Engaging and Empowering Families:

Research-Driven Recommendations

Prepared for the PA Care Partnership
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DEVELOPING SYSTEMS THAT CARE

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Background

Since 2009, Pennsylvania has been the recipient of several SAMHSA grants to support a statewide approach to System of Care (SOC) that can serve children, youth, young adults, and their families who have or may need effective community-based services and supports to assist with mental health challenges.

System of Care not only builds upon but strengthens the state's strong history with the Child and Adolescent Service System Program (CASSP). Both are comprehensive approaches that support children and adolescents with complex behavioral health challenges and their families. They seek to ensure that services and/or treatment are planned collaboratively with the family and all agencies and/or systems involved in the child's or adolescent's life. System of Care, however, expands the role of youth and families as decision-makers at the individual, county, and state levels to ensure they receive the most beneficial and culturally and linguistically competent services and supports. The PA Care Partnership—representing youth, families, and system partners—is at the heart of the Commonwealth's approach to SOC.

Initial Challenge

This research project, prepared for the PA Care Partnership, was conceived in the fall of 2022 after a conversation between Crystal Karenchak, Nancy Massey, and Jean Synodinos. Ms. Karenchak, who is the Family Policy and Engagement Consultant for the Partnership, was seeking guidance on engaging families to increase participation in Family-Led Interviews[1]. Ms. Massey and Ms. Synodinos each serve as consultants for the Partnership and have extensive experience in health communications and social marketing. All three women recognized that there are countless differences between and within families—and therefore, as the consultants affirmed, there could never be one overarching message that would succeed in persuading families to participate in interviews.

Additionally, Ms. Massey and Ms. Synodinos realized that there was no set of data, no report, and no assembled research available on the characteristics of families served by System of Care (SOC) counties across Pennsylvania that might guide the development of any kind of meaningful engagement and outreach. In further discussions with Project Director Mark Durgin and Evaluation Director Monica Walker Payne, it became clear that conducting this kind of

[1] Family-Led Interviewing is a process recommended by the PA Care Partnership's Family Community of Practice (CoP) in which family members with lived experience interview families receiving services. Through this method of qualitative data collection, the Family CoP seeks to: tell stories that bring data to life; bring focus to family leadership; and, create a process that others can use.

foundational research might be of value in several ways beyond Family-Led Interviews—especially for those counties currently funded by SOC.

Potential Benefits of Research

In addition to guiding outreach for Family-Led Interviews, research into families also had the potential to support SOC counties by:

- **Increasing participation in programmatic and service evaluations.** The value of family- and child-serving programs is often demonstrated through positive evaluations, but persuading families to participate in this process has, historically, been a challenge, and evaluation numbers have not been as high as they might be. It was hoped that this research might reveal or clarify barriers to participation—a crucial first step to overcoming them.

- **Helping drive decisions at the county level.** New research on families—as well as best practices on engagement—might lead counties to adjust practices and programs.

- **Building and deepening authentic partnerships—with local providers as well as system partners.** With a nationwide shortage of providers, counties will benefit from developing trusted relationships with available providers. Strong relationships with system partners are also essential for building that critical bridge between families and family-serving systems.

With these potential advantages in mind—and with no idea what research might suggest—the consultants began their work in early 2023.

The Process

A Point of Departure

Ms. Massey and Ms. Synodinos understood from the outset that research requires investigators to acknowledge their own potential bias, set assumptions aside to the best of their ability, and follow whatever path the findings take.

A Social Marketing Approach

Given their backgrounds in social marketing, Ms. Massey and Ms. Synodinos applied those fundamentals to their approach. Social marketing relies on the best principles and practices of commercial marketing, but instead of trying to sell audiences on driving a new car, social marketing is about driving change. It seeks to persuade individuals or groups to take action to improve their lives or society as a whole. While most people connect social marketing with large-scale campaigns designed to change behaviors like quitting smoking, the same approach can be used, for instance, to persuade families to participate in a family-led interview.

Two foundational characteristics of social marketing are that it is audience-focused and research-based. Before a successful message can be crafted and delivered, social marketers learn as much as possible about their audience—in this case, the families served by the currently-funded SOC counties (Blair, Delaware, and Greene)—through qualitative and quantitative research. And, because families are not a monolith, it is important to understand, acknowledge, and respect differences among these audience segments. It is the work of social marketing to learn what audiences value and believe, as well as what they want, need, and prioritize. Research can reveal what keeps our audiences up at night—as well as what will help them sleep better. Research can also point to how, where, and when an audience will be most receptive to a message.

Quantitative Research

Ms. Synodinos spearheaded quantitative research to better understand currently-funded SOC counties—Blair, Delaware, and Greene. The scope of this project did not allow for an exhaustive review of the many vetted data sources available. Therefore, the focus was limited to demographics and select relevant indicators such as:

- Child abuse
- Education
- Elections
- Employment
- Family structure
- Foster care
- Health indicators
- Health insurance
- Housing
- Income
- Industry
- Juvenile justice
- Poverty
- Religious identity
- Safety
- Substance use

This data was gathered from eighteen of vetted federal, state, and foundation/nonprofit/other sources:

Type	Data Source
Federal	• U.S. Census Bureau • SAMHSA National Survey on Drug Use and Health • U.S. Department of Veterans Affairs
State	• Center for Workforce Information & Analysis • Department of Education • Department of Human Services • Department of Revenue • Juvenile Court Judges Commission • Office of Drug Surveillance and Misuse Prevention • OMHSAS Tableau Public Dashboard (2013-2015) • OpendataPA • Pennsylvania State Police Gun Ownership Report (2021) • Pennsylvania Youth Survey (PAYS) • Uniform Crime Reporting Statistics
Nonprofit/Foundation/Other	• KIDS COUNT • Public Religion Research Institute • Robert Wood Johnson County Health Rankings and Roadmaps • Washington Post

A detailed description of how each data source was used can be found in Appendix A.

It was also helpful to review the PA Care Partnership dashboards; Caregiver Strain data, in particular, helped clarify challenges that families in crisis face.

Qualitative Research

Numbers alone cannot paint a well-hued portrait of any community, nor can they describe the experience of any family in crisis. As such, the Consultants conducted extensive conversations over the year with a cross-section of individuals and professionals, including:

Sector	Value and Purpose	Number of Individuals Contacted	Number of Conversations Conducted
Family Voice	Representatives recounted challenges faced by families in need, barriers to service, and what might be needed to overcome those barriers	4	6
SOC County leadership and staff	County leaders and staff clarified the unique and often intangible qualities of their communities and the families they serve—as well as the obstacles	7	6

	different counties face in delivering needed services.		
Family Peer Specialists	FPSs described the important hands-on work of supporting families as they learn to navigate complex systems and become their own best advocates.	2	2
Evaluation Team	Team members provided insight into the need for quality data, the importance of collaborating with providers, and their approach to interviewing families.	2	6

This work was led in large measure by Ms. Massey who, through her work with the disability community, has worked in the area of peer support for thirty years. These discussions, which are woven into this report's Findings, revealed unanticipated but welcome perspectives, each shedding a different kind of light on the same challenges. A breakdown of these critical conversations can be found in Appendix B.

Supplemental Research

Esri/Tapestry Market Research

As a supplement to the research described above, Ms. Synodinos turned to a free version of a highly-regarded market segment research tool from Esri, an international research firm headquartered in Redlands, CA that uses geographic information systems and mapping technologies to identify consumer trends and behaviors. Their Tapestry tool offers profiles of 67 distinct types of geographic market segments—"neighborhoods"—in which residents share similar lifestyles, characteristics, core values, and more. It is another layer of data that can paint the picture of SOC counties with deeper hues. These insights are woven into Findings (directly below) as well as the County Profiles in Appendix D.

Review of Existing Resources, Messages, and Materials

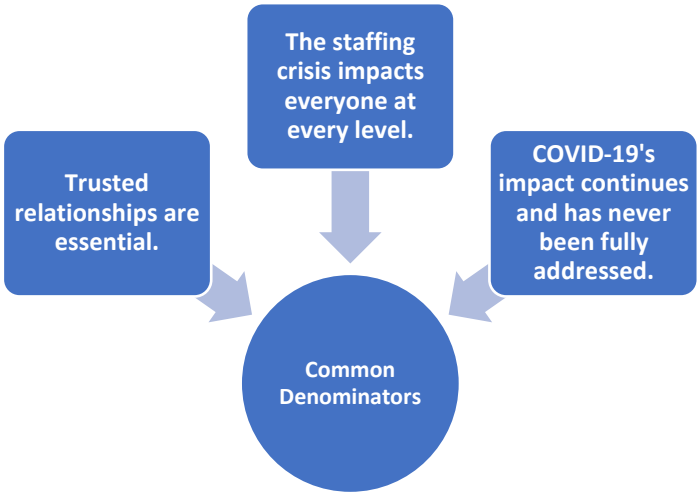
A modest number of hours were dedicated to conducting a high-level scan of resources, messages, and materials that have already been produced by family-serving organizations. Some are referenced throughout this report and a list of select resources can be found in Appendix C.

Findings

As noted above, this research showed how everyone views the challenge of family engagement through their own unique lens—and everyone's perspective is valuable. And, while each conversation further exposed the complexities of this work, they also revealed how findings can be categorized in one of two ways: common denominators and distinctions that matter.

Common Denominators

Over the course of this project, three truths emerged in almost every conversation, and these common denominators warrant a closer look.



Trusted Relationships Are Essential

Successful family engagement in which family voice is central to the care of a child or youth with mental, behavioral, or emotional health needs is far more than a checklist of protocols and procedures. It thrives on a bedrock of human relationships and trusted partnerships between families, dedicated staff, and providers. The good news is that SOC counties are staffed with sincere and dedicated individuals, many with lived experience, who understand the value of empowering families to take the lead in their child's care.

Trusted relationships take time, however, and building trust often faces formidable hurdles, especially when families in crisis struggle to access the essential help they urgently need for their children. Common and significant challenges across the state include:

- **Navigating systems**. Families may be bewildered or angry as they engage with multiple systems, each with its own rules and requirements. Staff turnover within systems can add another layer of complexity.
- **Availability of therapeutic services.** Even as families "do everything right," the nationwide provider shortage means the wait for services can be painfully slow.
- **The logistics of everyday life.** Parents must juggle employment, schooling or daycare for their children, transportation, and a myriad of basic needs.
- **Cultural and linguistic differences.** Beyond observable differences between cultures (e.g., language, food, customs), there may be significant differences in the way cultures

(and different generations within those cultures) view mental health, community, authority, and even family.

These are all barriers to establishing trusted relationships, and they reveal themselves in different ways (see Every Family Is Unique). Taken as a whole, however, these barriers underscore the need for a holistic set of recommendations to earn and maintain trust—recommendations that include staff with lived experience such as Family Peer Support specialists, forging partnerships with organizations that are already trusted by families, providing supportive services until therapeutic services are available, as well as an array of other supports and services.

Our currently funded SOC counties have all developed their own processes for building trusted relationships with families, and yet more can always be done to engage families and elevate the family voice.

The Staffing Crisis Impacts Everyone at Every Level

The nationwide shortage of mental health providers has created a crisis that reverberates in counties across Pennsylvania, affecting families, providers, and youth- and family-serving organizations and agencies. This dearth of providers means that the families of children and youth grappling with mental health issues may be forced to wait for months before services are available—if they become available at all. For those needing residential treatment, they may be forced to receive care far from home due to a lack of beds. This has led to widespread dissatisfaction among providers, families, and stakeholders—but there are no easy solutions.

For their part, providers would like to see more funding to attract new and retain current mental health providers. This is seen as the most important—and urgently needed—solution to reduce the strain on an overburdened system. In the absence of more funding, providers are calling for a streamlined credentialing process, opportunities to share resources and solutions amongst themselves, and much-needed personal leave time to safeguard their own mental health.

Counties may find themselves in the middle and unsure of how to navigate this staffing crisis. With a great need for services but few available providers, counties may perceive providers as "holding all the cards." They may be wary that providers and their managed care organizations could choose to step back from providing needed services to families who are referred by the county. Moreover, counties rely heavily on providers to persuade families to participate in

crucial service evaluations, but participation rates are very low, and counties are often reluctant to communicate with providers about this issue.

Because there are significant variations between managed care organizations (MCOs) and the counties that contract with them, the findings in this report cannot be considered representative of the state; here, we focus on the very small data set of currently-funded SOC counties. That said, the complexities of the staffing shortage seem amplified by the perception that the quality of care can be linked to profits. Consider, for example, an incentive-based fee structure that is tethered to billable hours. This structure might prevent providers from engaging with families outside of scheduled therapy sessions or participating in non-billable case management team meetings, and any trend that reduces access to and/or participation from providers stands in stark contrast to the SOC approach of family-led holistic care that can erode trust between families, county staff, and providers.

This demonstrates the critical importance of collaborative partnerships[2] between counties and providers/MCOs to find solutions through new models of care or different funding sources. And, until the staffing crisis eases, counties will need to find solutions like these to engage providers and ensure that area families receive the care they need and deserve.

COVID-19's Impact Continues and Has Never Been Fully Addressed

COVID-19 profoundly impacted every aspect of our lives, and its effects linger. The pandemic changed human interactions, upended the way we work, disrupted education, and decimated healthcare. It also significantly impacted both the need for and delivery of mental health services, underscoring existing challenges and creating new ones.

The shift to online learning, for instance, left students without the daily structure and healthy socialization they would have had in school. Many parents found themselves grappling with a child's mental health challenges for the first time. The demand for services rose as large numbers of mental health providers and staff left the field.

[2] The Luzerne/Wyoming SOC takes a unique approach to working with providers. Project Director Joe Kloss relies on data to build relationships with providers, improve outcomes, and increase evaluation participation. By using data to start conversations with providers, Kloss is able to identify challenges faced by families and address them collaboratively. His office is also better able to hold providers accountable for service delivery through their Memorandums of Understanding (MOUs).

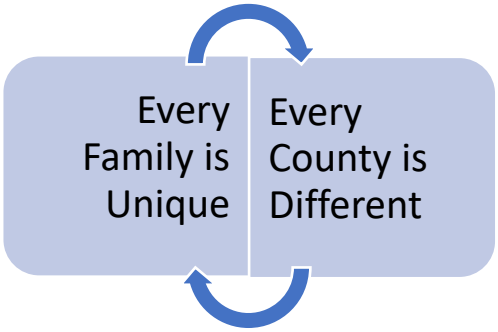
SOC counties across the Commonwealth reacted quickly, pivoting to virtual solutions to help families in crisis. This shift—while essential—was not always easy. Staff with whom we spoke shared that the pandemic and the move to Zoom distorted their sense of time and place. Working from home often blurred the boundaries between personal and professional life, making it difficult to prioritize self-care; they recognized that these stressors were universal, impacting everyone from children, youth, and families to providers.

The pandemic waned and the world re-opened, but the nation continues to wobble towards a still-undefined future. Offices that had previously expected employees to be at their desks 9-to-5, five days a week, began to experiment with new work-from-home arrangements; organizational meetings that, before the pandemic, had always been held in person, have remained relegated to Zoom. In schools, teachers have struggled to address a pandemic-induced learning gap in the classroom just as chronic absence, truancy, and dropout rates have soared.

Based on conversations for this report, there is consensus that: a) we will never return to a pre-pandemic world; b) residual trauma from COVID-19 largely remains unaddressed; and c) the future appears difficult and murky as the demand for mental health services far outstrips availability. Yet these conversations also revealed that no one appears to be taking time with staff to talk about these truths. We see this as an opportunity for introspection and collaboration—a chance for counties to proactively and strategically plan for the future.

Distinctions That Matter

Common denominators aside, two critical distinctions must be acknowledged. While they will likely come as no surprise to anyone engaged in the work of helping families, they should not be dismissed as "obvious." Only by diving deeper into these distinctions is it possible for counties to adapt and customize select recommendations to best meet their needs—and help them serve families.



Every Family Is Unique

Families tend to reach out for help in times of crisis. They are frustrated and exhausted, and there is an excellent chance that they have felt this way for a long time—perhaps years. They may have done their best to solve issues themselves and "hang in there," but they've been living in the trenches without respite, and nothing has prepared them for the challenge of raising a child with mental or behavioral health needs. These caregivers may need someone to talk to—or they may need a higher and more urgent level of support.

But, like fingerprints, no two families are the same, and the crisis that brings them through the door looks different from household to household. Certain distinctions between families may be easy to identify. Is help being sought by a single parent or a set of parents? A man or a woman? A grandparent? A foster or adoptive parent? A biological parent or kinship caregiver? How old is the child or youth? Are they in or out of school? Are there any other health challenges that impact the child's life? What is the race and ethnicity of family members? Where do they live, work, and play?

These foundational demographic questions are enough to demonstrate that there are meaningful differences between families, and yet demographics barely scratch the surface. A look at Caregiver Strain data or Columbia Impairment Scale data on the PA Care Partnership's data dashboard points to an array of reasons why caregivers seek help—from concern over their child's future to issues at school to family routines to financial strain and more.

Beyond the array of reasons *why* a family might seek help, each family comes with its unique perspective about *what* the experience will entail and *how* it will impact their family. Consider the spectrum of expectations or assumptions that caregivers might have. They may be more or less comfortable with or trusting of:

- Different child- and family-serving systems and organizations
    - "That should be the school's responsibility."
    - "How many times do I have to tell my story?"
    - "Will they take my child away from me?"
- Government agencies—local, state, or federal
    - "I could be deported."
    - "So much red tape."
    - "I can't ever get a person on the phone."
- Requests for personal information
    - "No way. That's nobody's business."

    - "I truly have no time for this."
    - "How many hoops do I have to jump through?"
- The language of mental and behavioral health
    - "Mental health" is still stigmatized in many households and communities.
    - "Behavioral health" may imply the child is being labeled for "bad behavior."

These types of considerations further distinguish one family from another (also pointing to this report's first finding that trust is essential for family engagement)—and this is before we consider culture. Some families will not seek support outside of their own community and traditions. For those who are open to mental health treatment, however, culturally competent solutions may not be available. For instance, undocumented families face a fear of deportation; connecting them to services is its own challenge.

Families are truly unique, multi-dimensional, and complex. The work of engaging, empowering, and elevating every family requires patience, kindness, and respect. The first step, always, is to listen and learn.

Every County Is Different

The demographics, cultures, and socio-economic realities of Pennsylvania's 67 counties differ. So do the needs, values, and priorities of residents. The majority of residents in one community might, for instance, value individualism and the ethos of "pull yourself up by your bootstraps," while another community's residents might value collectivism and the belief that "it takes a village." Both values are valid and meaningful, and understanding and honoring these kinds of characteristics can help counties engage with local families more successfully.

Complete profiles of currently funded SOC counties are available in Appendix D and hyperlinked below, but here are brief summaries of county characteristics:

- In the far southwest corner of Pennsylvania, bordered by Ohio and West Virginia, **Greene County's** very rural and multi-generational ancestry is predominantly German, Irish, and English. Almost 98% of households speak only English at home. The county's economy has historically deep ties to coal mining, agriculture, and livestock. The county's socially and politically conservative population skews older than the state average, and residents tend to trust traditional media (television, radio, and newspapers). Real-world interactions are prized above online experiences, and leisure activities favor outdoor recreation including hunting, fishing, and regional summer fairs.

Noteworthy data points:

- One-in-four adults report no religious identity—surprising in a county whose population is both older and conservative.
- There is a noticeably higher-than-state-average number of Medicaid births and mothers who have not completed their high school education.
- The ratio of mental health providers to residents is a staggering 770:1. This is far higher than the (already challenging) average of 400:1 across Pennsylvania's counties.

- Draw a straight line from Greene County across the Mason-Dixon line, and **Delaware County** appears in the southeastern corner of the state. The wide-ranging contrasts between these two counties are a measure of the state's enormous diversity. While the ancestry of longstanding Delaware County residents is predominantly Irish, Italian, and German, the county is home to Upper Darby Township—appropriately called "The World in One Place." Eighty-six cultures are represented within the township's borders, and 95 languages are spoken by students in Upper Darby School District (the largest district in the county). With a high percentage of foreign-born residents, approximately one in four households speak no English. While some populations prefer to shop at specialty markets, others prefer warehouse/club stores. Cell phones are ubiquitous, and media is typically consumed online. Many households are multigenerational and may include more than one family. Public transportation is commonly used, and commute times to jobs can be long. Even with low-wage jobs, many new residents choose to send money to family back home or save for international travel to visit family.

  Noteworthy data point:

  - While there is always a gap between the total number of reported versus substantiated child abuse cases, the gap is consistently and significantly larger for Delaware County. Only 6.4% of cases were substantiated in 2019, 1.9% in 2020, and 8.5% in 2021.

- The demographics of centrally-located **Blair County** are comparable to Greene County—but there are also differences. Ancestry is predominantly German, Irish, and Italian, with more than 97% of residents speaking English at home. More rural than urban[3], Blair County residents tend to prize family along with traditional, conservative values. Like Greene County, the population is slightly older than average when compared to other counties, and residents tend to earn less money than elsewhere in the state while enjoying a lower cost of living. Traditional media outlets are preferred, and a higher-than-average percent of

[3] Altoona is the county's only city with a population of approximately 43,000.

households still use a landline. Approximately 10% of residents are military veterans—perhaps choosing Blair County for its proximity to VA health care.

Noteworthy data point:

- Compared to the populations of both Delaware and Greene Counties, Blair County saw a significantly higher number of both handgun and long gun sales and trades in 2021.

These summaries may illustrate some of the ways in which county populations differ, but as a Commonwealth of associated local governments, each of the state's 67 counties also has its own way of doing business. This makes it almost impossible to create shared standards for delivering mental health services.

To better meet the demand for mental health support, counties have, in some instances, needed to adjust how and/or what services are offered. For instance:

- Blair has created the Blair County Inclusion Alliance to partner with anyone making referrals and ensure that they have the knowledge they need.
- Delaware County has launched Peer Support Navigators to help families in crisis for a period of three to six months.
- Greene County implemented CANVAS Group Therapy, a school-aged therapeutic support group for LGBTQI youth. Placing services in a school-based setting quite literally meets youth where they are. Additionally, the Local Lead Family Coordinator has organized a parent support group that meets regularly at times that are convenient for family members.

These steps can help build the trusted relationships that are essential to family engagement, yet this ongoing challenge may look different from county to county as well. The PA Care Partnership's most recent Year End Report notes that:

"In Delaware County, families express initial interest in participation but face difficulties in follow-through and providing solid commitments, often prioritizing immediate help over sustained involvement. Moreover, the county confronts challenges associated with shorter discharges, potentially affecting the continuity of family engagement. Blair County struggles with increasing family involvement due to conflicts with employment and families being unwilling to commit the necessary time to the Community Leadership Team (CLT). Meanwhile, Greene County grapples with various issues, including a lack of support for children's mental health needs, limited education on mental health, and unsupportive attitudes toward LGBTQI+ youth."

Recommendations

On the surface, it might seem as though successful family engagement is, essentially, an issue of communication and outreach; if there were only a set of messages and materials that could perhaps be customized, then the challenge could be solved. The research behind this report, however, suggests that outreach is only one facet of this complex work. This is why seven core recommendations have emerged from this project's findings.

Many of these recommendations have already been adopted by the currently funded SOC counties, and no county appears to have implemented all of them. The *principles* behind each recommendation are applicable to any county in the Commonwealth[4]. The *practices* within these recommendations, however, are not intended to be prescriptive or universal; what works in an Eastern urban setting may be ill-advised in a Western rural one. Counties are therefore encouraged to review all recommendations below and then select and adapt those specific recommendations that are realistic, actionable, and measurable.

Core Recommendations for Trusted and Sustainable Family Engagement	
Recommendation	**Rationale**
1. Learn from the past and plan for tomorrow.	In light of COVID-19's lasting impact, counties will benefit from reviewing what did/did not go well to prevent or minimize future disruptions.
2. Create an internal culture of genuine family support and inclusion.	Before counties can build trust with families, they can take steps to ensure that staff are ready, willing, and able to support, include, and engage families.
3. Build and deepen community partnerships.	Partnerships with family- and youth-serving agencies can make the work of family engagement easier. When partners are already trusted by families, they can become an important bridge to those that need care. And, when counties are effectively partnered with family- and youth-serving agencies, they can better assist families in navigating complex and siloed systems.
4. Establish a collaborative relationship with providers.	While Pennsylvania experiences a shortage of mental health providers, it is more important than ever for counties to have positive, consistent, and open communications with their providers to ensure expectations for treatment and evaluations are met.

[4] While this report focused on the counties that are currently funded by the PA Care Partnership's SOC grant, any county might benefit from these recommendations. Before selection and implementation, however, counties may benefit from conducting their own research to better understand the population they serve as well as how their staff and partners engage with families and each other.

5. Develop/adapt messages and materials to meet families where they are.	Because every family is unique, county staff must start by listening and focusing on interpersonal two-way communications. Typical outreach materials such as flyers and fact sheets (one-way communications), may be helpful and important *supplements*, but families first need to trust people—not paper.
6. Prioritize data to improve outcomes and generate support.	Data collection is one of the best ways to learn how families have been helped, and proof of positive outcomes is almost always needed to sustain good work and drive policy change (e.g., make Family Peer Specialists Medicaid-billable). And, when data suggest room for improvement, counties can take data-driven steps to improve services and genuine engagement.
7. Ensure the System of Care Philosophy is embedded in the work.	The revised philosophy—its core values and guiding principles—reminds us how and why System of Care works for children, youth, and families.

Learn from the Past to Plan for Tomorrow

No one could have predicted that a novel coronavirus would sweep the world, killing millions and sending us into isolation. Zoom became a critical means of communication, but we lost essential human connection. Families living in lockdown faced unprecedented challenges. And, in a world where mental health services were increasingly in demand, the capacity to deliver that help was greatly diminished.

> **"Change is inevitable, but growth is optional."**
>
> --Lisa Kennedy
> Family Peer Support Specialist
> York County Dept. of Human Services

We never returned to the "normal" of late 2019—and by now, four years later, it should be clear that we never will. Moreover, we have no idea where we will be in five or ten years—but we can be assured that things will not be the same as they are today. It is healthy to remain optimistic and hopeful, but we are also well-advised to plan for the unknown. In the coming decade, the political landscape may shift. Funding streams will fluctuate. Managed Care Organizations will adjust the way they do business. The provider shortage may never improve. Natural disasters or other crises on the order of COVID are always a possibility.

Counties are encouraged to embrace and prepare for the only certain thing: change. Leadership can take action *today* to proactively plan for *tomorrow*—and one of the most helpful planning tools is the *past.* Begin by sitting with staff to review lessons from the past five years. Guiding questions might include:

- What was working well before COVID? Where were we struggling?
- What were all the ways we changed how we serve families as a result of COVID? How did the demand for services change?
- What was different between the pandemic's early days versus two years in versus now?
- What resources (human, financial, etc.) have we gained or lost since COVID?
- Of all the changes we've seen, which were in our control, and which were not?
- Knowing everything that we know now, what would we have done differently?

The last two questions are particularly important and can provide a point of departure for future plans. They may even point towards the need to implement other recommendations listed below.[5]

Counties are also encouraged to look beyond their own backyards, however. The recently revised framework for SOC, for instance, may provide fresh thinking into how counties deliver services and supports. Markers of SOC's evolution over time reflect, "environmental changes, changes in health and human service delivery, experience, and data from evaluations and research," and the latest updates shared by the Institute for Innovation & Implementation present "updates in the philosophy, infrastructure, services, and supports."[6]

Updates to the SOC framework include:

- Elements of the public health approach, including comprehensive school-based mental health services
- Elements of the health-mental health care integration approach and linking with PCPs
- Strengthening the service array
- Including telehealth as an essential service
- Revising language to reflect youth-driven as well as family-driven care
- Emphasizing the need for equitable services
- Adding an infrastructure component focusing on health equity and addressing disparities

From "The Evolution of the System of Care Approach"

[5] The PA Care Partnership may wish to consider how it might help counties plan for the future as well by developing a planning checklist or template.

[6] Beth A. Stroul, Gary M. Blau, and Justin Larson. "The Evolution of the System of Care Approach for Children, Youth, and Young Adults with Mental Health Conditions and Their Families," 2021, https://www.cmhnetwork.org/wp-content/uploads/2021/05/The-Evolution-of-the-SOC-Approach-FINAL-5-27-20211.pdf.

Create an Internal Culture of Genuine Family Support and Inclusion

If trust is the foundation of meaningful family engagement, then it is incumbent upon counties to earn that trust by taking every possible step to create a culture of genuine family inclusion and support. Earning and maintaining trust is universally important to families—regardless of zip code or values—and any of the following practices may be of help to counties.

Seek out and elevate staff with an open heart for human service work. Staff will need to advocate, with empathy and without judgment. When possible, hire local staff with lived experience who understand the community's needs—as well as its resources. Provide staff with the tools and training that they need to succeed with families such as the Coach Approach to Adaptive Leadership, or Family Peer Specialist training (below).

> "People won't care what you know until they know that you care."
>
> --Blair County SOC

Meet families where they are. Every family is different and multi-dimensional—but every family wants and deserves to be heard—without judgment. This is not just true for families of different cultures; it can be equally true for neighboring families who live next door to each other. Remember that families may have an inherent distrust of system partners and/or providers, and this can become more acute when a) services are not available when needed, or b) families feel as though the truth has been withheld from them in any way.

> "Be, like, open-minded. Different family styles, different lifestyles."
>
> --G-mom
> Family member
> High Fidelity Wrap Around Program

In addition to respecting their perspective, meeting families where they are also involves honoring logistics of their day-to-day schedules. Some counties have addressed this by ensuring that meeting times take family work schedules and transportation issues into consideration. In Greene County, the local Lead Family Coordinator has also established a parent support group that meets regularly at times that work for family members.

Remove as many barriers to entry as possible for families. As counties well know, when families reach them in search of help, they are usually in crisis, and every hoop through which a family must jump only adds to the stress and anxiety of an untenable situation. Establish a "no wrong door" policy for families seeking help. Provide talking points or tip sheets to anyone who might make a referral—school social workers, system partners, community partners, etc.—to

let families know they will soon be connected to trustworthy help through the county. Once the referral has been made, the next hurdle may be finding a provider for therapeutic services. Unfortunately, extensive wait times become another kind of barrier as families wonder if they will ever get the help they need. Counties can help with supportive services and ongoing communications that assure families that they have found a partner who will be with them through this tough time.

Know your resources. Critical mental or behavioral health services may not be immediately available or easily accessed for children, youth, and their families. This is often a result of the wide-ranging shortage of providers and can contribute to mistrust in family-serving systems. These services, however, may not be the only thing that families in crisis need. Therefore, county staff should be trained to listen to and triage a full range of issues for which there might be assistance. This support can help families as they wait for mental health services. Resources, however, change over time, and they may not be distributed evenly over a county. A lack of essential resources often disproportionately impacts poorer neighborhoods or communities of color.

Counties are therefore advised to create (and regularly update) a community resource guide that helps triage immediate needs—anything from housing to food to transportation. This guide would be important for every staff member to have on hand, and, with modest instruction, it could become a helpful tool for families as they learn to use their voice and have their needs met. Resource guides should include:

> **"I'm only as good as my resources."**
>
> --Beth Ann McConnell
> Family Member
> PA Care Partnership State Leadership and Management Team

- Name of the organization
- The organization's purpose
- Hotline or phone number
- Website URL
- Contact name and email for best point of contact (if possible)

The PA Care Partnership may wish to develop a resource guide template that counties can customize and regularly update.

Invest in Family Peer Specialists[7] (FPS)—and embrace the foundational concept "do for, do with, cheer on." There appears to be universal agreement that Family Peer Specialists are essential advocates who improve outcomes for families. By modeling advocacy and collaboration skills, an FPS is trained to work with families across systems and ultimately elevate the family voice in service delivery.

While this is not yet a Medicaid-billable position in Pennsylvania, the PA Care Partnership's most recent year-end report notes that there is reason to hope that Family Peer Specialists may be included in Medicaid billing procedures by 2025. Until then, counties are encouraged to find funding (including grant funding when possible) for these positions.

The Family-Run Executive Director Leadership Association (FREDLA) developed comprehensive training for both Family Peer Specialists as well as Supervisors[8] that is currently available statewide through the Youth and Family Training Institute (YFTI). (The PA Care Partnership is on track with its long-term goal of training 100 Family Peers across all Pennsylvania counties.) In addition to this core training, YFTI provides monthly professional development meetings and peer-to-peer support groups. Enhanced training topics in communication skills, wellness, boundaries, and ethics are in the works in preparation for making FPSs a billable service. The PA Parent and Family Alliance (PAPFA) also provides ongoing training for FPSs that includes weekly meetings.

Developing an FPS program is an investment of time and resources for any county, but all family-serving staff can embrace the principle of "do for, do with, cheer on" in their work with families.

- *Do for.* Act as an advocate on behalf of a family in need of help. Ask what they need and think. Find necessary resources. Help the family navigate complex systems.
- *Do with.* Walk beside the family as they learn their rights as parents, start to use their voice for self-advocacy, and begin to navigate systems on their own.
- *Cheer on.* Celebrate successes as families build confidence and take the lead in directing the plan for their child's care.

[7] Family Peer Specialists might be known by different names (e.g., Family Support Partner, Peer Navigators) across organizations.

[8] The FREDLA trainings require that Family Peer Specialists have lived experience, but Supervisors do not share this requirement. The focus of supervisory training is to support those with lived experience in their professional role as an FPS.

> "Listen to your clients because your clients know what they need to succeed, and if you are just meeting them, you don't know them quite yet."
>
> --Damien
> Family member
> High Fidelity Wrap Around Program

Make every handoff a warm one. Too often, families are shuffled between systems and providers with what seems like no rhyme or reason. They are excluded from decisions, and expectations are murky at best. But families need and deserve to feel safe, and a warm handoff can accomplish this. This transfer of care happens when the SOC county staff person, coordinator, or FPS introduces the new provider or partner to the family, preferably in person. Families are engaged as equal partners in this introductory conversation about treatment and next steps. This important process not only involves families in the care of their child, and it prevents misunderstandings and deepens trust.

Cultural and linguistic competence (CLC) is deeper than language translation. Families deserve culturally sound and relevant support grounded in health equity. To that end, counties are encouraged to review the Pennsylvania Department of Health's CLAS (Culturally and Linguistically Appropriate Services) Toolkit.

Readers of this report may be familiar with "The Cultural Iceberg," pictured here. It distinguishes between those cultural characteristics we can observe (e.g., language, dress, music/dance, festivals, food) and those imperceivable but often richer cultural qualities (e.g., family structures and hierarchies, individualism vs. collectivism).

To support and engage families, staff need to approach cultural differences respectfully and with a willingness to learn. Delaware County models this work effectively. Their CLC Coordinator guides staff in multiple county agencies, and they require that

each of their providers have at least some background in CLC. They are also partnering with community organizations and the faith community to build culturally competent bridges to reach families in need of services (see the next recommendation on building partnerships). And, in a county whose global residents speak dozens of languages, the county turns to Language Line for critical translation and interpretation services.

But what about counties or regions that appear homogenous? The racial demographics of both Blair and Greene counties are almost entirely White, but unobservable cultural differences—the iceberg we cannot see—certainly exist. For instance, families who have lived in a community for generations may hold different attitudes than those who have recently relocated. There can be cultural differences based on religious or sexual identity. There may even be cultural distinctions based on child-rearing (at home vs. working parent), or the kind of work community members do (manual labor vs. tech).

Other resources that may be of value to SOC counties as they embed CLC into their work include:

- A System of Care Team Guide to Implementing Cultural and Linguistic Competence (Technical Assistance Partnership for Child and Family Mental Health, 2011)
- Improving Cultural Competence (SAMHSA, 2014)

Build and Deepen Community Partnerships

Even as counties take meaningful steps to create a culture of genuine family support and inclusion, families may still be reluctant to engage. Beyond any potential stigma associated with mental health, there is often mistrust of government systems—even at the local level.

Families will almost always reach out to those they already know and trust before seeking help from a new source. To bridge that divide, counties can proactively identify and work with those trusted individuals or known organizations. Two prime examples of key partners are area schools and the faith-based community.

Partner with area schools. For most of the year, schools can be an essential lifeline for children who need mental or behavioral health services. Some districts provide school-based counseling services and many provide referrals to area providers. Either way, schools are natural partners; counties can not only link students to needed services but also provide school-based programs to proactively support student needs. An example of this is Greene County's CANVAS school-based group therapy program for LGBTQI youth.

Engaging parents through the education system can, however, come with challenges. Families may not trust the education system and may "blame" the school for their child's issues. Or, referrals for service may come from school social workers who aren't clear on what steps need to be taken to get help for a child and their family. However, a close partnership with area schools can streamline support for families and create the circumstances for a warm hand-off.

System of Care counties may also wish to reach out to their PTAs. At the national level, the PTA has created a Center for Family Engagement that seeks to build parent leaders to champion family engagement in which every parent is treated as a valuable partner in their child's education—a mission that complements the System of Care Philosophy.

Partner with the local faith-based community. Faith-based organizations have deep roots in their communities—and a commitment to help their members. For those families with children and youth who struggle with mental and behavioral health issues, however, religious organizations may have no idea where to turn.

Through partnership, counties can become an important resource for information and even trainings. But the best partnerships are a two-way street, and counties have much to learn from faith-based partners about the families they serve—their cultures, their aspirations, and their challenges.

Identify and reach out to other essential partners. Area schools and the faith-based community are only two examples of important community partnerships. Every county will have its own list of important collaborators—from child, youth, and family-serving nonprofits to system partners. It may include organizations and individuals who have no direct link to mental and behavioral health but simply care deeply about their community. Some of these partners may be important resources for families and provide supportive services that can bridge a critical gap while waiting for therapeutic services to start; these can be included in a regularly updated resource guide (see recommendation above). Other partners, such as Delaware County's Multi-Cultural Family and Community Services, may be especially important when reaching out to culturally and linguistically diverse families.

If the list or potential partners feels overwhelming, county staff can always prioritize those partnerships that will best help them serve families in need.

Establish Solid Relationships with Providers

The mental health staffing crisis is widespread with no clear end in sight. Providers are over-extended, and services are frequently unavailable for months—if they are available in a county at all. Yet counties may be understandably grateful to have *any* providers under contract (consider Greene County whose ratio of mental health providers to residents is a staggering 770:1[9]). It may seem as though providers are "holding all the cards," but there are steps that counties can still take to address, at least in part, these hurdles.

Build relationships to collaboratively solve problems and increase evaluation numbers. The most important reason for counties to collaborate with providers is to ensure the delivery of quality services to families. It would be true in the best of times, and it is even more important in light of the staffing crisis. Counties can take an important first step by learning what their local providers need. Here are two ways to get started:

- Conduct periodic surveys, then use the findings as the basis for collaborative dialogue.
- Convene quarterly meetings for local providers to share challenges and brainstorm solutions.

Counties may also adopt the Luzerne/Wyoming model of using the data (e.g. Caregiver Strain data) to spark one-on-one problem-solving.

Once specific challenges have been identified, consider the local solutions that might work for providers and their MCOs. For instance, would it be feasible/helpful to pair a Family Peer Specialist with a clinician consistently? Or, if providers are unable to bill for time spent with families outside of scheduled therapy, is there another funding source that could compensate providers for their time?

Providers may not always do as much as they might to promote participation in service evaluations—even though successful data collection relies on providers to persuade families to say yes. Building a trusted partnership can help, however. Conversations may reveal why evaluation numbers are low—and the reasons may confound previous assumptions. Counties can then offer tools to make it easier for providers to promote evaluations such as a set of talking points that explain why evaluations are important and what families can expect. From there, counties and providers can agree on a process for introducing interested families to their evaluator, such as a warm hand-off and a one-page biography of the interviewer.

[9] The statewide ratio is 400:1. Blair County's ratio is 370:1 and Delaware County's ratio is 300:1.

Establish baseline expectations for providers in MOUs. Counties are encouraged to revisit their MOUs and seek future assurances from MCOs and their providers. These could include required participation in care coordination meetings as well as a commitment to promote family participation in evaluations or even Family-Led Interviews.

Find inspiration at the national level. SAMHSA's new 2023-2026 Strategic Plan includes five priorities—the last of which is strengthening the nation's behavioral health workforce. With three strategic goals and multiple supporting objectives to address the ongoing staffing crisis, counties can explore how this national approach can be adapted locally.

Develop/Adapt Messages and Materials That Meet Families Where They Are

Research for this project confirms that there will never be "one-size-fits-all" messaging to engage families. No flyer, poster, or social media post will ever take the place of one-on-one conversations by trusted staff, providers, care coordinators, or Family Peer Specialists. Nor is there a standardized process for outreach; this work requires that we meet families where they are—metaphorically, literally—and SOC families are all in very different places.

That said, there are methods by which counties can craft meaningful messages to engage families, and the four-step method below is both human-centered and highly customizable. It can be used by counties as well as organizations engaged in statewide outreach (e.g., development of messages and materials to engage families in Family-Led Interviews). These same steps can be used to craft messages for other audiences as well—youth, partners, providers, stakeholders, etc. Near the end of this section, there are also recommendations for developing or adapting materials that can help supplement conversations.

Before beginning, it helps to recognize the most common pitfall in messaging: The Curse of Expertise. Too often, "experts" populate their messages with what they believe their audience *should* hear—not what their audience is *ready, willing, and able* to hear. Even those with lived experience who now professionally support youth and families are not immune from this error. The best way to avoid this critical misstep is to actively listen to the family's needs, priorities, and values and then reflect those truths back to the family. The method below is one way of doing this. Counties should also review the Findings and their respective County Profile in Appendix D (Blair, Delaware, and Greene) for more insights into the families they serve.

Finally, county teams may not have the expertise on staff to craft important messages and materials, but training or technical assistance in the area of communications and social marketing can help local teams build capacity and gain confidence in this work.

Four Components to a Values-Based Message

1. Frame messages in a family's core values. A "frame" comes at the beginning of a message. It sets the tone for a message and has nothing to do with the specifics of a program or service. Instead, it essentially addresses the question, "What kind of world does your audience want to live in?" Would it be safe? Just? Hopeful? Self-sufficient? The answer to this question—and the frame for a message—reflects an audience's values. For example:

If an audience values…	Then an appropriate message frame might be…
Self-sufficiency, individualism	Families deserve to care for themselves in whatever ways work for them. Our job is to get you the resources you want and need for your family to succeed on your terms.
Cooperation, collectivism	Families should never have to endure tough times alone. We've walked in your shoes, and we'll be with you every step of the way.

2. Help the family "see" a better world. Building upon a message frame, add a sentence or two that paints a picture of how the family's values might look in the world with your initiative/program/services (i.e., your solution) in place. The vision begins to hone your message, focusing your audience's attention on the information you want to convey. What could a family expect if they received services through the county's office? What would they be able to count on? What might their lives look like six months or a year from now?

3. Highlight benefits and overcome potential barriers. This message component is more granular and customized. Every family will want to know how your solution benefits them specifically. For instance, in addition to linking children and youth to mental health services, can the county help with food, housing, utilities, or other resources? Can the county help navigate issues with specific systems (e.g., education or juvenile justice)?

Conversely, families may have barriers—tangible or intangible—that need to be addressed before they are willing or able to accept help. Tangible barriers might include time away from work or a lack of transportation. Intangible barriers might include stigma associated with asking for help or receiving mental health services. Pre-emptively addressing barriers to participation can help build trust with families.

When addressing benefits or barriers, phrase them in terms of what is important *to the family.* Counties might care about navigating systems, but a parent might care just as much about having a peaceful family meal.

4. Offer clear, realistic next steps. This final message component, often known as a "call to action," lays out the next steps you would like a family to take. It may be as simple as agreeing to a second conversation. The request should be easy and realistic. To further build trust, be sure to explain in simple, jargon-free language what next steps the family can expect from the county as well.

Beyond these four components to a values-based message, here are a few more recommendations for messages in one-on-one conversations or materials:

- Avoid acronyms and all mental health or related professional jargon. Families may be entirely unfamiliar with terms that are second nature to SOC staff. Even words like "resilience," "systems," or "family voice" may not have meaning to families seeing help. Worse, unfamiliar terminology may be perceived as condescending and off-putting.
- Recognize that the term "mental health" can be an unintended trigger.
- Avoid doing "for" or "to" families, as this language is not inclusive.
- Consider the wording of interview scripts and evaluation questions as well as messages. For instance, in the phrase "How much of a problem does your child have with…" the word "problem" may make family members uncomfortable. But, by shifting "problem" to "challenge," the question may be more comfortable.
- Storytelling is a powerful way to convey relatable, heart-centered messages and information. This may be especially true for those with lived experience.
- Remain mindful of cultural and linguistic competence. There is nuance to language often missed by straight translations, and there are cultural considerations to be honored in messaging. It is always wise to seek the guidance of someone who knows the language and culture well.

At a minimum, counties are urged to review any outreach materials they are currently using (including web pages intended for families) with a fresh eye. The bullet points immediately

above as well as Four Components to a Values-Based Message can be used to significantly improve clarity and impact.

Develop or Adapt Materials to Supplement One-on-One Conversations

In the course of this research, a select set of communication materials have proven particularly helpful in earning and maintaining trust with families. They include:

Helpful Supplemental Communication Materials	Purpose
County Resource Guide for families	Updated regularly in hard copy and/or electronic version, this guide would include support services for food pantries, housing assistance, health, transportation, education, and other family-serving organizations. Each listing should include a brief description as well as a phone number, physical address, website URL, and, when available, contact name and email. Counties should be sure to include contact info for themselves and encourage families to reach out for help. NOTE: This guide can also be distributed through area partners to the wider community to raise awareness about services.
One-page biographies of staff, Family Peer Specialists, interviewers to be given to families	Share biographies of those who will be working directly with families. These pieces should briefly share the subject's lived experience which will help establish a trusted rapport. Biographies should also include the subject's contact information.
Guidance on how to make referrals	This can be especially helpful if counties have a "no wrong door" policy and welcome referrals from a multitude of system or community partners. This straightforward guidance should include how to make the referral to the county as well as what families can expect next.
Talking points for providers	Providers who may struggle to recommend participation in evaluations may benefit from talking points that they can use to clearly explain how evaluations work and why they matter.

Counties may still want to create materials for a wider audience. It would be important, for instance, to have informational materials at health fairs or community events. A one-page flyer could provide an overview of how the county can help children and youth with behavioral or mental health challenges. This same information might be appropriate for the county website, or the county's social media channels.

Messages for these materials can still follow the four steps listed above (although they obviously won't be as highly tailored). A key to successfully reaching a wider population with these materials is to ensure that they are delivered how, where, and when the intended audience is most likely to be receptive to the message. For example:

- Pediatricians and primary care physicians—who are often trusted sources of information—might be an excellent way to share information with families.
- Hotline crisis numbers are successfully shared on the inside of public restroom stall doors where information can be viewed in privacy.
- A simple insert in a church bulletin may reach families at a moment when they are most ready and open to help.

Most counties do not have abundant staff time for creating communication pieces; counties can, however, consider adapting existing messages and materials. Mental health agencies and organizations have, over the years, created dozens of communication pieces specific to families, and Appendix C includes a short list of resources and websites from which counties might draw inspiration.

Finally, because communications and outreach are not necessarily a primary skill set for county mental health staff, counties are encouraged to speak with the PA Care Partnership if they would like technical assistance in this area.

Prioritize Data to Improve Outcomes and Generate Support

There are two essential reasons for collecting data. The first reason is quality improvement—an *internal* assessment of how an organization can improve the way it works. The second reason, however, is an opportunity to share outcomes with *external* partners, stakeholders, funders, families, and others. Data collection for either reason can be a challenge (see Findings above), but—beyond any grant requirements—robust data collection can help move initiatives from good to excellent.

Beyond any grant-mandated data collection, counties are encouraged to look at their implementation plans—as well as plans for the future—with fresh eyes. Beyond the number of services provided, what quantitative metrics or qualitative measures would help define success (or the need for a mid-course correction)? How might that data be collected—and how might it be used to further improve the quality of services?

Turning to Luzerne County as a model, for instance, data on services is used as a way to clearly understand what is happening with providers in the community. Project Director Joe Kloss does not use the data punitively but uses it to engage providers, deepen those relationships, collaboratively overcome barriers, and improve outcomes for families.

Successful programs deserve to be sustained—and expanded—and data can make the case for external support and sustainability. This is true for local programming as well as wider efforts to ensure that Pennsylvania's families receive the care they need. As an example, many counties already know that Family Peer Support Specialists are critical support systems for families in crisis, yet this position is not yet Medicaid-billable. Data collection (as well as standardized training and implementation) may help to change this policy at the state level, but that data collection will need to be consistent. Counties should look for opportunities to collaborate on this issue with family-serving organizations or evaluation teams that are invested in this policy change.

Data often "feels" uncomfortable to many. For those who are not evaluators, this is natural and common. Collecting, understanding, and using data are skills, however, and skills can be learned. The PA Care Partnership and evaluation team might benefit from conducting informal conversations with counties to uncover any specific barriers that individual staff members may have. These conversations could point the path for customized technical assistance or training to help counties address data-related barriers.

Finally, it is important to be mindful of any potential or perceived burden on families. Most families are doing the best that they can to get the help they need and keep their heads above water—and counties are doing their best to help. And while data collection is essential, families are often resistant to help. Families have even stepped back from treatment—even in crisis—when they learn what will be asked of them. The reasons for this can vary. If, for instance, the family has not met their evaluator before, they may be wary of speaking with a stranger; data collection might be perceived as an invasion of privacy or simply not worth their time.

A standard approach is to offer a stipend to families who participate in evaluations and interviews. This can be meaningful—it recognizes the value of the family's time—but it may not be enough. If counties have experienced reluctance from families, start with in-depth conversations with providers to find out why. Another step might involve a warm handoff so that the family can meet the evaluator in advance of the actual evaluation. Family representatives interviewed for this report also suggest that families need a clearer understanding of *what* will be collected, *how* it will be used, and *why* their input is important. Family representatives also recommend circling back with families to share how their insights helped improve mental health services for others.

Ensure the System of Care Philosophy Is Embedded in the Work

The final recommendation is an essential, human-centered reminder of why and how System of Care works. We encourage each county to carefully review the recently revised approach (also cited in this report's first recommendation). It includes an updated philosophy, values, and principles, and these are offered below:

Philosophy: Values and Principles	
Core Values	**Systems of Care are:**
1. Family and Youth Driven	Family and youth driven, with families and young people supported in determining the types of treatment and supports provided (with increasing youth/young adult self-determination based on age and development), and their involvement in decision-making roles in system-level policies, procedures, and priorities.
2. Community Based	Community based, with services and supports provided in home, school, primary care, and community settings to the greatest possible extent, and with responsibility for system management and accountability resting within a supportive, adaptive infrastructure of structures, processes, and relationships at the community or regional level.
3. Culturally and Linguistically Competent	Culturally and linguistically responsive, with agencies, services, and supports adapted to the cultural, racial, ethnic, and linguistic diversity of the young people and families they serve to provide care that meets individual needs, including those shaped by culture and language, and to ensure equity in access, quality, and effectiveness of services.
Guiding Principles	**Systems of Care are Designed to:**
1. Comprehensive Array of Services and Supports	Ensure availability and access to a broad, flexible array of effective, high-quality treatment, services, and supports for young people and their families that address their emotional, social, educational, physical health, and mental health needs, including natural and informal supports.
2. Individualized, Strengths-Based Services and Supports	Provide individualized services and supports tailored to the unique strengths, preferences, and needs of each young person and family that are guided by a strengths-based planning process and an individualized service plan developed in partnership with young people and their families.
3. Evidence-Based Practices and Practice-Based Evidence	Ensure that services and supports include evidence-informed, emerging evidence-supported, and promising practices to ensure the effectiveness of services and improve outcomes for young people and their families, as well as interventions supported by practice-based evidence provided by diverse communities, professionals, families, and young people.
4. Trauma-Informed	Provide services that are trauma-informed, including evidence- supported trauma-specific treatments, and implement system- wide policies and practices that address trauma.
5. Least Restrictive Natural Environment	Deliver services and supports within the least restrictive, most natural environments that are appropriate to the needs of young people and their families, including homes, schools, primary care, outpatient, and other community settings.
6. Partnerships with Families and Youth	Ensure that family and youth leaders and family- and youth-run organizations are full partners at the system level in policy, governance, system design and implementation, evaluation, and quality assurance in their communities, states, tribes, territories, and nation.

7. Interagency Collaboration	Ensure that services are coordinated at the system level, with linkages among youth-serving systems and agencies across administrative and funding boundaries (e.g., education, child welfare, juvenile justice, substance use, primary care) and with mechanisms for collaboration, system-level management, and addressing cross-system barriers to coordinated care.
8. Care Coordination	Provide care coordination at the service delivery level that is tailored to the intensity of need of young people and their families to ensure that multiple services and supports are delivered in a coordinated and therapeutic manner and that they can move throughout the system of services and supports in accordance with their changing needs and preferences.
9. Health-Mental Health Integration	Incorporate mechanisms to integrate services provided by primary health care and mental health service providers to increase the ability of primary care practitioners and behavioral health providers to better respond to both mental health and physical health problems.
10. Developmentally Appropriate Services and Supports	Provide developmentally appropriate services and supports, including services that promote optimal social-emotional outcomes for young children and their families and services and supports for youth and young adults to facilitate their transition to adulthood and to adult service systems as needed.
11. Public Health Approach	Incorporate a public health approach including mental health promotion, prevention, early identification, and early intervention in addition to treatment in order to improve long-term outcomes, including mechanisms in schools and other settings to identify problems as early as possible and implement mental health promotion and prevention activities directed at all children, youth, and young adults and their families.
12. Mental Health Equity	Provide equitable services and supports that are accessible to young people and families irrespective of race, religion, national origin, gender, gender expression, sexual orientation, physical disability, socioeconomic status, geography, language, immigration status, or other characteristics; eliminate disparities in access and quality of services; and ensure that services are sensitive and responsive to all individuals.
13. Data Driven and Accountability	Incorporate mechanisms to ensure that systems and services are data-driven, with continuous accountability and quality improvement mechanisms to track, monitor, and manage the achievement of goals; fidelity to SOC values and principles; the utilization and quality of clinical services and supports; equity and disparities in service delivery; and outcomes and costs at the child and family and system levels.
14. Rights Protection and Advocacy	Protect the rights of young people and families through policies and procedures and promote effective advocacy efforts in concert with advocacy and peer-led organizations.

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Finally, thanks to Joe Kloss of Luzerne County for his thoughtful contributions. He is successfully demonstrating how data can be used to establish stronger relationships with providers, and his county's families are the better for it.

Appendices

Appendix A: Data Sources

As part of this report, a number of data sources were reviewed in order to better understand each of the counties currently funded by System of Care. Please note that the time for in-depth analysis of each resource (as well as others not reviewed) was limited.

Federal Sources

Data Source	Purpose
U.S. Census Bureau	Used to review: • Population estimates and projections • Geographical mobility/migration • Age, race, ethnicity, language, education, income • Industry and occupation
SAMHSA National Survey on Drug Use and Health	Use to review: • Data on drug use/abuse (detailed list A to Z) • Drug use in correlation with mental health disorders • Treatment data
U.S. Dept. of Veterans Affairs	Used to look at U.S. Military Veterans as a percentage of county populations.

State Sources

Data Source	Purpose
Pennsylvania Youth Survey (PAYS)	Used to review: • Substance use • Safety • Prosocial involvement • Families
OpendataPA	Used to review: • Opioid dashboard • Substance use • Workforce dev • COVID data • Economic Development • Voting/election data • Public Education
OMHSAS Tableau Public Dashboard	Used to review: • Number of people served in residential treatment facility • Number of people served by peer support services NOTE: 2013, 2014, and 2015 are the only years for which the data are available.
Pennsylvania Center for Workforce Information & Analysis	Used county profiles to review: • Demographics • Employment/Unemployment
Dept. of Human Services	Used to review: • Child Welfare • County Block Grant Funds • Early Childhood Education • Medical Assistance

Juvenile Court Judges Commission	Searched for data on juvenile court dispositions and juvenile probation.
PA Uniform Crime Reporting Statistics	Used for county-level crime data 2021/2022 and a breakdown of juvenile arrests by county.
PA Dept of Education	Used to review: • Dropout, enrollment, and graduation information • District, school, and state report cards • Early childhood information • Home School Statistics
Pennsylvania Office of Drug Surveillance and Misuse Prevention (ODSMP) Tableau Dashboard	Used to review opioid prescriptions and use.
2021 Pennsylvania State Police Gun Ownership Report	Used to review county-level data on annual firearms sales/transfers.
Pennsylvania Department of Revenue	Used to find list of school districts within each county.

Private Foundation/Nonprofit/Other Sources

Name and Hyperlink	Purpose
KIDS COUNT	Used for county-level data on: • Economic Well-being • Family and Community • Health • Safety and Risky Behaviors
RWJ Foundation County Health Rankings and Roadmaps	Used for county-level data on: • Premature deaths • Children in poverty • Access to safe drinking water • Obesity
Public Religion Research Institute	Used for county-level data on religious identity and affiliation
Washington Post	Interactive tool on the growth of home-schooling by county through 2020-21

PA Care Partnership Dashboard Data Reviewed

1. Enrollment, Tracking, Reassessments
2. Demographic and Descriptive Information
3. Caregiver Strain
4. Referral Tracking
5. Pediatric Symptom Checklist

Appendix B: Critical Conversations

This report could not have been possible without valuable qualitative insights offered by the following in conversation:

Sector	Individuals	Dates of Conversations
Family members and professionals with lived experience	Crystal Karenchak	10/22/22; 2/24/23
	Lisa Kennedy	3/16/23; 10/5/23
	Dianna Brocious	4/13/23
	Beth Ann McConnell	4/25/23
System of Care County Leadership and Staff	Blair County: ○ Missy Peters ○ Kristy Strong	4/21/23
	Delaware County: ○ Laura Kuebler ○ Christina Gordon	5/16/23; 6/19/23
	Greene County: ○ Melanie Trauth ○ Melissa Wasson	5/9/23; 6/12/23
Family Peer Specialists	Bobbi Bair (Luzerne County)	8/2/23
	Dan Fisher (DelCo/Child & Family Focus)	8/10/23
Evaluation Team	Monica Walker Payne (SOC Evaluation Director)	11/28/22; 3/10/23; 5/1/23; 8/7/23; 10/2/23
	Ed McKenna (Family Interviewer)	10/23/23
Others	Joe Kloss (Luzerne County)	8/7/23
	Shannon Fagan	10/9/23

Additionally, we were able to learn more about provider challenges as a result of listening to a conversation with SOC providers led by Mark Durgin and Monica Walker Payne on January 6, 2023.

Appendix C: Supplemental Review of Existing Resources

For this project, a modest number of hours were dedicated to conducting a top-level scan of resources, messages, and materials intended to engage families. Much of the messaging included jargon, terms, or syntax that would not be helpful or easily understood by families (particularly those in crisis). Other pieces, however, were written with clear, family-friendly language and are listed in this Appendix. SOC counties and family-serving organizations may wish to review them for inspiration as they create or adapt their own materials.[10] Resources are listed in alphabetical order by organization name.

MESSAGING TO FAMILIES

Child Mind Institute

Being an Effective Advocate for Your Child (online article)
While the specifics of this piece may not be relevant to every county in Pennsylvania, the tone and language of this article are family-friendly and action-oriented.

Frameworks Institute

From Caring to Conditions: Strategies for Effectively Communicating About Family, School, and Community Engagement **(research brief)**
and
Dos and Don'ts: Framing Strategies to Adopt and Avoid **(tip sheet)**
The Frameworks Institute uses research to explore the preconceptions that people have about a variety of social issues and then develops and tests message frames that can shift audience perceptions. Their research on family engagement, as it relates to education, revealed that most people assume "engagement" is an interpersonal experience akin to attending a parent-teacher conference. The typical understanding of this word limits thinking, making it difficult to connect the dots between family engagement, equity, and the role of the education system. These resources provide the research behind a set of message frames that can help different audiences see the issue more clearly, as well as framing strategies that will and won't be more successful. These

[10] There is one important caveat, however. With the exception of content from the Frameworks Institute, we do not know whether messages and materials were researched and tested with their intended audience of family members to ensure that they are genuinely persuasive (this is an important best practice in social marketing). Therefore, anyone choosing to adapt these resources is highly encouraged to test their effectiveness before widespread use. This can be done by sharing messages and materials with a few family members and asking whether they resonate. Invite feedback that might improve outreach pieces—and then make any needed changes.

are only two of their resources on this topic. For their wider body of work on family engagement (with an emphasis on education), go here.

Fred Rogers Center for Early Learning and Children's Media/PA Office of Child Development and Early Learning

One-Sheet for Grandparents (.pdf)
This simple, jargon-free one-sheet is intended to help grandparents gain confidence as they advocate for their grandchildren. Core messages are:

- Your grandchild is lucky to have you.
- Trust yourself.
- You are not alone.

Fact Sheet for Families (.pdf)
This rich yet easy-to-understand two-page document can help families understand how family engagement (in a general sense) works and what they can expect from the experience.

PA Parent and Family Alliance

From a Family Support Partner (FSP) Who Understands **(online only)**
This web page invites families to call their hotline for one-on-one support from someone with similar lived experience. Its language is clear and jargon-free, addressing both the benefits of working with an FSP and proactively addressing potential barriers for families (time, money, confidentiality). There is a clear call to action for interested families who want to take the next step.

Collected Tip Sheets (web pages and downloadable tip sheets)
A collection of more than a dozen tip sheets written for parents and caregivers on subjects ranging from bullying to LGBTQI issues to choosing a residential treatment facility. Each one is written with meeting the immediate needs of families in mind. They use compassionate yet straightforward language that demonstrates empathy while offering concrete next steps for families to take. While they are not specific to family engagement, they are strong examples of how to write for the intended audience.

Pennsylvania Department of Education

Family Engagement Birth through College, Career, Community Ready Framework: A Companion Guide for Families
This extensive and comprehensive document was written specifically for families to fully explain family engagement in their child's education. There is valuable content on what family engagement looks like that counties might wish to adapt, with one major caveat: ***families in crisis may be overwhelmed by the size and scope of this document*.**

Additionally, there is school-specific terminology that counties might not use (e.g., "learning communities"). Nonetheless, this resource could be helpful to any county who is partnering with schools and/or counties looking to create their own family engagement resources for parents. Much of the information in this document, for instance, could inspire a series of one-sheets on a range of topics helpful to families. (NOTE: This companion guide for families is available in multiple languages. All versions, as well as the full framework from the Department of Education, can be found here.)

OTHER FAMILY ENGAGEMENT RESOURCES

W.K. Kellogg Foundation

Cultivating a Community of Champions for Children **(downloadable report)**

This report shares the successes of school districts and communities that have committed to equity-based family engagement practices to help parents and caretakers in underserved communities become effective advocates and leaders.

National Parent Teachers Alliance

National PTA Center for Family Engagement Resource List

The National PTA has adapted the Transformative Family Engagement model to build parent leaders to champion family engagement in which every parent is treated as a valuable partner in their child's education—a mission that complements the System of Care Philosophy. This list of resources includes webinars on their approach to family engagement that may be of value to SOC counties—especially those who are interested in partnering with local school districts.

National Association for Family, School, and Community Engagement

Family Engagement Toolkits

While their extended list of family engagement toolkits is behind a membership paywall, there are two toolkits available to anyone through this link.

- BOSTNet Engaging Families in Out-of-School Time Programs Toolkit
- Maryland Coalitions Early Childhood Family Engagement Framework Toolkit

Appendix D: County Profiles

Blair County Select Indicators

Summary

The population of Blair County, located in central Pennsylvania, is predominantly White, non-Hispanic. Ancestry is predominantly German, Irish, and Italian. Residents earn less money than elsewhere in the Commonwealth, but the cost of living is lower. The population skews older than elsewhere in the state, with higher rates of disability and the uninsured. Residents rely on traditional media outlets for the most of their news (TV, radio, newspapers). A higher-than-average number of veterans live in the county, perhaps to be in proximity to healthcare. Values are generally very conservative based on voting records and media outlets. Fully 97.3% of residents speak only English at home.

Notable data point from indicators below:

- When compared to both Delaware County and Greene County, Blair County saw a significantly higher number of both handgun and long gun sales and trades in 2021.

Select Indicators

(Note: Links to data sources listed in footnotes are available in Appendix A.)

Population: Demographics[11]		
Total Population	122,822	100%
Median age*	43.6	--
Percent Foreign born**	--	1.3%
Percent Over 65***	--	21.4%
Percent residents who are military veterans******	--	~10%
Hispanic/Latino	1,708	1.4%
American Indian/Native American	164	0.1%
Asian	878	0.7%
Black	2,533	2.1%
Native Hawaiian/Pacific Islander	13	<0.1%
Another race	780	0.6%
Two or more races	4,863	4.0%
White	113,618	92.5%

* Older than state average of 40.9
** Significantly lower than state average of 7.2%
*** Higher than state average of 19%
**** Higher than the state average of ~8%

[11] Data from U.S. Census and U.S. Department of Veterans Affairs.

Blair County (continued)

Income, Industries, Housing, and Poverty[12]	
Median 2021 household income	
○ **All families**	$75,751
○ **Married couple**	$94,574
○ **Single mother**	$27,146
○ **Single father**	$43,333
Top Three Industry Sectors	
○ **Education/healthcare/soc. Services**	26%
○ **Retail**	13.9%
○ **Manufacturing**	10.5%
Total Unemployment in October 2023	2,100 (3.6%)
Housing	
○ **Median gross rent**	$726
○ **Homeownership**	78%
Poverty	
○ **All ages in poverty**	10.7%
○ **Children birth to 17 below 100% Poverty**	11.6%
○ **Children birth to 17 100-200% Poverty**	21.8%

Youth and Families[13]	
Family Composition	
○ **Average family size**	2.95
○ **% of households with children under 18**	20.3%
○ **% of married couple households**	46.7%
○ **Male household, no spouse**	17.7%
○ **Female household, no spouse**	27.5%
2020 Births*	
○ **Medicaid births**	438 (37.4%)
○ **Mothers under age 20**	61 (5.2%)
○ **Fathers under age 20**	29 (2.6%)
○ **Single mothers under 20**	65 (5.4%)
○ **Mothers with no high school education**	148 (12.4%)
○ **Fathers with no high school education**	133 (11.8%)
2021 All Children in Foster Care**	
○ **All races total**	**149**
○ **Non-Hispanic White**	**114**
○ **Non-Hispanic Other Race**	**13**
○ **Non-Hispanic Two or More Races**	**15**

* All data points are above the statewide average with the exception of "Fathers with no high school education."
** To understand the "gap" between the total number of children in foster care and figures below it, KIDS COUNT explains, "Statistics (rates, ratios, percents) are not calculated and displayed for counts less than 10… This is due to the unreliability of statistics based on small numbers of events." In this instance, it represents totals under 10 for children who are either Hispanic/Latino and non-Hispanic Black.

[12] Data from KIDS COUNT, RWJ County Health Rankings, Pennsylvania Center for Workforce Information & Analysis, and U.S. Census
[13] Data from KIDS COUNT and Pennsylvania Child Protective Services

Blair County (continued)

Youth and Families (continued)			
Child Abuse* **	Year 2019	Year 2020	Year 2021
○ **Total reports**	605	490	535
○ **Substantiated reports**	75	91	74

*** These numbers do not include CPS reports, assessments, and validations of "General Protective Services" that would include issues such as caregiver substance use, domestic violence, or caregiver mental health issues.

Education/Graduation Rates[14]	
Percent of children who do not have access to publicly-funded Pre-K*	50%
Percent of residents who graduated from High School or earned their GED	44.5%
Percent of residents with a Bachelor's Degree or higher**	24%

* Better than the statewide average of 61%

** Noticeably less than the statewide rate of 35%

Home Schooling Rates by District[15]			
School District	**Total # Students**	**# Students Home Schooled 2021-22 School Year**	**% Students Home Schooled 2021-22 School Year**
Altoona Area	7,265	103	1.42%
Bellwood Antis	1,201	46	3.83%
Claysburg-Kimmel	779	14	1.80%
Holidaysburg Area	N/A	N/A	N/A
Spring Cove	402	3	0.75%
Tyrone Area	1,843	74	4.00%
Williamsburg Community	461	22	4.77%
TOTAL	11,951	262	2.19%

[14] Data from PA Department of Education and U.S. Census

[15] District list captured from state revenue department; home schooling data county from *Washington Post* interactive feature

Blair County (continued)

Select 2021 PAYS Data[16]*					
Question	Response	6th Grade	8th Grade	10th Grade	12th Grade
I'd like to get out of my neighborhood.	NO!	46.8%	35.3%	32.4%	26%
	no	30.8%	38.8%	36.1%	36.6%
	yes	12%	16.3%	21.2%	25.1%
	YES!	10.4%	9.6%	10.3%	12.4%
How easy would it be for you to get a handgun?	Very hard	77.5%	74.4%	68.1%	63.4%
	Sort of hard	11.4%	12.7%	15.1%	17.9%
	Sort of easy	5.9%	6.5%	9.7%	9.4%
	Very easy	5.3%	6.4%	7.1%	9.3%
If you wanted to get prescription drugs not prescribed to you, how easy would it be for you to get some?	Very hard	75.5%	65.8%	51.8%	48.5%
	Sort of hard	13.4%	16.7%	22%	23.5%
	Sort of easy	6.8%	12.1%	17.3%	17.2%
	Very easy	4.3%	5.4%	8.8%	10.8%
Thinking back over the past year in school, how often did you enjoy being in school?	Never	10.1%	13.3%	14.8%	12.8%
	Seldom	7.9%	13.1%	15.6%	15.3%
	Sometimes	31.9%	38.1%	38.2%	37.8%
	Often	26.2%	25.3%	24.5%	25.3%
	Almost always	23.9%	10.1%	6.9%	8.8%
I feel safe at my school.	NO!	4.9%	6.5%	9.6%	8.4%
	No	9.2%	17%	18.4%	15.2%
	Yes	41.1%	54.5%	53.3%	54.4%
	YES!	44.8%	21.9%	18.7%	22%
My parents ask me what I think before most family decisions affecting me are made.	NO!	11.1%	9.1%	9.5%	15%
	No	24.3%	23.6%	23.5%	23.9%
	Yes	38.6%	45.9%	45.3%	43.2%
	YES!	26.1%	21.4%	21.7%	22.3%
In the past 12 months, have you felt depressed or sad MOST days, even if you felt OK sometimes?	NO!	37.7%	33.9%	28.2%	28.7%
	No	21.6%	24.4%	26.8%	27.1%
	Yes	24.2%	24.3%	24.2%	30%
	YES!	16.5%	17.5%	20.8%	14.2%
Did you ever seriously consider attempting suicide?	Yes	13.1%	20.5%	20.6%	17.7%
	No	86.9%	79.5%	79.4%	82.3%

* This is a *very* small snapshot of a much larger set of results across multiple domains. The same questions were pulled for each set of county highlights in this report. Comprehensive PAYS survey findings might be particularly helpful to counties and can be found here. The 2023 survey is currently underway.

2021 Firearms Sales/Transfers[17]			
Handgun (Taxed)	**Handgun (No Tax)**	**Long Gun (Taxed)**	**Long Gun (Not Taxed)**
7,936	1,866	6,560	858

[16] Data from 2021 Pennsylvania Youth Survey (PAYS)
[17] Data from 2021 Pennsylvania State Police Gun Ownership Report

Blair County (continued)

Select Health Metrics[18]			
Percent of Uninsured Under Age 65			8%
Insured Children 2022			
○ **Children under 21 living in county**			33,186
○ **Percent children under 19 without insurance**			8%
○ **Medicaid/CHIP enrollment in 2022**			28%
Number of Drug Overdose Deaths 2022			26
Ratio of Mental Health Providers to Residents*			370:1
Health Factors**			
○ **Poor or Fair Health**			14%
○ **Adult Smoking**			20%
○ **Adult Obesity**			32%
○ **Physical Inactivity**			22%
○ **Excessive Drinking**			21%
Estimated Number of Individuals with Drug Use Disorder			2,781
Opioid Prescriptions, 2nd Qtr. 2023			
○ **Count**			17,814
○ **Rate per 10,000 populations**			1,454
OMHSAS Data***	2013	2014	2015
○ **Number of peer support services provided*****	239	318	336
○ **Number of residential treatment admissions**	25	31	24

* This is slightly better than the statewide ratio of 400:1.
** In each of these measures, Blair County's data is equal to or almost equal to the statewide average.
*** Data are only available for the years 2013 through 2015.
**** Compared to other counties, Blair saw a larger increase in the # of peer support services offered over time.

Juvenile Justice Data[19]	
Juvenile Population	11,563
2021-2022 Delinquency Allegations (Total)	261
○ **Male**	197
○ **Female**	64
○ **White Non-Hispanic**	207
○ **Black Non-Hispanic**	49
○ **Hispanic**	4
○ **Other**	1
Percent change from 2020-2021	5.2%

[18] Data from KIDS COUNT, RWJ County Health Rankings & Roadmaps, Department of Human Services, OpendataPA, OMHSAS Tableau Public Dashboard, SAMHSA National Survey on Drug Use and Health, Pennsylvania Office of Drug Surveillance and Misuse Prevention (ODSMP)
[19] Data from Juvenile Court Judges Commission

Blair County (continued)

Religious Identity[20]	
White Christian Identity	77%
White Evangelical Protestant	31%
White Mainline Protestant	23%
White Catholic	23%
Black Protestant	1%
Hispanic Protestant	1%
Hispanic Catholic	2%
Other Christian*	3%
Mormon	0%
Jewish	0%
Muslim	0%
Buddhist	0%
Hindu	0%
Religiously Unaffiliated	16%

* Per the Public Religious Research Institute, "Other Christians" make up 7% of the U.S. population and are comprised of multiracial Christians AAPI Christians, Native American Christians, Black Catholics, Christians who did not provide a race or ethnicity, Jehovah's Witnesses, and Orthodox Christians.

Recent Election Data[21]	
2020 Presidential race	Donald Trump 71%/Joseph Biden 28%
2022 Governor's race	Douglas Mastriano 63%/Josh Shapiro 35%
2022 Senate race	Mehmet Oz 68%/John Fetterman 29%

Esri/Tapestry Market Audience Segmentation Analysis for Blair County

Esri is an international research firm headquartered in California that uses geographic information systems and mapping technologies to identify consumer trends and behaviors. Their Tapestry Market Audience Segmentation Profiles are a free, in-depth look at 67 distinct neighborhoods that describe the United States and help describe consumer behaviors, demographic shifts, and cultural values. It is updated annually.

This report used Esri's geographic heat maps to identify six Tapestry "neighborhoods" in Blair County (Midlife Constants, Salt of the Earth, Heartland Communities, Rooted Rural, Traditional Living, and Small Town Sincerity). These neighborhoods align with county-level Census data. Based on Esri research, the related characteristics, values, and behaviors of Blair County residents suggest that:

[20] Data from PRRI (Public Religion Research Institute)
[21] Data from OpenDataPA

- More country than urban, residents tend to prize traditional, conservative values and typically make family their top priority.
- Housing includes a mix of modest older single-family homes, apartments, and mobile homes.
- The cost of living is lower than elsewhere in the U.S., but wages are also lower. Most residents have a below-national average net worth. They bank locally and have low-risk investments.
- Compared to elsewhere in the state and nation, the population skews older and rely on traditional media outlets for news (TV, radio, newspapers) more than the internet.
- Residents are cost-conscious but prefer to buy American.
- There is a high percentage of trucks and SUVs, and, for some, vehicle upkeep may be more important than home improvements.
- Residents may be DIY-savvy, but they don't necessarily turn to the latest technology to solve problems. The area has a higher-than-average percentage of residents who still use a landline.
- Face-to-face interactions are often preferred over online interaction.
- A high percentage attend church. They may also belong to other social clubs (e.g., veterans' organizations) or do volunteer work.
- Residents watch a significant amount of football and NASCAR.
- Leisure activities include gardening, hunting, fishing, walking, and other outdoor activities.

Delaware County Select Indicators

Summary

Delaware County is in far southeast Pennsylvania, directly below Philadelphia. While the county's ancestry is predominantly Irish, Italian, and German, Upper Darby Township, in particular, represents "the world in one place" and is home to diverse immigrant populations. Indeed, the differences between townships in this county are so significant that all county-level data must be seen in that context. Since Delaware County System of Care is committed to reaching residents of Upper Darby Township, this county profile includes township data from the U.S. Census where it is available.

Notable data point from indicators below:

- While there is always a gap between the total number of reported versus substantiated child abuse cases, the gap is consistently and significantly larger for Delaware County. Only 6.4% of cases were substantiated in 2019, 1.9% in 2020, and 8.5% in 2021.
- Median household income in Upper Darby is $67,579 compared to a county-wide figure of $113,022. Median rent prices, however, are consistent across the county.

Select Indicators

(Note: Links to data sources listed in footnotes are available in Appendix A.)

Population: Demographics[22]				
	Upper Darby Township Totals	**Upper Darby Township Percentages**	**Delaware County Totals**	**Delaware County Percentages**
Total Population (2020 Census)	85,681	100%	576,830	100%
Median age	N/A	N/A	39.2*	--
Foreign born	19,392	22.9%**	64,028	11.1%***
Over 65	10,839	12.8%***	98,638	17.1%****
Military Veterans***	N/A	N/A	--	~5%
Hispanic/Latino	7,198	8.5%	26,772	4.6%
American Indian/Native American		0.1%	1,092	0.2%
Asian	10,162	12.0%	36,457	6.3%
Black	28,876	34.1%	129,242	22.4%
Native Hawaiian/Pacific Islander	--	0.0%	153	<0.1%
Another race	N/A	N/A	12,149	2.1%
Two or more races	4,911	5.8%	30,019	5.2%
White	38,667	43.3%	367,718	63.7%

* Slightly younger than state average of 40.9
** Significantly higher than the state average of 7.2%
*** Higher than state average of 7.2%
***Significantly lower than the state average of 19%
**** Lower than state average of 19%
**** Lower than the state average of ~8%

[22] Data from U.S. Census and U.S. Department of Veterans Affairs.

Delaware County (continued)

Income, Industries, Housing, and Poverty[23]		
	Upper Darby Township	**Delaware County**
Median 2021 household income		
○ **All families**	$67,579	$113,022
○ **Married couple**		$153,943
○ **Single mother**		$37,139
○ **Single father**		$43,691
Top Three Industry Sectors		
○ **Education/healthcare/soc. Services**		29.4%
○ **Professional/management/admin.**		12.75%
○ **Retail**		9.8%
Total Unemployment in October 2023		10,500 (3.5%)
Housing		
○ **Median gross rent**	$1,202/month	$1,206/month
○ **Homeownership**		69.1%
Poverty		
○ **All ages in poverty**	13.5%	10.1%
○ **Children 0 to 17 below 100% Poverty**		15%
○ **Children birth to 17 100-200% Poverty**		16.2%
○ **Children in Poverty by race/ethnicity**		
○ **American Indian/Native American**		22%
○ **Asian**		11%
○ **Black**		28%
○ **Hispanic**		22%
○ **White**		5%

Youth and Families[24]	
Family Composition	
○ **Average family size**	3.21
○ **% of households with children under 18**	22%
○ **% of married couple households**	47.3%
○ **Male household, no spouse**	16.6%
○ **Female household, no spouse**	30.5%
2020 Births	
○ **Medicaid births**	1,125 (18.1%)
○ **Mothers under age 20**	180 (2.9%)
○ **Fathers under age 20**	56 (1%)
○ **Single mothers under 20**	174 (2.8%)
○ **Mothers with no high school education**	397 (6.3%)
○ **Fathers with no high school education**	274 (5.1%)

[23] Data from KIDS COUNT, RWJ County Health Rankings, Pennsylvania Center for Workforce Information & Analysis, and U.S. Census

[24] Data from KIDS COUNT and Pennsylvania Child Protective Services

Delaware County (continued)

Youth and Families (continued)			
2021 All Children in Foster Care			
○ **All races total**			414
○ **Hispanic/Latino**			39
○ **Non-Hispanic Black**			193
○ **Non-Hispanic White**			129
○ **Non-Hispanic Other Race**			16
○ **Non-Hispanic Two or More Races**			37
Child Abuse*	Year 2019	Year 2020	Year 2021
○ **Total reports**	1307	1,030	1,195
○ **Substantiated reports****	83	20	102

* These numbers do not include CPS reports, assessments, and validations of "General Protective Services" that include issues such as caregiver substance use, domestic violence, or caregiver mental health issues.
** While there is always a gap between the number of reported versus substantiated cases, this gap is consistently and significantly larger for Delaware County than other counties in the Commonwealth.

Education/Graduation Rates[25]		
	Upper Darby Township	Delaware County
Percent of children who do not have access to publicly-funded Pre-K*	N/A	68%
Percent of residents with a Bachelor's Degree or higher	32.3%	42.9%

* Higher than the state average of 61%

Home Schooling Rates by District[26]			
School District	**Total # Students**	**# Students Home Schooled 2021-22 School Year**	**% Students Home Schooled 2021-22 School Year**
Chester Upland	2,723	14	0.51%
Chichester	3,051	27	0.88%
Garnet Valley	4,500	36	0.80%
Haverford Township	6,567	97	1.48%
Interboro	3,305	13	0.39%
Marple Newtown	3,715	49	1.32%
Penn-Delco	3,284	45	1.37%
Radnor Township	3,601	20	0.55%
Ridley	5,464	18	0.33%
Rose Tree Media	4,068	59	1.45%
Southeast Delco	4,053	29	0.72%
Springfield	4,359	22	0.50%
Unionville-Chadds Ford	3,897	36	0.92%
Upper Darby	12,385	92	0.74%
Wallingford Swarthmore	3,667	26	0.71%
West Chester Area	12,095	246	2.03%
William Penn	4,642	65	1.40%
TOTAL	85,376	894	1.05%

[25] Data from PA Department of Education and OpendataPA
[26] District list captured from state revenue department; home schooling data county from *Washington Post* interactive feature

Delaware County (continued)

Select 2021 PAYS Data[27]*					
Question	Response	6th Grade	8th Grade	10th Grade	12th Grade
I'd like to get out of my neighborhood.	NO!	46%	35.9%	26%	21.3%
	no	35%	38.6%	42.2%	35.2%
	yes	11.8%	17.1%	20.9%	28.2%
	YES!	6.8%	8.4%	10.9%	15.2%
How easy would it be for you to get a handgun?	Very hard	88%	85.7%	80%	77.2%
	Sort of hard	6.4%	8.3%	11%	13.4%
	Sort of easy	2.3%	3.1%	4.9%	4.3%
	Very easy	3.2%	2.9%	4.1%	5.2%
If you wanted to get prescription drugs not prescribed to you, how easy would it be for you to get some?	Very hard	73.8%	61.8%	50%	45.9%
	Sort of hard	16.1%	21.2%	24%	24.8%
	Sort of easy	6.5%	11.2%	18%	18%
	Very easy	3.6%	5.8%	8.1%	11.3%
Thinking back over the past year in school, how often did you enjoy being in school?	Never	9.9%	12%	16.4%	15.3%
	Seldom	7.6%	12.9%	15%	17.5%
	Sometimes	32.9%	37.1%	41.1%	39.1%
	Often	28.1%	25.2%	20.5%	22.2%
	Almost always	21.4%	12.7%	7%	5.8%
I feel safe at my school.	NO!	4.9%	5.1%	7.9%	8.3%
	No	9.9%	13.3%	16.7%	15.4%
	Yes	45.9%	54.3%	56.4%	56.4%
	YES!	39.3%	27.3%	19%	19.9%
My parents ask me what I think before most family decisions affecting me are made.	NO!	11.8%	10.7%	13.3%	14%
	No	22.7%	23.6%	24.3%	23.1%
	Yes	42.3%	43.7%	46.3%	45.1%
	YES!	23.3%	21.9%	16.1%	17.8%
In the past 12 months, have you felt depressed or sad MOST days, even if you felt OK sometimes?	NO!	39.7%	35.2%	29.6%	28.1%
	No	25.1%	25.3%	25.2%	25.9%
	Yes	24.7%	25.9%	27.3%	26.2%
	YES!	10.5%	13.6%	17.9%	19.85%
Did you ever seriously consider attempting suicide?	Yes	14.7%	18.8%	22.1%	21.9%
	No	85.3%	81.2%	77.9%	78.1%

* This is a *very* small snapshot of a much larger set of results across multiple domains. The same questions were pulled for each set of county highlights in this report. Comprehensive PAYS survey findings might be particularly helpful to counties and can be found here. The 2023 survey is currently underway.

2021 Firearms Sales/Transfers[28]			
Handgun (Taxed)	Handgun (No Tax)	Long Gun (Taxed)	Long Gun (Not Taxed)
8,748	6,429	2,926	2,814

[27] Data from 2021 Pennsylvania Youth Survey (PAYS)
[28] Data from 2021 Pennsylvania State Police Gun Ownership Report

Delaware County (continued)

Select Health Metrics[29]			
Percent of Uninsured Under Age 65			7%
Insured Children 2022 ○ **Children under 21 living in county** ○ **Percent children under 19 without insurance** ○ **Medicaid/CHIP enrollment in 2022**			 158,937 2% 21%
Number of Drug Overdose Deaths			38
Ratio of Mental Health Providers to Residents*			300:1
Health Factors ○ **Poor or Fair Health** ○ **Adult Smoking** ○ **Adult Obesity** ○ **Physical Inactivity** ○ **Excessive Drinking**			 12% 16% 30% 22% 21%
Estimated Number of Individuals with Drug Use Disorder			11,781
Opioid Prescriptions, 2nd Qtr. 2023 ○ **Count** ○ **Rate per 10,000 populations**			 134,941 1,082
OMHSAS Data**	2013	2014	2015
○ **Number of Peer Support services provided**	244	246	292
○ **Number of residential treatment admissions**	139	132	126

* This is significantly better than the statewide ratio of 400:1.
** Data are only available for the years 2013 through 2015.

Juvenile Justice Data[30]	
Juvenile Population	56,347
2021-2022 Delinquency Allegations (Total) ○ **Male** ○ **Female** ○ **White Non-Hispanic** ○ **Black Non-Hispanic** ○ **Hispanic**	558 413 145 119 356 27
Percent change from 2020-2021	-6.5%

[29] Data from KIDS COUNT, RWJ County Health Rankings & Roadmaps, Department of Human Services, OpendataPA, OMHSAS Tableau Public Dashboard, SAMHSA National Survey on Drug Use and Health, Pennsylvania Office of Drug Surveillance and Misuse Prevention (ODSMP)
[30] Data from Juvenile Court Judges Commission

Delaware County (continued)

Religious Identity[31]	
White Christian Identity	50%
White Evangelical Protestant	9%
White Mainline Protestant	14%
White Catholic	27%
Black Protestant	12%
Hispanic Protestant	1%
Hispanic Catholic	2%
Other Christian*	8%
Mormon	0%
Jewish	2%
Muslim	2%
Buddhist	1%
Hindu	1%
Religiously Unaffiliated	22%

* Per the Public Religious Research Institute, "Other Christians" make up 7% of the U.S. population and are comprised of multiracial Christians AAPI Christians, Native American Christians, Black Catholics, Christians who did not provide a race or ethnicity, Jehovah's Witnesses, and Orthodox Christians.

Recent Election Data[32]	
2020 Presidential race	Joseph Biden 63%/Donald Trump 36%
2022 Governor's race	Josh Shapiro 68%/Doug Mastriano 31%
2022 Senate race	John Fetterman 63%/Mehmet Oz 35%

Esri/Tapestry Market Audience Segmentation Analysis for Blair County

Esri is an international research firm headquartered in California that uses geographic information systems and mapping technologies to identify consumer trends and behaviors. Their Tapestry Market Audience Segmentation Profiles are a free, in-depth look at 67 distinct "neighborhoods" that describe the United States and help describe consumer behaviors, demographic shifts, and cultural values. It is updated annually.

This report used Esri's geographic heat maps to identify neighborhood types in and around Delaware County. However, the county's cultural and socioeconomic diversity meant that too many of these neighborhoods could be included, making it impossible to create any kind of meaningful county-wide profile. Therefore, this report focused more closely on Upper Darby Township where four Tapestry neighborhood types were identified (Fresh Ambitions, Diverse

[31] Data from PRRI (Public Religion Research Institute)
[32] Data from OpenDataPA

Convergence, City Commons, and City Strivers). These neighborhood types align closely with township-level Census data. Based on Esri research, the characteristics, values, and behaviors of many Upper Darby residents suggest that:

- This area is a densely populated "urban periphery" with a rich blend of races and ethnicities.
- A high percentage are foreign-born, and up to one in four households may be linguistically isolated and speak no English.
- Many households are multigenerational and may include more than one family.
- Most families rent in older multi-unit structures built before 1950.
- The younger foreign-born population typically embraces America while retaining their own cultural identities.
- Employment opportunities are typically low-wage, but there is often a high priority on saving money to spend on children and/or send to family in their home country. Many residents also save for international travel to visit family.
- Many rely on public transportation—and commute times to jobs can be long.
- Residents shop for groceries at specialty markets as well as warehouse/club stores.
- Cellphones are ubiquitous, and media is typically consumed online.
- Residents without health insurance from a job may be enrolled in Medicaid or CHIP.
- Leisure activities tend to include sports such as soccer and baseball, board games, and video games.

Greene County Select Indicators

Summary

Greene County is located in the far southwest corner of Pennsylvania and is bordered by Ohio and West Virginia. This very rural county's ancestry is predominantly German, Irish, and English. Almost 98% speak only English at home.

Notable data points from highlights below:

- More than one in four adults report no religious identity in a county that is politically very conservative.
- There is a noticeably higher than state average number of Medicaid births and mothers who have not completed their high school education.
- The ratio of mental health providers to residents is a staggering 770:1 and far higher than the state average of 400:1 across Commonwealth counties.

Select Indicators

(Note: Links to data sources listed in footnotes are available in Appendix A.)

Population: Age, Sex, Race, Ethnicity[33]		
Total Population	35,954	100%
Median age*	42.7	--
Percent Foreign born**	--	0.7%
Percent Over 65	--	19.1%
Percent residents who are military veterans****	--	~8%
Hispanic/Latino	510	1.4%
American Indian/Native American	77	0.2%
Asian	120	0.3%
Black	1,083	3.0%
Native Hawaiian/Pacific Islander	6	<0.1%
Another race	250	0.7%
Two or more races	1,391	3.9%
White	33,027	91.9%

* Older than state average of 40.9

** Significantly lower than state average of 7.2%

[33] Data from U.S. Census and U.S. Department of Veterans Affairs.

Greene County (continued)

Income, Industries, Housing, and Poverty[34]	
Median 2021 household income	
○ **All families**	$80,893
○ **Married couple**	$109,085
○ **Single mother**	$37,540
○ **Single father**	$34,712
Top Three Industry Sectors	
○ **Education/healthcare/soc. services**	25%
○ **Retail**	11.2%
○ **Construction**	9.5%
Total Unemployment in October 2023	600 (4%)
Housing	
○ **Median gross rent**	$720
○ **Homeownership**	77%
Poverty	
○ **All ages in poverty**	12.6%
○ **Children birth to 17 below 100% Poverty**	17.1%
○ **Children birth to 17 100-200% Poverty**	17.3%

Youth and Families[35]	
Family Composition	
○ **Average family size**	2.89
○ **% of households with children under 18**	19.5%
○ **% of married couple households**	50.3%
○ **Male household, no spouse**	18.1%
○ **Female household, no spouse**	24.9%
2020 Births	
○ **Medicaid births***	137 (39.4%)
○ **Mothers under age 20**	24 (6.8%)
○ **Fathers under age 20**	8 (2.2%)
○ **Single mothers under 20**	13 (4.0%)
○ **Mothers with no high school education****	48 (15%)
○ **Fathers with no high school education**	40 (11.7%)
2021 All Children in Foster Care***	
○ **All races total**	128
○ **Hispanic/Latino**	0
○ **Non-Hispanic White**	108

* Noticeably higher than state average of 34.9%

** Noticeably higher than state average of 11.7%

*** To understand the 20-child "gap" between the total children in foster care and 108 Non-Hispanic White children, KIDS COUNT explains, "Statistics (rates, ratios, percents) are not calculated and displayed for counts less than 10… This is due to the unreliability of statistics based on small numbers of events." In this instance, it represents totals under 10 for Non-Hispanic Black, Non-Hispanic Other Race, and Non-Hispanic Two or More Races.

[34] Data from KIDS COUNT, RWJ County Health Rankings, Pennsylvania Center for Workforce Information & Analysis, and U.S. Census

[35] Data from KIDS COUNT and Pennsylvania Child Protective Services

Greene County (continued)

Youth and Families (continued)			
Child Abuse**	Year 2019	Year 2020	Year 2021
○ **Total reports**	184	155	196
○ **Substantiated reports**	30	16	30

**** These numbers do not include CPS reports, assessments, and validations of "General Protective Services" that include issues such as caregiver substance use, domestic violence, or caregiver mental health issues.

Education/Graduation Rates[36]	
Percent of children who do not have access to publicly-funded Pre-K*	37%
Percent of residents who graduated from High School or earned their GED	44.8%
Percent of residents with a Bachelor's Degree or higher	69.8%

* Significantly lower than the state average of 61%

Home Schooling Rates by District[37]			
School District	**Total # Students**	**# Students Home Schooled 2021-22 School Year**	**% Students Home Schooled 2021-22 School Year**
Carmichaels Area	975	25	2.56%
Central Greene	1,485	66	4.44%
Jefferson-Morgan	774	7	0.90%
Southeastern Greene	587	12	2.04%
West Greene	646	27	4.18%
TOTAL	4,467	137	3.07%

Select 2021 PAYS Data[38]					
Question	**Response**	**6th Grade**	**8th Grade**	**10th Grade**	**12th Grade**
I'd like to get out of my neighborhood.	NO!	47.4%	33.3%	22.5%	19.9%
	No	32.3%	43%	38.5%	29.8%
	Yes	12.1%	13.3%	22%	29.8%
	YES!	8.2%	10.4%	17%	20.5%
How easy would it be for you to get a handgun?	Very hard	75.3%	74.1%	67.3%	63.5%
	Sort of hard	13.7%	13.9%	17.3%	14.1%
	Sort of easy	6.6%	6%	7%	8.8%
	Very easy	4.4%	6%	8.4%	13.5%

[36] Data from PA Department of Education and OpendataPA
[37] District list captured from state revenue department; home schooling data county from *Washington Post* interactive feature
[38] Data from 2021 Pennsylvania Youth Survey (PAYS)

Greene County (continued)

Select 2021 PAYS Data* (continued)					
Question	**Response**	**6th Grade**	**8th Grade**	**10th Grade**	**12th Grade**
If you wanted to get prescription drugs not prescribed to you, how easy would it be for you to get some?	Very hard	80.3%	67.5%	59.8%	56%
	Sort of hard	8.4%	18.3%	17%	15.2%
	Sort of easy	5.2%	7.6%	13.7%	13.1%
	Very easy	6%	6.6%	9.5%	15.7%
Thinking back over the past year in school, how often did you enjoy being in school?	Never	9.5%	15%	21.1%	22.2%
	Seldom	5.9%	11.6%	18.4%	17%
	Sometimes	28.5%	36%	39.5%	31.8%
	Often	29.6%	24.7%	13.5%	17.6%
	Almost always	26.5%	12.7%	7.6%	11.4%
I feel safe at my school.	NO!	4.7%	7%	9.2%	9.4%
	No	5.1%	11.7%	17.4%	11.8%
	Yes	38.5%	57.2%	54.1%	53.5%
	YES!	51.7%	24.1%	19.3%	25.3%
My parents ask me what I think before most family decisions affecting me are made.	NO!	13.6%	12.8%	12.7%	17.6%
	No	21.7%	24.5%	22.2%	18.8%
	Yes	35.7%	40%	46.6%	42.6%
	YES!	28.9%	22.8%	18.6%	21%
In the past 12 months, have you felt depressed or sad MOST days, even if you felt OK sometimes?	NO!	48.7%	38.5%	36.4%	41%
	No	18.4%	23.1%	20.1%	18.5%
	Yes	22.2%	25.4%	27.1%	23.1%
	YES!	10.7%	13.1%	16.4%	17.3%
Did you ever seriously consider attempting suicide?	Yes	9.5%	19.1%	24.3%	24.3%
	No	90.5%	80.9%	75.7%	75.7%

* This is a *very* small snapshot of a much larger set of results across multiple domains. The same questions were pulled for each set of county highlights in this report. Comprehensive PAYS survey findings might be particularly helpful to counties and can be found here. The 2023 survey is currently underway.

Select Health Metrics[39]	
Percent of Uninsured Under Age 65	8%
Insured Children 2022	
○ **Children under 21 living in county**	9,557
○ **Percent children under 19 without insurance**	2%
○ **Medicaid/CHIP enrollment in 2022**	33%
Number of Drug Overdose Deaths	29
Ratio of Mental Health Providers to Residents*	770:1
Health Factors	
○ **Poor or Fair Health**	15%
○ **Adult Smoking****	22%
○ **Adult Obesity*****	36%
○ **Physical Inactivity*****	25%
○ **Excessive Drinking**	22%

* This represents a significant staffing crisis when compared to the statewide average of 400:1.

[39] Data from KIDS COUNT, RWJ County Health Rankings & Roadmaps, Department of Human Services, OpendataPA, OMHSAS Tableau Public Dashboard, SAMHSA National Survey on Drug Use and Health, Pennsylvania Office of Drug Surveillance and Misuse Prevention (ODSMP)

Greene County (continued)

Est. Number of Individuals with Drug Use Disorder			748
Opioid Prescriptions, 2nd Qtr. 2023			
○ **Count**			5,743
○ **Rate per 10,000 populations**			1,604
OMHSAS Data**	2013	2014	2015
○ **Number of Peer Support services provided**	44	48	62
○ **Number of residential treatment admissions**	N/A	N/A	N/A

** Noticeably higher than the state average of 17%
*** Noticeably higher than the state averages of 32% and 23%, respectively. It is important to acknowledge with these figures that access to exercise opportunities is only 66% which is far lower than the state average of 86%.
**** Data are only available for the years 2013 through 2015.

2021 Firearms Sales/Transfers[40]			
Handgun (Taxed)	Handgun (No Tax)	Long Gun (Taxed)	Long Gun (Not Taxed)
1,017	572	1,366	363

Juvenile Justice Data[41]	
Juvenile Population	3,183
2021-2022 Delinquency Allegations (Total)	28
○ **Male**	24
○ **Female**	4
○ **White Non-Hispanic**	19
○ **Black Non-Hispanic**	1
○ **Hispanic**	0
Percent change from 2020-2021*	55.6

* This significant disparity between 2020 and 2021 may, at least in part, be a result of COVID.

[40] Data from 2021 Pennsylvania State Police Gun Ownership Report
[41] Data from Juvenile Court Judges Commission

Greene County (continued)

Religious Identity[42]	
White Christian Identity	59%
White Evangelical Protestant	32%
White Mainline Protestant	23%
White Catholic	14%
Black Protestant	0%
Hispanic Protestant	0%
Hispanic Catholic	0%
Other Christian*	3%
Mormon	0%
Jewish	0%
Muslim	0%
Buddhist	0%
Hindu	0%
Religiously Unaffiliated	27%

* Per the Public Religious Research Institute, "Other Christians" make up 7% of the U.S. population and are comprised of multiracial Christians AAPI Christians, Native American Christians, Black Catholics, Christians who did not provide a race or ethnicity, Jehovah's Witnesses, and Orthodox Christians.

Recent Election Data[43]	
2020 Presidential race	Donald Trump 71%/Joseph Biden 28%
2022 Governor's race	Douglas Mastriano 59%/Josh Shapiro 39%
2022 Senate race	Mehmet Oz 64%/John Fetterman 34%

Esri/Tapestry Market Audience Segmentation Analysis for Blair County

Esri is an international research firm headquartered in California that uses geographic information systems and mapping technologies to identify consumer trends and behaviors. Tapestry Market Audience Segmentation Profiles is a free, in-depth look at 67 distinct "neighborhoods" that describe the United States and help describe consumer behaviors, demographic shifts, and cultural values. It is updated annually.

This report used Esri's geographic heat maps to identify five Tapestry neighborhoods in Greene County (Midlife Constants, Salt of the Earth, Heartland Communities, Economic Bedrock, and Small Town Sincerity). These neighborhoods align with county-level Census data. Based on Esri research, the related characteristics, values, and behaviors of Greene residents suggest that:

[42] Data from PRRI (Public Religion Research Institute)
[43] Data from OpenDataPA

- This is a socially and politically conservative rural area in which traditional values, family, and friendships are prioritized.
- The economy has historically been based on mining and extraction.
- Compared to elsewhere in the state and nation, the population skews older.
- Traditional media is trusted. Television is the primary source for news, along with radio and newspapers.
- There is a higher-than-average number of families in mobile homes. Housing also includes older, modest single-family homes. Families tend to put down roots and stay where they are.
- More than half of households are married couples; a higher-than-average number of families have dogs.
- Trucks and ATVs are commonly owned. Most households own two vehicles (predominantly from American manufacturers), and commutes may be long.
- Residents may be DIY-savvy, but they don't necessarily turn to the latest technology to solve problems.
- The area has a higher-than-average percentage of residents who still use a landline. This rural area relies on satellite dishes to stay connected.
- College attendance or graduation is lower than the national average.
- Face-to-face interactions are often preferred over online interaction.
- In addition to church, residents may also belong to other social clubs (e.g., veterans' organizations).
- Residents report a high level of skepticism about the future.
- Residents are budget-minded and frequently shop and discount/dollar stores. Preferred restaurants are family-friendly and/or fast food.
- Leisure activities include home improvement, gardening, hunting, fishing, and other outdoor activities.