan County has seen a 1.5% increase in the number of LBW babies. As an additional note, **the percentage of mothers who smoked during pregnancy in 2002 in Sangamon and Morgan Counties respectively was 21.7% and 28.4% (IDPH).**

In 2002 teen births in Sangamon County numbered 309, and of these births, 279 were to single teens. The number of teen births in 2003 was 305 or 11.9% of the total births, and for Morgan County this number was 54 (13.9%). There were 47 single teen births of the 56 live births to mothers under the age of 20 in Morgan County. According to Illinois Kids Count 2004, as of 2002, in Sangamon County 27% of the children reside in single-parent households, and in Morgan County the number of children sharing this family characteristic is 23.6%. The number of teen births in Sangamon County was 297 and Morgan County was 61 (IDPH). Children still residing in single-parent households upon Head Start-eligibility could especially benefit from Head Start supportive services and from the prenatal stage the income-eligible mother-to-be could receive Early Head Start services.

The number of teen births has decreased slightly over the past two to three years. Fourteen and three-tenths percent or 56 of the 392 births in Morgan County were to teen mothers in 1999 and 13% or 56 of 430 live births in 2002 (IDPH). In Illinois this figure

was 12% for 1999 and 10.3% for 2002. Births to teens in Morgan County lowered slightly by 1.3% during this time period. Regarding Sangamon County births to teens, during this same time period, 1999 and 2002, there was a very slight decrease from 13.3% in 1999 to 12.6% in 2002 of the total births. Thirteen and six-tenths percent of Sangamon County babies were born to teen mothers during 1998, 36% in 1999 and 37% in 2000. During 1998 the downward trend began, with 16.4% of the births to teen mothers.

However, perhaps the most noteworthy birth-related trend for infants in Morgan County has been related to infant mortality. The Illinois Kids Count 2001 report indicated that between the time periods of 1989-93 and 1994-98 there was a 63.1% increase in the number of infant deaths per 1,000 in Morgan County. This increase is even more striking when considering that during the same time period in Illinois the rate decreased by 17.9%. There was a decrease in 1999 to 0 infant deaths, but this figure had climbed back up to 5 as of 2000 (IDPH). By 2002 the rate had climbed back to four after a decrease to 0 in 2001. Sangamon County infant mortality rates have also risen from 6.8 per 1,000 live births in 2000 to 9.3 in 2002. Of the 430 births in Morgan County during 2002, 91.6% (394) received prenatal services during the first trimester. In Sangamon County during 2002, 85.6% (2,106) of the mothers began prenatal services during the first trimester of pregnancy. Even so, during 2002, 7.5% or 185 Sangamon County mothers of newborns did not receive adequate prenatal care. This is an increase from the 2001 number of 6.8%. Morgan County however saw an improvement with regards to the number of women not receiving adequate prenatal care. For the year 2002, 4.4% (19) received inadequate care, which is a 2.2 percentage-point decrease in the 2001 rate of 6.6% or 28. IDPH has defined adequate prenatal care as adequacy of initiation of prenatal care and adequacy of received services, based on number of prenatal visits (Kotelchuck Index of Prenatal Care Utilization).

Immunizations

The Illinois Department of Public Health, Division of Infectious Diseases issued a report as to the immunization rates for children between the ages of 24 and 35 months. To be considered fully immunized for the purposes of the report a child would have to have at least the required DTP/DTaP, Polio and MMR shots. The survey was conducted during immunization clinics. The immunization rates for Sangamon County children taken annually since 1995 ranged from a low of 69% in 1995 to a high of 95% in December of 2001 (Sangamon County Public Health Dept. clinic data, 2002). As of December 2004, 56% of the two-year olds in Sangamon County had been fully immunized. In Springfield, the highest rate of 82% was recorded for 1997 and 1998. The immunization rate for 2000 in Springfield decreased to 68% and in 2004 the rate further decreased to 54%. For comparison purposes, Champaign-Urbana posted a low of 30% in 1997 and a high of 71% in 1999. **The report of 2004 indicated that 50% or about one-half of all Springfield 2 year olds were “fully immunized.” According to the Springfield Department of Public Health, one possibility for the low rate of children reported to be fully immunized is that few private physicians report immunizations to the Illinois Immunization Information System, Tracking Our Toddlers’ Shots (TOTS).**

One of the cited reasons is lack of internet access to the system at clinics. This barrier is currently being addressed so a more accurate percentage can be determined.

The Sangamon County Health Department reports that 76% of the children receiving WIC are fully immunized by the age of two. The higher immunization success rates can likely be attributed to greater access to the children during WIC recertification visits. A study in 1997 found that 91% of Morgan County 2 year olds were up-to-date on their immunizations. In 1998, this figure held steady at 91% and as of 1999, 88% of Morgan County 2 year olds were up-to-date on their immunizations. The rate reported for 2000 was 89%. **As of 2006, 90% of Morgan County 2 year olds were “fully immunized” and 97% of 3 year olds were “fully immunized”(2005 Clinic Assessment Survey).**

Nutrition

Low-income families are generally thought to be malnourished more often than higher-income populations, but services such as Women, Infants and Children (WIC) and the Food Stamp program have been fairly successful in increasing the availability of nutritious foods for families. Other programs such as the Sangamon and Morgan County Cooperative Extension Offices have a considerable number of educational offerings that could benefit our target population but are not fully utilized by this population.

Nutrition-Related FCP Family Assessment Responses of
Head Start 0-5 Parents

Question	County	Percentage of HS Families with Attribute By Year			
		1998	2000-2001	2001-2002	2004-2005
Households reporting that their children do not eat enough healthy food on a daily basis	Sangamon	17%		6%	30%
	Morgan	11%		7%	8%
	EHS			0%	46%
Households reporting nutrition problems or concerns	Sangamon			5%	9%
	Morgan			8%	8%
	EHS			14%	11.5%

Numerous resources exist for families with inadequate food supplies, including the Illinois Hunger Coalition, Kumler Neighborhood Food Pantry, Salvation Army, Grace Lutheran Food Pantry, Christ Episcopal Food Pantry, St. Martin DePorres, Springfield Public Health Department WIC, Sangamon County Department of Public Health WIC and St. John’s Breadline.

Sangamon County Department of Public Health WIC reported serving around 1,020 clients during 2000, and as of March 30, 2001 they reported serving 1,080. In March of 2002, it had reportedly continued this trend, rising to 1,130 clients. Sangamon County

WIC currently reports a caseload of 1,750 (February, 2005). The WIC program at the Springfield Department of Public Health reported serving about 1,800 clients during 2002. **As of February, 2005, the caseload in the WIC program at the Springfield Department of Public Health was up to 3,200 clients. The increases in WIC clients served by the two Springfield offices were attributed to greater client need, the use of appointment reminder notices and increased flexibility in available appointment times (during lunch hours) and the closure of the Springfield Urban League WIC office.** The Sangamon County Department of Public Health and the Springfield Department of Public Health recently merged to form the Sangamon County Department of Public Health and they are currently serving around 4,800 clients. The hours have been extended to 6 p.m., Monday through Thursday, which should further improve accessibility to these important nutrition-related services. The Sangamon County WIC office has also added internet education classes for those families with internet access to help working families cut down on the amount of time spent at each WIC appointment.

The Morgan County Health Department WIC Office reported that their caseload had been relatively stable at 824 in 2002, and as of February, 2005 it has risen to 917 and is maintaining that number for 2006. For the last couple years, the WIC office has been providing more intensive case management services to approximately 600 “high-risk” infant and prenatal cases. The Morgan County WIC office also offers parenting classes once per month and classes for expectant parents. The format for these classes is usually as a “small group,” with childcare services offered on-site and limited transportation to and from classes. The program has found that a combination of one-on-one educational sessions during home visits and small group education classes offered in the early afternoon renders the greatest participation rates. These WIC clients report a 100% satisfaction rate according to surveys of services. Also they have added internet education classes as well as individual nutrition classes for families with limited time or who need more extensive learning opportunities. 50% of clients in Morgan County have access to the internet. The clinic has extended hours to 6 p.m. on Mondays to accommodate clients’ working hours, and the Director reports that since doing so new clients are able to be enrolled without difficulty. The WIC Director also noted that families’ transportation difficulties are often responsible for missed appointments to pick up food packages. Currently there are no dentist in Morgan County who will accept the medical card and this poses a huge problem for the WIC clients..

WIC developments as of March of 2002 include the full implementation of family case management services that have expanded beyond assistance with nutritional needs, an emphasis on the promotion of breastfeeding, and cooperation with a CDC immunization project to improve the immunization rates of infants and toddlers (Sangamon County Public Health Dept. WIC, 2002).

Nutrition resources include the Central Illinois Foodbank and the many local food pantries, including: Kumler, Grace Lutheran, Christ Episcopal, Catholic Charities Holy Food Pantry, Contact Ministries, St. Martin DePorres Center, Arvenia Winger Outreach Center, Calvary Temple, First Presbyterian, Salvation Army, Union Baptist, Zion Baptist,

Freedom in Holiness Mission, Third Presbyterian, Fishes and Loaves, the St. John's Breadline and Greater All Nations.

Results from the 1999-2002 National Health and Nutrition Examination Survey (NHANES) indicate that an estimated 65% of U.S. adults are either overweight or obese. This rate shows an increase of 16% from the same survey conducted in 1988-1994. Being overweight is determined as having a Body Mass Index (BMI) between 25 and 29, and obesity is defined as having a BMI greater or equal to 30. The latest data from NHANES, as it relates to obesity, shows that nearly one-third of all adults are classified as obese. Additionally, the percent of children who are overweight (defined as BMI-for-age at above the 95th percentile of the CDC Growth Charts) continues to increase. In relationship to children and teens ages 6-19, 16% are overweight according to the 1999-2002 data. This rate is triple the amount identified in 1980. Alarming, in addition to the 16% of children and teens who are overweight, another 15% were considered at risk for becoming overweight (a BMI-for-age between the 85th and 95th percentiles). The 1999-2002 data on children shows that black adolescents (21%) were more likely to be overweight than white adolescents (14%).

In Illinois the data indicates that 59% of adults are overweight or obese. Twenty percent of white adults along with 33% of black adults in Illinois are obese (Centers for Disease Control Behavioral Risk Factor Surveillance System, CDC BRFSS, 1990,2002). **Thirty percent of low-income children between two and five years of age in Illinois are overweight or at risk of becoming overweight** (Centers for Disease Control Pediatric and Pregnancy National Surveillance System, CDC PedNSS, 2002). The obesity rate has doubled between 1990 and 2002 (CDC BRFSS, 1990, 2002).

“The *Dietary Guidelines for Americans [Dietary Guidelines]* provides science-based advice to promote health and to reduce risk for major chronic diseases through diet and physical activity. Major causes of morbidity and mortality in the United States are related to poor diet and a sedentary lifestyle. Some specific diseases linked to poor diet and physical inactivity include, cardiovascular disease, type 2 diabetes, hypertension, osteoporosis, and certain cancers. Furthermore, poor diet and physical inactivity, resulting in an energy imbalance (more calories consumed than expended), are the most important factors contributing to the increase in overweight and obesity in this country. Combined with physical activity, following a diet that does not provide excess calories according to the recommendations in this document should enhance the health of most individuals” (Executive Summary of United States Department of Agriculture, *Dietary Guidelines for Americans* 2005). One of the key recommendations for children and adolescents is to engage in at least 60 minutes of physical activity on most, preferably all, days of the week.

SUBSTANCE ABUSE

During April of 2006, three substance abuse treatment centers were sent questionnaires seeking data, which reflect the substance abuse services provided, unmet counseling/treatment needs, as well trends in the substance abuse field. This information concerns both Sangamon and Morgan Counties and reflects services available to Head Start families residing in these counties. Data was gathered from the Gateway Foundation (Sangamon), Triangle Center (Sangamon), and The Wells Center (Morgan), and the following information is a summary of the responses on the questionnaires submitted.

The Triangle Center reported the following information on clients served:

	Most recent full-year tracked; which was 1/05 to 12/05	1 year previous ↓	2 years previous ↓
# of duplicated clients served	1891	1962	2015
# of women	699	824	832
# of men	1192	1138	1183
# of adolescents	149	196	205
# of children (age range: from 9 to 12)	6	9	10
# of outpatient clients served		not reported	
# of inpatient clients served		not reported	

Centers reported the following drug choice increase/decrease over the last reporting year:

Triangle Center

Drug	Increased	Decreased
1. Alcohol_____	[x]	[]
2. Marijuana_____	[x]	[]
3. Cocaine_____	[]	[x]
4. Heroin_____	[]	[] not reported
5. Methamphetamine__	[x]	[]
6. Crack_____	[]	[x]

The Gateway Foundation reported the following information on clients served:

	Most recent full-year tracked; which was from <u>1/05</u> to <u>12/05</u>	1 year previous ↓	2 years previous ↓
# of unduplicated clients served	566	707	776
# of women	101	141	162
# of men	465	566	614
# of adolescents	241	284	337
# of children	N/A	N/A	N/A
# of outpatient clients served	159	173	207
# of inpatient clients served	407	534	569

Centers reported the following drug choice increase/decrease over the last reporting year:

Gateway Foundation

Drug	Increased	Decreased
1. Marijuana_____	<input checked="" type="checkbox"/>	<input type="checkbox"/>
2. Alcohol_____	<input checked="" type="checkbox"/>	<input type="checkbox"/>
3. Crack Cocaine_____	<input checked="" type="checkbox"/>	<input type="checkbox"/>
4. Heroin_____	<input checked="" type="checkbox"/>	<input type="checkbox"/>
5. Methamphetamine_____	<input checked="" type="checkbox"/>	<input type="checkbox"/>

The Wells Center reported the following information on clients served:

	Most recent full-year tracked; which was from <u>1/05</u> to <u>12/05</u>	1 year previous ↓	2 years previous ↓	3 years previous ↓
# of unduplicated clients served	1399	1328	1030	984
# of women	633	478	337	298
# of men	766	850	693	686
# of children (age range: under 12)	0	0	0	0
# of adolescents	116	141	77	84
# of duplicated outpatient clients served	1073	1004	618	
# of duplicated inpatient clients served	690	468	412	

Centers reported the following drug choice increase/decrease over the last reporting year:

Wells Center

Drug	Increased	Decreased
1. Alcohol_____	<input type="checkbox"/>	<input type="checkbox"/> No Change
2. Marijuana_____	<input type="checkbox"/>	<input type="checkbox"/> No Change
3. Crack cocaine_____	<input checked="" type="checkbox"/>	<input type="checkbox"/>
4. Heroin_____	<input type="checkbox"/>	<input type="checkbox"/> No Change

5. Methamphetamine__ [] 6. Opioids-prescriptions []

The above substance abuse centers completed a needs assessment questionnaire and the following is a summary of the information reported:

The Wells Center reports an increase in the usage of methamphetamine over the last two years. It is reported that often methamphetamine production/manufacturing and use can often involve several members of the same family. The Gateway Foundation stated that 15% to 20% of their current admissions are for methamphetamine users which is double the amount reported last year.

Recidivism rates were requested from surveyed agencies. The Wells Center reports a 5% recidivism rates in their population, while the Gateway foundation reported a 20% client recidivism rate. The Triangle Center reported a 38% recidivism rate for their population.

Centers reported a concern pertaining to a lack of and/or possible reduction of funding. It was cited that the cost to provide treatment continues to increase which will impact the number of clients agencies will be able to serve. If funding does not keep up with the cost increases associated with treatment delivery smaller agencies may be greatly impacted by this funding disparity.

Agencies reported that the populations most difficult to serve are the methamphetamine dependence person, MISA clients (mentally ill substance abusers), males on Medicaid, and the rural population. They attributed these difficulties to no well established treatment protocol to treat the methamphetamine client, lack of transportation and/or funds for gas, and many clients coming to treatment with additional medical issues that interfere with treatment.

The homeless population at the time of intake was reported to be 1% at The Wells Center, 15% at the Triangle Center, and 8% at The Gateway Foundation. It was also reported that many clients providing an address are actually transient, moving from place to place and/or living with family members or friends, which could serve to misrepresent/deflate the reported homeless percentage rates.

All centers providing information stated that they refer clients in need of supportive recovery housing to the Oxford House. The Oxford House is a substance free housing environment that allows the substance abuser time to build a stronger recovery program as they re-adjust to the demands of daily living. The Oxford House promotes the principles of a 12-Step recovery program. Currently there are four Oxford Houses (1 for women and 3 for men) in Sangamon County and none in Morgan County. The Wells Center (Morgan County) reports having a nine bed halfway house. Clients pay 30% of their salary to off set the cost of housing/treatment support. It was cited that more supportive housing that promotes and enhances recovery is needed in both Sangamon and Morgan Counties.

It was reported by the Triangle Center that 75% of women in their program have open DCFS cases at the time of intake. The Gateway Foundation reported that 5% of the women who enter their treatment program have an open DCFS case. The Wells Center reports 50% of the women they serve have open DCFS cases.

It was noted that a lack of African-American substance abuse counselors could be a possible barrier for African-American substance abuser in treatment. Issues of trust and cultural sensitivity impact the successful treatment experience for the African-American client. It was also stated that African-American substance abusers often look to their families and churches for support rather than the 12-step recovery community traditionally used by substance abusers.

It was noted that during the treatment experience, it is mandatory for clients to be involved in a 12-step program. It was reported that clients who maintain involvement in a 12-step program reduce their relapse potential dramatically.

Substance Treatment Providers

1. Triangle Center

2. Wells Center

3. Gateway Foundation

Accessibility (eligibility requirements.)

Adult and adolescent substance abusers; accepts medical card.

Adult substance abusers and adolescents; accepts medical card.

Adult substance abusers and adolescents; accepts medical card.

Specific Barriers to Accessibility

Due to reimbursement policies of the treatment centers' primary funding sources, providers have had to rigidly categorize individuals based upon assessment results and assign them to pre-set programs accordingly. Considering that substance abuse, unlike many other disorders, is caused by a very diverse set of present circumstances, past experiences and physical characteristics, treatment should be extremely individualized. It is accessibility to such individualized treatment services that is extremely limited. Furthermore, the ear-marking of bed space for specific populations creates a barrier to the provision of residential treatment. To explain, some patients cannot receive services even when there is an empty bed simply because they do not have the characteristics of the population for which the bed space is reserved.

Head Start parents and social service staff members were interviewed to gather additional information regarding the substance abuse needs of the Head Start target population. They made the following statements:

- The 12-Step recovery programs are difficult for the low-income person to relate to or feel comfortable attending. The socio-economic barriers to feeling comfortable in this group setting appear greater to the recovering substance abuser than the potential recovery benefits of participation.
- Daily marijuana usage was identified as a problem for a substantial number of Head Start parents. It was stated that the increased use of marijuana might be attributed to the high stress associated with the lack of financial security and pressure created from daily stressors. The users may feel that usage masks the realities of daily problems.
- It was stated that money needed to buy marijuana and other drugs is obtained via the following means: by borrowing money from family members and friends, selling items of value, using the pawn shops to generate funds, providing Link cards in exchange for cash and making particle monthly bill payments.
- It was stated by parents that there has been a recent increase in the prevalence of women (under 25 years old) using crack cocaine. It was one interviewee's belief that these abusers are aware of the negative consequences of this powerful drug, but may be lured by curiosity or they may want to be associated with people they know who are using the drug, due to loneliness and/or masking emotional pain.
- It was stated that higher numbers of young women are using drugs when they are alone. It was stated that some women are becoming more secretive about their drug use.
- It was stated that substance abuse treatment often doesn't get at the "root" of women's issues. Often it is the relationship issues, domestic violence, and deep unresolved family of origin issues (sexual abuse, physical abuse, and adult child of alcoholic) that sabotage the ongoing recovery of substance abusing women. It was stated that women need safe environments to disclose substance abuse problems and to begin to heal from the issues that hamper their ongoing recovery. Treatment environments that support women and the issues that sabotage their recovery are in short supply. Women need housing environments after they leave treatment that are safe and gender separate. This is needed to allow women time to adjust to drug free life before entering into relationships that can complicate the recovery process.
- Embarrassment is often cited as a reason that Head Start parents don't seek treatment. They often feel degraded when admitting they have a drug problem. They are afraid of bringing shame to themselves and being harshly judged by others.
- It was also stated that a lack of confidentiality within the treatment center is feared.
- It was stated that home-oriented housing environments that support recovery are needed for recovering people.

- It was stated by some of the parents interviewed that low-income drug users provide services (car repair, moving help, transportation, baby sitting and prostitution) in exchange for drugs.
- Generational drug use was cited as a barrier to successful recovery. It was stated that in some cases family members don't support recovery due to their own drug problems. This unfortunate family situation can make it difficult for the family member to maintain a recovery program for fear of "losing family support."

MENTAL HEALTH

During April 2006, five agencies providing mental health services were sent questionnaires seeking data to reflect mental health services being provided, unmet counseling/supportive outreach needs, as well as trends in the mental health field. This information is related to both Sangamon and Morgan Counties and Head Start families residing in these counties. Information was provided from Sojourn (Sangamon), The Mental Health Center (Sangamon), Community Counseling Center (Morgan) and Women's Crisis Center (Morgan).

The Mental Health Center of Central Illinois reported the following information on clients served:

	Most recent full-year tracked; 7/4 to 6/05	Prior year numbers requested but not provided.
# of unduplicated clients served	3532	
# of women	1872	
# of men	1660	
# of adolescents (6-17)	989	
# of children (age range: from 0-5)	71	

Community Counseling Services reported the following information on clients served:

	Most recent full-year tracked 7/04 to 6/05	1 year previous ↓	2 year previous ↓	3 years previous ↓
# of unduplicated clients served	1587	1185	1202	1275
# of women	830	689	663	713
# of men	737	496	539	562
# of adolescents (6-17)	439	299	289	312
# of children (age range: from 0-5)	31	43	4	10

The primary mental health service gap identified for children in Sangamon County is as follows:

- Minimal mental health services are available for low income children and adolescents.

The primary mental health service gap identified for adults is as follows:

- Only individuals with severe mental health issues are able to receive services due to a lack of funding. The average private therapist rate is \$90.00 per hour which is not possible for low income individuals to afford.

The primary change in the population served by mental health service providers in Sangamon County is as follows:

- There has been a decrease in mental health services due to less funding and an increase in clients needing mental health services.

The above mental health centers completed a needs assessment questionnaire and the following is a summary of the information reported:

*Agencies providing information identified the following mental health concerns/issues that **children** present at intake (not an exhaustive list):* witnessing domestic violence perpetrated against their mother; physical and emotional abuse; challenging behaviors at home and in the classroom; post-traumatic stress issues; signs of stress due to transient housing issues of guardian; aggression; hyperactivity; depressive mood; and anxiety.

*Agencies providing information identified the following mental health concerns/issues that **adults** present at intake (not an exhaustive list):* domestic violence/other type of violence; stalking; threats of abuse/threats on their lives; mental illness (depression, schizophrenia, mood disorders, adjustment disorder); relationship issues; abuse of their children; family stressors (financial, extended family issues, family members of active substance abusers); and emotional abuse.

Surveyed agencies reported the following as mental health service gaps or factors inhibiting service delivery, which affect the lives of the children they serve: lack of parenting education; lack of qualified providers that specialize in the treatment of young children; funding needed to hire child therapists and psychiatrists; and a general shortage of mental health funding, which decreases mental health services available to at-risk children. It was also cited that staff shortages, due to funding issues, contribute to the time delays from referral date to the date of service implementation. Also noted as a barrier to receipt of mental health services was a lack of family resources for obtaining prescribed medications if not covered by a medical card.

A lack of adequate housing for the mentally ill population was cited as a mental health service gap affecting adults in Central Illinois. An increase in case management services for developmentally delayed adults was also identified as a need. Additionally, it was noted that more supportive services are needed for women and children experiencing domestic violence.

It was pointed out by mental health providers that awareness of mental health service availability and the costs associated with those services was limited in the community. It was also cited that collaborations between mental health agencies and other supportive service agencies was limited. Furthermore, many services are duplicated and ongoing communication and collaboration between agencies is needed to enhance the mental health service delivery to children and their families.

Over the last two years, it was reported that more adults are seeking mental health services for screening, assessment, and counseling. Also, it was cited that an increase in children presenting aggressive behaviors and emotional issues is requiring more intensive mental health services. It was also reported that an increasing number of adults seeking supportive services are exhibiting limited literacy skills. It was also noted that adults are

often resistant to seeking mental health services for their children and themselves due to the fear of DCFS involvement.

Agencies surveyed cited the following populations as challenging to serve: rural populations with domestic violence issues; single parent families due to stressors on the caregiver who provides for all of the family needs (often without support); mentally ill; and developmentally disabled clients.

The following factors were cited as barriers in providing mental health services to challenging populations: lack of funding for agencies to provide supportive services and resources to challenging populations; lack of funding or collaborative efforts to address the transportation barriers; parental resistance to mental health services for their children; lack of services and funding for teen mental health issues; parental communication barriers; lack of parental funding; and a lack of safe and affordable day care.

Agencies cited several culturally-specific issues impacting the successful outreach and mental health treatment of African-American clients, including a history of oppression, institutional racism, a culture of poverty (not necessarily limited to the African-American population) and a cultural perception of a closed family unit with expectations of dealing with their own problems.

**Mental Health-Related FCP Family Assessment Responses of
Head Start 0-5 Parents**

Question	County	Percentage of HS Families with Attribute By		
		2003-2004	2004-2005	2005-2006
Households with at least one member who had an unmet counseling need prior to Head Start intervention	Sangamon	8%	11%	10%
	Morgan	6%	4%	4%
	EHS	9%	18%	5%
Households with at least one member who experiences low self-esteem	Sangamon	12%	6%	6%
	Morgan	13%	7%	7%
	EHS	14%	13%	9%
Households with at least one member who was receiving counseling prior to HS intervention	Sangamon	7%	7%	6%
	Morgan	15%	7%	7%
	EHS	6%	8%	5%
Has there ever been or is there currently domestic	Sangamon	4%	6%	2%
	Morgan	4%	3%	7%

violence occurring?	EHS	5%	7%	3%
Do any family members regularly experience a high degree of stress?	Sangamon	29%	27%	21%
	Morgan	24%	21%	20%
	EHS	38%	33%	25%

Head Start Parents are reporting high levels of daily stress. Percentages are reported to be 21% (Sangamon), 20% (Morgan), and 25% (EHS). In contrast, relatively few Head Start families are reporting low self esteem, with rates of 6% (Sangamon), 7% (Morgan), and 9% (EHS). Likewise, only 7% percent (Morgan), 2% (Sangamon) and 3% (EHS) of Head Start families are reporting occurrences of past or present domestic violence; however, given higher rates of domestic violence in the general population, these issues may have been under-reported by Head Start families.

Through interviews with Head Start staff, parents and community agencies, the following issues were cited as daily life stressors impacting the mental wellness of Head Start families:

Education-related issues

- Parents who have not completed their GED nor attended college often find themselves in low paying jobs. Due to a lack of education, upward mobility within the job market is limited for many Head Start parents. Furthermore, many Head Start parents must hold two jobs to maintain financial stability.
- Due to unpredictable work hours and lack of funds, finding safe and reliable daycare services can be very stressful.
- Self-esteem related issues were cited as a possible reason for parents not aggressively pursuing and/or addressing their educational needs. It is noted that if parents had a negative educational experience in childhood, they are less likely to pursue adult learning with confidence and enthusiasm.

Transportation-related issues

- The Head Start Transportation Specialist reports an average of thirty five changes of address requests monthly. This can be very stressful for parents as well as children, as they attempt to adjust to frequent changes and unpredictable routines. Possible reasons cited for frequent transitions include, but are not limited to, the following conditions: financial difficulties resulting in evictions, utility disconnections, unsafe neighborhoods that can force relocation, unresponsive landlords, parental employment changes resulting in new pick-up/drop-off locations, and changes in daycare providers.
- Transportation was cited as an ongoing stressor for Head Start parents. Head Start parents often have difficulty finding transportation to work, doctor appointments, picking up sick children from school, education-related meetings for their child, and educational classes for themselves. Without

financial resources to purchase a vehicle or afford the ongoing maintenance of a vehicle, families must rely on friends, family or public transportation. It is not uncommon for a parent to have a vehicle that is in need of repair for months before resources can be secured for needed repairs. Also cited as a stressor was a lack of funds for auto insurance. Many Head Start families are unaware that funding resources for car repairs and insurance are available through DHS for working parents (if they meet strict criteria for eligibility). It has been noted that the DHS application can be challenging for Head Start parents with low literacy levels. Approval on applications can take up to three to four weeks and many parents do not qualify.

- Bus routes ending at 6:00 p.m and Head Start families lack the funding for bus passes. Routes that run every hour between 9:00 and 2:00, rather than every half hour, result in potential long waits for parents who must drop their child off at day care before going to work. This is especially difficult during the winter months. It is reported that Morgan County does not have a mass transit system.
- Head Start families left without transportation options are forced to use cab service that is very expensive, increasing families' financial burdens. It was cited that Head Start parents are often resistant to using public transportation due to embarrassment over not owning a car. It was also cited that often parents have little or no experience using public transportation and they are often embarrassed to seek direction or education on public transportation.

Family/Relationship-related issues

- Single parenting was also identified as a possible reason for the increase in levels of stress for Head Start families. The responsibilities of caring for children, maintaining a household, shouldering the financial responsibilities, and maintaining employment without the support and assistance of a partner can be very overwhelming for single parents.
- Two-parent families are experiencing greater financial difficulties due to the poor economy. Higher unemployment rates and increasing costs of housing and utilities contribute to the growing stress of low-income families. It was also cited that many families report being barely over the income eligibility for many subsidized assistance programs. It was cited that many working parents feel discouraged and stressed when their incomes are not enough to cover their monthly expenses. It was cited that if father are unable to obtain employment they become the caregiver for the children while the mother works outside the home.
- The number of grandparents raising grandchildren is increasing within the Head Start population. This is very stressful for grandparents due to age factors, financial limitations and the transient behavior of the biological parents. Biological parents who move in and out of their children's lives often unknowingly create emotional issues for their children, which often lead to emotional/behavioral problems in the home and at school. Grandparents are left to deal with the emotional concerns of their grandchildren often without family or community support.

- Relationship-related issues also were cited as stressors for Head Start parents. Substance abuse and domestic emotional/physical violence continue to be significant risk factors impacting the stability of Head Start families. Without consistent support from loved ones and trust in a significant relationship, normal daily stressors become more challenging to manage.

Employment related issues

- Unaffordable childcare co-pays continue to be reported as a major stressor for Head Start families. Also, parents who begin to experience employment success are found to be over-income and are deemed ineligible for subsidized daycare. Parents with two children in center-based childcare, at an estimated weekly cost of \$230.00 per week, are often forced to make a decision on keeping their jobs or finding friends or relatives to care for their children. This results in children often being placed in environments that are harmful and/or lack appropriate stimulation for learning. It was cited that friends and relatives can be unreliable due to problematic issues in their lives, making it difficult to assist others.
- Lack of employment continues as a noted life stressor for Head Start parents. It was reported that many parents are resistant to working in service-related jobs (fast food) due to embarrassment. These jobs are viewed as demeaning and suitable for high school students rather than adults. It was cited that low paying jobs don't provide enough income to pay rent, utilities, transportation (gas/repairs on a car and/or paying someone to transport to the job) and childcare co-pays. Parents have cited that they see little gains for their families in the area of financial stability from employment.
- Lack of trust in daycare providers was also cited as a reason many parents do not seek employment.

Health/Wellness related issues

- Head Start dental clinics have been helpful in initial assessment, cleaning and identification of dental follow-up concern for Head Start children. As a result of completed clinics, it is estimated that over 30% of the children are in need of follow-up care. Due to lack of dentists willing to accept a medical card, they sometimes go untreated. Head Start advocates report that securing funding for follow-up dental care is extremely difficult.
- With the new community resource, Capitol Community Health Care Dental program, increase in the number of dental follow-ups being completed should substantially increase.
- Relying on emergency rooms in place of scheduled doctors' office visits continues to be an issue for Head Start parents. It was reported that DHS has begun increasing parent co-pays on emergency room visits. This new policy is proving to be a motivating factor in increasing the tendency for parents to schedule appointments with their medical home doctor rather than relying on emergency rooms for non-emergency medical care.
- Lack of health related education/prevention regarding lice, ring worm and pink eye was cited as a concern for Head Start parents. Advocates report that

parents often don't treat the problem properly, which can result in the condition reoccurring. This is a stressor for parents who are working, as they must leave work or arrange for someone to pick up their child from school.

- Neighborhood violence was also reported as a stressor for parents. Many parents have a constant concern for the safety of their children who are potential innocent victims of a violent act whether they are playing outdoors or sitting in the living room watching television. This concern weighs heavily on the minds of many of the parents we serve.
- Mental Health community agencies have reported an increase in children ages 3-5 with social and emotional issues. These issues often result in challenging behavior at home and in the classroom or child care setting. Children presenting challenging behaviors are often asked to leave center-based child care settings, which can result in disruption of parental employment. The Head Start program has experienced an increase in children presenting emotional, social, and behavioral issues over the last four program years. Parental stress, lack of family support, deterioration of the family units and extended families, substance exposed children, parental legal issues, incarceration of a parent, substance abuse, and lack of healthy male role modeling were cited as possible reasons for the ongoing increase of children presenting mental health issues.
- Head Start Teachers are also reporting an increase in children exhibiting knowledge and behaviors of an adult nature. Possible reasons for this inappropriate behavior are exposure to videos and music with adult content, being present at adult gatherings, influenced by the behaviors of older siblings living in the home, and lack of responsible supervision.
- Legal issues, without resources to secure legal assistance, are a reported stressor for parents. Traffic violations, child support issues and divorce/child custody issues are concerns that parents face daily, requiring legal assistance for which they do not have the funds to secure. When these issues go unaddressed they become more complex to resolve, resulting in increased fines and possible arrests.
- Head Start staff interviewed felt that parents often lack problem-solving skills that are needed to address the complex issues they face daily, resulting in unresolved issues and increased stress. Generational poverty was cited as a possible reason for a perceived lack of problem solving skills, as well as a general apathy about life exhibited by some Head Start parents.
- Untreated depression was cited as an ongoing barrier for Head Start parents. The Head Start Advocates that were interviewed noted that the stigma and shame associated with seeking mental health treatment prevents many parents from receiving needed mental health services.
- The number of incarcerated parents has increased over the last several years. Children of incarcerated parents are often placed in foster care if relative placement cannot be secured. This can have an adverse effect on the mental wellness of child as they adjust to life without their parent.

Mental Health Providers

- 1. Mental Health Center of Central Illinois
- 2. Prairie Center Against Sexual Assault
- 3. Sojourn Women’s Center
- 4. Family Service Center

Accessibility (eligibility requirements.)

- Persons suffering from symptoms of mental illness/crisis intervention; Medicare, Medicaid and sliding fee scale accepted.
- Sexual abuse survivors; no fees.
- Victims of domestic violence and their children; no fees.
- Mental health counseling; sliding fee with a \$20 per hour minimum.

Specific Barriers to Accessibility

The cost associated with private counseling is a barrier to treatment for many Head Start families. The average cost of private counseling is \$90.00 per hour. Many Head Start families seek counseling through their churches and non-profit social services agencies.

DOMESTIC VIOLENCE

The Sojourn Shelter and Services, Inc., (Sangamon County) reported the following information on clients served:

	1/05 to 12/05	1 year previous ↓	2 year previous ↓	3 years previous ↓
# of unduplicated clients served	1594	1283	1248	1305
# of women	1484	1167	1128	1168
# of men	110	116	120	137
# of adolescents (12-17)	75	60	67	43
# of children (age range: from 0 to 11)	160	167	176	156

Sojourn Shelter reports that women attend an average of five groups per week while they are living at the shelter. The average number of wait days for intake to first appointment is 2 days for shelter services and 3-4 days for outpatient appointments.

Children entering shelter services often have mental health issues as a result of living in abusive environments. It was cited that children suffer from self-blame, inability to express and/or identify emotions, stress from inappropriate responsibility, gender role confusion, low self-esteem, fear and anxiety.

Adults entering shelter services often lack an understanding of legal remedies and supportive services in the community to assist them. Women come into shelter services

homeless and often suffering from guilt due to their children suffering physical abuse from their perpetrator.

The Crisis Center (Morgan County) reported the following information:

Average number of sessions provided for children:	Shelter 25 days	Individual Counseling 4 sessions	Group Counseling 8 sessions
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Average number of sessions provided for adults:	Shelter 24 days	Individual Counseling 3 sessions	Group Counseling 9 sessions
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The mental health service gaps identified for children by the Crisis Center were as follows:

- Long wait for non-emergency mental health therapy appointments;
- Limited number of mental health providers; and
- Lack of child psychiatrists.

Gaps in D/V Service for children as reported by the Crisis Center:

- On-site licensed mental health therapists;
- Affordable day care/daycare co-pays;
- Staff and monetary resources for recreational activities while in shelter; and
- Staff and monetary resources for prevention activities.

The mental health services gaps identified for adults by the Crisis Center are as follows:

- Long wait for non-emergency mental health therapy appointments;
- Limited number of mental health providers; and
- Lack of insurance, which limits client's choice of providers.

The gaps in domestic violence services for adults identified by the Crisis Center are as follows:

- Transportation needs (funding for mass transit and cabs);
- Monetary resources to assist with rent/deposit/utilities;
- Employment skill training; and
- Long waits for housing assistance.

Changes in the population served by the Crisis Center are as follows:

- Clients are struggling with very limited resources, including employment skills and housing;
- It appears that more clients are utilizing shelter and staying longer periods of time;
- Due to the poor economy and a lack of job skills, clients are forced into jobs that don't pay enough to support their families; and
- Although factory jobs pay more, 2nd and 3rd shifts cause problems with childcare availability.

A noteworthy change in domestic violence funding identified by the Crisis Center is as follows:

- The Crisis Center continues to report anticipated funding cuts for domestic violence service in the 07 state budget.
- It was also cited that staff at domestic violence programs receive much lower salaries than do staff at other social service agencies.

The reduction in funding may impact domestic violence clients in the following ways:

- Walk-in programs may be discontinued;
- May leave 15 rural counties with no service;
- Five additional counties may have very limited service; and
- It is likely that 3.5% fewer victims will be served statewide.

Programs are facing additional challenges:

- Programs are carrying debt, which was incurred because the state was late paying its contractors. However, the Crisis Center reports receiving its payments on time and is very fortunate that they do not have to wait for payment as many programs are.
- Workman's compensation insurance costs continue to increase.
- Healthcare insurance costs continue to increase.
- Due to losing the VOCA deaf advocacy grant in March 06 the agency's 07 budget will be reduced by 10,000.00.

Anticipated Changes to Domestic Violence Service Delivery

Due to continuous speculation about possible funding losses, the Crisis Center expressed concern as to how this might impact service delivery to victims of domestic violence.

Domestic violence agencies are not in the business of making a profit but need resources to continue to provide high-quality professional services.

Immunizations

The Illinois Department of Public Health, Division of Infectious Diseases issued a report as to the immunization rates for children between the ages of 24 and 35 months. To be considered fully immunized for the purposes of the report a child would have to have at least the required DTP/DTaP, Polio and MMR shots. The survey was conducted during immunization clinics. The immunization rates for Sangamon County children taken annually since 1995 ranged from a low of 69% in 1995 to a high of 95% in December of 2001 (Sangamon County Public Health Dept. clinic data, 2002). As of December 2004, 56% of the two-year olds in Sangamon County had been fully immunized. In Springfield, the highest rate of 82% was recorded for 1997 and 1998. The immunization rate for 2000 in Springfield decreased to 68% and in 2004 the rate further decreased to 54%. For comparison purposes, Champaign-Urbana posted a low of 30% in 1997 and a high of 71% in 1999. **The report of 2004 indicated that 50% or about one-half of all Springfield 2 year olds were "fully immunized." According to the Springfield Department of Public Health, one possibility for the low rate of children reported to be fully immunized is that few private physicians report immunizations to the**

Illinois Immunization Information System, Tracking Our Toddlers’ Shots (TOTS).

One of the cited reasons is lack of internet access to the system at clinics. This barrier is currently being addressed so a more accurate percentage can be determined.

One of the cited reasons is lack of internet access to the system at clinics. This barrier is currently being addressed so a more accurate percentage can be determined.

The Springfield Health Department reports that 77.7% of the children receiving WIC are fully immunized by the age of two, and for Sangamon County they report a rate of 75%. The higher immunization success rates can likely be attributed to greater access to the children during WIC recertification visits. A study in 1997 found that 91% of Morgan County 2 year olds were up-to-date on their immunizations. In 1998, this figure held steady at 91% and as of 1999, 88% of Morgan County 2 year olds were up-to-date on their immunizations. The rate reported for 2000 was 89%. **As of 2004, 76% of Morgan County 2 year olds were “fully immunized” (2004 Clinic Assessment Survey).**

Nutrition

Low-income families are generally thought to be malnourished more often than higher-income populations, but services such as Women, Infants and Children (WIC) and the Food Stamp program have been fairly successful in increasing the availability of nutritious foods for families. Other programs such as the Sangamon and Morgan County Cooperative Extension Offices have a considerable number of educational offerings that could benefit our target population but are not fully utilized by this population.

Nutrition-Related FCP Family Assessment Responses of
Head Start 0-5 Parents

Question	County	Percentage of HS Families with Attribute By Year			
		1998	2000-2001	2001-2002	2004-2005
Households reporting that their children do not eat enough healthy food on a daily basis	Sangamon	17%		6%	30%
	Morgan	11%		7%	8%
	EHS			0%	46%
Households reporting nutrition problems or concerns	Sangamon			5%	9%
	Morgan			8%	8%
	EHS			14%	11.5%

Numerous resources exist for families with inadequate food supplies, including the Illinois Hunger Coalition, Kid’s Café, Kumler Neighborhood Food Pantry, Salvation

Army, Grace Lutheran Food Pantry, Christ Episcopal Food Pantry, Springfield Public Health Department WIC, Sangamon County Department of Public Health WIC and the Catholic Charities Breadline.

Sangamon County Department of Public Health WIC reported serving around 1,020 clients during 2000, and as of March 30, 2001 they reported serving 1,080. In March of 2002, it had reportedly continued this trend, rising to 1,130 clients. Sangamon County WIC currently reports a caseload of 1,750 (February, 2005). The WIC program at the Springfield Department of Public Health reported serving about 1,800 clients during 2002. **As of February, 2005, the caseload in the WIC program at the Springfield Department of Public Health was up to 3,200 clients. The increases in WIC clients served by the two Springfield offices were attributed to greater client need, the use of appointment reminder notices and increased flexibility in available appointment times (during lunch hours) and the closure of the Springfield Urban League WIC office.** The Sangamon County Department of Public Health has extended their hours to 6 p.m., Monday through Thursday, which should further improve accessibility to these important nutrition-related services.

The Morgan County Health Department WIC Office reported that their caseload had been relatively stable at 824 in 2002, and as of February, 2005 it has risen to 917. For the last couple years, the WIC office has been providing more intensive case management services to approximately 600 “high-risk” infant and prenatal cases. The Morgan County WIC office also offers parenting classes once per month and classes for expectant parents. The format for these classes is usually as a “small group,” with childcare services offered on-site and limited transportation to and from classes. The program has found that a combination of one-on-one educational sessions during home visits and small group education classes offered in the early afternoon renders the greatest participation rates. These WIC clients report a 100% satisfaction rate according to surveys of services. The clinic has extended hours to 6 p.m. on Mondays to accommodate clients’ working hours, and the Director reports that since doing so new clients are able to be enrolled without difficulty. The WIC Director also noted that families’ transportation difficulties are often responsible for missed appointments to pick up food packages. A lack of local dental providers who accept the medical card was also cited as a problem for WIC clients.

WIC developments as of March of 2002 include the full implementation of family case management services that have expanded beyond assistance with nutritional needs, an emphasis on the promotion of breastfeeding, and cooperation with a CDC immunization project to improve the immunization rates of infants and toddlers (Sangamon County Public Health Dept. WIC, 2002).

Nutrition resources include the Central Illinois Foodbank Kid’s Cafes, and the many local food pantries, including: Kumler, Imani, Grace Lutheran, Christ Episcopal, Catholic Charities Holy Food Pantry, Contact Ministries, St. Martin DePorres Center, Arvenia Winger Outreach Center, Calvary Temple, First Presbyterian, Salvation Army, Union

Baptist, Zion Baptist, Freedom in Holiness Mission, Third Presbyterian, Fishes and Loaves, the St. John's Breadline and Greater All Nations.

Results from the 1999-2002 National Health and Nutrition Examination Survey (NHANES) indicate that an estimated 65% of U.S. adults are either overweight or obese. This rate shows an increase of 16% from the same survey conducted in 1988-1994. Being overweight is determined as having a Body Mass Index (BMI) between 25 and 29, and obesity is defined as having a BMI greater or equal to 30. The latest data from NHANES, as it relates to obesity, shows that nearly one-third of all adults are classified as obese. Additionally, the percent of children who are overweight (defined as BMI-for-age at above the 95th percentile of the CDC Growth Charts) continues to increase. In relationship to children and teens ages 6-19, 16% are overweight according to the 1999-2002 data. This rate is triple the amount identified in 1980. Alarming, in addition to the 16% of children and teens who are overweight, another 15% were considered at risk for becoming overweight (a BMI-for-age between the 85th and 95th percentiles). The 1999-2002 data on children shows that black adolescents (21%) were more likely to be overweight than white adolescents (14%).

In Illinois the data indicates that 59% of adults are overweight or obese. Twenty percent of white adults along with 33% of black adults in Illinois are obese (Centers for Disease Control Behavioral Risk Factor Surveillance System, CDC BRFSS, 1990,2002). **Thirty percent of low-income children between two and five years of age in Illinois are overweight or at risk of becoming overweight** (Centers for Disease Control Pediatric and Pregnancy National Surveillance System, CDC PedNSS, 2002). The obesity rate has doubled between 1990 and 2002 (CDC BRFSS, 1990, 2002).

“The *Dietary Guidelines for Americans [Dietary Guidelines]* provides science-based advice to promote health and to reduce risk for major chronic diseases through diet and physical activity. Major causes of morbidity and mortality in the United States are related to poor diet and a sedentary lifestyle. Some specific diseases linked to poor diet and physical inactivity include cardiovascular disease, type 2 diabetes, hypertension, osteoporosis, and certain cancers. Furthermore, poor diet and physical inactivity, resulting in an energy imbalance (more calories consumed than expended), are the most important factors contributing to the increase in overweight and obesity in this country. Combined with physical activity, following a diet that does not provide excess calories according to the recommendations in this document should enhance the health of most individuals” (Executive Summary of United States Department of Agriculture, *Dietary Guidelines for Americans 2005*). One of the key recommendations for children and adolescents is to engage in at least 60 minutes of physical activity on most, preferably all, days of the week.

Childcare

Staff members at the local child care resource and referral agency, Community Childcare Connections (CCCC) were interviewed to provide the information that follows in this section of the assessment. Currently in Sangamon County there are 780 childcare providers of these providers 342 accept financial assistance to low income families. This

is inclusive of center and home providers. Morgan County there is currently 98 childcare providers of these 98 providers 79 accept financial assistance to low income families. This is inclusive of center and home providers/.

Costs for private pay childcare have increased (weekly rates for infants by \$6.05, toddlers by \$5.22, 2 year olds by \$4.37, 3 and 4 year olds by \$5.66) over the last two years.

Parent co-pays for subsidized care placements have also increased by an average of \$82.35 per week. For childcare agencies accepting subsidy reimbursements from the State, income dollars have not increased.

The average weekly cost of childcare per child, as of February of 2005, is as follows:

	<u>2004-2005</u>	<u>2005-2006</u>
Sangamon County – Centers are inclusive of Head Start, Scope, and Pre-K		
Infants 6 wks. -14 months	\$150.06	\$156.11
Toddlers 15 months-24 months	\$143.27	\$148.49
2 yr. olds	\$128.87	\$133.24
3 & 4 yr. Olds	\$115.26	\$120.92
School-age before and aftercare	\$ 70.23	\$94.08
Sangamon County		
Infant 6 wks.-14 months	\$103.37	\$107.57
Toddlers (15 months-24months)	\$100.57	\$103.72
2yr. Olds	\$97.42	\$100.44
3 & 4yr. olds	\$94.20	\$97.55
School-agers before and after care	\$50.86	\$65.06
Morgan County (Center)		
Infant 6 wks.-14months	\$123.82	\$126.20
Toddler (15 months–24 months)	\$120.85	\$122.87
2yr. Olds	\$107.25	\$114.53
3 & 4 yr. olds	\$90.45	\$ 94.47
School-agers before and after	\$50.56	\$ 94.47
Morgan County (Home)		
Infant 6 wks.-14 months	\$89.91	\$94.03
Toddler 15 months–24months	\$86.68	\$90.79
2 yr. Olds	\$85.27	\$89.03
3 & 4yr. olds	\$81.11	\$84.55
School-age before and after	\$50.56	\$61.41

Parent co-pays ranged from \$4.33 to \$350.97, as the co-pay varies according to family size and income.

Childcare Reimbursement Rates

Sangamon County– Childcare Centers

Under 2-½= \$35.96 full day
 \$17.98 part day
 Over 2 ½=\$29.03 full day
 \$14.52 part day
 School-Agers before & after=\$11.85 full day
 Sangamon County – Home Providers
 Under 2 ½=\$19.14 full day
 \$ 9.57 part day
 Over 2 ½=\$16.40 full day
 \$ 8.20 part day
 Morgan County – Childcare Centers
 Under 2 ½=\$25.94full day
 \$ 12.97 part day
 Over 2 ½=\$22.48full day
 \$ 11.24half
 School-Agers=\$10.74
 Morgan County – Home Providers
 Under 2 ½=\$16.59 full day
 \$ 8.30 half day
 Over 2 ½=\$13.84 full day
 \$6.92 half day

Childcare-Related FCP Family Assessment Responses of
 Head Start 0-5 Parents

Question	County	Percentage of HS Families with Attribute By Year		
		2002-2003	2003-2004	2004-2005
Households reporting a need for child care	Sangamon	20%	19%	8%
	Morgan	12%	5%	6%
	EHS			51%
	HB			31%

Childcare-Related Resources

1. Community Child Care Connection
2. Illinois Dept. of Human Services

Accessibility (eligibility requirements)

residents of Sangamon and Morgan Counties (and 7 other counties); income-based sliding fee

income-based eligibility

Specific Barriers to Accessibility

Parents have reported that the information provided to them by the local resource and referral agency has not always been sufficient for them to secure the childcare that they desire. Perhaps, some families in our target population need enhanced referrals that would involve follow-up with the parent to ensure that childcare is acquired within a reasonable time from the initial childcare referral. Furthermore, the co-payment that was initiated for subsidized childcare has been a significant burden on many in the Head Start target population.

Childcare providers cited the following barriers to meeting center enrollment capacities for the infant and toddler age group:

- parents need childcare in order to find a job, but CCCC will not approve assistance until families are working and/or going to school;
- daycare providers are accepting families, while they are not yet approved through CCCC; and
- the state of Illinois is behind in childcare reimbursement to providers.

Early Childhood Education and Support Services

Beyond the provision of childcare discussed above, early childhood programs have an additional characteristic of a defined curriculum designed to promote child development. All school districts in Sangamon County currently operate At-Risk preschool programs. At-Risk programs serve children who are at risk of academic failure due to home and community background, language, or another identified disadvantage.

Sangamon County has numerous Pre-K programs, that have proliferated due to increased funding at the state level. Enrollments at many providers declined throughout the district. **Springfield School District 186 posted an increase in Pre-K At-Risk slots during the 2005-2006 school year (172 additional children).**

The total number of Sangamon County children enrolled in At-Risk programs was 1,388 as of April 2006, 1,216, as of Feb. 2005, 1,118 as of March, 2002; 1,058 as of April, 2001. Following are tables depicting enrollment statistics for Early Childhood (EC) and At-Risk Pre-K programs in Sangamon County and Morgan County.

School District	EC for 2006	Pre-K for 2005-06	Pre-K for 2004-05	Pre-K for 2001-02	Program Days of Operation
Riverton	30	117	78	60	½ day 5 x's per wk. EC 5 days per week
Auburn	14	121	120	87	½ day 5 x's per wk. EC full days
New Berlin (Loami, Curran)	0	20	20	20	Full day, 5 x's per wk: HV Fri.
Pawnee	9	72	40	76	½ day a.m., 4x's per wk: HV Fri.
Pleasant Plains	10	40	40	39	½ day a.m., 5 x's wk. EC 5 days
Diveron	4	20	23	28	1/2 day am/pm, 5 x's per wk.
Illioopolis	4	20	19	20	½ day, 5x's per wk.
Rochester	29	40	30	14	Pre-k, 5 days, EC 4 days
Springfield	189	750	700	639	EC full day, 1 blended EC & Pre-K w/5 full days, EC ½ days 5 x's per wk. Pre-K ½ days a.m. 5 x's per week & full days 5 x's per wk.
Ball-Chatham	46	118	75	125	Pre-k ½ day 5 x's per wk, EC am./pm. 5 x's per wk.
Tri-City	27	24	25	<u>31</u>	Pre-K ½ day 5x's per wk, EC ½ day 4x's per wk
Sherman	0	46	45	26	Pre-K ½ day am/pm. 5 x's per wk, EC ½ day 4x's

As of April 2006 Morgan County school districts serve a total of 293 children in their At-Risk Pre-K programs, 256 as of March, 2005, 182 as of March 2002. **There was an increase in 2004-2005 and 2005-2006.** Other details are as follows (from left to right are 2006, 2005, 2001 figures):

Number of Children Served

School	EC for 2006	Pre-K 2006	Pre-K 2005	Pre-K 01-02	Service
Alexander	0	12	11	11	½ day 4 x's per wk
Franklin	0	16	13	10	Full days 4 x's per wk
Meredosia	0	16	15	14	Full days 4 x's per wk
Triopia	0	40	39	34	½ day Pre-K am./pm., 4 day 3 year olds & 4 day 4 year olds
Jacksonville	38	193	158	99	EC ½ day am/pm, Pre-K full days 5 x's per wk
Waverly	0	20	20	19	Full day 4 days, HV Fri.

Disabilities

Information provided in addition to the Family Assessment indicates continual increases in the number of children with special needs being served.

2005-2006 Disability-Related FCP Family Assessment Response Results for the 0-5 SUL Head Start Program

Question		2004-2005	2005-2006
Do you feel that your child/ren has any mental, learning or physical disability?	Sangamon	12%	22%
	Morgan	22%	7%
	EHS	23%	16%
Has your child been diagnosed with a mental, learning or physical disability?	Sangamon	19%	13%
	Morgan	24%	6%
	EHS	25%	11%

The Illinois Board of Education reports the total number of children between the ages of

	2003	2004	2005
Illinois	13,330 (+19%)	15,573 (+14%)	15,318(-2 %)
Sangamon	364 (+3.8%)	375 (+2.9%)	311 (-20.5%)
Morgan	43 (-27%)	26 (-65%)	42 (+38%)

3 to 5 years under special education from the IDEA Child Count at 34,519 for the State of Illinois. This number has decreased from the December 2003 number of 33,411 by 3.3%. The percentage is lower than the 6.4% increase reflected in the December 2003 reporting year, yet continues to indicate a need for increased funding for identification and delivery of services. (The dates reported are reflective of the 2004 reporting year. IDEA Child Count Total is reported yearly in December, with 2005 totals not available until late August, 2006 for children 3 to 5 years of age.)

**IDEA Child Count
Children 3 to 5 yrs.**

- + reflects increase in %
- reflects decrease in %

According to the IDEA Child Count 2004, the numbers of children between the ages of 3 to 5 years diagnosed as having a disability in Sangamon County are 687, an increase of 6.5% from the 2003 total. The change may be indicative of successful identification procedures being implemented in the prior year. The Morgan County number of children reported in the December 2004 total remains similar to the number of children reported in the December 2003 total and continues to reflect the need for services.

**IDEA Child Count
Children 0 to 3 years**

	December 2001	December 2002	December 2003	December 2004
Illinois	29,646 (+2.9%)	31,389 (+5.9%)	33,411 (+6.4%)	34,519 (+3.3%)
Sangamon	518	647 (+2.5%)	645 (-0.6%)	687 (+6.5%)
Morgan	87	96 (+10%)	113 (+18%)	111 (-1.8%)

The IDEA Child Count for children aged 0 – 3 years of age for the State of Illinois is 15,318. This number has decreased slightly from 15,573 the prior year. This reflects an increase of (1.6%) from the December 2004 reporting period.

It is estimated that 393 children up to 3 years of age, are being served presently by Child and Family Connections (CFC) #18, an early intervention agency serving families in Sangamon, Mason, Menard and Logan counties. Three-hundred eleven of the children are

in Sangamon County. Regardless of the decrease in Sangamon County totals the total amount of children receiving services through CFC has increased by 4.8 %. CFC continues to see an increase in Speech/Language, Autism and Behavioral referrals.

CFC #17 provides early intervention services to Pike, Scott, Cass, Brown, Adams, Calhoun, Greene, Jersey, and Morgan Counties. It is reported that in Morgan County there are 42 children receiving early intervention services reflecting an increase of 38%. Thirty two (76%) are receiving Speech/Language services. Ten (23%) are receiving Physical Therapy, eleven (26%) are receiving Occupational Therapy, and 26 (60%) are receiving Developmental Therapy. Thirty one children are within the boundaries of Jacksonville School District 117. (Note: Totals reflect percentages of individual therapies; several children are receiving more than one service).

Springfield Public School District 186 reports a 6.9% increase of children receiving special education services, from 285 in the 2003 reporting period to 306 presently. One hundred seventy-three of the children are attending Early Childhood (EC) classes. Ninety-three children are attending the pre-kindergarten program, Early Start, with special education services. It is reported that there has been an ever-growing increase in the number of children identified with Autism. Presently, sixteen children identified with Autism are receiving services in Early Childhood classes. One hundred fifty-three (50%) of the identified children have a primary eligibility of speech and language. Although this percentage is less than the previous year, the issue remains a strong concern. Various sources from local education agencies suggest this may be a result of not being able to functionally communicate outside the home. Children are demonstrating the knowledge of concepts (colors, rote-counting, shapes, etc.) but do not have the specific vocabulary needed to carry on a conversation. This creates difficulty for the child in language, especially in following directions, expressing needs, and answering open-ended questions.

**Springfield Public Schools District 186
Special Education Services 3-5 years**

	03/04	04/05	05/06
Total Children receiving services	285	306	No data available
Children in EC classes	173	173	
Speech/Lang Eligibility	187	153	
Developmental Delay Eligibility	108	113	
Mental impairment Eligibility	9	5	
Autism Eligibility	12	16	

(Note: Reported numbers are reflective of February 2006 totals).

Four Rivers Special Education Services in Jacksonville serves children ages 3-21 years in 20 school districts in Brown, Calhoun, Cass, Greene, Macoupin, Morgan, Pike, and Scott Counties. For children 3-5 years of age, they provide Child Find services, diagnostic and self-contained special education services for low-incidence disabilities. Four Rivers combines services with Jacksonville District #117 School District. In the 2004/2005 school year, Four Rivers provided 1458 children with developmental screenings. One hundred and thirty six were recommended for further testing. One hundred and five children are eligible for services following testing in the Four Rivers boundaries, and approximately 83 children have the primary eligibility of Developmental Delay. Thirty-four of the children have placement in Early Childhood classes in District 117 with 21 of those children having the eligibility of Developmental Delay. Speech and Language services in Jacksonville are provided through the local schools. There are approximately 90 children ages 3-5 years with the primary eligibility of Speech/Language impairment receiving services through District 117. Of the 34 children in District 117 EC classes, five have a primary eligibility of Speech/Language impairment. Approximately 25 children are receiving services in pre-kindergarten classes through a resource teacher. The remaining children with the eligibility of Speech and Language impairment receive therapy through direct services. A total of 8 children are dually enrolled in District 117 and the SUL Head Start Program and are receiving speech services through District 117.

Sangamon Area Special Education District (SASED) provides services in Sangamon County, with the exception of Springfield Public School District 186. Totals reported are inclusive of the towns of Tri-City, Rochester, Ball-Charter, Pleasant Plains, Auburn, Pawnee, Divernon, Riverton, Williamsville, and New Berlin. SASED reports that as of February 2006, the total of 319 children aged three to five years receive special education services. A total of 179 of the children are identified with a primary eligibility of Speech and Language. One hundred five of the children have a primary eligibility of Developmental Delay and four have a primary eligibility of Mentally Impaired. A total of 10 children have the primary eligibility of Autism.

Presently, in Sangamon and Morgan Counties, 86 children are dually enrolled in the SUL Head Start Program, with special education services being provided through a local education agency. Sixty-eight children in Sangamon County are receiving dual services for special needs. Twenty-three children were not receiving services prior to Head Start intervention.

In Morgan County, 13 children are receiving dual services for special needs. Early Head Start presently serves 5 children receiving special education services. An additional seven EHS children are in the process of evaluation. Of the 103 children aged 3 to 5 years in Sangamon and Morgan County, the following percentages have been reported:

- ❑ 30% of the children are developmentally delayed; and
- ❑ 54% of the children are speech/language impaired.

**0-5 SUL Head Start Program
Disabilities Service Area Results
Children Dually Enrolled in Head Start and Special Education Services**

	02/03	03/04	04/05	05/06
Sangamon County	52 (11%)	55 (12%)	73 (15%)	68 (-7%)
Morgan County	12 (9%)	20 (14%)	25 (18%)	13(-52%)
Early Head Start	19 (20%)	16 (17%)	12 (13%)	5 (-41%)
Total	83	91	110	86(-28%)

According to the Supplemental Security Income guidelines, a child may be eligible for Supplemental Security Income (SSI) if an individual under 18 years of age has been medically determined to be physically or mentally impaired, which results in marked and severe functional limitations; and can be expected to result in death; or has lasted or can be expected to last for a continuous period of not less than 12 months. SSI income is included in determining eligibility for children in the SUL Head Start Program. Ninety Six have been enrolled in the Head Start Program with this particular income being used to meet required eligibility. The following information has been provided by the Social Security Administration and the SUL Head Start Program.

Supplemental Security Income Statistics

	Federally	Under 18	Illinois	Under 18	Sangamon	Under 18	Morgan	Under 18
Number of recipients	7,045,000	1,002,000 (14%)	252,037	40,872 (16%)	4744	1620 (34%)	777	124 (16%)

(Note: Totals reported are for children under 18. Totals were not available for individual ages)

Resources and Referrals

Springfield Public School District #186
Special Education Services
900 W. Edwards
Springfield, IL 62704

Sangamon Area Special Education District
2500 Taylor Ave.
Springfield, IL 62703

Illinois State Board of Education
100 North 1st Street
Springfield, IL 62777

Parents as Teachers
Dodd's School
2630 So. Whittier
Springfield, IL 62704

Child and Family Connections #18
Sangamon County Department of Public Health
3130 Chatham Rd. Suite B
Springfield, IL 62704

Child and Family Connections #17
125 So. Webster Ave.
Jacksonville, IL 62650

Jacksonville School District No. 117
Department of Special Services
310 N. Clay Court
Jacksonville, IL 62650

Four Rivers Special Education District
936 Michigan Ave.
Jacksonville, IL 62650

Specific Barriers to Accessibility

Unfortunately, to access many of the above-described services, an individual has to have or suspect a particular disability or acquire a specific diagnosis. Parental knowledge of appropriate developmental expectations for their children is an often unmet prerequisite for initiating contact with one of these service providers. Increased outreach by each of the programs serving children with disabilities and their families could benefit the Head Start target population.

Abuse/Neglect

The Illinois State Central Register states that reports of child abuse/neglect concerning 111,711 children were received during 2005. This number is greater than those reported in previous years: 104,248 in 2004, 97,418 in 2003, and 98,181 in 2002.

During 2005, there were 1,792 child abuse/neglect investigations in Sangamon County; 500 of these cases were indicated and follow-up services were provided by the Department of Children and Family Services. In Morgan County, there were 322 investigations, and 81 of these cases were indicated and provided with services.

The 2004-2005 Community Assessment highlighted the following four-year trend in child abuse/neglect reports that were accepted by hotline workers and indicated by DCFS investigators.

MORGAN COUNTY

<u>FY</u>	AGE 0-2		AGE 3-5	
	<u>RPT</u>	<u>IND</u>	<u>RPT</u>	<u>IND</u>
FY2001	104	32	81	17
FY2002	83↓(20%)	36↑(13%)	71↓(12%)	36↑(111.8%)
FY2003	80↓(3%)	48↑(33%)	73↑(3%)	35↓(3%)
FY2004	130↑(62.5%)	61↑(27%)	132↑(81%)	52↑(49%)

Birth- 5 years of age totals:

During fiscal year 2001 (July 1, 1996 to June 30, 2002) in Morgan County, the State Central Register reported that 185 child abuse/neglect reports were accepted by hotline workers, and 49 of those were indicated by DCFS investigators (26% indicated). In fiscal year 2002, there were 154 reports, with 72 of them indicated (47% indicated). In fiscal year 2003, there were 153 reports, with 83 of them indicated (54% indicated). In fiscal year 2004, there were 262 reports, with 113 of them indicated (43% indicated).

During phone conversations with DCFS, social service agencies in Morgan County, and Morgan County Head Start Staff, several possible reasons were cited for a 62% increase in DCFS reports in Morgan County from FY2003 to FY2004. First, methamphetamine manufacturing and use has increased dramatically in Central and Southern Illinois counties. This often involves several members of the same family. This dynamic often leaves children vulnerable for abuse and neglect due to parental addiction, criminal behaviors involved in the manufacturing of the drug, and a breakdown in the family systems. Second, it was reported that an increase in domestic violence might have contributed to the increase in DCFS reports. Although Head Start parents have reported a 1% decrease in domestic violence, the magnitude of this increase is not substantial. Third, it was also suggested that reports could have increased because the increase in prevention education for children in school settings might have been effective in empowering children to advocate for themselves. Consequently, children might be reporting abuse/neglect more to adults who can help them. Their self-disclosure often results in a hotline report from these mandated reporters. Fourth, it was stated that the poor economy often creates high levels of stress for parents, which can result in greater numbers of abuse and neglect incidents. Morgan County has seen several factories close in FY03 and FY04, which resulted in a loss of employment. This could be an economic factor that contributed to an increase in stress and subsequent DCFS reports in Morgan County in FY04.

SANGAMON COUNTY

<u>FY</u>	AGE 0-2		AGE 3-5	
	<u>RPT</u>	<u>IND</u>	<u>RPT</u>	<u>IND</u>
FY2001	637	220	540	152

FY2002	620↓ (3%)	239↑ (9%)	481↓ (11%)	135↓ (11%)
FY2003	524↓ (15%)	192↓ (20%)	427↓ (11%)	121↓ (10%)
FY2004	662↑ (26%)	214↑ (11%)	580↑ (36%)	136↑ (12%)

Birth-5 years of age totals:

During fiscal year 2001 (July 1, 1996 to June 30, 2002) in Sangamon County, the State Central Register reported that 1,177 child abuse/neglect reports were accepted by hotline workers, and 372 of those were indicated by DCFS investigators (32% indicated). In fiscal year 2002, there were 1,101 reports, with 374 indicated (34% indicated). In fiscal year 2003, there were 951 reports, with 313 indicated (33% indicated). In fiscal year 2004, there were 1,242 reports, with 350 indicated (28% indicated).

It was reported that an increase in parental domestic violence might have contributed to the increase in DCFS reports. Several cases of domestic violence were identified through the Family Assessment process in Head Start: 9 cases in Sangamon County 3-5 Head Start, 7 cases in Morgan County 3-5 Head Start, and 2 cases in Early Head Start. These figures demonstrate a slight increase of domestic violence cases since last year.

In 1997, 51,331 Illinois children were living in substitute care. Because of an increased emphasis on early intervention and permanency services such as adoption, that number has declined to 17,415 children in February 2006 – a 62 percent decline compared to June 1998.

The 2004-2005 Community Assessment reported the following statistics regarding cases of substitute care in Sangamon and Morgan Counties.

Children in Foster Care/Relative/Specialized Care

Data as of 1/31/05

Sangamon	Birth - 2	3-5	Total
Foster Care	29	32	61
Relative	39	17	56
Spec. Foster Care	1	1	2

	69	50	119

Morgan	Birth - 2	3-5	Total
Foster Care	7	2	9
Relative	3	5	8
Spec. Foster Care	0	0	0

	10	7	17

There were 119 Sangamon County children and 17 Morgan County children, ages 0-5, in foster care or relative foster care as of January 31, 2005. Of these children, 2 Sangamon County children and 0 Morgan County children were in specialized foster care. In Sangamon County, there were 56 children in relative foster, and in Morgan County, 8 children were in relative care.

Through the Family Assessment process, 0-5 Head Start families most often requested parenting information in these areas: child development, daily routines, discipline, fun times with your children, self-esteem, and violence prevention.

Community Resources in the area of child abuse/neglect include:

<u>Abuse/Neglect Prevention Resources</u>	<u>Accessibility (eligibility requirements)</u>
1. Mini O’Beirne Crisis Nursery	Emergency child care for birth to 6 year olds; call prior to drop-off
2. Illinois DCFS	Family preservation and reunification services
3. The Parent Place	Numerous parenting education programs and support groups
4. The Parent Help Line	1-888-727-5889 or 544-5808
5. Imani	Parenting education provider and supportive services for caregivers
6. Sojourn Domestic Violence Shelter	See Mental Health section
8. Teens as Parents District 186	Assistance for teens with children who attend a District 186 school
9. Young Parents Support Services	Parenting education and other supportive services

Housing

Illinois Kids Count 2004 notes that stable and affordable housing is crucial for family well-being and that children whose families move frequently are at greater risk for academic problems, behavioral problems, poor health and disruption of schooling. According to the National Low Income Housing Coalition, the lack of affordable and safe housing is the biggest financial crisis facing families today.

Housing is considered affordable if it costs no more than 30% of a family’s income. The City of Springfield reports that 3,933 households pay more than 30% of their incomes on

rent. Illinois Kids Count 2004 states that Illinois (in 2003) ranked 40th in the nation for affordable housing costs for a two-bedroom unit. Fair market rent for a two-bedroom unit in Sangamon County is reported to be \$555. It is estimated in the Illinois Kids Count 2004 report that 39% of Sangamon County residents cannot afford this monthly rental amount, as a family unit would need to have an annual income of at least \$28,632 (\$13.77 per hour in full-time employment if a single head of household) to afford this amount of rent. Fair market rent for a two-bedroom unit in Morgan County is reported to be \$466; it is estimated in the Illinois Kids Count 2004 report that 39% of Morgan County residents cannot afford this monthly rental amount, as a family unit would need to have an annual income of at least \$23,920 (\$11.50 per hour in full-time employment if a single head of household) to afford this amount of rent. The deputy director for the National Low Income Housing Coalition says, “Nowhere in the country can a person work at minimum wage and afford to rent a modest two-bedroom apartment.”

The Head Start families who face the greatest hardships in housing are those who have become “self-sufficient” according to welfare reform standards and are no longer eligible for TANF benefits or for other programs designed for “low-income” families, one type of benefit being “housing subsidy.” Families usually do not make the necessary “\$13.77” or “\$11.50” per hour that would make “renting a home” possible. Even in subsidized housing situations, families who are able to increase their income (through raises or extended hours) face sudden increases in their portion of the rent; this increase may jeopardize their ability to be or stay self-sufficient.

Head Start direct service workers (Family Resource Advocates and Home Visitors) reported in 2005-2006 that the most notable change regarding families’ “housing demographics” is that of “stacked” living arrangements: families are living (“doubling up”) with other families, and families consist of more “non-conventional combinations” of individuals. Reasons for this change may be: unaffordable rent and/or utilities payment, cutbacks in Section 8 funding, inaccessibility to immediate/appropriate housing, loss of employment and other income, and general shifts in the definition of family.

Low-income families struggle with several poignant factors regarding housing:

- Lack of income to make monthly payments when ineligible for subsidized housing
- Income may increase but this causes the rate to significantly escalate in situations where a family has subsidized housing
- Subsidized housing calculations include income of family members as young as 16
- Limited rental options tend to give landlords a license to maintain exorbitant rental fees (for both subsidized and non-subsidized properties)
- Unfavorable/no credit history, unfavorable/no utilities history, and unfavorable/no landlord history prevent families from obtaining housing
- Criminal history issues (even when charges were never filed or when there is a misinterpretation of records by housing personnel; may include juvenile issues that are not supposed to be exposed)
- Behavior issues with one spouse may prevent the other spouse from getting housing (i.e., unpaid speeding tickets, mistake made as a younger person, visiting violations)

- Waiting lists, complicated paperwork requirements, or overwhelming intake processes create difficulties for families
- Literacy issues (family unable to read & understand application/fill out forms)
- Composition of family (ages & sex of children) may not match housing requirements of property available
- Difficult for family to accumulate security deposit as well as first month's rent (when subsidized housing is unavailable)
- Remote locations of scattered housing coupled with transportation concerns (i.e., no transportation or, for those who have a car, rising prices in gas and vehicle maintenance)
- Strict Housing guidelines (i.e., 3 non-compliance letters from management means expulsion from property; one major incident of property damage can cause eviction)
- One Strike Rule (one incident of criminal activity such as assault, drugs, weapons, gang activity, anti-social behavior such as fighting – family is evicted)
- Unsatisfactory condition of Section 8 properties, including inadequate weatherization and household appliances that don't operate efficiently
- Sanctions (merited or unmerited) from social service agencies can affect ability to pay rent or utilities, prompting eviction proceedings or an unfavorable landlord reference
- Rising utility expenses (may be a lease violation if utilities are disconnected)
- Disabilities may keep a person from being able to access certain houses
- Head Start and Early Head Start direct service workers agree that there are a few families (perhaps 10%) who can't obtain housing because of one of these reasons: irresponsible, mismanage their finances, forget appointments, lack of follow-through, don't follow landlord's rules, have low self-esteem, inadequate life skills, different standard of living, or they just try to "use the system."

According to the 2005-2006 FCP Family Assessments (see chart below), there is a substantially higher number of homeowners in Morgan County (35%) than in Sangamon County (14% in 3-5 Head Start, 16% in Early Head Start). The trend of home ownership within the Head Start population had consistently increased each year since 1998, at which time only 37% of Morgan County families and 12% of Sangamon County families owned their homes. However, the percentages this year showed a decrease in home ownership. (Note: The variation in percentages may be somewhat due to issues related to the way data was collected and calculated this year.) Head Start direct service workers estimate that the rate of home ownership is about the same as last year (definitely no increase since last year). The biggest obstacle for potential home owners is an unfavorable credit record. Several families are going through the initial processes that will eventually qualify them for ownership, but the process takes time.

Considerably more Head Start families live in subsidized housing in Sangamon County (33% in Head Start; 31% in Early Head Start) than in Morgan County (14%), perhaps because there are more subsidized units available in Sangamon County. In Sangamon County, a larger percentage of families temporarily lived with someone else during the year (14% in Head Start; 9% in Early Head Start) than in Morgan County (7%). Families in Sangamon County reported more frequently that their houses were not in good repair (8% in Head Start and 14% in Early Head Start, in contrast to 6% in Morgan County).

Family Assessment calculations show that families in Sangamon County routinely had difficulty paying their utility bills (37% in Head Start; 39% in Early Head Start) more often than Morgan County families (24%). 35% of Sangamon County 0-5 Head Start families received utilities assistance during the past year, while 19% of Morgan County families received assistance for utilities. Morgan County has very limited resources to assist families with utilities or rent.

**Housing-Related FCP Family Assessment Responses of
Head Start 0-5 Parents**

Question	County	Percentage of HS Families with Attribute By Year			
		2002-2003	2003-2004	2004-2005	2005-2006
Do you own or rent housing? (% who own)	Sangamon	16%	15%	20%	14%
	Morgan	43%	44%	45%	35%
	EHS	16%	22%	36%	16%
Do you live in subsidized housing? (% who said “yes”)	Sangamon	38%	37%	47%	33%
	Morgan	12%	13%	13%	14%
	EHS	28%	23%	23%	31%
Temporarily lived with relatives, friends or in a shelter during the last year? (% who said “yes”)	Sangamon	28%	20%	26%	14%
	Morgan	15%	17%	3%	7%
	EHS	27%	22%	20%	9%
Housing <u>not</u> in good repair (% not in good repair)	Sangamon	7%	7%	14%	8%
	Morgan	10%	9%	8%	6%
	EHS	8%	17%	25%	14%
Routine difficulty paying utility bills during the last year?	Sangamon	32%	40%	34%	37%
	Morgan	30%	30%	27%	24%
	EHS	44%	49%	28%	39%

Housing Available in Springfield (Sangamon County)

Emergency Housing (day-to-day basis)

- Helping Hands (for adults)
- Red Cross (for individuals or families)
- Ronald McDonald House (for families of seriously-ill children)
- Salvation Army (for men)

Springfield Overflow Shelter Program (for individuals or families)

Transitional Housing with Case Management and Supportive Services

(has a time limit – usually 30-90 days but may be up to 2 years)

Abundant Faith Christian Center (homes for men and for families)
“Almost Home” Recovery Base Transitional Living (for men or women)
Beer LaHai Roi (home for pregnant women)
Contact Ministries (for women and children)
Fifth St. Renaissance (for individuals and families)
Haven House (for women and children)
Inner City Mission (for families)
Manna House (for men)
M.E.R.C.Y. Communities (for women and children)
PORA (for women out of prostitution)
Rutledge Youth Foundation (for youth)
SARA Center (home for AIDS clientele)
Sojourn Domestic Violence Shelter (for women and children)
Washington Street Mission (for men)
Youth Service Bureau (for youth and families)

Subsidized Rental Properties

Madison Park Place
Poplar Place Town Homes
Section 8
Springfield Housing Authority
Union Baptist Plaza

Rent Assistance

Abundant Faith Christian Center
Capital Township
Catholic Charities
Community Resources
Contact Ministries
DCFS Child Welfare Service Referral
Fifth Street Renaissance
Heartland Continuum of Care
Imani
Salvation Army
St. Martin DePorres Center
Springfield Urban League

Home Ownership

Community Development Corporation (Springfield Urban League)
Habitat for Humanity
Springfield Department of Community Relations

Springfield Housing Authority Lease-to-Own Program
TSP-HOPE, Inc.
Our Own Home

Supportive Housing (Permanent housing [rent or own]with supportive social services provided to residents)

Springfield Housing Authority
The King’s Court Apartments
Springfield Supportive Living Center (for senior citizens)

Supportive Housing for Individuals with Disabilities

Haven Apartments (Abundant Faith Christian Center)
Springfield Assistance for Retarded Citizens (SPARC)
Springfield Center for Independent Living
The Hope School

Gaps in Housing Services in Sangamon County (according to input from Head Start/Early Head Start direct service staff and community advisors):

During the past three years, housing options for low-income individuals have increased in Sangamon County. Federal housing developments have continued to be renovated, private organizations have undertaken home improvement projects in the impoverished east side of Springfield where several of the Head Start centers are located, more resources are available to encourage families to become home owners, and there is more community awareness regarding the establishment of good credit, how to obtain loans for home ownership, and maintenance of current homes (i.e. weatherization, home repairs).

These improvements in housing services do not negate the fact that there is still a great need in Sangamon County for “much more of the same.” Head Start staff and Community Advisors agree that there is also a significant need for more:

- permanent housing opportunities with on-going supportive services;
- housing that accommodates large families;
- affordable housing for singles;
- housing units close to business developments (an issue for those with no transportation); and
- supportive services that will advocate for housing for people who have “matured out” since committing non-violent criminal offenses.

Housing Available in Jacksonville (Morgan County)

Emergency Housing (day-to-day basis)

Crisis Center Foundation
Morgan County Chapter of Red Cross
Morgan County Civic Services

Transitional Housing (has a time limit – usually 30-90 days but may be up to 2 years)

Women's Crisis Center
Manna House

Subsidized Rental Properties

Morgan County Housing Authority
Morgan County Section 8

Rent Assistance

Catholic Charities
DCFS (Family Enhancement)
DCFS Child Welfare Service Referral
Hobby Horse House
MCS Community Services
Salvation Army

Home Ownership

Jubilee Habitat for Humanity
The Homeownership Coalition for People with Disabilities

Supportive Housing for Individuals with Disabilities

Community Counseling
Elm City
JACIL (Jacksonville Center for Independent Living)
JARC (Jacksonville Assistance for Retarded Citizens)
JDC (Jacksonville Developmental Center)
School for the Blind
School for the Deaf

Gaps in Housing Services in Morgan County (according to input from Head Start/Early Head Start direct service staff and community advisors):

During the past three years, there has been no significant change in housing options and services in Morgan County. A great need remains in the following areas:

- year-round shelters for homeless and transitional housing
- housing for individuals with disabilities, mental illness, or substance abuse issues
- housing for men and women released from Department of Corrections
- affordable housing for singles
- permanent housing opportunities with supportive services
- services in Morgan County which advocate for housing for people who have matured out since non-violent criminal offenses.

Homelessness

Illinois and federal law defines "homeless" as a person who lacks a "fixed, regular and adequate nighttime" abode. It includes "the hidden homeless" doubled-up in housing and people living in a shelter, transitional housing, hotels, or a place not ordinarily used by humans for sleeping.

In Sangamon County, the Heartland Continuum of Care is working with the Mayor of Springfield's Homeless Task Force on a 10-year plan (2004-2014) to eliminate "chronic homelessness" within the city of Springfield. (Chronic homelessness is defined as "being disabled and either being chronically homeless for a year or more or having had at least four homeless episodes during three years.") Together, the Continuum and Task Force identified obstacles to this plan of elimination and reduction of homelessness:

- Lack of adequate funding for homeless prevention programs such as supportive services and financial assistance;
- Federal and state funding cuts for services for the homeless and those at risk of becoming homeless;
- Economic conditions within our community;
- Increased unemployment;
- Lack of affordable housing in Sangamon County; and
- Mentally ill homeless individuals refusing treatment.

In January, 2006, the Heartland Continuum of Care conducted a Homeless Street Count to determine the number of homeless individuals in Springfield. They reported that there was a total of 443 individuals in shelters and on the streets at that time (420 were in emergency shelters and 23 were living on the streets). The total number of homeless was very close to the count from last year, but this year fewer people were living on the streets and more were living in shelters. Of those who were homeless, 374 were adults and 69 were children.

Agencies who serve the homeless population conducted surveys in their offices on January 27, 2006. Homeless individuals were surveyed at St. John's Breadline. The survey revealed 382 homeless individuals. Of the 382 individuals, 201 reported they were male, 165 female, 16 answered unknown; 254 were adults and 128 were children; 258 in shelters or transitional programs, 22 adults and 5 children reported they were residing in the area. The remaining 97 admitted they were living house to house with family, friends or anyplace they can stay. 258 individuals were sheltered, while 22 adults and 5 children admitted to living on the streets.

According to Head Start Family Resource Advocates, 22 Head Start families in Sangamon County were homeless at some point in time during the 2005-2006 program year, 8 of these due to tornados occurring in March, 2006. Family Resource Advocates in Morgan County report that 6 families were homeless at some point in Morgan County. Early Head Start Home Visitors noted that 15 families have been homeless in Sangamon County during the 2005-2006 program year, 5 of these due to the March tornados

Conclusion

The data collected, analyzed and reported above reflects the many strengths and vulnerabilities of the Head Start target population. Further, it establishes the need for the continued provision of comprehensive supportive services to assist families in their efforts to meet the various challenges illustrated in the above statistics.