CFSCNY Needs Assessment

BROOME COUNTY SUMMARY REPORT
MAY 15, 2024

PREPARED FOR: Community Foundation for South Central New York

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Introduction

In 2023, Horn Research was contracted to complete an updated needs assessment for CFSCNY exploring housing, poverty, mental health, nonprofit capacity, and equity. Each of these topic areas has been organized into discrete subject matter reports and county-specific reports.

This Broome County report provides county-level data and overarching funding recommendation for each topic area. Additional regional information can be found in the topic area specific reports.

Section I: Equity

The Community Foundation for South Central New York (CFSCNY) expressed interest in understanding the ongoing challenges the region faces with equity. To understand whether and to what degree equity issues are prevalent, a review of the landscape in the CFSCNY region was conducted. The primary methods for the equity review included gathering and analyzing relevant secondary data to identify disparities, conducting a literature review of the impact of disparities on individuals and communities, and examining effective interventions.

Notes on Equity

In 2020, a "racial reckoning" launched nationwide diversity, equity, and inclusion (DEI) initiatives and programs[1]. Corporations, nonprofit organizations, and educational institutions conducted DEI assessments, hired DEI consultants and leaders, and developed DEI programs.

In 2023, there was a backlash against DEI initiatives, particularly in the corporate sector, but also now includes academia and other sectors and continues today. The backlash came to a head after the Supreme Court of the United States ruled that race-conscious college admission programs were unconstitutional[2].

Despite the recent boom and bust of organizational DEI initiatives, there continue to be opportunities to explore, understand, and address inequities in the CFSCNY region. Research has shown that inequities in areas such as health, education, employment, and housing dramatically negatively impact individuals, communities, and the economy as a whole. A study by the San Francisco Federal Reserve estimated that inequities in employment, education, educational utilization, and earnings in the years 1990-2019 reduced the national GDP by trillions of dollars[3]. Another study found that the economic burden of health inequities for racial and ethnic minorities in 2018 was $421-$451 billion, and the estimated economic burden of education-related health inequity was $940-$978 billion[4].

Viewing data and information through an equity lens can include analyses of various characteristics. These identity-based characteristics have historically resulted in inequitable treatment or outcomes for sub-populations. In the United States, equity analyses have typically included the original protected classes under employment law as well as other, more recent additions:

- Race
- Color
- Ethnicity
- Sex/Gender
- National origin
- Religion
- Age
- Disability
- Gender Identity/Expression
- Sexual Orientation
- HIV/AIDS status
- Military/Veteran status
- Pregnancy

Many of these characteristics are socially constructed, meaning there is no biological basis for the distinction between categories. The challenge is that we have behaved for centuries as though there was a biological basis for these differences, resulting in actual disparities in experiences and outcomes. For example, race has no objective reality but rather is what people think it is. This presents a challenge in analyzing and presenting data because doing so reinforces the concept that race can be defined explicitly and consistently. In reality, categorizing people into race and ethnicity is a fraught process. There is no way to empirically decide who falls into which category or which categories are essential to include, combine, or exclude.

However, there is ample evidence to show that our nation's social construct of race and ethnicity has led to real and persistent disparities between different social and cultural identities. Identifying those disparities within the CFSCNY region is a crucial goal of this assessment. Where possible, socially constructed identities such as race and ethnicity, gender and gender identity, sexual orientation, disability, veteran status, and national origin have been explored to understand where any disparities may exist within fundamental needs. In addition, the author assumes that the identity-level data provided by the secondary data sources was based on self-defined identity information. For example, race and ethnicity data from the Census is based on individuals' self-reported cultural identity. We assume this cultural identity information is valid and correct in the Census and the other data sources mined for this project.

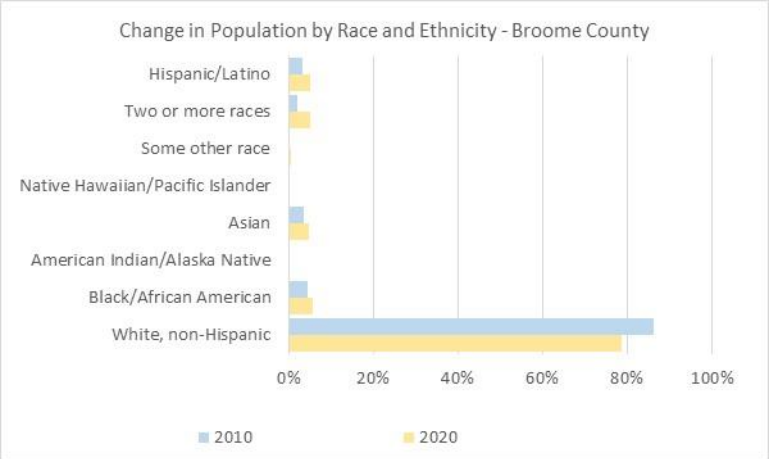
Data is not always available for each of these social identities, and population sizes in some locations are too small to establish meaningful comparisons. On occasion, identities have been combined to provide some comparative value. For instance, BIPOC (Black, Indigenous, People of Color) has been used throughout this and companion reports to encompass people with identities that are not white and not Latino/Hispanic. This is an imperfect method of presenting data because individual cultural identities often have different histories, experiences, and disparities. More granular levels of cultural identity have been presented where possible. Data for some cultural identities, such as religion, are unavailable, and others, such as sexual orientation, are extremely limited. Gender identity categories rarely include offerings beyond male or female, and the presence of disability is generally a broad, undefined term.

The racial and ethnic composition of the regional population has changed significantly since the last CFSCNY needs assessment. In 2010, the BIPOC (Black, Indigenous, and People of Color) population was 9.6% of the population. By 2020, that had increased more than six percentage points to 16%. The change is primarily driven by changes in the Broome County population, where the BIPOC share of the population increased from 13.7% in 2010 to 21.4% in 2020. Age groups in the region are not represented equally and are different based on race and ethnicity. The largest age group in the CFSCNY region is the 20-24 age range (8.5%). The BIPOC population in the CFSCNY region has a higher rate of younger people, and the white, non-Hispanic population has a higher rate of older people. A small proportion (5.1%) of the population in the CFSCNY region is foreign-born, about half of whom are naturalized citizens. Disability is prevalent in the region (16%), particularly among older adults (33%).

Demographics

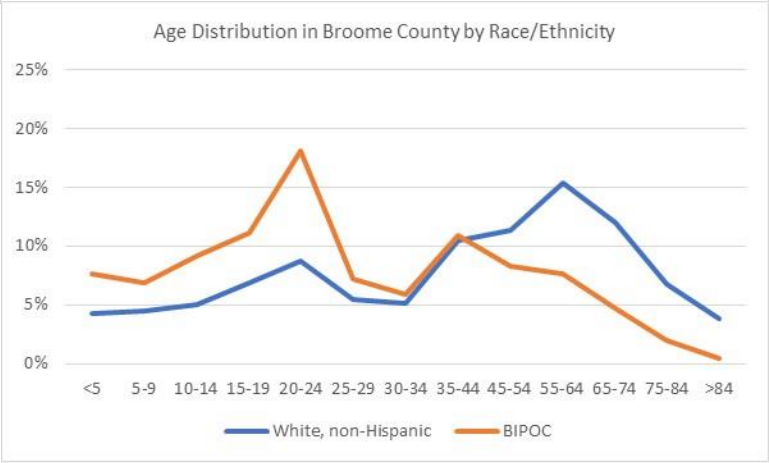
Race and Ethnicity

The BIPOC population in Broome County increased by nearly eight percentage points from 13.7% of the population to 21.4% between 2010 and 2020.



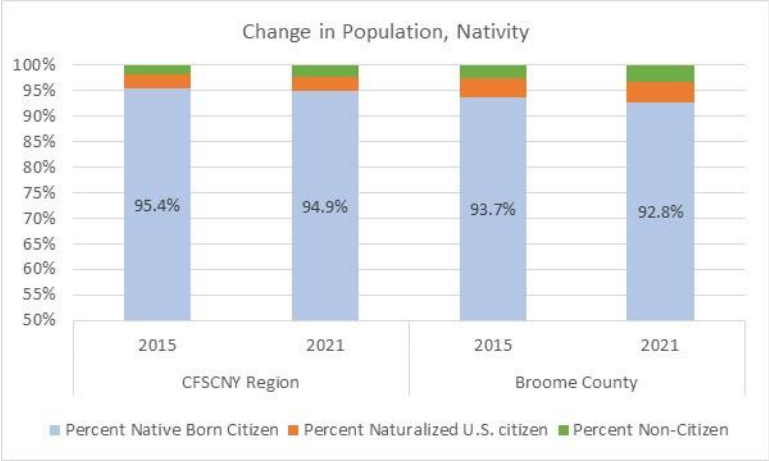
Age

The BIPOC population is younger overall, and the largest BIPOC group is aged 20-24. This distribution is most likely driven by the university in Binghamton, where 43% of the student population is BIPOC. The white population is more heavily distributed in the older age ranges, with the largest population being 55-64.



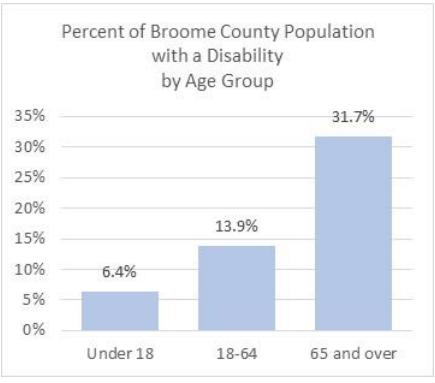
Nativity

Broome County's non-citizen population has increased slightly since the last assessment, growing by .6 percentage points (N=1,300).



Disability

As with the rest of the region, disabilities are most common among older adults in the county, with nearly a third of people aged 65 and over saying they have a disability.



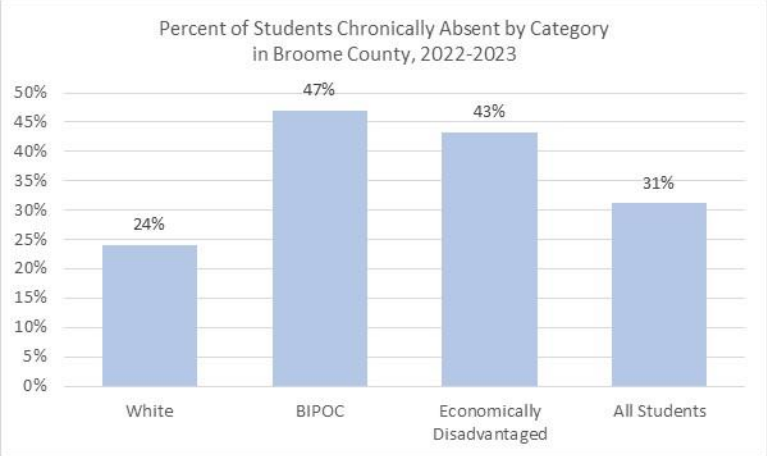
Education

Several indicators provide valuable insight into inequities in education. Inequities early in education also lead to further disparities later. For example, chronic absenteeism frequently leads to dropping out of high school and lower educational attainment as an adult.

Chronic Absenteeism

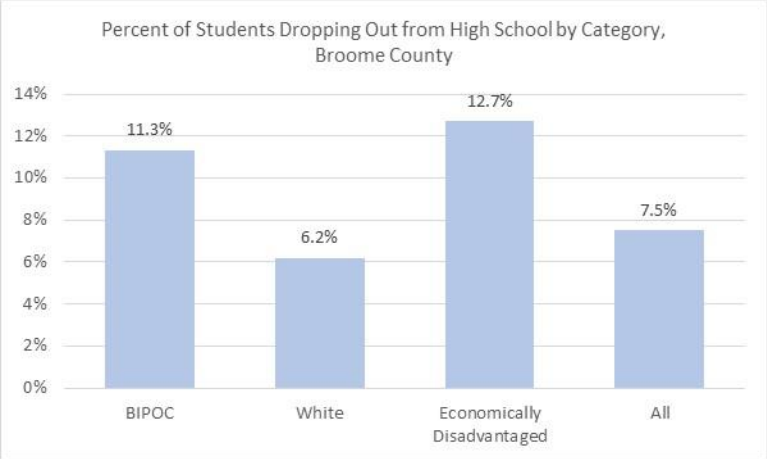
Chronic absenteeism has been directly linked to a child's likelihood of not being able to read at grade level, having lower levels of social engagement, dropping out of school, and not attending college.

In Broome County, nearly half of BIPOC students (47%) and economically disadvantaged students (43%) were chronically absent during the 2022-2023 school year. These rates are nearly twice the rate of white students (24%).



Dropout Rates

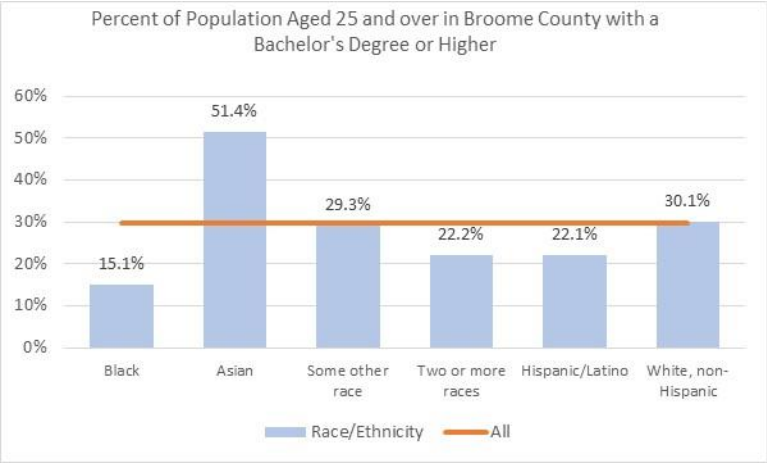
Dropping out of high school has a significant impact on people's earnings, health, and the likelihood of being incarcerated. The percentage of BIPOC and economically disadvantaged students dropping out of high school is also about twice the rate of white students in the county.



Educational Attainment

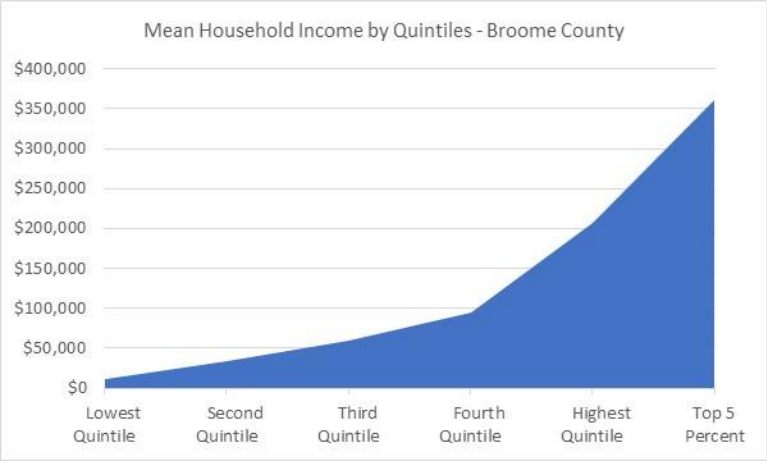
Higher educational attainment is associated with better financial and health outcomes.

Nearly 30% of the population aged 25 and over in Broome County has a bachelor's degree or higher. The county has significant differences in educational attainment by race and ethnicity. Only 15% of Black residents over age 25 have a bachelor's degree or higher, while over half of Asian residents do.



Income Inequality

Income inequality has become an increasing challenge in the United States. According to Inequality.org, the wealthiest 1% of US residents earn 104 times as much as the bottom 20% of earners[5]. A review of the consequences of income inequality found that it reduces growth, innovation, and investment and affects a host of health and social problems, including life expectancy, imprisonment, violent crime, drug abuse, mental health, child education, and teenage pregnancy[6].

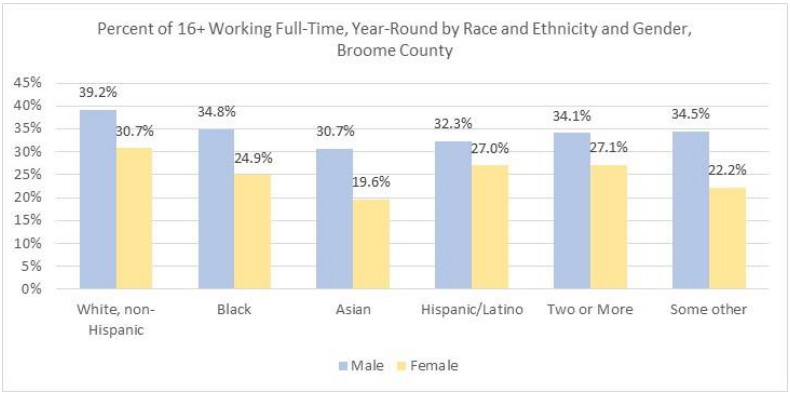


Income and Wealth

A significant difference exists between the incomes of the lowest and highest quintiles in Broome County. Households in the lowest 20% of income levels have a mean income of $11,861, while households between 80% and 100% percentile have a mean income of $206,130. The highest-income households in Broome County (top 5%) have 30 times greater income than the lowest-earning households.

Employment and earnings

Full-time employment is often critical to being self-sufficient. In Broome County, the demographic group most likely to be employed full-time, year-round, are white, non-Hispanic men. Nearly 40% of this group is fully employed. In comparison, less than one in five Asian women in the county are employed full-time, year-round. Women of all races and ethnicities have lower employment than men of all races.



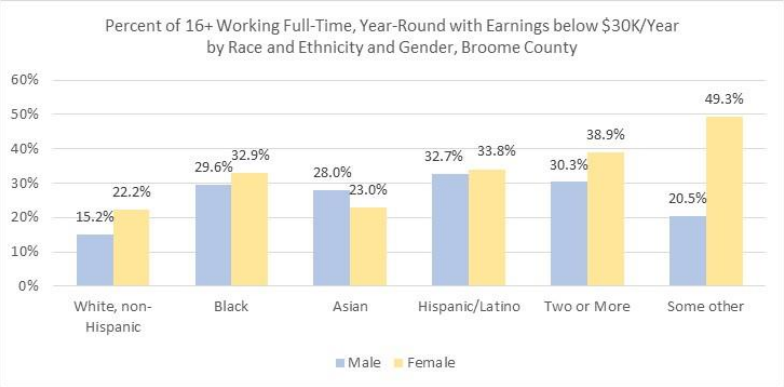
Wages

There continues to be a significant gender wage gap in the county. The County Health Rankings indicate that women who work full-time, year-round, make 81 cents for every dollar a man working full-time, year-round, earns.

The gender pay gap is deepened when taking into account race and ethnicity. Women of color, particularly those who identify as "some other race,"[a] are most likely to have low wages (below $30,000

[a] For the purposes of this analysis, "some other" includes the Census categories of: Native American/Alaska Natives, Native Hawaiian/Other Pacific Islander, and Some Other.

per year.) White, non-Hispanic men are the least likely (15.2%) to have low-income, full-time wages, as are white, non-Hispanic women (22.2%), Asian women (23.0%), and men of some other race (20.5%).



Business ownership

Data describing business ownership by gender, race, and ethnicity is limited. One indicator, the number of certified MWBE[b] businesses, offers some insight but is likely confounded by the arduous process of becoming certified. In Broome County, 1.9% of all companies are certified MWBE.

Community

Several indicators point to inequitable outcomes related to community well-being. Voting and participation in leadership roles indicate the level of a community's prosocial engagement. In addition, families' experiences with Child Protective Services, rates of disconnection in a community, and arrests and incarceration all affect community resilience.

Voting

Engaging with the election process is integral to a community or group wishing to successfully influence policies and funding decisions. Reviewing voting data by census tracts, Broome County has statistically significant differences in voting participation rates between tracts with higher rates of BIPOC people in the population and tracts with lower rates of BIPOC people. The most significant discrepancy was between eligible voters who were registered. Only 67% of people in high BIPOC tracts were registered to vote, while 88% of people in low BIPOC tracts were.

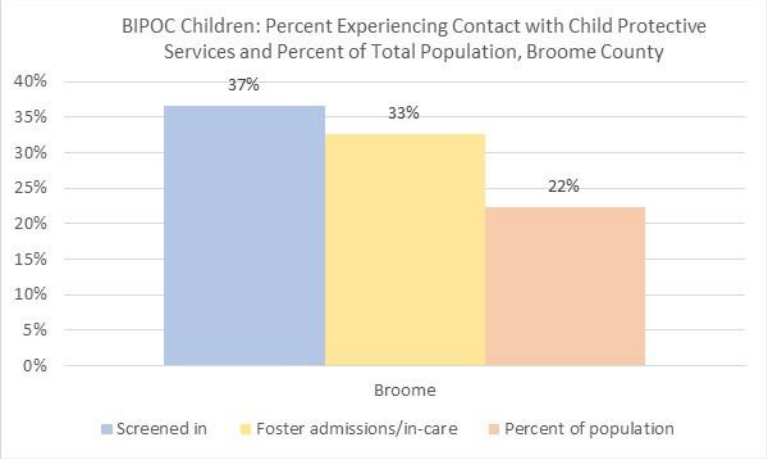
There were also statistically significant differences in participation rates between high- and low-poverty census tracts. Of particular note is that only 29% of eligible voters voted in high-poverty tracts versus 52% in lower-poverty tracts.

[b] Minority and Women Owned Business Enterprises

Table 1. Percent of Voter Engagement by Type of Engagement and Census Tract Type, Broome County

	Mean Percent		
	Eligible voters who are registered	Eligible voters who voted	Registered voters who voted
Higher rates of BIPOC residents in the population *(In Census Tracts with more than 16% of Population Identifying as BIPOC)*	66.5%	24.8%	37.3%
Lower rates of BIPOC residents in the population *(In Census tracts with less than 16% of the population identifying as BIPOC)*	87.6%	50.8%	57.8%
Higher poverty rates *(In Census tracts with more than 15.5% of the voting population below poverty)*	72.7%	28.7%	39.0%
Lower poverty rates *(In Census tracts with less than 15.5% of the voting population below poverty)*	86.4%	51.9%	59.7%

Child Protective Services



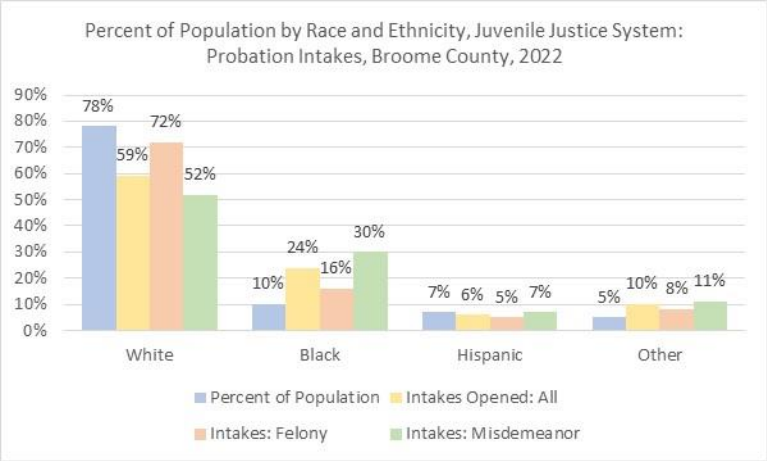
Encounters with the child welfare system have been shown to have negative impacts on children's future outcomes. BIPOC children in Broome County have contact with CPS disproportionately to the population. Over one-third (37%) of children who were involved in CPS cases that were "screened in" or where there was reasonable cause to suspect maltreatment or safety concerns were BIPOC, but only 22% of the child population in the county is BIPOC. In addition, a significantly higher percentage of children who were in foster care (33%) were BIPOC as compared to the population rate.

Disconnected youth

According to the County Health Rankings, 5% of teens and adults aged 16-19 were neither working nor in school. This is lower than the New York State rate of 6%. This data is not disaggregated by race and ethnicity, but some potential downstream effects show differences between demographic groups.

Disconnected youth are more likely to be involved with the criminal justice system. In Broome County, 217 juvenile arrests were made in 2022. This is down from 424 arrests in 2018. In 2018 and 2019, an NYS law was implemented to raise the age of criminal responsibility to 18 for young people who commit non-violent crimes. These offenders go to probation or family court and receive intervention and evidence-based treatment rather than detention. With the new law, a new category was developed, Adolescent Offender, for 16- and 17-year-olds who are arrested for felony-level crimes.

Juvenile arrest data by race and ethnicity is not available. However, the racial and ethnic breakdown of probation intakes in Broome County shows that Black youth are disproportionately involved with the juvenile justice system. While Black youth make up only 10% of the Broome County population, 24% of youth entering the probation system were Black. Black youth have a much lower rate of intakes due to felony offenses (27%) than misdemeanor offenses.



The rate of youth detentions in NYS has declined over recent years. In 2022, only 26 Broome County youth were detained. Of these, 50% were Black.

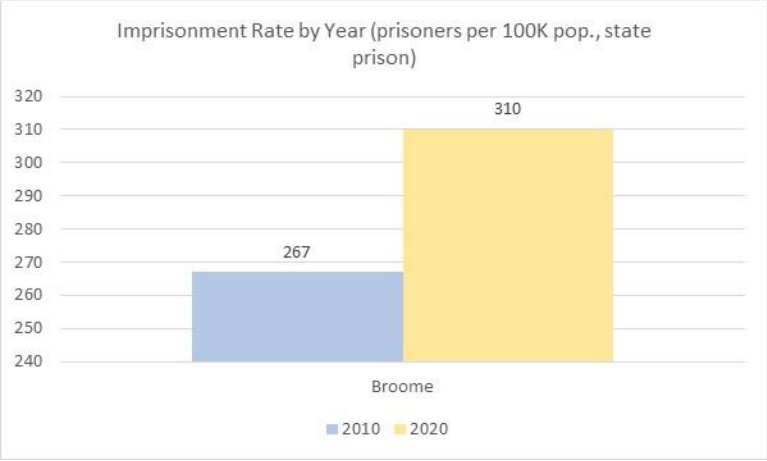
Disconnected youth are also much more likely to become pregnant. In Broome County, teen pregnancy rates were much higher for Black and Hispanic teens than white teens.

Table 2. Teen Pregnancies per 1,000 Females under Age 18 by Race and Ethnicity, Broome County

	Broome
White	3.6
Black	13.9
Asian	*
Hispanic	10.9
Total	5.8

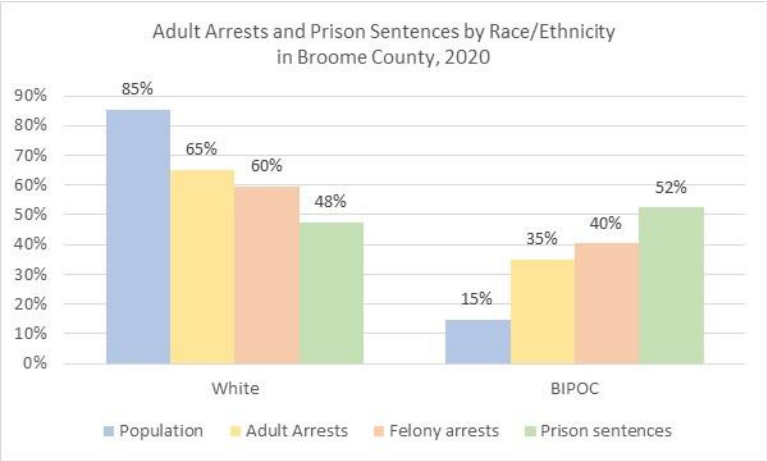
Incarceration

Incarceration of community members has a significant impact on individual families and the greater community. Broome County incarceration rates have increased by 16% since 2010, rising to 310 prisoners per 100,000 population.



Arrest rates and prison sentences are significantly different between white and BIPOC residents in Broome County. While BIPOC adults represent only 15% of the population, 35% of arrests are of BIPOC adults.

BIPOC adults are also much more likely to receive prison sentences than white adults in the county. White people accounted for 60% of all felony arrests but only 48% of prison sentences.

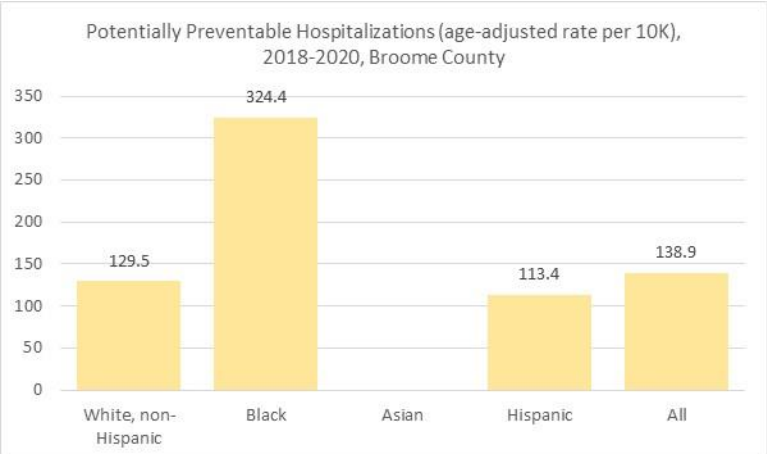


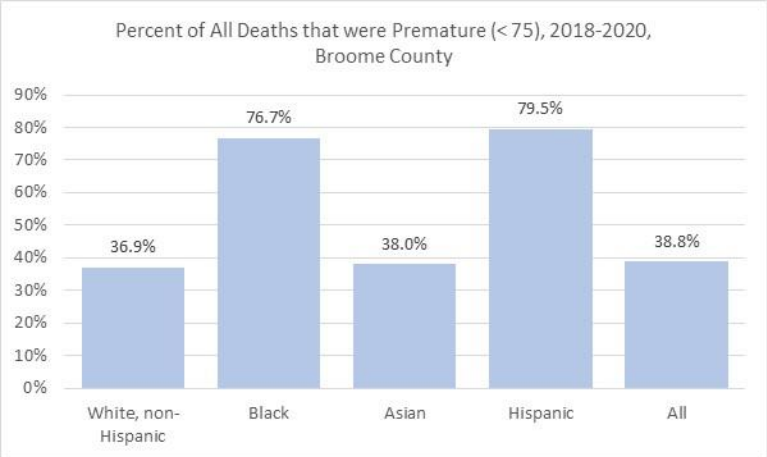
Health and Life Expectancy

There are significant differences in Broome County residents' health and life expectancy based on race and ethnicity.

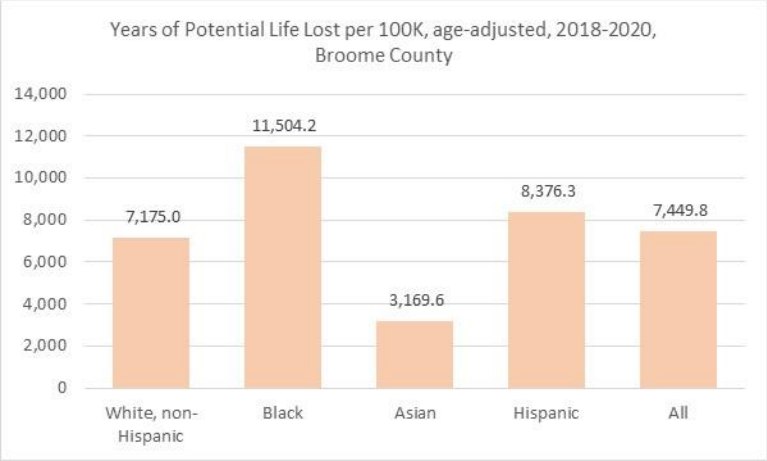
The rate of potentially preventable hospitalizations of Black residents was two and a half times that of white, non-Hispanic residents.

For the period between 2018-2020, 77% of deaths of Black residents were premature (before age 75), and 80% of the deaths of Latino/Hispanic residents were premature. In comparison, only 37% of the deaths of white residents and 38% of the deaths of Asian residents were premature.





The years of potential life lost per 100,000 population is much higher for Black residents in Broome County than for all other races and ethnicities.



Section II: Poverty

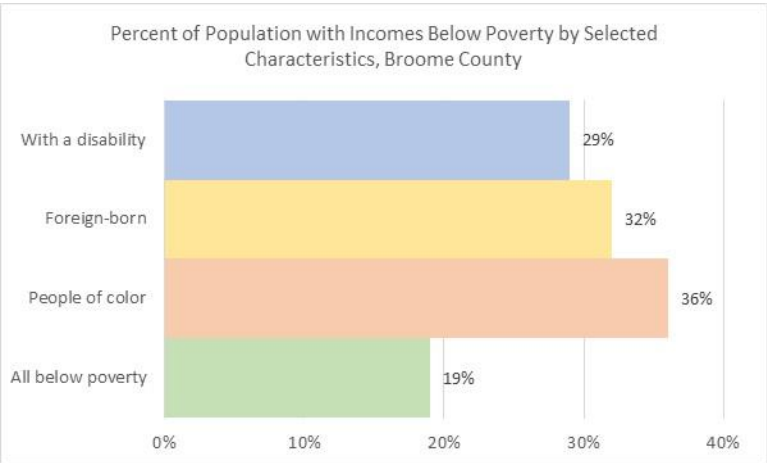
CFSCNY expressed interest in understanding the current state of poverty in the region as compared to the assessment conducted in 2015. The poverty rates identified in the 2015 assessment surprised some readers, and CFSCNY expressed interest in knowing how these rates may have changed, especially related to the COVID-19 pandemic.

According to the most recent Census data, the poverty rate in Broome County stands at 18.7%. This is a slight increase from the last assessment (17.4%). The rate of child poverty has declined slightly from 25.3% to 24.5% but remains very high. Based on Census estimates, the number of children in poverty has dropped from 9,811 to 9,266. The poverty rate for people aged 65 and older has slightly increased from 7.9% in 2013 to the most current rate of 8.4%. The number of older adults in poverty in the county has increased substantially from 2,488 in 2013 to 3,062 in 2021.

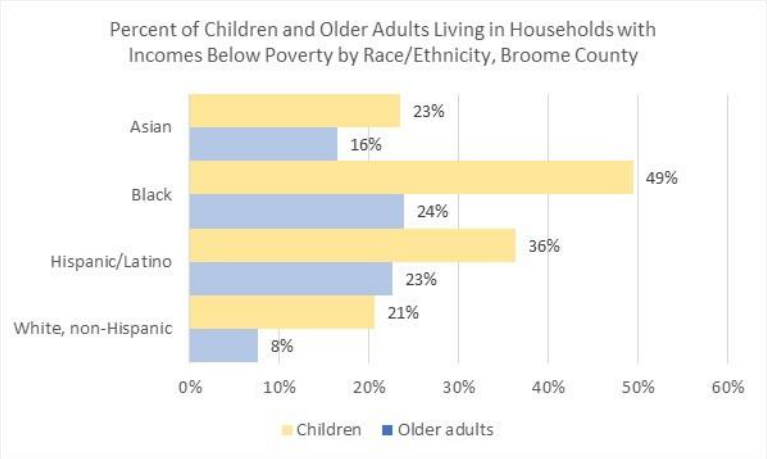
Equity Spotlight

An analysis of poverty rates by demographic groups shows significant differences in Broome County between groups.

People of color and foreign-born residents are disproportionately likely to experience poverty, as well as those with disabilities.



Children of color in Broome County are much more likely to experience poverty than white, non-Hispanic children. Nearly half of all Black children in the county live in households with incomes below poverty. Over a third of Asian and Hispanic/Latino children in the county live in poverty.



There are also disparities between race and ethnicity for older adults in the county. Nearly a quarter of Black older adults and Hispanic/Latino older adults have incomes below poverty.

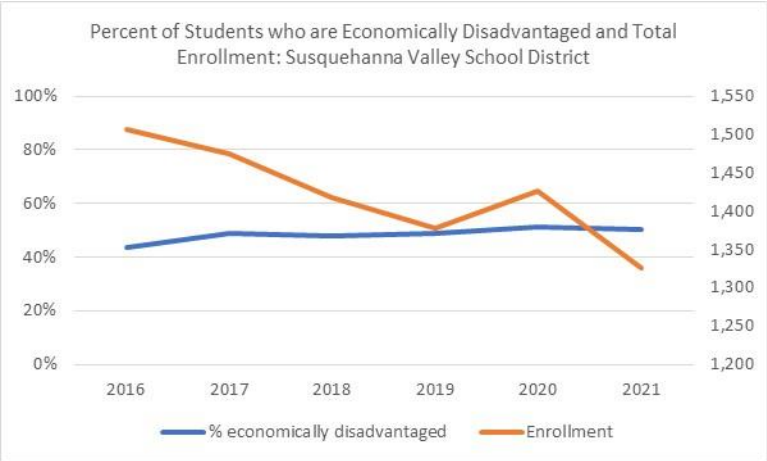
Digging Deeper: Child Poverty

Census data indicated that in 2013, the Town of Conklin had the highest child poverty rate in Broome County, at 38.5%. Comparable data from 2021 shows Conklin has the lowest child poverty rate at 1.9%.

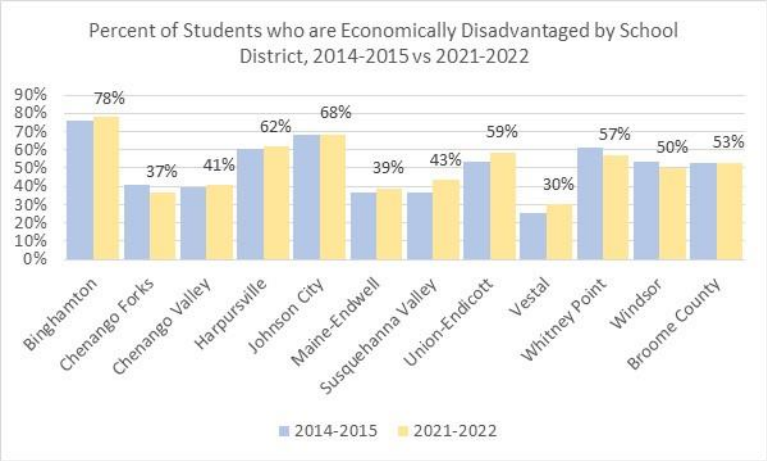
Some of the change can be attributed to margins of error. These data are sampled, and sub-county estimates have higher margins of error. In the 2013 ACS data, the poverty rate of 38.5% had a margin of error of $^{+/-}$ 20.8%, meaning the child poverty rate in Conklin at that time could have been between 17.7% and 59.3%. For the 2021 ACS data, the child poverty rate in Conklin was estimated to be 1.9%, with a margin of error of $^{+/-}$3%.

Beyond the margins of error, it is unlikely that the reduction in the child poverty rate in Conklin was due to improved economic conditions for poor children living in the township. It is more likely that those families moved out of the township to other areas of Broome County. The poverty rate of the county, overall, has only declined by 5.6%.

Data from school districts may provide better insight into the rate of children living in economically disadvantaged households. School districts track the number of economically disadvantaged children through their households' participation in economic assistance programs, such as SNAP, EITC, SSI, etc. These data count individual students and are not sampled data subject to margins of error.

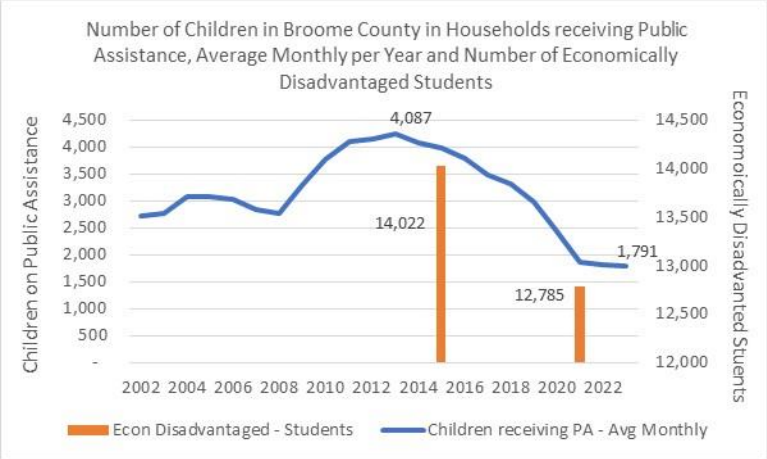


In the Susquehanna Valley School District, which includes Conklin, data from school districts indicate a relatively flat rate of economically disadvantaged students across time. In contrast, there was a significant jump in the percentage of people with incomes below poverty moving within the county in 2018 and 2019. These data suggest that migration within the district may account for some differences in Conklin child poverty rates.



Reviewing school district data for the rest of Broome County shows the highest rates of economic disadvantage are in Binghamton, Johnson City, Harpursville, Union-Endicott, and Whitney Point.

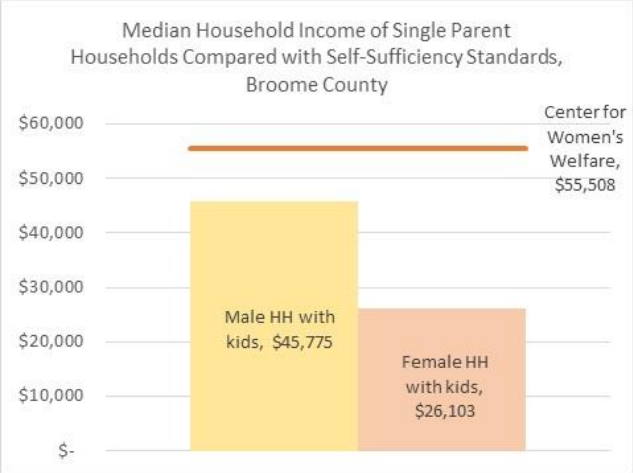
An additional lens into child poverty is a comparison of the number of children receiving public assistance versus the number of economically disadvantaged students. Data[7] from the Office of Disability and Temporary Assistance (OTDA) shows that the number of children in households receiving public assistance has declined substantially since the last assessment. In 2014, 4,087 children in Broome County received public assistance (average monthly participation). In 2023, the average monthly participation was more than halved to 1,791 children. Public assistance is not a precise proxy for poverty. Many people with incomes below poverty choose not to receive public assistance or are prevented from doing so due to sanctions or other restrictions on eligibility. The number of economically disadvantaged students in Broome County schools has declined similarly. These data suggest that the number of children living in low-income households has decreased.



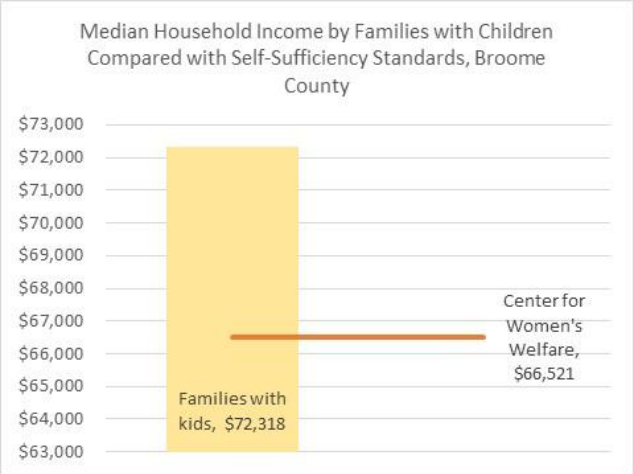
Other Measures of Economic Distress

Self-Sufficiency Standards

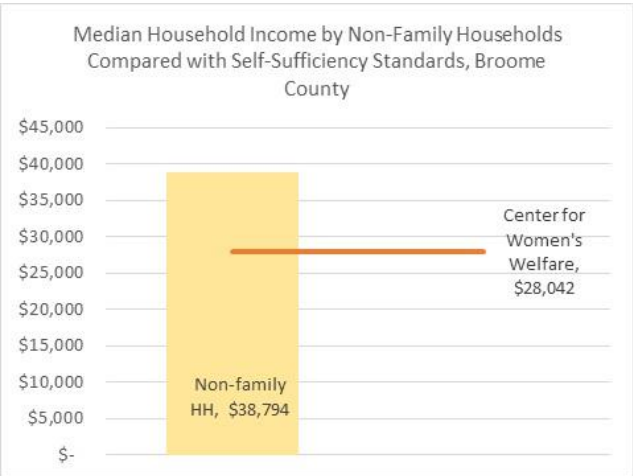
The federal poverty line is not the only, nor the best, way to understand the extent of income insufficiency. Several other living wage, or self-sufficiency scales, have been created to understand better the income required to meet households' needs. Comparing Broome County's population data with the self-sufficiency threshold finds that single-parent households are likelier to have incomes below self-sufficiency. The county's median[8] income for a single-parent household falls well under the Center for Women's Welfare Self-Sufficiency Standard of $55,508 for a single parent with a preschooler. This is most pronounced for single mothers who have a median income of $26,103.



In comparison, two-parent households are much more likely to have sufficient incomes to meet their needs. The median income of families with children in Broome is $72,318, and the self-sufficiency standard is $66,521. While these families are more likely to be self-sufficient, the median income indicates that many are not.



Non-family households are also more likely to have self-sufficient incomes. A single person in the county would need an income of $28,042 to be self-sustaining. The median non-family household income is $38,794.



Debt

An important issue related to poverty is the amount of debt a household holds. According to the Urban Institute[9], 23% of Broome County residents have debt in collections, with a median debt of $1,824.

Access to Public Benefits and Tax Credits

Government programs are a critical resource for low-income individuals and families. Research has found that:

- safety net programs can move people out of poverty but not to self-sufficiency;
- non-worker, non-elderly, non-disabled people are the most underserved by government programs, often due to eligibility restrictions; and
- co-enrollment in government programs enhances housing stability and food security.

In addition, one of the most effective interventions to supporting an individual's or family's ability to accumulate assets and reduce debt is connecting families to tax credits such as the Earned Income Tax Credit (EITC) and the Child Tax Credits (CTC).

Participation in SNAP

According to OTDA, in July 2023, 15,022 households and 26,055 people received SNAP benefits in Broome County. The most recent data from the Census indicate that 45,522 individuals live in households with incomes less than 125% of poverty. This data suggests that the county has approximately a 57% participation rate in SNAP.

Earned Income Tax Credit

Take-up rates for the Earned Income Tax Credit (EITC) and Child Tax Credit (CTC) are challenging to determine with available data. However, the state estimate of 81% and our regional estimate of 76%[c] would suggest that approximately 3,400 low-income households[10] in the county are eligible for but are not receiving EITC. The average refundable EITC credit of $2,500 is a substantial benefit that is not being accessed.

Volunteer Tax Preparation Services

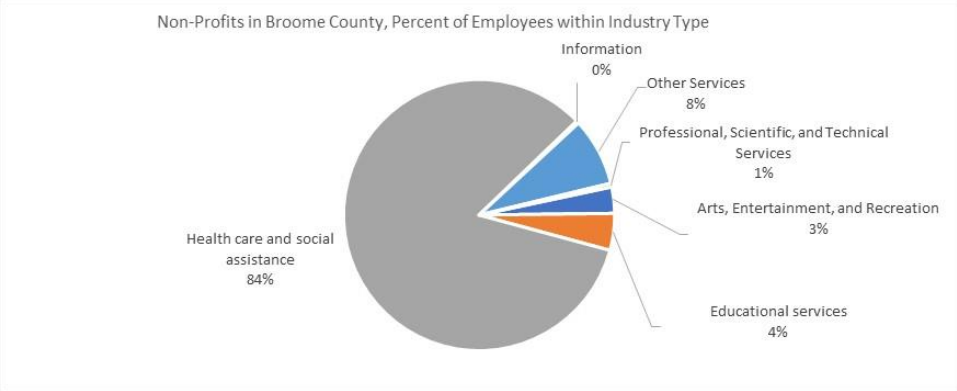
The most recent IRS data show that in Broome County, only 3% of tax returns with an adjusted gross income less than $25,000 used free tax assistance, and 38% used a paid preparer. This is a significant cost for these low-income households.

[c] See the CFSCNY Needs Assessment, Regional Poverty Report

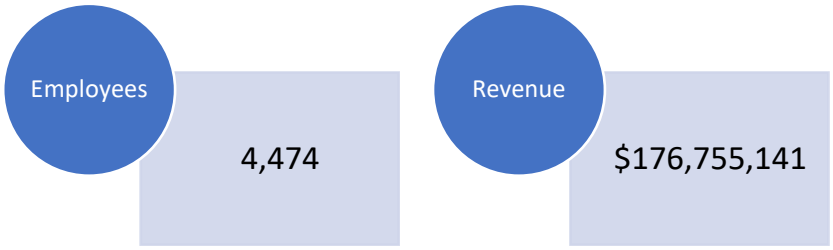
Section III: Non-Profit Capacity

CFSCNY expressed interest in understanding the current state of nonprofits in the region. Anecdotal information indicated that many nonprofits were operating on slight margins, had difficulty hiring staff, and were experiencing a leadership gap. To understand whether and to what degree these issues are prevalent, a review of the nonprofit landscape in the CFSCNY region was conducted, including a survey of non-profit leaders in the area. The results of the analysis are primarily for the entire region, except where specifically noted to be county-based.

An analysis of 2019 IRS data found that 107 nonprofits[d] do business in Broome County. These nonprofits employ over 15,000 people, the vast majority (84%) in the health care and social assistance industry.



Fifty-three nonprofit organizations in Broome County were included in a financial analysis and the qualitative survey. Information from IRS 990 forms found that 4,500 people are employed in these organizations, and $176 million flows through the county due to their operation.



The largest organizations in Broome County are those providing services for older people and persons with disabilities, which employ 1,949 people in total. Organizations providing individual, family, and child social assistance are most prevalent in the county, with nine organizations employing 776 people.

Table 3. Organizational Indicators by Type of Service Provided, Broome County

	Number of Organizations	Total Number of Employees	Average Size	Total Revenue
Agriculture/Environment	1	26	26	$590,607
Ambulance Services	2	60	30	$2,435,744
Arts Councils	1	8	8	$566,135
Child Care/Early Education	4	480	120	$ 14,116,428

[d] Includes non-profits with at least two employees.

	Number of Organizations	Total Number of Employees	Average Size	Total Revenue
Grantmaking	4	158	40	$16,438,116
Humane Society/Wildlife	2	56	28	$4,099,797
Individual, Family, and Child Social Assistance	9	776	86	$ 31,429,965
Mental Health/Substance Abuse	4	289	72	$13,987,989
Museums/Historical Sites/Zoos/Parks	4	131	33	$4,463,103
Nursing Care/Assisted Living	1	25	25	$1,532,237
Performing Arts/Musical Groups	4	181	45	$2,459,232
Services for the Elderly and Persons with Disabilities	7	1,949	278	$64,949,747
Shelter/Housing Services	3	91	30	$3,035,530
Supportive Services Health	5	205	41	$10,172,123
Libraries/Media	2	39	20	$6,478,388
Total	53	4,474	84	$176,755,141.00

Leadership Gap

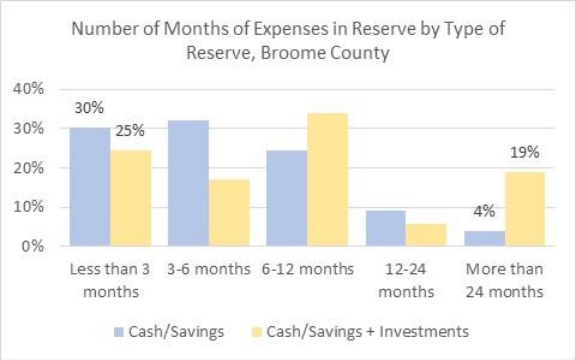
Data from the nonprofit survey found a looming leadership gap and limited internal efforts to create a pipeline for future leaders. The challenges of attracting qualified leaders to open positions include insufficient funds to provide attractive pay and a tight labor market.

Data from Broome County agencies show an average CEO salary of $91,457. This average is likely inflated because it excludes seven agencies without salary data. Salaries ranged from a minimum of $35,000 to a maximum of $199,814. Most CEO salaries (37%) fell in the $50,000-$75,000 range.

A regional analysis of the survey sample by gender shows women are still a disproportionate share of leaders in the nonprofit sector. Still, a 24% wage gap exists between male and female CEOs. This means that for every $1 a man in the survey sample earns, a woman nonprofit CEO in the region only earns .76 cents. Men in the region are more likely to lead larger nonprofit organizations in terms of total operating budget and number of employees. The pay gap is most pronounced in organizations with operating budgets between $500,000 and $1 million, where women earn $0.68 for every dollar a man earns.

Financial Uncertainties

Several challenges exist for nonprofits with their finances, including not having sufficient funding to meet operational expenses, managing funders' reporting requirements, and the timeline and amount of reimbursements. In Broome County, 25% of nonprofits have less than three months of reserve in cash, savings, and investments, and thirty percent have less than three months of reserve in cash and savings. There does not appear to be a relationship between revenue, number of employees, or industry and the likelihood of having insufficient reserves.



Employment Challenges

Surveyed CEOs reported they often shoulder human resources responsibilities. Organizations expressed confidence that they could hire employees quickly if offered sufficient funds to expand their programs. This confidence is belied by the challenges with current hiring expressed by survey respondents. Respondents said that pay rate and finding qualified candidates were limiting factors in hiring. The overall labor market in the region has changed significantly with the loss of nearly 15,000 workers. Retaining employees is often constrained by the organization's inability to pay competitive wages. The lack of benefits, limited opportunities for advancement, and workload were also noted as challenges in employee retention.

Oversight and Equity

The primary challenges noted by regional respondents about their boards of directors were the difficulty in recruiting a diverse board and ensuring board members understood their roles. Nearly a third of surveyed organizations had not engaged in diversity, equity, and inclusion (DEI) activities. DEI efforts by the other organizations ranged widely. Survey respondents indicated their primary challenge with DEI was a lack of diversity within their geographic region.

Technology Limitations

Technology challenges were rampant in the surveyed organizations. Primary challenges included the cost of keeping up with technology changes and improvements and accessing tech support. Respondents frequently requested funding and support to establish shared services between organizations.

Service Gaps

Transportation and housing were the most commonly noted gaps in service in their communities. For the most part, organizations said nonprofits collaborate well with each other, government agencies, and for-profit businesses.

Successes, Stressors, and Needed Resources

Organizations offered many success stories, from client success to improved and increased services. The most significant current and future stressor was having adequate funding. Beyond needing increased and consistent funding, respondents said they could use support with board training, professional development for staff, advocacy training and support, grant writing, and assistance establishing shared services and networking opportunities.

Section IV: Mental Health

CFSCNY expressed interest in understanding the region's current state of mental health care. To understand whether and to what degree mental health disorders are prevalent and whether there are gaps in mental health care, a review of the resources available and the potential level of need in the CFSCNY region was conducted.

Incidence of Mental Health Disorders

Two sources of information on the incidence of mental health disorders are the Behavioral Risk Factor Surveillance Survey (BRFSS), which is conducted bi-yearly by the Centers for Disease Control (CDC) and screening data from Mental Health America. The BRFSS has two questions exploring mental health: a self-report of poor mental health and a self-report of ever being diagnosed with a depressive disorder. Mental Health America provides free, anonymous, clinically validated mental health screenings on its website. The organization has taken the data from these screenings to offer state and county-level insight into the rate of people who score at risk for various types of mental health issues[11]. The data are from screens taken between 2020 and 2023.

According to the BRFSS, there has been a significant increase in the rate of adults reporting poor mental health in Broome County. In 2013-2014, 11.4% of adults said they experienced poor mental health. In 2021, the rate increased to 15.4%. The number of adults in Broome County saying they have been diagnosed with a depressive disorder increased from 14% to 23.5% between 2013-2014 and 2021. Converting the percentages to rates per 10,000 population finds that in Broome County, for every 10,000 people, 1,540 experience poor mental health, and 2,350 have been diagnosed with a depressive disorder.

Table 4. Rates of Mental Health Issues per 10,000 Population

	Broome	Region
Poor Mental Health	1,540	1,421
Depressive Disorders	2,350	2,305

Data from Mental Health America's mental health screenings indicate that Broome County residents screen positive for depression, suicidal ideation, PTSD, trauma, and psychosis more frequently than the region and NYS.

Table 5. Rates of Positive Screenings by Type per 10,000 Population

	Broome	Region	NYS
Depression	14.6	13.6	13.5
Suicidal Ideation	15.1	13.5	14.9
PTSD	7.1	7.3	5.2
Trauma	31.0	30.2	22.1
Psychosis	9.5	8.7	6.9

Gaps in Care

Several other organizations in the county report on mental health care and potential gaps in care. The Community Health Assessment in Broome County reported that mental health is one of the county's most pressing issues. The Lourdes 2021-2025 Community Health Assessment included qualitative interviews with stakeholders, focus groups with community members, and a survey of community members found that *"the availability and accessibility of mental healthcare and substance use care*

services were lacking locally within the area."[12] All stakeholders and focus group members agreed that there was a need to increase mental and behavioral health services, and 41% of survey respondents said mental health care services were the most significant health care need in Broome and Eastern Tioga counties.

The Broome County Mental Health Department Local Services Plan for 2024[13] indicated the need for housing for special populations such as those with mental health disabilities, substance use disorders, and developmental disabilities. The plan also identified a workforce shortage in all levels of care and a need for greater crisis planning and collaboration, including telephonic and emergency response programs to reduce avoidable hospitalizations, suicide attempts, and suicide casualties.

The population-to-mental health provider ratio in the counties in Broome County is very high compared to the NYS rate. The county has been designated a Health Professional Shortage Area for mental health for Medicaid enrollees.

Table 6. Population to Mental Health Providers

	Broome	NYS
Mental Health Providers	420:1	300:1

Availability of Care

An analysis[e] from KFF, a non-profit focused on health policy research,[14] found that in New York State, 5.6% of adults reported an unmet need for mental health treatment. The data is not provided more granularly, but other county-level indicators suggest a significant shortage of providers in the CFSCNY region.

Individual Providers

An analysis of individual providers in the region shows that very few mental health providers currently accept new Medicaid patients. Three child psychiatrists work in Broome County, two of whom accept Medicaid and none of whom accept new Medicaid patients. In contrast, 80 adult psychiatrists practice in Broome County, 54 of whom accept Medicaid and 18 of whom accept new Medicaid patients.

Eighty-eight mental health professionals, such as social workers, counselors, and therapists, also practice in the county. Fifty of these providers accept Medicaid, but only half of those (N=25) are accepting new patients.

Outpatient Clinic Care

The latest data from the NYS Office of Mental Health (NYS OMH) on inpatient and outpatient mental health usage is from 2020. Updated information was not available at the time of this report.

In 2020, clinic treatment was provided to 5,556 adults and 1,761 children at Broome County, state, and nonprofit mental health organizations. This was a somewhat higher number of adults and a slightly lower number of children than were served in 2015.

[e] Analysis of the Substance Abuse and Mental Health Services Administration (SAMHSA)'s restricted online data analysis system (RDAS), National Survey on Drug Use and Health (NSDUH), 2018 and 2019, Substance Abuse and Mental Health Data Archive

Table 7. Rate of Outpatient Clinic Care per 10,000 Population

	Adult		Child	
	Broome	Region	Broome	Region
2015	293	335	477	493
2020	359	321	474	463

Emergency Department Care

Emergency department care for mental health by county for all individuals was unavailable for this assessment. Data on Medicaid beneficiaries shows that emergency department care is utilized much more frequently than inpatient care[15]. For every inpatient admission for mental health, more than two go to the emergency room for care, and an equal number receive emergency care from Comprehensive Psychiatric Emergency Program (CPEP) care. The rate of emergency care to inpatient care is highest for children. More than three times the number of children who are admitted for inpatient psychiatric care receive emergency department care. These data suggest that the volume of need for crisis mental health care far exceeds the rate of inpatient care.

Crisis Care

Several mental health crisis care options are available throughout the CFSCNY region. These programs are designed to help de-escalate crises and prevent emergency department visits and intervention by law enforcement. Broome County has three telephonic crisis lines: the UHS Comprehensive Psychiatric Emergency Program line, Suicide Prevention & Crisis Services, and the Mental Health Association of the Southern Tier's (MHAST) warm line. The county also has a Comprehensive Psychiatric Emergency Program (CPEP) at Binghamton General Hospital. CPEP services include in-person assessment and consultation, a 24-hour crisis hotline, Mobile Crisis Outreach, and referrals and links to community services. MHAST has a Mobile Crisis Services program that links clinicians with first responders dispatched to a mental health crisis. The program is designed to de-escalate crises and provide additional follow-up to clients post-crisis.

Inpatient Care

Broome County serves as a hub for inpatient care for severe mental illness throughout the region, but this care is insufficient. The county has 128 adult psychiatric beds, which would be sufficient for the county, but these beds also serve surrounding counties. Psychiatric beds for adolescents and children are extremely limited in the region, and all (N=13) are located within Broome County. In addition, the county has 12 crisis/respite beds, six for adolescents and six for adults.

There has been a significant drop in hospitalizations for mental health disorders in Broome County. Between 2020 and 2022, there was a 16% decrease in hospitalizations from 1,454 to 1,219.

The number of county residents in inpatient care for mental health treatment per 10,000 population in Broome County is higher than the state. For every 10,000 people in the population, five to six adults from Broome County are in inpatient treatment at any given time. Broome County also has the highest rate of children in inpatient treatment at 4.2 per 10,000 population.

Table 8. Rates of Inpatient Care per 10,000 Population

Average Daily Census	Broome	Statewide
Adult: All Inpatient	5.5	3.8
General Hospital	2.3	2.1
Private Hospital	0.1	0.2
State Psych Center	3.1	1.4
Child: All Inpatient	4.2	2.6
General Hospital	0.1	0.6
Private Hospital	0.1	0.6
State Psych Center	1.4	0.5
Residential Treatment Facility	2.7	0.8

Readmission data can indicate the severity of illness and the quality of care. In Broome County, rates of readmission within 30 days for mental health hospitalizations are slightly higher than for the state as a whole.

Table 9. Percent of Mental Health Readmission Post-Hospitalization

Percent of Readmissions	Broome	State
	15%	12%

The rate of Black adults hospitalized for mental health issues (9%) in 2022 in Broome County was higher than the rate of Black adults hospitalized for any reason (5%).

Table 10. Percent of Admissions to Hospitals by Race and Ethnicity

Race/Ethnicity	Percent of MH Admissions	Percent of All Admissions
Black	9%	5%
White, non-Hispanic	81%	82%
Latino/Hispanic	4%	3%
Other race	5%	3%
Multi-Racial	1%	0%
Unknown	1%	7%

Specialty Outpatient Care

Specialty outpatient treatment for people with serious mental illness is also extremely limited in the region despite its success. Broome County has an Assertive Community Treatment (ACT) program that can serve 68 adults. The ACT program has shown positive results, including reductions in psychiatric emergency department visits, increased employment, and reduced homelessness among participants. The program has been working at 93% capacity, and there are indications of a need and desire for this level of care. One youth ACT program started in the county, and there is a new Supportive Crisis Stabilization Center opening in 2024, which will provide an alternative to hospital or emergency room care.

School-Based Care

School-based care has been implemented throughout the county. Comprehensive information on the number of school-based mental health centers is unavailable. However, information gathered from

various reports and assessments indicates that Broome County has at least seven school-based mental health centers.

Quality of Care

The NYS Office of Mental Health (OMH) conducts annual surveys with service recipients to measure consumers' perception of service quality, access to services, appropriateness of services, outcomes, and consumers' quality of life. The Mental Health Consumer Assessment of Care Survey results showed significant improvements in some care areas and regressions in others. More consumers agreed that they could see a psychiatrist when they wanted to, were better able to take care of their needs, deal with crises, deal with daily problems effectively, and have transportation.

In contrast, fewer consumers said the location of services was convenient, their housing situation had improved, they were encouraged to use consumer-run programs, and they felt like they belonged in their community.

Table 11. Consumer Assessment of Care Survey Results by Year and Indicator, Greater Binghamton Health Center

	2015		***2022***	
	GBHC	***NYS***	***GBHC***	***NYS***
The location of services was convenient	***85%***	***85%***	***72%***	***86%***
Staff were willing to see me as often as I felt it was necessary	86%	89%	89%	90%
Staff returned my call in 24 hours	78%	77%	83%	87%
Services were available at times that were good for me	91%	89%	93%	92%
I was able to get all the services I thought I needed	85%	86%	89%	90%
I was able to see a psychiatrist when I wanted to	***70%***	***80%***	***81%***	***86%***
I am better able to do things that I want to do	71%	77%	73%	80%
I am better able to handle things when they go wrong	71%	74%	73%	77%
I am better able to take care of my needs	***74%***	***81%***	***83%***	***82%***
I do things that are meaningful to me	76%	79%	71%	78%
My symptoms are not bothering me as much	70%	73%	70%	75%
I am better able to control my life	76%	82%	77%	83%
I am better able to deal with crises	***72%***	***79%***	***77%***	***81%***
I am getting along better with my family	71%	73%	74%	76%
I deal more effectively with daily problems	***81%***	***83%***	***86%***	***83%***
I do better in school and/or work	55%	51%	59%	70%
I do better in social situations	69%	73%	70%	74%
My housing situation has improved	***63%***	***67%***	***59%***	***71%***
My symptoms are not bothering me as much	69%	73%	70%	75%
I like the services I receive here	91%	91%	93%	91%
I would recommend this agency to a friend or a family member	86%	85%	85%	87%
If I had other choices, I would still get services from this agency	86%	85%	86%	87%
I was encouraged to use consumer-run programs	***80%***	***80%***	***73%***	***84%***
Staff were sensitive to my cultural background (race, religion, language, etc.)	82%	82%	84%	88%
I generally have enough money to buy what I need	63%	58%	65%	60%
I have access to transportation to get around	***77%***	***81%***	***84%***	***79%***
My physical health is excellent	54%	57%	55%	57%
I feel I belong in my community	***73%***	***74%***	***55%***	***73%***

The Youth Assessment of Care Survey (YACS) and the Family Assessment of Care Survey (FACS) are administered to the parents or guardians of child consumers or to the children themselves (aged 12 and over) who participate in locally run and state-operated child and youth outpatient programs. The most recent YACS (2023) found extremely high satisfaction for services provided within Broome County, including day treatment, clinic treatment, residential treatment, and crisis intervention services.

Table 12. Youth Assessment of Care Survey Results by Facility and Domain, 2023

Domains	***Catholic Charities of Broome***	***Children's Home of Wyoming Conference***	***Greater Binghamton Health Center***	***Family & Children's Counseling Services Broome County***
Accessibility of services	100%	100%	99%	100%
Appropriateness of services	100%	100%	94%	100%
Cultural competency	100%	100%	99%	100%
Global satisfaction	100%	100%	93%	89%
Medication	100%	100%	91%	80%
Outcomes	100%	100%	85%	100%
Ability to participate in decisions	100%	100%	94%	89%

The FACS results also revealed high satisfaction with child and adolescent mental health care provided in the county.

Table 13. Family Assessment of Care Survey Results by Facility and Domain, 2023

Domains	***Catholic Charities of Broome***	***Children's Home of Wyoming Conference***	***Greater Binghamton Health Center***	***Family & Children's Counseling Services Broome County***
Accessibility of services	90%	100%	89%	94%
Appropriateness of services	100%	100%	96%	100%
Cultural competency	100%	100%	100%	100%
Family support	100%	100%	100%	100%
Global satisfaction	97%	100%	96%	100%
Medication	100%	100%	100%	100%
Outcomes	81%	80%	83%	71%
Ability to participate in decisions	100%	100%	98%	100%
Social connectedness	84%	50%	80%	82%

Emergency Department Care

Data from the Centers for Medicare and Medicaid Services (CMS) found that hospitals in Broome County had very long wait times in the emergency department for psychiatric/mental health patients. Wait times at UHSH hospitals averaged 8.7 hours.

Table 14. Time Spent Waiting in the Emergency Department for Mental Health

Hospital	Average number of minutes patients spend in ED before leaving – Psychiatric/Mental Health Patients	Sample Size
OUR LADY OF LOURDES MEMORIAL HOSPITAL	Not Available	Not Available
UNITED HEALTH SERVICES HOSPITALS, INC	524	73

Timely follow-up outpatient care is an important protective factor against self-harm and suicide, rehospitalization, and reduces overall cost. The National Committee for Quality Assurance (NCQA) recommends a follow-up period of seven days for patients discharged from the hospital with psychiatric illness. Broome County has a very low seven-day follow-up rate of 54%. The rate of 7-day follow-up for Black patients is even lower, at 46%.

Outcomes

Adverse outcomes can result from untreated mental health disorders, including relationship problems, difficulty maintaining employment or school enrollment, financial difficulties, homelessness, poor physical health, incarceration, self-harm, and suicide.

Suicide and Self-Harm

Data show that Broome County has much higher rates of self-harm hospitalizations than NYS (excluding NYC).

Table 15. Rates of Suicide and Self-Harm Hospitalizations

Age-Adjusted	Broome	NYS (excluding NYC)
Suicide *Per 100,000 Pop.*	10.0	9.8
Self-Harm Hospitalizations *Per 10,000 Pop.*	10.0	5.9

There has been some improvement in suicide mortality rates in Broome County, down from 12.4 in 2009-2011 to 10 per 100,000 population in 2018-2020.

Deaths of Despair

Deaths of despair rates in Broome County (147.2 per 100,000 population), defined as mortalities attributable to drug overdoses, alcoholic liver disease, and suicides, exceed NYS rates (104.1). Social determinants of health such as low socioeconomic position, low education levels, working in jobs with high insecurity, unemployment, and living in rural areas are most predictive of deaths of despair.

Section V: Housing

CFSCNY expressed interest in understanding whether there were changes in the housing market in the region since the last needs assessment. The 2015 needs assessment identified several gaps and needs related to housing in Broome County, including:

- Poor quality housing
- Need for temporary and permanent supportive housing for people with developmental disabilities and those with mental health disabilities
- Homelessness prevention and support
- Senior housing and financial support to age in place

Housing has continued to be a challenge in Broome County, particularly regarding the availability and affordability of quality housing. Several needs assessments have found that the county lacks affordable housing.

Data from Other Assessments

The Broome County Department of Health conducts a Community Health Assessment[16] every four years and performs a community survey. Despite differing methodologies and survey questions, the results of the surveys continue to show housing as a challenge in the county.

In the 2019 survey,

- 41.8% of respondents said that affordable housing in the county was inadequate.
- 43.6% of respondents said affordable housing was a large or major problem in the county.
- 38.4% of respondents said safe housing was a large or major problem in the county.

In the most recent survey (2022),

- 39.5% of respondents said the county had limited availability of affordable housing,
- 19.4% said affordable housing was not accessible, and
- 28.8% said affordable housing was poor quality.

Only 12.9% said that affordable housing in the county was available and sufficient. In addition, 31.9% ranked improving affordable housing options as one of the top three changes they would like to see in Broome County.

The Broome County Mental Health Department noted a continuing need for housing for OMH, OASAS, and OPWDD clients in their most recent Local Plan for Services[17]. The report remarked on the need for sober living housing and options for people with developmental disabilities to transition to more independent living settings.

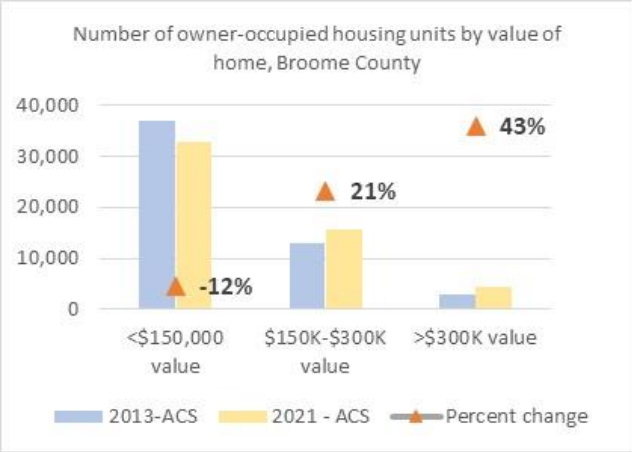
The Family Enrichment Network (FEN) has identified safe, affordable housing as a critical need in Broome County for the past nine years. Their 2022 Community Assessment[18] noted, *"Lack of safe and affordable housing remains a problem in Broome and surrounding counties. Many housing options are considered substandard, and tenants often complain about absentee landlords and/or maintenance repairs that go unattended. In addition, many complain that options in their income range are typically located in unsafe, drug-infested neighborhoods."*[19]

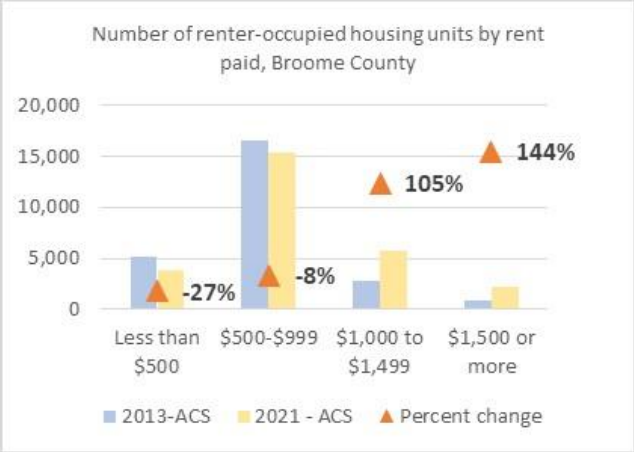
In their 2019 Community Needs Assessment, Opportunities for Broome (now Greater Opportunities) identified the linkage between substance use disorder, crime, and housing options as a significant barrier to efforts to escape poverty and hardship. The assessment found: "*In affected communities, the sale and abuse of illegal drugs has created unsafe and unsupportive environments that constrain the efforts of low-income people to achieve stability and economic security. People need safe, nurturing environments to promote their development. Lacking a feeling of personal safety and security, people act primarily from the survival area of their brains, where they cannot plan, organize, or make informed judgments. People in the OFB service area, particularly in the more urban areas, lack safety and security because of pervasive illegal drug trade and individual substance abuse.*"[20]

Affordability and Availability of Housing

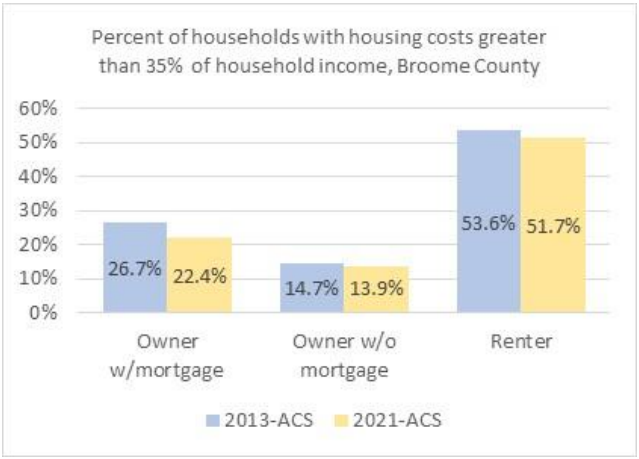
In the 2015 needs assessment, data showed that housing costs were generally low for both owners and renters. Since the evaluation, housing in the county has become somewhat more expensive. The median value of owner-occupied housing increased by 19% during that period, slightly more than the inflation rate (14%) during that same time frame, indicating that housing has become more expensive in Broome County. Home sales data also reveal the extent to which housing has become more costly in Broome County. Between 2014 and 2022, the median price of home sales in the county increased by 33% from $108,000 in 2014 to $144,200 in the first quarter of 2022.

In contrast, the availability of affordable housing has declined in Broome County. Census data show that the number of owner-occupied homes valued at less than $150,000 has decreased by 12%. A similar shift has occurred in renter-occupied housing. Census data show a 12% decline in rentals below the Fair Market Rent of $846 for a two-bedroom apartment. These declines show that Broome County has not increased the number of low-income housing options to address inflationary pressures.



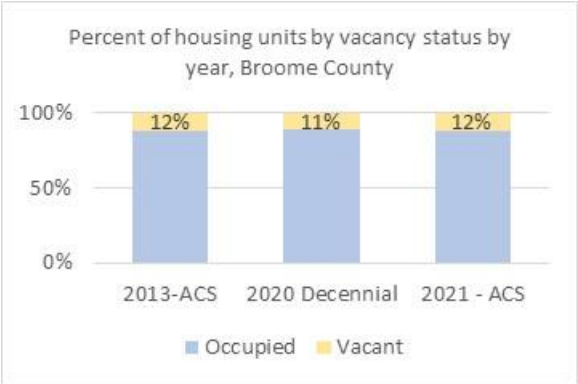


There has been a slight reduction in the number of households with a high housing cost burden as a proportion of their income among all types of households. However, the rate of renters with unaffordable housing costs remains exceptionally high at 52%.



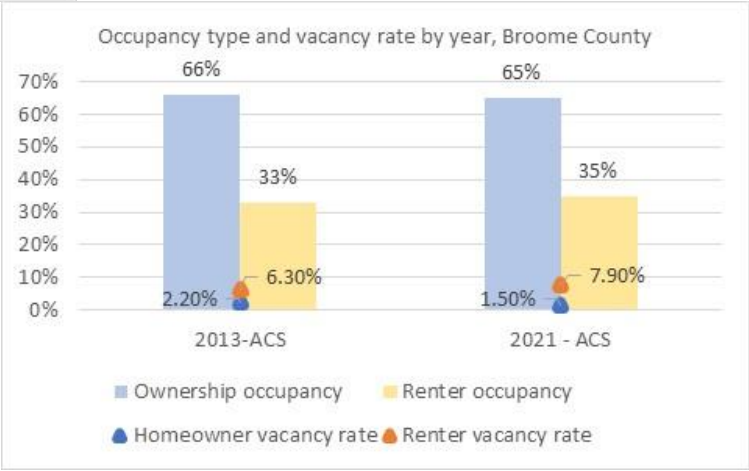
Vacancy Rates

Occupancy statistics have remained essentially the same since the 2015 needs assessment.



Owner occupancy has remained flat, as has the total vacancy status of all housing units. The homeowner vacancy rate has declined slightly, while the renter vacancy rate has increased somewhat.

Forty-four percent of vacant housing units in the county are defined as "other," which includes foreclosures, personal/family reasons, legal proceedings, preparation to rent/sell, holding for storage, needing repairs, currently being repaired/renovated, abandoned/possibly demolished, or condemned.



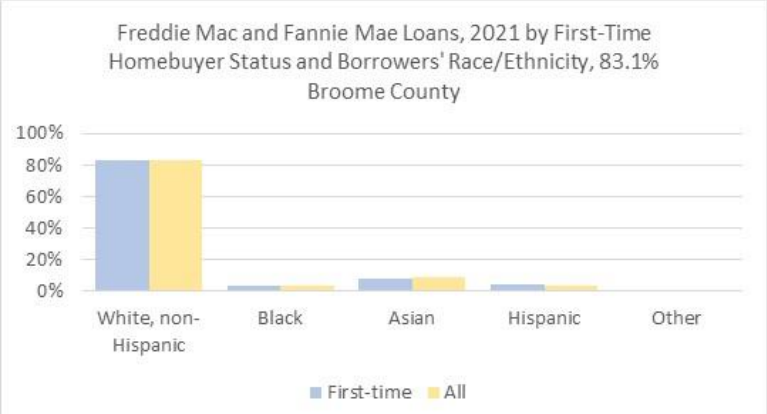
First-time and Low-Income Homebuying Support

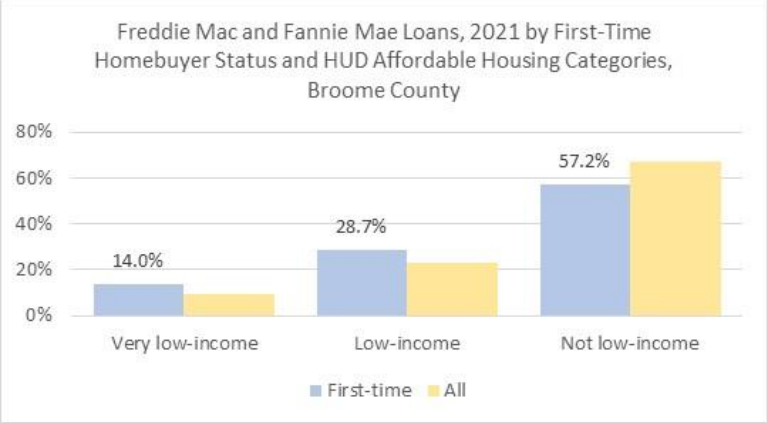
Recent research and analysis have shown that homeownership during stable housing prices can build significant wealth for households, suggesting that supporting homeownership can create long-term financial security among low-income families. Various federal and state programs support first-time homeownership. However, limited data is available to understand who receives this support and who does not.

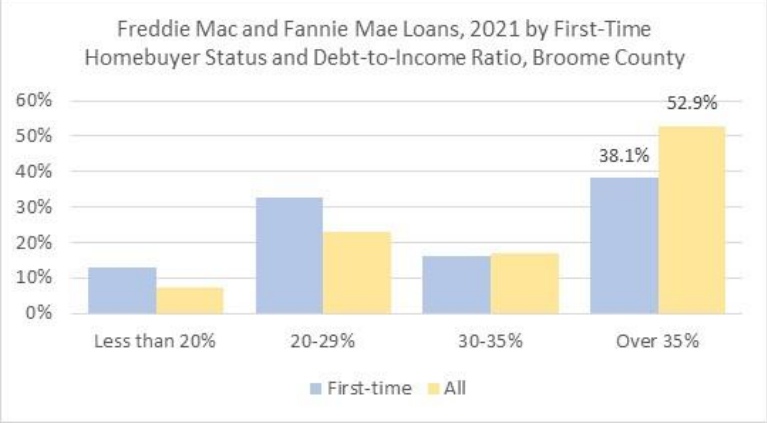
In 2021, Fannie Mae and Freddie Mac acquired 810 mortgage loans associated with home purchases in Broome County. Of these, half (50.2%) were first-time homebuyer loans. Most first-time loans (82.9%) and home purchase loans (83.1%) were made to white, non-Hispanic borrowers.

Based on the Fannie Mae/Freddie Mac mortgage acquisition data, fewer than half of first-time homebuyers receiving conventional loans in Broome County in 2021 had incomes that met HUD's very low-income or low-income goals.

Over one-third (38.1%) of first-time homebuyers and 52.9% of all homebuyers had debt-to-income ratios above 35%. These rates are lower than NYS, where 51.8% of homebuyers had debt-to-income ratios above 35%.







Equity Spotlight

Access to mortgages is different between racial and ethnic populations[21]. Despite representing only 81% of the adult population, 88% of all loan applicants were white and non-Hispanic. In addition, white, non-Hispanic applicants are much more likely to have their mortgage loans approved and receive a slightly lower interest rate (3.08%) than BIPOC applicants (3.19%).

In 2022, 12 USDA Guaranteed Loans were made in Broome County, which offered 100% financing to homebuyers for a total of $1.7 million. In addition, one Direct Loan, four Repair Grants, and three Repair Loans from the USDA were made to eligible households. Broome County has not accessed many USDA dollars, considering the bulk of the county is considered eligible geographically. Out of 58 NYS counties with eligible geographies, Broome ranks 46 in the total investment from USDA loan programs. Research shows that the program is vastly underused due to challenging eligibility.

Subsidized Housing

Data from HUD[22] show that in 2022, Broome County public housing units had a high occupancy rate but that housing choice vouchers (HCV), also known as Section 8, were only filled at 66%.

Table 16. Number of Units and Occupancy Rates for Subsidized Housing in Broome County

	Number of Units	Percent Occupancy
Public housing	637	96%
Housing choice vouchers	1,438	66%
Project-based Section 8	760	88%

Waitlists for both public housing units and vouchers are long. Residents had spent an average of 16 months on the waiting list for public housing and 38 months for a voucher. Tenure also tends to be long, with public housing residents and voucher users staying, on average, nearly nine years in the program.

The demographics of Broome County residents within public housing and those receiving vouchers vary considerably. White, non-Hispanic residents are much more likely to participate in the voucher programs, while Black and Hispanic/Latino residents are more likely to live in public housing.

Table 17. Subsidized Housing Demographics, Broome County

	Public housing	HCV	Project-Based Sec. 8
Race/Ethnicity			
White, non-Hispanic	37%	53%	70%
Black	45%	35%	19%
Asian	0%	0%	0%
Hispanic/Latino	16%	11%	5%
Other	1%	0%	3%
With a Disability			
Any in household	29%	35%	32%
Head of household/Co-Head age 61 or less	43%	52%	69%
Head of household/Co-head age 62 and over	62%	64%	23%
Family structure			
Two adults with children	5%	2%	1%

	Public housing	HCV	Project-Based Sec. 8
Female head of household	73%	76%	62%
Female head of household with children	32%	30%	6%
Income level			
Extremely low	65%	72%	74%
Very low	84%	97%	98%
Wage primary source of income	33%	16%	5%

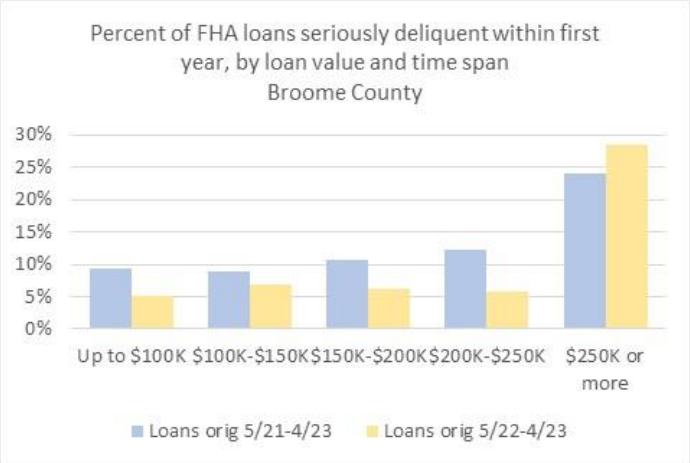
Housing Stability

Moving repeatedly during childhood has been shown to have several detrimental effects on well-being in adulthood. Children are more likely to have academic and social-emotional challenges after repeated moves[23]. Adult outcomes include lower life satisfaction, poorer reports of psychological well-being, and fewer social relationships[24].

Delinquencies and Foreclosures

While typically buying a house helps to build wealth and assets, renters who became homeowners during the period preceding the Great Recession found little to no growth in wealth by 2013, partly due to the housing downturn and high foreclosure rates[25]. This suggests that beyond supporting first-time homebuyers in purchasing their homes, support for low-income homeowners to stay in their homes would be necessary, especially during an economic recession.

According to HUD data, during the two years of May 2021-April 2023, 945 FHA loans were originated in Broome County. Of these, nearly 10% were 90 days delinquent within the first year[26]. The rate of first-year delinquencies appears to be declining somewhat. For loans originated between May 2022 and April 2023, only 6.3% were seriously delinquent within the first year. Mortgages valued at $100,000-$150,000 are most frequently delinquent overall (N=37, 11), but the delinquency rate was highest for mortgages with values of $250,000 or more.



HUD data also shows delinquencies are primarily being addressed through HUD's incentive claims options for loan servicers, which pay part of the delinquent funds back to those servicers to keep homeowners from being foreclosed on. Only six of 201 delinquent loans (3.0%) in the Binghamton MSA were taken by either the bank or HUD from May 2022 to April 2023.

The Homeowner Academy of Metro Interfaith receives monthly information from HUD about households at risk for foreclosure to provide support and counseling to prevent foreclosure. Outreach to those households results in minimal response. They receive very few referrals, and participants are mostly found through self-referral and word of mouth.

A review of Zillow found that 20 properties in Broome County were foreclosed by the lender during the past year.

Evictions

Eviction filings as a proportion of renter households in Broome County nearly reached pre-pandemic levels (8.3% in 2019) by 2022 (7.2%)[27,f]. The county has the 10th highest rate of eviction filings in the state. Most eviction claims (N=1,017) were filed in Binghamton City Court in 2022, representing half of the evictions filed in the county (N=2,031). As of May 15, 2023, Broome County had 685 evictions filed, slightly down from the rate by the same period in 2022 (755) but still significantly higher than the bulk of other counties in the state.[28]

Most eviction filings in Broome County through city and district courts were due to non-payment.

Table 18. Eviction Filings Data, Broome County

	Percent due to non-payment percent	Non-payment number	Total eviction filings City and District Court Only	Total eviction filings, including Town and County
2019	85.8%	1,180	1,376	2,347
2020	89.3%	381	427	733
2021	72.1%	271	376	690
2022	81.9%	833	1,017	2,031
2023 (to date)	75.1%	266	354	685

Actual warrants for eviction as a proportion of eviction filings were up in 2023 compared to 2022[g]. The median claim value for evictions has increased substantially from 2019. In 2019, the median claim amount in Binghamton City Court evictions was $897. In 2022, the median claim amount rose to $2,840.

Table 19. Warrants for Eviction Data, Broome County

	Percent of warrants due to non-payment percent	Non-payment number	Total percent of eviction filings resulting in warrants	Total warrants for evictions	Total eviction filings
2019	94.1%	16	1.2%	17	1,376
2020	100.0%	2	0.5%	2	427
2021	71.4%	35	13.0%	49	376
2022	82.1%	476	57.0%	580	1,017
2023 (to date)	77.2%	173	63.3%	224	354

In Broome County, 2,152 of the 5,055 applications to the Emergency Rental Assistance Program (ERAP) for rental arrears and temporary rental assistance were approved. Three thousand three hundred sixty-

[f] Landlords were prevented from evicting tenants in NYS until January 15, 2022.
[g] Includes only city and district court eviction filings and warrants

one payments were made, resulting in over $14.5 million in rental assistance for the county through ERAP.

Table 20. ERAP Data, Broome County

	Rental arrears	Temporary rental assistance
Applicants	3,518	1,537
Total Payments	2,004	1,357
Average amount	$5,546	$2,471
Total amount	$11,114,845.61	$3,352,744.12

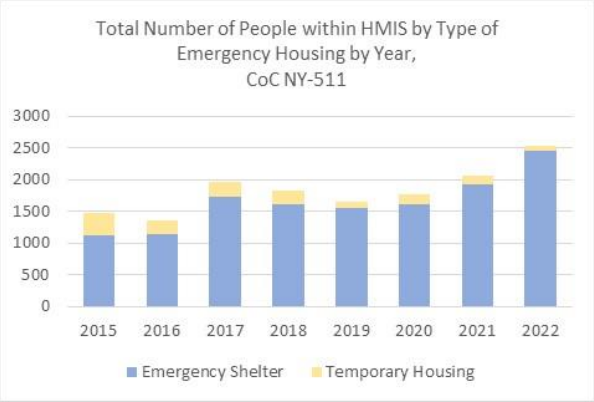
In addition to ERAP, funds were made available through the Landlord Rental Assistance Program (LRAP), which landlords applied for when their tenants left the property or were unwilling to apply for ERAP. The LRAP program stipulated that the landlord could not increase the rent or evict the tenant for one year after receipt of the funds.

In Broome County, 421 of 671 landlord applications were paid for $2.6 million.

Rapid Re-Housing (RRH) funds from the Emergency Solution Grant (ESG) offer support to prevent people from becoming homeless and rapidly re-house homeless persons into permanent housing solutions. Information from the City of Binghamton's CAPER report and FY48 Annual Action Plan suggest RRH programs could not utilize the available funding. The Greater Opportunities RRH program indicates that it only assists households that are already homeless. The Family Enrichment Network (FEN) provides one-time assistance to those at risk of becoming homeless, but the number of households served is limited. In 2021, FEN provided rent or back-rent aid to 33 families.

Homelessness

The Continuum of Care (NY-511) serving the CFSCNY region includes Broome, Otsego, Chenango, Delaware, Tioga, and Cortland Counties. All homelessness data is reflective of all counties combined. All homelessness indicators have increased dramatically since the last assessment.



Data on homelessness comes from three primary data sources: the Point-in-Time (PIT) count, the Housing Inventory Count (HIC), and the Homeless Management Information System (HMIS).

PIT Count

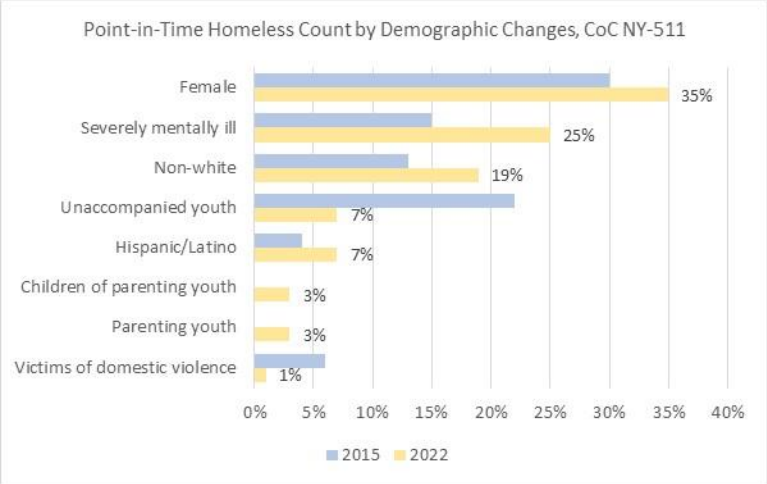
The PIT count is a yearly count of sheltered and unsheltered people experiencing homelessness on a single night in January.

PIT data show a general increase in the number of unhoused people in the region. In 2015, the PIT found 282 homeless households (302 people). In 2022, the number of homeless households increased by 40% to 394 (483 people).

The 2022 PIT count found that emergency shelter and transitional beds were filled at a 76.7% usage range for that night. In addition, 67 individuals were unsheltered.

PIT Population Dynamics

There have been some shifts in the demographics of people found to be homeless in the PIT count. In 2015, 4% of the homeless households identified in the PIT were households with children. In 2022, that rate more than tripled to 12%. More homeless people were women in 2022 than in 2015, and there were higher rates of parenting youth and children of parenting youth. The rate of homeless individuals in the region disaggregated by race and ethnicity changed as well, with higher rates of homeless people identifying as Hispanic/Latino and races other than white. Of particular note, the rate of homeless people identified as being severely mentally ill increased from 15% to 25%.



The rate of people counted as chronically homeless in the PIT has stayed relatively flat and is very low (3%).

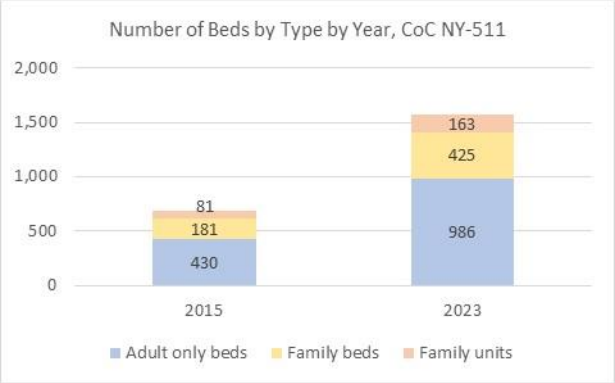
HIC

The most recent HIC shows that the region has created nearly all types of beds. In 2015, NY-511 had 128 emergency shelter beds and 164 transitional housing beds available to unhoused individuals. In 2022, emergency shelter beds increased more than threefold to 558 beds, but transitional housing beds decreased by 63%. Permanent supportive housing also ballooned by 141% from 209 to 503, and 250 beds of rapid rehousing were added.

Table 21. Number of Beds by Type of Shelter by Year

Beds	2015	2023	Number change	Percent change
Emergency shelter	128	558	+430	+336%
Transitional housing	164	61	-103	-63%
Permanent supportive housing	209	503	+294	+141%
Rapid rehousing	0	250	+250	
Other permanent housing	12	39	27	+225%
Total	430	1,411	+981	+228%

Emergency housing has increased proportionately between adult-only and family-bed and unit housing.

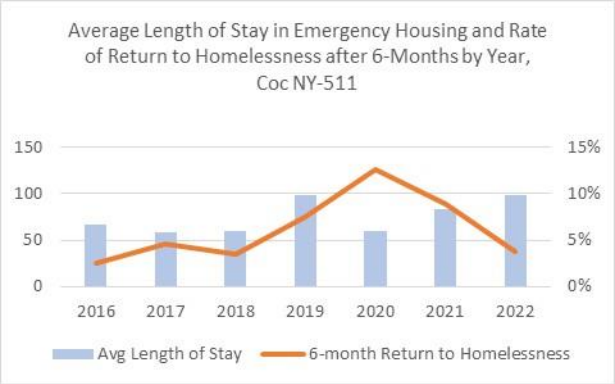


The number of beds for chronically homeless individuals increased from 13 to 96 between 2015 and 2023. All of these beds were in permanent supportive housing.

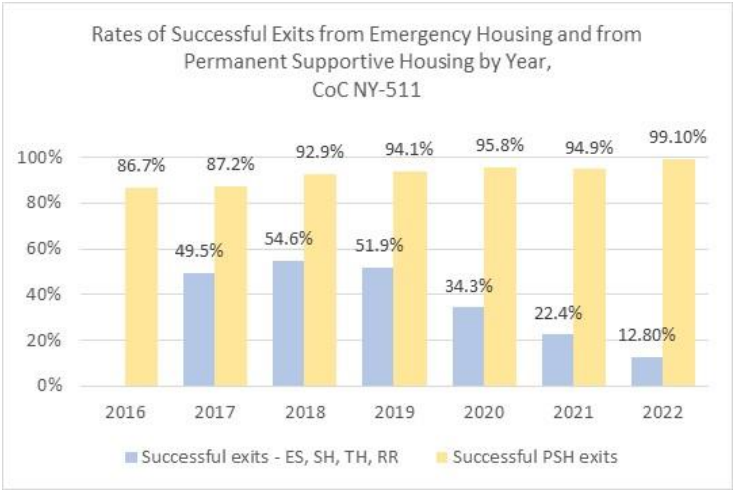
HMIS

In 2022, 2,527 individuals were tracked in the HMIS as receiving emergency or transitional housing assistance. This represents a 71% increase over the number of individuals in the system in 2015 (N=1,477).

HMIS data suggest that people are staying homeless for more extended periods. The average stay in emergency housing increased from 67 days in 2016 to 99 days in 2022. Rates of returns to homelessness within six months have varied over the years, but recent data suggest the rates of return to homelessness are low at 3.8%.



The type of housing provided significantly impacts whether a homeless person or family successfully moves to permanent housing. In 2022, only 12.8% of exits from emergency shelters, safe havens, temporary housing, and rapid rehousing successfully exited to permanent housing. In contrast, 99% of exits from permanent supportive housing were successful, including those who stayed in permanent supportive housing. Of note, 78% of those leaving emergency shelters had "unknown destination" recorded in the HMIS. This lack of data should be considered when reviewing exit and return to homelessness rates.



Housing for Special Populations

Senior Housing

An analysis of Broome County Office for the Aging senior housing data shows that since 2013, Broome County has added only 74 units (122 beds) of senior-only housing. The most recent information from Broome COFA reveals 2,069 units with 2,428 beds available at thirty locations around the county. Most senior housing options are in the Binghamton/Johnson City area (N=18).

Table 22. Senior Housing, Broome County

Type	Units	Beds
Subsidized/Low-Income	1,255	1,334
Unsubsidized/Market-Rate	814	1,094
Total	2,069	2,428

The number of housing options (N=5) that provide a continuum of care, including independent living, adult care, and assisted living, has remained flat since 2013.

The number of nursing home beds in Broome County has increased by 3.3% since the 2015 assessment, but free beds have increased markedly.[29] During and after the COVID-19 pandemic, the number of residents living in nursing facilities decreased nationally by 13% between July 2019 and July 2022[30]. Broome County has seen an even more significant decline (14.9%) in nursing home residents since July of 2019.

Table 23. Nursing Home Beds, Broome County

	July, 2015	July, 2019	March, 2023
Number of beds	1,455	1,617	1,616
Available beds	150	110	333
Residents	1,305	1,507	1,283

The 2015 assessment found that seniors in Broome County were inclined to age in place. This trend has not changed in recent years, with the most recent data from the Census showing that 78.9% of householders aged 65 and older live in owner-occupied housing (78.3% in 2013).[31]

Aging in Place

The 2015 assessment found that seniors need home modification assistance to remain independent and in their homes. Stakeholders reported that seniors need more financial aid to make those needed repairs.

The challenges for aging in place have persisted since the last assessment. In the 2019 Age-Friendly Community Survey, 20% of respondents said they were not confident they could continue living in their current residence as long as they like. The primary reason was that they would no longer be able to maintain their home (39%). About a quarter of respondents (27%) said their home needs at least $1,000 in repairs, and 28% said it needs minor repairs.

The 2016-2020 COFA needs assessment found that one of the critical housing challenges seniors in Broome County faced was finding reliable help to perform home maintenance repairs. Waiting lists for home modification and repair programs and waits for access to senior housing were reported. Another critical gap was the lack of moving assistance available.

Equity Spotlight

In Binghamton, older adults who are white and non-Hispanic are much more likely to own their homes than Black and Hispanic older adults. This would suggest that these populations may require different assistance to most effectively "age in place."

Table 24. Older Adult Homeownership by Race and Ethnicity, Broome County PUMAs

Percent of older adults (aged 65+) who own their homes		02201 (Binghamton)	02202 (Outer West Broome & Tioga)	02203 (East Broome, Chenango, Delaware)
Non-Hispanic/ Latino	White	78.9%	87.4%	88.4%
	Black/African-American	37.2%	80.4%	64.1%
	Asian/Asian-American	95.0%	84.8%	68.2%
	Other race	74.5%	60.7%	100.0%
	Two or more races	54.2%	50.9%	80.7%
Hispanic, any race		42.4%	76.7%	65.9%
BIPOC		62.4%	78.0%	71.7%

Supportive Housing for Mental Health Disabilities

Investing in permanent supportive housing for people with mental health disabilities has been shown to reduce inpatient bed days and emergency room visits and reduce incarceration[32].

The number of residential housing beds available to people with mental health disabilities has increased by a third since the last assessment. The bulk of the increases were in supported housing community services, which assist individuals in locating and securing housing of their choice and accessing the supports necessary to live successfully in the community, as opposed to congregate treatment, apartment treatment, and supportive housing, which provides housing directly to individuals.

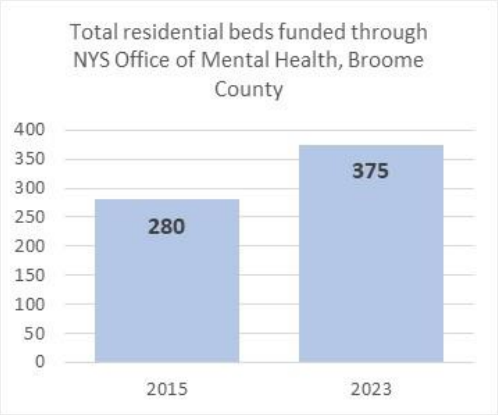


Table 25. Occupancy Rate of Mental Health Residential Programs, Broome County[33]

	2015 Assessment			2023			
	Congregate Treatment	*Apartment Treatment*	*Supported Housing*	*Congregate Treatment*	*Apartment Treatment*	*Supported Housing Community Services*	*Supportive Housing*
# of beds	65	54	161	48	44	268	15
% occupancy	80%	71.9%	95%	82.1%	55.1%	89.2%	106.7%
Median Length of Stay (LOS) (days)	125	229	610	45	462	1,613	508
% LOS greater than two years	3.4%	12.8%	44.1%	0	27.3%	67.3%	0.0%

Supportive Housing for People with Developmental Disabilities

No data source is available detailing the availability of supportive housing for people with developmental disabilities.

Supportive Housing for People with Substance Use Disorders

As with supportive housing for people with disabilities, the Broome County LSP also included goals to improve housing for people with substance use disorders.

Funding Recommendations

Equity

Addressing Chronic Absenteeism

Funders and leaders should explore and support evidence-based interventions to reduce chronic absenteeism. These efforts could significantly long-term impact economically disadvantaged and BIPOC students.

Advocate for and Provide Support to Low-Income College Students

Higher education remains the most consistent and robust route to long-term self-sufficiency, but college is financially out of reach for many low-income students. Funders and leaders should consider advocating for changes to the Excelsior Scholarship program, such as reducing the credit requirements and on-time graduation, supporting summer enrollment, and allocating funding for non-tuition financial needs. Funders and organizations should also consider providing support to current Excelsior students. Supporting programs offering financial support for non-tuition needs, providing mentorship and guidance to maintain compliance with scholarship rules, and giving advice and support in gaining employment in the region after graduation to ensure residency requirements could ensure these students take the best advantage of the program.

Target Support, Funding, and Opportunities to Historically Excluded Communities

Leaders and funders can prioritize historically excluded populations to address long-standing structural inequities when offering new leadership programs, opportunities, and funding. Though these practices alone may not eliminate structural barriers, they can ensure that efforts do not exacerbate existing inequities. Examples of efforts may include targeting financing and other support to organizations serving specific geographic communities disproportionately suffering from inequitable outcomes.

Provide Leadership Development Opportunities to Leaders of Color

More and more leaders of color are spearheading work in their communities. Investment in these leaders should include more than just capital. Providing mentorship, professional development, and ongoing support will better position people of color and the organizations they lead for success.

Support Voting among BIPOC Populations

Despite efforts to expand access to voting in New York State, data suggest that BIPOC populations in the county vote at lower rates than non-BIPOC populations. Funders should consider supporting targeted civic education to low-turnout populations to provide information on registering and voting.

Provide Funding and Support to Families Impacted by Incarceration and Children involved with Child Protective Services.

Funders and leaders can support the development of clear, understandable information about the CPS process for children to ensure their ability to participate and be protected. In addition, funding programs that support these children's sense of belonging and self-actualization may improve short- and long-term outcomes.

Similarly, funders should consider supporting programs that provide evidence-based interventions that facilitate child-parent bonds, increase parental skills, and foster other social supports both during incarceration and post-release.

Provide Funding to Programs Supporting Disconnected Youth

Intervening with disconnected youth can significantly impact individuals and the next generation of children. Comprehensive programs that support developing "*civic engagement, healthy family and social relationships, or improved physical, mental, and emotional well-being"* are successful. In addition, investments in programs that divert at-risk youth from the judicial system, support incarcerated youth both during and after incarceration, and provide childcare support for young adults are critical interventions that can promote equity over the lifespan, particularly for Black and Latino/Hispanic young adults in the region.

Commit to Measuring Equity within Localities

Recent backlash to DEI efforts poses a significant risk to communities wishing to address inequities. Funders and leaders should resist efforts to roll back the focus on equity and recall that while "a rising tide lifts all boats," it drowns those without one. Funders should commit to measuring equity in relevant indicators and communicating that information regularly to the community.

Poverty

Helping households and individuals leave poverty and attain self-sufficiency requires that they obtain stability in several interrelated areas of life, including:

- **Autonomy and self-determination:** an individual's or family's sense of confidence and motivation in conjunction with their employment skills and readiness.
- **Financial security and responsibility:** an individual's or family's ability to accumulate assets and reduce debt.
- **The well-being of family and self:** having satisfactory physical and mental health, having access to safe and affordable dependent care, and having a social network and community support to rely on.
- **Basic assets for living:** having safe, affordable housing and safe, affordable transportation.

Several anti-poverty strategies that address these domains were identified as effective and reflected in the funding recommendations below.

Advocating for Federal and State Tax Credits

The success of the federal government's expansion of Child Tax Credit and Earned Income Tax Credit during the COVID-19 pandemic shows that government policies can effectively reduce childhood poverty. Some community foundations have advocated for continuing these tax credits.[34] Several bills have been introduced in New York state to increase and redefine the Empire State Child Credit.

Continued advocacy and focus on these issues could enormously impact poverty rates, low-income families, and the local economy.

Support Programs Assisting with Access to Tax Credits

Ensuring eligible households access tax credits such as the Earned Income Tax Credit and the federal and state Child Tax Credits, including potential new and revised credits, could be an important anti-poverty activity to be funded. Because most rural counties focus their tax assistance on older adults, supporting programs to draw more low-income workers into the program may be helpful.

Academic, Personal, and Financial Support to BIPOC Student

Funding for programs helping Black and Hispanic/Latino students attend two- or four-year college programs may help eliminate some disparity in educational attainment and financial self-sufficiency. Financial incentives such as tuition and fee gap scholarships for students who have a gap between their financial aid award and tuition, assistance to reduce (or eliminate) the cost of textbooks, and one-on-one academic and career advisement have been found to increase college graduation rates among these populations.

Programs Supporting Child Care

The CFSCNY region, much like the rest of the state and nation, continues to have insufficient childcare providers to meet the needs. Funding programs that incentivize and support new providers to meet regulatory requirements may help expand the pool of providers. Connecting families to childcare subsidies may help some families reduce their cost burden. However, substantial childcare funding and policy changes will be required for meaningful improvement. Advocacy and support are needed for more robust responses to the childcare crisis.

Programs Supporting Elder Care

As with child care, elder care is expensive and difficult to find. With a rapidly aging population, high costs of care, and a lack of funding, many more families are likely to face serious economic challenges. The lack of a coherent system for long-term care requires most families to run out of money before they receive long-term care support from the government. Funding programs that help families plan for future long-term care needs in the region may be helpful, as would investing in local community-based aging programs. The economic challenges with long-term care will be difficult to solve locally. More significant policy and funding changes will be more impactful, such as tax credits and paid leave for family caregivers, investments in the direct-care workforce, and subsidies for low- and moderate-income older adults.

Programs Promoting Access to Public Benefits

The value of public benefits, such as SNAP, to low-income families, is substantial, but many eligible families continue not to participate. Supporting programs that assist in applying and recertifying for SNAP and conducting outreach to underserved populations may increase participation and reduce unnecessary challenges in accessing food. Ensuring food-insecure college students can stay in school can have a strong additive effect on their long-term financial future.

Cash Transfers

Results from cash transfer programs have been promising in helping at-risk populations, including reducing homelessness, improving health outcomes, and reductions in mortality. While a national cash

transfer program is unlikely to happen soon, efforts targeted to local at-risk populations may be cost-effective by reducing high-cost downstream care for homelessness, chronic disease, and child welfare and offer an opportunity to address issues with equity.

Financial Coaching

Confidence in financial matters is a critical prerequisite to decreasing debt and increasing wealth. Supporting financial education and coaching programs that provide knowledge and confidence to young adults and low-income families can result in individual and community economic success. These programs can also bring unbanked and underbanked households into affordable financial services and support reducing and eliminating debt. Providing financial education opportunities to high school students can effectively safeguard against poverty in adulthood. Several organizations in Broome County provide financial literacy support. Low-income residents and young people in all counties of the CFSCNY region should have access to financial education and coaching. Creating an ethos of financial literacy in the region will require organizations to understand, solicit, and embrace the values and beliefs of people from all cultural backgrounds.

Two-Generation Approaches

Facilitating and supporting organizations to integrate disconnected resources can positively impact families. Programs that provide services to children could be connected with other needed services and resources for parents. For example, financial coaching or SNAP application assistance could be supplied in combination with child care. Funding opportunities explicitly targeted to these collaborations or connections could spark creative solutions.

Non-Profit Capacity

General Operating and Multi-Year Funding

There is a clear need for additional funding for the range of nonprofits in the CFSCNY region. General operating funds and multi-year funding, in particular, are needed. Funders and leaders should prioritize providing this funding for nonprofits and advocating for increased overhead funding from state and federal sources.

Support for Establishing Shared Services

Funders and leaders should consider supporting nonprofits in establishing shared services agreements for financial management, human resources, IT support, equipment, and workspace operations. Smaller agencies can also be helped by proactively developing a plan and agreement and soliciting participation from small or diverse organizations.

Capacity-Building Funds

Funders and leaders should consider creating a funding pool that is continuously available for capacity-building efforts, such as training for supervisors, board training, donor cultivation, grant writing, and advocacy. Proactively offering grants and coordinating training for these needs may reach underserved and diverse organizations more effectively.

Support for Organizational Mergers

Funders should consider proactively identifying small or financially struggling nonprofits suitable for partnership or merger. In addition, funders could offer technical and financial support to manage such a merger.

Pay Transparency

Educating funders, organizations, board members, and communities about the region's pay and racial pay gap may prompt intentional efforts to address the inequity. In addition, supporting and requiring pay transparency may help reduce funding disparities and address the wage gaps between gender, race, and ethnicity. Some opportunities to support pay transparency include:

- Modeling pay transparency practices within the philanthropic organization and encouraging the adoption of *internal* pay transparency among all organizations that receive funding.
- Encouraging the adoption of *public* pay compensation disclosure among grantees and vendors by making pay transparency practices an explicit element of the grantmaking process. Consider giving more weight to organizations with pay transparency practices in review processes.
- Requiring grantees and vendors to disclose the compensation of all project staff and contractors in grant applications. The funder could then host a database of the anonymized compensation levels available to prospective grantees.
- Committing to funding initiatives that amplify strategies to close funding disparities and invest in nonprofit leaders of color.
- Requiring grantees to have all contractors and staff paid at least a living wage.

Mental Health

Expand the Workforce

Hospitals and behavioral health providers, in collaboration with counties, funders, and educational institutions, should consider creating programs to expand the behavioral health workforce. Some options include apprenticeships, earn-as-you-learn programs, supporting agencies and individuals to access loan repayment funding for behavioral health degrees, and optimizing recruiting efforts by creating a coalition of employers hiring behavioral health professionals.

Fund Interventions Targeted to High-Risk Groups

Research has shown that younger people, women with depressive disorders, and men with substance use disorders should be specifically targeted for intervention, as well as people who have comorbid diagnoses such as substance abuse or other psychiatric disorders. In addition, a history of childhood maltreatment was consistently associated with poor outcomes for anxiety, depression, and substance use disorders, indicating a pressing need for providing support and treatment for children, teens, and adults who experienced abuse in childhood. Funding school-based care and programs that address social determinants of health areas, such as education, employment, and poverty, can have a protective effect on the long-term mental health of community members.

Advocate for and Fund Robust Post-Discharge Case Management

Maintaining and building on treatment successes from inpatient and residential treatment requires timely access to outpatient care. Very often, adults and children discharged from inpatient treatment are sent to home and self-care. Proactive and comprehensive follow-up and case management to ensure these individuals can access ongoing outpatient care can reduce the incidence of self-harm and rehospitalization. The robust results and desire for Assertive Community Treatment show the value of providing intensive case management support for individuals with serious mental illness.

Advocate for Higher Reimbursement Rates and Greater Transparency/Accountability

A key challenge in increasing the number of providers is the low reimbursement rates for all types of insurance plans, but most especially for Medicaid and Medicare. Advocating for greater transparency in

rate setting and increasing reimbursement rates, especially for Medicaid, can address inequities in mental health care and improve access to care. In addition, advocating for policies that hold insurance companies accountable for providing accurate information on their in-network providers can help communities better understand the gaps in care and pressure insurance companies to expand provider networks to ensure sufficient care for beneficiaries.

Continue and Expand School-Based Mental Health Care

Research has clearly shown that school-based health and mental health care positively impact several outcomes for students, including reduced absenteeism, increased screenings for depression, and reduced likelihood of seeking emergency care. Research has also shown that school-based care can be beneficial in alleviating service gaps in rural areas. Continuing and expanding school-based mental health care throughout the CFSCNY region could provide families with better service and increase the likelihood of early intervention for mental health issues. Additionally, supporting data collection on school-based care can help policymakers and service providers plan more effectively.

Plan for Addressing Social Isolation with Growing Cohort of Older Adults

The risk for mental health challenges in socially isolated older adults can be bidirectional, meaning those with depressive or anxiety disorders may withdraw. In turn, social isolation can cause depression and anxiety. In the CFSCNY region, the number of older adults living alone has increased by nearly 20%, from 9,947 people to 11,873. More in-home social visiting options may help to alleviate some of the mental health challenges experienced by older adults, particularly those in rural areas.

Housing

Housing Czar/Specialist

There have been several studies of housing in the CFSCNY region. These studies and other community assessments provide abundant housing data and recommendations for addressing the housing challenges faced throughout the region. Significant attempts have been made to address housing issues in recent years. Government agencies and non-profit organizations have put forth many efforts to build, rehabilitate, and support housing in the region. Unfortunately, housing issues have continued to exacerbate over recent years. There may be an opportunity to better coordinate housing efforts by funding one or two staff positions within CFSCNY or some other coordinating agency to drive housing policies, programs, and partnerships. The staff positions could take a macro-level approach to operationalize, track, and report on housing strategies and reduce siloed efforts by providing opportunities for housing stakeholders to collaborate. The staff could also be responsible for community awareness and engagement.

Prioritize Affordable Housing Development

Continued advocacy and support for passing local and state legislation prioritizing affordable housing and supporting efforts to access state and federal funding could improve housing availability in the region, reduce waitlists for families eligible for subsidized housing, and improve equity.

Expand Emergency Rental Assistance Programs/Mortgage Assistance Programs

Ensuring that sufficient emergency rental assistance funds are available to families in crisis is critical to circumvent housing instability. Focusing these funds on underserved communities can address long-standing housing inequities. In addition, providing displacement assistance, including funding and navigation support, for evicted families is essential. Supporting first-time homebuyers in avoiding foreclosure is vital to helping families improve their financial future. Offering a resource that provides

counseling and immediate financial assistance can ensure these households avoid displacement and economic loss.

Support the Development of Housing for Special Populations

Shortages of permanent supportive housing for people with mental health disabilities, developmental disabilities, and substance use disorders continue to plague the region. Continued and expanded efforts to develop permanent supportive housing and the necessary workforce are essential to ensure these populations have the opportunity to live full and productive lives.

Support Code Enforcement and Levy Fines

Housing quality continues to be a concern in the communities in the CFSCNY region. Old housing stock has not been updated and continues to deteriorate. Implementing a system where code enforcement has sufficient authority and staff capacity to levy fines could incentivize landlords to improve their rental housing. In addition, requiring a pre-rental inspection process could provide the framework for identifying necessary repairs and improvements and preventing dangerous and low-quality rental housing.

Provide No-Interest Home Improvement Loans or Grants to Low-Income Homeowners

Facilitating low-income homeowners' access to financial assistance for housing repair could also improve the housing stock in the CFSCNY region. Some state and federal dollars, such as the USDA Section 504 Home Repair Program, are available for home repair and improvement.[35] In addition to helping homeowners know about and access these funds, there is an additional opportunity to provide local loans and grants to homeowners.

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