CFSCNY Needs Assessment

TIOGA 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 Tioga 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.

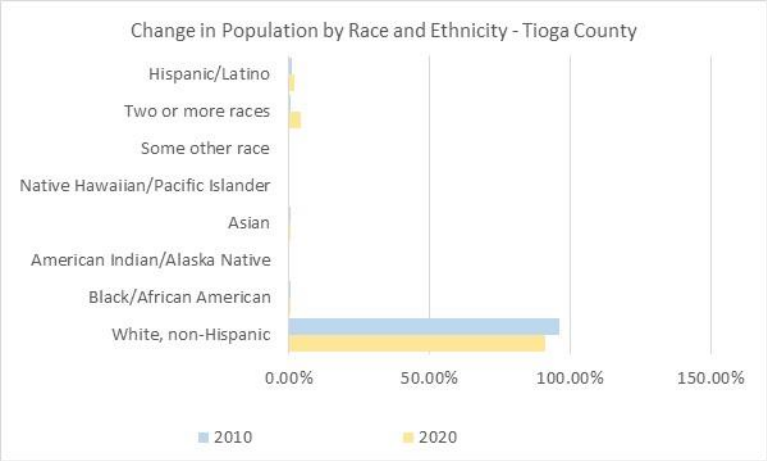
Data is not always available for each of these social identities, and population sizes in some locations are too small to establish meaningful comparisons. On occasion, identities have been combined to provide some comparative value. For instance, BIPOC (Black, Indigenous, People of Color) has been used 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

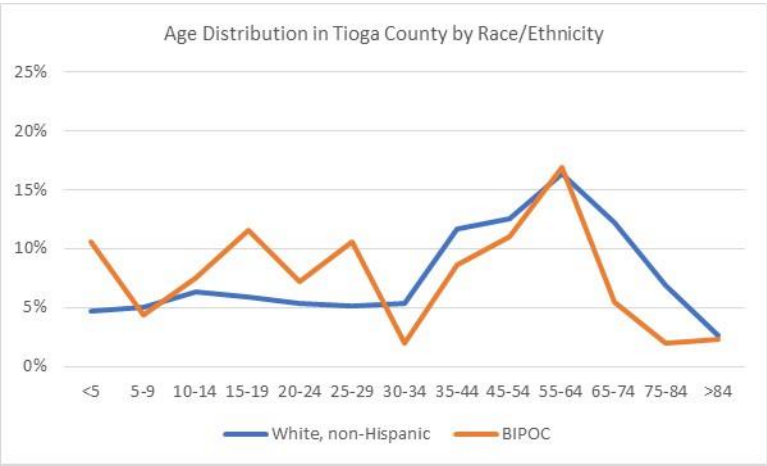
Race and Ethnicity

The BIPOC population in Tioga County increased by nearly five percentage points from 4.0% of the population to 8.8% between 2010 and 2020.



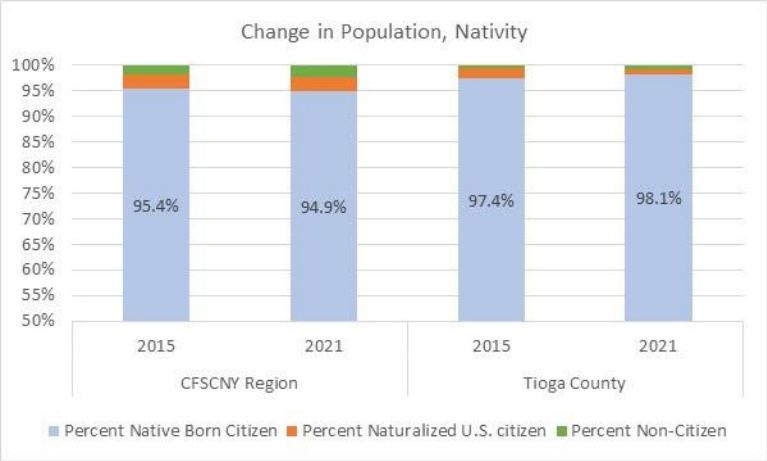
Age

The age distribution by race and ethnicity in Tioga County shows that the BIPOC population follows a similar distribution to the white, non-Hispanic population. There is more variation in the rates of younger BIPOC people, but this may be due to the margin of error due to the small population size.



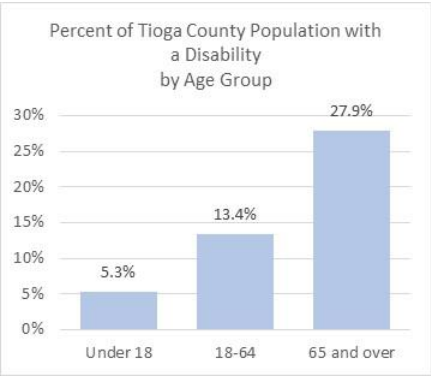
Nativity

Tioga County's immigrant population has decreased slightly since the last assessment and remains very low at less than 2% of the population.



Disability

As with the rest of the region, disabilities are most common among older adults in the county, with 28% of people aged 65 and over saying they have a disability.

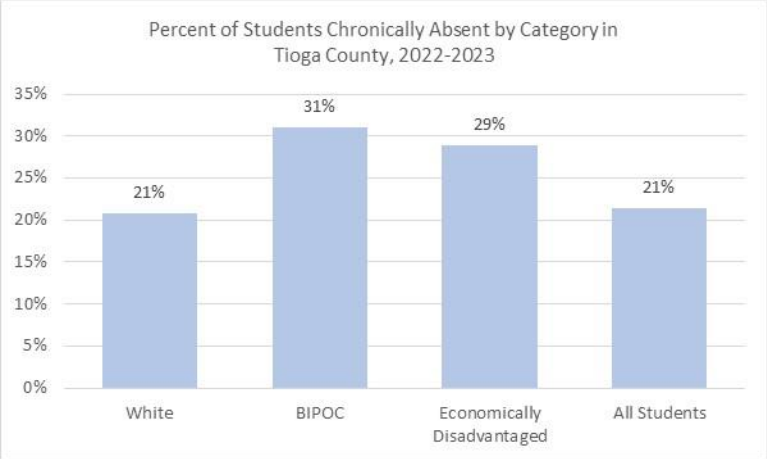


Education

The impact of disparities in education has been widely studied. Chronic absenteeism, graduation rates, and higher educational attainment have all been found to be significantly different between groups. Poor educational outcomes have been shown to impact future economic stability, employment, and health.

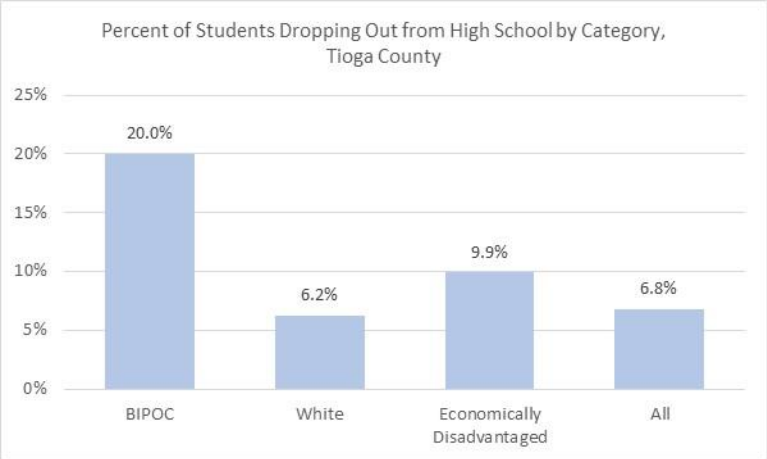
Chronic Absenteeism

In Tioga County, about a third of BIPOC students and economically disadvantaged students were chronically absent during the 2022-2023 school year. These rates are much higher than the rate of white students (21%).



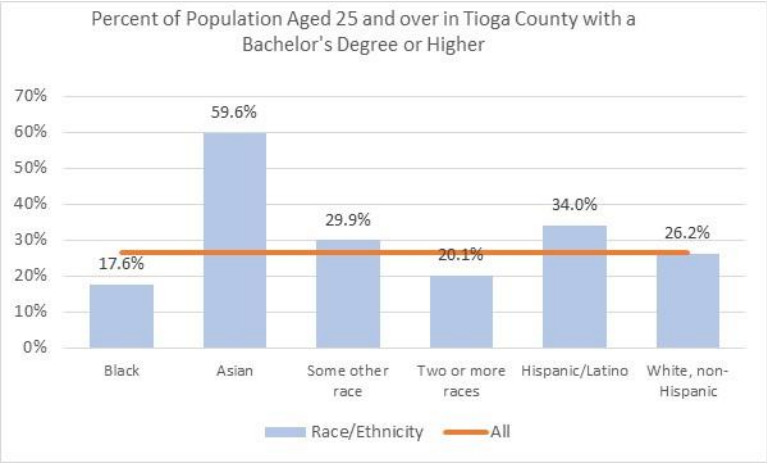
Dropout Rates

One in five BIPOC students dropped out of high school in the 2022-2023 school year. In comparison, just over one in twenty white students dropped out. Economically disadvantaged students (10%) were also more likely to drop out.



Educational Attainment

Just over a quarter of the population aged 25 and over in Tioga County has a bachelor's degree or higher. However, the county has significant differences in educational attainment by race and ethnicity. Only 18% of Black residents over age 25 have a bachelor's degree or higher, while nearly 60% of Asian residents do.

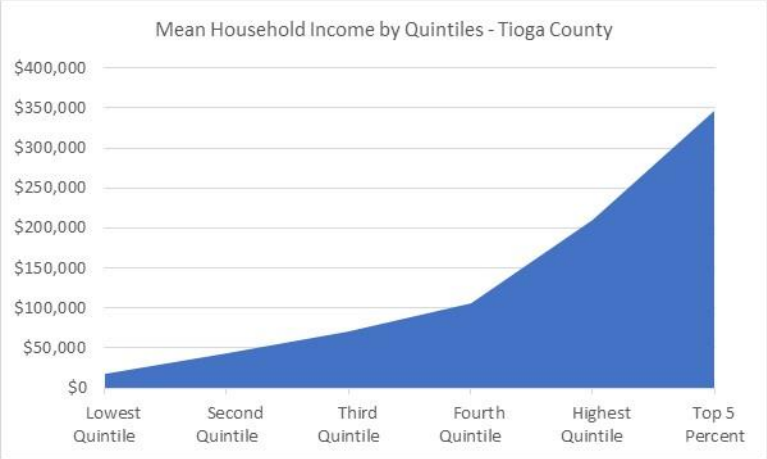


Income and Wealth

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].

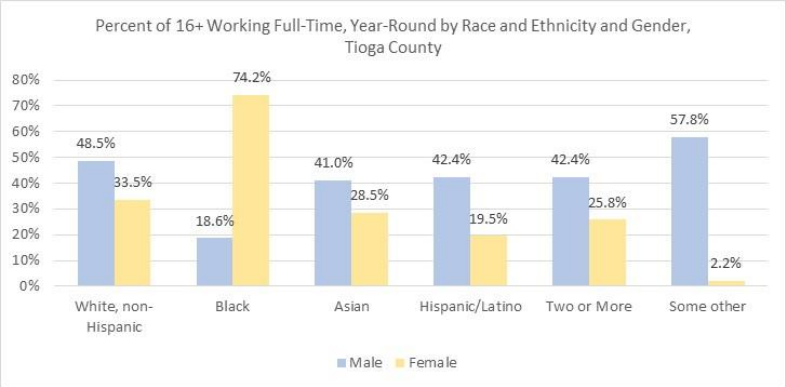
Income Inequality

There is a significant difference between the incomes of the lowest and highest quintiles in Tioga County. Households in the lowest 20% of income levels have a mean income of $17,168, while households between 80% and 100% percentile have a mean income of $209,671. The highest-income households in Tioga County (top 5%) have 20 times greater income than the lowest-earning households.



Employment and earnings

Full-time employment is often critical to being self-sufficient. In Tioga County, white, non-Hispanic residents are the predominant demographic group. The small numbers of BIPOC residents and large margins of error make detailed analysis of employment by race and ethnicity more challenging. However, there is a trend of men being more likely to be employed full-time, year-round than women. The full-time, year-round employment rates by race/ethnicity and gender are presented. However, drawing conclusions based on these data should be done cautiously, and large margins of error should be considered for small demographic populations.



Wages

Tioga County has the largest gender wage gap in the CFSCNY region. The County Health Rankings indicate that women in the county who work full-time, year-round, make between 77 cents for every dollar a man working full-time, year-round, earns. Data on the gender wage gap by race and ethnicity for low-wage earners is subject to substantial margins of error and are not presented for Tioga County.

Business ownership

Data describing business ownership by gender, race, and ethnicity is limited. One indicator, the number of certified MWBE businesses, offers some insight but is likely confounded by the arduous process of becoming certified. In Tioga County, 1.2% of all companies are certified MWBE.

Community

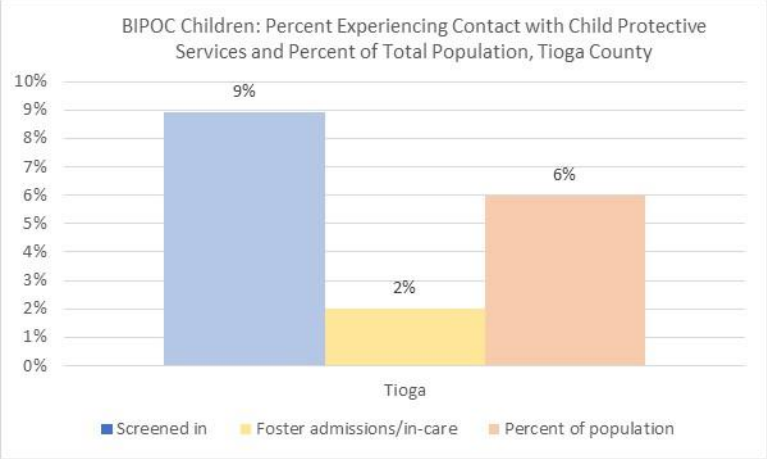
Several indicators point to inequitable outcomes related to community well-being. Voting and participation in leadership roles indicate the level of a community's prosocial engagement. In addition, families' experiences with Child Protective Services, rates of disconnection in a community, and arrests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

Voting

Reviewing voting data by census tracts, there were insufficient census tracts in Tioga County that fell below the BIPOC population and poverty cut-off rates to analyze voting patterns between groups.

Child Protective Services

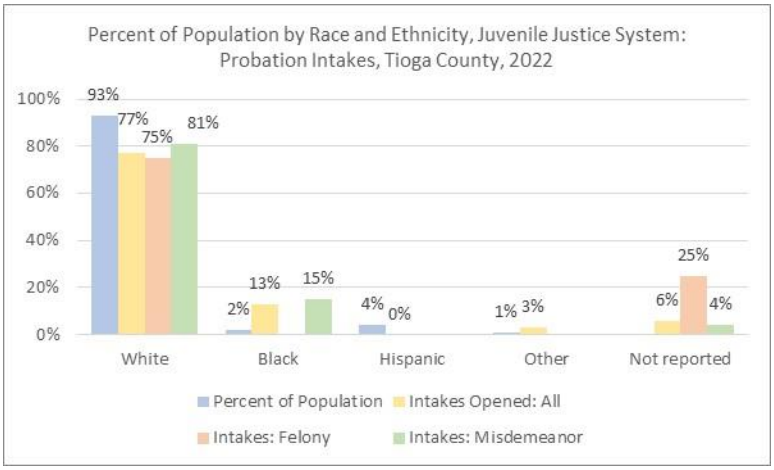
BIPOC children in Tioga County have contact with CPS disproportionately to the population. Nine percent of children who were involved in CPS cases that were "screened in" or where there was reasonable cause to suspect maltreatment or safety concerns were BIPOC, but only 6% of the child population in the county is BIPOC.



Disconnected youth

Disconnected youth are more likely to be involved with the criminal justice system. The rate of disconnected youth for Tioga County is not available, but 32 juvenile arrests were made in 2022. This is down from 46 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. The racial and ethnic breakdown of probation intakes in Tioga County shows that Black youth are disproportionately involved with the juvenile justice system. While Black youth make up only 2% of the Tioga County population, 13% of youth entering the probation system were Black. Black youth have a much lower rate of intakes due to felony offenses than misdemeanor offenses.



Of eight youths from Tioga who were admitted into detention, six were white, and two were of unknown race and ethnicity.

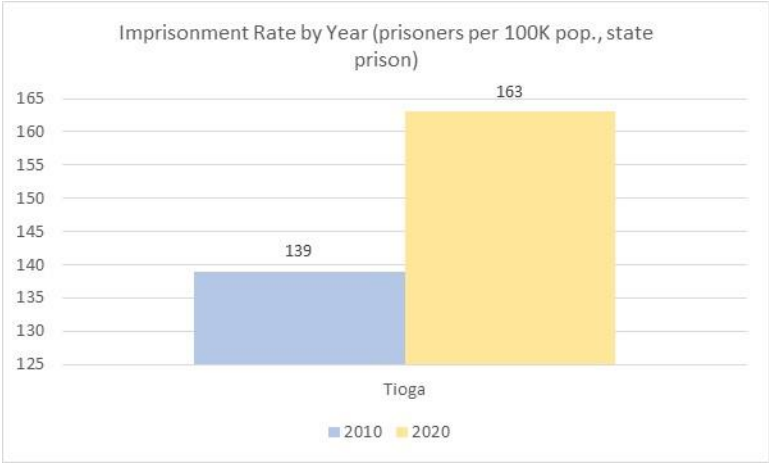
Disconnected youth are also much more likely to become pregnant. In Tioga County, teen pregnancy rates for Black and Hispanic teens are higher than for white teens, but these rates are unstable due to small numbers.

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

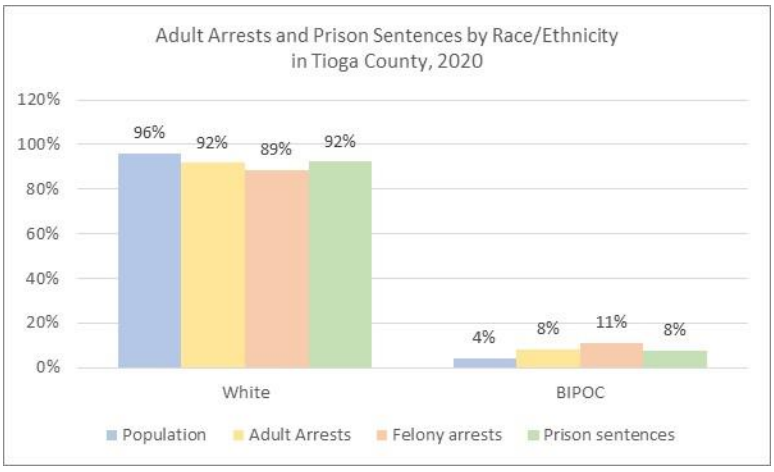
	Tioga
White	2.2
Black	7.9*
Asian	*
Hispanic	4.1*
Total	2.8

Incarceration

Tioga County incarceration rates have increased by 17% since 2010, rising to 163 prisoners per 100,000 population.



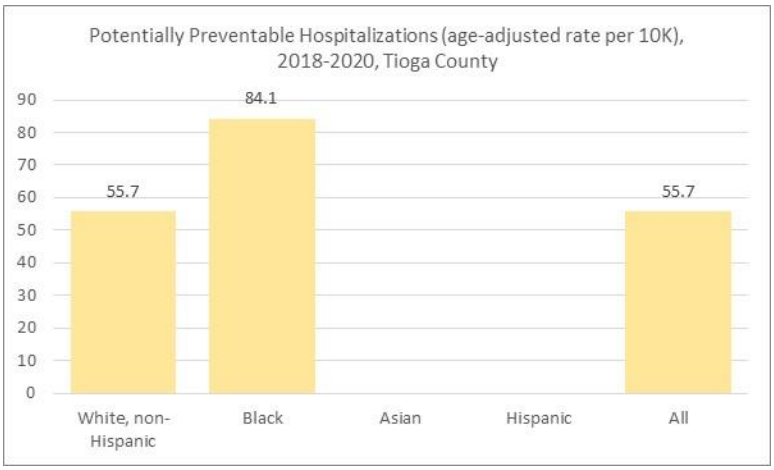
Arrest rates trend slightly higher for BIPOC residents in Tioga County. While BIPOC adults represent only 4% of the population, 8% of arrests are of BIPOC adults. White, non-Hispanic adults were slightly more likely to receive prison sentences, with 89% of felony arrests and 92% of prison sentences.

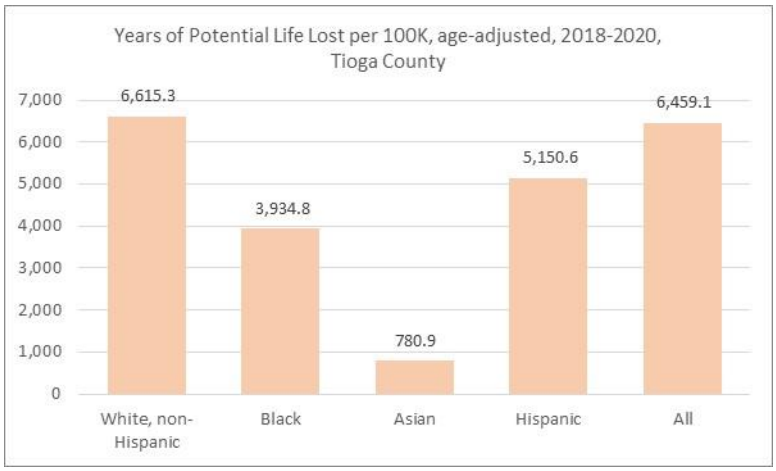


Health and Life Expectancy

There are some differences in Tioga County residents' health and life expectancy based on race and ethnicity. The rate of potentially preventable hospitalizations of Black residents was much higher than that of white, non-Hispanic residents.

Insufficient data are available comparing premature death by race and ethnicity in Tioga County, but the years of potential life lost were highest for white, non-Hispanic people.





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.

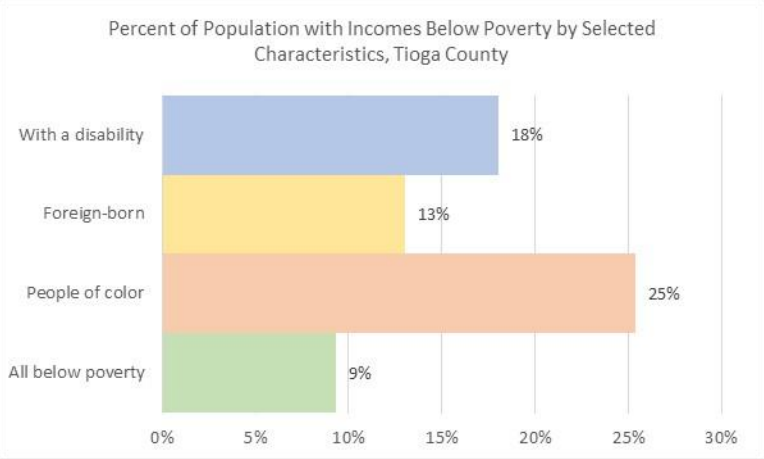
According to the most recent Census data, the poverty rate in Tioga County stands at 9.3%, which is identical to the national rate. The rate of child poverty has also stayed flat at 10.3%. Based on Census estimates, over 1,000 children in Tioga County live in households with incomes below the poverty rate. According to the most recent Census data, Candor has the highest child poverty rate in the county.

The poverty rate for people aged 65 and older has increased dramatically from 4.7% to 7.6%. The Census data estimates that the number of people aged 65 and over living with incomes below poverty has nearly doubled, going from 381 to 732. The rate of older adults with incomes below poverty is most pronounced in Richford at 17.1%.

Equity Spotlight

An analysis of poverty rates by demographic groups shows a significant disparity in poverty rates between people of color and the county as a whole.

Tioga County is predominantly comprised of white, non-Hispanic residents (91%). Comparing the rates of poverty by various demographic characteristics finds that people of color have much higher rates of poverty (25%) than in the county as a whole (9%).[7] In addition, people with a disability are almost twice as likely to have incomes below poverty than the population.



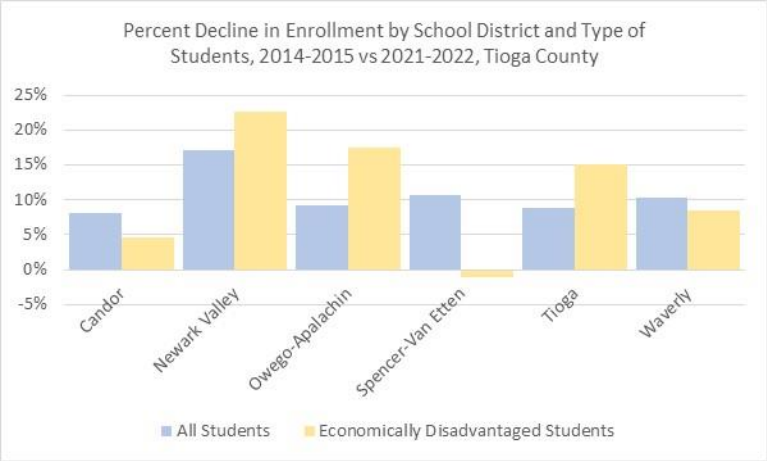
Digging Deeper: Child Poverty

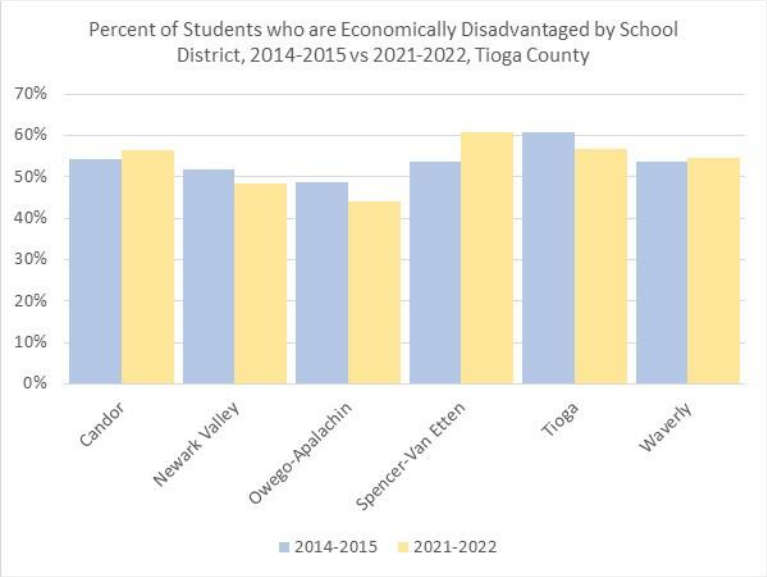
Census data indicated that the incidence of child poverty has changed in several townships in Tioga County. For example, in Candor, the child poverty rate in 2013 was estimated to be 8.6%, but the 2021 data says the rate is 33.3%. In contrast, the 2013 child poverty rate in Newark Valley was 20.7% and 4.4% in 2021. What accounts for these dramatic differences? Margins of error could be the primary culprit. The Census data are based on sampled populations, and rural counties are more susceptible to these errors.

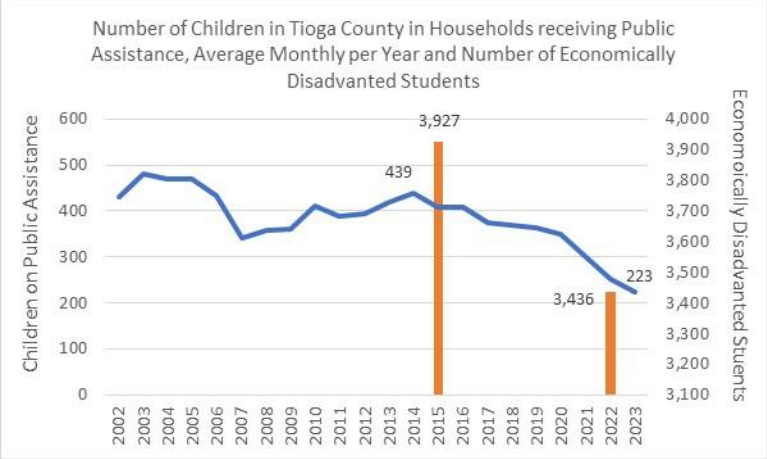
Other Sources of Child Poverty Data

Data from NYSED show that the number of students enrolled in school in Tioga County has decreased by nearly 11% since the last assessment, and the number of children flagged as economically disadvantaged has declined by 13%. One particular area of note is the Spencer-Van Etten school district. This district has seen a significant decline in the total number of students (11%) but a slight increase in the number of economically disadvantaged students (1%). The district's ratio of economically disadvantaged students increased from 54% to 61%.

Reviewing public assistance data from the Office of Disability and Temporary Assistance shows that the number of children in households receiving public assistance has declined substantially since the last assessment. In 2014, Tioga County had 439 children receiving public assistance (average monthly participation). In 2023, the average monthly participation was about half of that at 223 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. In comparison, the number of economically disadvantaged students in Tioga County schools has also declined, but at a slower rate.

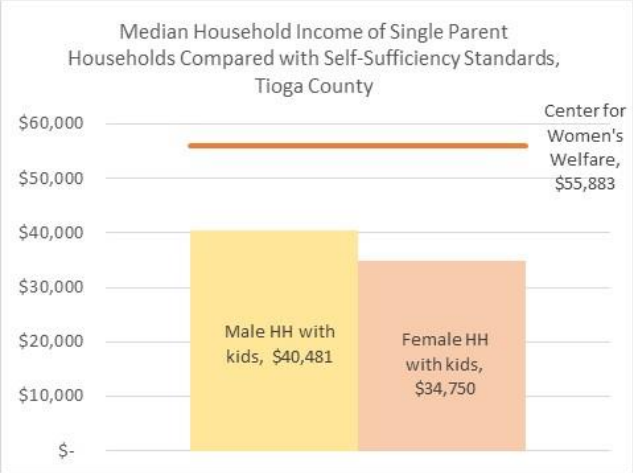






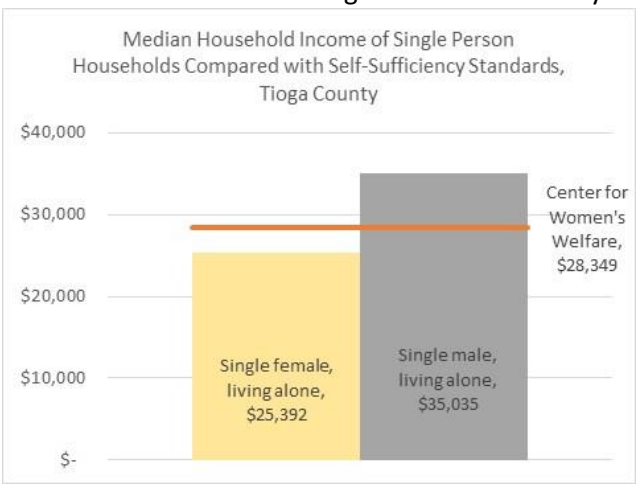
Other Measures of Economic Distress

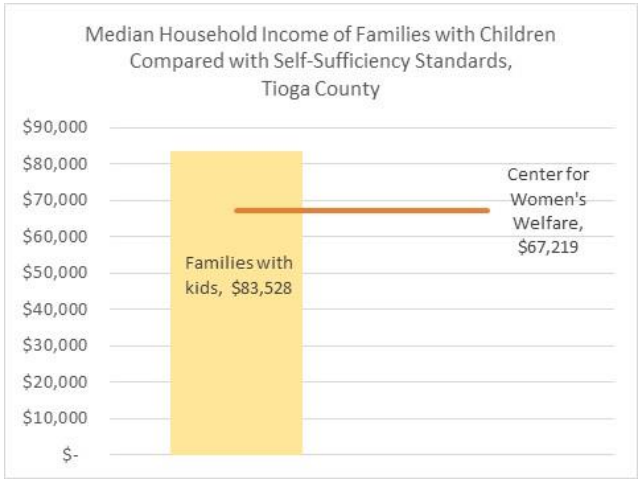
The federal poverty line is not the only, nor the best, way to understand the extent of income insufficiency. The most recent calculation from the Self-Sufficiency Standard from the Center for Women's Welfare at the University of Washington finds that the necessary annual income for a single parent with a preschooler in Tioga County would be $55,883. The median income[8] for a single mother is $34,750, and a single father is $40,481, both well below the self-sufficiency threshold.



Two-parent households in Tioga County, on the other hand, have a median income of more than $5,000 over the threshold.

Single women are less likely to have self-sufficient incomes than single men in the county.





Debt

An important issue related to poverty is the amount of debt a household holds. According to the Urban Institute[9], 21% of Tioga County residents have debt in collections, with a median debt of $1,709. The NYS rate of debt in collections is 20%. Tioga County has the highest rate of medical debt in collections in the CFSCNY region at 9%. This is much higher than the NYS rate of 6%. The median amount of medical debt in the county is $456.

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, 2,825 households and 4,740 people received SNAP benefits in Tioga County[10]. The most recent data from the Census indicate that 5,302 individuals live in households with incomes less than 125% of poverty. This data suggests that the county has an 89% participation rate in SNAP.

Earned Income Tax Credit

Take-up rates for EITC and CTC are challenging to determine with available data. However, the state estimate of 81% and our regional estimate of 76% would suggest that approximately 660 low-income households[a] in the county are eligible for but are not receiving EITC. With an average of $2,500 in refundable EITC credit, this is a substantial benefit that is not being accessed.

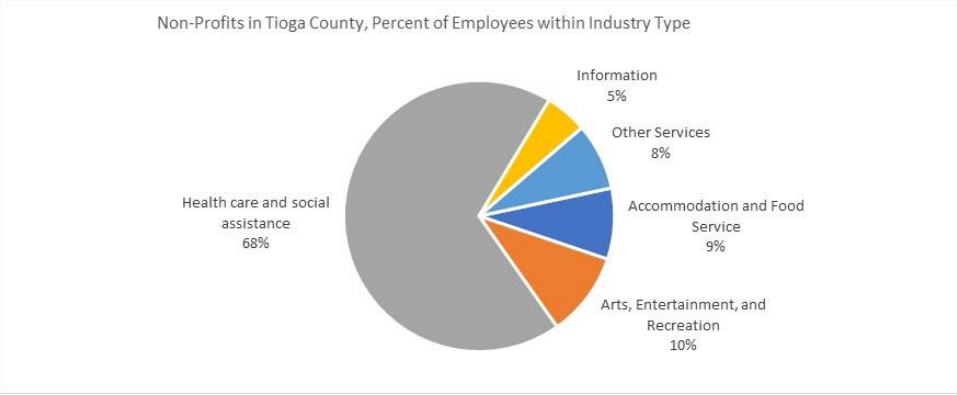
Volunteer Tax Preparation Services

The most recent data from the IRS show that in Tioga County, only 5% of tax returns with an adjusted gross income less than $25,000 used free tax assistance, and 41% used a paid preparer. This is a significant cost for these low-income households.

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 17 nonprofits[b] do business in Tioga County. These nonprofits employ 377 people, the majority (68%) in the health care and social assistance industry.



[a] with adjusted gross incomes below $25,000
[b] Includes non-profits with at least two employees.

Thirteen nonprofit organizations in Tioga County were included in a financial analysis and the qualitative survey. Information from IRS 990 found nearly 250 people are employed in these organizations, and $12.5 million flows through the county due to their operation.

The largest organizations are those providing shelter and housing services, which, in total, employ 89 people, followed by social assistance services for individuals, families, and children (N=73). Organizations providing individual, family, and child social assistance are most prevalent in the county (N=4).

Table 2. Organizational Indicators by Type of Service Provided, Tioga County

	Number of Organizations	Total Number of Employees	Average Size	Total Revenue
Ambulance Services	1	19	19	$907,259
Grantmaking	1	4	4	$322,447
Humane Society/Wildlife	1	28	28	$774,619
Individual, Family, and Child Social Assistance	4	73	18	$2,858,469
Libraries/Media	2	13	7	$1,001,929
Museums/Historical Sites/Zoos/Parks	2	15	8	$766,646
Shelter/Housing Services	1	89	89	$5,643,781
Supportive Services Health	1	6	6	$208,244
Total	13	247	19	$12,483,394.00

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.

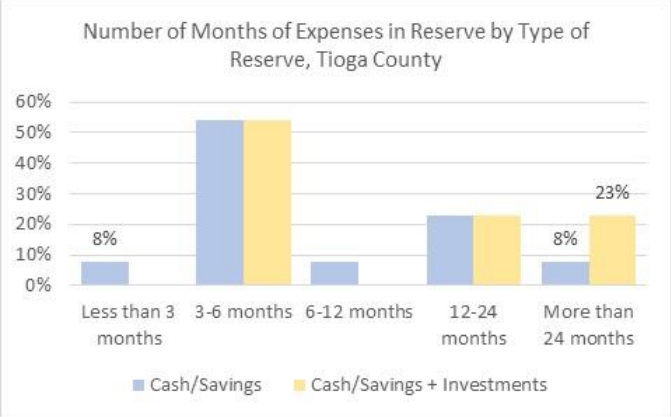
Data from Tioga County agencies show an average salary of $52,832. This average is likely inflated because it excludes six agencies without salary data. Salaries ranged from a minimum of $18,098 to a maximum of $86,847. Most reported CEO salaries (23%) fell in the under $50,000 range, but the data indicate all CEOs in the sampled organizations earn less than $100,000 per year.

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 Tioga County, all nonprofits have at least three months of reserve in cash, savings, and investments. Only 8% 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, the rate of adults reporting poor mental health in Tioga County has remained relatively flat. In 2013-2014, 11.5% of adults said they experienced poor mental health. In 2021, the rate decreased slightly to 11.2%. The number of adults in Tioga County saying they have been diagnosed with a depressive disorder, on the other hand, increased substantially. In 2013-2014, 16.2% of respondents replied affirmatively. In 2021, the rate increased to 24.1%. Converting the percentages to rates per

10,000 population finds that in Tioga County, for every 10,000 people, 1,120 experience poor mental health, and 2,410 have been diagnosed with a depressive disorder.

Table 3. Rates of Mental Health Issues per 10,000 Population

	Tioga	Region
Poor Mental Health	1,120	1,421
Depressive Disorders	2,410	2,305

Data from Mental Health America's mental health screenings indicate that Tioga County residents screen positive for mental health disorders at a slightly lower frequency compared with the rest of the region.

Table 4. Rates of Positive Screenings by Type per 10,000 Population

	Tioga	Region	NYS
Depression	12.8	13.6	13.5
Suicidal Ideation	12.8	13.5	14.9
PTSD	6.7	7.3	5.2
Trauma	29.2	30.2	22.1
Psychosis	5.9	8.7	6.9

Gaps in Care

Several other organizations in the county report on mental health care and potential gaps in care.

Tioga County's 2022-2024 Community Health Assessment[12] survey found that mental health was the top health concern for respondents. The health assessment indicated that youth mental health was a pressing concern.

Tioga County[13]'s 2024 LSP had goals to increase the workforce, housing for all populations, transportation support, prevention services for mental health and substance use, particularly for youth, and mental health residential and treatment options for children.

The population-to-mental health provider ratio in the counties in Tioga County is exceptionally high compared to the NYS rate. The county has not, however, been designated a Health Professional Shortage Area for mental health for Medicaid enrollees.

Table 5. Population to Mental Health Providers

	Tioga	NYS
Mental Health Providers	620:1	300:1

Availability of Care

An analysis[c] 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.

[c] 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

Individual Providers

An analysis of individual providers in the region shows that in 2021, very few mental health providers were accepting new Medicaid patients. The Individual Provider Network data source indicates that six adult psychiatrists work in Tioga County, five of whom accept Medicaid. One was accepting new Medicaid patients.

The data show two child psychiatrists in Tioga County, both of whom accept Medicaid, but neither accepts new Medicaid patients. Two geriatric psychiatrists practiced in Tioga County, but neither accepted Medicaid Advantage.

Twenty-three other mental health professionals, such as social workers, counselors, and therapists, also practice in the county. Nine of these providers accept Medicaid, and five accept 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 564 adults and 243 children at Tioga County, state, and nonprofit mental health organizations. This was a similar number of adults, and fewer children served in 2015.

Table 6. Rate of Outpatient Clinic Care per 10,000 Population

	Adult		Child	
	Tioga	Region	Tioga	Region
2015	148	335	324	493
2020	147	321	241	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. Tioga County's Mental Hygiene Department has both a crisis service hotline and walk-in services at their clinic. Despite the increase in crisis care services, the number of people receiving the care lags far behind the number receiving mental health care in emergency departments.

Inpatient Care

There are no inpatient care entities in Tioga County.

The rate of Tioga County residents in inpatient care for mental health treatment per 10,000 population in 2022 was lower than the state rate for adults but similar for children.

Table 7. Rates of Inpatient Care per 10,000 Population

Average Daily Census	Tioga	Statewide
Adult: All Inpatient	0.8	3.8
General Hospital	0.7	2.1
Private Hospital	0	0.2
State Psych Center	0.1	1.4
Child: All Inpatient	2.0	2.6
General Hospital	0.1	0.6
Private Hospital	0.3	0.6
State Psych Center	0.7	0.5
Residential Treatment Facility	1.0	0.8

Specialty Outpatient Care

Specialty outpatient treatment for people with serious mental illness is unavailable in Tioga County.

School-Based Care

School-based care is available to students in seven schools in Tioga County.

Quality of Care

Emergency Department Care

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 7 days for patients discharged from the hospital with psychiatric illness. Tioga County has a high 7-day follow-up rate of 81%.

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 Tioga County has higher rates of suicide than NYS (excluding NYC).

Table 8. Rates of Suicide and Self-Harm Hospitalizations

Age-Adjusted	Tioga	NYS (excluding NYC)
Suicide *Per 100,000 Pop.*	13.4	9.8
Self-Harm Hospitalizations *Per 10,000 Pop.*	5.1	5.9

There has been an increase in suicide mortality rates in Tioga County, up from 10.0 in 2009-2011 to 13.4 per 100,000 population in 2018-2020.

Deaths of Despair

The deaths of despair rate in Tioga County (125.7 per 100,000 population), defined as mortalities attributable to drug overdoses, alcoholic liver disease, and suicides, exceeds 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 Tioga County, including:

- Need for more supportive housing options for young adults and transitional youth with mental health disabilities and developmental disabilities.
- Need for support for seniors and low-income families to make needed repairs and home modifications
- Funding to support affordable housing

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

Data from Other Assessments

Tioga Opportunities (TOI) conducts a Community Needs Assessment[16] every three years and, as part of the 2023 process, analyzes secondary data and uses primary data collected through its strategic planning process and regularly scheduled customer satisfaction surveys. TOI's assessment found the following challenges related to the county's housing: aging housing stock, high cost of repairs leaving homes unfixed, disadvantaged first-time homebuyers due to the high cost of mandatory flood insurance, older adults aging in place, and the poor condition of available properties, and high rates of radon and flood-prone areas.

The 2022-2024 Tioga County Community Health Assessment[17] implemented a community survey as part of their assessment process. The survey results found that 18% of respondents said access to safe and sufficient housing was a top concern, and 27% said they would like to see Tioga County increase housing availability and affordability. The assessment also found a lack of recovery-friendly housing and safe and affordable housing as significant issues to address.

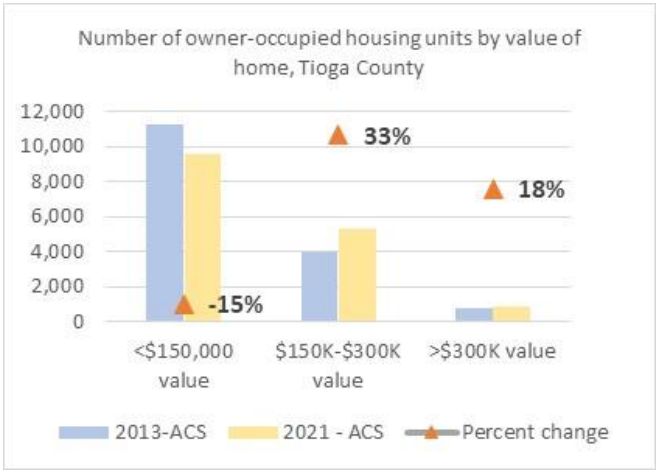
The 2020 Local Services Plan from the Tioga County Mental Health Services Department noted a lack of appropriate, safe, and affordable housing for recovery from addiction disorders, a lack of certified housing for people with developmental disorders, and a general lack of family housing. The 2024 plan[18] reiterated the goal of advocating for affordable housing, generally, a supportive living congregate care option for addiction disorder recovery and replication of successful semi-independent living options for people with disabilities.

The 2018 Tioga County Housing Study[19] identified the gaps in housing in the county and recommended strategic priorities and action steps to address housing needs. The study found a need for senior independent living apartments, high flood insurance rates, inadequate single-family housing inventory, and a lack of affordable and market-rate rental housing.

Affordability and Availability of Housing

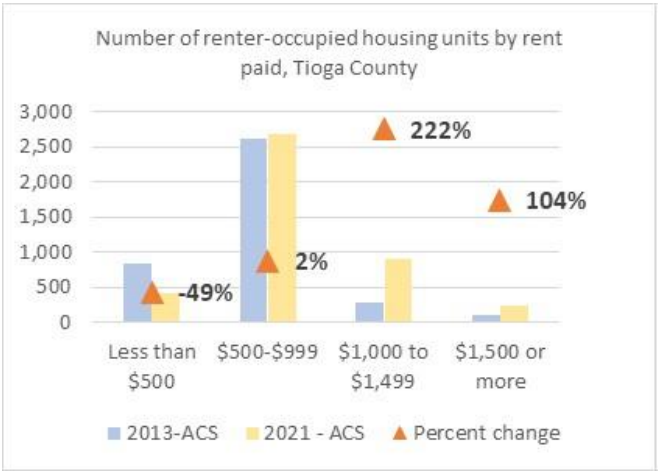
In the 2015 needs assessment, data showed that housing costs were generally moderate for both owners and renters. Since the last assessment, county housing has become more expensive. The median value of owner-occupied housing has increased by 13%, and the median sale price of new homes has increased by 36%.

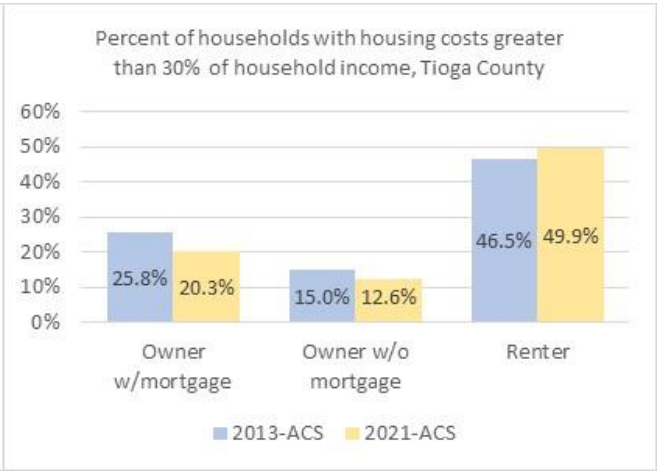
In contrast, the availability of affordable housing has declined in Tioga County. Census data show that the number of owner-occupied homes valued at less than $150,000 has decreased by 15%.



A similar shift has occurred in renter-occupied housing. Census data show a 10% decline in rentals below the Fair Market Rent of $826 for a two-bedroom apartment. These declines show that Tioga County has not increased the number of low-income housing options to address inflationary pressures.

The number of owner-occupied households with a high housing cost burden as a proportion of their income has decreased among all households, but the rate of renters with a high housing burden has increased to 50%.



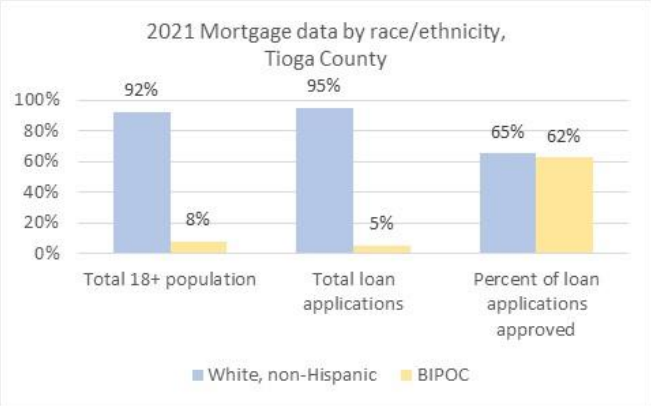


Equity Spotlight

Access to mortgages in Tioga County differs between populations by race and ethnicity[20]. Disproportionately more white, non-Hispanic adults apply for loans and are slightly more likely to have their loans approved.

Tioga County has a relatively small BIPOC population. Ninety-two percent of the county's adult population identifies as white, non-Hispanic. However, 95% of all mortgage applications in 2021 were made by white, non-Hispanic buyers.

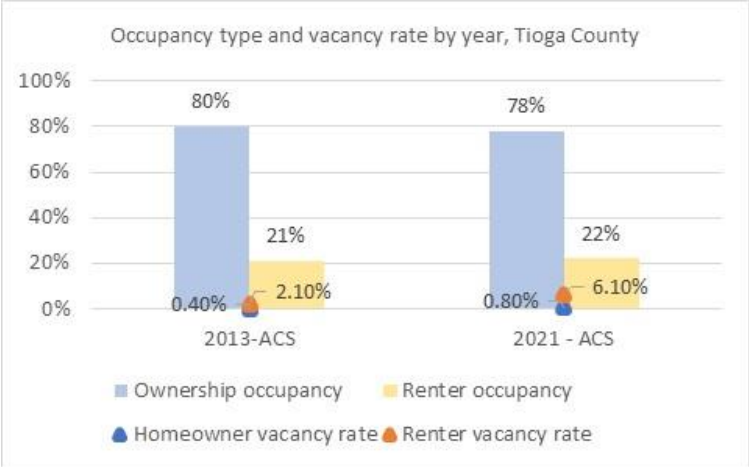
White, non-Hispanic applicants were slightly more likely to have their mortgage loans approved. Sixty-five percent of white, non-Hispanic applicants were approved, compared with 62% of BIPOC applicants.



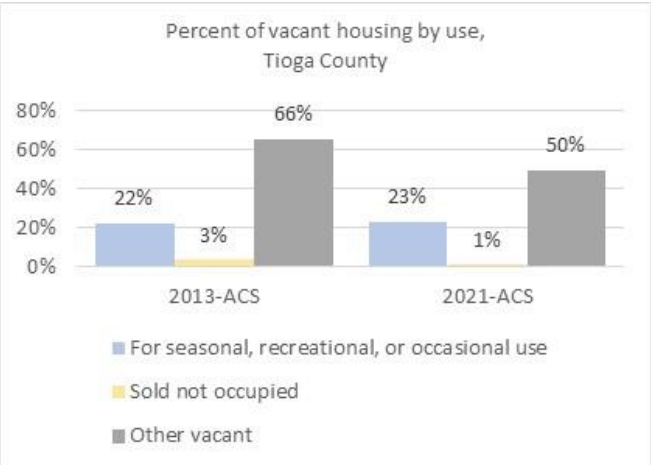
Vacancy Rates

Occupancy statistics have remained essentially the same since the 2015 needs assessment. Owner occupancy has remained mostly flat and is relatively high in the county.

Homeowner vacancy rates remain below 1%, and renter vacancy rates have increased to 6.1%.



Data suggest that vacant housing is likely due to owners' preference, needing or receiving repairs, foreclosure, or abandonment/condemnation.



First-time and Low-Income Homebuying Support

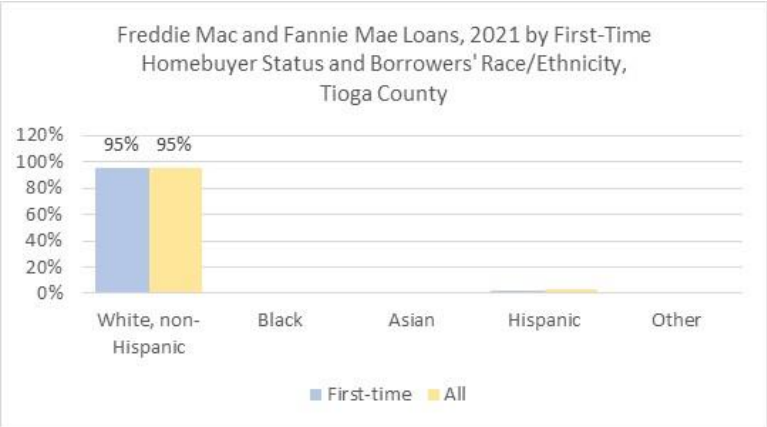
Recent research and analysis have shown that homeownership during stable housing prices can build significant wealth for households, suggesting that supporting homeownership can create long-term financial security among low-income families. Various federal and state programs support first-time homeownership.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

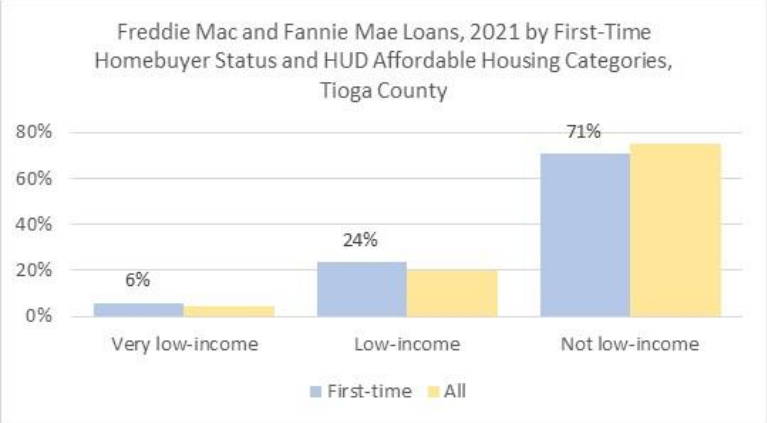
In 2021, Fannie Mae and Freddie Mac acquired 289 Tioga County mortgage loans. Of these, only 29% were first-time homebuyers. Nearly all loans (95%) were made to white, non-Hispanic borrowers.

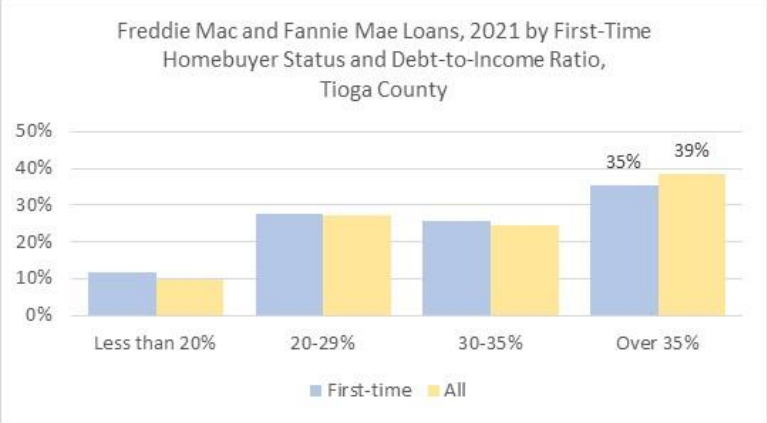
Based on the Fannie Mae/Freddie Mac mortgage acquisition data, about a third (30%) of first-time homebuyers receiving conventional loans in Tioga County in 2021 had incomes that met HUD's very low-income or low-income goals[d].

A third (35%) of first-time homebuyers and 39% of all homebuyers had debt-to-income ratios above 35%. These rates are much lower than NYS, where 51.8% of homebuyers had debt-to-income ratios above 35%.

In 2022, seven USDA Guaranteed Loans were made in Tioga County, offering 100% financing to homebuyers for $934,546. Out of 58 NYS counties with eligible geographies, Tioga County ranks 40 in total investment from USDA loan programs. Research shows the program is vastly underused due to challenging eligibility requirements and outdated systems.







[d] Very low-income borrowers have incomes no greater than 50% of the area median income. Low-income borrowers have incomes no greater than 80% of the area median income.

Subsidized Housing

Data from HUD[21] show that in 2022, 88% of Housing Choice Vouchers in Tioga County were filled. Tioga County does not have any public housing entities.

Table 9. Subsidized Housing Data, Tioga County

	Number of Units	Percent Occupied
Housing choice vouchers	282	88%
Project-based Section 8	76	96%

Waitlists for vouchers are nearly two years. Tenure tends to be long within the voucher program and the project-based Section 8, with users staying, on average, over seven years in the programs.

The demographics of residents within the regular voucher program and the project-based Section 8 program are similar. Project-based Section 8 participants are less likely to be older adults with disabilities and less likely to have wages as a significant source of income.

Table 10. Demographic Details of Subsidized Housing Residents, Tioga County

	HCV	Project-Based Sec. 8
Race/Ethnicity		
BIPOC	4%	8%
With a Disability		
Any in household	59%	45%
Head of household/Co-Head age 61 or less	80%	100%
Head of household/Co-head age 62 and over	67%	21%
Family structure		
Two adults with children	2%	-
Female head of household	71%	58%
Female head of household with children	9%	-
Income level		
Extremely low	73%	67%
Very low	100%	96%
Wages major source of income	5%	1%

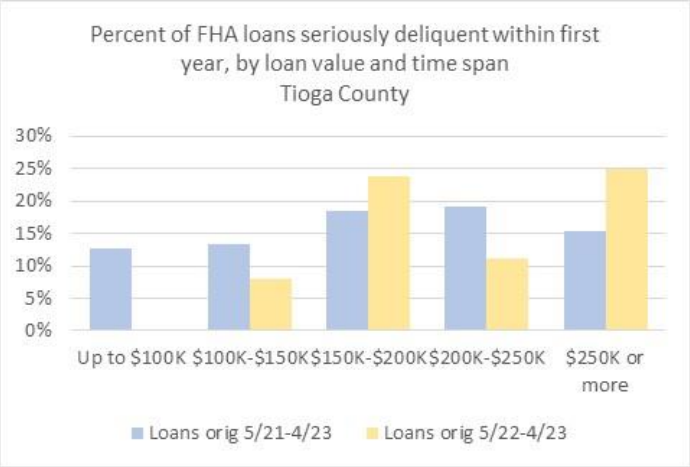
Housing Stability

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[22]. Adult outcomes include lower life satisfaction, poorer reports of psychological well-being, and fewer social relationships[23].

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[24]. 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 and 2021-April 2023, 218 FHA loans were originated in Tioga County. Of these, 33 (15%) were 90 days delinquent within the first year[25]. The rate of first-year delinquencies appears to be declining somewhat. For loans originated between May 2022 and April 2023, only 11.6% were seriously delinquent within the first year. Mortgages valued at over $250,000 were most frequently delinquent as a proportion of the total mortgages in that price range (N=8 total, two delinquent). Mortgages valued at $100,000-$150,000 were most often delinquent (N=83 total, 11 delinquent).



HUD data also shows, for the most part, delinquencies are 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. Data for Tioga County on the number of delinquent loans taken by either the bank or HUD during the May, 2022-April 2023 time period are unavailable.

A review of Zillow found that one property in Tioga County was foreclosed by the lender during the past year.

Evictions

Eviction filings as a proportion of renter households in Tioga County surpassed pre-pandemic levels (2.8% in 2019) by 2022 (3.4%). A total of 154 eviction claims were made in the county in 2022. As of June 26, 2023, Tioga County had 56 evictions filed, slightly down from the rate in 2022 (N=81).[26] Actual warrants for eviction as a proportion of eviction filings are unavailable for Tioga County.

In Tioga County, 527 applications for rental arrears and temporary rental assistance were made to ERAP. Three hundred and twenty-three payments were made to 219 applications, resulting in almost $1.3 million in rental assistance for the county through ERAP.

Table 11. ERAP Data, Tioga County

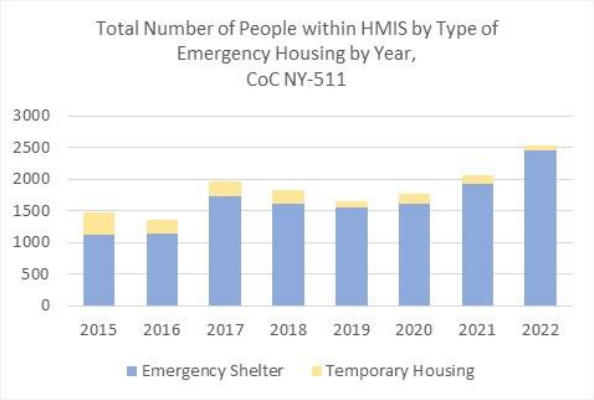
	Rental arrears	Temporary rental assistance
Applicants	421	156
Total Payments	203	120
Average amount	$ 5,027	$ 2,302
Total amount	$1,020,555	$276,314

In addition to ERAP, funds were made available through the Landlord Rental Assistance Program (LRAP), for which landlords applied 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 Tioga County, 16 of 23 landlord applications were paid out for $87,684.

Tioga Opportunities is the primary non-profit organization supporting households facing eviction or needing housing support. In 2022, Tioga Opportunities reported serving 37 homeless families. In addition, Tioga Opportunities administers the Mobile & Manufactured Home Replacement program funded by NYS. In 2022, two families received brand-new, energy-efficient mobile homes.

Homelessness

The Continuum of Care (NY-511) serving the CFSCNY region includes Broome, Otsego, Chenango, Delaware, 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

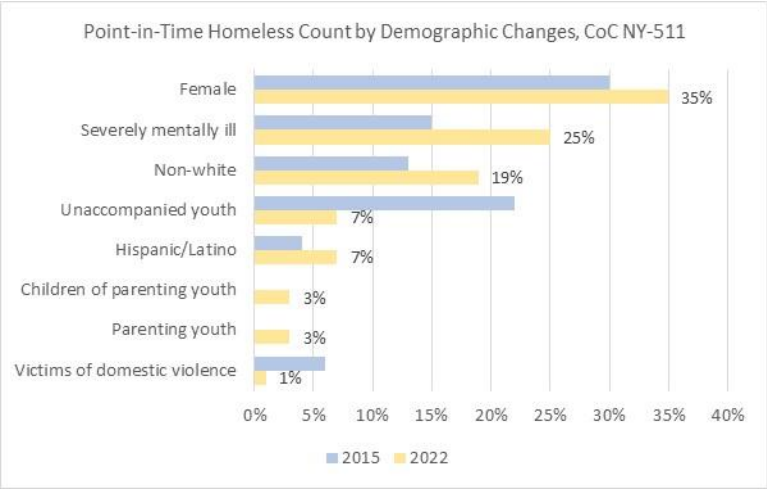
The PIT count is a yearly count of sheltered and unsheltered people experiencing homelessness on a single night in January.

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%).

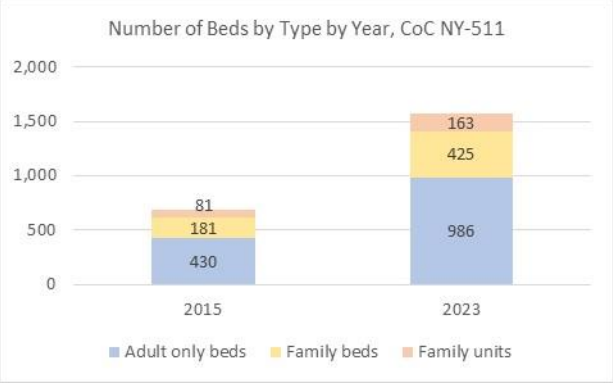
HIC

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 12. 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.

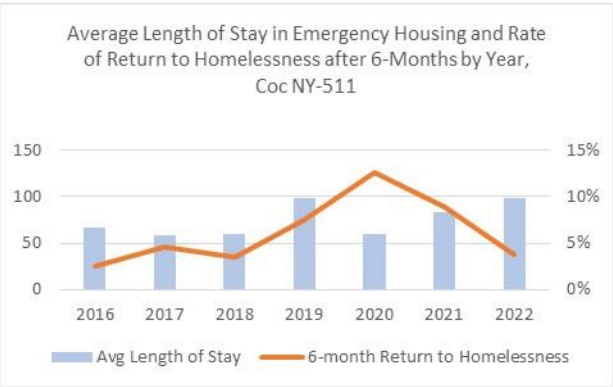


The number of beds for chronically homeless individuals increased from 13 to 96 between 2015 and 2023. All of these beds were in permanent supportive housing.

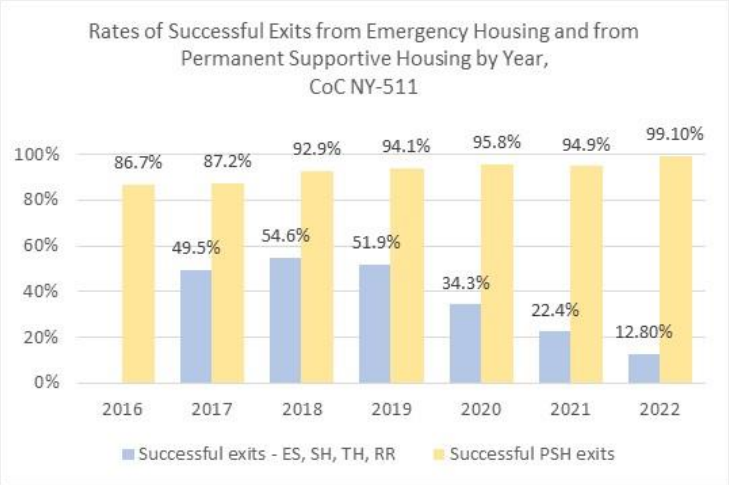
HMIS

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

The 2015 assessment found that seniors in Tioga County were inclined to age in place. This trend has declined somewhat in recent years, with the most current data from the Census showing that 84.1% of householders aged 65 and older live in owner-occupied housing (89.3% in 2013).[27] The 2018 Tioga County Housing Study indicated that seniors aging in place was a concerning trend that contributes to blight in the county and limits the number of housing units available for first-time buyers. The study suggests a strategy of relocating seniors to newly constructed rental housing.

Data from various sources indicate that Tioga County has 376 senior housing units, most of which are subsidized or low-income.

Table 13. Senior Housing by Type, Tioga County

	Units
Subsidized/Low-Income	334
Unsubsidized/Market-Rate	42
Total	376

Tioga County is home to two nursing homes. The 2015 assessment noted that the NYS Department of Health had projected an unmet need of 75 beds in Tioga for 2016. The number of free beds has remained relatively consistent with availability before the COVID-19 pandemic.[28] 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[29]. Tioga County has seen a slight increase (5.1%) in nursing home residents since July 2019.

Table 14. Nursing Home Beds, Tioga County

	July, 2015	July, 2019	May, 2023
Number of beds	277	277	277
Available beds	30	42	30
Residents	247	235	247

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[30].

The number of residential housing beds available to people with mental health disabilities has increased by only two beds since the last assessment, both within supported housing.

Occupancy rates for both congregate and apartment treatment have increased in the county, but the occupancy rate of supported housing/community services is low at 47.6%.

Table 15 Occupancy Rates of Mental Health Residential Programs, Tioga County[31]

	2015 Assessment			2023 Assessment		
	Congregate Treatment	*Apartment Treatment*	*Supported Housing*	*Congregate Treatment*	*Apartment Treatment*	*Supported Housing/ Community Services*
Number of beds	10	10	25	10	10	27
Percent occupancy rate	89.8%	85.6%	89.3%	93.3%	89.3%	47.6%
Median Length of Stay (LOS) (days)	294	812	521	317	515	207
Percent LOS greater than two years	30%	50%	27.3%	22.2%	28.6%	18.8%

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 Tioga 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.[32] 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. 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.[33] 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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